Medicaid Section 1115 Substance Use Disorder & Serious Mental Illness and Serious Emotional Disturbance Demonstrations
Monitoring Report Template

1. **Title page for the state's substance use disorder (SUD) and serious mental illness and serious emotional disturbance (SMI/SED) demonstrations or the SUD and SMI/SED components of the broader demonstration**

Overall section 1115 demonstration	
State	Idaho
Demonstration name	Idaho Behavioral Health Transformation
Approval period for section 1115 demonstration	04/17/2020-03/31/2025
Reporting period	04/01/2023-06/30/2023
SUD demonstration	
SUD component start date[a]	04/17/2020
Implementation date of SUD component, if different from SUD component start date[b]	
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	DY4Q1

SMI/SED demonstration	
SMI/SED component demonstration start date[a]	04/17/2020
Implementation date of SMI/SED component, if different from SMI/SED component start date[b]	
SMI/SED-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
SMI/SED demonstration year and quarter	DY4Q1

2. Executive summary

Idaho accomplished a pivotal goal by awarding the Idaho Behavioral Health Plan (IBHP) contract to Magellan Healthcare, Inc on June 16, 2023. This contract embodies a strategic framework designed to instigate transformative change in Idaho's behavioral health service delivery system. Aligned with the core tenants of the new IBHP, essential initiatives are structured to optimize the administration of behavioral health services, encompassing a spectrum of conditions spanning mental health and substance use disorders (SUD).

A key feature of the new IBHP contract is the inclusive coverage of behavioral health inpatient services, ensuring beneficiaries' access to a range of care options. This initiative not only signifies a commitment to quality care management but also entails oversight of treatment duration and a seamless transition between varying levels of care.

During Demonstration Year 4 Quarter 1 (DY4Q1), Idaho Medicaid received notification that an additional provider completed their American Society of Addiction Medicine (ASAM) Level of Care Certification by Commission on Accreditation of Rehabilitation Facilities (CARF) at the end of June 2023. The provider completed their enrollment process on July 6, 2023 and became Idaho's latest Substance Abuse Rehabilitation Facility (SARF).

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

A. SUD component

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.a The target population(s) of the demonstration	X		
	1.2.1.b 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 # 6: Any SUD Treatment (monthly)

SUD #7: Early Intervention

SUD #8: Outpatient Services (monthly)

SUD #9: Intensive Outpatient and Partial Hospitalization Services

SUD #10: Residential and Inpatient Services

SUD #11: Withdrawal Management

SUD #12: Medication-Assisted Treatment | The state calculated the following changes that were less or more than 2% between Q3 (10/1/2022-12/31/2022) and Q4 (1/1/2023-3/31/2023).

• There was a 6.80% 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 7.86% increase in the number of Medicaid beneficiaries receiving outpatient services.
• There was a 10.59% increase in the number of beneficiaries receiving intensive outpatient (IOP) and partial hospitalization services (PHP).
• The state saw a 41.69% increase in the number of Medicaid beneficiaries receiving residential and inpatient services.
• There was a 10.29% increase in the number of Medicaid beneficiaries receiving withdrawal management services.
• There was an 8.11% increase in the number of Medicaid beneficiaries receiving medication assisted treatment.

The state attributes these increases to a new SARF providing ASAM 3.7 services that opened in Boise in October 2022. |
| **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:	X		
2.2.1.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 inpatient settings, medically supervised withdrawal management)			
2.2.1.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 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.		SUD #5: Medicaid Beneficiaries treated in an IMD for SUD	The state calculated the following changes that were less or more than 2% between DY2 (4/1/2021-3/31/2022) and DY3 (4/1/2022-3/31/2023). • There was a 32.05% increase in the number of Medicaid Beneficiaries treated in an IMD for SUD from DY2 to DY3.
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.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
	3.2.1.b 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.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
	4.2.1.b Review process for residential treatment providers' compliance with qualifications.	X		
	4.2.1.c 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.		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 DY2 (4/1/2021-3/31/2022) and DY3 (4/1/2022-3/31/2023). • The state saw a 10.08% increase in the number of SUD providers. • The state saw a 16.50% decrease 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 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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)**			
6.1	**Metric trends**			
6.1.1	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:	X		
	6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
	6.2.1.b 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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 SUD health IT metrics.		SUD Q1: PDMP Checking SUD Q2: Project ECHO Idaho DATA 2000 Prescriber training	The state calculated the following changes that were less or more than 2% between DY2 (4/1/2021- 3/31/2022) and DY3 (4/1/2022-3/31/2023). • The state saw a 15.86% decrease in the number of PDMP checks from DY2 to DY3. • There was an 8.97% increase 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:	X		
	8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD			
	8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
	8.2.1.c How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	8.2.1.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	X		
	8.2.1.e	Other aspects of the state's health IT implementation milestones	X		
	8.2.1.f	The timeline for achieving health IT implementation milestones	X		
	8.2.1.g	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 SUD 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. | | SUD #2: Medicaid Beneficiaries with Newly Initiated SUD treatment/Diagnosis

SUD #3: Medicaid Beneficiaries with SUD Diagnosis (monthly)

SUD #4: Medicaid Beneficiaries with SUD Diagnosis (annually)

SUD #26: Drug Overdose Deaths

SUD Metric #29: SUD Spending within IMDs

SUD #30: Per Capita SUD Spending

SUD #31: Per Capita SUD Spending within IMDs | The state calculated the following changes that were less or more than 2% between Q3 (10/1/20212-12/31/20212) and Q4 (1/1/2023-3/31/2023).
• There was a 12.15% increase in the number of Medicaid beneficiaries with newly initiated SUD treatment/diagnosis.
• There was a 3.33% increase in the number of Medicaid beneficiaries with a SUD diagnosis.

The state calculated the following changes that were less or more than 2% DY2 (4/1/2021- 3/31/2022) and DY3 (4/1/2022-3/31/2023).
• There was a 6.16% increase in the number of Medicaid beneficiaries with SUD diagnosis between DY2 and DY3.
• The state saw a 55.32% increase in drug overdose deaths in the SUD population from DY2 to DY3. The state can attribute some of this to the small numbers in this measure.
• 193.95% increase in SUD Spending
• There was a 11.79% increase in per capita SUD spending.
• There was a 32.05% increase in per capita SUD spending within IMDs.
The state has a data limitation when reporting costs due to not being able to distinguish costs for SUD treatment separately from room and board costs. Metric count is low as a result of this data limitation.
• The state saw a 78.23% decrease in Project ECHO Idaho Continued Education SUD sessions participation.
• The state saw a 50% decrease in the annual number of Medicaid site locations delivery MAT services. The state can attribute some of this to the small numbers in this measure. |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		SUD S1: Unique provider participation for ECHO Idaho Continued Education SUD Sessions SUD S2: Project ECHO Idaho Continued Education SUD Sessions participation SUD S3: The annual number of Medicaid site locations delivering MAT services SUD S4: The annual number of providers enrolled in Medicaid providing buprenorphine as part of MAT	• There was a 42.86% 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.

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		

B. SMI/SED component

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	**Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)**			
1.1	**Metric trends**			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.	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:	X		
1.2.1.a	The licensure or accreditation processes for participating hospitals and residential settings			
1.2.1.b	The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	X		
1.2.1.c	The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay	X		
1.2.1.d	The program integrity requirements and compliance assurance process	X		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	1.2.1.e	The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions	X		
	1.2.1.f	Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings	X		
1.2.2		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
2.	**Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)**			
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 2.		SMI/SED #11: Suicide or Overdose Death Within 7 and 30 Days of Discharge From an Inpatient Facility or Residential Treatment for Mental Health Among Beneficiaries With SMI or SED (count)	The state calculated the following changes that were less or more than 2% between DY2 (4/1/2021- 3/31/2022) and DY3 (4/1/2022-3/31/2023). • The state saw a 300% increase in suicide or drug overdose deaths in the SMI/SED population within 30 days of discharge from an inpatient facility or residential treatment facility from DY2 to DY3. The state can attribute some of this to the small numbers in this measure.
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.a Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions	X		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	2.2.1.b	Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers	X		
	2.2.1.c	State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge	X		
	2.2.1.d	Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers)	X		
	2.2.1.e	Other state requirements/policies to improve care coordination and connections to community-based care)	X		
2.2.2		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
3. **Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)**			
3.1 **Metric trendsver**			

| 3.1.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3. | | SMI #14: Mental Health Services Utilization-Intensive Outpatient and Partial Hospitalization

SMI #15: Mental Health Services Utilization–Outpatient

SMI #16: Mental Health Services Utilization-ED

SMI #17: Mental Health Services Utilization-Telehealth

SMI #18: Mental Health Services Utilization- Any Services

SMI#19a: Average Length of Stays in IMDs

SMI #19b: Average Length of Stay in IMDs | The state calculated the following changes that were less or more than 2% between Q3 (10/1/2022-12/31/2022) and Q4 (1/1/2023-3/31/2023).

• There was a 5.62% increase in the number of Medicaid beneficiaries receiving intensive outpatient and partial hospitalization services for mental health.
• There was a 5.57% increase in the number of Medicaid beneficiaries receiving outpatient services for mental health.
• There was a 19.05% increase in the number of Medicaid beneficiaries receiving ED services for mental health. The state can attribute some of this to the small numbers in this measure.
• There was a 6.23% increase in Medicaid beneficiaries receiving telehealth services for mental health.
• There was a 5.26% increase in the number of Medicaid beneficiaries receiving mental health services.

The state calculated the following changes that were less or more than 2% between DY2 (4/1/2021- 3/31/2022) and DY3 (4/1/2022-3/31/2023).

• There was a 4.82% increase DY2 to DY3 in average lengths of stays in IMDs.
• There was a 4.82% increase DY2 to DY3 in average lengths of stays in IMDs receiving FFP only.

Although there was an increase in inpatient days from DY2 to DY3, overall, the state's average length of stay remained under the 30-day requirement. |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		SMI #20: Beneficiaries with SMI/SED Treated in an IMD for Mental Health	• There was a 2.02% increase from DY2 to DY3 in the number of Medicaid beneficiaries with SMI/SED treated in an IMD.
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.a State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay			
3.2.1.b Other state requirements/policies to improve access to a full continuum of care including crisis stabilization	X		
3.2.2 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
4.	**Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)**			
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 4.		SMI #21: Count of Beneficiaries with SMI/SED (monthly): SMI #22: Count of beneficiaries with SMI/SED (annually)	The state calculated the following changes that were less or more than 2% between Q3 (10/1/2022-12/31/2022) and Q4 (1/1/2023-3/31/2023). • There was a 2.57% increase in the number of Medicaid beneficiaries with SMI/SED. The state calculated the following changes that were less or more than 2% between DY2 (4/1/2021- 3/31/2022) and DY3 (4/1/2022-3/31/2023). • The state saw a 2.95% decrease from DY2 to DY3 in the count of beneficiaries with SMI/SED.
4.2	**Implementation update**			
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)			
	4.2.1.b Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.c	Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED	X		
4.2.1.d	Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people	X		
4.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.	**SMI/SED health information technology (health IT)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its SMI/SED health IT metrics.		SMI Q1: Number of Medicaid Participating Behavioral Health facilities connected to a statewide health information exchange SMI Q2: Project ECHO Idaho Continued Education Behavioral Health Sessions	The state calculated the following changes that were less or more than 2% between DY2 (4/1/2021- 3/31/2022) and DY3 (4/1/2022-3/31/2023). ● The number of Medicaid participating behavioral health facilities connected to a statewide health information exchange decreased by 28.67% from DY2 to DY3. ● Project ECHO Idaho had a 72.13% decrease in the number of providers who attended continued education behavioral health sessions from DY2 to DY3.
5.2	**Implementation update**			
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 5.2.1.a The three statements of assurance made in the state's health IT plan	X		
	5.2.1.b Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community-based supports	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.c	Electronic care plans and medical records	X		
5.2.1.d	Individual consent being electronically captured and made accessible to patients and all members of the care team	X		
5.2.1.e	Intake, assessment and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem	X		
5.2.1.f	Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care	X		
5.2.1.g	Alerting/analytics	X		
5.2.1.h	Identity management	X		
5.2.2	The state expects to make other program changes that may affect SMI/SED metrics related to health IT.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6. **Other SMI/SED-related metrics**			
6.1 **Metric trends**			

| 6.1.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SMI/SED-related metrics. | | SMI #33: Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential

SMI/SED Metric #35: Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential

SMI/SED Metric #39: Total Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED

SMI/SED Metric #40: Per Capita Costs Associated With Treatment for Mental Health | The state calculated the following changes that were less or more than 2% between DY2 (4/1/2021- 3/31/2022) and DY3 (4/1/2022-3/31/2023).
The state saw a 9.26% increase from DY2 to DY3 in the total costs associated with mental health services among beneficiaries with SMI/SED. The state saw a 12.59% increase from DY2 to DY3 in per capita costs associated with mental health services among beneficiaries in an inpatient or resident facility. The state has a data limitation when reporting costs for SMI metrics 39 and 40 due to not being able to distinguish costs for Mental Health treatment separately from room and board costs. Metric count is low as a result of this data limitation. Project ECHO Idaho had a 45.45% decrease in the number of providers attending Project ECHO behavioral health continued education sessions from DY2 to DY3. The state saw an 12.00% increase in the Medicaid enrolled community mental health centers statewide from DY2 to DY3. The state saw a 15.35% increase in Medicaid licensed mental health providers from DY2 to DY3. |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		in an IMD Among Beneficiaries With SMI/SED SMI S1: Number of unique providers attending Project ECHO Idaho Continued Education Behavioral Health sessions SMI S2: Medicaid enrolled community MH centers statewide SMI S3: Medicaid licensed MH providers statewide	
6.2	**Implementation update**		
6.2.1 The state expects to make the following program changes that may affect other SMI/SED-related metrics.	X		
7.	**Annual Assessment of Availability of Mental Health Services (Annual Availability Assessment)**		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1	**Description of changes to baseline conditions and practices**			
7.1.1	Describe and explain any changes in the mental health service needs of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of the Availability of Mental Health Services (for example, prevalence and distribution of SMI/SED). Recommended word count is 500 words or less.	X		
7.1.2	Describe and explain any changes to the organization of the state's Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X		
7.1.3	Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of the Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services; outpatient and community-based services; crisis behavioral health services; and care coordination and care transition planning. Recommended word count is 500 words or less.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.4	Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Annual Availability Assessment compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X		
7.1.5	Describe and explain whether any changes in the availability of mental health services have impacted the state's maintenance of effort (MOE) on funding outpatient community-based mental health services. Recommended word count is 500 words or less.	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:	X		
	7.2.1.a The state's strategy to conduct annual assessments of the availability of mental health services across the state and updates on steps taken to increase availability			
	7.2.1.b Strategies to improve state tracking of availability of inpatient and crisis stabilization beds	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**Maintenance of effort (MOE) on funding outpatient community-based mental health services**			
8.1	**MOE dollar amount**			
8.1.1	Provide as a dollar amount the level of state appropriations and local funding for outpatient community-based mental health services for the most recently completed state fiscal year.	X		
	8.2 Narrative information			
8.2.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. The state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.	**SMI/SED financing plan**			
9.1	**Implementation update**			
9.1.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	9.1.1.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders			
	9.1.1.b Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model	X		

4. Narrative information on other reporting topics applicable to both SUD and SMI/SED components

Prompts		State has no update to report (place an X)	State response
10.	**Budget neutrality**		
10.1	**Current status and analysis**		
10.1.1	Describe the current status of budget neutrality and an analysis of the budget neutrality to date. If the SUD and SMI/SED components are part of a broader demonstration, the state should provide an analysis of the SUD- and SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole.		The budget neutrality workbook and supporting documentation files have been populated consistently with the state's approach for prior quarters. The projected SMI and SUD utilizers has been updated based on more recent utilizers experience and historical trends from the first three years of the demonstration.
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- and SMI/SED-related demonstration operations and policy**		
11.1	**Considerations**		
11.1.1	The state should highlight significant SUD and SMI/SED (or if broader demonstration, then SUD- and SMI/SED-related) demonstration components' 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 and SMI/SED demonstration components approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.		An additional SUD residential provider completed their CARF ASAM Level of Care certification at the end of June. Upon successful completion of the CARF certification, the provider will apply and complete its enrollment as a SARF.
11.2	**Implementation update**		
11.2.1	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	
11.2.2	The state is working on other initiatives related to SUD, OUD and/or SMI/SED.	X	
11.2.3	The initiatives described above are related to the SUD and/or SMI/SED demonstration components. (The state should note similarities and differences from the SUD and SMI/SED demonstration components).	X	

Prompts		State has no update to report (place an X)	State response
11.2.4	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
11.2.4.a	How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
11.2.4.b	Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.4.c	Partners involved in service delivery	X	
11.2.4.d	*SMI/SED-specific:* The state Medicaid agency's Memorandum of Understanding (MOU) or other agreement with its mental health services agency	X	

Prompts		State has no update to report (place an X)	State response
12.	**SUD and SMI/SED demonstration evaluation update**		
12.1	**Narrative information**		
12.1.1	Provide updates on SUD and SMI/SED evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual reports. See Monitoring Report 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	

Prompts		State has no update to report (place an X)	State response
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:	X	
	13.1.3.a The schedule for completing and submitting monitoring reports		
	13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4	The state identified current or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.5	Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.	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 monitoring 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 and SMI/SED (or if broader demonstration, then SUD- or SMI/SED-related) demonstration components 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).		On June 16, 2023, the state awarded the IBHP contract to Magellan Healthcare, Inc. This new contract encompasses critical initiatives intended to transform the state's behavioral health service delivery system. The new IBHP is the framework for how behavioral health services for conditions such as mental health and substance use disorders are administered in Idaho.

The solicitation and award of this contract and the inclusion of inpatient and residential treatments for SMI/SED and SUD will ensure access for Idaho Medicaid beneficiaries to top-quality, evidence-based treatment from supervised withdrawal management to chronic care in cost-effective community environments. |