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

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	01/01/2023-03/31/2023
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	DY3Q4

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	DY3Q4

2. Executive summary

Letters of Intent (LOIs) to award the Idaho Behavioral Health Plan (IBHP) contract were issued December 6, 2022. Idaho Department of Health and Welfare (IDHW) is working with the state's Division of Purchasing and the Attorney General's Office to finalize necessary procurement requirements and IDHW is working to finalize the contract award and implementing the new plan.

The Mid-Point Assessment conducted for the period of April 17, 2020, to March 31, 2022, was completed by Pennsylvania State University (PSU). Based on data and findings in this report PSU felt IDHW made significant progress in completing the actions outlined in implementation Plan.

With the federal Public Health Emergency (PHE) ending on May 11, 2023, Idaho began the process of determining who would no longer qualify for Medicaid. IDHW began processing re-evaluations of all individuals who are receiving Medicaid coverage under this protection beginning in February. This process will occur in phases every month through fall 2023 for individuals who are on Medicaid Protection. The state anticipates the number of Medicaid eligible participants due to the PHE unwinding will have an effect on the data in future reports.

In November 2022, four community health centers received grant funding to expand behavioral health services. Each health center was awarded one million dollars per year for the next four years by the substance abuse and mental health services administration (SAMHSA) to expand behavioral health services in their respective communities. The Idaho legislature also appropriated state general funds to support the development. This funding allows the centers to work towards achieving special designation as certified community behavioral health clinics (CCHBC).

In Demonstration Year 3 (DY3), Idaho Medicaid took a significant step forward in its behavioral health continuum of care by opening provider enrollment for substance abuse rehabilitation facilities (SARF) to offer services to Medicaid members at American Society of Addiction Medicine (ASAM) 3.5 and 3.7 levels of care. Notably, two SARFs were successfully enrolled as Medicaid providers during DY3. completed their Medicaid provider enrollment after obtaining their Commission on Accreditation of Rehabilitation Faculties (CARF) and ASAM Level 3.5 and 3.7 certifications. This development signifies Idaho's commitment to expanding its network of behavioral health providers and improving access to quality substance abuse treatment 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**			
2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.		SUD #9: Intensive Outpatient and Partial Hospitalization Services SUD #10: Residential and Inpatient Services SUD #11: Withdrawal Management #12 Medication-Assisted Treatment	The state calculated the following changes that were less or more than 2% between Q2 (7/1/2022-9/30/2022) and Q3 (10/1/2022-12/31/2022). • There was a 19.06% increase in the number of beneficiaries receiving intensive outpatient (IOP) and partial hospitalization services (PHP). The state attributes this increase to additional PHP and IOP providers becoming part of the IBHP network. • The state saw a 5.16% increase in the number of Medicaid beneficiaries receiving residential and inpatient services. • There was a 10.96% increase in the number of Medicaid beneficiaries receiving withdrawal management services. • There was a 4.81% 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.	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.			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.

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:	X		
	4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
	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.	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.	X		
8.2	**Implementation update**			
8.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	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		
	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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 SUD #24: Inpatient Stays for SUD per1,000 Medicaid Beneficiaries	The state calculated the following changes that were less or more than 2% between Q2 (7/1/2022-9/30/2022) and Q3 (10/1/2022-12/31/2022). • There was a 4.88% decrease in the number of Medicaid beneficiaries with newly initiated SUD treatment/diagnosis. • There was a 2.77% increase in the number of Medicaid beneficiaries with a SUD diagnosis. The state can attribute some of the increase to the PHE requirements related to Medicaid disenrollment. • There was a 2.34% decrease in the rate of inpatient stays for SUD per 1,000 beneficiaries.
9.2	**Implementation update**			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.	X		
2.2	**Implementation update**			
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	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			
	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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 trends**			
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 #18: Mental Health Services Utilization -Any Services	The state calculated the following changes that were less or more than 2% between Q2 (7/1/2022-9/30/2022) and Q3 (10/1/2022-12/31/2022). • There was a 17.87% increase in the number of Medicaid beneficiaries receiving intensive outpatient and partial hospitalization services for mental health. The state attributes this increase to additional PHP and IOP providers enrolling in the IBHP network. • There was a 4.47% decrease in the number of Medicaid beneficiaries receiving outpatient services for mental health. • There was a 8.70% decrease in the number of Medicaid beneficiaries receiving ED services for mental health. • There was a 3.63% decrease in the number of Medicaid beneficiaries receiving mental health services.
3.2	**Implementation update**			

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

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.d	Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people			The first youth crisis center (YCC) opened in Idaho Falls on June 12, 2023. An additional three centers are scheduled to open by July 1, 2023, and will provide a place for youth to go if they are experiencing a behavioral health crisis. They will operate every day all year to provide evaluation, intervention, and referrals for youth experiencing a crisis due to serious mental illness or substance use disorder. IDHW wants YCCs to be a permanent and sustainable part of a better crisis response system for youth in Idaho. In the future, one of the funding streams these providers will need to access will be Medicaid. IDHW is working internally on the topic of Medicaid reimbursement for YCCs.
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.	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: 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		
	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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.f	Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care			House Bill 162, an amendment to The Idaho Telehealth Access Act, was introduced by the Idaho legislature in February 2023, and signed by the governor in April 2023. The amendment aims to enable out-of-state mental and behavioral health providers to register with the state. Once registered, these providers will be permitted to offer telehealth services to residents and individuals in Idaho. It is important to note that these out-of-state providers must comply with all relevant Idaho laws, rules, and regulations. This significant change is expected to enhance healthcare accessibility for citizens in rural and underserved areas by facilitating virtual care options.
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.	X		
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**			
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.			During calendar year 2023, the Medicaid population experienced significant growth, reaching 460,000 individuals, compared to the calendar year 2022 count of 230,000, an increase of 26.3%. Additionally, within the Medicaid population, the percentage of individuals with SMI/SED was 23.3%, reflecting a slight decrease from the prior year's rate of 27.8%.
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.			IDHW began processing re-evaluations of all individuals who are receiving Medicaid coverage under this protection beginning in February. The state anticipates the number of Medicaid eligible participants due to the PHE unwinding will have an effect on the data in future reports. Idaho increased the number of IOP/PHPs by seven in DY3. The largest increase occurred in the eastern portion of the state. Eastern Idaho Regional Medical center announced in June 2022 they would be closing their Psychiatric Residential Treatment Facility (PRTF). This closure impacts their 12-bed adolescent residential unit. In DY3 the state became aware that the number of psychiatric unit beds decreased by 83. This reduction is due to two facilities in southern Idaho closing their psychiatric units. Overall, the state saw the number of multiple provider types decline across the state. Idaho will continue monitoring and reviewing the number of providers.

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.			

	SFY 2022 (in Millions)			
Source	Total Claim Dollars	Federal	State - General Funds	State - County Funds
Optum Encounter Data	$177.3	$143.9	$33.4	$0.0
MMCP and IMPlus Encounter Data	$19.5	$14.9	$4.6	$0.0
FFS Data	$314.4	$236.1	$71.8	$6.5
Total Community Based Mental Health Spend	$511.2	$394.9	$109.8	$6.5

1. Optum Encounter Data
    a. This is total costs incurred as shown in the Optum encounter data and financial summaries. Costs for all services provided by Optum are included.
    b. The data used is not adjusted for completion and includes runout through December 2022.
2. MMCP and IMPlus Encounter Data
    a. This includes costs incurred from the MMCP and IMPlus programs for dual members enrolled with either Blue Cross of Idaho or Molina.
    b. Because services covered by the program include more than just behavioral health services, Idaho includes costs for all members, but limit it to services that map to the Milliman reporting lines “P66” and “P67” in the Milliman Grouper Model. These lines are defined as follows:
        i. Outpatient Psychiatric (P66): This benefit provides for psychiatric treatment by a qualified professional performed on an outpatient basis, including both therapy visits and medication management visits.

			ii. Outpatient Alcohol & Drug Abuse (P67): This benefit provides for outpatient treatment of alcohol and/or drug abuse by a qualified professional. c. Costs are mapped to these reporting lines based primarily on HCPC code. d. The data used is not adjusted for completion and includes runout through June 2022 for Blue Cross of Idaho (BCI) data and runout through March 2023 for Molina data. 3. Fee-For-Service Data a. This includes costs incurred from two sources: i. Medicaid FFS data ii. Approximate spend from Division of Behavioral Health (DBH) on Medicaid eligibles b. For the Medicaid FFS data, because services covered include more than just behavioral health services, Idaho includes costs for all members, but limit it to services that map to the Milliman reporting lines "P66" and "P67" in the Milliman Grouper Model (as defined above). i. The data used is not adjusted for completion and includes runout through March 2023. c. For the DBH data: i. Costs are limited to the estimated amount spent on Medicaid eligibles ii. Costs are allocated 100% to State – County Funds

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			For all data sources above except the DBH data, Idaho has allocated costs between Federal and State – General Funds columns based on the applicable federal matching rate: • 90% FMAP for the expansion population • 76.61% FMP for the non-expansion population in Federal FY21 and 76.41% FMAP for the non-expansion population in Federal FY22. This includes the enhanced COVID match.
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.			The state confirms that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.

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.		Idaho submitted the DY3Q4 Budget Neutrality workbook and supporting documentation files in the PMDA portal on May 30, 2023. The workbook and supporting documentation file have been populated consistently with Idaho's approach for prior quarters. Idaho has updated the projected SMI and SUD utilizers to assume a 10% caseload trend from the actual DY3 utilizers, consistent with the trend used in Idaho's initial application from March 2020.
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.		On July 1, 2022, SUD providers meeting Idaho Medicaid requirements were able to enroll with Idaho Medicaid as a Substance Abuse Rehabilitation Facility (SARF) to provide services for ASAM 3.5 and 3.7 levels of care. In October 2022 one provider in Boise began providing ASAM 3.7 and in April 2023 one provider in Blackfoot began providing for ASAM 3.5. IDHW has temporarily paused Idaho's naloxone distribution program. The Division of Public Health is taking this time to work closely with first responders to determine how to operationalize naloxone distribution based on Idaho legislation HB350, signed into legislation April 4, 2023.
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.

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:	X	
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.		On October 26, 2022, the public forum for the Behavioral Health Transformation (BHT) Waiver was held in conjunction with the Idaho Medicaid Medical Care Advisory Committee (MCAC) meeting to provide information on the waiver. The MCAC membership includes stakeholders such as providers, participants, hospital associations, and tribal representatives. The BHT team updated the MCAC members about the implementation of the SARFs and the provider enrollment process. The team presented several metrics and fielded questions regarding prevalence rates, and how the PHE unwinding will impact the waiver population. The questions and answers were posted on the public IDHW website for the BHT Waiver on November 10, 2022.

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, providing greater access to behavioral health services for all Idahoans. The Idaho Behavioral Health Workforce Plan's implementation has begun by targeting enhancement of services provided by people with "Lived Experience." This includes Recovery Coaches, Peer Support Specialists and Family Support Partners. Idaho has established a Recovery Coach academy to provide enhanced access to low-cost training. In March 2023, the State Loan Repayment Program (SLRP) grant administered by the IDHW Division of Public Health awarded 16 rural healthcare providers for the student-loan grant. Behavioral Health specific providers will include, one psychiatrist working at Bingham Memorial Hospital, two psychiatrists and a Nurse Practitioner will serve at State Hospital South, and two Medical Doctors will work for the St. Luke's mental health branches.