

**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		Virginia
Demonstration name		Building and Transforming Coverage, Services, and Supports for a Healthier Virginia
Approval period for section 1115 demonstration		01/01/2020-12/31/2024
SUD demonstration start date^a		12/15/2016
Implementation date of SUD demonstration, if different from SUD demonstration start date^b		04/01/2017
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives		<ul style="list-style-type: none"> • Increase rates of identification, initiation, and engagement in treatment; • Increase adherence to and retention in treatment; • Reduce overdose deaths, particularly those due to opioids; • Reduce utilization of emergency departments and inpatient hospital settings through • improved access to a continuum of care services; • Reduce preventable readmissions to the same or higher level of care; and • Improve access to care for physical health conditions among beneficiaries.
SUD demonstration year and quarter		SUD DY7Q3 Monitoring Report
Reporting period		10012023-12312023

^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 continued to work on further 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 also is preparing for Part A and Part B reports for DY7Q2 which will be submitted to CMS the first of next reporting period.

DMAS continued to offer support during this reporting period to “Right Help Right Now”, a behavioral health care transformation effort led by Virginia’s Governor through ongoing collaborations with other agencies and stakeholders. As part of this work, DMAS has developed a report to highlight innovative practices in substance use disorder treatment that the Commonwealth may want to further consider. This report has been drafted and is currently with DMAS executive leadership for review before transmittal to the Secretary of Health and Human Resources.

DMAS continued collaborative efforts with the Department of Behavioral Health and Developmental Services (DBHDS) and Virginia Health Information to develop a training and outreach plan for expanding the Emergency Department Care Coordination (EDCC) platform and the Preferred Office-Based Addiction Treatment (OBAT) providers and Opioid Treatment Programs. The EDCC platform is being leveraged to support the Emergency Department Bridge model where individuals presenting to an emergency department visit with a non-fatal overdose can receive critical intervention points and significant follow up to link treatment resources outside of the emergency department. This was a web-based training and was held in November 2023 where 45 individuals and 30 organizations were represented.

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 approving two applications. There was a total of 215 approved sites at the end of this reporting period.

Lastly, DMAS was awarded funds through the Opioid Abatement Authority (OAA) on August 21, 2023. This multi-year project is designed to proceed in two phases. Phase One includes 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. DMAS plans on applying to OAA for funding for years two through five of the project. This additional funding of approximately \$950,000 will be distributed 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
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 4 percent related to assessment of need and qualification for SUD services for Metrics.	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			<i>DMAS has purchased the digital version of the ASAM 4th Edition and research any changes to the clinical criteria to determine if this will impact the demonstration.</i>
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 related to Milestone 1, including all changes (+ or -) 4% threshold for Metrics #3, 6, 8, 12 and a (+ or -) 7% threshold for Metrics #9, 10, 11, 23 and 24. DMAS proposes an actual count of an increase or decrease of “25” for metric #7.</p>		10	<p>Metric #10: Residential and Inpatient Services – increased 10.24%. Increases are expected as we are still seeing increases in Medicaid member eligibility and expect to see increases of members being identified with SUD and engaging in SUD treatment. However, the threshold for this metric is 7% so this is higher than the average. There were no changes in eligibility or enrollment but there has been a focus on engaging health systems in billing for ASAM Level 3.7. DMAS will continue to monitor this metric.</p>
2.2 Implementation update			
<p>2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>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)</p>	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
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.		Q1, Q2, Q3	<p>Q1: Count of members who receive a SUD Treatment service within 30 days of transition FROM a Justice AC – increased 22.56% (increase of 37 members), from the previous quarter. DMAS expects to see an increase as we are prioritizing this population during this time period, but this metric is dependent on the number of members re-entering the community.</p> <p>Q2: Count of SUD Services with a TELEHEALTH Modifier (GQ, GT) – Decreased 1.81% (decrease of 744 members) from the previous quarter. DMAS is monitoring the use of telehealth for service delivery since the impact of the unwinding of the federal public health emergency and the end of the continuous coverage requirement may impact individuals seeking services in-person.</p> <p>Q3: Number of Peer Recovery Specialists registered with the Virginia Board of Counseling, Department of Health Professions – increased 4.75% (increase of 27 individuals). We are expecting increases in providers due to the increased Medicaid reimbursement rates and the efforts in Virginia to support Peer Recovery Support Services.</p>

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2 Implementation update				
8.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
8.2.1.a	How health IT is being used to slow down the rate of growth of individuals identified with SUD			
8.2.1.b	How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.c	How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.d	Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.e	Other aspects of the state’s health IT implementation milestones	X		
8.2.1.f	The timeline for achieving health IT implementation milestones	X		
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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		33	Metric #33: Grievances Related to SUD Treatment Services –increased by 62.50% (5 counts this quarter from the previous quarter).
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.		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.		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.
11.2 Implementation update		
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 implemented a new managed care benefit during this reporting period. This is combining the two current managed care contracts. DMAS anticipates no interruptions to 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
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.		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
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.		See Part A for updates on Grievances and Appeals numbers. Virginia Commonwealth University finalized the member survey report and results are included. The comprehensive report has been shared with CMS.

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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