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

State	West Virginia
Demonstration name	West Virginia Continuum of Care for Medicaid Enrollees with Substance Use Disorders
Approval period for section 1115 demonstration	01/01/2018 – 12/31/2022
SUD demonstration start date[a]	01/01/2018
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	01/14/2018
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	Under this demonstration, the State expects to achieve the following to promote the objectives of Title XIX: • Improve quality of care and population health outcomes for Medicaid enrollees with SUD. • Increase enrollee access to and utilization of appropriate SUD treatment services based on the American Society of Addiction Medicine (ASAM®) Criteria or other comparable, nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for standards of care. • Decrease medically inappropriate and avoidable utilization of high-cost emergency department (ED) and hospital services by enrollees with SUD. • Improve care coordination and care transitions for Medicaid enrollees with SUD.
SUD demonstration year and quarter	DY4 Q4/Annual
Reporting period	10/01/2021 – 12/31/2021 (Q4) 01/01/2021 – 12/31/2021 (Annual)

[a] **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of SUD demonstration approval. For example, if the state's STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

[b] **Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

During DY4, BMS focused its efforts on responding to the COVID-19 public health emergency (PHE) to ensure the Bureau was doing what it could to keep West Virginians alive and safe amid the pandemic. BMS also worked to address an ongoing Human Immunodeficiency Virus (HIV) outbreak, implement peer recovery support specialist (PRSS) policy changes regarding qualification and certification processes, and develop an application to request an 1115 waiver extension.

First, BMS has allowed individuals who were Medicaid-eligible in March 2020 to remain covered throughout the COVID-19 PHE, even if ineligible, to help prevent any gaps in care. Notably, Medicaid enrollment (as reported in Metrics #23 and #24 in Section 3 below) increased during DY4 Q3 from an average of 583,734 Medicaid beneficiaries in the DY4 Q2 denominator to an average of 595,617 in the DY4 Q3 denominator. This aligns with overall DY4 trends; Medicaid enrollment increased continuously—from an average of 520,967 Medicaid beneficiaries in the DY3 Q4 denominator to an average of 595,617 in the DY4 Q3 denominator—due to new applicants as well as multiple BMS policy changes during the PHE.

While contending with a substantial reduction in provider workforce capacity resulting from COVID-19-related reasons, BMS has continued to support providers, members, and State staff in responding to the PHE. For example, during facility outbreaks that affect a vulnerable and congregated population, BMS helps determine solutions for finding appropriate beds that keep people in treatment when affected facilities have had to pause admissions and hold members for two weeks. BMS anticipates these outbreaks will continue to affect demonstration data—for example, ongoing adaptations affect the number of individuals receiving SUD services, as well as length of stay.

Second, BMS has monitored HIV outbreaks and how those outbreaks related to SUD waiver services. When public health partners identify a cluster pattern, BMS provides support through education and outreach.

Third, BMS continued implementing PRSS policy changes to 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 Q4, in response to a stagnant number of WVCBAPP certifications, BMS developed and began implementing a 2022 communication plan to emphasize the upcoming October 2022 deadline.

Fourth, BMS posted a draft 1115 waiver renewal application for public notice in December 2021 and held two public hearings on December 8, 2021, and December 16, 2021. Public input did not result in significant changes in terms of the new services and will be summarized in BMS' final application, which BMS plans to submit in March 2022.

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

3. Narrative information on implementation, by milestone and reporting topic

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		1, 2, 3	The State's metrics reporting below analyzes each change greater than 2 percent related to metrics for assessment of need and qualification for SUD services. The percentage change is calculated in comparison with DY4 Q2 data (submitted in the DY4 Q3 report) for quarterly metrics. 1: Assessed for SUD Treatment Needs Using a Standardized Screening Tool • **Change:** +3.6% • **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. 2: Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis • **Change:** -10.2% • **Comments:** The monitoring protocol targets an increase in this metric. However, the Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis metric decreased for DY4Q3. This decrease could be attributed to a COVID spike that took place within the State during this time period. Due to the increased positive COVID-19 cases BMS distributed a memo to providers on September 3, 2021. 3: Medicaid Beneficiaries with SUD Diagnosis (Monthly) • **Change:** +12.3%

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			• **Comments:** The monitoring protocol targets a decrease in this metric. However, the increase in Medicaid Beneficiaries with SUD Diagnosis (Monthly) could be attributed to the COVID-19 PHE and the flexibilities put in place to ensure that members have continued access to SUD treatment during the PHE. 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.
1.2 Implementation update			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		
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)			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 Q2 data (submitted in the DY4 Q3 report) for quarterly metrics. 6. Any SUD Treatment • **Change:** +2.7% • **Comments:** The monitoring protocol targets an increase in this metric. This increase appears to align with increases in members receiving SUD treatment, which BMS has targeted this metric to increase by 5%. 7. Early Intervention • **Change:** +6.9% • **Comments:** The monitoring protocol targets an increase in this metric. This metric continues to trend in the correct direction, as members continue to be screened. 8. Outpatient Services • **Change:** +5.7% • **Comments:** The monitoring protocol targeted an increase for this metric. This metric continues to trend in the correct direction, as members are utilizing outpatient services more. 10. Residential and Inpatient Services • **Change:** +6.5% • **Comments:** The monitoring protocol targets an increase in this metric. This increase appears to

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			be consistent with a steady climb in members accessing these services. 11: Withdrawal Management • **Change:** -6.2% • **Comments:** The monitoring protocol targets an increase in this metric. However, the decrease in Withdrawal Management appears to be consistent with workforce staffing challenges the State experienced during this timeframe. Some of the workforce staffing challenges led to facilities being unable to take in additional members to provide withdrawal management services. 12. MAT • **Change:** +2.9% • **Comments:** The monitoring protocol targeted an increase for this metric. This metric continues to trend in the correct direction, as members are receiving MAT.
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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)			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 *Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.*	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.iii. Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.iv. Other aspects of the state's health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		23, 24	The State's metrics reporting below analyzes each change greater than 2 percent for other SUD-related metrics. The percentage change is calculated in comparison with DY4 Q2 data (submitted in the DY4 Q3 report) for quarterly metrics. 23. Emergency Department (ED) Utilization for SUD per 1,000 Medicaid Beneficiaries • **Change:** -8.0% • **Comments:** The monitoring protocol targets a decrease in this metric. This metric is trending in the correct direction. 24. Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries • **Change:** -6.4%

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			• **Comments:** The monitoring protocol targets a decrease in this metric. This metric is trending in the correct direction.
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.		In response to STC requirement 26d, the yearly enrollment report for demonstration enrollees for each DY (enrollees include all individuals enrolled in the demonstration) that includes the member months is as follows: • DY4: o *SUD IMD* – 12,407 o *Methadone and Peer Supports* – 7,027,069 BMS has uploaded a spreadsheet in response to STC requirement 26b to the Performance Metrics Database & Analytics (PMDA) portal. BMS is awaiting CMS guidance on how to best fulfill item 26c from the STCs—total contributions, withdrawals, balances, and credits—and will provide this information as soon as possible after receiving guidance.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

Prompts	State has no update to report (Place an X)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		The State has developed PRSS policy changes to shift from the current BMS certification process to the WVCBAPP Peer Recovery Certification. In DY4, BMS began enrolling PRSS with individual NPIs. This change will result in stronger PRSS qualifications to better serve members and allow BMS to improve program integrity by identifying which PRSS rendered services. The State is also moving towards having a standard PRSS certification for both Medicaid and grants. During DY4 Q4, in response to a stagnant number of WVCBAPP certifications, BMS developed and began implementing a 2022 communication plan to emphasize the upcoming October 2022 deadline. The State has also continuously increased residential adult services (RAS), flex bed, and PRSS availability. As of December 31, 2021, the State had 1,295 RAS beds in 79 programs (an increase of 61 beds since DY4 Q3). The State offers 789 flexible capacity beds that can offer either 3.1 or 3.5 LOC services. The State has also approved and certified 1,391 PRSS who can render services to Medicaid members, an increase of 97 PRSS since DY4 Q3.
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	

Prompts	State has no update to report (Place an X)	State response
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	
11.2.3 The state is working on other initiatives related to SUD or OUD	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	

Prompts	State has no update to report (Place an X)	State response
12. SUD demonstration evaluation update		
12.1 Narrative information		

12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		During DY4 Q4, the West Virginia University (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. Since then, WVU has developed a set of descriptive statistics for West Virginia and State A, identified claims data quality issues, and worked on refining their analyses for measures outlined in the evaluation plan. The WVU team has also made significant progress in qualitative data collection and analysis. In Q4, the WVU team identified several data quality issues that affect the original evaluation plan. The team is working with DHHR to develop new ways of analyzing the claims data that account for these quality issues. The data quality issues identified by the WVU team include a determination that State A comparison data cannot be used for most, if not all, measures. This is because a policy enacted in State A violates the parallel trends assumption. WVU is currently investigating alternate comparison group options. Other data issues include duplications, billing/coding errors, and other limitations in the WV Medicaid data. WVU has conducted all focus groups slated for Year 4, including one with community members and infectious disease experts to understand why HIV and HCV rates were increasing around the time the waiver was implemented, one with current peer recovery support specialists in the state, and seven with clinical and administrative staff in residential adult services facilities. The first two focus group transcripts have been analyzed, and emerging categories have been shared with DHHR. The team is currently analyzing the RAS data to include in the interim report.

Prompts	State has no update to report (Place an X)	State response
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 due at the end of the contract year (February 2022). A draft has been shared with DHHR. It is now being revised and updated to include information on data quality issues identified in Year 4. This report includes 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 the February deadline. However, the scope of the interim report is restricted to WV descriptive data due to the comparison state data issue described above.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		Interim report – February 2022 BMS submitted this report to the CMS PMDA on March 22, 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	
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	

Prompts	State has no update to report (Place an X)	State response
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.		Due the ongoing COVID-19 PHE, BMS' provider workshops—its usual public forum—were not held in person. The MCOs provided online presentations between November 2 – 10, 2021, for providers and addressed questions and concerns, including the upcoming PRSS WVCBAPP certification deadline.
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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