

1. Title Page for the State’s SUD Demonstration or SUD Components of Broader Demonstration

The state should complete this Transmittal Title Page at the beginning of a demonstration and submit as the title page of all SUD Monitoring Reports. The content of this transmittal table should stay consistent over time.

State	Idaho
Demonstration Name	Idaho Behavioral Health Transformation
Approval Date	04/17/2020
Approval Period	04/17/2020 – 03/31/2025
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.

2. Executive Summary

The Idaho Department of Health and Welfare’s divisions of Medicaid and Behavioral Health are working together for the development of standards, as detailed throughout the approved SUD implementation plan. At the time of writing the waiver application, the state proposed several options to support initiatives outlined in the waiver. These options included potential changes to statute, rules or standards to implement waiver requirements; however, due to the governor’s recent executive order mandating zero-based regulation and restricting amendments to rules, standards will be published and enforced primarily via requirements that will be added to Department’s standards, MCO contracts and/or provider handbooks.

Idaho Medicaid has also been working closely with its data team to verify system changes are already in place or are underway to track all the metrics required in the STCs. Any exceptions or requested modifications will be noted in the monitoring protocol and/or evaluation design documentation.

Enrollment numbers have continued to increase since Idaho expanded Medicaid in January 2020. Medicaid expansion enrollment is still in alignment with state projections beginning January 1, 2020. COVID-19 over-shadowed the waiver approval and shifted the state’s resources to focus on COVID-19 related activities. However, we are still on track to meet the milestone timelines outlined in the implementation plan.

3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?			
Are there any other anticipated program changes that may impact metrics related to assessment			

of need and qualification for SUD services? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
2.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: 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			

<p>inpatient settings, medically supervised withdrawal management)?</p> <p>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 individuals in IMDs?</p>			
<p>Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.</p>			
<p><input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</p>			
<p>3.2.1 Metric Trends</p>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.</p>			
<p><input type="checkbox"/> The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.</p>			

<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
3.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <p>a. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria?</p> <p>b. Implementation of a utilization management approach to ensure:</p> <p>i. Beneficiaries have access to SUD services at the appropriate level of care?</p> <p>ii. Interventions are appropriate for the diagnosis and level of care?</p> <p>iii. Use of independent process for reviewing placement in residential treatment settings?</p>	<p>DY1 Q1 (04/17/2020 – 06/30/2020)</p>		<p>a. Idaho Medicaid worked closely with the Division of Behavioral Health (DBH) to review current SUD placement strategies. Both divisions worked together to ensure statewide providers within the Idaho Behavioral Health Plan network, as well as the state-funded SUD provider network, were utilizing evidence-based placement criteria. DBH, as Idaho’s Behavioral Health authority, developed a standard specifically focusing on ASAM criteria for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions that is utilized by the IBHP contractor.</p> <p>b. Medicaid and DBH are working together to develop language to include in the IBHP contract request for proposal to ensure items i, ii, and iii, are implemented appropriately with the new managed care organization (MCO) contract. This request for proposal will be issued in Spring 2021.</p>
<p>Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the</p>			

state is reporting such metrics)? If so, please describe these changes.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
<input type="checkbox"/> The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
4.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards? b. State review process for residential treatment providers' compliance with qualifications standards?			

c. Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site?			
Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
5.2.2 Implementation Update			

<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?</p>			
<p>Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.</p>			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.</p>			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
6.2.2 Implementation Update			

<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone? 			
<p>Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.</p>			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.</p>			
<i>[Add rows as needed]</i>			

<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?			
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
11.2.2 Implementation Update			

<p>Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> a. How health IT is being used to slow down the rate of growth of individuals identified with SUD? b. How health IT is being used to treat effectively individuals identified with SUD? c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD? 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? e. Other aspects of the state’s health IT implementation milestones? f. The timeline for achieving health IT implementation milestones? 	<p>DY1 Q1 (04/17/2020 – 06/30/2020)</p>		<p>At the end of April, the Idaho Health Data Exchange (IHDE), the state’s health information exchange, revised its participant agreement to include prescription drug and 42 CFR Part 2 data. IHDE also worked in April and May to further define its business and data needs, priorities and connection types in order to better serve Idaho’s healthcare landscape.</p> <p>In May, IHDE began cleanup of their master patient index to ensure complete and consistent data, which is necessary to properly identify patient medical records and to link records across disparate databases and healthcare organizations.</p> <p>On June 24, 2020, the Idaho Board of Pharmacy announced their statewide initiative to integrate Idaho Prescription Drug Monitoring Program (ID PDMP) data into approved electronic health record and pharmacy systems throughout the state, using Appriss Health’s PMP Gateway solution. The statewide integration of PDMP data into electronic health records (EHRs) and pharmacy systems at the point of care increases the ease of access and use of prescription information. This helps healthcare providers make critical clinical decisions, including the prescribing and dispensing of controlled substances, as well as informed decisions around patient care and safety. Prior to this integration initiative, Idaho prescribers and pharmacists had to log in to a separate system to query patient information, which took important time away from patient care. Now, healthcare providers and pharmacists will have the ability to initiate a patient query through an EHR or pharmacy system. The query will return the patient’s controlled substance prescription records directly within the clinical workflow inside the EHR.</p> <p>Additional health IT milestones are working in alignment with SUPPORT Act activities and will be completed no later than September 30, 2020.</p>
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g. Planned activities to increase use and functionality of the state’s prescription drug monitoring program?			
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
9.2.2 Implementation Update			
Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
10.2 Budget Neutrality			

10.2.1 Current status and analysis			
Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.	DY1 Q1 (04/17/2020 – 06/30/2020)		Idaho has not yet reported Behavioral Health Transformation expenditures related to the demonstration via Schedule C of the CMS 64 Expenditure Report. As such, the [C Report] tab remains unpopulated outside of the reporting period criteria at the top of the sheet. We expect that [C Report] will include reported expenditures in subsequent reporting periods as dollars under this demonstration begin to be reported in the CMS 64 report(s). Similarly, the state understands that the reported dollars should include all claims expenditures for members identified as behavioral health utilizers and will utilize SFY20 FFS claims data to supplement future reporting period dollars with other expenditures for these members consistent with the approach used to populate the application detail. In the absence of this data, demonstration year 1 (DY1) total expenditures in the [WW Spending Projected] tab have been balanced so that the total actual and total projected DY1 dollars reconcile to the total projected DY1 expenditures implicit in the March application itself.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
10.2.2 Implementation Update			
Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.	DY1 Q1 (04/17/2020 – 06/30/2020)		Idaho projected enrollment numbers to increase by 91,000 new members when the state expanded Medicaid coverage effective January 1, 2020. While enrollment increased from 72,551 to 79,645 new members in Demonstration Year 1, Quarter 1 (DY1, Q1), enrollment rates are still consistent with the projected expansion increase. It is unknown at this time as to how COVID-19 will impact the state’s budget neutrality. Idaho will continue to evaluate program data to assess these impacts.
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy			

<p>considerations that could positively or negatively impact 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.</p>			
<input checked="" type="checkbox"/> The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
<p>Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <p>a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?</p> <p>b. Delivery models affecting demonstration participants</p>			

(e.g. Accountable Care Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?			
Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?			
What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
12.1 SUD Demonstration Evaluation Update			
12.1.1 Narrative Information			
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. See report	DY1 Q1 (04/17/2020 – 06/30/2020)		On June 10, 2020 Idaho executed a contract with Oregon Health & Science University (OHSU) for the development of the evaluation design. OHSU informed IDHW in late July that they would not be able to continue as the independent evaluator for the state’s Behavioral Health Transformation demonstration. Penn State University agreed on October 22, 2020, to complete the demonstration evaluation and will submit a letter of commitment with the evaluation design by November 30, 2020.

template instructions for more details.			
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.			
List anticipated evaluation-related deliverables related to this demonstration and their due dates.	DY1 Q1 (04/17/2020 – 06/30/2020)		On October 7, 2020, Idaho requested an extension for the evaluation design submission. CMS approved the extension to allow for the state to execute a contract with new evaluation team. Idaho will submit the draft evaluation design by November 30, 2020.
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
Have there been any changes in the state’s implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?			
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?	DY1 Q1 (04/17/2020 – 06/30/2020)		CMS offered Idaho an extension on the Monitoring Protocol in August due to new guidance and training being offered just before the original due date of September 14, 2020. The state accepted the extension and will submit the Monitoring Protocol by October 26, 2020.
Compared to the details outlined in the STCs and the monitoring			

<p>protocol, has the state formally requested any changes or does the state expect to formally request any changes to:</p> <ul style="list-style-type: none"> a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports? 			
<p>Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?</p>			
<p><i>[Add rows as needed]</i></p>			
<p><input type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.</p>			
<p>13.1.2 Post Award Public Forum</p>			
<p>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.</p>			
<p><i>[Add rows as needed]</i></p>			
<p><input checked="" type="checkbox"/> There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.</p>			

14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
<p>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.</p>			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			