

**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>SUD Demonstration Year 8 Quarter 3 - DY8 Q3</i>
Reporting period	<i>10/1/2024 – 12/31/2024 for Quarterly Metrics 1/1/2023 – 12/31/2023 for Annual Metrics</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 staff continued to provide subject matter expertise, training, technical support, and other assistance to support Preferred Office-Based Addiction Treatment (OBAT) providers. DMAS continued its review of quality assurance activities performed by managed care organizations (MCOs) as required by the Managed Care contract to identify successes and opportunities for growth. In December 2024, DMAS posted a Notice of Intent to Award awarding contracts for the Cardinal Care Managed Care program. Once this process is completed, and contracts are finalized, DMAS will begin transitioning the responsibility of credentialing OBAT providers to the MCOs.

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 221 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. DMAS has been working with 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. During this reporting period, DMAS continued planning for the transition, including collaboration 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. DMAS expects this process to take two years or longer to fully implement, due to the changes to existing services as well as the addition of new levels of service in the continuum of care.

Lastly, DMAS prepared for the first phase of the Emergency Department Bridge Clinic project. 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.

Preparations for finalized for Phase One during this reporting period and training and technical assistance will begin in January 2025. In Phase Two DMAS 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.

There are no deliverables outstanding as of the writing of this summary.

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			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.		Quarterly Metrics 6-11 Annual Metric 22	For quarterly metrics 6-12: In reviewing the data for this response, and comparing it to the previous quarterly report, DMAS identified an anomaly in its data that led to significant increases in rate changes for metrics 6-12 for this submission. Specifically, there was a significant decrease in all counts (numerator and denominator) for April-June 2024, which led to significant increases in the quarter-to-quarter comparisons for July-September 2024. Upon further review, this anomaly was identified in claims for all medical care, not just behavioral healthcare, and the rates for July-September 2024 are similar to those for January-March 2024, a gain indicating an anomaly in DMAS data for April-June 2024. DMAS is continuing to investigate this anomaly to determine the cause. For annual metric 22: This change is small, but slightly outside the currently agreed 2% benchmark. It is believed that this decrease is due primarily to Medicaid Unwinding.
2.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.	X		As referenced 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.		<p>Quarterly Metric 23: ED Utilization per 1,000 members</p> <p>Annual Metric 15: Initiation and Engagement of Treatment</p> <p>Annual Metric 18: Use of Opioids at High Dosage in Persons Without Cancer</p>	<p>For Metric 23: There was increase of more than 2% for emergency department utilization for substance use disorder services per 1,000 beneficiaries. DMAS believes this increase is due to the data anomaly for quarterly metrics described in more detail above under State Response for 2.1.1.</p> <p>For Metric 15: There were increases of more than 2% for a number of the subgroups for the IET metric, most notably for engagement of treatment for alcohol use disorder and other drugs. These increases suggest that more members are remaining in treatment for longer, supporting the hypothesis that demonstration improves access and utilization of substance use disorder services.</p> <p>For Metric 18: There was a decrease of more than 2% for Use of Opioids at High Dosage in Persons Without Cancer. This decrease is a positive change as lower usage of high dosages of opioids for members who do not have cancer is a positive outcome, and while the percentage change is higher than 2%, the overall change is relatively small.</p>
6.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
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.		<p>Quarterly Metric 24: Inpatient Stays for SUD per 1,000 members</p> <p>Annual Metric 17(2): Percentage of ED visits for mental illness where member received follow-up within 30 days</p>	<p>For Metric 24: There was increase of more than 7% (the agreed upon benchmark) for Inpatient Stays for SUD per 1,000 members. DMAS believes this increase is due to the data anomaly for quarterly metrics described in more detail above under State Response for 2.1.1.</p> <p>For Metric 17(2): There was an increase of more than 2% for the percentage of ED visits for mental illness for which the member received follow-up within 30 days. This increase is a positive change, as DMAS hopes to see increased engagement with members with behavioral health issues after an ED visit. DMAS believes that work that has been performed to strengthen the continuum of care for mental health crisis services may be part of the reason for this increase.</p>
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		Quarterly Metrics: Q1, Q2	For Quarterly Metrics Q1, Q2: There were increases for measures Q1 Transition from Justice Aid Category and Q2 Count of SUD services with a telehealth modifier during this reporting period. DMAS believes this increase is due to the data anomaly for quarterly metrics described in more detail above under State Response for 2.1.1.
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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		
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.		Quarterly Metrics 33 and 34: Appeals and Grievances	For Metrics 33, 34: There were small decreases in the rates for these two metrics. DMAS believes these to be due to regular, seasonal fluctuations in data reporting.
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.		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 of the demonstration waiver 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.		There are 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 current on all submissions and responses to comments from CMS for all deliverables.

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:
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.
The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”