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

State	West Virginia
Demonstration name	West Virginia Continuum of Care for Medicaid Enrollees with Substance Use Disorders
Approval period for section 1115 demonstration	01/01/2018 – 12/31/2022
SUD demonstration start date[a]	01/01/2018
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	01/14/2018
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	Under this demonstration, the State expects to achieve the following to promote the objectives of Title XIX: • Improve quality of care and population health outcomes for Medicaid enrollees with SUD. • Increase enrollee access to and utilization of appropriate SUD treatment services based on the American Society of Addiction Medicine (ASAM®) Criteria or other comparable, nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for standards of care. • Decrease medically inappropriate and avoidable utilization of high-cost emergency department (ED) and hospital services by enrollees with SUD. • Improve care coordination and care transitions for Medicaid enrollees with SUD.
SUD demonstration year and quarter	DY5Q2
Reporting period	04/01/2022-06/30/2022

[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 12/15/2020, with an effective date of 1/1/2021 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 federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

During DY5Q2, BMS continued to focus its efforts on responding to the COVID-19 public health emergency (PHE) to ensure the Bureau was doing what it could to keep West Virginians alive and safe amid the ongoing pandemic, including navigating workforce capacity challenges within facilities providing SUD treatment services. BMS has also monitored the uptake of the new peer recovery support service (PRSS) certification in alignment with recent policy changes for this service and continues to conduct provider outreach to ensure providers are aware of this required change. Additionally, during this quarter BMS submitted the 1115 waiver renewal and expansion application for CMS review.

BMS has allowed individuals who were Medicaid-eligible in March 2020 to remain covered throughout the COVID-19 PHE, even if ineligible, to help prevent any gaps in coverage or care; BMS will allow these individuals to remain covered until the time the PHE officially ends. During the period covered in the DY5Q2 report, Medicaid enrollment (as reported in Metrics #23 and #24) increased, which trends with what BMS experienced previously, with Medicaid enrollment continuously increasing due to an increased number of applicants as well as policy changes BMS implemented during the PHE. BMS continues to face significant workforce capacity challenges given the substantial reduction in providers resulting from COVID-19 related reasons. While contending with these ongoing challenges, BMS has continued to support providers, members, and State staff responding to the PHE.

Additionally, BMS continues to monitor provider uptake of the West Virginia Certification Board for Addiction & Prevention Professionals (WVCBAPP) Peer Recovery certification. BMS will require this certification for PRSS providers, and has extended the timeline for transition from October 1 to December 31, 2022, in order to ensure providers have sufficient time to obtain the new certification. While the deadline for transition has been extended, BMS will no longer offer the BMS certification for PRSS services after September 30, 2022. Beginning October 1, 2022, new PRSS providers will be required to obtain the WVCBAPP certification prior to providing services. BMS continues communication and outreach efforts to help ensure PRSS providers are aware of this change and have already obtained the new certification or are prepared to be WVCBAPP certified by BMS' December 31, 2022, deadline.

BMS executed a second public comment period for the 1115 waiver renewal application between April 4, 2022, and May 4, 2022. At the conclusion of public notice, the BMS team reviewed and considered all questions and comments received from stakeholders and included responses from the second round of public notice where relevant in the application documents prepared for submission. On May 31, 2022, BMS submitted the 1115 waiver renewal application to CMS. Additionally during DY5Q2, BMS began planning for

forthcoming conversations with the CMS team reviewing the application on items included and requested under the renewal and potential expansion of the waiver.

Update 10/2024: In retrospective CMS reviews of this reporting, CMS noted a data logic issue specific to Metric 3. In particular, the age group subgroup counts and pregnancy subgroup counts exceeded total demonstration counts. The State and State data vendor, IBM have determined the logic issue is due to double counting dependent on birthday month and the month in which an individual became pregnant, respectively. The data vendor is working to fix the logic in the system; once the adjustment is in place, the accompanying Part A report will be updated with the accurate Metric 3 information.

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		1, 2, 3	The State's metrics reporting below analyzes each change greater than 2 percent related to metrics for assessment of need and qualification for SUD services. The percentage change is calculated in comparison with DY4Q4 data (submitted in the DY5Q1 report) for quarterly metrics. 1: Assessed for SUD Treatment Needs Using a Standardized Screening Tool • **Change:** +42.3% • **Comments:** The monitoring protocol targets an increase in this metric. The change reported aligns with the target trend, and also appears to be aligned with other target metric increases as more individuals are seeking treatment for SUD. 2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis • **Change:** +10.1% • **Comments:** The monitoring protocol targets an increase in this metric. 3: Medicaid Beneficiaries with SUD Diagnosis (Monthly) • **Change:** +7.5% • **Comments:** The monitoring protocol targets a decrease in this metric. The change reported aligns with the increase in metric 2. Update 10/2024: In retrospective CMS reviews of this reporting, CMS noted a data logic issue specific to Metric 3. In particular, the age group

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			subgroup counts and pregnancy subgroup counts exceeded total demonstration counts. The State and State data vendor, IBM have determined the logic issue is due to double counting dependent on birthday month and the month in which an individual became pregnant, respectively. The data vendor is working to fix the logic in the system; once the adjustment is in place, the accompanying Part A report will be updated with the accurate Metric 3 information.
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.i. The target population(s) of the demonstration			
1.2.1.ii. 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		
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		6, 7, 8, 10, 11	The State's metrics reporting below analyzes each change greater than 2 percent for Milestone 1-related metrics. The percentage change is calculated in comparison with DY4Q4 data (submitted in the DY5Q1 report) for quarterly metrics._x000D_ 6. Any SUD Treatment • **Change:** +7.3% • **Comments:** The monitoring protocol targets an increase in this metric. The change reported for this quarter is trending in the target direction and aligns with the increases in metrics 2 and 3. 7. Early Intervention • **Change:** +33.8% • **Comments:** The monitoring protocol targets an increase in this metric. BMS hypothesizes that there may be a correlation between the increase in this early intervention metric and the increase seen in the metrics for ED visits and beneficiaries screened for SUD treatment needs using a standardized screening tool. If more individuals visit the ED, more beneficiaries may end up being screened for SUD, and may

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			potentially also be getting SUD treatment and/or early intervention services. 8. Outpatient Services • **Change:** +20.3% • **Comments:** The monitoring protocol targets an increase in this metric. The change reported for this quarter is trending in the target direction. 10. Residential and Inpatient Services • **Change:** +34.8% • **Comments:** The monitoring protocol targets an increase in this metric. This substantial increase is likely due to continued impacts from the COVID-19 PHE. 11: Withdrawal Management • **Change:** +3.4% • **Comments:** The monitoring protocol targets an increase in this metric.
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.i. 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.ii. 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		
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.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
3.2.1.ii. 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		
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. 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		
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			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 in 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		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 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: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. 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		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		
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	X		
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.iii. 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.iv. Other aspects of the state's health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. 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		23, 24	The State's metrics reporting below analyzes each change greater than 2 percent for other SUD-related metrics. The percentage change is calculated in comparison with DY4Q4 data (submitted in the DY5Q1 report) data for quarterly metrics. 23. Emergency Department (ED) Utilization for SUD per 1,000 Medicaid Beneficiaries **Change:** +25.3% **Comments:** The monitoring protocol targets a decrease in this metric. The State observed an increase in overdose-related ED visits during the reporting period, likely due to continued effects from the COVID-19 PHE. This data aligns with the West Virginia Office of Drug Control Policy (ODCP) dashboard showing a rise in overdoses in March 2022.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			24. Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries • **Change:** +24.5% • **Comments:** The monitoring protocol targets a decrease in this metric. The COVID-19 PHE is likely the cause for this increase.
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			Please refer to updates under 9.1.1.

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.	X	
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
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 report template instructions for more detail.		The State has developed PRSS policy changes to shift from the current BMS certification process to the WVCBAPP Peer Recovery Certification. In DY5Q2, BMS continued enrolling PRSS with individual NPIs. This change will result in stronger PRSS qualifications to better serve members and allow BMS to improve program integrity by identifying which PRSS rendered services. The State is also moving towards having a standard PRSS certification for both Medicaid and grants. During DY5Q2 in response to ongoing stagnation of the number of WVCBAPP certifications BMS continued to spread communications on and emphasize the upcoming certification deadline for PRSS providers.

Prompts	State has no update to report (Place an X)	State response
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
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	X	
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 report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		The WVU team began developing final methodological approaches for the quantitative evaluation measures. In April, the team met with CMS to discuss best practices and next steps for these measures, given the inability to use State A data for difference-in-differences analyses. After the meeting, the WVU team began implementing both single group and multi-group interrupted time series analyses for appropriate measures, including inpatient, outpatient, and ED utilization measures. Concurrently, the team benchmarked WV Medicaid data on quality of SUD services to national data for measure that had publicly-available datasets.
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		The primary Year 5 deliverable is a final report due at the end of the contract year (February 2023). The WVU team is also incrementally working to update the measures reported in the interim report for this final report, with the expectation that it will be completed by the end of the contract year. In the meantime, CMS has asked for a revised version of the interim report. This version will be submitted to CMS in August 2022.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		Revised interim report- August 2022 Final report- February 2023
13. Other 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	

Prompts	State has no update to report (Place an X)	State response
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.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 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 report.		BMS executed a second public comment period for the 1115 waiver renewal application between April 4, 2022, and May 4, 2022. During this comment period for renewal, stakeholders were able to comment on the existing 1115 services and potential for renewal/expansion of current SUD efforts in addition to the services proposed in the renewal application under review. Multiple SUD providers participated in the public notice and comment periods, providing BMS with feedback.

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	During DY5Q2, BMS submitted the 1115 waiver renewal application to CMS. Currently, the application remains under federal review. The renewal application contains several new prospective services for Medicaid members with SUD, further enhancing the established continuum of care available as individuals go through treatment and into recovery. The proposed application additionally would broaden the waiver to additionally cover services provided to individuals with Serious Mental Illness (SMI) diagnoses. The approval and incorporation of new services for members with SUD and coverage for services for individuals with SMI would greatly improve access to services that would contribute to improved member outcomes.

*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."