

**Medicaid Section 1115 Substance Use Disorder Demonstrations  
Monitoring Report Template**

*Note: PRA Disclosure Statement to be added here*

# 1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration

*The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state’s approved monitoring protocol. The state should complete the remaining two rows. Definitions for certain rows are below the table.*

<b>State</b>	<i>Automatically populated with the state name.</i>
<b>Demonstration name</b>	<i>Automatically populated with the demonstration name.</i>
<b>Approval period for section 1115 demonstration</b>	<i>Automatically populated with the current approval period for the section 1115 demonstration as listed in the current special terms and conditions (STC), including the start date and end date (MM/DD/YYYY – MM/DD/YYYY).</i>
<b>SUD demonstration start date<sup>a</sup></b>	<i>Automatically populated with the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration (MM/DD/YYYY).</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	<i>Automatically populated with the SUD demonstration implementation date (MM/DD/YYYY).</i>
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<i>Automatically populated with the summary of the SUD (or if broader demonstration, then SUD- related) demonstration goals and objectives.</i>
<b>SUD demonstration year and quarter</b>	<i>DY8 Q1</i>
<b>Reporting period</b>	<i>4/1/2024 – 6/30/2024</i>

<sup>a</sup> **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

<sup>b</sup> **Implementation date of SUD demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

## 2. Executive summary

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

*Enter the executive summary text here.*

DMAS completed revisions to the retroactive reporting for the 1115 SUD Demonstration based on feedback from the Centers for Medicaid and Medicaid Services (CMS) during this reporting quarter. DMAS is reviewing feedback provided by CMS concerning the Draft SUD Monitoring Protocol and will be responding by the August 29, 2024 deadline provided by CMS. No other reports are outstanding as of the writing of this summary.

DMAS continued to prepare its 1115 SUD Demonstration Renewal Application, including holding public comment periods and hearings. The application narrative has been drafted and all relevant documents that will be included as appendices have been gathered and collated. The draft application package underwent review by DMAS executive leadership, as well as review by the Secretary of Health and Human Resources as well as the Department of Planning and Budget. Virginia intends to submit the application by the July 31, 2024 deadline that was agreed to in consultation with CMS.

DMAS staff continued to facilitate a working session with the managed care organization (MCO) staff to improve the processes recognizing and monitoring the Preferred Office Based Addiction Treatment (OBAT) providers. Activities supporting access to medications for opioid use disorder (MOUD) included DMAS completing three Preferred OBAT application reviews during this reporting period and approved two applications. There were a total of 216 approved OBAT providers at the end of this reporting period.

DMAS continues to work with other DMAS divisions as well as Managed Care Organizations and providers to address issues that arose because of the transition of the Behavioral Health Services Administrator contract. Previously held by one contractor, the different components of the BHSA are now performed by different contractors. DMAS has been working with all stakeholders to address issues with this transition.

Lastly, DMAS prepared its renewal application for Performance Year 2024-2025 funding from the Opioid Abatement Authority (OAA). This multi-year project is designed to proceed in two phases. Phase One included first year funding of \$150,000 which has already been transferred from OAA to DMAS to create and facilitate a training/technical assistance program for hospitals to launch emergency department bridge programs for patients with opioid use disorders. However, due to vendor delays, this component of the program will begin in the 2024-2025 Performance Period. DMAS plans on applying to OAA for funding for years three (Performance Period 2025-2026) through five of the project. Year three will continue training and technical assistance efforts, while the application for years three through five will request approximately

\$950,000 to distribute by a competitive bid process to incentivize hospitals and health systems to implement bridge models by providing resources to offset the administrative costs of model implementation. These costs will support the launch of at least two bridge programs each year. Once bridge programs are in operation, they are expected to become self-sustaining with medical reimbursements. to help support these efforts discussed above, as well as support the Governor's Right Help Right Now plan.

### 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
<b>1. Assessment of need and qualification for SUD services</b>				
<b>1.1 Metric trends</b>				
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.		Measure 4	Measure 4 -Medicaid Beneficiaries with SUD Diagnosis (annually) - increased by 5.5% during this reporting period. DMAS believes this increase is due to a general upward trend in terms of behavioral health diagnoses (see this brief for more information - <a href="#">Link</a> ).
<b>1.2 Implementation update</b>				
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 target population(s) of the demonstration			
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
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.		Measure 10 Measure 8 (revised)	<p>Measure 10 – Residential and Inpatient Services - increased by 8.9% during this reporting period. We believe this increase is related to the increase discussed under 3.1.1 below – please see that entry for more information.</p> <p>Measure 8 – CMS identified a shift in the reported numbers for the Adult 65+ subpopulation from DY7Q4 to DY8Q1. DMAS reviewed the data and determined that it was accurate. DMAS does not have any immediate explanations for this variance but will monitor this metric for future trends and will investigate further if warranted.</p>
<b>2.2 Implementation update</b>			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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)	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.		Measure 5, Measure 36	Measure 5 – Medicaid Beneficiaries Treated in an IMD for SUD - increased by 22.6% and Measure 36– Average Length of Stay in IMDs - increased 8.1% during this reporting period. DMAS worked with its data partners to review these increases and determine the root causes and address any resultant needs. DMAS analysis indicated that one provider saw an increase of 6,300% in reporting versus the prior reporting period and believes this may be one of the reasons for the increase in Measure 5. DMAS is continuing to work with its data and operations partners to review this increase in reporting and will follow-up with CMS once more information is available.
<b>3.2. Implementation update</b>			
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		



Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
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		
<b>4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
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
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>				
<b>5.1 Metric trends</b>				
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.		Measure 13 and 14	Measures 13 – SUD Provider Availability - and 14 – SUD Provider Availability – MAT - reported an increase of between 3.6 and 3.9% during this reporting period. This reflects DMAS' efforts to address provider recruitment and retention for members with substance use disorders.
<b>5.2 Implementation update</b>				
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
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>				
<b>6.1 Metric trends</b>				
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.	X		
<b>6.2 Implementation update</b>				
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
6.2.1.a	Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
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
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>				
<b>7.1 Metric trends</b>				
7.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.		Measure 25	Measure 25 – Readmissions Among Beneficiaries with SUD - rose by 1.4% and is noted here as there is no agreed upon benchmark to trigger comments for yearly reported metrics. DMAS believes this increase to be a reasonable variance in year-over-year reporting trends and does not necessitate further analysis.
<b>7.2 Implementation update</b>				
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
<b>8. SUD health information technology (health IT)</b>				
<b>8.1 Metric trends</b>				
8.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.	X		
<b>8.2 Implementation update</b>				
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 metrics related to health IT.	X		
<b>9. Other SUD-related metrics</b>				
<b>9.1 Metric trends</b>				
9.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		Measure 30	Measure 30 – Per Capita SUD Spending - increased by 10.7% percent for this reporting period. We believe this may be an anomaly due to the data analysis discussed in 3.1.1 above. Please see those notes for more details.
<b>9.2 Implementation update</b>				
9.2.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X		

#### 4. Narrative information on other reporting topics

Prompts	State has no update to report (place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		DMAS is up to date with budget neutrality reports and have consistently shown a neutral budget.
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality.	X	



Prompts	State has no update to report (place an X)	State response
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.		The state is continuing to monitor the impacts of COVID-19. The unwinding of the federal public health emergency and the end of the continuous coverage requirement will have an impact on members diagnosed as well as engaged in treatment. The state is also working with providers with the transition to the new fee-for-service contractor for claims and service authorization processing.
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		DMAS is continuing the process of reviewing and awarding contracts to administer a statewide, coordinated delivery system for Medicaid managed care members enrolled in Cardinal Care.
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.c Partners involved in service delivery	X	

Prompts	State has no update to report (place an X)	State response
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities.		<p>Virginia is experiencing a behavioral health workforce shortage, not only for substance use disorders but also mental health. The administration is collaborating efforts to address this for the Commonwealth through Right Help Right Now.</p> <p>During this reporting period, DMAS continues to work with providers to make sure they are navigating the provider enrollment process and reporting any issues with our provider enrollment unit.</p>
11.2.3 The state is working on other initiatives related to SUD or OUD.	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration).	X	

Prompts	State has no update to report (place an X)	State response
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
12.1.1 Provide updates on SUD 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 [monitoring] reports. See Monitoring Report Instructions for more details.		DMAS has contracted with Virginia Commonwealth University (VCU) for the independent evaluation and is on target with all deliverables.
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.		No anticipated barriers to meet the reporting deadlines approved by CMS.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		DMAS is planning to submit an extension application for the SUD component of the current 1115 demonstration that is scheduled to expire December 31, 2024, and request to continue the ARTS benefit and Former Foster Care Youth benefit, and sunset the High Needs Supports waiver as DMAS did not receive appropriations to implement this component of the waiver.

Prompts	State has no update to report (place an X)	State response
<b>13. Other SUD demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
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 real 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
<b>13.2 Post-award public forum</b>		
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.	X	

Prompts	State has no update to report (place an X)	State response
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	X	

\*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:  
*Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*  
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