Medicaid Section 1115 Substance Use Disorder & Serious Mental Illness and Serious Emotional Disturbance Demonstrations
Monitoring Report Template

1. Title page for the state's substance use disorder (SUD) and serious mental illness and serious emotional disturbance (SMI/SED) demonstrations or the SUD and SMI/SED components of the broader demonstration

Overall section 1115 demonstration	
State	Idaho
Demonstration name	Idaho Behavioral Health Transformation
Approval period for section 1115 demonstration	04/17/2020-03/31/2025
Reporting period	07/01/2023-09/30/2023
SUD demonstration	
SUD component start date[a]	04/17/2020
Implementation date of SUD component, if different from SUD component start date[b]	
SUD-related demonstration goals and objectives	This demonstration will provide the state with authority to provide high-quality, clinically appropriate treatment to beneficiaries with serious mental illness (SMI) or serious emotional disturbance (SED) and/or substance use disorder (SUD) while they are short-term residents in residential and inpatient treatment settings that qualify as Institutions for Mental Diseases (IMDs). It will also support state efforts to implement models of care focused on increasing support for individuals in the community and home, outside of institutions, and improve access to a continuum of SMI/SED and/or SUD evidence-based services at varied levels of intensity. This continuum of care shall be based on the American Society of Addiction Medicine (ASAM) criteria and/or other nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.
SUD demonstration year and quarter	DY4Q2

SMI/SED demonstration	
SMI/SED component demonstration start date[a]	04/17/2020
Implementation date of SMI/SED component, if different from SMI/SED component start date[b]	
SMI/SED-related demonstration goals and objectives	This demonstration will provide the state with authority to provide high-quality, clinically appropriate treatment to beneficiaries with serious mental illness (SMI) or serious emotional disturbance (SED) and/or substance use disorder (SUD) while they are short-term residents in residential and inpatient treatment settings that qualify as Institutions for Mental Diseases (IMDs). It will also support state efforts to implement models of care focused on increasing support for individuals in the community and home, outside of institutions, and improve access to a continuum of SMI/SED and/or SUD evidence-based services at varied levels of intensity. This continuum of care shall be based on the American Society of Addiction Medicine (ASAM) criteria and/or other nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.
SMI/SED demonstration year and quarter	DY4Q2

[a] **SUD and SMI/SED demonstration components start dates:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of SUD and SMI/SED demonstration component approvals. For example, if the state's STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD or SMI/SED demonstration component. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

[b] **Implementation date of SUD and SMI/SED demonstration components:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

Idaho worked extensively on implementation activities for the Idaho Behavioral Health Plan (IBHP) in July, August, and September 2023, after the contract was awarded in June 2023. The planned implementation of the contract's services in 2024 will mark a shift in Idaho's behavioral healthcare system that will coordinate inpatient and outpatient behavioral health benefits for Medicaid members under a single managed care provider, Magellan Healthcare Inc.

Throughout this quarter, Magellan began hiring key personnel; started forming advisory committees consisting of beneficiaries and their families, community members, and providers; planned for statewide listening sessions; and held network provider forums and trainings to ensure access to behavioral health services that will provide a seamless transition between varying levels of care. Idaho and Magellan worked together to finalize implementation documents and resources to orient providers, consumers, and Idaho's communities about the change in services and what the new IBHP will mean for their services.

In September 2023, Idaho completed the process of re-evaluating the Medicaid eligibility of Idahoans who retained coverage under Medicaid protection, which was ended by Congress in April 2023. More than 31,000 consumers were determined eligible and more than 121,000 were determined ineligible or over income for continuing coverage.

Idaho's four pilot certified community behavioral health clinics (CCBHCs), funded through Substance Abuse and Mental Health Services Administration (SAMHSA) grants and state funds, submitted budgets and continued planning and network infrastructure development during this quarter. CCBHCs will serve as integrated physical and behavioral health clinics for all who seek services, regardless of their diagnosis, place of residence, age, or ability to pay, with the ability to accept Medicaid, Medicare, and private insurance. This model, with improved accessibility of behavioral health services, will increase access to care and support client care transitions while facilitating collaboration with crisis and suicide prevention resources and the new Idaho Behavioral Health Plan. The current model has four clinics funded for four years and additional clinics are planned to be added to the network in coming years.

To improve access to behavioral health care in Idaho's remote and underserved areas, Idaho also began establishing "Third Space" telehealth access points in Idaho libraries throughout the quarter. These dedicated privacy pods are primarily located in towns with less than 50,000 residents in contiguous areas and offer a place for Idahoans to hold telehealth sessions with their provider of behavioral health services. In the fall 2023, Idaho provided Third Space technology and/or stand-alone pods or partitions for telehealth services to be available in 20 libraries.

3. Narrative information on implementation, by milestone and reporting topic

A. SUD component

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	**Assessment of need and qualification for SUD services**			
1.1	**Metric trends**			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.	X		
1.2	**Implementation update**			
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.a The target population(s) of the demonstration	X		
	1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2	The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			

2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.		SUD # 6: Any SUD Treatment (monthly) SUD #8: Outpatient Services (monthly) SUD #9: Intensive Outpatient and Partial Hospitalization Services SUD #10: Residential and Inpatient Services SUD #12: Medication-Assisted Treatment SUD #22: Continuity of Pharmacotherapy for Opioid Use Disorder	The state calculated the following changes that were less or more than 2% between Q4 (1/1/2023-3/31/2023) and Q1 (4/1/2023-6/30/2023). • SUD # 6: There was a 4.42% decrease in the number of Medicaid beneficiaries receiving any SUD treatment. • SUD #8: There was an 4.64% decrease in the number of Medicaid beneficiaries receiving outpatient services. • SUD #9: There was a 3.49% decrease in the number of beneficiaries receiving intensive outpatient (IOP) and partial hospitalization services (PHP). • SUD #10: The state saw a 7.5% increase in the number of Medicaid beneficiaries receiving residential and inpatient services. • SUD #12: There was a 4.46% decrease in the number of Medicaid beneficiaries receiving medication assisted treatment. The state attributes the fluctuations in beneficiaries receiving SUD treatment services referenced in SUD #6, 8, 9, 10, and 12 to the unwinding of Medicaid protection. Changes in the eligible population and the corresponding effects on SUD service utilization will continue to be monitored. The state expects to see increases in outpatient services with the addition of telehealth access points in local libraries. The state calculated the following changes that were less or more than 2% for calendar year 2021 (1/1/2021-12/31/2021) and calendar year 2022 (1/1/2022-12/31/2022).

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			• SUD #22: There was a 42.35% decrease for the continuity of pharmacotherapy for opioid use disorder. The state will continue to monitor the continuity of pharmacotherapy for opioid use disorder and any changes that may affect the metric in future reporting.
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.a Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)	X		
2.2.1.b SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)**			
3.1	**Metric trends**			
3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X		
3.2	**Implementation update**			
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
	3.2.1.b Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	**Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)**			
4.1	**Metric trends**			
4.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3. Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.	X		
4.2	**Implementation update**			
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
	4.2.1.b Review process for residential treatment providers' compliance with qualifications.	X		
	4.2.1.c Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2	The state expects to make other program changes that may affect metrics related to Milestone 3.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.	**Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.	X		
5.2	**Implementation update**			
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care.	X		
5.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.		SUD #18: Use of Opioids at High Dosage in Persons without Cancer SUD #19: Use of Opioids from Multiple Providers in Persons Without Cancer (OMP) SUD #21: Concurrent Use of Opioids and Benzodiazepines (COB-AD) For SUD Metric #23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	The state calculated the following changes that were less or more than 2% for calendar year 2021 (1/1/2021-12/31/2021) and calendar year 2022 (1/1/2022-12/31/2022). • SUD #18: There was a 6.79% decrease in the use of opioids at high dosage in persons without cancer. • SUD #19: There was a 3.25% increase in use of opioids from multiple providers in persons without cancer. • SUD #21: There was a 2.54% decrease in concurrent use of opioids and benzodiazepines. The state will continue to monitor the fluctuations in the rates of opioid and benzodiazepine usage in SUD #18, 19, and 21 and any changes that may affect the metric in future reporting. The state attributes varying increases and decreases over 2% in this metric to small numerator values. The state notes that this metric has consistently fluctuated during this time period in the past two years. The state will continue to monitor.
6.2	**Implementation update**			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
	6.2.1.b Expansion of coverage for and access to naloxone	X		
6.2.2	The state expects to make other program changes that may affect metrics related to Milestone 5.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.	**Improved Care Coordination and Transitions between Levels of Care (Milestone 6)**			
7.1	**Metric trends**			
7.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.		SUD #17 (1): Rates of follow-up for 30 days for ED visits for AOD SUD #17 (2): Follow-Up after Hospitalization for Mental Illness (7 days and 30 days)	The state calculated the following changes that were less or more than 2% between calendar year 2021 (1/1/2021-12/31/2021) and calendar year 2022 (1/1/2022-12/31/2022). • SUD #17 (1): The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit increased by 12.13%. The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit decreased by 6.08%. • SUD #17 (2): The percentage of follow up visits after hospitalization for mental illness for which the beneficiary received follow-up within 30 days of hospitalization decreased by 26.01%. The percentage of follow up visits after hospitalization for mental illness for which the beneficiary received follow-up within 7 days of the ED visit decreased by 40.85%. The state is examining internal MMIS claims related to this metric and working with the MMIS and IBM teams to identify a cause for the fluctuations in SUD metric #17.
7.2	**Implementation update**			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports.	X		
7.2.2	The state expects to make other program changes that may affect metrics related to Milestone 6.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**SUD health information technology (health IT)**			
8.1	**Metric trends**			
8.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its SUD health IT metrics.		SUD Q3: LAWW Community Resource Tracking	The state calculated the following changes that were less or more than 2% between calendar year 2021 (1/1/2021-12/31/2021) and calendar year 2022 (1/1/2022-12/31/2022). • SUD Q3: Calendar year 2022 had 357 providers listed in the Live and Work Well (LAWW) Optum member website, a 54.55% increase over 231 providers listed in CY 2021. This site is a support tool available to members and providers, increasing access to additional behavioral health community needs. The IBHP contractor has made efforts to increase their provider network from 2021- 2022 providing additional support to Medicaid beneficiaries.
8.2	**Implementation update**			
8.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
	8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.c	How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
8.2.1.d	Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.e	Other aspects of the state's health IT implementation milestones	X		
8.2.1.f	The timeline for achieving health IT implementation milestones	X		
8.2.1.g	Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		
8.2.2	The state expects to make other program changes that may affect SUD metrics related to health IT.	X		
9.	**Other SUD-related metrics**			
9.1	**Metric trends**			

9.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		SUD #2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis SUD #3: Medicaid Beneficiaries with SUD Diagnosis SUD #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries SUD #15: Rates of initiation and engagement in treatment of alcohol abuse or dependence, opioid abuse or dependence, and total	The state calculated the following changes that were less or more than 2% between Q4 (1/1/2023-3/31/2023) and Q1 (4/1/2023-6/30/2023). • SUD #2: There was a 5.91% decrease in Medicaid beneficiaries with a newly Initiated SUD Treatment/Diagnosis. • SUD #3: There was a 4.89% decrease in Medicaid beneficiaries with SUD diagnosis. • SUD #24: There was a 17.97% increase in the rate of inpatient stays for SUD per 1,000 beneficiaries. The state attributes the decrease in SUD #2 to the disenrollment of Medicaid beneficiaries after the unwinding of Medicaid protection starting when the Public Health Emergency ended in May 2023. The benefits for this population ended with the May period, leaving them without Medicaid coverage for June. The state attributes the fluctuations SUD #3 to the unwinding of Medicaid protection. Changes in the eligible population and the corresponding effects on SUD engagement will continue to be monitored. The state attributes large shifts in SUD #24 to the small population size and the unwinding of Medicaid protection. Changes in the eligible population and the corresponding effects on SUD engagement will continue to be monitored. The state calculated the following changes that were less or more than 2% between calendar year 2021 (1/1/2021-

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			12/31/2021) and calendar year 2022 (1/1/2022-12/31/2022). SUD #15: • Initiation of AOD Treatment - Alcohol abuse or dependence decreased by 7.29% • Initiation of AOD Treatment – Opioid abuse or dependence increased by 19.04% • Initiation of AOD Treatment - Total AOD abuse or dependence decreased by 4.71% • Engagement of AOD Treatment - Opioid abuse or dependence increased by 25.81% • Engagement of AOD Treatment - Other drug abuse or dependence increased by 4.79% • Engagement of AOD Treatment - Total AOD abuse or dependence increased by 5.57% The state attributes increases in initiation and engagement of opioid treatment to two opioid treatment programs that opened in May and August of 2022. The state also opened provider enrollment for SARFs level 3.5 and 3.7 care in 2022. The state continues to attribute decreases in overall SUD care to the COVID-19 pandemic.
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X		

B. SMI/SED component

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	**Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)**			
1.1	**Metric trends**			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.		SMI/SED #2: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	The state calculated the following changes that were less or more than 2% between calendar year 2021 (1/1/2021-12/31/2021) and calendar year 2022 (1/1/2022-12/31/2022). • SMI/SED #2: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) decreased by 8.8%. The state attributes the decreases in First Line Psychosocial care to the COVID-19 pandemic and accessibility.
1.2	**Implementation update**			
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	1.2.1.a The licensure or accreditation processes for participating hospitals and residential settings			
	1.2.1.b The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.c	The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay	X		
1.2.1.d	The program integrity requirements and compliance assurance process	X		
1.2.1.e	The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions	X		
1.2.1.f	Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings	X		
1.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	**Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)**			
2.1	**Metric trends**			

2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.		SMI/SED #4: 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) SMI/SED #7: Follow-up After Hospitalization for Mental Illness: Ages 6-17 (FUH-CH) SMI/SED #8: Follow-up After Hospitalization for Mental Illness: Age 18 and older (FUH-AD) SMI/SED #9: Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse (FUM-AD)	The state calculated the following changes that were less or more than 2% between calendar year 2021 (1/1/2021-12/31/2021) and calendar year 2022 (1/1/2022-12/31/2022). • SMI/SED #4: 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) increased by 5.55%. • SMI/SED #7: The percentage of discharges for which the child received follow-up within 30 days after discharge decreased by 10.61% and the percentage of discharges for which the child received follow-up within 7 days after discharge decreased by 2.22%. • SMI/SED #8: The percentage of discharges for which an adult received follow-up within 30 days after discharge decreased by 6.84%. The percentage of discharges for which an adult received follow-up within 7 days after discharge decreased by 8.73%. • SMI/SED #9: The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit increased by 12.13%. The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit decreased by 6.08%. • SMI/SED #10: The percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit decreased by 25.97%. The percentage of ED visits for mental illness for which the beneficiary

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		SMI/SED #10: Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)	received follow-up within 7 days of the ED visit decreased by 40.85%. The state attributes the fluctuations in ED follow-up and readmission to the COVID-19 pandemic and accessibility. The state anticipates these numbers will stabilize in future reporting and will continue to monitor.
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
2.2.1.a Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions			
2.2.1.b Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers	X		
2.2.1.c State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.d	Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers)	X		
2.2.1.e	Other state requirements/policies to improve care coordination and connections to community-based care)	X		
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)			
3.1 Metric trends			

3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.		SMI/SED #13: Mental Health Services Utilization-Inpatient SMI/SED #14: Mental Health Services Utilization-Intensive Outpatient and Partial Hospitalization SMI/SED #15: Mental Health Services Utilization – Outpatient SMI/SED #16: Mental Health Services Utilization-ED SMI/SED #17: Mental Health Services Utilization – Telehealth	The state calculated the following changes that were less or more than 2% between Q4 (1/1/2023-3/31/2023) and Q1 (4/1/2023-6/30/2023). • SMI/SED #13: There was a 5.67% increase in the number of Medicaid beneficiaries receiving inpatient services for mental health. • SMI/SED #14: There was 7.26% decrease in the number of Medicaid beneficiaries receiving intensive outpatient and partial hospitalization services for mental health. • SMI/SED #15: There was a 2.16% decrease in the number of Medicaid beneficiaries receiving outpatient services for mental health. • SMI/SED #16: There was a 32% increase in the number of Medicaid beneficiaries receiving ED services for mental health. For SMI/SED #16, the state notes that this is a small population and any increase or decrease in Medicaid beneficiaries receiving ED services for mental health produces a large percentage change. • SMI/SED #17: There was a 10.24% decrease in Medicaid beneficiaries receiving telehealth services for mental health. • SMI/SED #18: There was a 3.62% decrease in the number of Medicaid beneficiaries receiving mental health services. The state attributes the fluctuations in mental health utilization referenced in SMI/SED #13, 14, 15, 16, 17, and 18 to the unwinding of Medicaid protection. Changes in the eligible population and the corresponding effects

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		SMI/SED #18: Mental Health Services Utilization - Any Services	on SMI/SED service utilization will continue to be monitored.
3.2 Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay	X		
3.2.1.b Other state requirements/policies to improve access to a full continuum of care including crisis stabilization	X		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	**Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)**			
4.1	**Metric trends**			

4.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.		SMI/SED #21: Count of Beneficiaries with SMI/SED (monthly) SMI/SED #29: Metabolic Monitoring for Children and Adolescents on Antipsychotics	The state calculated the following changes that were less or more than 2% between Q4 (1/1/2023-3/31/2023) and Q1 (4/1/2023-6/30/2023). • SMI/SED #21: There was a 3.76% decrease in the number of Medicaid beneficiaries with SMI/SED. The state attributes the decrease in beneficiaries with SMI/SED to the unwinding of Medicaid protection. Changes in the eligible population and the corresponding effects on SMI/SED engagement will continue to be monitored. The state calculated the following changes that were less or more than 2% between calendar year 2021 (1/1/2021-12/31/2021) and calendar year 2022 (1/1/2022-12/31/2022). • SMI/SED #29: The percentage of children and adolescents on antipsychotics who received cholesterol testing increased by 5.51% from 2021 to 2022. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing increased by 6.86% from 2021 to 2022. The percentage with blood glucose testing increased by 5.16% from 2021 to 2022. The state is monitoring the increased rates in cholesterol and blood glucose testing within these populations and any potential data collection limitations that may affect future reporting.
4.2	**Implementation update**			

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:		X		
	4.2.1.a	Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)			
	4.2.1.b	Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	X		
	4.2.1.c	Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED	X		
	4.2.1.d	Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people	X		
4.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.		X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.	**SMI/SED health information technology (health IT)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its SMI/SED health IT metrics.		SMI/SED Q3: LAWW Community Resource Tracking	The state calculated the following changes that were less or more than 2% between calendar year 2021 (1/1/2021-12/31/2021) and calendar year 2022 (1/1/2022-12/31/2022). • SMI/SED Q3: The state saw a 10.48% increase in mental health providers listed on LAWW Optum member website. The IBHP contractor has made efforts to increase their provider network from 2021 - 2022 providing additional support to Medicaid beneficiaries.
5.2	**Implementation update**			
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 5.2.1.a The three statements of assurance made in the state's health IT plan	X		
	5.2.1.b Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community-based supports	X		
	5.2.1.c Electronic care plans and medical records	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.d	Individual consent being electronically captured and made accessible to patients and all members of the care team	X		
5.2.1.e	Intake, assessment and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem	X		
5.2.1.f	Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care	X		
5.2.1.g	Alerting/analytics	X		
5.2.1.h	Identity management	X		
5.2.2	The state expects to make other program changes that may affect SMI/SED metrics related to health IT.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Other SMI/SED-related metrics**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SMI/SED-related metrics.		SMI/SED S6: Prescribing for Children in Foster Care SMI/SED S7: Prescribing for Children	The state calculated the following changes that were less or more than 2% between calendar year 2021 (1/1/2021-12/31/2021) and calendar year 2022 (1/1/2022-12/31/2022). • SMI/SED S6: The state saw an 11.61% decrease in the number of Medicaid foster care children with a prescribed behavioral health medication. • SMI/SED S7: The state saw a 9.84% increase in prescribing to Medicaid eligible children not in the foster care system that are prescribed behavioral health medication. The state will continue to monitor the fluctuations in behavioral health medication prescribing for children and children in the foster care system in SMI/SED S6 and S7 and any changes that may affect the metrics in future reporting.
6.2	**Implementation update**			
6.2.1	The state expects to make the following program changes that may affect other SMI/SED-related metrics.	X		
7.	**Annual Assessment of Availability of Mental Health Services (Annual Availability Assessment)**			
7.1	**Description of changes to baseline conditions and practices**			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.1	Describe and explain any changes in the mental health service needs of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of the Availability of Mental Health Services (for example, prevalence and distribution of SMI/SED). Recommended word count is 500 words or less.	X		
7.1.2	Describe and explain any changes to the organization of the state's Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X		
7.1.3	Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of the Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services; outpatient and community-based services; crisis behavioral health services; and care coordination and care transition planning. Recommended word count is 500 words or less.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.4	Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Annual Availability Assessment compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X		
7.1.5	Describe and explain whether any changes in the availability of mental health services have impacted the state's maintenance of effort (MOE) on funding outpatient community-based mental health services. Recommended word count is 500 words or less.	X		
7.2	**Implementation update**			
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	7.2.1.a The state's strategy to conduct annual assessments of the availability of mental health services across the state and updates on steps taken to increase availability			
	7.2.1.b Strategies to improve state tracking of availability of inpatient and crisis stabilization beds	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**Maintenance of effort (MOE) on funding outpatient community-based mental health services**			
8.1	**MOE dollar amount**			
8.1.1	Provide as a dollar amount the level of state appropriations and local funding for outpatient community-based mental health services for the most recently completed state fiscal year.	X		
8.2	**Narrative information**			
8.2.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. The state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.	**SMI/SED financing plan**			
9.1	**Implementation update**			
9.1.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	9.1.1.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders			
	9.1.1.b Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model			CCBHCs will serve as integrated physical and behavioral health clinics for all who seek services, regardless of their diagnosis, place of residence, age, or ability to pay, with the ability to accept Medicaid, Medicare, and private insurance. Idaho's model, with improved accessibility of behavioral health services, will increase access to care and support client care transitions while facilitating collaboration with crisis and suicide prevention resources and the new Idaho Behavioral Health Plan. The current model has four clinics funded for four years and additional clinics are planned to be added to the network in coming years.

4. Narrative information on other reporting topics applicable to both SUD and SMI/SED components

Prompts		State has no update to report (place an X)	State response
10.	**Budget neutrality**		
10.1	**Current status and analysis**		
10.1.1	Describe the current status of budget neutrality and an analysis of the budget neutrality to date. If the SUD and SMI/SED components are part of a broader demonstration, the state should provide an analysis of the SUD- and SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole.		The budget neutrality workbook and supporting documentation files have been populated consistently with the state's approach for prior quarters. The utilization members months for DY1 through DY3 are greater than projections in the initial application. The DY4 through DY5 projections start with the DY3 utilizer totals and assume a caseload trend consistent with the actual caseload trend from DY1 to DY3. For SUD membership, utilizers dropped to zero in September 2021 as a few major providers in the state stopped serving Medicaid members for SUD treatment, but this has picked up again in DY3. The DY4 through DY5 projections start with the average DY4Q1 monthly utilizers and assume a 10% caseload trend consistent with the caseload trend applied in the initial application. DY4Q2 utilizers were not used in the estimate as this data appeared understated due to lack of runout.
10.2	**Implementation update**		
10.2.1	The state expects to make other program changes that may affect budget neutrality.	X	

Prompts		State has no update to report (place an X)	State response
11.	**SUD- and SMI/SED-related demonstration operations and policy**		
11.1	**Considerations**		
11.1.1	The state should highlight significant SUD and SMI/SED (or if broader demonstration, then SUD- and SMI/SED-related) demonstration components' operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD and SMI/SED demonstration components approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.		In September 2023, Idaho completed the process of re-evaluating the Medicaid eligibility of Idahoans who retained coverage under Medicaid protection, which was ended by Congress in April 2023. More than 31,000 consumers were determined eligible and more than 121,000 were determined ineligible or over income for continuing coverage.
11.2	**Implementation update**		
11.2.1	The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities.		Idaho worked extensively on implementation activities for the Idaho Behavioral Health Plan (IBHP) in July, August, and September 2023, after the contract was awarded in June 2023. In December 2023, the planned implementation of the contract's services was shifted from March 1, 2024 to July 1, 2024 in order to ensure a successful implementation.

Prompts	State has no update to report (place an X)	State response
11.2.2 The state is working on other initiatives related to SUD, OUD and/or SMI/SED.		To improve access to behavioral health care in Idaho's remote and underserved areas, Idaho began establishing "Third Space" telehealth access points in Idaho libraries. These dedicated privacy pods are primarily located in towns with less than 50,000 residents in contiguous areas and offer a place for Idahoans to hold telehealth sessions with their provider of behavioral health services. In the fall 2023, Idaho provided Third Space technology and/or stand-alone pods or partitions for telehealth services to be available in 20 libraries.
11.2.3 The initiatives described above are related to the SUD and/or SMI/SED demonstration components. (The state should note similarities and differences from the SUD and SMI/SED demonstration components).	X	
11.2.4 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
11.2.4.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
11.2.4.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.4.c Partners involved in service delivery	X	
11.2.4.d ***SMI/SED-specific:*** The state Medicaid agency's Memorandum of Understanding (MOU) or other agreement with its mental health services agency	X	

Prompts		State has no update to report (place an X)	State response
12.	**SUD and SMI/SED demonstration evaluation update**		
12.1	**Narrative information**		
12.1.1	Provide updates on SUD and SMI/SED evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual reports. See Monitoring Report Instructions for more details.	X	
12.1.2	Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	X	
12.1.3	List anticipated evaluation-related deliverables related to this demonstration and their due dates.	X	

Prompts		State has no update to report (place an X)	State response
13.	**Other demonstration reporting**		
13.1	**General reporting requirements**		
13.1.1	The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.	X	
13.1.2	The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
13.1.3	Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
	13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4	The state identified current or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.5	Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.	X	

Prompts	State has no update to report (place an X)	State response
13.2 Post-award public forum		

13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report.		During a post-award forum held November 8, 2023, the state provided information about 1115 Behavioral Health Transformation waiver metric trends. The forum included a period for questions and answers from the public. Those questions and answers included: **Question:** Why does the data include the 65+ population if they are covered by Medicare? **Answer:** The data contains dual enrolled population, where members are covered by both Medicare and Medicaid. **Question:** Have inpatient services been added to the state plan? **Answer:** The new Idaho Behavioral Health Plan will include inpatient services. It is anticipated to go live in 2024. **Question:** Will there be stakeholder engagement opportunities for feedback on the amendments? **Answer:** The state will provide a public notice and comment period of at least 30 days. The public notice will include a comprehensive description of the demonstration application or extension to be submitted to CMS that contains a sufficient level of detail to ensure meaningful input from the public. Details include: • The program description, goals, and objectives to be implemented or extended under the demonstration project, including a description of the current or new beneficiaries who will be impacted by the demonstration. • To the extent applicable, the proposed health care delivery system and the eligibility requirements, benefit coverage and cost sharing (premiums, copayments, and deductibles) required of individuals that will be impacted by the demonstration, and how such provisions vary from the State's current program features. • An estimate of the expected increase or decrease in annual enrollment, and in annual aggregate expenditures, including historic enrollment or budgetary data, if applicable. This includes a financial analysis of any changes to the demonstration requested by the State in its extension request.

Prompts	State has no update to report (place an X)	State response
		• The hypothesis and evaluation parameters of the demonstration. • The specific waiver and expenditure authorities that the State believes to be necessary to authorize the demonstration. Also to be included: • The locations and Internet address where copies of the demonstration application are available for public review and comment. • Postal and Internet email addresses where written comments may be sent and reviewed by the public, and the minimum 30-day time period in which comments will be accepted. • The location, date, and time of at least two public hearings convened by the State to seek public input on the demonstration application. The state must comply with the state notice procedures as required in 42 CFR section 431.408 prior to submitting an application to extend the demonstration. For applications to amend the demonstration, the state must comply with the state notice procedures set forth in 59 Fed. Reg. 49249 (September 27, 1994) prior to submitting such request. The state must also comply with tribal and Indian Health Program/Urban Indian Organization consultation requirements at section 1902(a)(73) of the Act, 42 CFR 431.408(b), State Medicaid Director Letter #01-024. **Question:** What is the timeline for the amendments? **Answer:** The state plans to submit a request to extended the 1115 Behavioral Health Transformation Waiver for another 5 years in October 2024. Amendments to the waiver will be submitted with the extension request.

Prompts		State has no update to report (place an X)	State response
14.	**Notable state achievements and/or innovations**		
14.1	**Narrative information**		
14.1.1	Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD and SMI/SED (or if broader demonstration, then SUD- or SMI/SED-related) demonstration components or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms (e.g., number of impacted beneficiaries).	X	

*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

SUD measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] and SMI/SED measures MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, and APM measures (#13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29) *are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a "HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Adjusted, Uncertified, Unaudited HEDIS rates."