1. **Title page for the state's substance use disorder (SUD) demonstration or the SUD component of the broader demonstration**

State	Idaho
Demonstration name	Idaho Behavioral Health Transformation
Approval period for section 1115 demonstration	04/17/2020-03/31/2025
SUD demonstration start date[a]	04/17/2020
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	
SUD (or if broader demonstration, then 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	DY2Q4
Reporting period	01/01/2022-03/31/2022

2.   Executive summary

For Demonstration Year 2 Quarter 4 (DY2Q4), the Idaho legislature appropriated funds to support the state's behavioral health care system, following recommendations from the Idaho Behavioral Health Council (IHBC). The money will be used to expand the 988 National Suicide Prevention Lifeline in Idaho and develop crisis centers specifically for adolescents. Idaho will also use the funds to explore the Certified Community Behavioral Health Clinic (CCBHC) model to expand the state's capacity to address the overdose crisis and establish innovative partnerships with law enforcement, schools and hospitals to improve care, reduce recidivism and prevent hospital readmissions.

 Idaho achieved several successes in DY2 to complete the waiver's implementation. The state received final approval of its monitoring protocols on November 18, 2021 and submitted the first round of metrics on February 28, 2022. Throughout DY2Q4, the state's Medicaid team worked diligently to get a new SUD residential treatment provider type ready for enrollment in collaboration with the Medicaid Enterprise Team and contractors to allow qualified providers to provide American Society of Addiction Medicine (ASAM) 3.5 and 3.7 levels of care to Medicaid beneficiaries. The state also released a solicitation for a new Idaho Behavioral Health Plan contract on December 30, 2021. The contract resulting from this procurement will integrate inpatient, emergency department and residential services into the current outpatient behavioral health plan, in accordance with the Idaho Medicaid Behavioral Health Transformation Waiver.

The COVID-19 pandemic has continued to impact Idahoans' behavioral health and access to health care services. Idaho Medicaid and the Division of Public Health continue to remind Idahoans about the importance of choosing to get vaccinated, to wear masks in indoors with others, and to social distance when community spread is high.

CMS provided feedback to Idaho on October 31, 2022, on several metrics. The state reviewed data and re-calculated trends, per CMS's feedback, Idaho's response is in the following report.

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

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.i. The target population(s) of the demonstration	X		
1.2.1.ii. 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 #7 Early Intervention SUD #9 Intensive Outpatient and Partial Hospitalization Services SUD #10 Residential and Inpatient Services SUD #11 Withdrawal Management SUD #12 Medication Assisted Treatment (monthly)	The state calculated the following changes that were less or more than 2% between Q2 (7/1/2021-9/30/2021) and Q3 (10/1/2021-12/31/2021). • The number of Medicaid beneficiaries who received an SBIRT screen remains low. • There was a 16.65% increase in the number of beneficiaries receiving intensive outpatient and partial hospitalization services. • The state saw a 15.61% decrease in the number of Medicaid beneficiaries receiving residential and inpatient services. The state can attribute this to one of the IMDs temporarily not providing services to Medicaid beneficiaries from September 1, 2021, to March 27, 2022. • There was a 78.07% decrease in the number of Medicaid beneficiaries receiving withdrawal management services. The state attributes the large decrease to the small numbers in this measure. • There was a 5.39% increase in Medicaid beneficiaries who received MAT services.
2.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. 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.ii. 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		
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.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
3.2.1.ii. 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: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. 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 in 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		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
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	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: 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		
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 health IT metrics	X		
8.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
8.2.1.iii. 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.iv. Other aspects of the state's health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. 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 metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 #3 Medicaid Beneficiaries with SUD Diagnosis (monthly)	The state calculated the following changes that were less or more than 2% between Q2 (7/1/2021-9/30/2021) and Q3 (10/1/2021-12/31/2021). • There was a 3.19% increase in the number of Medicaid beneficiaries with a SUD diagnosis.
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		

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		Idaho submitted the DY2Q4 Budget Neutrality workbook and supporting documentation files in the PMDA portal on June 29, 2022. The data extract for DY2Q4 included claims incurred mid-April 2021 to April 2022, so the data was stacked with data from the prior quarter and included any new runout from April 2021. In the supporting documentation, the data extract from DY2Q3 was included. The following assumptions for projected SUD utilizers was used for the DY2Q4 BN workbook: o April-June 2022: 50% of normal monthly SUD utilizers in DY1 o July 2022 – March 2023: 100% of normal monthly SUD utilizers in DY1 o DY4 and DY5: 10% caseload trend of monthly utilizers from DY3

Prompts	State has no update to report (Place an X)	State response
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration 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 demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		Due to competing priorities and issues with other program timeline delays, the state experienced delays in implementing the SUD residential treatment provider enrollment for qualified providers to deliver ASAM 3.5 and 3.7 levels of care. The state was able to work with contractors to complete the requirements for this provider enrollment which went "live" July 1, 2022. Multiple providers were notified on June 30, 2022 and expressed great interest in obtaining requirements to enroll in the near future. Updates to the Medicaid Provider Handbook were completed in July 2022. One of the state's IMDs stopped admitting Medicaid beneficiaries with SUD beginning September 1, 2021 due to their executive and medical teams disputing Medicaid's interpretation of ASAM levels of care and resulting approved lengths of stay. Idaho Medicaid's leadership team continued to engage with the IMD's leadership to work through the issue and the IMD began admitting Medicaid beneficiaries needing SUD services beginning April 2022. Since acute stabilization and management of withdrawal or intoxication from substances can be accomplished in alternate settings, including at other IMDs, in psychiatric and SUD units at acute care hospitals, and on the general medical floors of acute care hospitals, the state feels that there was not a negative impact to Idaho Medicaid beneficiaries during this time period.

Prompts	State has no update to report (Place an X)	State response
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 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	X	
11.2.3 The state is working on other initiatives related to SUD or OUD	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.	X	

Prompts	State has no update to report (Place an X)	State response
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		The Pennsylvania State University (PSU) is analyzing data received through DY2Q4 and has conducted several key stakeholder interviews during DY2. PSU is on track to complete the midterm assessment per the goals and time frames agreed upon in the waiver's Special Terms and Conditions.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates	X	
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.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	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 report.		On September 22, 2021, the public forum for the 1115 IMD Waiver was held in conjunction with the Idaho Medicaid Medical Care Advisory Committee (MCAC). The MCAC membership includes stakeholders such as providers, beneficiaries, hospital associations, and tribal representatives. The 1115 waiver team presented information and answered questions regarding the credentialing of providers, mandatory managed care, and the potential to open additional IMDs. The response during the forum was positive and supportive. The stakeholders also expressed interest in being updated on the results of the waiver's metrics once data is received as anticipated in DY2Q4. The questions and answers were posted publicly on the DHW website for the 1115 IMD waiver on October 21, 2021. We anticipate conducting 2022's public forum as part of the October MCAC meeting.

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 (or if broader demonstration, then SUD related) demonstration 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.		Idaho released the IBHP contract solicitation on December 30, 2021, requesting proposals in a competitive negotiation process structured similarly to a request for proposal (RFP) process. The bids are in an evaluation phrase and the state anticipates awarding a new contract in Fall 2022.

In DY2Q3, with backing from the Idaho Behavioral Health Council, the Governor recommended, and the Idaho Legislature approved funding for a Certified Community Behavioral Health Clinic (CCBCH) pilot to improve access and the quality of behavioral health services in Idaho. CCBHCs provide a comprehensive array of behavioral health services, including crisis stabilization services

As part of the Idaho Behavioral Health Council (IBHC) 2021-2024 Strategic Action Plan, a Behavioral Health Workforce Plan has been published to address the shortage of behavioral health professionals statewide. The plan focuses on five areas: recruitment, education, credentialing, employment, and retention. The next step for the IBHC in this project is to develop more detailed implementation plans for each recommendation. These plans will include specific action steps and timelines for achievement, identification of roles and responsibilities for sponsors and stakeholders, and criteria for how the system improvements will be measured. A final implementation is anticipated in July 2022. |