

1. Title Page for the State’s SUD Demonstration or SUD Components of Broader Demonstration

State	West Virginia
Demonstration name	West Virginia Continuum of Care for Medicaid Enrollees with Substance Use Disorders (Project Number: 11 – W – 00307/3)
Approval date for demonstration	10/06/2017
Approval period for SUD	01/01/2018 – 12/31/2022
Approval date for SUD, if different from above	N/A
Implementation date of SUD, if different from above	01/14/2018
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	<p>Under this demonstration, the State expects to achieve the following to promote the objectives of Title XIX:</p> <ul style="list-style-type: none"> • 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 • 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

2. Executive Summary

During this reporting period, West Virginia’s (the State’s) ongoing work to achieve Substance Use Disorder (SUD) demonstration goals has targeted the following three areas.

First, the State has continued communicating with providers, members, and federal partners about steps to help ensure Medicaid beneficiaries have continued access to SUD treatment services during the COVID-19 public health emergency (PHE). The State has worked with SUD RAS providers to create internal protocols concerning admissions and discharges from SUD RAS levels of care (LOCs), and the State has temporarily permitted greater use of telehealth or telephonic modalities when needed to render services. In-person SUD services experienced some interruptions at the end of March 2020 (DY3 Q1) and early April 2020 (DY 3 Q2) during the transition period to new protocols. Additionally, the State paused on-site reviews (and, therefore, new bed approvals) during the quarter due to the PHE. On May 26, 2020, the State submitted a COVID-19 1115 waiver to the Centers for Medicare & Medicaid Services (CMS), aiming to provide additional supports for current 1115 SUD waiver members and providers during the PHE.

Second, the State prepared and analyzed metrics for DY3 Q1 claims. Because the State has not yet prepared its retrospective report to form a baseline using data from the start of the demonstration, the metrics could only be analyzed within context of DY3 Q1. Therefore, possible trends will need to be reviewed again in the retrospective report (due November 29, 2020) to draw firmer conclusions about progress toward meeting demonstration goals. In addition to ongoing data quality concerns about claims lag (i.e., metrics that are potentially underreported because more claims are likely to be paid for this quarter over the coming months), the COVID-19 PHE began during the final month of this quarter. The COVID-19 PHE might affect data in several ways, including—but not limited to—reduced beneficiaries seeking services (or preferring outpatient services), provider closures and staffing constraints, and/or increased need for behavioral health services such as SUD treatment. As a result, metric trends have been reported but are not viewed as conclusive at this time.

Third, the State continued exploring options to possibly purchase license subscriptions for tools intended to help providers determine and authorize the American Society of Addiction Medicine (ASAM) LOC, as well as tools to help the State monitor and manage programs of care; specifically, real-time monitoring and dashboard reporting of available inpatient beds located in hospitals, psychiatric residential treatment facilities (PRTFs), and residential facilities.

3. Narrative Information on Implementation, by Milestone and Reporting Topic

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
<input checked="" type="checkbox"/> 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.	<p>Trends described below are short-term within DY3 Q1 and require historical waiver data to form a baseline prior to analyzing long-term progress. The State will assess metrics for all demonstration quarters to date in the retrospective report due 11/29/2020, which will offer more clarity about results.</p> <p>1: Assessed for SUD Treatment Needs Using a Standardized Screening Tool</p> <ul style="list-style-type: none"> • Change: -21.1% • Comments: The decrease in members assessed for SUD treatment needs using a standardized screening tool might be impacted to COVID-19 reductions in those seeking services, a claims data lag, or both. <p>2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis</p> <ul style="list-style-type: none"> • Change: -2.3% • Comments: The decrease in Medicaid beneficiaries with a newly initiated SUD treatment/diagnosis might indicate fewer people have a SUD, which would be a positive trend; however, the decrease could also indicate fewer people are seeking services. Unlike other metrics, Metric 2 is inversely impacted by claims data lag. This means that as new claims come in, the count goes down instead of up, because new claims might determine a previously-identified “new” SUD treatment/diagnosis is not new. <p>3: Medicaid Beneficiaries with SUD Diagnosis (Monthly)</p> <ul style="list-style-type: none"> • Change: -11.5% • Comments: The number of monthly Medicaid beneficiaries with a SUD diagnosis decreased during the quarter. This decrease appears to 	01/01/2020 – 3/31/2020	1, 2, 3

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 DY3 – January 1, 2020 through December 31, 2020
 Quarter 2 – April 1, 2020 through June 30, 2020
 Submitted on August 28, 2020

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
	be impacted by claims lag, as demonstrated by running metrics in July 2020 and again in August 2020 prior to submitting this report, with an increase in claims as a result.		
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) The target population(s) of the demonstration <input type="checkbox"/> ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			
<input checked="" type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	Trends described below are short-term within DY3 Q1 and require historical waiver data to form a baseline prior to analyzing long-term progress. The State will assess metrics for all demonstration quarters to date in the retrospective report due 11/29/2020, which will offer more clarity about results. 6: Any SUD Treatment <ul style="list-style-type: none"> • Change: -2.6% • Comments: While the number of beneficiaries enrolled during the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period appears to 	01/01/2020 – 3/31/2020	6, 7, 8, 9, 10, 11, 12

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	<p>have decreased, it is possible this decrease is impacted by claims lag and/or the COVID-19 PHE (e.g., provider closures, staffing constraints).</p> <p>7. Early Intervention</p> <ul style="list-style-type: none"> • Change: -21.9% • Comments: The number of beneficiaries using early intervention services decreased, from a count (numerator) of 1,807 in January 2020 to 1,557 in February 2020 and 1,374 in March 2020. While COVID-19 might impact beneficiary use of services, it is more likely based on the February count (before the PHE) that the decrease is impacted by claims lag. <p>8. Outpatient Services</p> <ul style="list-style-type: none"> • Change: 12.7% • Comments: The number of beneficiaries using SUD outpatient services increased during the quarter, particularly in March 2020. It is possible the COVID-19 PHE resulted in more beneficiaries seeking outpatient services. <p>9. Intensive Outpatient and Partial Hospitalization Services</p> <ul style="list-style-type: none"> • Change: -14.7% • Comments: The number of unique beneficiaries using intensive outpatient and/or partial hospitalization services for SUD decreased during the quarter. It is possible this decrease is impacted by claims lag and/or the COVID-19 PHE. <p>10. Residential and Inpatient Services</p> <ul style="list-style-type: none"> • Change: -40.8% • Comments: The number of beneficiaries who used residential and/or inpatient services for SUD increased by 8.0% in February 2020, then decreased by 46.7% in March 2020 (compared to January 2020). This inconsistency makes it difficult to determine a trend and might be impacted by the COVID-19 PHE and/or claims lag, particularly when 		

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	<p>the increase in outpatient services during the same period is considered.</p> <p>11. Withdrawal Management</p> <ul style="list-style-type: none"> • Change: -13.2% • Comments: The number of beneficiaries who used withdrawal management services decreased during the quarter. It is possible this decrease is impacted by claims lag and/or the COVID-19 PHE. <p>12. Medication Assisted Treatment (MAT)</p> <ul style="list-style-type: none"> • Change: 0.6% • Comments: Of all metrics reported monthly, this is the only metric that did <i>not</i> have a change greater than 2% during the quarter. While this is not a trend, the State includes it in this report because it seems noteworthy MAT does not appear to have been affected by the COVID-19 PHE. February 2020 showed a 0.3% decrease in claims; however, it is a month with fewer days for billing. March 2020 showed a slight increase. 		
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
2.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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) <input type="checkbox"/> ii) SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, 	<p>As of June 26, 2020, the State had 789 RAS beds. Of the 789 approved RAS beds, 428 are flexible capacity beds that can offer either 3.1 or 3.5 LOC services, an increase of 11 since the last report. On-site visits paused during DY3 Q2 due to the COVID-19 PHE, and the State expects to approve additional beds as visits resume in DY3 Q3. The State had also approved and certified 593 Peer Recovery Support Specialists (PRSSs) who can render services to Medicaid members, an increase of 129 since the last report. These updates do not change planned activities, but reflect a continuation of the State’s efforts to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries.</p>		

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 DY3 – January 1, 2020 through December 31, 2020
 Quarter 2 – April 1, 2020 through June 30, 2020
 Submitted on August 28, 2020

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<p>particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs</p>			
<p><input type="checkbox"/> The state has no implementation update to report for this reporting topic.</p>			
<p><input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 1</p>			
<p><input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.</p>			
<p>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</p>			
<p>3.2.1 Metric Trends</p>			
<p><input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2</p>			
<p><input type="checkbox"/> The state has no trends to report for this reporting topic.</p>			
<p><input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 2.</p>			
<p>3.2.2 Implementation Update</p>			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria <input checked="" type="checkbox"/> 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 	<p>For item i, the State is still strongly considering purchasing license subscriptions for tools to help providers determine the ASAM LOC and help the State manage and monitor bed availability, State Opioid Response (SOR) Grant Government Performance and Results Act (GPRA) Reporting, and Prevention.</p> <p>For item ii, a section 1135 waiver (approved by CMS on March 30, 2020) responding to the COVID-19 PHE allowed the State to temporarily suspend Medicaid fee-for-service (FFS) prior authorization requirements due to the COVID-19 PHE. On May 26, 2020, the Bureau for Medical Services (BMS) withdrew its suspension of prior authorizations and directed retroactive authorizations to be permitted for services provided through June 30, 2020.</p>		

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 DY3 – January 1, 2020 through December 31, 2020
 Quarter 2 – April 1, 2020 through June 30, 2020
 Submitted on August 28, 2020

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
care, or (c) use of independent process for reviewing placement in residential treatment settings			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 2			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 2.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3			
<input type="checkbox"/> The state has no trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 3.			
4.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards <input checked="" type="checkbox"/> ii) State review process for residential treatment providers' compliance with qualifications standards <input type="checkbox"/> iii) Availability of medication assisted treatment at residential treatment facilities, either 	<p>The approved 1135 waiver is still in effect. Among other provisions, this waiver allows WV to provisionally, temporarily enroll providers that are enrolled with another State Medicaid Agency (SMA) or Medicare for the duration of the PHE and to reimburse out-of-state providers for multiple instances of care to multiple participants, so long as other criteria are met. CMS also waived certain screening requirements for providers not already enrolled with another SMA or Medicare, so WV may provisionally, temporarily enroll providers for the duration of the PHE, so long as WV meets minimum requirements. CMS also approved WV's request to temporarily cease revalidation of providers located in WV or otherwise directly impacted by the PHE.</p>		

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 DY3 – January 1, 2020 through December 31, 2020
 Quarter 2 – April 1, 2020 through June 30, 2020
 Submitted on August 28, 2020

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on-site or through facilitated access to services off site			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 3			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 3.			
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
5.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <input checked="" type="checkbox"/> Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	<p>Due to the COVID-19 PHE, BMS began collecting weekly updates from residential adult services (RAS)/crisis stabilization unit (CSU) facilities regarding COVID-19 disruptions. During this quarter, providers did not report new disruptions as a result of COVID-19.</p> <p>On April 27, 2020, BMS updated the memorandum suspending Medication Assisted Treatment (MAT) counseling/therapy requirements to extend the suspension until May 31, 2020. On May 20, 2020, BMS updated the memorandum again to suspend these requirements through the federal declaration or until further notification is provided.</p>		

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 DY3 – January 1, 2020 through December 31, 2020
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 Submitted on August 28, 2020

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<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 4			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
6.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD <input type="checkbox"/> ii) Expansion of coverage for and access to naloxone 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 5			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 DY3 – January 1, 2020 through December 31, 2020
 Quarter 2 – April 1, 2020 through June 30, 2020
 Submitted on August 28, 2020

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7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 6			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
8.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 DY3 – January 1, 2020 through December 31, 2020
 Quarter 2 – April 1, 2020 through June 30, 2020
 Submitted on August 28, 2020

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<input type="checkbox"/> i) How health IT is being used to slow down the rate of growth of individuals identified with SUD <input type="checkbox"/> ii) How health IT is being used to treat effectively individuals identified with SUD <input type="checkbox"/> iii) How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD <input type="checkbox"/> iv) 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 <input type="checkbox"/> v) Other aspects of the state’s health IT implementation milestones <input type="checkbox"/> vi) The timeline for achieving health IT implementation milestones <input type="checkbox"/> vii) Planned activities to increase use and functionality of the state’s prescription drug monitoring program			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Health IT			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
<input checked="" type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	Trends described below are short-term within DY3 Q1 and require historical waiver data to form a baseline prior to analyzing long-term progress. The State	01/01/2020 – 3/31/2020	23, 24

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 DY3 – January 1, 2020 through December 31, 2020
 Quarter 2 – April 1, 2020 through June 30, 2020
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	<p>will assess metrics for all demonstration quarters to date in the retrospective report due 11/29/2020, which will offer more clarity about results.</p> <p>23. Emergency Department (ED) Utilization for SUD per 1,000 Medicaid Beneficiaries</p> <ul style="list-style-type: none"> • Change: -8.3% • Comments: The total number of ED visits for SUD per 1,000 beneficiaries decreased during the quarter, which might be a positive trend meaning fewer people have needed ED services for SUD. It is also possible the decrease is impacted by claims lag and/or the COVID-19 PHE. <p>24. Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries</p> <ul style="list-style-type: none"> • Change: -13.8% • Comments: The total number of inpatient stays per 1,000 beneficiaries decreased during the quarter. It is possible the decrease is impacted by claims lag and/or the COVID-19 PHE. 		
<input type="checkbox"/> The state has no trends to report for this reporting topic.			
9.2.2 Implementation Update			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
<input type="checkbox"/> 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			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 DY3 – January 1, 2020 through December 31, 2020
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 Submitted on August 28, 2020

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status of budget neutrality and an analysis of the budget neutrality to date.			
10.2.2 Implementation Update			
<input type="checkbox"/> The state expects to make other program changes that may affect budget neutrality			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
<input checked="" type="checkbox"/> States 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.	<p>Due to the COVID-19 PHE, BMS implemented precautions for both residential services and community psychiatric supportive treatment that could impact beneficiary access to services and timely provision of services during this period. As previously described in the DY3 Q1 report, these precautions include the following:</p> <ul style="list-style-type: none"> • Allowing for Psychological Testing services to be rendered through the telehealth modality. This applies to all psychological testing codes. Originally, this was in effect through May 31, 2020. An updated memorandum on June 11, 2020, allows telehealth for these services through the federal declaration or until further notification is provided. • Waiving the requirement that one of the two Community Psychiatric Support Treatment staff required must be a licensed practical nurse (LPN) or hold a higher degree in the medical field. Providers are permitted to utilize Behavioral Health Technicians to fulfill the second required staff present. • Permitting Community Psychiatric Support Treatment medical and clinical staff to utilize Telehealth or Telephonic Modalities to render services if needed. • BMS asked SUD RAS providers to create internal protocols concerning admissions and discharges from SUD RAS LOCs. 		

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 DY3 – January 1, 2020 through December 31, 2020
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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
	<p>On March 30, 2020, BMS sent a memorandum to WV Medicaid SUD RAS providers requiring all new admissions to be on hold for the next 14 days for SUD residential sites, unless a new admission was court ordered. In addition, all current admissions would have been required to remain at the RAS facility for the 14-day period. Managed care organizations (MCOs) would have been required to continue RAS authorizations to members for 14 days, even if medical necessity criteria were not met for continued stay.</p> <p>On April 2, 2020, BMS sent a memorandum making the March 30, 2020, memorandum null and void due to clarifications from the recovery community providers that are accepting individuals stepping down from RAS settings. BMS asked SUD RAS providers to create internal protocols concerning admissions and discharges from SUD RAS LOCs. Admissions that received authorizations for the 14 days stated in the previous memorandum before April 2, 2020, were honored through April 12, 2020.</p> <p>On May 26, 2020, BMS increased PRTF program reimbursement rates by 20% with a retroactive effective date of February 1, 2020, through June 30, 2020, to better support providers' efforts to serve members during the PHE.</p> <p>Lastly, on May 26, 2020, BMS submitted a COVID-19 SUD 1115 demonstration waiver request to CMS. Though a separate waiver, it is designed to support members enrolled in the current waiver during the PHE and, if approved, will provide additional supports for members and providers, including:</p> <ul style="list-style-type: none"> • Permitting the State to provide short-term and long-term recovery housing for members of recovery centers being shut down by working with community leaders to rehabilitate unoccupied buildings. 		

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
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	<ul style="list-style-type: none"> • The ability to make lump sum monthly or quarterly estimated payments to behavioral health providers deemed as essential to maintain SUD services capacity during the emergency. • Ability to make payments for SUD services provided in alternate locations to help prevent the spread of COVID-19. • The State is requesting the ability to allow facilities approved to operate an ASAM 3.1, 3.5, or 3.7 level program to utilize flexible capacity between these three levels of care in the same site. 		
<input type="checkbox"/> The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) <input type="checkbox"/> ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) <input type="checkbox"/> iii) Partners involved in service delivery 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> 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			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 DY3 – January 1, 2020 through December 31, 2020
 Quarter 2 – April 1, 2020 through June 30, 2020
 Submitted on August 28, 2020

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<input type="checkbox"/> The state is working on other initiatives related to SUD or OUD			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
<input checked="" type="checkbox"/> 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. See report template instructions for more details.	<p>Data collection and analysis activities are continuing. The Evaluation Team is continuing to analyze Medicaid claims data and updating completed measures with new data. The Evaluation Team is also working to obtain data from an anonymous comparison state. Efforts to obtain the data began after the CMS approval letter was received. Due to the COVID-19 PHE, there has been a delay in receiving the data from the comparison state; however, recent communications and efforts started again in July 2020. It is anticipated that comparison state data will be available for analysis in August 2020.</p>		
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<input checked="" type="checkbox"/> 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.	<p>The Evaluation Team and stakeholders addressed CMS’ questions and concerns regarding a draft submitted in March 2020; the revised evaluation plan was submitted to CMS for review and approval on Friday, May 1, 2020. On May 29, 2020, WV BMS received confirmation that the evaluation plan had been approved. Semi-annual presentations are scheduled to take place at 6-months and 12-months into the contract period. Due to the COVID-19 PHE, the first presentation will be done via video conferencing.</p>		

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B
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<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<input checked="" type="checkbox"/> List anticipated evaluation-related deliverables related to this demonstration and their due dates.	<ul style="list-style-type: none"> • Objective 1 deliverable: Revised evaluation plan (approved on May 29, 2020). • Objective 3 deliverable: Semi-annual presentation of results to stakeholders. The first preliminary results presentation to stakeholders is scheduled for August 11, 2020. The second presentation is planned for February 2021 and there is no foreseeable delay in this timeline. 		
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
<input type="checkbox"/> The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
<input type="checkbox"/> The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) The schedule for completing and submitting monitoring reports 			

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<input type="checkbox"/> ii) The content or completeness of submitted reports and/or future reports			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
<input type="checkbox"/> The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
13.1.2 Post-Award Public Forum			
<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> No post-award public forum was held during this reporting period and this is not an annual report, so the state has no post-award public forum update to report for this topic.			
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
<input type="checkbox"/> 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			

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summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.			
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

The IET-AD, FUA-AD, FUM-AD, and AAP measures (metrics #15, 17 (1), and 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”). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

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