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	DY2Q3
Reporting period	10/01/2021-12/31/2021

2. Executive summary

On November 18, 2021, the state received approval for its submitted monitoring protocols. Idaho worked with the Medicaid Enterprise Systems team and Medicaid Management Information System (MMIS) contractor, IBM Watson Health, to build these quality metrics. The state's first submission of the metrics was on February 28, 2022 and resubmitted March 11, 2022, correcting the reporting period. Idaho Medicaid's goals are to use the performance metrics to demonstrate progress towards meeting the waiver's milestones and to create a better understanding of the impacts of the waiver on quality and cost of care.

Idaho released the Idaho Behavioral Health Plan (IBHP) contract solicitation on December 30, 2021, requesting proposals in a competitive negotiation process structured similarly to a Request for Proposal (RFP). The state has chosen this negotiation approach with the intent to allow bidders to propose innovative approaches to providing behavioral health services through the managed care contract. The contract resulting from this procurement will add behavioral health inpatient and emergency department services as well as substance use disorder (SUD) residential services to a contract that previously only included outpatient behavioral health services.

The ongoing COVID pandemic has impacted Idahoans' access to health care services including behavioral health. The state saw positive COVID-19 case counts decrease toward the end of 2021 resulting in the Idaho Department of Health and Welfare (DHW) deactivating Crisis Standards of Care (CSC) in the southern half of the state on November 22, 2021, and in the northern Panhandle on December 20, 2021. While the number of COVID-19 cases remained high and continued to stress the healthcare systems through the end of the quarter, the surge no longer exceeded the healthcare resources available. Idaho continued to educate Idahoans about COVID-19 through social media platforms, websites, and weekly media briefings throughout DY2Q3.

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			Idaho Medicaid has identified that SUD Metric #7 – Early Intervention, is showing a low value for our first reporting period. Idaho will continue to work with our data and contracts teams to identify codes that may be covered and will flag these metrics for review in the months leading up to the next reporting period.
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	X		
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.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)			With Idaho Response to the Opioid Crisis grant funding, an MOUD provider opened two rural clinics in the Panhandle Health District in December 2021.
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:	X		
3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
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		

5

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			
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		
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.		The values for the budget neutrality workbook and supporting documentation file have been populated consistently with the approach for prior quarter reporting The state has observed SUD inpatient claims volume dropping to zero starting in September 2021 and understands that this is because the two main inpatient SUD providers in the state stopped serving Medicaid members for SUD services at that time. Idaho Medicaid is still determining how this change is impacting access to inpatient SUD services for Medicaid participants in the Boise area and how this hopefully temporary change will affect the state's financial projections for the 1115 BHT Waiver. The state is working diligently to add ASAM Level 3.5 residential SUD services to its benefits and anticipates that once that is available, access will increase including to ASAM Levels 4.0 and 3.7 inpatient care. For DY2Q3, the state has continued to populate the projected member months without including the SUD claims decrease. The projected SUD utilizers for DY2-DY5 are based on a 10% caseload increase from actual DY1 utilizers, consistent with what has been reported in prior quarters.
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-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.	X	
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
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	

Prompts	State has no update to report (Place an X)	State response
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	
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	
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	

Prompts	State has no update to report (Place an X)	State response
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		On November 18, 2021, CMS approved Idaho's monitoring protocol. The state reported its first round of quarterly metrics on February 28, 2022, and resubmitted on March 11, 2022, with the correct reporting period.
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		Idaho will report the quarterly metrics for the first time on February 28, 2022. CMS pointed out discrepancy in the correct reporting period and the state was able to correct the reports and resubmit on March 11, 2022, with the correct reporting period data.
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.	X	

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 an RFP. The state has chosen this negotiation approach with the intent to allow bidders to propose innovative approaches to providing behavioral health services through the managed care contract. The contract resulting from this procurement will add behavioral health inpatient and emergency department services as well as SUD residential services to a contract that previously only included outpatient behavioral health 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. In December 2021, DBH finalized and posted to the DHW website, their State of Idaho Behavioral Best Practices Standards after seeking public comments. The purpose of the standards is to provide minimum requirements, best practices, standard protocols, and other guidance for those providing behavioral health services to adults, children, and youth.