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

Note: PRA Disclosure Statement to be added here

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

This section collects information on the approval features of the state's section 1115 demonstration overall, followed by information for the SUD and SMI/SED components. The state completed this title page as part of its SUD and SMI/SED monitoring protocol(s). The state should complete this table using the corresponding information from its CMS-approved monitoring protocol(s) and submit this as the title page of all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

Overall section 1115 demonstration	
State	District of Columbia
Demonstration name	Behavioral Health Transformation
Approval period for section 1115 demonstration	01/01/2020 – 12/31/2024
Reporting period	01/01/2022 – 12/31/2022
SUD demonstration	
SUD component start date[a]	01/01/2020
Implementation date of SUD component, if different from SUD component start date[b]	
SUD-related demonstration goals and objectives	The goal of the demonstration is for the District to maintain and enhance access to opioid use disorder (OUD) and other substance use disorder (SUD) services; and continue delivery system improvements to provide more coordinated and comprehensive treatment for Medicaid beneficiaries with SUD. This demonstration authorizes the District to receive federal financial participation (FFP) for delivering high-quality, clinically appropriate treatment to beneficiaries diagnosed with SUD and receiving treatment while they are short-term residents in settings that qualify as Institutions for Mental Diseases (IMD). This demonstration also complements the District's efforts to implement models of care that are focused on increasing supports for individuals outside of institutions, in home and community-based settings (HCBS) to improve their access to SUD services at varied levels of intensity, and to combat OUD and other SUDs among District residents.
SUD demonstration year and quarter	SUD DY3Q4

SMI/SED demonstration	
SMI/SED component demonstration start date[a]	01/01/2020
Implementation date of SMI/SED component, if different from SMI/SED component start date[b]	
SMI/SED-related demonstration goals and objectives	The goal of this demonstration is for the District to maintain and enhance access to mental health services and continue delivery system improvements to provide more coordinated and comprehensive treatment for Medicaid beneficiaries with serious mental illness (SMI) and serious emotional disturbance (SED). This demonstration authorizes the District to receive federal financial participation (FFP) for delivering high-quality, clinically appropriate treatment to beneficiaries diagnosed with SMI and receiving treatment while they are short-term residents in settings that qualify as Institutions for Mental Diseases (IMD). This demonstration also complements the District's efforts to implement models of care that are focused on increasing supports for individuals outside of institutions, in home and community-based settings (HCBS) to improve their access to SMI/SED services at varied levels of intensity.
SMI/SED demonstration year and quarter	SMI/SED DY3Q4

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

[b] **Implementation date of SUD and SMI/SED demonstration components:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

There were some significant changes in the SUD and SMI/SED metrics, as detailed below.

Per the Annual Availability Assessment, beneficiaries with mental health service needs has held fairly steady since the initial assessment and provider counts have remained stable..

The District expended $28,868,659.39 in local funding for outpatient community-based mental health services in FY21, compared to $30,343,484.26 in FY19. Several factors contributed to the decline in local expenditures and are detailed in the relevant section below.

The District held the annual post-award public forum on October 28, 2022. About 100 attendees participated in the meeting. Comments and questions received at the forum, as well as one set of written comments, are summarized in the relevant section below.

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.		#2 Medicaid Beneficiaries with Newly Initiated SUD	There was a 10% decrease in the number of beneficiaries with newly initiated SUD treatment/diagnosis between DY3 Q2 (4/1/22 – 6/30/22) and DY3 Q3 (7/1/22 – 9/30/22). We attribute the decrease this quarter to the design of the measure because beneficiaries with a diagnosis in the prior quarter are not counted this quarter.
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.		#6 Any SUD Treatment #7 Early Intervention #8 Outpatient Services #9 Intensive Outpatient and Partial Hospitalization Services #10 Residential and Inpatient Services #11 Withdrawal Management #12 Medication-Assisted Treatment (MAT)	DHCF calculates the following changes that were less or more than 2% between DY3 Q2 (4/1/22 – 6/30/22) and DY3 Q3 (7/1/22 – 9/30/22). • There were decreases in many of the SUD metrics this quarter. Declines in the metrics on inpatient and residential care and withdrawal management were driven by targeted quality initiatives aimed at increasing enforcement of medical necessity criteria, efforts to reduce readmissions, and delays in billing. We partially attribute the decline in outpatient services to a billing issue with a large provider. Due to ongoing billing issues with methadone providers, it is hard to interpret changes in the MAT metric and the associated counseling in the outpatient metric. In addition, the movement of approximately 100 dually eligible individuals to have methadone services billed to Medicare is suppressing the MAT count. o Any SUD treatment decreased by 4%. o Outpatient services decreased by 3%. o Residential and inpatient services decreased by 13%. o Withdrawal management decreased by 16%. o Medication-assisted treatment decreased by 4%. • There was a 14% decrease in the number of beneficiaries receiving early intervention services and a 75% increase in the number of beneficiaries receiving intensive outpatient and

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
				partial hospitalization services. We attribute these changes to small numbers.
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: 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.	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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its SUD health IT metrics.		Q1: Active DC HIE behavioral health provider users S1: DC Medicaid-enrolled behavioral health care facilities/ providers receiving data from the HIE Q2: Behavioral health providers managed in provider directory Q3: Number of DC HIE behavioral health users who performed a patient care snapshot or accessed the clinical information tab in the past 30 days	Q1: The number of active DC HIE behavioral health provider users increased by 3.1% due to continued outreach to behavioral health providers. S2: The number of DC Medicaid-enrolled behavioral health care facilities/providers receiving data from the HIE increased by 4.7% corresponds to the increase in behavioral health provider users described above. Q2: The 4% increase in the number of behavioral health providers managed in provider director corresponds to the increase in behavioral health provider users described above. Q3: Beginning with this report, DY3Q4, the District redefined this measure to include utilization of both patient care snapshot and a new DC HIE tool, the clinical information tab. The 8.6% decrease in this measure is due to a system error that prevented access to the patient care snapshot for a few months.

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

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		#23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries #24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries #35: Critical Incidents Related to SUD Services	DHCF calculates the following changes that were less or more than 2% between DY3 Q2 (4/1/22 – 6/30/22) and DY3 Q3 (7/1/22 – 9/30/22) among claims-based metrics. Declines among the inpatient metrics were driven by targeted quality initiatives aimed at increasing enforcement of medical necessity criteria, efforts to reduce readmissions, and delays in billing. • There was a 11% decrease in the rate of ED utilization for SUD per 1,000 beneficiaries. • There was a 12% decrease in the rate of inpatient stays for SUD per 1,000 beneficiaries. #35: The District attributes the 20% decrease in critical incidents to natural variation.
9.2	**Implementation update**			
9.2.1	The state expects to make the following program changes that may affect 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**			
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:			
	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		

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.		#13 Mental Health Services Utilization – Inpatient #17 Mental Health Services Utilization - Telehealth	DHCF calculates the following changes that were less or more than 2% between DY3 Q2 (4/1/22 – 6/30/22) and DY3 Q3 (7/1/22 – 9/30/22). • There was a 9% decrease in the number of beneficiaries receiving inpatient services. Declines among the inpatient metrics were driven efforts by efforts to reduce readmissions, and delays in billing. • There was a 5% increase in the number of beneficiaries receiving telehealth services. We attribute this change to the continuing growth in telehealth 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.	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:			
	4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)	X		
	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		
	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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		Q1: Active DC HIE behavioral health provider users S1: DC Medicaid-enrolled behavioral health care facilities/ providers receiving data from the HIE Q2: Behavioral health providers managed in provider directory Q3: Number of DC HIE behavioral health users who performed a patient care snapshot or accessed the clinical information tab in the past 30 days	Q1: The number of active DC HIE behavioral health provider users increased by 3.1% due to continued outreach to behavioral health providers. S2: The number of DC Medicaid-enrolled behavioral health care facilities/providers receiving data from the HIE increased by 4.7% corresponds to the increase in behavioral health provider users described above. Q2: The 4% increase in the number of behavioral health providers managed in provider director corresponds to the increase in behavioral health provider users described above. Q3: Beginning with this report, DY3Q4, the District redefined this measure to include utilization of both patient care snapshot and a new DC HIE tool, the clinical information tab. The 8.6% decrease in this measure is due to a system error that prevented access to the patient care snapshot for a few months.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		#36: Grievances Related to Services for SMI/ SED #37: Appeals Related to Services for SMI/ SED #38: Critical Incidents Related to Services for SMI/SED	#36: The District attributes the 33.3% decrease in grievances to natural variation. #37: The District attributes the 100% decrease in appeals to natural variation. #38: The District attributes the 18.9% increase in critical incidents to natural variation.
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.			The share of beneficiaries with mental health service needs, as measured based on the presence of an SMI/SED diagnosis, remained constant between last year's assessment of the availability of mental health services (2021 data) and the current assessment of the availability of mental health services (2022 data). The percentage of Medicaid beneficiaries with an SMI/SED remained constant at 14%. The percentage of Medicaid beneficiaries with an SMI/SED by age also held steady: 20% of adults in 2021 to 19% in 2022 and 3% of children in 2021 and 2022. There were changes in the number of adults and children with an SMI/SED between 2021 and 2022, which reflect increases in program enrollment. The number of adults (age 21+) increased from 37,841 to 39,928 and the number of children (age 0-17) increased from 2,409 to 2,449
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.			Since the initial assessment, the District has begun reimbursing for behavioral health services provided to individuals with SMI/SED or SUD by psychologists and other licensed behavioral health providers practicing independently (in either a separate practice or hospital setting). The District also issued rulemaking and implemented new crisis stabilization reimbursement methodologies to increase the availability of non-hospital, non-residential crisis stabilization services. In 2022, the District transitioned authority for new non-IMD behavioral health services from the 1115 demonstration to state plan authority.

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.			Changes in availability between the two assessments include: - The number of Medicaid-enrolled psychologists and other licensed BH providers practicing independently increased from 46 to 73 (59% increase). - The number of Medicaid-enrolled FQHCs that offer behavioral health services increased from 54 to 55 (2% increase). - The number of Medicaid-enrolled psychiatrists or other practitioners authorized to prescribe psychiatric medications decreased from 400 to 389 (3% decrease). - Several figures remained constant, including the number of crisis providers of varying types, licensed psychiatric hospital beds at 625, the number of psychiatric hospitals at 2 and the number Medicaid-enrolled psychiatric units in acute care hospitals 7. Provider counts have remained stable or increased and changes in the ratio of Medicaid beneficiaries with SMI/SED to providers reflects an increase in Medicaid enrollment.
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.			Identified gaps have been addressed ongoing in part via policy changes noted above. With regard to independent licensed BH practitioners in particular, the District has continued to see an increase in the number of Medicaid-enrolled providers offering these services.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.			Changes in the availability of mental health services have not impacted the District's maintenance of effort. Other changes that affected the maintenance of effort are described in Section 8 below.
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.			The District expended $28,868,659.39 in local funding for outpatient community-based mental health services in FY22, compared to $30,343,484.26 in FY19.
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 decline in local expenditures for outpatient community-based mental health services from FY19 to FY22 is due to several factors. Our estimates of local expenditures do not reflect an analysis of the portion of our MCO capitation payments which represent local spending on mental health services. Most behavioral health services are carved out of the MCO contracts, but federally qualified health center (FQHC) behavioral health spending and free-standing mental health clinic (FSMHC) spending are not. To the extent MCOs pay for these services, our local spending is not reflected. Additionally, on October 1, 2020 (the beginning of FY21) the District implemented two policy changes which dramatically reduced our local behavioral health spending as defined above (to exclude MCO spending): 1. We transitioned approximately 18,000 beneficiaries from fee-for-service to MCOs. That means their FQHC and FSMHC spending that was previously reported, is now included in the MCO capitation payments and therefore not included in this analysis. 2. We transitioned from FFS FQHC wrap payments, to requiring the MCOs to pay FQHCs at the FFS APM rate, thus negating the necessity of wrap payments. The previous FFS expenditures on wrap payments are now included in the MCO capitation payment and therefore not included in this analysis. In addition to the factors above, FY20, FY21, and FY22 reflect an enhanced federal match due to the federal

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Public Health Emergency and therefore a proportionate decline in local spending. These factors, as well as an overall decrease in behavioral health utilization during the COVID-19 pandemic, have contributed to the year over year decline in local expenditures for outpatient community-based mental health services. The District 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:			
	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.		Each of the MEGs have been affected by fundamental and unforeseen changes in the underlying assumptions made to create the PMPM thresholds including: 1) direction from CMS not to include the $1 MAT copay waiver in our expenditure reports, and 2) the transition of approximately 18,000 aged, blind, and disabled persons from the DC Medicaid's FFS program into managed care on October 1, 2020. Due to these unforeseen issues and changes, the District has exceeded PMPM thresholds for all MEGs. The District is planning to submit a request for technical corrections to the PMPM threshold upon which our 1115 Behavioral Health Transformation waiver budget neutrality is based in quarter 4 of FY23.
10.2	**Implementation update**		
10.2.1	The state expects to make other program changes that may affect budget neutrality.		The District plans to implement changes to the methodologies used to calculate rates for some waiver services in FY24 (Q4 of WY4). Many of these services will also be carved into our managed care contracts. These changes will likely result in rate increases and/or significant shifts from the underlying assumptions used to calculate the current PMPM thresholds. The agency is in the midst of fine-tuning these anticipated programmatic changes and is unable to calculate impact at this time.

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.		The COVID-19 public health emergency has the potential to broadly affect DC Medicaid. The public health emergency would impact beneficiary enrollment, access to services, and timely provision of services.
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 August 2022, the District received a third State Opioid Response (SOR) grant.

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).		The SOR 3 grant complements the 1115 SUD demonstration. The funding allows the District to support behavioral health transformation in several ways: • Increase entry points into the system of care (e.g., stabilization and sobering center, satellite Opioid Treatment Programs) • Improve the coordination of care for individuals as they move through the system by expanding care management initiatives in the community and at the DC Jail • Provide training, technical assistance, coaching, and consultation to SUD providers/health care professionals to increase their ability to address an individual's whole person needs • Implement a coordinated approach at the community level by facilitating key stakeholders in each ward to work collaboratively around harm reduction, prevention, community outreach and education initiatives, and sustainability planning
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	

Prompts		State has no update to report (place an X)	State response
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.		In accordance with the District's approved evaluation design: • AIR continued to develop code for quantitative data analysis and DHCF provided guidance as needed. • AIR conducted round 2 of interviews with providers. • AIR continued work on developing the interim evaluation report by analyzing quantitative and qualitative data and conducting report writing. • AIR submitted to DHCF the draft provider availability assessment report.
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.		The District held the annual post-award forum on October 28, 2022. Approximately 100 attendees participated in the meeting. Participants noted the ongoing operational challenges with IMD stays and suggested some new ideas for waiver renewal. The District also received and responded to one set of written comments pertaining to waiver service utilization and effectiveness and service creation for acquired brain injury.

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).	X	

*The state should remove all example text from the table prior to submission.

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

SUD measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] and SMI/SED measures MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, and APM measures (#13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29) *are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*

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