

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	DY3Q1
Reporting period	04/01/2022-06/30/2022

2. Executive summary

Idaho began Demonstration Year 3 Quarter 1 (DY3Q1) continuing many of the efforts to expand behavioral health services across the state. The state continued to work on implementing the 988 National Suicide & Crisis Lifeline to be ready to go live July 16, 2022. IDHW's Divisions of Behavioral Health and Public Health completed multiple stakeholder engagement meetings with health care systems, critical access hospitals, and community-based behavioral health providers to share the go-live date and Substance Abuse and Mental Health Service Administration's (SAMHSA) national media campaign materials.

In May 2022, Case Management and Targeted Care Coordination services became available to assist members in setting up and coordinating post-discharge services. Case Management and Targeted Care Coordination services can be provided up to 180 days prior to the member being discharged out of the hospital or Residential Setting.

Since DY1 of the 1115 Behavioral Health Transformation Waiver, Idaho Medicaid has worked to improve access to care by engaging with behavioral health providers to elicit feedback on rate setting and certification requirements that helped inform the provider enrollment process for adding coverage for ASAM Level 3.5 and 3.7 residential substance use disorder (SUD) treatment services. SUD residential treatment providers throughout the state were notified June 30, 2022, of the requirements to enroll beginning July 1, 2022.

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		

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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			

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<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</p>		<p>SUD # 6 Any SUD Treatment (monthly)</p> <p>SUD #7 Early Intervention</p> <p>SUD #8 Outpatient Services (monthly)</p> <p>SUD #9 Intensive Outpatient and Partial Hospitalization Services</p> <p>SUD #10 Residential and Inpatient Services</p> <p>SUD #11 Withdrawal Management</p> <p>SUD #12: Medication-Assisted Treatment</p>	<p>The state calculated the following changes that were less or more than 2% between Q3 (10/1/2021-12/31/2021) and Q4 (1/1/2022-3/31/2022).</p> <ul style="list-style-type: none"> • There was a 19.21% increase in the number of Medicaid beneficiaries receiving any SUD treatment. • The number of Medicaid beneficiaries who received an SBIRT screening remains at zero. The state is working with the Medicaid Quality Director, Medicaid Medical Director and Policy team on strategies to improve billing issues and on education for providers. • There was an 26.80% increase in the number of Medicaid beneficiaries receiving outpatient services. • There was a 5.40% increase in the number of beneficiaries receiving intensive outpatient and partial hospitalization services. • The state saw a 13.08% decrease in the number of Medicaid beneficiaries receiving residential and inpatient services. • There was a 187.80% increase in the number of Medicaid beneficiaries receiving withdrawal management services. The state attributes the large increase to the small numbers in this measure and that the previous two quarters had decreases. • There was a 4.04% decrease in Medicaid beneficiaries who received MAT services.
<p>2.2 Implementation update</p>			

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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		

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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		SUD #5: Medicaid Beneficiaries treated in an IMD for SUD SUD #36: Average Length of Stays in IMDs	The state calculated the following changes that were less or more than 2% between DY1 (4/1/2020- 3/31/21) and DY2 (4/1/2021-3/31/2022). <ul style="list-style-type: none"> • There was a 45.36% decrease in the number of Medicaid Beneficiaries treated in an IMD for SUD from DY1 to DY2. • There was a 34.41% decrease in average length of stay in IMDs from DY1 to DY2. 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.
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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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 <i>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.</i>	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		

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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		SUD #13: SUD Provider Availability SUD #14: SUD Provider Availability-MAT	The state calculated the following changes that were less or more than 2% between DY1 (4/1/2020- 3/31/2021) and DY2 (4/1/2021-3/31/2022). <ul style="list-style-type: none"> • The state saw a 4.77% decrease in the number of SUD providers. • The state saw a 39.31% increase in the number of providers enrolled and met the standards to provide buprenorphine or methadone as part of MAT.
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			

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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: 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		
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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics		Q1: PDMP Checking Q2: Project ECHO Idaho DATA 2000 Prescriber training	The state calculated the following changes that were less or more than 2% between DY1 (4/1/2020- 3/31/2021) and DY2 (4/1/2021-3/31/2022). <ul style="list-style-type: none"> The state saw a 60.78% increase in the number of PDMP checks from DY1 to DY2. The state can attribute some of this increase to the mandatory PDMP checks beginning October 1, 2020, in Idaho. There was a 22% decrease in the number of providers who attended the Project ECHO Idaho DATA 2000 Prescriber training.
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		
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.v. The timeline for achieving health IT implementation milestones			In DY3Q1, Idaho’s 1115 BHT Team was notified that the State’s Medicaid Health Information Technology (HIT) Plan had been submitted to CMS in March 2022.
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			

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<p>9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics</p>		<p>SUD #2 Medicaid Beneficiaries with Newly Initiated SUD treatment/Diagnosis</p> <p>SUD #3 Medicaid Beneficiaries with SUD Diagnosis (monthly)</p> <p>SUD #24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries</p> <p>SUD #4: Medicaid Beneficiaries with SUD Diagnosis (annually)</p> <p>SUD #26 Drug Overdose Deaths</p> <p>SUD #30 Per Capita SUD Spending</p> <p>SUD #31 Per Capita SUD Spending within IMDs</p>	<p>The state calculated the following changes that were less or more than 2% between Q3 (10/1/2021-12/31/2021) and Q4 (1/1/2022-3/31/2022).</p> <ul style="list-style-type: none"> • There was a 61.16% increase in the number of Medicaid beneficiaries with newly initiated SUD treatment/diagnosis. We attribute this increase in part to the design of the measure there was a slight increase in the prior quarter, leading to less beneficiaries who qualify to be counted in the measure in the current quarter. • There was a 34.90% increase in the number of Medicaid beneficiaries with a SUD diagnosis. • There was a 35.70% increase in the rate of inpatient stays for SUD per 1,000 beneficiaries. <p>The state calculated the following changes that were less or more than 2% DY1(4/1/2020- 3/31/2021) and DY2 (4/1/2021-3/31/2022).</p> <ul style="list-style-type: none"> • There was a 19.09% increase in the number of Medicaid beneficiaries with SUD diagnosis between DY1 and DY2. • The state saw a 4.44% increase in drug overdose deaths in the SUD population from DY1 to DY2. • There was a 14.55% decrease in per capita SUD spending. • There was a 45.36% decrease in per capita SUD spending within IMDs. <p>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.</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		<p>S1: Unique provider participation for ECHO Idaho Continued Education SUD Sessions</p> <p>S2: Project ECHO Idaho Continued Education SUD Sessions participation</p> <p>S3: The annual number of Medicaid site locations delivering MAT services</p> <p>S4: The annual number of providers enrolled in Medicaid providing buprenorphine as part of MAT</p>	<ul style="list-style-type: none"> • The state saw a 8.90% increase in unique provider participation for Project ECHO Idaho Continued Education SUD Sessions. • The state saw a 8.42% increase in Project ECHO Idaho Continued Education SUD sessions participation. <p>The state can attribute some of this to the collaboration with the state’s IBHP contractor and Project ECHO through targeted provider outreach and Project ECHO being able to provide additional trainings in DY2. Project ECHO Idaho was also awarded Joint Accreditation for interprofessional continuing education status in DY2, this allows Project ECHO to provide continuing education too all individuals on a healthcare team.</p> <ul style="list-style-type: none"> • The state saw a 50% increase in the annual number of Medicaid site locations delivery MAT services. The state had additional site locations that were able to open after receiving grant funding through other state programs. • There was a 133% increase in the annual number of providers enrolled in Medicaid providing buprenorphine as part of MAT. The state can attribute some of this to the small numbers in this measure.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		<p>Consistent with last quarter, 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 for all claims pre-April 2021.</p> <p>The SUD utilizers in DY3Q1 align well with what we had projected in last quarters reporting, so we retained the same assumptions for projected SUD utilizers, which are:</p> <ul style="list-style-type: none"> 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
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

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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.		On June 30, 2022, Idaho Medicaid notified SUD residential treatment providers that a new provider enrollment would begin July 1, 2022, for coverage of ASAM 3.5 and 3.7 levels of care. Information given to providers included requirements for enrollment and approved rates for services. The Idaho Medicaid team received multiple supportive messages from providers and stakeholders for the addition of these services through Idaho Medicaid.
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	

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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	

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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	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	
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	
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.	X	