

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	<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 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	DY4 Q1
Reporting period	01/01/2021 – 03/31/2021

^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

The West Virginia (State) Bureau for Medical Services (BMS) has continued working to achieve Substance Use Disorder (SUD) demonstration goals. Specifically, BMS focused its efforts in DY4 Q1 on responding to the COVID-19 public health emergency (PHE) and implementing peer recovery support specialist (PRSS) policy changes.

BMS supported providers and members in maintaining safety protocols and sustaining SUD treatment services during the COVID-19 PHE. BMS continued to permit expanded use of telehealth or telephonic modalities when needed to render services, as well as temporarily suspending the counseling/therapy requirements regarding Medication Assisted Treatment (MAT) services. Upon reviewing metrics for DY3 Q4—particularly for DY3 annual metrics—BMS identified clear impacts from the COVID-19 PHE on beneficiaries and services, including, but not limited to:

- An increase in telehealth/telemedicine visits with an SUD diagnosis (metric S.4), with an increase of 1,473.7% compared to DY2
- An increase in overdose deaths, both in count (metric 26, 47.4% increase compared to DY2) and rate (metric 27, 50.1% increase compared to DY2)

BMS anticipated these trends and continues to partner with the provider community and other State programs to meet demonstration objectives as effectively as possible during the COVID-19 PHE.

Additionally, BMS continued implementing PRSS policy changes in response to concerns about PRSS qualifications, best practices, and program integrity. These changes shift from the current BMS certification process to the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP) Peer Recovery Certification and allow a transition period from October 1, 2020 – September 30, 2022, during which both the BMS certification and WVCBAPP certification will be reimbursable credentials. During DY4 Q1, BMS began PRSS enrollment with individual National Provider Identifiers (NPIs).

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, 4, 5	<p>The State's metrics reporting below analyzes each change greater than 2 percent related to other SUD-related metrics. The percentage change is calculated in comparison with DY3 Q3 data for quarterly metrics, or DY2 data for annual metrics.</p> <p>1: Assessed for SUD Treatment Needs Using a Standardized Screening Tool</p> <ul style="list-style-type: none"> • Change: -11.5% • Comments: The monitoring protocol targets an increase in this metric. It is likely this metric was affected by the ongoing COVID-19 PHE. <p>2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis</p> <ul style="list-style-type: none"> • Change: +5.0% • Comments: The monitoring protocol targets an increase in this metric. <p>3: Medicaid Beneficiaries with SUD Diagnosis (Monthly)</p> <ul style="list-style-type: none"> • Change: 2.4% • Comments: The monitoring protocol targets a decrease in this metric. It is likely this metric was affected by the ongoing COVID-19 PHE. <p>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</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>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.</p> <p>4: Medicaid Beneficiaries with SUD Diagnosis (Annually)</p> <ul style="list-style-type: none"> • Change: -3.9% • Comments: The monitoring protocol targets a decrease in this metric. <p>5: Medicaid Beneficiaries Treated in an IMD for SUD</p> <ul style="list-style-type: none"> • Change: -7.3% • Comments: The monitoring protocol targets an increase in this metric.
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.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		

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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		6, 7, 10, 11, 12, 36	<p>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 DY3 Q3 data for quarterly metrics, or DY2 data for annual metrics.</p> <p>6. Any SUD Treatment</p> <ul style="list-style-type: none"> • Change: +4.7% • Comments: The monitoring protocol targets an increase in this metric. <p>7. Early Intervention</p> <ul style="list-style-type: none"> • Change: +9.1% • Comments: The monitoring protocol targets an increase in this metric. <p>10. Residential and Inpatient Services</p> <ul style="list-style-type: none"> • Change: +5.2% • Comments: The monitoring protocol targets an increase in this metric. While the metric continued to trend the correct direction, it is likely this metric was affected by the ongoing COVID-19 PHE. The State observed admissions pauses for facilities due to outbreaks, safety protocol implementation, and/or staffing concerns. <p>11: Withdrawal Management</p> <ul style="list-style-type: none"> • Change: -18.6% • Comments: The monitoring protocol targets an increase in this metric. It is likely this metric was affected by the ongoing COVID-19 PHE.

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			<p>The State observed that a key facility was repurposed for the PHE, which resulted in decreased overall Withdrawal Management capacity during this period.</p> <p>12. MAT</p> <ul style="list-style-type: none"> • Change: +4.6% • Comments: The monitoring protocol targets an increase in this metric. In DY4 Q1, MAT continued to be a service that shows steady growth despite the PHE. <p>36. Average Length of Stay in Institutions for Mental Diseases (IMDs)</p> <ul style="list-style-type: none"> • Change: +53.33% • Comments: The monitoring protocol targets a decrease in this metric. This metric may have been impacted by the COVID-19 PHE.
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
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)			
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-	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
assisted treatment services provided to individual IMDs			
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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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: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			The State anticipates releasing a competitive procurement for tools to help providers determine the ASAM® level of care (LOC) and help the State manage and monitor bed availability, State Opioid Response (SOR) Grant Government Performance and Results Act (GPRA) Reporting, and Prevention in the near future.
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		

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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 <i>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.</i>	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		

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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		13, 14	<p>The State's metrics reporting below analyzes each change greater than 2 percent for Milestone 4-related metrics. The percentage change is calculated in comparison with DY2 data.</p> <p>13. SUD Provider Availability</p> <ul style="list-style-type: none"> • Change: +12.7% • Comments: The monitoring protocol targets an increase in this metric. <p>14. SUD Provider Availability – MAT</p> <ul style="list-style-type: none"> • Change: +30.1% • Comments: The monitoring protocol targets an increase in this metric.
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 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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			
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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics		S.3, S.4, S.5	<p>The State's metrics reporting below analyzes each change greater than 2 percent related to health IT metrics. The percentage change is calculated in comparison with DY2 data.</p> <p>S.3. Total Number of Prescription Drug Monitoring Program (PDMP) Users, Number of Checks</p> <ul style="list-style-type: none"> • Change: 8.0% growth in the number of users, and 5.6% reduction in the number of total controlled substance doses dispensed. • Comments: Utilization of the PDMP continues to grow, from 17,920 in DY2 to 19,435 in DY3. User queries also continued to grow, from approximately 1,360,000 queries in DY2 to approximately 1,400,000 queries in DY3. The number of controlled substances dispensed in the State has continued to fall, from 184 million in DY2 to 174 million in DY3. <p>S.4. Total Number of Telehealth/Telemedicine Visits with an SUD Diagnosis</p> <ul style="list-style-type: none"> • Change: +1,516.6% • Comments: The monitoring protocol targets an increase in this metric. BMS believes this substantial increase can be attributed almost entirely to increased telehealth flexibility and use during the COVID-19 PHE. While the PHE might increase telehealth use permanently, BMS does not expect this level of utilization in future non-PHE years. <p>S.5. Total Number of Patients per 1,000 Beneficiaries Receiving Concurrent MAT and Therapy Services</p> <ul style="list-style-type: none"> • Change: +19.6%

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<ul style="list-style-type: none"> Comments: The monitoring protocol targets an increase in this metric.
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.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			
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		
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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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, 25, 26, 27, 28, 29, 30, 31, 36	<p>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 DY3 Q3 data for quarterly metrics, or DY2 data for annual metrics.</p> <p>23. Emergency Department (ED) Utilization for SUD per 1,000 Medicaid Beneficiaries</p> <ul style="list-style-type: none"> • Change: -19.6% • Comments: The monitoring protocol targets a decrease in this metric. It is likely the ongoing COVID-19 PHE affected this metric. <p>24. Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries</p> <ul style="list-style-type: none"> • Change: -15.6% • Comments: The monitoring protocol targets a decrease in this metric. It is likely the ongoing COVID-19 PHE affected this metric; however, there appears to be a trended decrease in this metric over the course of the demonstration. <p>25. Readmissions Among Beneficiaries with SUD</p> <ul style="list-style-type: none"> • Change: -5.1% • Comments: The monitoring protocol targets a decrease in this metric. <p>26. Overdose Deaths (Count)</p> <ul style="list-style-type: none"> • Change: +47.4% • Comments: The monitoring protocol targets a decrease in this metric. The increase in overdose deaths in the calendar year 2020 was anticipated due to the COVID-19 PHE’s impacts on mental health and substance use.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>27. Overdose Deaths (Rate)</p> <ul style="list-style-type: none"> • Change: +49.9% • Comments: The monitoring protocol targets a decrease in this metric. The increase in overdose deaths in the calendar year 2020 was anticipated due to the COVID-19 PHE's impacts on mental health and substance use. <p>28. SUD Spending</p> <ul style="list-style-type: none"> • Change: +30.8% • Comments: The monitoring protocol targets an increase in this metric. <p>29. SUD Spending Within IMDs</p> <ul style="list-style-type: none"> • Change: -3.1% • Comments: The monitoring protocol targets a decrease in this metric. <p>30. Per Capita SUD Spending</p> <ul style="list-style-type: none"> • Change: +27.3% • Comments: The monitoring protocol targets an increase in this metric. <p>31. Per Capita SUD Spending Within IMDs</p> <ul style="list-style-type: none"> • Change: +4.6% • Comments: The monitoring protocol targets an increase in this metric.
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.		<p>The State has developed PRSS policy changes to shift from the current BMS certification process to the WVCBAPP Peer Recovery Certification. In DY4 Q1, BMS began enrolling PRSS with individual NPIs. As of April 2, 2021, 147 PRSS had completed the WVCBAPP certification. BMS aims to have all PRSS enrolled by the end of DY4 Q2. 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.</p> <p>The State has also continuously increased residential adult services (RAS), flex bed, and PRSS availability as much as possible within PHE constraints. As of April 2, 2021, the State had 1,102 RAS beds in 68 programs (an increase of 12 beds since DY3 Q4). Of the 1,102 approved RAS beds, 701 are flexible capacity beds that can offer either 3.1 or 3.5 LOC services. The State has also approved and certified 1,095 PRSS who can render services to Medicaid members.</p>

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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	

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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.		<p>Contract Year 4 began on March 1, 2021. The WVU Evaluation Team and WV DHHR reviewed the Year 4 work plan and finalized the related objectives. The work plan was confirmed by both parties in early April 2021. In addition, the team analyzed the first available data from 2020 in order to determine how the COVID-19 PHE affected utilization. The team found a dip in utilization at the beginning of the PHE, but the trend returned to normal shortly thereafter. This helped the team come up with potential ways of working around COVID-related data issues. The team continues to analyze the measures outlined in the evaluation plan.</p> <p>WVU also held two focus groups with community members and infectious disease experts to understand why Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) rates were increasing around the time the waiver was implemented. This qualitative data is currently being analyzed.</p>
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 4 deliverable is an interim report at the end of the contract year (February 2022). This report will include more refined Medicaid claims and cost analyses, as well as additional themes and qualitative results from a second round of focus groups. There are no expected delays in meeting this deadline, as the WVU team has already made significant progress with this work.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		Interim report – February 2022

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Prompts	State has no update to report (Place an X)	State response
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	
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.	X	

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Prompts	State has no update to report (Place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	X	

*The state should remove all example text from the table prior to submission.

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

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