

**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	07/01/2022-09/30/2022
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	DY3Q2

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	DY3Q2

2. Executive summary

In Demonstration Year 3 Quarter 2 (DY3Q2) Idaho Medicaid opened provider enrollment for substance abuse rehabilitation facilities to provide services to Medicaid members in American Society of Addiction Medicine (ASAM) 3.5 and 3.7 levels of care. Since the announcement of this enrollment on June 30, 2022, Idaho Medicaid has received positive feedback from various providers and additional state agencies, including the state's correctional agencies.

Idaho continued strengthening its commitment to crisis care by transitioning from The Idaho Crisis and Suicide Hotline to the national 988 Suicide and Crisis Lifeline. Since the change in July 2022, Idaho has continued to see an increase in calls to the 988 hotline.

Idaho had two Opioid Treatment Programs (OTPs) open, one in Southern Idaho in May 2022 and another in Northern Idaho in August 2022, which aligns with the state's plan to improve access to SUD services for Medicaid beneficiaries.

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			

<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</p> <p>SUD #7: Early Intervention</p> <p>SUD #8: Outpatient Services</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>SUD #22: Continuity of Pharmacotherapy</p>	<p>The state calculated the following changes that were less or more than 2% between Q4 (1/1/2022-3/31/2022) and Q1 (4/1/2022-6/30/2022).</p> <ul style="list-style-type: none"> • There was a 5.84% 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 5.13% increase in the number of Medicaid beneficiaries receiving outpatient services. • There was a 15.91% increase in the number of beneficiaries receiving intensive outpatient and partial hospitalization services. <p>The state attributes this increase to additional PHP providers enrolling in this newer service.</p> <ul style="list-style-type: none"> • The state saw a 54.37% increase in the number of Medicaid beneficiaries receiving residential and inpatient services. • There was a 77.12% increase in the number of Medicaid beneficiaries receiving withdrawal management services. <p>The state can attribute the increase to an OTP in Southern Idaho opening in May 2022.</p> <ul style="list-style-type: none"> • There was a 2.07% decrease in the number of Medicaid beneficiaries receiving medication assisted treatment. <p>The state calculated the following changes that were less or more than 2% for calendar year 2020 (1/1/2020-</p>
---	--	---	--

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		for Opioid Use Disorder	12/31/2020) and calendar year 2021 (1/1/2021-12/1/2021). <ul style="list-style-type: none"> There was a 50.78% decrease for the continuity of pharmacotherapy for opioid use disorder.
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 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.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.	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: 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			
<p>4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.</p> <p>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.</p>		<p>SUD #18: Use of Opioids at High Dosage in Persons without Cancer</p> <p>SUD #19: Use of Opioids from Multiple Providers in Persons Without Cancer (OMP)</p> <p>SUD #20: Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP)</p> <p>SUD #21: Concurrent Use of Opioids and Benzodiazepines (COB-AD)</p>	<p>The state calculated the following changes that were less or more than 2% for calendar year 2020 (1/1/2020-12/31/2020) and calendar year 2021 (1/1/2021-12/1/2021).</p> <ul style="list-style-type: none"> • A 7.56% decrease in the use of opioids at high dosage in persons without cancer. • A 16.31% increase in use of opioids from multiple providers in persons without cancer. • A 100% decrease in use of opioids at high dosage and from multiple providers in persons without cancer. <p>The state attributes the large increase to the small numbers in this measure.</p> <ul style="list-style-type: none"> • A 7.65% decrease in concurrent use of opioids and benzodiazepines.
4.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.	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 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: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
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.		SUD #17 (1) Rates of follow-up for 30 days for ED visits for AOD SUD #17(2) Follow-Up after Hospitalization for Mental Illness (7 days and 30 days)	The state calculated the following changes that were less or more than 2% between calendar year 2020 (1/1/2020-12/31/2020) and calendar year 2021 (1/1/2021-12/1/2021). <ul style="list-style-type: none"> The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit increased by 19.09%. The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit decreased by 24.53%. The percentage of follow up visits after hospitalization for mental illness for which the beneficiary received follow-up within 30 days of hospitalization increased by 21.65%. The percentage of follow up visits after hospitalization for mental illness for which the beneficiary received follow-up within 7 days of the ED visit decreased by 15.34%.
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 Q3: LAWW Community Resource Tracking	The state calculated the following changes that were less or more than 2% between calendar year 2020 (1/1/2020-12/31/2020) and calendar year 2021 (1/1/2021-12/1/2021). <ul style="list-style-type: none"> The state saw a 4.52% increase in SUD providers listed in the Live and Work Well (LAWW) Optum member website. This site is a support tool available to members and providers, increasing access to additional behavioral health community needs. The IBHP contractor has made efforts to increase their provider network from 2020- 2021 providing additional support to Medicaid beneficiaries.
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.a How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
8.2.1.b How health IT is being used to treat effectively 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.c How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<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 #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries</p> <p>SUD #15: Rates of initiation and engagement in treatment of alcohol abuse or dependence, opioid abuse or dependence, and total</p>	<p>The state calculated the following changes that were less or more than 2% between Q4 (1/1/2022-3/31/2022) and Q1 (4/1/2022-6/30/2022).</p> <ul style="list-style-type: none"> • There was a 20.84% 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% between calendar year 2020 (1/1/2020-12/31/2020) and calendar year 2021 (1/1/2021-12/1/2021).</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment - Alcohol abuse or dependence decreased by 9.78% • Initiation of AOD Treatment – Opioid abuse or dependence decreased by 12.09% • Initiation of AOD Treatment - Other drug abuse or dependence decreased by 14.37% • Initiation of AOD Treatment - Total AOD abuse of dependence decreased by 41.07% • Engagement of AOD Treatment - Alcohol abuse or dependence decreased by 42.59% • Engagement of AOD Treatment - Opioid abuse or dependence decreased by 10.42% • Engagement of AOD Treatment - Other drug abuse or dependence decreased by 45.88% • Engagement of AOD Treatment - Total AOD abuse of dependence decreased by 38.39%. <p>The state attributes the decreases to the COVID-19 pandemic, which may have led to a decrease in beneficiaries seeking SUD care overall.</p>

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: 1.2.1.a The licensure or accreditation processes for participating hospitals and residential settings	X		
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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.		SMI/SED #6: Medication Continuation Following Inpatient Psychiatric Discharge SMI/SED #7: Follow-up After Hospitalization for Mental Illness: Ages 6-17 (FUH-CH) SMI/SED #8: Follow-up After Hospitalization for Mental Illness: Age 18 and older (FUH-AD) SMI/SED #9: Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse (FUA-AD)	The state calculated the following changes that were less or more than 2% for calendar year 2020 (1/1/2020-12/31/2020) and calendar year 2021 (1/1/2021-12/1/2021). <ul style="list-style-type: none"> • The rate of psychiatric patients admitted to an inpatient psychiatric facility (IPF) for major depressive disorder (MDD), schizophrenia, or bipolar disorder who filled a prescription for evidence-based medication within 2 days prior to discharge and 30 days post-discharge increased by 6.13%. • The percentage of discharges for which the child received follow-up within 30 days after discharge decreased by 3.32% and the percentage of discharges for which the child received follow-up within 7 days after discharge decreased by 11.81%. • The percentage of discharges for which an adults received follow-up within 30 days after discharge decreased by 3.25% • The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit decreased by 5.68%. The percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit decreased by 5.78%.

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

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

<p>3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.</p>		<p>SMI/SED #13: Mental Health Services Utilization- Inpatient</p> <p>SMI/SED #14: Mental Health Services Utilization- Intensive Outpatient and Partial Hospitalization</p> <p>SMI/SED #15: Mental Health Services Utilization – Outpatient</p> <p>SMI/SED #16: Mental Health Services Utilization-ED</p> <p>SMI/SED #17: Mental Health Services Utilization – Telehealth</p>	<p>The state calculated the following changes that were less or more than 2% between Q4 (1/1/2022-3/31/2022) and Q1 (4/1/2022-6/30/2022).</p> <ul style="list-style-type: none"> • There was a 7.19% increase in the number of Medicaid beneficiaries receiving inpatient services for mental health. • There was 3.09% increase in the number of Medicaid beneficiaries receiving intensive outpatient and partial hospitalization services for mental health. • There was a 7.21% increase in the number of Medicaid beneficiaries receiving outpatient services for mental health. <p>The state attributes this increase to additional PHP providers enrolling in this newer service.</p> <ul style="list-style-type: none"> • There was a 17.86% decrease in the number of Medicaid beneficiaries receiving ED services for mental health. • There was a 6.46% decrease in Medicaid beneficiaries receiving telehealth services for mental health. • There was a 4.99% increase in the number of Medicaid beneficiaries receiving mental health services.
---	--	--	---

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		SMI/SED #18: Mental Health Services Utilization -Any Services	
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 State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay	X		
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.			An improvement of the behavioral health crisis care continuum in Idaho saw the implementation of the national 988 Suicide and Crisis Lifeline on July 16, 2022. This transition connects callers to trained counselors 24 hours a day, seven days a week, via text, chat, or phone to de-escalate and triage any behavioral health emergency. According to the East Idaho News, the Idaho Crisis and Suicide Hotline has seen call volume for the 988 Suicide and Crisis Lifeline increase by 39.5% from July 16, 2022, to September 12, 2022.

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/SED #21: Count of Beneficiaries with SMI/SED (monthly) SMI/SED #29 Metabolic Monitoring for Children and Adolescents on Antipsychotics	The state calculated the following changes that were less or more than 2% between Q4 (1/1/2022-3/31/2022) and Q1 (4/1/2022-6/30/2022). <ul style="list-style-type: none"> There was a 2.68% decrease in the number of Medicaid beneficiaries with SMI/SED. The state calculated the following changes that were less or more than 2% for calendar year 2020 (1/1/2020-12/31/2020) and calendar year 2021 (1/1/2021-12/1/2021). <ul style="list-style-type: none"> The percentage of children and adolescents on antipsychotics who received cholesterol testing increased by 10.39% from 2020 to 2021. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing increased by 14.40% from 2020 to 2021. The percentage with blood glucose testing increased by 14.62%.
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 Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		
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			The Idaho Department of Juvenile Corrections (IDJC) and the Idaho Department of Health and Welfare (IDHW) are establishing a framework for youth crisis centers in Idaho. Youth can stay at one of the centers for up to 23 hours and 59 minutes and receive a place to rest, food, and access services from mental health professionals to stabilize, develop a plan of care, and receive provider referrals to resources.
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/SED Q3: LAWV Community Resource Tracking	The state calculated the following changes that were less or more than 2% for calendar year 2020 (1/1/2020-12/31/2020) and calendar year 2021 (1/1/2021-12/1/2021). <ul style="list-style-type: none"> The state saw a 6.54% increase in mental health providers listed on LAWV Optum member website. The IBHP contractor has made efforts to increase their provider network from 2020- 2021 providing additional support to Medicaid beneficiaries.
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		
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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/SED S6: Prescribing for Children in Foster Care SMI/SED S7: Prescribing for Children	The state calculated the following changes that were less or more than 2% for calendar year 2020 (1/1/2020-12/31/2020) and calendar year 2021 (1/1/2021-12/1/2021). <ul style="list-style-type: none"> The state saw an 117.20% increase in the number of Medicaid foster care children with a prescribed behavioral health medication. The state saw a 4.39% decrease in prescribing to Medicaid eligible children not in the foster care system that are prescribed behavioral health medication. The state continues to monitor behavioral health prescribing for Medicaid eligible children and Medicaid foster care. One challenge is the fluctuating denominator for metric S6 in the foster system.
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)			
7.1 Description of changes to baseline conditions and practices			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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: 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	X		
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: 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	X		
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 values for the budget neutrality workbook and supporting documentation file have been populated consistently with the approach for prior quarter reporting. Similar to last quarter, Idaho noticed that the SUD utilizers in DY3Q2 are continuing to increase, so for the projected SUD utilizers, we assumed: <ul style="list-style-type: none"> • October 2022 – March 2023: utilizer assumption is based on average monthly SUD utilizers in DY1 • DY4 and DY5: 10% annual 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.		

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.		On July 1, 2022, Idaho Medicaid providers meeting the states requirements were able to enroll with Idaho Medicaid, to provide serves for ASAM 3.5 and 3.7 levels of care. Medicaid received several inquiries from facilities around the state expressing interest in enrolling. One facility completed the requirements and enrolled in October 2022. Medicaid’s ability to offer these services has received positive feedback from providers and additional state agencies.
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.		In July 2022, Governor Brad Little announced Idaho will provide up to \$1 million toward efforts to confront the growing threat of fentanyl in the state. The funds will be used for two purposes – to purchase additional roadside testing equipment for first responders, and to start a new large-scale paid media campaign to educate the public about the dangers of fentanyl. The governor continues to support efforts heading into the 2023 legislative session.

Prompts	State has no update to report (place an X)	State response
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	
11.2.4 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.4.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
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: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
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 July 1, 2022, Idaho Behavioral Health Council (IBHC) published an update to their Behavioral Health Workforce Plan for 2022-2024, to address the ongoing shortage of behavioral health professionals statewide. A multi-prong approach will provide recommendations to increase Idaho’s behavioral health professionals which will provide greater access for our beneficiaries.