

**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.

State	<i>Automatically populated with the state name.</i>
Demonstration name	<i>Automatically populated with the demonstration name.</i>
Approval period for section 1115 demonstration	<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>
SUD demonstration start date^a	<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>
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>Automatically populated with the SUD demonstration implementation date (MM/DD/YYYY).</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<i>Automatically populated with the summary of the SUD (or if broader demonstration, then SUD- related) demonstration goals and objectives.</i>
SUD demonstration year and quarter	<i>Demonstration Year 8, Demonstration Quarter 2</i>
Reporting period	<i>6/01/2024-9/30/2024</i>

^a **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.

^b **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.

DMAS completed and submitted its 1115 SUD Demonstration Renewal Application during this reporting period and is awaiting feedback from CMS. DMAS responded to a request from CMS to include external quality measures in the DY7Q3 report during this reporting period. The updated report was submitted on 07/10/2024 and DMAS is awaiting further comment or feedback. No other deliverables are outstanding as of the writing of this summary.

DMAS staff continued to provide subject matter expertise, training, technical support, and other assistance to support Preferred Office-Based Addiction Treatment (OBAT) providers. DMAS began the process of reviewing quality assurance activities performed by managed care organizations (MCOs) as required by the Managed Care contract to identify successes and opportunities for growth. DMAS continues to participate in a multi-state collaboration led by SAMHSA to address buprenorphine access issues, and DMAS staff (including pharmacy staff) continued to work during this reporting period to remedy access issues on a member-by-member basis. Activities supporting access to medications for opioid use disorder (MOUD) also included DMAS completing ten Preferred OBAT application reviews during this reporting period, approving six applications. There were a total of 218 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 including, but not limited to service authorization, claims payment, provider enrollment, and other issues.

DMAS has started preparing to transition to the fourth edition of the American Society of Addiction Medicine (ASAM) Criteria. The ASAM model provides the foundation for the ARTS benefit, as it utilizes the multidimensional assessment and levels of care as defined by ASAM to determine the best care for members with substance use disorders. DMAS will also be collaborating with the Department of Behavioral Health and Developmental Services, who licenses behavioral health providers in the Commonwealth, to ensure that the transition is as seamless as possible. During this reporting period, DMAS has started to plan for the transition, attempting to determine the depth and breadth of the changes that will be required. More planning is required as DMAS prepares to undertake this significant process.

Lastly, DMAS submitted 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 includes funding of \$150,000 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. Phase Two will request funds to incentivize hospitals and health systems to implement bridge models by providing resources to offset the administrative costs of model implementation. Bridge programs are expected to become self-sustaining with medical reimbursements and will 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
1. Assessment of need and qualification for SUD services				
1.1 Metric trends				
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.	X		
1.2 Implementation update				
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	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
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			

<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.</p>		<p>Measures 6, 8, 10</p>	<p>Virginia saw an overall decrease of utilization of Substance Use Disorder treatment during this reporting period, with the exception of Residential and Inpatient Services (Measure 10) which rose 7.1%. Virginia believes this increase may be because members with higher acuity primary and behavioral health care needs have remained Medicaid Members while those with lower acuity needs have not sought reenrollment post-unwinding or changed to a different health insurance provider.</p> <p>For Measure 6, Virginia attributes this decrease to the impacts of unwinding after the end of the COVID-19 Public Health Emergency (PHE) as well as the lowered utilization of telehealth services (State Specific Measure Q2).</p> <p>Virginia sees the data for Measure 8 as an outlier and performed additional analysis to attempt to determine the reason for this decrease. While unwinding and telehealth may have played a part in this decrease, they do not account for the magnitude of the decrease. In reviewing services longitudinally, Virginia determined that the utilization of Outpatient Services increased significantly during the COVID-19 PHE. One hypothesis is that the decrease is the beginning of utilization levels of Outpatient Services returning to pre-PHE levels (see chart). DMAS intends to monitor utilization trends in future quarterly reports and update CMS with more information as it becomes available.</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>Horizontal (Category) Axis</p>
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.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		
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.			As mentioned above, unwinding of members after the end of the COVID-19 PHE is a program change that has led to lower overall number of Members receiving SUD services.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3. Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)				
5.1 Metric trends				
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.	X		
5.2 Implementation update				
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care.	X		
5.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)				
6.1 Metric trends				
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.	X		
6.2 Implementation update				
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	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
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)				
7.1 Metric trends				
7.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.	X		
7.2 Implementation update				
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports.	X		
7.2.2	The state expects to make other program changes that may affect metrics related to Milestone 6.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.			State Specific Metric Q2 – Count of SUD Services with a Telehealth Modifier (GQ, GT) decreased by 18.7% during this reporting period. DMAS believes this is a result of providers moving away from telehealth service provision after the conclusion of the COVID-19 PHE.
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD			
8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.c How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.d Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.e Other aspects of the state’s health IT implementation milestones	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.f	The timeline for achieving health IT implementation milestones	X		
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		
9. Other SUD-related metrics				
9.1 Metric trends				
9.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X		
9.2 Implementation update				
9.2.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
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.		Due to delays in contingent Federal reporting requirements, DMAS was delinquent in the submission of its most recent Budget Neutrality report, but that report has finally been submitted. DMAS is up to date with budget neutrality reports and have consistently shown a neutral budget.
10.2 Implementation update		
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
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.		As mentioned above, DMAS continues to track the impact of enrollment unwinding that took place after the conclusion of the COVID-19 PHE on Members with SUD. DMAS is seeing overall lower identification of members with SUD and lower utilization of SUD services, which is believed to be attributable, at least in part, to unwinding.
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:		DMAS is continuing the process of awarding contracts to administer a statewide, coordinated delivery system for Medicaid managed care members enrolled in Cardinal Care.
11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
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
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this 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.		The next deliverable due to CMS is responses to comments on the Interim Evaluation Report which are due 12/24/24. DMAS anticipates submitting these responses before the deadline.

Prompts	State has no update to report (place an X)	State response
13. Other SUD demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4 The state identified 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
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report.	X	

Prompts	State has no update to report (place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (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:
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