

**1. Title Page for the State’s SMI/SED Demonstration or SMI/SED Components of Broader Demonstration**

<b>State</b>	District of Columbia.
<b>Demonstration name</b>	Behavioral Health Transformation
<b>Approval date for demonstration</b>	11/06/2019
<b>Approval period for SMI/SED</b>	01/01/2020 – 12/31/2024
<b>Approval date for SMI/SED, if different from above</b>	
<b>Implementation date of SMI/SED, if different from above</b>	
<b>SMI/SED (or if broader demonstration, then SMI/SED -related) demonstration goals and objectives</b>	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.

## **2. Executive Summary**

The District is working toward implementing payments for IMD services for individuals with SMI/SED, along with implementing many of the new community-based behavioral health services in the Demonstration. The District used Rulemakings to establish Medicaid payments for psychosocial rehabilitative services, vocational supported employment, psychologists and other licensed behavioral health providers practicing independently, and trauma-targeted treatment services.

Near the end of Q1, the COVID-19 public health emergency affected waiver implementation. To ensure continued access to behavioral health services, the District issued a rulemaking authorizing home as an eligible originating site for telehealth. For the duration of the public health emergency, DHCF temporarily authorized payment for audio-only telehealth services. Many District IMD providers ceased admissions or decreased patient volume to ensure the safety of their clients near the end of Q1. We believe the COVID-19 public health emergency will continue affecting implementation of the Demonstration going into future quarters.

The District's demonstration has led to improved dialogue and understanding between stakeholders and the District's government. Between the award of the waiver and the end of Q1, the District hosted approximately 21 meetings with stakeholders to explain the Demonstration. The District also led other communications about the Demonstration informally or through email. These communications not only increased stakeholders' awareness of Demonstration services, they led to a greater understanding from all parties about gaps in the District's behavioral health system,

**3. Narrative Information on Implementation, by Milestone and Reporting Topic**

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<b>1.2 Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)</b>			
<b>1.2.1 Metric Trends</b>			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<b>1.2.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> i) The licensure or accreditation processes for participating hospitals and residential settings</li> <li><input type="checkbox"/> ii) The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state’s licensing or certification and accreditation requirements</li> <li><input type="checkbox"/> iii) 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</li> <li><input type="checkbox"/> iv) The program integrity requirements and compliance assurance process</li> <li><input type="checkbox"/> v) 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</li> <li><input type="checkbox"/> vi) Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings</li> </ul>			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to Milestone 1.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>2.2 Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)</b>			
<b>2.2.1 Metric Trends</b>			

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[District of Columbia] [Behavioral Health Transformation]  
[DY1] – [01/01/2020 – 12/31/2020]  
[Q1] – [01/01/2020 – 03/31/2020]  
Submitted on [07/29/2020]

<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.			
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Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>2.2.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> i) Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions</li> <li><input type="checkbox"/> ii) Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers</li> <li><input type="checkbox"/> iii) State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge</li> <li><input type="checkbox"/> iv) 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)</li> <li><input type="checkbox"/> v) Other State requirements/policies to improve care coordination and connections to community-based care</li> </ul>			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to Milestone 2.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<b>3.2 Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)</b>			
<b>3.2.1 Metric Trends</b>			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>3.2.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <input type="checkbox"/> i) State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay <input type="checkbox"/> ii) Other state requirements/policies to improve access to a full continuum of care including crisis stabilization			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input checked="" type="checkbox"/> The state expects to make the following program changes that may affect metrics related to Milestone 3.	<p>Due to the COVID-19 public health emergency, utilization of in-person mental health services may decrease. At the same time, utilization of telehealth services related to mental health may increase. DHCF also issued updated regulations regarding Medicaid-reimbursable telehealth services allowing home as an eligible originating site which may also increase utilization of telehealth services related to mental health. Finally, for the duration of the public health emergency, DHCF temporarily authorized payment for audio-only telehealth services which may also increase utilization of telehealth services related to mental health.</p>	01/01/2020 – 03/31/2020	#13, #14, #15, #16, #17, #18
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>4.2 Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)</b>			
<b>4.2.1 Metric Trends</b>			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.			

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[Q1] – [01/01/2020 – 03/31/2020]  
Submitted on [07/29/2020]

The state has no metrics trends to report for this reporting topic.



Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<b>4.2.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> i) Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)</li> <li><input type="checkbox"/> ii) Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment</li> <li><input checked="" type="checkbox"/> iii) Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED</li> <li><input type="checkbox"/> iv) Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people</li> </ul>	<p>i) DHCF and DBH issued an emergency and proposed rulemaking establishing Medicaid reimbursement for vocational supported employment services for individuals with SMI.</p> <p>iii) DHCF and DBH issued emergency and proposed rulemakings establishing Medicaid reimbursement for two trauma-targeted services:            -Trauma Systems Therapy (TST), a comprehensive, phase-based treatment program for children and adolescents who have experienced traumatic events or who live in environments with ongoing stress or traumatic reminders.            - Trauma Recovery and Empowerment Model (TREM), a structured group therapy intervention for individuals (including adolescents) who have survived trauma and have substance use and/or mental health conditions.</p>	<p>i) 01/01/2020 – 03/31/2020</p> <p>iii) 01/01/2020 – 03/31/2020</p>	<p>i) N/A</p> <p>iii) N/A</p>
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to Milestone 4.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>5.2 SMI/SED Health Information Technology (Health IT)</b>			
<b>5.2.1 Metric Trends</b>			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<b>5.2.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> i) The three statements of assurance made in the state’s health IT plan</li> <li><input type="checkbox"/> ii) 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</li> <li><input type="checkbox"/> iii) Electronic care plans and medical records</li> <li><input type="checkbox"/> iv) Individual consent being electronically captured and made accessible to patients and all members of the care team</li> <li><input type="checkbox"/> v) 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</li> <li><input checked="" type="checkbox"/> vi) Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care</li> <li><input type="checkbox"/> vii) Alerting/analytics</li> <li><input type="checkbox"/> viii) Identity management</li> </ul>	<p>vi) On March 12, 2020, DHCF adopted an emergency and proposed rulemaking adding home as an eligible originating site for telehealth services. For the duration of the COVID-19 public health emergency, DHCF also temporarily authorized payment for audio-only telehealth services.</p>	<p>vi) 01/01/2020 – 03/31/2020</p>	<p>vi) #17</p>
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make the following program changes that may affect metrics related to health IT.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>6.2 Other SMI/SED-Related Metrics</b>			
<b>6.2.1 Metric Trends</b>			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than two percent related to other SMI/SED-related metrics.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>6.2.2 Implementation Update</b>			
<input type="checkbox"/> The state expects to make the following program changes that may affect other SMI/SED-related metrics.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>7.1 Annual Assessment of the Availability of Mental Health Providers</b>			
<b>7.1.1 Description Of Changes To Baseline Conditions And Practices</b>			
<input type="checkbox"/> Describe and explain any changes in the mental health service needs (for example, prevalence and distribution of SMI/SED) of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of Availability of Mental Health Services. Recommended word count is 500 words or less.			
<input checked="" type="checkbox"/> This is not an annual report, therefore the state has no update to report for this reporting topic.			
<input type="checkbox"/> 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 Availability of Mental Health Services. Recommended word count is 500 words or less.			
<input checked="" type="checkbox"/> This is not an annual report, therefore the state has no update to report for this reporting topic.			
<input type="checkbox"/> 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 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.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<input checked="" type="checkbox"/> This is not an annual report, therefore the state has no update to report for this reporting topic.			
<input type="checkbox"/> Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Availability Assessment compared to those described in the Initial Assessment of Availability of Mental Health Services. Recommended word count is 500 words or less.			
<input checked="" type="checkbox"/> This is not an annual report, therefore the state has no update to report for this reporting topic.			
<b>7.1.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> i) The state’s strategy to conduct annual assessments of the availability of mental health providers across the state and updates on steps taken to increase availability</li> <li><input type="checkbox"/> ii) Strategies to improve state tracking of availability of inpatient and crisis stabilization beds</li> </ul>			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<b>8.1 SMI/SED Financing Plan</b>			
<b>8.1.1 Implementation Update</b>			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> i) 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</li> <li><input checked="" type="checkbox"/> ii) 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</li> </ul>	<p>ii) The District increased availability of community-based services by establishing reimbursement for psychosocial rehabilitative services, vocational supported employment, psychologists and other licensed behavioral health providers practicing independently, and trauma-targeted treatment services (TST and TREM).</p>	<p>ii) 01/01/2020 – 03/31/2020</p>	<p>ii) #15</p>
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>9.2 Budget Neutrality</b>			
<b>9.2.1 Current Status and Analysis</b>			
<input checked="" type="checkbox"/> If the SMI/SED component is part of a broader demonstration, the state should provide an analysis of the SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	<p>The SMI component of the District’s budget neutrality demonstration is broken into two Medicaid Eligibility Groups (MCO and FFS populations). Both MEGs are lower than annual PMPM limits. FFS PMPM is 64% higher than MCO PMPM.</p>		
<b>9.2.2 Implementation Update</b>			
<input type="checkbox"/> The state expects to make the following program changes that may affect budget neutrality.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<b>10.1 SMI/SED-Related Demonstration Operations and Policy</b>			
<b>10.1.1 Considerations</b>			
<input type="checkbox"/> States should highlight significant SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration operations or policy considerations that could positively or negatively impact 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 SMI/SED demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			
<input checked="" type="checkbox"/> The state has no related considerations to report for this topic.			
<b>10.1.2 Implementation Update</b>			
<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state is working on other initiatives related to SMI/SED.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The initiatives described above are related to the SMI/SED demonstration as described (States should note similarities and differences from the SMI/SED demonstration).			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)</li> <li><input type="checkbox"/> ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)</li> <li><input type="checkbox"/> iii) Partners involved in service delivery</li> <li><input type="checkbox"/> iv) The state Medicaid agency’s Memorandum of Understanding (MOU) or other agreement with its mental health services agency</li> </ul>			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>11 SMI/SED Demonstration Evaluation Update</b>			
<b>11.1 Narrative Information</b>			
<input checked="" type="checkbox"/> Provide updates on SMI/SED evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	The evaluation contract was not awarded in Q1. The District anticipated this would delay the submission of the evaluation design and worked with CMS to update the date of submission.	01/01/2020 – 03/31/2020	N/A
<input type="checkbox"/> The state has no SMI/SED demonstration evaluation update to report.			
<input checked="" type="checkbox"/> 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.	The evaluation design was originally due May 4, 2020. The COVID-19 public health emergency caused contracting delays and CMS has granted an extension to September 4, 2020 to submit the evaluation design.	01/01/2020 – 03/31/2020	N/A
<input type="checkbox"/> The state has no SMI/SED demonstration evaluation update to report.			
<input checked="" type="checkbox"/> List anticipated evaluation-related deliverables related to this demonstration and their due dates.	The evaluation design was originally due May 4, 2020. The COVID-19 public health emergency caused contracting delays and CMS has granted an extension to September 4, 2020 to submit the evaluation design	01/01/2020 – 03/31/2020	N/A
<input type="checkbox"/> The state has no SMI/SED demonstration evaluation update to report.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<b>12.1 Other Demonstration Reporting</b>			
<b>12.1.1 General Reporting Requirements</b>			
<input checked="" type="checkbox"/> The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.	<p>Due to the COVID-19 public health emergency and limitations on the size of public gatherings, the District requested an extension to conduct the post award forum to 60 days after the end of the declared public health emergency.</p> <p>Due to the COVID-19 public health emergency, behavioral health providers have seen a drastic decline in the number of services provided. The District requested a waiver of the maintenance of effort requirement due to the decreased volume of behavioral health services provided.</p>	01/01/2020 – 03/31/2020	N/A
<input type="checkbox"/> The state has no updates on general requirements to report for this topic.			
<input checked="" type="checkbox"/> The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	<p>Due to the COVID-19 public health emergency and the dedication of staff resources elsewhere, the District requests a six-month extension to submit the SPAs for non-IMD services.</p>	01/01/2020 – 03/31/2020	N/A
<input type="checkbox"/> The state has no updates on general requirements to report for this topic.			
<input checked="" type="checkbox"/> The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	<p>Due to the COVID-19 public health emergency, the District requested due date extensions for the evaluation design and monitoring protocol. CMS granted extensions and the new due dates for the deliverables are as follows:</p> <ul style="list-style-type: none"> <li>• Monitoring protocol: 07/17/2020</li> <li>• Evaluation design: 09/04/2020</li> </ul>	01/01/2020 – 03/31/2020	N/A
<input type="checkbox"/> The state has no updates on general requirements to report for this topic.			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <input checked="" type="checkbox"/> i) The schedule for completing and submitting monitoring reports <input type="checkbox"/> ii) The content or completeness of submitted reports and/or future reports	<p>i) Due to the COVID-19 public health emergency, the District requested a due date extension for the Q1 qualitative reporting. On 04/24/2020 CMS granted an extension to 07/30/2020.</p>	i) 01/01/2020 – 03/31/2020	i) N/A
<input type="checkbox"/> The state has no updates on general requirements to report for this topic.			



Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
<b>12.1.2 Post-Award Public Forum</b>			
<input type="checkbox"/> 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 report.			
<input checked="" type="checkbox"/> No post-award public forum was held during this reporting period, and this is not an annual report, so the state has no post-award public forum update to report for this topic.			
<b>13.1 Notable State Achievements and/or Innovations</b>			
<b>13.1 Narrative Information</b>			
<input type="checkbox"/> Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SMI/SED (or if broader demonstration, then SMI/SED related) demonstration 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.			
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this topic.			

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

*The MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, APM, and APC measures (metrics #13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29, 31) are Healthcare Effectiveness Data and Information Set (“HEDIS®”) measures that are owned and copyrighted by the National Committee for Quality Assurance (“NCQA”). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.*

*The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only “Uncertified, Unaudited HEDIS rates.”*

*Certain non-NCQA measures in the CMS 1115 Serious Mental Illness/Serious Emotional Disturbance Demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-NCQA measures and any coding contained in the VS.*