

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

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| 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 Q3 |
| Reporting period | 07/01/2021 – 09/30/2021 |

^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 Q3 on responding to the COVID-19 public health emergency (PHE) as well as an ongoing Human Immunodeficiency Virus (HIV) outbreak, and implementing peer recovery support specialist (PRSS) policy changes, and developing an application to request an 1115 waiver extension.

First, BMS supported providers and members in maintaining safety protocols and sustaining SUD treatment during the COVID-19 PHE, as well as during a cluster of HIV cases. Many facilities operated with reduced capacity (e.g., double occupancy rooms might be reduced to single occupancy based on public health concerns), and several facilities experienced outbreaks during DY4 Q3. These ongoing adaptations affect the number of individuals receiving SUD services, as well as length of stay. When an outbreak occurs, BMS reimburses providers for length of stay based on safety protocols, rather than strictly reimbursing based on medical necessity. BMS continues to permit expanded use of telehealth or telephonic modalities when needed to render services, as well as suspending the counseling/therapy requirements regarding Medication Assisted Treatment (MAT) services. BMS has identified these flexibilities—in addition to widespread COVID-19 vaccine availability—as improving overall accessibility and utilization of services.

Second, 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 Q3, BMS continued PRSS enrollment with individual National Provider Identifiers (NPIs) and encouraged PRSS to go through the WVCBAPP certification process as soon as possible.

Third, BMS also held multiple 1115 waiver extension brainstorming sessions during the reporting period—within BMS as well as with sister agencies and offices—to discuss how the waiver can be further developed to evolve a behavioral health continuum of care for State Medicaid enrollees. For example, BMS is planning to include outreach and education for co-occurring HIV and SUD conditions in the next waiver to help address the rise in HIV cases. BMS worked internally and with vendor partners to draft the extension application, perform financial analysis for budget neutrality, and plan for public input.

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 | <p>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 DY4 Q1 data (submitted in the DY4 Q2 report) for quarterly metrics.</p> <p>1: Assessed for SUD Treatment Needs Using a Standardized Screening Tool</p> <ul style="list-style-type: none"> • Change: +2.5% • Comments: The monitoring protocol targets an increase in this metric. This increase appears to align with increases in members diagnosed with SUD and members accessing treatment. <p>2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis</p> <ul style="list-style-type: none"> • Change: +25.2% |

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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. Prior to this report, BMS made updates to its standard definition of classifying Medicaid eligibility and claims to include an additional managed care organization (MCO) program ID, resulting in higher-than-anticipated increases in some metrics that include member counts. <p>3: 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.</p> |

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|--|---|----------------------------|---|
| | | | 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 | | |
| 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, 12 | 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 DY4 Q1 data (submitted in the DY4 Q2 report) for quarterly metrics. 6. Any SUD Treatment <ul style="list-style-type: none"> • Change: + 3.0% |

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|--------|---|----------------------------|--|
| | | | <ul style="list-style-type: none"> Comments: The monitoring protocol targets an increase in this metric. This increase appears to align with increases in members assessed for treatment and members diagnosed with SUD. Additionally, it is likely the COVID-19 PHE has caused more individuals to seek treatment due to factors affecting behavioral health, such as a reduction in social support systems. With widespread COVID-19 vaccination availability during DY4 Q3, individuals may also be seeking treatment who previously did not feel comfortable doing so. <p>7. Early Intervention</p> <ul style="list-style-type: none"> Change: -3.5% Comments: The monitoring protocol targets an increase in this metric. However, the decrease in Early Intervention is not necessarily a concern, because individuals may |

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|--------|---|----------------------------|--|
| | | | <p>already be receiving services (based on increases in other metrics) and may not require an intervention. BMS will continue to monitor trends in data.</p> <p>10. Residential and Inpatient Services</p> <ul style="list-style-type: none"> • Change: +7.2% • Comments: The monitoring protocol targets an increase in this metric. This increase appears consistent with a steady climb in individuals accessing SUD services after the initial COVID-19 PHE drop-off in DY3 Q2. <p>11: Withdrawal Management</p> <ul style="list-style-type: none"> • Change: +14.8% • Comments: The monitoring protocol targets an increase in this metric. Prior to this report, BMS made updates to its standard definition of classifying Medicaid eligibility and claims to include an additional MCO program ID, |

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| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|--|---|----------------------------|--|
| | | | resulting in higher-than-anticipated increases in some metrics that include member counts. |
| 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-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 | | | |

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|---|---|----------------------------|---|
| 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 | | |
| 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 | | | |

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|--|---|----------------------------|----------------|
| 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 | X | | |
| 5.2 Implementation update | | | |
| 5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients 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 | | 15, 18, 21, 22 | 15: Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET) Data for this metric is not yet available due to ongoing system changes reflecting updates to annual established quality measures. BMS will provide this data when it is available. 18: Use of Opioids at High Dosage in Persons Without Cancer |

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|----------------------------------|---|----------------------------|--|
| | | | <p>Data for this metric is not yet available due to ongoing system changes reflecting updates to annual established quality measures. BMS will provide this data when it is available.</p> <p>21: Concurrent Use of Opioids and Benzodiazepines</p> <p>Data for this metric is not yet available due to ongoing system changes reflecting updates to annual established quality measures. BMS will provide this data when it is available.</p> <p>22: Continuity of Pharmacotherapy for Opioid Use Disorder</p> <p>Data for this metric is not yet available due to ongoing system changes reflecting updates to annual established quality measures. BMS will provide this data when it is available.</p> |
| 6.2 Implementation update | | | |

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|--|---|----------------------------|--|
| 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 | | 17 | 17: Follow-up After Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence Data for this metric is not yet available due to ongoing system changes reflecting updates to annual established quality measures. BMS will provide this data when it is available. |
| 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 | X | | |

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| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|--|---|----------------------------|----------------|
| beneficiaries' transition from residential and inpatient facilities to community-based services and supports | | | |
| 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: | 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 | | |

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| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|----------------------------|---|
| 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, 32 | <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 DY4 Q1 data (submitted in the DY4 Q2 report) for quarterly metrics.</p> <p>23. Emergency Department (ED) Utilization for SUD per 1,000 Medicaid Beneficiaries</p> <ul style="list-style-type: none"> • Change: +14.0% • Comments: The monitoring protocol targets a decrease in this metric. BMS has observed anecdotal evidence supporting a potential increase in overdoses during this quarter. Additionally, BMS identified some individuals being turned away from EDs due to |

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|--------|---|----------------------------|--|
| | | | <p>lack of staffing and/or lack of beds from late 2020 into early 2021, which may result in individuals seeking delayed care or cause skewed statistics for comparison.</p> <p>24. Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries</p> <ul style="list-style-type: none"> • Change: +11.8% • Comments: The monitoring protocol targets a decrease in this metric. BMS has concerns about identifying individuals who were inpatients due to COVID-19 but had a co-occurring SUD diagnosis. Per the Centers for Disease Control and Prevention (CDC), having a SUD can make an individual more likely to get severely ill from COVID-19. It is possible this co-occurring condition could increase the number of individuals reported as inpatient stays per 1,000 Medicaid beneficiaries. |

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| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|----------------------------|--|
| | | | 32. Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD Data for this metric is not yet available due to ongoing system changes reflecting updates to annual established quality measures. BMS will provide this data when it is available. |
| 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 |
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| 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 Q3, 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.</p> <p>The State has also continuously increased residential adult services (RAS), flex bed, and PRSS availability. As of October 1, 2021, the State had 1,234 RAS beds in 79 programs (an increase of 12 beds since DY4 Q2). The State offers 749 flexible capacity beds that can offer either 3.1 or 3.5 LOC services. The State has also approved and certified 1,294 PRSS who can render services to Medicaid members, an increase of 99 PRSS since DY4 Q2.</p> |

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| 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 |
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| 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>During DY4 Q3, West Virginia University (WVU) continued refining their analyses for measures outlined in the evaluation plan. The team met with the comparison state (whose Medicaid data is used in difference-in-differences analyses) to review preliminary findings, then worked on updating related code sets to better reflect the codes the comparison state uses in Medicaid billing.</p> <p>In addition, WVU held focus groups with PRSS in WV to learn how the SUD waiver has impacted their work and their knowledge of the waiver. The qualitative team analyzed this data and shared highlights from the analysis with BMS.</p> <p>Finally, WVU received approval on an interview guide for RAS staff focus groups from BMS and began hosting these focus groups.</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 WVU 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 on conducting the qualitative and quantitative analyses required for this report. |
| 12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates | | Interim report – February 2022 |
| 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 | |

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| 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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