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	04/01/2024 – 06/30/2024
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 (IMDs). 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 DY5Q2

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 DY5Q2

[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 SUD and SMI/SED metrics, as detailed below. Notably, the number of behavioral health facilities and providers sending data to the HIE increased significantly as more providers and facilities implement certified EHRs capable of sending data to the HIE, in compliance with District policies.

The District made several adjustments and technical corrections to the Part C budget neutrality report, based on guidance from CMS. The adjustments and corrections and their impact on budget neutrality are discussed in greater detail 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 #3 Medicaid Beneficiaries with SUD Diagnosis (monthly)	The District calculates a 20% increase in the number of Medicaid beneficiaries with newly initiated SUD and a 3% decline in the number of beneficiaries with an SUD diagnosis between DY4 Q4 (10/1/23-12/31/23) and DY5 Q1 (1/1/24-3/31/24). It is likely that these measures have been affected by decreases in enrollment that began in June 2023 due to unwinding (i.e., the restart of annual eligibility determinations following the end of the federal public health emergency). Some beneficiaries have disenrolled and not returned to the program, while others have experienced coverage gaps if they did not respond timely to a renewal notice.
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 #22 Continuity of Pharmacotherapy for Opioid Use Disorder	The District calculates the following changes that were less or more than 2% between DY4 Q4 (10/1/23-12/31/23) and DY5 Q1 (1/1/24-3/31/24). • There was a 5% increase in the number of beneficiaries receiving any SUD treatment, a 9% increase in the number receiving an outpatient service and a 10% increase in the number of beneficiaries receiving residential and inpatient services. We attribute the increases to a modest bounce back after large declines in prior quarters partly due to challenges with claims submission and payment. (Prior reports described new policies on NPI and EHR that may be contributing to these challenges.) • There was a 407% increase in the number of beneficiaries receiving intensive outpatient and partial hospitalization services. This increase is due to a new provider delivering these services. • There was a 53% decline in the number of beneficiaries receiving early intervention services. We attribute this change to small numbers. • There was a 4% decrease in the number receiving withdrawal management. We attribute the decline to a decrease in billing from one large provider. DHCF calculates a 6% decline in the continuity of pharmacotherapy for opioid use disorder between CY22 and CY23. We attribute this change to challenges in billing among certain SUD providers that were especially present in the second half of calendar year 2023.
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:			
	2.2.1.a Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)	X		
	2.2.1.b SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)**			
3.1	**Metric trends**			
3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X		
3.2	**Implementation update**			
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			
	3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
	3.2.1.b Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	**Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)**			
4.1	**Metric trends**			
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.		#18 Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) #21 Concurrent Use of Opioids and Benzodiazepines (COB-AD)	DHCF calculates an 8% increase in the use of opioids at high dosage in persons without cancer between CY22 and CY23. DHCF also calculates a 13% decline in the concurrent use of opioids and benzodiazepines between CY22 and CY23. We attribute the changes to small numbers as the percentage point changes were small. There are various processes in place for MCOs and DHCF to monitor opioid usage.
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.		#15 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) #17(1) Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) #17(2) Follow-up after Emergency Department Visit for Mental Illness (FUM-AD)	DHCF calculates the following changes between CY 2022 and CY 2023 that are greater than 2%: • On SUD 17(1), the percentage of Emergency Department Visits for Alcohol or Other Drug Dependence visits for which the beneficiary received follow-up within 7 days of the ED visit increased by 3%. This is a small percentage point change. • On SUD 17(2), the percentage of Emergency Department visits for Mental Illness for which the beneficiary received follow-up within 7 days or 30 days of the ED visit decreased by 5%. This is a small percentage point change and unwinding related enrollment declines may be contributing to the decline. • On SUD 15, we identified the following changes greater than 2%: o Initiation of AOD Treatment - Alcohol abuse or dependence decreased by 10% o Initiation of AOD Treatment - Other drug abuse or dependence increased by 15% o Engagement of AOD Treatment - Alcohol abuse or dependence decreased by 34% o Engagement of AOD Treatment - Opioid abuse or dependence decreased by 26% o Engagement of AOD Treatment – Other drug abuse or dependence decreased by 7%

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
				○ Engagement of AOD Treatment - Total AOD abuse of dependence decreased by 26% • As noted in the accompanying data workbook, DHCF applied the FFY2024 CMS Core Set specifications for reporting of Core Set metrics included in the waiver monitoring. IET had methodological changes that make the differences between this year and last incomparable. In addition to the change in specifications, we also attribute the declines in treatment engagement in part to billing challenges among certain SUD providers that have been discussed in the context of the quarterly metric declines as well as the impact of the Medicaid unwinding decreasing enrollment.
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 S2: DC Medicaid-enrolled behavioral health care facilities/ providers sending data to the HIE 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 6% as the vendor continues to ensure all users are correctly categorized after implementing new methodology. S1: The number of DC Medicaid-enrolled behavioral health care facilities/providers receiving data from the HIE increased by 6% due to the same issue described above. S2: The number of DC Medicaid-enrolled behavioral health care facilities/providers sending data to the HIE increased by 486% as more implement certified EHRs capable of sending data to the HIE, in compliance with District policies (previously reported in DY5Q1 report). Q3: The 23% increase in this measure is due to additional trainings by the DC HIE vendor to educate users about using the patient care snapshot and clinical information tab tools.

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.		#24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries #35 SUD Critical Incidents	The District calculates the following changes that were less or more than 2% between DY4 Q3 (7/1/23-9/30/23) and DY5 Q1 (1/1/24-3/31/24): • There was an 8% increase in Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries. We attribute the increase to a rebound in billing after a large provider had billing challenges last quarter. There was a 100% decrease in the number of SUD critical incidents. The District attributes this change 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.		#2 Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	DHCF calculated a 4% increase in Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics between CY 2022 and CY 2023. This was a positive change.
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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.d	The program integrity requirements and compliance assurance process	X		
1.2.1.e	The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions	X		
1.2.1.f	Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings	X		
1.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	**Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)**			
2.1	**Metric trends**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.		#4 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) #7 Follow-up After Hospitalization for Mental Illness: Ages 6-17 (FUH-CH) #9 Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) #10 Follow-up after Emergency Department Visit for Mental Illness (FUM-AD)	DHCF calculates the following changes between CY 2022 and CY 2023 that are greater than 2%: • There was a 4% increase in 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility. DHCF attributes this change to small numbers, as there was only a 2 percentage point increase between the years. • On SMI 7, the percentage of discharges for which the child received a follow-up visit with a mental health practitioner within 7 days after discharge increased by 5% and within 30 days increased by 3%. These are relatively small percentage point changes, but reflect an improvement. • On SMI 9, the percentage of Emergency Department Visits for Alcohol or Other Drug Dependence visits for which the beneficiary received follow-up within 7 days of the ED visit increased by 3%. This is a small percentage point change. • On SMI 10, the percentage of Emergency Department visits for Mental Illness for which the beneficiary received follow-up within 7 days or 30 days of the ED visit decreased by 5%. This is a small percentage point change and unwinding related enrollment declines may be contributing to the decline.

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2	**Implementation update**				
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:				
	2.2.1.a	Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions	X		
	2.2.1.b	Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers	X		
	2.2.1.c	State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge	X		
	2.2.1.d	Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers)	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.e Other state requirements/policies to improve care coordination and connections to community-based care)	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)**			
3.1	**Metric trends**			
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 #14 Mental Health Services Utilization - Intensive Outpatient and Partial Hospitalization #15 Mental Health Services Utilization - Outpatient #16 Mental Health Services Utilization - ED #17 Mental Health Services Utilization – Telehealth	The District calculates the following changes that were less or more than 2% between DY4 Q4 (10/1/23-12/31/23) and DY5 Q1 (1/1/24-3/31/24): • There was a 6% decrease in the number of beneficiaries receiving inpatient services. • There was a 3% decrease in the number of beneficiaries receiving intensive outpatient and partial hospitalization services. • There was a 4% increase in the number of beneficiaries receiving outpatient services. • There was a 3% decrease in the number of beneficiaries receiving ED services. • There was a 4% increase in the number of beneficiaries receiving telehealth services. We attribute the decline in inpatient and ED services to decreases in billing by physicians affiliated with a large hospital provider this quarter. We attribute the outpatient increase to a variety of providers that had small utilization increases this quarter and the telehealth increase to a small number of providers with larger utilization increases.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		#26 Access to Preventive/Ambulatory Health Services for Medicaid Beneficiaries With SMI #29 Metabolic Monitoring for Children and Adolescents on Antipsychotics	DHCF calculates the following changes that were less or more than 2% between CY 2022 and CY 2023: • Percentage of beneficiaries with a preventive/ambulatory health service declined by 3%. • Percentage of children and adolescents on antipsychotics who received blood glucose testing declined by 6%. • Percentage of children and adolescents on antipsychotics who received cholesterol testing declined by 21%. • Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing declined by 22%. We attribute the changes in metabolic monitoring for children and adolescents on antipsychotics in part to fewer well child visits likely contributing to fewer opportunities to get lab tests. In addition, the Medicaid unwinding may also have contributed to the decline.
4.2	**Implementation update**			
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.b	Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	X		
4.2.1.c	Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED	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 S2: DC Medicaid-enrolled behavioral health care facilities/ providers sending data to the HIE 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 6% as the vendor continues to ensure all users are correctly categorized after implementing new methodology. S1: The number of DC Medicaid-enrolled behavioral health care facilities/providers receiving data from the HIE increased by 6% due to the same issue described above. S2: The number of DC Medicaid-enrolled behavioral health care facilities/providers sending data to the HIE increased by 486% as more implement certified EHRs capable of sending data to the HIE, in compliance with District policies (previously reported in DY5Q1 report). Q3: The 23% increase in this measure is due to additional trainings by the DC HIE vendor to educate users about using the patient care snapshot and clinical information tab tools.

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 SMI/SED Grievances #38 SMI/SED Critical Incidents	There was a 60% decrease in SMI/SED grievances and a 89% increase in SMI/SED critical incidents. The District attributes these changes 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**			
7.1.1	Describe and explain any changes in the mental health service needs of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of the Availability of Mental Health Services (for example, prevalence and distribution of SMI/SED). Recommended word count is 500 words or less.	X		
7.1.2	Describe and explain any changes to the organization of the state's Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X		

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.	X		
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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2	**Implementation update**			
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			
	7.2.1.a The state's strategy to conduct annual assessments of the availability of mental health services across the state and updates on steps taken to increase availability	X		
	7.2.1.b Strategies to improve state tracking of availability of inpatient and crisis stabilization beds	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**Maintenance of effort (MOE) on funding outpatient community-based mental health services**			
8.1	**MOE dollar amount**			
8.1.1	Provide as a dollar amount the level of state appropriations and local funding for outpatient community-based mental health services for the most recently completed state fiscal year.	X		
8.2	**Narrative information**			
8.2.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. The state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.	**SMI/SED financing plan**			
9.1	**Implementation update**			
9.1.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			
	9.1.1.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders	X		
	9.1.1.b Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model	X		

4. Narrative information on other reporting topics applicable to both SUD and SMI/SED components

Prompts	State has no update to report (place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		

10.1.1	Describe the current status of budget neutrality and an analysis of the budget neutrality to date. If the SUD and SMI/SED components are part of a broader demonstration, the state should provide an analysis of the SUD- and SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole.		The DY5Q2 Part C budget neutrality report makes several adjustments and technical corrections the District has discussed with CMS. First, the District has included adjustments, based on CMS guidance, for expenditures and member months related to the elimination of the $1 co-pay for medication assisted therapy (MAT) drugs. The District notes that there may be some duplication of member months in the Non-IMD Services MEG to the extent that beneficiaries who received MAT services during a given month also received additional Non-IMD Services, which are reported through a separate data set. The additional MAT expenditures are included in the "Total Adjustments" tab of the DY5Q2 Part C report and the corresponding additional MAT member months are included in the "MemMon Actual" tab of the DY5Q2 Part C report because there is not a tab in the CMS budget neutrality template for reporting member month adjustments similar to what exists for expenditures. Second, the "Total Adjustments" tab of the DY5Q2 Part C report also includes adjustments for erroneously reported actual expenditures in DY1 and DY2 where the expenditures were reported accurately on the CMS 64 via MBES but not allocated to the proper 1115 demonstration years in prior Part C reports until DY2Q4. After making these adjustments and technical corrections, the District is not budget neutral in two MEGs: SMI IMD FFS in DY3 and SMI IMD MCO in DY2, DY3, DY4, and through the first two quarters of DY5. This is due to inflated rates at one IMD provider as a specialty hospital provider. As a specialty hospital provider, the IMD provider's rates were last rebased in 2019 and reflect significantly higher per capita costs than their costs during the demonstration period. Since the rates are based on the per capita cost, the rate set in 2019 is higher than it would be after implementation of the 1115 demonstration. Specialty hospital provider rates would ordinarily have been rebased in fiscal year 2023 but the District did not conduct rebasing due to the Covid-19 pandemic. The District plans to conduct rebasing in fiscal year 2025 and anticipates the rebasement will bring the SMI IMD MCO MEG into compliance with 1115 budget neutrality requirements.

Prompts		State has no update to report (place an X)	State response
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.	X	
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	
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 outreach and recruitment for provider, beneficiary and stakeholder interviews. • AIR shared the key informant interview discussion guide and interview protocol with DHCF. • AIR conducted site visits, focus groups and key informant interviews. • AIR analyzed data from interviews and focus groups. • AIR analyzed beneficiary survey data and delivered final call outcome data. • AIR continued updating the code and analytic plan for the summative evaluation 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.	X	

Prompts		State has no update to report (place an X)	State response
14.	**Notable state achievements and/or innovations**		
14.1	**Narrative information**		
14.1.1	Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD and SMI/SED (or if broader demonstration, then SUD- or SMI/SED-related) demonstration components or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms (e.g., number of impacted beneficiaries).	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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