

*The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support Idaho's retrospective reporting of monitoring data for its section 1115 substance use disorder (SUD) demonstration. The state should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 12 of Version 3.0). This template was customized for retrospective reporting in the following ways:*

- *Added footnote C to the title page in section 1*
- *The table in section 3 (Narrative information on implementation, by milestone and reporting topics) has been modified to ask the state to report general trends for each Milestone, rather than changes (+ or -) greater than 2 percent for each metric.*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

**1. Title page for the state's SUD demonstration or the SUD component of the broader demonstration**

*CMS has pre-populated the title page for the state (see blue text). The state should review the pre-populated text and confirm that it is accurate. Definitions for certain rows are below the table.*

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)  
 Idaho Behavioral Health Transformation

<b>State</b>	<i>Idaho</i>
<b>Demonstration name</b>	<i>Idaho Behavioral Health Transformation</i>
<b>Approval period for section 1115 demonstration</b>	<i>04/17/2020-03/31/2025</i>
<b>SUD demonstration start date<sup>a</sup></b>	<i>04/17/2020</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	<i>n.a.</i>
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<i>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.</i>
<b>SUD demonstration year and quarter<sup>c</sup></b>	<i>SUD DY1Q1 – SUD DY2Q2</i>
<b>Reporting period<sup>c</sup></b>	<i>04/01/2020–09/30/2021</i>

<sup>a</sup> **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

<sup>b</sup> **Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

<sup>c</sup> **SUD demonstration year and quarter, and reporting period.** The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state’s approved monitoring protocol. For example, if the state’s first

monitoring report after monitoring protocol approval is its SUD DY2Q2 monitoring report, the retrospective reporting period is considered SUD DY1Q1 through SUD DY2Q1. The SUD DY1Q1 reporting period is not listed because metrics data are reported with a one-quarter lag.

## **2. Executive summary**

*The executive summary should be reported in the fillable box below. It is intended for summary-level information of metrics trends from the retrospective reporting period. The recommended word count is 500 words or less.*

With waiver approval April 17th, 2020, the state has experienced opportunities for growth in both SMI and SUD milestone initiatives throughout the implementation phase of the demonstration. The state received final approval of its monitoring protocols on November 18, 2021 and submitted the first round of metrics on February 28, 2022.

This monitoring report contains some early data related to the states SUD demonstration. In April 2020 the state saw decreases in service utilization aligning the increased number of Idahoans affected by the pandemic. The state increased access to mental health services for Medicaid beneficiaries, with the support of Idaho’s governor who signed an executive order on June 22, 2020, making more than 150 emergency telehealth rules permanent, many focusing on expanding connected health platforms to improve access to care. In March 2021 the state saw utilization increases, outside of telehealth, this correlated with pandemic restrictions lifting, along with vaccination availability to Idahoans.

The state concluded its implementation phase. Idaho continues to work towards increasing access to care, expansion for coverage of Medicaid services, and improving care coordination and transitions between levels of care.

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**

The state should provide a general summary of metric trends by milestone and reporting topic for the entire retrospective reporting period. In these general summaries, the state should discuss any relevant trends that the data shows related to each milestone or reporting topic, including trends in state-specific metrics.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services	X		
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)  
 Idaho Behavioral Health Transformation

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
2.1.1 The state reports the following metric trends related to Milestone 1		SUD # 6 Any SUD Treatment (monthly)  SUD #7 Early Intervention  SUD #8 Outpatient Services (monthly)	The state calculated the following changes that were less or more than 2% between DY1Q1 (4/1/2020-6/30/2020) to DY2Q2 (4/1/2021-6/30/2021). <ul style="list-style-type: none"> <li>• The state saw a consistent increase across the retrospective reporting period in the number of Medicaid beneficiaries receiving any SUD treatment.                             <ul style="list-style-type: none"> <li>○ DY1Q1 to DY1Q2 increased by 5.55%</li> <li>○ DY1Q2 to DY1Q3 increased by 5.25%</li> <li>○ DY1Q3 to DY1Q4 increased by 10.26%</li> <li>○ DY1Q4 to DY2Q1 increased by 5.45%</li> </ul> </li> <li>• The number of Medicaid beneficiaries who received an SBIRT screening remains at zero.</li> <li>• The state saw a consistent increase across the retrospective reporting period in the number of Medicaid beneficiaries receiving outpatient services.                             <ul style="list-style-type: none"> <li>○ DY1Q1 to DY1Q2 increased by 4.81%</li> <li>○ DY1Q2 to DY1Q3 increased by 5.62%</li> <li>○ DY1Q3 to DY1Q4 increased by 9.09%</li> <li>○ DY1Q4 to DY2Q1 increased by 3.07%</li> </ul> </li> </ul> The state can attribute some of the increase to the public health emergency (PHE) requirements related to Medicaid disenrollment.
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends related to Milestone 2	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)  
 Idaho Behavioral Health Transformation

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends 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		
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends related to Milestone 4	X		
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
6.1 The state reports the following metric trends related to Milestone 5	X		
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			
7.1.1 The state reports the following metric trends related to Milestone 6	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)  
 Idaho Behavioral Health Transformation

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			
8.1.1 The state reports the following metric trends related to its health IT metrics	X		
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			
9.1.1 The state reports the following metric trends related to other SUD-related metrics		SUD #2 Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis  SUD #3 Medicaid Beneficiaries with SUD Diagnosis (monthly)	The state calculated the following changes that were less or more than 2% between DY1Q1 (4/1/2020-6/30/2020) to DY2Q2 (4/1/2021-6/30/2021). <ul style="list-style-type: none"> <li>• The state saw a consistent increase in the number of Medicaid beneficiaries with a newly initiated SUD treatment/diagnosis across the retrospective reporting period.                             <ul style="list-style-type: none"> <li>○ DY1Q1 to DY1Q2 increased by 4.02%</li> <li>○ DY1Q3 to DY1Q4 increased by 20.51%</li> </ul> </li> <li>• The state saw a consistent increase across the retrospective reporting period in the number of Medicaid beneficiaries with a SUD diagnosis.                             <ul style="list-style-type: none"> <li>○ DY1Q1 to DY1Q2 increased by 15.05%</li> <li>○ DY1Q2 to DY1Q3 increased by 11.66%</li> <li>○ DY1Q3 to DY1Q4 increased by 8.22%</li> <li>○ DY1Q4 to DY2Q1 increased by 7.22%</li> </ul> </li> </ul> The state can attribute some of the increase to the public health emergency (PHE) requirements related to Medicaid disenrollment.

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

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)  
Idaho Behavioral Health Transformation

---

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

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