### July 5th, 2018

\*Note: This template is being finalized for review and approval by OMB. It is structured for easy and consistent use by states and will facilitate cross-state assessment and the identification of trends, challenges and best practices to support learning collaboration and policy / operations enhancements as may be needed. Until such time, its use is optional, although it conveys the nature and extent of monitoring information that CMS is seeking on SUD demonstrations, and the state's comments on its structure and ease of use are helpful in finalizing it. The SUD STCs require the state's compliance with Federal Systems Updates. As federal systems continue to evolve and incorporate additional 1115 waiver reporting and analytics functions, the state is required to work with CMS to:

- a. Revise the reporting templates and submission processes to accommodate timely compliance with the requirements of the new systems;
- b. Ensure all 1115, T-MSIS, and other data elements that have been agreed to for reporting and analytics are provided by the state; and
- c. Submit deliverables to the appropriate system as directed by CMS.

When this template is OMB approved, then the state will be required to use it.



# 1. Transmittal Title Page for the State's SUD Demonstration or SUD Components of Broader Demonstration

The state should complete this Transmittal Title Page as part of its SUD Monitoring Protocol. This form should be submitted as the title page of all Monitoring Reports. The content of this transmittal table should stay consistent over time.

State	West Virginia
<b>Demonstration Name</b>	West Virginia Continuum of Care for Medicaid Enrollees with Substance Use Disorders (Project Number: $11 - W - 00307/3$ )
Approval Date	October 6, 2017
Approval Period	January 1, 2018 through December 31, 2022
SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives	Under this demonstration, the State expects to achieve the following to promote the objectives of Title XIX:  • Improve quality of care and population health outcomes for Medicaid enrollees with SUD  • Increase enrollee access to and utilization of appropriate SUD treatment services based on the American Society of Addiction Medicine (ASAM®) Criteria  • Decrease medically inappropriate and avoidable utilization of high-cost emergency department (ED) and hospital services by enrollees with SUD  • Improve care coordination and care transitions for Medicaid enrollees with SUD.

### 2. Proposed Modifications to SUD Narrative Information on Implementation, by Reporting Topic

Summary of proposed Related metric modification (if any)		Justification for modification
1. Assessment of Need and Qualit	1 2	
SUD Related Services include:  Screening, Brief Intervention, and Referral to Treatment (SBIRT)  Methadone treatment and administration  Naloxone Distribution Initiative  Adult Residential Treatment Peer Recovery Support Services  Withdrawal Management Services	Assessed for SUD Treatment Needs Using a Standardized Screening Tool	Will not alter reporting, provides a listing of SUD related services Will not alter reporting, provides a listing of related metrics
	Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	Will not alter reporting provides a listing of related metrics
	Medicaid Beneficiaries with SUD Diagnosis (monthly)	Will not alter reporting provides a listing of related metrics
	Medicaid Beneficiaries with SUD Diagnosis (annually	Will not alter reporting provides a listing of related metrics

	Medicaid Beneficiaries Treated in an IMD for SUD	Will not alter reporting provides a listing of related metrics						
☐ The state has reviewed the corre narrative information with the modi		ve information in the SUD Monitoring Report Template and confirms that it will report the						
☐ The state has reviewed the corre narrative information as requested (		ve information in the SUD Monitoring Report Template and confirms that it will report the						
2. Access to Critical Levels of Car	re for OUD and other SUD	s (Milestone 1)						
	Any SUD Treatment	Will not alter reporting provides a listing of related metrics						
	Early Intervention	Will not alter reporting provides a listing of related metrics						
	Outpatient Services	Will not alter reporting provides a listing of related metrics						
	Intensive Outpatient and Partial Hospitalization Services							
	Residential and Inpatient Services							
	Withdrawal Management	Will not alter reporting provides a listing of related metrics						
	Medication Assisted Treatment	Will not alter reporting provides a listing of related metrics						
	Average Length of Stay in IMDs	Will not alter reporting provides a listing of related metrics						
☐ The state has reviewed the corre narrative information with the mod		ve information in the SUD Monitoring Report Template and confirms that it will report the						
☐ The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).								
3. Use of Evidence-based, SUD-sp	oecific Patient Placement C	riteria (Milestone 2)						

The State has identified the metrics it will report for: Use of evidence-based SUD-	There are no CMS- provided metrics related to milestone 2	S.1: The State will follow nationally-recognized evidence based guidelines for use of evidence-based, SUD-specific patient placement criteria.
specific patient placement criteria.		
[Add rows as needed]		
☐ The state has reviewed the corresponding information with the model.		ve information in the SUD Monitoring Report Template and confirms that it will report the
☐ The state has reviewed the corre narrative information as requested (		ve information in the SUD Monitoring Report Template and confirms that it will report the
4. Use of Nationally Recognized S	UD-specific Program Stan	dards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)
The State has identified the metrics it will report for: Use of nationally recognized SUD-specific program standards to set provider qualifications for residneital treatment facilities.  There are no CMS-provided metrics related to milestone 3		S.2: The State will follow nationally-recognized evidence based practice guidelines for the use of recognized SUD-specific program standards to set provider qualifications for residential treatment facilities.
[Add rows as needed]		
☐ The state has reviewed the corresponding information with the model.		ve information in the SUD Monitoring Report Template and confirms that it will report the
☐ The state has reviewed the corre narrative information as requested (		ve information in the SUD Monitoring Report Template and confirms that it will report the
5. Sufficient Provider Capacity at	t Critical Levels of Care inc	cluding for Medication Assisted Treatment for OUD (Milestone 4)
_	SUD Provider Availability	Will not alter reporting provides a listing of related metrics

	SUD Provider Availability - MAT	Will not alter reporting provides a listing of related metrics
☐ The state has reviewed the correnarrative information with the mod		ive information in the SUD Monitoring Report Template and confirms that it will report the
☐ The state has reviewed the corre narrative information as requested		ve information in the SUD Monitoring Report Template and confirms that it will report the
6. Implementation of Comprehen	sive Treatment and Prever	ntion Strategies to Address Opioid Abuse and OUD (Milestone 5)
The State will not report metric:		Provides a list of metrics the State cannot report.
Use of Opioids from Multiple Providers in Persons Without Cancer		
Use of Opioids at High Dosage from Multiple Providers in Persons Without Cancer		
	Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)	Will not alter reporting provides a listing of related metrics
	Use of Opioids at High Dosage in Persons Without Cancer	Will not alter reporting provides a listing of related metrics
	Concurrent Use of Opioids and Benzodiazepines	Will not alter reporting provides a listing of related metrics

	Continuity of Pharmacotherapy for Opioid Use Disorder	Will not alter reporting provides a listing of related metrics				
⊠ The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report narrative information with the modifications described above.						
☐ The state has reviewed the correnarrative information as requested		ve information in the SUD Monitoring Report Template and confirms that it will report the				
7. Improved Care Coordination	and Transitions between Le	evels of Care (Milestone 6)				
The State will not report metric:		Provides a list of metrics the State cannot report.				
SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge						
The State will not report metric: Provides a list of metrics the State cannot report.						
SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge						
	Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence	Will not alter reporting provides a listing of related metrics				
☐ The state has reviewed the correnarrative information with the mod		ve information in the SUD Monitoring Report Template and confirms that it will report the				
	☐ The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).					
8. SUD Health Information Tech	nology (Health IT)					

The State has identified the metrics it will report for:  How information technology being used to slow down the rate of growth of individuals identified with SUD via PDMP checking by provider types (prescribers, dispensers)	S.3: Total number of PDMP users, number of checks	Provides a State-defined metric from CMS provided list
The State has identified the metrics it will report for:  How information technology being used to treat effectively individuals identified with SUD via telehealth	S.4: Total number of telehealth/telemedicine vistis with an SUD diagnosis	Provides a State-defined metric from CMS provided list
The State has identified the metrics it will report for:  How information technology being used to effectively monitor "recovery" supports and services for individuals identified with SUD via tracking Medicationassisted treatment (MAT) (use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.	S.5: Total number of patients per 1,000 beneficiaries receving concurrent MAT and therapy services	Provides a State-defined metric from CMS provided list

<sup>⊠</sup> The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information with the modifications described above.

☐ The state has reviewed the correnarrative information as requested		ve information in the SUD Monitoring Report Template and confirms that it will report the
9. Other SUD-Related Metrics		
The State will not report metric:		Provides a list of metrics the State cannot report.
Grievances Related to SUD Treatment Services		
Appeals Related to SUD Treatment Services		Provides a list of metrics the State cannot report.
Critical Incidents Related to SUD Treatment Services		Provides a list of metrics the State cannot report.
	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	Will not alter reporting provides a listing of related metrics
	Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	Will not alter reporting provides a listing of related metrics
	Readmissions Among Beneficiaries with SUD	Will not alter reporting provides a listing of related metrics
	Overdose Deaths (count)	Will not alter reporting provides a listing of related metrics
	Overdose Deaths (rate)	Will not alter reporting provides a listing of related metrics
	SUD Spending	Will not alter reporting provides a listing of related metrics
	SUD Spending Within IMDs	Will not alter reporting provides a listing of related metrics
	Per Capita SUD Spending	Will not alter reporting provides a listing of related metrics

	Per Capita SUD Spending Within IMDs	Will not alter reporting provides a listing of related metrics				
	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	Will not alter reporting provides a listing of related metrics				
☐ The state has reviewed the corresponding information with the modified information with the m		ve information in the SUD Monitoring Report Template and confirms that it will report the				
☐ The state has reviewed the correst narrative information as requested (		ve information in the SUD Monitoring Report Template and confirms that it will report the				
10. Budget Neutrality						
[Add rows as needed]						
☐ The state has reviewed the correst narrative information with the modi		ve information in the SUD Monitoring Report Template and confirms that it will report the				
⊠ The state has reviewed the correst narrative information as requested (		ve information in the SUD Monitoring Report Template and confirms that it will report the				
11. SUD-Related Demonstration (	Operations and Policy					
[Add rows as needed]						
☐ The state has reviewed the correst narrative information with the modi		we information in the SUD Monitoring Report Template and confirms that it will report the				
☑ The state has reviewed the corresponding prompts for narrative information in the SUD Monitoring Report Template and confirms that it will report the narrative information as requested (no modifications).						
12. SUD Demonstration Evaluation	on Update					

Medicaid Section 1115 SUD Demonstration Monitoring Protocol – Part B West Virginia Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders Submitted on GOAL: December 21, 2018

[Add rows as needed]		
☐ The state has reviewed the correst narrative information with the modified		ve information in the SUD Monitoring Report Template and confirms that it will report the
☐ The state has reviewed the corre- narrative information as requested (		ive information in the SUD Monitoring Report Template and confirms that it will report the
13. Other Demonstration Reporti	ng	
[Add rows as needed]		
☐ The state has reviewed the correst narrative information with the modified		ve information in the SUD Monitoring Report Template and confirms that it will report the
☐ The state has reviewed the correlative information as requested (		ive information in the SUD Monitoring Report Template and confirms that it will report the
14. Notable State Achievements a	nd/or Innovations	
[Add rows as needed]		
☐ The state has reviewed the correst narrative information with the modified		ve information in the SUD Monitoring Report Template and confirms that it will report the
☐ The state has reviewed the corre- narrative information as requested (		ive information in the SUD Monitoring Report Template and confirms that it will report the

### 3. Acknowledgement of Budget Neutrality Reporting-

☑ The state has reviewed the Budget Neutrality workbook provided by the project officer and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (no modifications).



## 4. SUD Demonstration Monitoring Reporting Schedule

Demonstration Year, Reporting Quarter	Annual or Quarterly Report	Report Submission Date
DY1, Q1, Q2	Quarterly	March 1, 2019
DYI, Q3	Quarterly	May 30, 2019
DYI, Q4	Quarterly	July 30. 2019
DY1, Q1-Q4	Annual	July 30, 2019
DY2, Q1	Quarterly	September 28, 2019
DY2, Q2	Quarterly	December 31, 2019
DY2, Q3	Quarterly	March 31, 2020
DY2, Q4	Quarterly	June 30, 2020
DY2, Q1-Q4	Annual	June 30, 2020
DY3, Q1	Quarterly	September 28, 2020
DY3, Q2	Quarterly	December 31, 2020
DY3, Q3	Quarterly	March 31, 2021
DY3, Q4	Quarterly	June 30, 2021
DY3, Q1-Q4	Annual	June 30, 2021
DY4, Q1	Quarterly	September 28, 2022
DY4, Q2	Quarterly	December 31, 2022
DY4, Q3	Quarterly	March 31, 2022
DY4, Q4	Quarterly	June 30, 2022
DY4, Q1-Q4	Annual	June 30, 2022
DY5, Q1	Quarterly	September 28, 2023
DY5, Q2	Quarterly	December 31, 2023
DY5, Q3	Quarterly	March 31, 2023
DY5, Q4	Quarterly	June 30, 2023
DY5, Q1-Q4	Annual	June 30, 2023

### Medicaid Section 1115 SUD Demonstration Monitoring Protocol

State West Virginia

Demonstration Name West Virginia Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders

Submitted on 12/21/2018

State will report (Y/N)	Reporting priority	# CMS Metric name	CMS Metric description	Data source	Measurement period	Reporting frequency	Baseline Reporting Period (MM/DD/YYYY MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches th CMS-provided specification (Y/N)	e Explanation of any deviations from CMS specifications		Explanation of any plans to phase in reporting over time
Assessmer	it of need and qual	lification for SUD treatment services											
Y	Recommended	Assessed for SUD Treatment Needs Using a Standardized Screening Tool	Number of beneficiaries screened for SUD treatment needs using a standardized screening tool during the measurement period	Medical record review or claims	Month	Quarterly	1/14/2018- 1/13/2019	20%	Increase	N	The Criminal Justice subpopulation cannot be identified at this time.	DY2Q1	N/A
Y	Recommended	2 Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period but not in the three months before the measurement period	Claims	Month	Quarterly	1/14/2018- 1/13/2019	5%	Increase	N	The Criminal Justice subpopulation cannot be identified at this time.	DY2Q1	N/A
Υ	Required	3 Medicaid Beneficiaries with SUD Diagnosis (monthly)	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 11 months before the measurement period	Claims	Month	Quarterly	1/14/2018- 1/13/2019	1%	Decrease	N	The Criminal Justice subpopulation cannot be identified at this time.	DY2Q1	N/A
Y	Required	4 Medicaid Beneficiaries with SUD Diagnosis (annually)	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 12 months before the measurement period	Claims	Year	Annually	1/14/2018- 1/13/2019	1%	Decrease	Y	N/A	DY2Q2	There will be a delay of Q4, which will be reported in Q2 of the following demonstration year
Y	Required	5 Medicaid Beneficiaries Treated in an IMD for SUD	Number of beneficiaries with a claim for residential treatment for SUD in an IMD during the reporting year	Claims	Year	Annually	1/14/2018- 1/13/2019	5%	Increase	Y	N/A	DY2Q2	There will be a delay of Q4, which will be reported in Q2 of the following demonstration year
Milestone	1: Access to critica	l levels of care for OUD and other SUDs											
Υ	Required	6 Any SUD Treatment	Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period	Claims	Month	Quarterly	1/14/2018- 1/13/2019	5%	Increase	N	The Criminal Justice subpopulation cannot be identified at this time.	DY2Q1	N/A
Y	Required	7 Early Intervention	Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period	Claims	Month	Quarterly	1/14/2018- 1/13/2019	5%	Increase	N	The Criminal Justice subpopulation cannot be identified at this time.  WV utilizes the follow codes for SBIRT services: H0031, 90791, 90792	DY2Q1	N/A
Y	Required	8 Outpatient Services	Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period	Claims	Month	Quarterly	1/14/2018- 1/13/2019	5%	Increase	N	The Criminal Justice subpopulation cannot be identified at this time.	DY2Q1	N/A
Y	Required	9 Intensive Outpatient and Partial Hospitalization Services	Number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period	Claims	Month	Quarterly	7/1/2018-6/30/2019	7%	Increase	N	Unable to currently run intensive outpatient claims in system.  The Criminal Justice subpopulation cannot be identified at this time.	DY2Q1	N/A
Y	Required	10 Residential and Inpatient Services	Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period	Claims	Month	Quarterly	7/1/2018-6/30/2019	10%	Increase	N	The Criminal Justice subpopulation cannot be identified at this time.	DY2Q1	N/A
Y	Required	11 Withdrawal Management	Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period	Claims	Month	Quarterly	1/14/2020- 1/13/2021	TBD	TBD	N	The Criminal Justice subpopulation cannot be identified at this time.	DY3Q3	Will report in DY3
Y	Required	12 Medication Assisted Treatment	Number of beneficiaries who have a claim for MAT for SUD during the measurement period	Claims	Month	Quarterly	1/14/2018- 1/13/2019	5%	Increase	N	The Criminal Justice subpopulation cannot be identified at this time.	DY2Q1	N/A
Y	Required	36 Average Length of Stay in IMDs	The average length of stay for beneficiaries discharged from IMD residential treatment for SUD	Claims; State- specific IMD database	Year	Annually	1/14/2018- 1/13/2019	2%	Decrease	N	Data source will only be claims for West Virginia	DY2Q2	There will be a delay of Q4, which will be reported in Q2 of the following demonstration year
Milestone	2: Use of evidence	-based, SUD-specific patient placement criteria											
	State Identified	State-Defined: The State will follow nationally-recognized evidence based S.1 guidelines for use of evidence-based, SUD-specific patient placement criteria		N/A	N/A	N/A	N/A	N/A	N/A			N/A	N/A
Milestone	3: Use of nationall	y recognized SUD-specific program standards to set provider qualifications for	residential treatment facilities										

State will report (Y/N)	Reporting priority	# CMS # Metric name	CMS Metric description	Data source	Measurement period	Reporting frequency	Baseline Reporting Period (MM/DD/YYYY MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches th CMS-provided specification (Y/N)	Explanation of any deviations from CMS specifications	Demonstration Year and Quarter in which reporting will begin (DY1Q3)	Explanation of any plans to phase in reporting over time
Y	State Identified	State-Defined: The State will follow nationally-recognized evidence based practice guidelines for the use of recognized SUD-specific program standards to set provider qualifications for residential treatment facilities		N/A	N/A	N/A	N/A	N/A	N/A			N/A	N/A
Milestone	estone 4: Sufficient provider capacity at critical levels of care including for medication assisted treatment for OUD												
Υ	Required	13 SUD Provider Availability	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period	Provider enrollment database; Claims	Year	Annually	1/14/2018- 1/13/2019	TBD	TBD	Y	The State will provide the approved buprenorphine provider list	DY2Q1	N/A
Y	Required	14 SUD Provider Availability - MAT	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period and who meet the standards to provide buprenorphine or methadone as part of MAT	Provider enrollment database; Claims; SAMHSA datasets	Year	Annually	1/14/2018- 1/13/2019	TBD	TBD	Y	The State will provide a list of the nine SAMHSA approved MAT providers	DY2Q1	N/A
Milestone	5: Implementation	n of comprehensive treatment and prevention strategies to address opioid abus	e and OUD								I We cannot determine		
Y	Required	Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)  [NCQA; NQF #0004; Medicaid Adult Core Set]	1. Initiation of AOD Treatment—percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or MAT within 14 days of the diagnosis 2. Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit	Claims	Year	Annually	1/1/2018- 12/31/2018	5%	Increase	N	"detoxification-only chemical dependency" Medicaid benefits since, with the exception of federally-mandated detoxification and short-term inpatient treatment for addiction, substance abuse benefits vary by state. Therefore, the chemical dependency benefit requirement has been excluded from the continuous enrollment criteria. Account teams will need to assess their	DY2Q2	There will be a delay of Q4, which will be reported in Q2 of the following demonstration year
Y	Required	Use of Opioids at High Dosage in Persons Without Cancer [PQA, NQF #2940; Medicaid Adult Core Set]	Rate per 1,000 beneficiaries age 18 and older included in the denominator without cancer who received prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents for 90 consecutive days or longer. Patients in hospice are also excluded.	Claims	Year	Annually	1/14/2018- 1/13/2019	1%	Decrease	Y	N/A	DY2Q3	TBD
N	Recommended	19 Use of Opioids from Multiple Providers in Persons Without Cancer [PQA; NQF #2950]	Rate per 1,000 beneficiaries included in the denominator without cancer who received prescriptions for opioids from four or more prescribers and four or more pharmacies.	Claims	Year	Annually	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N	Recommended	Use of Opioids at High Dosage from Multiple Providers in Persons Without Cancer [PQA, NQF #2951]	Rate per 1,000 beneficiaries included in the denominator without cancer who received prescriptions for opioids greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer, and from four or more prescribers and four or more pharmacies.	Claims	Year	Annually	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Y	Required	21 Concurrent Use of Opioids and Benzodiazepines [PQA]	Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Patients with a cancer diagnosis or in hospice are excluded.	Claims	Year	Annually	1/14/2018- 1/13/2019	1%	Decrease	Y	N/A	DY2Q2	TBD
Y	Required	Continuity of Pharmacotherapy for Opioid Use Disorder	Percentage of adults in the denominator with pharmacotherapy for	Claims	Year	Annually	1/14/2018-	1%	Increase	Y	N/A	DY2Q2	TBD
Milestone	6: Improved care	[RAND; NQF #3175] coordination and transitions between levels of care	OUD who have at least 180 days of continuous treatment				1/13/2019						
N	Recommended	SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge [Joint Commission; NQF #1664]	SUB-3 rate: Patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment.  SUB-3a rate: Patients who are identified with alcohol or drug disorder who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment.		Year	Annually	N/A	N/A	N/A	N/A	N/A	N/A	N/A

State will report (Y/N)	Reporting priority	# CMS Metric name	CMS Metric description	Data source	Measurement period	Reporting frequency	Baseline Reporting Period (MM/DD/YYYY MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches th CMS-provided specification (Y/N)	Explanation of any deviations from CMS specifications	Demonstration Year and Quarter in which reporting will begin (DY1Q3)	Explanation of any plans to phase in reporting over time
Y	Required	Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence\$ [NCQA; NQF #2605; Medicaid Adult Core Set]	Percentage of ED visits for beneficiaries who have a principal diagnosis of mental illness or AOD abuse or dependence and who had a follow-up visit for mental illness or AOD. Four rates are reported:  Percentage 1. Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).  Percentage 2. Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)  Percentage 3. Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness or AOD within 30 days of the ED visit (31 total days)  Percentage 4. Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness or AOD within 7 days of the ED visit (8 total days)	Claims	Year	Annually	1/01/2018- 12/31/2018	5%	Increase	Y	Age restriction of 21-64	DY2Q3	TBD
SUD healt	h information tech	hnology (SUD health IT) (Insert at least one selected metric per key health IT que How information technology being used to slow down the rate of growth											
Υ	Required	S.3 of individuals identified with SUD via PDMP checking by provider types (prescribers, dispensers)	Total number of PDMP users, number of checks	PDMP	Year	Annually	1/14/2018- 1/13/2019	2%	Increase	N/A	N/A	DY2Q2	TBD
Υ	Required	S.4 How information technology being used to treat effectively individuals identified with SUD via telehealth	Total number of telehealth/telemedicine visits with an SUD diagnosis	Claims	Year	Annually	1/14/2018- 1/13/2019	5%	Increase	N/A	N/A	DY2Q2	TBD
Y	Required	How information technology being used to effectively monitor "recovery" supports and services for individuals identified with SUD via tracking Medication-assisted treatment (MAT) (use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.		Claims	Year	Annually	1/14/2018- 1/13/2019	5%	Increase	N/A	N/A	DY2Q2	TBD
Other SUI	-related metrics												
Y	Required	23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period  Total number of inpatient stays per 1,000 beneficiaries in the	Claims	Month	Quarterly	1/14/2018- 1/13/2019 1/14/2018-	5%	Decrease	Y	N/A	DY2Q1	TBD
Y	Required	24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries  25 Readmissions Among Beneficiaries with SUD	The number of acute inpatient stays among beneficiaries with SUD during the measurement period followed by an acute readmission within 30 days.	Claims	Month Year	Quarterly Annually	1/13/2019 1/13/2019 1/14/2018- 1/13/2019	5%	Decrease  Decrease	Y N	N/A  1. The criteria specify that the enrollee should be age 18 years and older as of the date of discharge. We cannot determine age based on the discharge date, so we include enrollees age 18 years and older anytime during the reporting period.  2. The exclusion criteria have been simplified. We did not implement exclusion criteria for admissions in which there was a planned readmission within 30 days for kidney transplants or other organ transplants for	DY2Q1	TBD TBD
Y	Required	26 Overdose Deaths (count)	Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).	State data on cause of death	Year	Annually	1/14/2018- 1/13/2019	1%	Decrease	Y	N/A	DY2Q2	TBD

					period	Reporting frequency	Period (MM/DD/YYYY MM/DD/YYYY)	Annual goal	Overall demonstration target	reporting matches the CMS-provided specification (Y/N)	Explanation of any deviations from CMS specifications		Explanation of any plans to phase in reporting over time
Y Requir	uired	27 Overdose Deaths (rate)	Rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).	State data on cause of death	Year	Annually	1/14/2018- 1/13/2019	1%	Decrease	Υ	N/A	DY2Q2	TBD
Y Recon	ommended	28 SUD Spending	Total Medicaid SUD spending during the measurement period.	Claims	Year	Annually	1/14/2018- 1/13/2019	5%	Increase	Υ	N/A	DY2Q2	TBD
Y Recon	ommended	29 SUD Spending Within IMDs	Total Medicaid SUD spending on residential treatment within IMDs during the measurement period	Claims	Year	Annually	1/14/2018- 1/13/2019	5%	Decrease	Υ	N/A	DY2Q2	TBD
Y Recon	ommended	30 Per Capita SUD Spending	Per capita SUD spending during the measurement period	Claims	Year	Annually	1/14/2018- 1/13/2019	5%	Increase	Υ	N/A	DY2Q2	TBD
Y Recon	ommended	31 Per Capita SUD Spending Within IMDs	Per capita SUD spending within IMDs during the measurement period	Claims	Year	Annually	1/14/2018- 1/13/2019	5%	Increase	Υ	N/A	DY2Q2	TBD
Y Requir	uired	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period.	Claims	Year	Annually	1/14/2018- 1/13/2019	5%	Increase	Υ	N/A	DY2Q2	TBD
N Recon	ommended	33 Grievances Related to SUD Treatment Services	Number of grievances filed during the measurement period that are related to SUD treatment services	Administrative records	Quarter	Quarterly	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N Recon	ommended	34 Appeals Related to SUD Treatment Services	Number of appeals filed during the measurement period that are related to SUD treatment services	Administrative records	Quarter	Quarterly	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N Recon	ommended	35 Critical Incidents Related to SUD Treatment Services	Number of critical incidents filed during the measurement period that are related to SUD treatment services	Administrative records	Quarter	Quarterly	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Medicaid Section 1115 SUD Demonstration Monitoring Report

State West Virginia

Demonstration Name West Virginia Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders

Demonstration Year DY1

Calendar Dates for Demonstration Year [Enter Calendar Dates for Demonstration Year] (Format: MM/DD/YYYY - MM/DD/YYYY)

Reporting Period [Enter Reporting Period] (Format: Q1, Q2, Q3, Q4)

Calendar Dates for Reporting Period [Enter Calendar Dates for Reporting Period (Format: MM/DD/YYYY - MM/DD/YYYY)

Submitted on [Enter Date] (Format: MM/DD/YYYY)

Metric(s) impacted	Summary of issue	Date and report in which issue was first reported			Remediation plan and timeline for resolution (if applicable)/status update if issue previously reported
Assessment of need and qualification for	SUD services				
EXAMPLE 1: Assessed for SUD treatment needs	EXAMPLE Difficulty with collecting data for X metric (i.e., lack of EHR data or need for hybrid data)		EXAMPLE 75000	EXAMPLE  Demonstration site in process of updating EHR, to be completed X date	EXAMPLE Currently reporting X measure by deviating from current metric specifications in order to adhere to demonstration reporting requirement

[Add rows as needed]

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Milestone 1: Access to critical levels of care for OUD and other SUDs

Add rows as needed

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Milestone 2: Use of evidence-based, SUD-specific patient placement criteria

[Add rows as needed]

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Milestone 3: Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities

[Add rows as needed]

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Milestone 4: Sufficient provider capacity at critical levels of care including for medication assisted treatment for OUD

[Add rows as needed]

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Milestone 5: Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD

[Add rows as needed]

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Milestone 6: Improved care coordination and transitions between levels of care

[Add rows as needed]

The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

SUD health information technology (SUD health IT)

[Add rows as needed]

☐The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

Other SUD-related metrics

[Add rows as needed]

☑ The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring protocol.

The state should also use this column to provide updates on any data or reporting issues described in previous report. When applicable, the state should note when issues are resolved. If an issue was noted as resolved in the previous report, it should not be reported in the current report.

Version 2.0 does not change the metrics for reporting or substantively modify their content.

### Version 2.0 updates the original metrics workbook in the following ways:

Renumbers metrics using consecutive numbers

Updates titles of metrics 5, 22 and 23

Edits descriptions of metrics 2, 3, 4, 5, 6, 12, 17, 18, 19, 22, 23, 24, 25, 34

Updates subpopulations for reporting under metrics 6, 7, 8, 9, 10, 11, 12 and 23

Clarifies data source for metrics 1, 16, 34

Adds footnote "d" of the Metrics Reporting tab, instructing users to add columns as necessary to report on additional models

Removes metrics formerly named 26 and 27, which are not yet included in reporting

### Version 3.0 updates metrics workbook 2.0 in the following ways:

Adds two recommended metrics for reporting: 'Use of Opioids from Multiple Providers in Persons Without Cancer' (metric 19) and 'Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer' (metric 20) Renumbers current metrics 21-36 to accommodate addition

Edits description of metric 3, 'Medicaid Beneficiaries with SUD Diagnosis (monthly)', to reflect a lookback period of 11 months

Reformats headers on all tabs so column A = label and column B = user entry

Reformats Baseline Reporting Period to MM/DD/YYYY on monitoring protocol tab

Updates column N title on monitoring protocol tab to 'Demonstration Year (DY) and Quarter(Q) in which reporting will begin (Format: DY1 Q3)

Edits footnote "a" of the metrics reporting tab, instructing users to create a new metrics report for each reporting quarter

Edits footnote "d" of the metrics reporting tab, instructing users to enter any new models that will be reported after column AR

Adds columns AS, AT, and AU for state-identified models on the metrics reporting tab

Changes the name of the "metrics reporting" tab to the "metrics report" tab

On the metrics report tab, edits "numerator" headers to "numerator or count"

#### Version 3.1 updates metrics workbook 3.0 in the following ways:

Assigns metric IDs Q1, Q2, Q3 to the SUD health information technology (SUD health IT) section on the Monitoring protocol tab

Adds data validation checks to ensure numerator and denominator values are numeric values

Locks down the Monitoring protocol, Metrics report and Data and reporting issues tabs