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

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

Overall section 1115 demonstration	
State	Idaho
Demonstration name	Idaho Behavioral Health Transformation
Approval period for section 1115 demonstration	04/17/2020-03/31/2025
Reporting period	01/01/2024-03/31/2024
SUD demonstration	
SUD component start date[a]	04/17/2020
Implementation date of SUD component, if different from SUD component start date[b]	.

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 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	DY4Q4

SMI/SED demonstration	
SMI/SED component demonstration start date[a]	04/17/2020
Implementation date of SMI/SED component, if different from SMI/SED component start date[b]	
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	DY4Q4

2. Executive summary

The new Idaho Behavioral Health Plan (IBHP) has been a major focus during Demonstration Year 4, as Idaho moved from awarding a contract to Magellan Healthcare in June 2023 to approaching go-live on July 1, 2024. Idaho has worked with Magellan throughout the year to finalize new documentation as well as provider and member resources, conduct listening sessions and community outreach events, build a provider network, and finalize the new MagallanofIdaho.com website. When implemented, the new IBHP will mark a transformation of Idaho's behavioral health system.

In July 2023, Idaho added an additional Substance Abuse Rehabilitation Facility (SARF).

Idaho added five Certified Community Behavioral Health Clinics (CCBHCs) in Demonstration Year 4, providing integrated physical and behavioral health services for all Idahoans, regardless of their diagnosis, place of residence, age, or ability to pay, with the ability to accept Medicaid, Medicare, and private insurance. CCBHCs improve accessibility and increase access to care and support client care transitions while facilitating collaboration with the new Idaho Behavioral Health Plan. Four CCBHCs initially received Substance Abuse and Mental Health Services Administration (SAMHSA) grants and state funds for four years, and another joined the network in October 2023.

Idaho also introduced a network of four Youth Crisis Centers in Demonstration Year 4. These centers provide an environment for youth, with parent or guardian consent, to de-escalate during the early stages of a behavioral health crisis before more intensive interventions could be needed. Each center is open 24 hours a day, seven days a week. While all the centers serve youth ages 12 to 17, one is currently available for youth as young as age five and the others are working on a plan to serve younger populations as well.

In September 2023, Idaho completed the process of re-evaluation of Medicaid eligibility for Idahoans who retained coverage under Medicaid protection until April 2023. More than 121,000 were determined ineligible or over income for continuing coverage.

To further improve access to behavioral health care in Idaho's remote and underserved areas, "Third Space" telehealth access points have been established in Idaho libraries, primarily located in towns with fewer than 50,000 residents in contiguous areas. In Demonstration Year 4, Idaho provided Third Space technology and/or stand-alone pods or partitions for telehealth services to 20 libraries. The second round of the project will provide an additional 20 libraries with telehealth capabilities, which are set to be operational by winter 2024, bringing the total to 40 libraries with access points throughout the state.

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.	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 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.		SUD #11: Withdrawal Management	The state calculated the following changes that were less or more than 2% between Q2 (7/1/2023-9/30/2023) and Q3 (10/1/2023-12/31/2023). SUD # 11: There was a 6.37% decrease in the number of Medicaid beneficiaries receiving withdrawal management services. The state notes that trend referenced in SUD #11 is a small population and any decrease such as the decreases seen with Medicaid unwinding will produce large percentage change in these metrics.
2.2	**Implementation update**			

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:		X		
	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)			
	2.2.1.b	SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.		X		

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

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	**Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)**				
4.1	**Metric trends**				
4.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3. Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.		X		
4.2	**Implementation update**				
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:		X		
	4.2.1.a	Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
	4.2.1.b	Review process for residential treatment providers' compliance with qualifications.	X		
	4.2.1.c	Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2	The state expects to make other program changes that may affect metrics related to Milestone 3.		X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.	**Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.	X		
5.2	**Implementation update**			
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care.	X		
5.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.	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.	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		
7.2.2	The state expects to make other program changes that may affect metrics related to Milestone 6.	X		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**SUD health information technology (health IT)**				
8.1	**Metric trends**				
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.		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:		X		
	8.2.1.a	How health IT is being used to slow down the rate of growth of individuals identified with SUD			
	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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.g	Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		
8.2.2	The state expects to make other program changes that may affect SUD metrics related to health IT.	X		
9.	**Other SUD-related metrics**			
9.1	**Metric trends**			

9.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		SUD #2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis SUD #3: Medicaid Beneficiaries with SUD Diagnosis SUD #23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries.	The state calculated the following changes that were less or more than 2% between Q2 (7/1/2023-9/30/2023) and Q3 (10/1/2023-12/31/2023). SUD #2: There was a 3.49% decrease in the number of Medicaid beneficiaries with newly initiated SUD treatment/diagnosis. SUD #3: There was a 2.10% decrease in the number of Medicaid beneficiaries with a SUD diagnosis. SUD #23: There was a 5.35% increase in Emergency Department Utilization for Substance Use Disorder per 1,000 Medicaid Beneficiaries. The state notes that trends referenced in SUD #2 and #3 increased consistently during Medicaid protection, and have decreased since the unwinding of Medicaid protection. Changes in the eligible population and the corresponding effects on SUD service utilization will continue to be monitored. As SUD #2 and SUD #3 noted decreases in SUD diagnosis from providers, an increase in emergency department utilization for SUD as shown in SUD #23 is notable, while the

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
				population is small, and will continue to be tracked in future quarters.
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		

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:	X		
	1.2.1.a The licensure or accreditation processes for participating hospitals and residential settings			
	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			
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:	X		
	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			
	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.		SMI #14: Mental Health Services Utilization-Intensive Outpatient and Partial Hospitalization SMI#16: Mental Health Services Utilization-ED	The state calculated the following changes that were less or more than 2% between Q2 (7/1/2023-9/30/2023) and Q3 (10/1/2023-12/31/2023). SMI #14: There was a 3.6% increase in the number of Medicaid beneficiaries receiving intensive outpatient and partial hospitalization services for mental health. SMI #16: There was a 8.25% decrease in the number of Medicaid beneficiaries receiving ED services for mental health. The state attributes the increase in Intensive Outpatient and Partial Hospitalization as shown in SMI #14 to an increase in providers. The state notes that an increase in utilization of Intensive Outpatient and Partial Hospitalization as shown in SMI #14, as well as an increase in utilization of Idaho's crisis network, could account for the decrease in the utilization of Emergency Departments in SMI #16 as beneficiaries are diverted to other services.
3.2	**Implementation update**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.	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:	X		
	4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)			
	4.2.1.b Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	X		
	4.2.1.c Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED	X		
	4.2.1.d Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people	X		
4.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.	**SMI/SED health information technology (health IT)**			
5.1	**Metric trends**			
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.	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: 5.2.1.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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.f	Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care	X		
5.2.1.g	Alerting/analytics	X		
5.2.1.h	Identity management	X		
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.	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		
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.			

	SFY 2023 (in Millions)			
Source	Total Claim Dollars	Federal	State - General Funds	State - County Funds
IBHP Encounter Data	$203.7	$166.1	$37.6	$0.0
MMCP and IMPlus Encounter Data	$24.5	$18.6	$5.9	$0.0
FFS Data	$397.9	$298.4	$93.2	$6.3
Total Community Based Mental Health Spend	$626.1	$483.1	$136.7	$6.3

There were several different sources of data for this table:

1. IBHP Encounter Data
    a. This is total costs incurred as shown in the IBHP encounter data from Optum's financial summaries.
    b. We included costs for all services provided by Optum, including services for retrospective membership periods.
    c. The data used is not adjusted for completion and includes runout through November 2023.
2. MMCP and IMPlus Encounter Data
    a. This includes costs incurred from the MMCP and IMPlus programs for dual members. We

			used encounter data we received directly from BCI or Molina. b. Because services covered by the program include more than just behavioral health services, we include costs for all members, but limit it to services that map to the Milliman reporting lines "P66" and "P67" in the Milliman Grouper Model. These lines are defined as follows: i. Outpatient Psychiatric (P66): This benefit provides for psychiatric treatment by a qualified professional performed on an outpatient basis, including both therapy visits and medication management visits. ii. Outpatient Alcohol & Drug Abuse (P67): This benefit provides for outpatient treatment of alcohol and/or drug abuse by a qualified professional. c. Costs are mapped to these reporting lines based primarily on HCPC code.

			d. The data used is not adjusted for completion and includes runout March 2024 for both plans. 3. Fee-For-Service Data a. This includes costs incurred from two sources: i. Medicaid FFS data ii. Approximate spend from DBH on Medicaid eligibles b. For the Medicaid FFS data, because services covered include more than just behavioral health services, we include costs for all members, but limit it to services that map to the Milliman reporting lines "P66" and "P67" in the Milliman Grouper Model (as defined above). i. The data used is not adjusted for completion and includes runout through March 2024. c. For the DBH data, we relied on information you provided to us from DBH with SFY 2023 spending on April 9th. i. Costs are limited to the estimated amount spent on Medicaid eligibles ii. Costs are allocated 100% to State – County Funds

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			For all data sources above except the DBH data, we've allocated costs between Federal and State – General Funds columns based on the applicable federal matching rate: • Expansion Population: 90% FMAP • Non-Expansion Population: o 76.41% FMAP for Federal FY22 (July 2022 – Sept 2022, this includes the 6.2% enhanced FMAP from the PHE) o 76.31% FMAP for Federal FY23 (Oct 2022 – March 2023, this includes the 6.2% enhanced FMAP from the PHE) o 75.11% FMAP for April 2023-June 2023 (this period includes the phase down of the enhanced FMAP to only 5%)
8.2 Narrative information			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.			The state confirms that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.

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:	X		
	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			
	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.		For SMI/SED membership, the actual amount of DY1 through DY4 utilizer member months are greater than our DY1 through DY4 projections from the initial application. The DY5 projections start with the DY4 utilizer totals and assume a caseload trend consistent with the actual caseload trend from DY1 to DY4. For SUD membership, utilizers dropped to zero in Sept 2021 as a few major providers in the state stopped serving Medicaid members for SUD treatment, but this has picked up again in DY3 and roughly leveled out in DY4. The DY5 projections assumes the same average monthly utilizers as DY4.
10.2	**Implementation update**		
10.2.1	The state expects to make other program changes that may affect budget neutrality.		The state does not expect any changes to overall budget neutrality of the waiver. However, with our new MCO onboarding, and with all funding sources being reported by this MCO we expect there may be some changes in reporting structure and reporting overlap that could delay the first round of reporting for DY5 due August 31, 2024, given go-live for the new contractor is July 1, 2024.

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.		During Demonstration Year 4 Quarter 1 (DY4Q1), Idaho Medicaid received notification that an additional provider completed their American Society of Addiction Medicine (ASAM) Level of Care Certification by Commission on Accreditation of Rehabilitation Facilities (CARF) at the end of June 2023. The provider completed their enrollment process on July 6, 2023 and became Idaho's latest Substance Abuse Rehabilitation Facility (SARF).
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	

Prompts	State has no update to report (place an X)	State response
11.2.2 The state is working on other initiatives related to SUD, OUD and/or SMI/SED.		Idaho added four Youth Crisis Centers in Demonstration Year 4 providing a place for youth to de-escalate during the early stages of a behavioral health crisis. Each center is open 24 hours a day, seven days a week. While all the centers serve youth ages 12 to 17, one is currently available for youth as young as age five and the others are working on a plan to serve younger populations as well. Addressing access in Idaho's remote and underserved areas, "Third Space" telehealth access points have been established in Idaho libraries, primarily located in towns with fewer than 50,000 residents in contiguous areas. In Demonstration Year 4, Idaho provided Third Space technology and/or stand-alone pods or partitions for telehealth services to 20 libraries. The second round of the project will provide an additional 20 libraries with telehealth capabilities, which are set to be operational by winter 2024, bringing the total to 40 libraries with access points throughout the state.
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).	X	

Prompts	State has no update to report (place an X)	State response
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)		The new Idaho Behavioral Health Plan (IBHP) will take effect July 1, 2024. The new behavioral healthcare system formed through the IBHP will consolidate behavioral health inpatient, outpatient, and other publicly funded services under a single Prepaid Inpatient Health Plan vendor, Magellan Healthcare.
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.	X	
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 has had difficulty with providing schedule C reporting which has held up all financial reporting for the state. As of June 24, 2024, this issue seems to have been resolved and the state will work to complete reports and submit as soon as possible. The state does foresee possible delays with DY5 reporting given the new IBHP contractor starting July 1, 2024, but will work to mitigate any issues as soon as possible and expects an easier reporting process thereafter given this contractor onboarding.
12.1.3	List anticipated evaluation-related deliverables related to this demonstration and their due dates.	X	

Prompts		State has no update to report (place an X)	State response
13.	**Other demonstration reporting**		
13.1	**General reporting requirements**		
13.1.1	The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.	X	
13.1.2	The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
13.1.3	Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
	13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4	The state identified current or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.5	Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.	X	

Prompts	State has no update to report (place an X)	State response
13.2 Post-award public forum		

13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report.		During a post-award forum held November 8, 2023, the state provided information about 1115 Behavioral Health Transformation waiver metric trends. The forum included a period for questions and answers from the public. Those questions and answers included: **Question:** Why does the data include the 65+ population if they are covered by Medicare? **Answer:** The data contains dual enrolled population, where members are covered by both Medicare and Medicaid. **Question:** Have inpatient services been added to the state plan? **Answer:** The new Idaho Behavioral Health Plan will include inpatient services. It is anticipated to go live in 2024. **Question:** Will there be stakeholder engagement opportunities for feedback on the amendments? **Answer:** The state will provide a public notice and comment period of at least 30 days. The public notice will include a comprehensive description of the demonstration application or extension to be submitted to CMS that contains a sufficient level of detail to ensure meaningful input from the public. Details include: • The program description, goals, and objectives to be implemented or extended under the demonstration project, including a description of the current or new beneficiaries who will be impacted by the demonstration.

		• To the extent applicable, the proposed health care delivery system and the eligibility requirements, benefit coverage and cost sharing (premiums, copayments, and deductibles) required of individuals that will be impacted by the demonstration, and how such provisions vary from the State's current program features. • An estimate of the expected increase or decrease in annual enrollment, and in annual aggregate expenditures, including historic enrollment or budgetary data, if applicable. This includes a financial analysis of any changes to the demonstration requested by the State in its extension request. • The hypothesis and evaluation parameters of the demonstration. • The specific waiver and expenditure authorities that the State believes to be necessary to authorize the demonstration. Also to be included: • The locations and Internet address where copies of the demonstration application are available for public review and comment. • Postal and Internet email addresses where written comments may be sent and reviewed by the public, and the minimum 30-day time period in which comments will be accepted.

Prompts	State has no update to report (place an X)	State response
		• The location, date, and time of at least two public hearings convened by the State to seek public input on the demonstration application. The state must comply with the state notice procedures as required in 42 CFR section 431.408 prior to submitting an application to extend the demonstration. For applications to amend the demonstration, the state must comply with the state notice procedures set forth in 59 Fed. Reg. 49249 (September 27, 1994) prior to submitting such request. The state must also comply with tribal and Indian Health Program/Urban Indian Organization consultation requirements at section 1902(a)(73) of the Act, 42 CFR 431.408(b), State Medicaid Director Letter #01-024. **Question:** What is the timeline for the amendments? **Answer:** The state plans to submit a request to extended the 1115 Behavioral Health Transformation Waiver for another 5 years in October 2024. Amendments to the waiver will be submitted with the extension request.

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	