Medicaid Section 1115 Serious Mental Illness and Serious Emotional Disturbance Demonstrations
Monitoring Report Template

The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 2.0) to support the District of Columbia's retrospective reporting of monitoring data for its section 1115 serious mental illness and serious emotional disturbance (SMI/SED) demonstration. The District should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 12 of Version 2.0). This template was customized for retrospective reporting in the following ways:

- *Added footnote C to the title page in section 1*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

Note: PRA Disclosure Statement to be added here

1. Title page for the state's serious mental illness and serious emotional disturbance (SMI/SED) demonstration or the SMI/SED component of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	*District of Columbia*
Demonstration name	*Behavioral Health Transformation (Project No. 11-W-00331/3)*
Approval period for section 1115 demonstration	*01/01/2020 – 12/31/2024*
SMI/SED demonstration start date[a]	*01/01/2020*
Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date[b]	
SMI/SED (or if broader demonstration, then 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[c]	*SMI/SED DY1Q1 – DY1Q3*
Reporting period[c]	*01/01/2020 – 09/30/2020*

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

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

[c] **SMI/SED demonstration year and quarter, and reporting period.** The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state's approved monitoring protocol. For example, if the state's first monitoring report after monitoring protocol approval is its SMI/SED DY2Q2 monitoring report, the retrospective reporting period is considered SMI/SED DY1Q1 through SMI/SED DY2Q1.

2. Executive summary

This report is limited to the District's quantitative reporting from DY1 Q1 – Q3 and presents information on any changes in the metrics that are greater than +/- 2% between quarters.

The majority of the claims-based SMI/SED metrics decreased between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20). The decreases were likely due to an overall drop in utilization during the early months of the COVID-19 pandemic. In addition, the District experienced a 4% decrease in enrollment in February 2020 (due to a system sync that identified ineligible individuals who were ultimately disenrolled after being notified of the need for documentation to support a continuation of their coverage); enrollment had returned to its January 2020 level by July and has continued to grow as a result of the continuous coverage requirement in effect during the public health emergency.

There were significant increases in the HIT metrics due to the activities of the HIE Connectivity grant, as outlined in the implementation plan.

There were no changes greater than +/- 2% between Q2 and Q3 for the grievance and appeal measures.

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

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		
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		
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 - #16	These measures were impacted by a drop in utilization during the early months of the COVID-19 pandemic. In addition, the District experienced a 4% decrease in enrollment in February 2020 due to a system sync that identified ineligible individuals who were ultimately disenrolled after being notified of the need for documentation to support a continuation of their coverage; enrollment had returned to its January 2020 level by July and has continued to grow as a result of additional individuals enrolling and the continuous coverage requirement in effect during the public health emergency.
		#13: Inpatient	The number of Medicaid beneficiaries receiving inpatient care decreased by 10% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20).
		#14: Intensive Outpatient and Partial Hospitalization	The number of Medicaid beneficiaries receiving intensive outpatient and partial hospitalization services decreased by 63% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20).

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		#15: Outpatient	The number of Medicaid beneficiaries receiving outpatient services decreased by 7% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20).
		#16: ED	The number of Medicaid beneficiaries with an ED visit decreased by 15% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20).
		#17: Telehealth	The number of Medicaid beneficiaries with telehealth visit increased by 455% between Q1 (1/1/20 – 3/30/20) and Q2 (4/1/20-6/30/20). This increase is due to a shift in mental health care utilization at the beginning of the COVID-19 pandemic from in-person service to telehealth. DHCF implemented policies to support mental health providers providing care via telehealth.
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		
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 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	Q1: The number of active DC HIE behavioral health provider users increased by 29% from Q1 to Q2 due to the activities of the HIE Connectivity grant. As outlined in the implementation plan, the HIE Connectivity grant provides technical assistance to connect nearly all Medicaid providers to HIE by 2022 and behavioral health providers were assigned priority for technical assistance. S1: The number of DC Medicaid-enrolled behavioral health care facilities/providers receiving data from the HIE increased by 22.8% from Q1 to Q2 due to the activities of the HIE Connectivity grant, as described above.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		S2: DC Medicaid-enrolled behavioral health care facilities/ providers sending data to the HIE Q2: Behavioral health providers managed in provider directory Q3: DC HIE behavioral health users who performed a patient care snapshot in the last 30 days	S2: The number of DC Medicaid-enrolled behavioral health care facilities/providers sending data to the HIE increased by 50% from Q1 to Q2 due to the activities of the HIE Connectivity grant, as described above. Q2: The 26.2% increase in the number of behavioral health providers managed in provider directory corresponds with the overall increase in the number of active DC HIE behavioral health providers users, as described above. Q3: The 16.7% increase in the number of DC HIE behavioral health users who performed a patient care snapshot in the last 30 days corresponds with the overall increase in the number of active DC HIE behavioral health provider users, as described above.
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 two 2 percent related to other SMI/SED-related metrics.	X		

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

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