

1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD 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
SUD demonstration start date^a	04/17/2020 – 03/31/2025
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	
SUD (or if broader demonstration, then SUD -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.
SUD demonstration year and quarter	SUD DY1Q4 report
Reporting period	(1/1/2021- 3/31/2021)

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.

With waiver approval April 17th, 2020, the state has experienced opportunities for growth in both SMI and SUD milestone initiatives throughout this first demonstration year. Partnerships and collaborations with teams from Project ECHO Idaho, Pennsylvania State University (PSU), Collective Medical and many others, have brought new opportunities for population health initiatives that will enhance activities outlined in the approved Implementation Plan.

Medicaid expansion (beginning January 2020) added approximately one-hundred thousand new adult enrollees. The state saw 64,124 individuals enrolled before the public health emergency was declared in mid-March 2020. The state is evaluating data related to Medicaid enrollment during the pandemic and should have further reporting available in the DY2Q1 updates. The pandemic brought a near immediate halt to in-person services and forced closures for some healthcare offices, which limited access and increased utilization of telehealth. Idaho's governor issued an executive order allowing easier access and payments to providers for telehealth. The state's behavioral health managed care organization (MCO), Optum, added 272 new providers for in-network outpatient care. Throughout all of this change, the Annual Provider Satisfaction Survey (performed by Optum) showed an increase in year-over-year provider-satisfaction for plan enrollees.

The state and stakeholders, including the Idaho Behavioral Health Council, are working to identify solutions to known gaps in the statewide behavioral health system of care, while also addressing the Idaho Behavioral Health Plan (IBHP) contract rebid. This work continued during the pandemic with virtual, instead of in-person, meetings. The post award public forum was held virtually on October 21, 2020, and questions posed to the state focused on transitions between levels of care and step-down services for member with SMI/SED diagnoses. A public rules hearing held on October 20, 2020, focused on a temporary rule would remove all mention of the federal Institutions for Mental Diseases (IMD) exclusion that was brought to the Idaho legislature in January 2021. In October through December 2020, the state facilitated stakeholder meetings about the rebid of the IBHP that included providers and community members, and also discussed the waiver implementation plan. Presentations on waiver implementation were also held at the October and November Medical Care Advisory Committee (MCAC), Health Quality Planning Commission (HQPC) and Tribal meetings. In each meeting, members were given insight into the demonstration, as well as its impact on the rebid of the future IBHP.

Idaho Medicaid and PSU combined efforts in late 2020 for the state's demonstration evaluation and were able to execute a full contract in April 2021. CMS approved the state's evaluation design soon after, on April 26, 2021.

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. 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	<i>X</i>		
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.i. The target population(s) of the demonstration		<i>2-12, 23, 24, 26, 27, 36</i>	While not changing the original demonstration design, the state has added an additional target subpopulation for monitoring protocol metrics #2-12, 23, 24, 26, 27, and 36. In addition to looking at the subpopulation of participants diagnosed with opioid use disorder, the state will also add the subpopulation of participants diagnosed with alcohol use disorder to allow for examination or comparison of populations.
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	<i>X</i>		
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	<i>X</i>		

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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	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.i. 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)			The state plans to improve access to care by covering residential SUD services at ASAM level 3.5. The state has been reaching out to facilities and providers throughout this first demonstration year to elicit feedback on rate setting and Commission on Accreditation of Rehabilitation Facilities (CARF) certification requirements.
2.2.1.ii. 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			Level 3.5 residential SUD care will be added to Medicaid-covered services. The state is currently working on the provider enrollment and certification process, which will inform the start date for coverage of services.
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	X		
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
3.2.1.ii. 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		

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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 <i>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.</i>	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.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			The state is adding a CARF ASAM certification requirement for residential facilities providing care at ASAM levels 3.5 and 3.7.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			The state will utilize the CARF portal to access lists of certified facilities. In addition to national accreditation (The Joint Commission, CARF, etc.), the state is tracking to require this certification to be in place for all residential facilities providing ASAM levels 3.5 and 3.7 by the beginning of demonstration year 3.
4.2.1.iii. 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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in 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			The state continues to work with Project ECHO Idaho to drive provider education and collaboration. The Medical Director for the Idaho Department of Health and Welfare’s Division of Medicaid Magni Hamso, MD, MPH, FACP, FASAM, acted in this past year as a trainer for providers seeking DEA waivers to prescribe buprenorphine.
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
6.2 Implementation update			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			Medication assisted treatment (MAT) at opioid treatment programs (OTPs) was added as a Medicaid-covered service beginning January 1, 2021. The State implemented a new pharmacy Prior Authorization form for Analgesics-Opioid non preferred and/or Morphine Milligram Equivalents (MME) over 90 mg on August 5, 2020. The form requires a signed attestation by providers indicating they are providing safe long-term opioid treatment for chronic pain, including, among other things, co-prescribing naloxone, obtaining annual treatment agreements, and performing regular drug screens.
6.2.1.ii. 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			The state plans to begin tracking naloxone usage by first responders statewide and provide this information to CMS through a state metric in the monitoring protocols.
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	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: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
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 health IT metrics	X		
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.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			During the 2020 legislative session, a new law was passed requiring prescribers to check the Prescription Drug Monitoring Program (PDMP) database prior to prescribing any opioid or benzodiazepine. This went into effect on October 1, 2020.
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.iii. 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			<p>The Idaho Health Data Exchange (IHDE) participates in the Patient Centered Data Home initiative, which seeks to improve exchange of patient information among Health Information Exchanges (HIEs) across the country. The IHDE has connected to the Utah Health Information Exchange, which is in turn connected to HIEs in Alaska, Arizona, California, Colorado, Hawaii, Iowa, Nebraska, North Dakota, Oregon, and Wyoming, dramatically increasing Idaho providers’ access to health information.</p> <p>The state also realized additional opportunities for Health IT growth this year, through collaboration with companies such as Collective Medical Technologies, Inc. Collective Medical operates a nationwide admission, discharge and/or transfer-based (ADT) care collaboration network in over 40 states and is connected to multiple Idaho facilities, networks, and health plans.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.iv. Other aspects of the state’s health IT implementation milestones			State Health IT completed Milestones for 2020: <ul style="list-style-type: none"> • Increase and enhance terminology services within the Idaho Health Data Exchange (IHDE) data warehouse-completed August 21, 2020 • Connect Utah and eastern Oregon’s health exchange networks to the IHDE- completed September 23, 2020 • PDMP data connection to the IHDE for view only access-Completed September 30, 2020 • Idaho Board of Pharmacy acquisition of statewide Gateway license, to allow seamless integration of PDMP data into Electronic Health Records (EHRs)-Completed September 30, 2020 • Statewide telehealth environmental scan of current use, barriers, and future state of telehealth and telehealth services-Completed September 30, 2020
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

4. Narrative information on other reporting topics

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

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Prompts	State has no update to report (Place an X)	State response
<p>10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.</p>		<p>The State utilized claims data extracts along with additional claims runout and values from the Schedule C report to populate the [C Report] tab within the Quarter 4 Budget Neutrality Workbook. 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. Amounts on the [WW Spending Actual] tab reflect the actual incurred dollars with additional runout.</p> <p>For the projection sections, the projected per member per month (PMPM) costs for DY2 – DY5 are still consistent with the initial March 2020 application. However, the actual amount of utilizer member months is greater than DY1 projections from the initial application. Thus, in both reports’ utilizer member month projections for all demonstration years have been updated. The DY1 projection is based on historical member months. 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 (compared to the initial March 2020 application), using the higher utilizer member month projections and the PMPM cost projections from the initial application.</p> <p>The COVID-19 pandemic likely influenced Medicaid enrollment and had an effect on behavioral health issues, which would be reflected in the actual experience. Note that the state has not yet updated projected values explicitly for the COVID-19 pandemic.</p>

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Prompts	State has no update to report (Place an X)	State response
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality		Idaho began Medicaid expansion in January 2020, with sign-ups starting in November 2019. By January 1,2020, the state reported more than 53,000 new enrollees. Enrollment in expansion exceeded projections, and the state enrolled 97,877 new participants during calendar year 2020. Focusing on the 1115 demonstration year, April 2020 through March 2021, 32,533 new members were added through expansion. These factors should be considered as contributing factors to any changes in overall cost of care and budget neutrality.
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration 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 demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	X	
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	

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Prompts	State has no update to report (Place an X)	State response
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery		The state is conducting ongoing outreach to residential facilities and providers to elicit feedback on rate setting.
11.2.2 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	
11.2.3 The state is working on other initiatives related to SUD or OUD	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD 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 Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		The state provided CMS with a letter of commitment from PSU on October 30, 2020, to be Idaho’s independent evaluator. The contract between Idaho Medicaid and PSU went into effect on April 9, 2021. The evaluation design was approved by CMS on April 26, 2021.

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Prompts	State has no update to report (Place an X)	State response
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		<p>The state submitted monitoring protocols on April 30, 2021. CMS has since provided feedback, and the monitoring protocols are currently being updated for resubmission to CMS.</p> <p>CMS has approved an extension for Q3 & Q4 budget neutrality workbooks as well as the Q4/Annual reporting. The new timelines for submission on all reporting to PMDA will be July 31, 2021.</p> <p>The state is on track to submit all other deliverables according to the STCs provided by CMS.</p>
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates	X	
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.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	

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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 report.		On October 20, 2020, the state held a public rules hearing prior to finalizing temporary rules effective January 1, 2020. The amendments remove 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.
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 (or if broader demonstration, then SUD 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	