Medicaid Section 1115 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 serious mental illness and serious emotional disturbance (SMI/SED) demonstration or the SMI/SED component of the broader demonstration

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

State	Idaho
Demonstration name	Idaho Behavioral Health Transformation
Approval period for section 1115 demonstration	04/17/2020
SMI/SED demonstration start date[a]	04/17/2020 – 03/31/2025
Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date[b]	.
SMI/SED (or if broader demonstration, then SMI/SED -related) demonstration goals and objectives	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.
SMI/SED demonstration year and quarter	SMI/SED DY1Q3 report
Reporting period	10/01/2020-12/31/2020

2. Executive summary

During Demonstration year 1 Quarter 3 (DY1Q3), the state held their Post Award Public Forum and Public Rule Hearing. The Post Award Public Forum was held October 21, 2020, and questions posed to the state focused on transitions between levels of care and step-down services. The public rule hearing held October 20, 2020, discussed a temporary rule that will be brought to the Idaho legislature in January 2021 to remove all mentions of the federal Institutions for Mental Diseases (IMD) exclusion, due to the approval of the Section 1115 Behavioral Health Transformation waiver. Throughout October, November, and December of 2020 the state held nine distinct stakeholder meetings targeted to specific groups including providers and community members to elicit feedback on the rebid of the Idaho Behavioral Health Plan (IBHP) and to discuss the waiver implementation plans. Presentations were also held at the scheduled Medical Care Advisory Committee (MCAC), Health Quality Planning Commission (HQPC) and Tribal meetings. In each meeting, members were given insight to the demonstration as well as its impact on the rebid and future MCO participation.

Internally, the state continued work to understand access and capability of internal reporting processes, much of which guided conversations with our evaluation team, The Pennsylvania State University (PSU). Both the state and PSU worked throughout the quarter to initiate a contract and submit the demonstration evaluation design. Meanwhile, monitoring protocol metrics were reviewed with internal teams who aided in revising state and Health IT metrics that would yield the best insights, and trends in behavioral health outcomes. The state also realized additional opportunities available for Health IT growth in this quarter, with companies such as Collective Medical Technologies Inc. Collective Medical operates a nationwide admit, discharge, or transfer (ADT) based care collaboration network. In Idaho, Collective Medical the contracts with a entities include a diverse makeup of hospitals and health systems, hospital Accountable Care Organizations (ACOs), health plans, primary care, specialty care, and post-acute providers statewide. Applying and utilizing outside sources of IT infrastructure, such as Collective Medical, will aid the state in further Health IT growth and expansion.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)			
1.1. Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.	*X*		
1.2. Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1a. The licensure or accreditation processes for participating hospitals and residential settings	*X*		
1.2.1b. The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	*X*		
1.2.1c. 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*		
1.2.1d. The program integrity requirements and compliance assurance process	*X*		
1.2.1e. 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*		
1.2.1f. 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: 2.2.1a. 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		
2.2.1b. Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers	X		
2.2.1c. State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge	X		
2.2.1d. 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		
2.2.1e. 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.	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: 3.2.1a. State requirement that providers use an evidenced based, publicly available patient assessment tool to determine appropriate level of care and length of stay	X		
3.2.1b. 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		
4. Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)			
4.1. Metric trends			
4.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.	X		
4.2. Implementation update			
4.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1a. Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)	X		
4.2.1b. Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1c. Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED	X		
4.2.1d. 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		
5. SMI/SED health information technology (health IT)			
5.1. Metric trends			
5.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.	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: 5.2.1a. The three statements of assurance made in the state's health IT plan	X		
5.2.1b. 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		
5.2.1c. Electronic care plans and medical records	X		
5.2.1d. Individual consent being electronically captured and made accessible to patients and all members of the care team	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1e. 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			Beginning in August 2020, the Idaho Health Data Exchange (IHDE) increased its ability to impact social determinants of health by contracting with Aunt Bertha, a social service search and referral platform. IHDE also contracted with consent management platforms utilizing HL7's Interoperability Resources. Continued collaboration building through DY1Q3 will expand health information exchange and services to behavioral health providers, facilitate sharing of mental health and substance use disorder information with patient approval, and improve coordination across the continuum of care.
5.2.1f. Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care			The Telehealth Task Force submitted their final recommendation and action plan on October 15, 2020 to the Healthcare Transformation Council of Idaho (HTCI) and Health Quality Planning Commission (HQPC). In December 2020, a nationally recognized leader in comprehensive telehealth and remote patient monitoring (RPM) solutions partnered with the IHDE. The integration between this RPM platform and the IHDE will help increase remote access to essential healthcare services while improving safety and health outcomes for patients statewide.
5.2.1g. Alerting/analytics			Starting in July 2020, comprehensive analytics services are being expanded through a new IHDE partnership with KPI Ninja. Their platform, Ninja Universe, has earned NCQA's eCQM Certification as well as Measure Certification for HEDIS Health Plan 2020. This partnership will maximize the usability of Idaho's health IT infrastructure by turning data into information and insights that providers, payers, and other stakeholders can use to assure that Idahoans receive the best health services possible.
5.2.1h. Identity management	X		
5.2.2. The state expects to make other program changes that may affect 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 two 2 percent related to other SMI/SED-related metrics.	X		
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		

4. Narrative information on other reporting topics

Prompt	State has no trends/update to report (place an X)	State response
7. Annual Assessment of the 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 (for example, prevalence and distribution of SMI/SED) of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X	
7.1.2. 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)	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	
7.2. Implementation update		
7.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 7.2.1a. 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	
7.2.1b. Strategies to improve state tracking of availability of inpatient and crisis stabilization beds	X	
8. Maintenance of effort (MOE) on funding outpatient community-based mental health services		

Prompt	State has no trends/update to report (place an X)	State response
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	
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: 9.1.1a. 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	
9.1.1b. 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	

Prompt	State has no trends/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 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.		The state was able to include detail to complete the [C Report] tab of the Budget Neutrality Workbook using Schedule C of the CMS 64 Expenditure Reports for DY1 Q1, Q2 and Q3. The [Total Adjustments] tab has been populated to balance the amounts in the claims extracts and the amounts reported on Schedule C of the CMS 64 reports. Through three quarters of DY1, the actual amount of utilizer member months was greater than the DY1 projections from the initial application. Thus, the utilizer member month projections for all demonstration years have been updated. The DY1 projection is based on historical member month through the first nine months of DY1. The DY2 – DY5 projections assume a 10% caseload trend from DY1 consistent with the initial application from March 2020. As a result of updating the utilizer member month projections, the total expenditures on the [WW Spending Projected] tab increased as well, using the higher utilizer member month projections and the PMPM cost projections from the initial application. Note that this waiver is a 'per capita' waiver, so budget neutrality is not affected by the utilizer member month projections.
10.2. Implementation update		
10.2.1. The state expects to make the following program changes that may affect budget neutrality.		Idaho is continuing to monitor expansion enrollment and the COVID-19 pandemic's impact on the state's budget neutrality. Expansion enrollment increased from 89,295 to 97,877 members in DY1 Q3. Idaho will continue to evaluate program data to assess these impacts.

Prompt	State has no trends/update to report (place an X)	State response
11. SMI/SED-related demonstration operations and policy		
11.1. Considerations		
11.1.1. The state 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 Monitoring Report Instructions for more detail.		On October 20, 2020, the state held a public rule hearing to finalize temporary rule put in place January 1, 2020. This rule removes all mentions of the federal IMD exclusion, since this exclusion no longer applies with approval of Idaho Medicaid's Section 1115 Behavioral Health Transformation waiver.
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	

Prompt	State has no trends/update to report (place an X)	State response
11.2.2. The state is working on other initiatives related to SMI/SED.		In conjunction with the Idaho Office of Emergency Management, DBH established a new COVID-19 crisis counseling hotline in early August 2020. COVID Help Now offers support for anyone facing challenges associated with the global pandemic. COVID Help Now responders provide emotional support and aid for immediate crisis needs by connecting callers with resources in their own communities, and are available via phone or text, and a website chat feature, 12 hours a day, seven days a week. During Quarter 3, the COVID Help Now Line answered 751 phone calls and responded to 175 text messages and 33 chat messages. A team of individuals around the state provided outreach to foodbanks, schools, and other community resources to promote the COVID Help Now Line, provide education on the impacts of COVID-19, and offer coping strategies as well as emotional support. During DY1Q3, DBH also established Emergency Department Psychiatric Triage Centers (ED-PTC) via a Funding Opportunity Announcement (FOA). The initial round of applications closed on September 25, 2020, with two subgrants awarded in October to Badger, Inc., for South East Idaho Behavioral Crisis Center in Region 6 and to Badger, Inc. for Behavioral Health Crisis Center of East Idaho in Region 7. Subgrant agreements were finalized in December, and it is anticipated that both ED-PTCs will be ready to begin delivering services by mid-February 2021. DBH plans to continue to accept applications for this FOA as long as funds remain. A third ED-PTC application is already in the final review process.
11.2.3. The initiatives described above are related to the SMI/SED demonstration as described (The state should note similarities and differences from the SMI/SED demonstration).	X	
11.2.4. Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.4a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.4b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.4c. Partners involved in service delivery	X	

Prompt	State has no trends/update to report (place an X)	State response
11.2.4d. The state Medicaid agency's Memorandum of Understanding (MOU) or other agreement with its mental health services agency	X	
12. SMI/SED demonstration evaluation update		
12.1. Narrative information		
12.1.1. 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. There are specific requirements per the Code of Federal Regulations (CFR) for annual reports. See Monitoring Report Instructions for more details.		The state provided CMS with a letter of commitment from Pennsylvania State University (PSU) on October 30, 2020, to be Idaho's independent evaluator. Idaho Medicaid and PSU are negotiating the contract.
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.		The state submitted monitoring protocols on the approved extension date October 26, 2020. The protocols were sent back to the state and subsequently revised and resubmitted to CMS on January 29, 2021. The evaluation design was submitted on November 30, 2020 as outlined by CMS and was returned to the state for revision. The state is on track resubmit the evaluation design on February 27, 2021. The state is on track to submit all other deliverables according to the STCs provided by CMS.
12.1.3. List anticipated evaluation-related deliverables related to this demonstration and their due dates.		The state will submit the revised draft evaluation design to CMS no later than February 27, 2021.
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.		The state noted all data limitations that may affect reporting and proposals to phase-in reporting in the Monitoring Protocols submitted January 29, 2021.
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	

Prompt	State has no trends/update to report (place an X)	State response
13.1.3. The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.4. Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.4a. The schedule for completing and submitting monitoring reports	X	
13.1.4b. The content or completeness of submitted monitoring reports and/or future monitoring reports		All deviations and phased-in reporting were noted within the submitted monitoring protocols.
13.2. Post-award public forum		
13.2.1. 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.		The 1115 IMD Waiver Award Public Forum was held on October 21, 2020. The state presented and answered questions posed by the public. Topics included transitions in care, including discharge from acute care to home. The state noted its plan to leverage the new IBHP vendor to implement new initiatives around transitions in care, as well as forthcoming standards of care that are being developed in collaboration with DBH. The state also discussed its plan to begin coverage of ASAM level 3.5 residential SUD care. Public comments and feedback from the forum were posted to IDHW's website.
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 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.	X	