**Medicaid Section 1115 Serious Mental Illness and Serious
Emotional Disturbance Demonstrations
Monitoring Report Template**

## 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

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|---|---|
| **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** | DY2Q1 |
| **Reporting period** | 04/01/2021-06/30/2021 |

## 2. Executive summary

Idaho began Demonstration year 2 Quarter 1 (DY2Q1) continuing many of the efforts to expand access to mental health services across the state. In May 2021, the Idaho Department of Health and Welfare (IDHW) opened a new standalone adolescent psychiatric hospital in Nampa. Most adolescents needing these services come from the metropolitan areas surrounding Boise and Nampa.  Previously, these state services for adolescents had only been available in Eastern Idaho, far away from family and community supports.  IDHW's Division of Behavioral Health (DBH) fully implemented three Emergency Department Psychiatric Triage Centers (ED-TC) and was able to extend funding to these centers through August 2022 for the Crisis Counseling Assistance for Frontline Workers program. This program offers counseling sessions for healthcare, frontline, and essential workers experiencing stress or trauma due to the impact of the COVID-19 pandemic. The state continued to promote Idaho Strong, a social media campaign to increase the community's awareness of DBH's purpose and the programs it offers to help people struggling with mental illness or substance use disorders.

Using CMS recommendations for the waiver's monitoring protocols, Idaho worked with its Medicaid Systems team and Medicaid Management Information System (MMIS) contractor, IBM, to establish a plan to build most of the established quality metrics for the Idaho 1115 Behavioral Health Transformation Waiver. During DY2Q1, the state's Medicaid team worked with CMS on final revisions of its monitoring protocols and will resubmit the protocols in DY2Q2. Idaho and Penn State University executed the contract for the waiver's independent evaluation in April 2021; CMS approved the evaluation design shortly thereafter 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. 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:<br>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 | | |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| 1.2.2.  The state expects to make other program changes that may affect metrics related to Milestone 1. | | | Idaho expanded access to inpatient mental health treatment for adolescents with the opening of State Hospital West on May 10, 2021. This 18,000 square-foot facility provides inpatient mental health treatment in a secure setting for up to 16 adolescents between 12 and 17 years old.  Most adolescents needing these services come from the metropolitan areas surrounding Boise and Nampa. Previously, these state services for adolescents had only been available in Eastern Idaho, far away from family and community supports. |
| **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:<br>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 | | |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| 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 | | |
| **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:<br>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 | | |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| 3.2.2. The state expects to make other program changes that may affect metrics related to Milestone 3. | | | DBH continued utilizing subgrants for its three Emergency Department Psychiatric Triage Centers (ED-PTC) established in 2020. During DY2Q1, the subgrants were extended to August 2022. Funding was also extended until August 2022 for the Crisis Counseling Assistance for Frontline Workers program which offers free counseling sessions for healthcare, frontline and essential workers experiencing stress or trauma due to the impact of the pandemic. |
| **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 | | |
| 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 | | |

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

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| 5.2.2.  The state expects to make other program changes that may affect metrics related to health IT. | X | | |
| **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:<br>     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 | |

| Prompt | State has no trends/update to report (place an X) | State response |
|---|---|---|
| 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** | | |
| **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:<br>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 | |

| Prompt | State has no trends/update to report (place an X) | State response |
|---|---|---|
| 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. | | Consistent with prior reporting, values for the budget neutrality workbook have been entered so that the total IMD membership and paid dollars are summarized based on the date of service. For the actual sections, values have been entered from Schedule C of the CMS 64 Expenditures Reports, reflecting only utilization at facilities identified as IMDs. The values from the Schedule C reports are used to populate the [C Report] tab and these values reflect claims paid during each demonstration year. The [Total Adjustments] tab has been populated to convert these values from a paid basis to an incurred basis using the detailed data in the claims extract, which also includes some extra claims runout. Note that the adjustments for DY1 have all been positive since claims were ramping up through the first year of the program and more claims were being incurred each quarter than were being paid. Now that the program is in its second year, paid claims have caught up with incurred claims and the adjustments reported for DY2 are closer to zero or negative. The [WW Spending Actual] tab then combines the [C Report] and [Total Adjustments] tabs to reflect the actual incurred dollars by demonstration year with extra runout.<br><br>For the projection sections, the projected per member per month (PMPM) costs for DY2 through DY5 are still consistent with the approved April 2020 application. However, the actual amount of utilizer member months is greater than our projections from the initial application. 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. Thus, we have updated our utilizer member month projections for DY2 – DY5 to assume a 10% caseload trend from the actual DY1 utilizer member months consistent with the approved application from April 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 approved April 2020 application), 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. | X | |

| 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. | X | |
| **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. | | Due to the complexity of the Idaho Behavioral Health Plan (IBHP) procurement process, the state is experiencing delays in getting the rebid posted. IDHW is working with the state's purchasing division to complete by the end of calendar year 2021. |
| 11.2.2. The state is working on other initiatives related to SMI/SED. | X | |
| 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:<br>    11.2.4a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) | X | |

| Prompt | State has no trends/update to report (place an X) | State response |
|---|---|---|
| 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 | |
| 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. | | CMS approved an extension for the DY1Q3 and DY1Q4 budget neutrality workbooks to July 31, 2021. The state submitted both workbooks on July 15, 2021. CMS also approved an extension to the DY1Q4 SMI/SED Monitoring Report to July 31, 2021. Idaho submitted the report, as well as the Mental Health Availability Assessment, on July 30, 2021.<br><br>The state reviewed CMS recommendations for monitoring protocol revisions received from CMS June 10, 2021. CMS approved a resubmission date of August 4, 2021. Idaho resubmitted the updated revisions on August 4, 2021. |
| 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 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. | 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 | |

| Prompt | State has no trends/update to report (place an X) | State response |
|---|---|---|
| 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. 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:<br>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 | X | |
| **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. | X | |

| Prompt | State has no trends/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 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 | |