**Medicaid Section 1115 Serious Mental Illness/Serious
Emotional Disturbance (SMI/SED) Demonstration
Monitoring Report Template**

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

The state should complete this Title Page at the beginning of a demonstration and submit as the title page for all SMI/SED Monitoring Reports. The content of this table should stay consistent over time.

State	Idaho
Demonstration name	Idaho Behavioral Health Transformation
Approval date for demonstration	04/17/2020
Approval period for SMI/SED	04/17/2020 – 03/31/2025
Approval date for SMI/SED, if different from above	
Implementation date of SMI/SED, if different from above	
SMI/SED (or if broader demonstration, then SMI/SED -related) demonstration goals and objectives	This demonstration will provide the state with authority to provide high-quality, clinically appropriate treatment to beneficiaries with serious mental illness (SMI) or serious emotional disturbance (SED) and/or substance use disorder (SUD) while they are short-term residents in residential and inpatient treatment settings that qualify as Institutions for Mental Diseases (IMDs). It will also support state efforts to implement models of care focused on increasing support for individuals in the community and home, outside of institutions, and improve access to a continuum of SMI/SED and/or SUD evidence-based services at varied levels of intensity. This continuum of care shall be based on the American Society of Addiction Medicine (ASAM) criteria and/or other nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.

2. Executive Summary

The Idaho Department of Health and Welfare's divisions of Medicaid and Behavioral Health are working together for the development of standards, as detailed throughout the approved SMI/SED implementation plan. At the time of writing the waiver application, the state proposed several options to support initiatives outlined in the waiver. These options included potential changes to statute, rules or standards to implement waiver requirements; however, due to the governor's recent executive order mandating zero-based regulation and restricting amendments to rules, standards will be published and enforced primarily via requirements that will be added to Department's standards, MCO contracts and/or provider handbooks.

Idaho Medicaid has also been working closely with its data team to verify system changes are already in place or are underway to track all the metrics required in the STCs. Any exceptions or requested modifications will be noted in the monitoring protocol and/or evaluation design documentation.

Enrollment numbers have continued to increase since Idaho expanded Medicaid in January 2020. Medicaid expansion enrollment is still in alignment with state projections beginning January 1, 2020. COVID-19 over-shadowed the waiver approval and shifted the state's resources to focus on COVID-19 related activities. However, we are still on track to meet the milestone timelines outlined in the implementation plan.

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

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

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) The licensure or accreditation processes for participating hospitals and residential settings ☐ ii) The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements ☐ iii) The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay ☐ iv) The program integrity requirements and compliance assurance process ☐ v) The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions ☐ vi) Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make the following program changes that may affect metrics related to Milestone 1.			
2.2 Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)			
2.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
☒ The state has no metrics trends to report for this reporting topic.			
2.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions ☐ ii) Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers ☐ iii) State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge ☐ iv) Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers) ☐ v) Other State requirements/policies to improve care coordination and connections to community-based care			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make the following program changes that may affect metrics related to Milestone 2.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
3.2 Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)			
3.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.			
☒ The state has no metrics trends to report for this reporting topic.			
3.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay ☐ ii) Other state requirements/policies to improve access to a full continuum of care including crisis stabilization			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make the following program changes that may affect metrics related to Milestone 3.			
4.2 Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)			
4.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.			
☒ The state has no metrics trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
4.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment) ☐ ii) Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment ☐ iii) Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED ☐ iv) Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make the following program changes that may affect metrics related to Milestone 4.			
5.2 SMI/SED Health Information Technology (Health IT)			
5.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.			
☒ The state has no metrics trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
5.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) The three statements of assurance made in the state's health IT plan ☒ ii) Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community based supports ☒ iii) Electronic care plans and medical records ☐ iv) Individual consent being electronically captured and made accessible to patients and all members of the care team ☐ v) Intake, assessment and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem ☒ vi) Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care ☐ vii) Alerting/analytics ☐ viii) Identity management	At the end of April, the Idaho Health Data Exchange (IHDE), the state's health information exchange, revised its participant agreement to include prescription drug and CFR 42 Part 2 data. IHDE also worked in April and May to further define its business and data needs, priorities and connection types in order to better serve Idaho's healthcare landscape. In May, IHDE began cleanup of their master patient index to ensure complete and consistent data is necessary to properly identify patient medical records and to link records across disparate databases and healthcare organizations The Division of Public Health has contracted with Stonewall Analytics to work closely with the Telehealth Task Force and complete a telehealth environmental scan. Stonewall completed a stakeholder survey in June and have compiled responses and aggregated data. As part of the scan they are also completing interviews with key informants across the state and will submit a final report to DPH in August. In May, the Division of Behavioral Health contracted with Julota to complete a roadmap for possible implementation of a statewide community resource database. A committee was established in June and to help guide and develop the roadmap and virtual focus groups will begin in July. The final report and roadmap will be completed by 9/30/2020. Additional health IT milestones are working in alignment with SUPPORT Act activities and will be completed no later than September 30, 2020.	04/17/2020 – 06/30/2020	

☐ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make the following program changes that may affect metrics related to health IT.			
6.2 Other SMI/SED-Related Metrics			
6.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than two 2 percent related to other SMI/SED-related metrics.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
☒ The state has no implementation update to report for this reporting topic.			
6.2.2 Implementation Update			
☐ The state expects to make the following program changes that may affect other SMI/SED-related metrics.			
☒ The state has no implementation update to report for this reporting topic.			
7.1 Annual Assessment of the Availability of Mental Health Providers			
7.1.1 Description Of Changes To Baseline Conditions And Practices			
☐ Describe and explain any changes in the mental health service needs (for example, prevalence and distribution of SMI/SED) of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of Availability of Mental Health Services. Recommended word count is 500 words or less.			
☒ This is not an annual report; therefore the state has no update to report for this reporting topic.			
☐ Describe and explain any changes to the organization of the state's Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of Availability of Mental Health Services. Recommended word count is 500 words or less.			
☒ This is not an annual report; therefore the state has no update to report for this reporting topic.			
☐ Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services; outpatient and community-based services; crisis behavioral health services; and care coordination and care transition planning. Recommended word count is 500 words or less.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
☒ This is not an annual report, therefore the state has no update to report for this reporting topic.			
☐ Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Availability Assessment compared to those described in the Initial Assessment of Availability of Mental Health Services. Recommended word count is 500 words or less.			
☒ This is not an annual report; therefore the state has no update to report for this reporting topic.			
7.1.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) The state's strategy to conduct annual assessments of the availability of mental health providers across the state and updates on steps taken to increase availability ☐ ii) Strategies to improve state tracking of availability of inpatient and crisis stabilization beds			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
8.1 SMI/SED Financing Plan			
8.1.1 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☒ i) Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders ☐ ii) Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model	Idaho began reimbursement for crisis center services beginning January 1, 2020, through the state's behavioral health plan contract.	04/17/2020 – 06/30/2020	
☐ The state has no implementation update to report for this reporting topic.			
9.2 Budget Neutrality			
9.2.1 Current Status and Analysis			
☒ If the SMI/SED component is part of a broader demonstration, the state should provide an analysis of the SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	Idaho has not yet reported Behavioral Health Transformation expenditures related to the demonstration via Schedule C of the CMS 64 Expenditure Report. As such, the [C Report] tab remains unpopulated outside of the reporting period criteria at the top of the sheet. We expect that [C Report] will include reported expenditures in subsequent reporting periods as dollars under this demonstration begin to be reported in the CMS 64 report(s). Similarly, the state understands that the reported dollars should include all claims expenditures for members identified as behavioral health utilizers and will utilize SFY20 FFS claims data to supplement future reporting period dollars with other expenditures for these members consistent with the approach used to populate the application detail. In the absence of this data, demonstration year 1 (DY1) total expenditures in the [WW Spending Projected] tab have been balanced so that the total actual	04/17/2020 – 06/30/2020	

	and total projected DY1 dollars reconcile to the total projected DY1 expenditures implicit in the March application itself.		
9.2.2 Implementation Update			
☐ The state expects to make the following program changes that may affect budget neutrality.	Idaho projected enrollment numbers to increase by 91,000 new members when the state expanded Medicaid coverage effective January 1, 2020. While enrollment increased from 72,551 to 79,645 new members in Demonstration Year 1, Quarter 1 (DY1, Q1), enrollment rates are still consistent with the projected expansion increase. It is unknown at this time as to how COVID-19 will impact the state's budget neutrality. Idaho will continue to evaluate program data to assess these impacts.	04/17/2020 – 06/30/2020	
☐ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
10.1 SMI/SED-Related Demonstration Operations and Policy			
10.1.1 Considerations			
☐ States should highlight significant SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SMI/SED demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			
☒ The state has no related considerations to report for this topic.			
10.1.2 Implementation Update			
☐ 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.			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state is working on other initiatives related to SMI/SED.			
☒ The state has no implementation update to report for this reporting topic.			
☐ The initiatives described above are related to the SMI/SED demonstration as described (States should note similarities and differences from the SMI/SED demonstration).			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) ☐ ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) ☐ iii) Partners involved in service delivery ☐ iv) The state Medicaid agency's Memorandum of Understanding (MOU) or other agreement with its mental health services agency			
☒ The state has no implementation update to report for this reporting topic.			
11 SMI/SED Demonstration Evaluation Update			
11.1 Narrative Information			
☒ Provide updates on SMI/SED evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	On June 10, 2020 Idaho executed a contract with Oregon Health & Science University (OHSU) for the development of the evaluation design. OHSU informed IDHW in late July that they would not be able to continue as the independent evaluator for the state's Behavioral Health Transformation demonstration. Penn State University agreed on October 22, 2020, to complete the demonstration evaluation and will submit a letter of commitment with the evaluation design by November 30, 2020.	04/17/2020 – 06/30/2020	
☐ The state has no SMI/SED demonstration evaluation update to report.			
☐ Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.			
☒ The state has no SMI/SED demonstration evaluation update to report.			

☒ List anticipated evaluation-related deliverables related to this demonstration and their due dates.	On October 7, 2020, Idaho requested an extension for the evaluation design submission. CMS approved the extension to allow for the state to execute a contract with new evaluation team. Idaho will submit the draft evaluation design by November 30, 2020.	04/17/2020 – 06/30/2020	
☐ The state has no SMI/SED demonstration evaluation update to report.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
12.1 Other Demonstration Reporting			
12.1.1 General Reporting Requirements			
☐ The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.			
☒ The state has no updates on general requirements to report for this topic.			
☒ The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	CMS offered Idaho an extension on the Monitoring Protocol in August due to new guidance and training being offered just before the original due date of September 14, 2020. The state accepted the extension and will submit the Monitoring Protocol by October 26, 2020	04/17/2020 – 06/30/2020	
☐ The state has no updates on general requirements to report for this topic.			
☐ The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.			
☒ The state has no updates on general requirements to report for this topic.			

Compared to the demonstration design and operational details, the state expects to make the following changes to:
    ☐ i) The schedule for completing and submitting monitoring reports
    ☐ ii) The content or completeness of submitted reports and/or future reports			

☒ The state has no updates on general requirements to report for this topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY-MM/DD/YYYY)	Related metric (if any)
12.1.2 Post-Award Public Forum			
☐ If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.			
☒ No post-award public forum was held during this reporting period, and this is not an annual report, so the state has no post-award public forum update to report for this topic.			
13.1 Notable State Achievements and/or Innovations			
13.1 Narrative Information			
☐ Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SMI/SED (or if broader demonstration, then SMI/SED related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.			
☒ The state has no notable achievements or innovations to report for this topic.			

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

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

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

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