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

Note: PRA Disclosure Statement to be added here

1. Title page for the state's substance use disorder (SUD) and serious mental illness and serious emotional disturbance (SMI/SED) demonstrations or the SUD and SMI/SED components of the broader demonstration

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

Overall section 1115 demonstration	
State	District of Columbia
Demonstration name	Behavioral Health Transformation
Approval period for section 1115 demonstration	01/01/2020 – 12/31/2024
Reporting period	01/01/2024 – 03/31/2024
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 DY5Q1

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 DY5Q1

[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 in the narrative information section below. Specifically, there were some decreases in various SUD and SMI/SED quarterly metrics. The District believes the decreases are largely due to delayed claims submissions and payments as behavioral health providers adjust to two new policies the District implemented over the past year. The District continues to assist providers during these transitions, as described in more detail below. There were also some decreases in SUD IMD-specific annual metrics as a result of the full implementation and enforcement of the District's utilization management approach in the past year. The District believes these decreases reflect a more appropriate alignment of beneficiary needs, level of care, and service utilization.

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 13% decline 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 Q3 (7/1/23-9/30/23) and DY4 Q4 (10/1/23-12/31/23). We attribute the decreases this quarter to a decrease in billing from one major provider who has had challenges with claims submission and payment. Two policies the District previously reported may be contributing to these challenges. All DBH-certified providers must obtain an NPI and submit claims with both the organization NPI and rendering provider NPI. Claims that do not meet these requirements are denied. In addition, DBH-certified providers were required to procure their own EHR systems by 10/1/23. EHR system deployment issues at some providers may result in less timely submission of claims. DHCF continues to assist behavioral health providers through the EHR incentive and technical assistance program previously reported in the 2023 Q2 report and we anticipate EHR deployment issues will resolve in future quarters.
1.2	**Implementation update**			

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Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			
	1.2.1.a The target population(s) of the demonstration	X		
	1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2	The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	**Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)**			
2.1	**Metric trends**			

2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.		#6 Any SUD treatment #7 Early Intervention #8 Outpatient Services #9 Intensive Outpatient and Partial Hospitalization Services #10 Residential and Inpatient Services #11 Withdrawal Management #12 Medication-Assisted Treatment (MAT)	The District calculates the following changes that were less or more than 2% between DY4 Q3 (7/1/23-9/30/23) and DY4 Q4 (10/1/23-12/31/23): • There was a 26% decrease in the number of beneficiaries receiving any SUD treatment, a 26% decrease in the number receiving an outpatient service, and a 39% decrease in the number receiving MAT. We attribute the decline to a decrease in billing from one major provider who has had challenges with claims submission and payment. Two policies the District previously reported may be contributing to these challenges. All DBH-certified providers must obtain an NPI and submit claims with both the organization NPI and rendering provider NPI. Claims that do not meet these requirements are denied. In addition, DBH-certified providers were required to procure their own EHR systems by 10/1/23. EHR system deployment issues at some providers may result in less timely submission of claims. DHCF continues to assist behavioral health providers through the EHR incentive and technical assistance program previously reported in the 2023 Q2 report and we anticipate EHR deployment issues will resolve in future quarters. • There was a 247% increase in the number of beneficiaries receiving intensive outpatient and partial hospitalization services. There was a 275% decline in the number of beneficiaries receiving early intervention services. We attribute these changes to small numbers. • There was a 9% decrease in the number of beneficiaries receiving residential and inpatient services and a 6% decrease in the number

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Revised to mirror language below.

Commented [W(6R4]: @Grady, April (DHCF) I meant to delete the "design" sentence - I think both are impacted by Baymark going to zero.

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Commented [JK8R4]: I suggested some edits as I think the NPI requirement results in a denied claim, whereas the EHR switch issues may just delay billing, I don't think it inherently results in denied claims. Tried to disentangle them a bit in my revised language but feel free to keep editing!

Commented [W(9R4]: Great, thank you for untangling the issues. I'll copy this to the other spots in the document if not already there.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
				receiving withdrawal management. We attribute the decline to a decrease in billing from several providers, including one large provider who may have been impacted by staffing changes.
2.2	**Implementation update**			
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			
	2.2.1.a Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)	X		
	2.2.1.b SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

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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.		#5 Medicaid Beneficiaries Treated in an IMD for SUD #36 Average Length of Stay in IMDs	The District calculates the following changes that were less or more than 2% between DY3 (2022) and DY4 (2023): • There was a 15% decrease in the number of beneficiaries treated in an IMD for SUD. Declines were observed across all providers. • There was a 10% increase in the average length of stay in IMDs. We attribute the change in ALOS to the change in the population being treated in an IMD, reflected by the decline above. The District has been working with SUD providers since the beginning of the demonstration period to ensure consistent use of evidence-based SUD-specific placement criteria (i.e. ASAM), providing extensive training and technical assistance to providers through various phases before fully implementing and enforcing our utilization management approach in November 2023. As a result, we are seeing more appropriate alignment of beneficiary needs, level of care, and service utilization.
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		

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Commented [JK13]: @Joyce, Jennifer (DHCF) Can you give this edited language a quick review and make any necessary edits before I flag for Melisa for final review and submission to CMS?

Commented [J(14R13]: Good to go!

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Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		#13 SUD Provider Availability #14 SUD Provider Availability - MAT	The District calculates the following changes that were less or more than 2% between DY3 (2022) and DY4 (2023). Both are largely attributable to an increase in the number of providers prescribing MAT drugs, specifically buprenorphine and naltrexone: • There was a 13% increase in the number of SUD providers. • There was a 23% increase in the number of MAT providers.
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		

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Commented [WK(17]: We didn't include any information on the increase last year. Please add anything that would make sense.

Commented [GA(18R17]: Added sentence that is based on fact that MAT providers are a subset of total SUD and increase is similar for both. I also know the MAT drug increase is specific to bup and naltrexone based on a pull I did for DBH. Many of the providers only prescribe for a handful of beneficiaries, even just a single individual, but in any case they get counted in these metrics.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.	X		
6.2	**Implementation update**			
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			
	6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
	6.2.1.b Expansion of coverage for and access to naloxone	X		
6.2.2	The state expects to make other program changes that may affect metrics related to Milestone 5.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.	**Improved Care Coordination and Transitions between Levels of Care (Milestone 6)**			
7.1	**Metric trends**			
7.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.		#25 Readmissions Among Beneficiaries with SUD	DHCF calculated a 5% increase in readmissions among beneficiaries with SUD between DY3 (2022) and DY4 (2023). We attribute this increase to small numbers, as the rate increased from 15.7% to 16.5%.
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		

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Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**SUD health information technology (health IT)**			
8.1	**Metric trends**			

8.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its SUD health IT metrics.		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 Q2: Behavioral health providers managed in provider directory Q3: Number of DC HIE behavioral health users who performed a patient care snapshot or accessed the clinical	Q1: The number of active DC HIE behavioral health provider users increased by 11% 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 11% 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 17% as more become compliant with DBH Policy 115.6A and implement certified EHRs capable of sending data to the HIE. The increase is a testament to the success of the EHR incentive and technical assistance program (previously reported in the 2023 Q2 report) and we anticipate the number will increase substantially in future quarters. Q2: The number of behavioral health providers managed in the provider directory continues to increase (4% this quarter) as the vendor continues to collect more data. Q3: The 10% 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.

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Commented [JK24R20]: I suggested some edits as I think the NPI requirement results in a denied claim, whereas the EHR switch issues may just delay billing, I don't think it inherently results in denied claims. Tried to disentangle them a bit in my revised language but feel free to keep editing!

Commented [W(25R20]: Great, thank you for untangling the issues. I'll copy this to the other spots in the document if not already there.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			information tab in the past 30 days	
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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.2	The state expects to make other program changes that may affect SUD metrics related to health IT.	X		
9.	**Other SUD-related metrics**			
9.1	**Metric trends**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		#23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries #24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries #28 SUD Spending #29 SUD Spending within IMDs #30 Per Capita SUD Spending #31 Per Capita SUD Spending within IMDs #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 DY4 Q4 (10/1/23-12/31/23): • There was a 17% decrease in Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries and a 14% decrease in Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries. We attribute the decline to small decreases in billing across many providers that were greater than the enrollment declines caused by the Medicaid unwinding. The District calculates the following changes that were less or more than 2% between DY3 (2022) and DY4 (2023): • There was an 11% increase in SUD spending. • There was a 12% increase in per capita SUD spending. • There was a 4% increase in IMD spending. • There was a 22% increase in per capita IMD spending. We attribute these changes to cost, reflecting payment rates and/or service volume per user, growing faster than beneficiaries. This was also reflected in utilization increases in the quarterly metrics during 2023 compared to 2022. There was a 53% decrease in the number of SUD critical incidents. The District attributes this change to natural variation.

Commented [KW26]: @Grady, April (DHCF) This section is ready for review.

Commented [JK27R26]: I added the critical incidents metric to this section but no need for you to review, April!

Commented [GA(28R26]: @Wagnerman, Karina (DHCF) made edit to clarify what we mean by cost, please review

Commented [W(29R26]: Looks good, thank you

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.2	**Implementation update**			
9.2.1	The state expects to make the following program changes that may affect other SUD-related metrics.	X		

B. SMI/SED component

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	**Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)**			
1.1	**Metric trends**			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.	X		
1.2	**Implementation update**			
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			
	1.2.1.a The licensure or accreditation processes for participating hospitals and residential settings	X		
	1.2.1.b The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	X		
	1.2.1.c The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay	X		
	1.2.1.d The program integrity requirements and compliance assurance process	X		

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

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	**Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)**				
2.1	**Metric trends**				
2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.		X		
2.2	**Implementation update**				
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:				
	2.2.1.a	Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions	X		
	2.2.1.b	Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers	X		
	2.2.1.c	State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.d	Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers)	X		
2.2.1.e	Other state requirements/policies to improve care coordination and connections to community-based care)	X		
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)**			
3.1	**Metric trends**			

3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.		#13 Mental Health Services Utilization - Inpatient #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 #19a-b Average Length of Stay in IMDs #20 Beneficiaries With SMI/SED	The District calculates the following changes that were less or more than 2% between DY4 Q3 (7/1/23-9/30/23) and DY4 Q4 (10/1/23-12/31/23): • There was a 4% decrease in the number of beneficiaries receiving inpatient services. • There was a 6% decrease in the number of beneficiaries receiving intensive outpatient and partial hospitalization services. • There was a 3% increase in the number of beneficiaries receiving outpatient services. • There was a 12% decrease in the number of beneficiaries receiving ED services. • There was a 5% decrease in the number of beneficiaries receiving telehealth services. We attribute the decline to a decrease in utilization among several providers, who may be experiencing challenges with claims submission and payment. Two policies the District previously reported may be contributing to these challenges. All DBH-certified providers must obtain an NPI and submit claims with both the organization NPI and rendering provider NPI. Claims that do not meet these requirements are denied. In addition, DBH-certified providers were required to procure their own EHR systems by 10/1/23. EHR system deployment issues at some providers may result in less timely submission of claims. DHCF continues to assist behavioral health providers through the EHR incentive and technical assistance program previously reported in the 2023 Q2 report and we anticipate EHR deployment issues will resolve in future quarters. The District calculates the following changes that were less or more than 2% between DY3 (2022) and DY4 (2023):

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Commented [WK(31R30]: Added the NPI language

Commented [W(32]: Baymark stopped all billing

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Commented [W(34R32]: @Grady, April (DHCF) I meant to delete the "design" sentence - I think both are impacted by Baymark going to zero.

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Commented [JK36R32]: I suggested some edits as I think the NPI requirement results in a denied claim, whereas the EHR switch issues may just delay billing, I don't think it inherently results in denied claims. Tried to disentangle them a bit in my revised language but feel free to keep editing!

Commented [W(37R32]: Great, thank you for untangling the issues. I'll copy this to the other spots in the document if not already there.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		Treated in an IMD for Mental Health	• There was a 4% increase in the ALOS for all IMDs and populations, driven by a 21% increase in the ALOS of long-term stays. The ALOS of short-term stays declined by 12%. • There was a 19% increase in the number of beneficiaries with SMI/SED treated in an IMD for mental health.
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.		#22 Count of Beneficiaries With SMI/SED (annually)	There was a 3% increase in the count of beneficiaries with SMI/SED between DY3 (2022) and DY4 (2023). The District did not see large enrollment drops due to unwinding until the fall of 2023 and the elevated enrollment for most of the calendar year could have contributed to the increase in beneficiaries with an SMI/SED. The District will monitor how this metric changes in 2024, which may provide more information about the impacts of restarting renewals.
4.2	**Implementation update**			
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			
	4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)	X		
	4.2.1.b Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	X		
	4.2.1.c Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED	X		

Commented [KW38]: @Grady, April (DHCF) This section is ready for review.

Commented [GA(39R38]: @Wagnerman, Karina (DHCF) , can we adda a sentence indicating this may be due to unwinding-related enrollment growth?

Commented [W(40R38]: @Grady, April (DHCF) Can you say a little bit more about what I should say - in 2023 we had enrollment declines from unwinding, so I'm not sure about the connection to an SMI increase?

Commented [W(41R38]: April and I worked on the updated language on enrollment and this is complete.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.d	Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people	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**			

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 Q2: Behavioral health providers managed in provider directory Q3: Number of DC HIE behavioral health users who performed a patient care snapshot or accessed the clinical	Q1: The number of active DC HIE behavioral health provider users increased by 11% 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 11% 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 17% as more become compliant with DBH Policy 115.6A and implement certified EHRs capable of sending data to the HIE. The increase is a testament to the success of the EHR incentive and technical assistance program (previously reported in the 2023 Q2 report) and we anticipate the number will increase substantially in future quarters. Q2: The number of behavioral health providers managed in the provider directory continues to increase (4% this quarter) as the vendor continues to collect more data. Q3: The 10% 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.

Commented [WK(42]: Baymark stopped all billing

Commented [AG43R42]: Since there are two measures here can you please update this sentence and the previous one to clarify which are being referred to. I think the "design of this measure" tend to be about #2, for example. Revised to mirror language below.

Commented [W(44R42]: @Grady, April (DHCF) I meant to delete the "design" sentence - I think both are impacted by Baymark going to zero.

Commented [WK(45R42]: @Grady, April (DHCF) and @Kiszla, Jordan (DHCF) added the NPI language that was used in the DY4Q3 report. I added this language throughout in track changes.

Commented [JK46R42]: I suggested some edits as I think the NPI requirement results in a denied claim, whereas the EHR switch issues may just delay billing, I don't think it inherently results in denied claims. Tried to disentangle them a bit in my revised language but feel free to keep editing!

Commented [W(47R42]: Great, thank you for untangling the issues. I'll copy this to the other spots in the document if not already there.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			information tab in the past 30 days	
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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	5.2.1.h Identity management	X		
5.2.2	The state expects to make other program changes that may affect SMI/SED metrics related to health IT.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Other SMI/SED-related metrics**			
6.1	**Metric trends**			

6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SMI/SED-related metrics.		#32 Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential #33 Total Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Inpatient or Residential #34 Per Capita Costs Associated With Mental Health Services Among Beneficiaries With SMI/SED - Not Inpatient or Residential #35 Per Capita Costs Associated With Mental Health Services Among Beneficiaries	The District calculates the following changes that were less or more than 2% between DY3 (2022) and DY4 (2023): • There was an 11% increase in total SMI/SED costs that are not inpatient or residential and a 8% increase in per capita SMI/SED costs that are not inpatient or residential. • There was a 12% increase in total SMI/SED costs that are inpatient or residential and an 8% increase in per capita SMI/SED costs that are inpatient or residential. • There was a 39% increase in total IMD costs for beneficiaries with SMI/SED an 11% increase in per capita costs. We attribute these changes to cost, reflecting payment rates and/or service volume per user, growing faster than beneficiaries. There was a 400% increase in SMI/SED grievances, a 100% decrease in SMI/SED appeals, and a 38% decrease in SMI/SED critical incidents. The District attributes these changes to natural variation and the small number of grievances and appeals.

Commented [KW48]: @Grady, April (DHCF) This section is ready for review.

Commented [JK49R48]: I added information about "significant" changes in the non-claims based metrics but I don't think you need to review those, April!

Commented [GA(50R48]: @Wagnerman, Karina (DHCF) , made edit to clarify what we mean by cost, please review

Commented [W(51R48]: Looks good, thanks

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		With SMI/SED - Inpatient or Residential #39 Total Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED #40 Per Capita Costs Associated With Treatment for Mental Health in an IMD Among Beneficiaries With SMI/SED #36 SMI/SED Grievances #37 SMI/SED Appeals #38 SMI/SED Critical Incidents	
6.2 Implementation update			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 DY5Q1 submission is not budget neutral in two MEGs: SMI IMD MCO and SUD IMD MCO. In addition, while there were no reported expenditures in the Non-IMD Services MEG this quarter, the District has met with CMS about adjusting current and historical budget neutrality reporting related to the elimination of the $1 co-pay for medication assisted therapy (MAT) drugs. The District has met with CMS on the budget neutrality issues and will work in the coming months to make adjustments and technical corrections to budget neutrality reporting, based on CMS guidance, for any MEGs that exceed the established PMPM budget neutrality caps.
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.		The District is continuing Medicaid redeterminations after the federal Medicaid continuous coverage requirement ended in early 2023. As noted in previous reports, the resumption of Medicaid redeterminations will broadly impact beneficiary enrollment.
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 administered the round 2 beneficiary survey. • AIR developed a mail version of the beneficiary survey. • AIR submitted the work plan for the final round of primary data collection. • AIR began outreach and recruitment for provider, beneficiary and stakeholder interviews. • AIR began provider interviews and listening sessions. • AIR shared the drafts of beneficiary focus group recruitment materials, discussion guides and screening questions. • 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	

Commented [JK52]: DAPR to complete.

Commented [KW53]: @Grady, April (DHCF) This section is ready for review.

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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