July 5th, 2018

*Note: This template is being finalized for review and approval by OMB. It is structured for easy and consistent use by states and will facilitate cross state assessment and the identification of trends, challenges and best practices to support learning collaboration and policy / operations enhancements as may be needed. Until such time, its use is optional, although it conveys the nature and extent of monitoring information that CMS is seeking on SUD demonstrations, and the state's comments on its structure and ease of use are helpful in finalizing it. The SUD STCs require the state's compliance with Federal Systems Updates. As federal systems continue to evolve and incorporate additional 1115 waiver reporting and analytics functions, the state is required to work with CMS to:

    a.   Revise the reporting templates and submission processes to accommodate timely compliance with the requirements of the new systems;
    b.   Ensure all 1115, T-MSIS, and other data elements that have been agreed to for reporting and analytics are provided by the state; and
    c.   Submit deliverables to the appropriate system as directed by CMS.

When this template is OMB approved, then the state will be required to use it.

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

The state should complete this Transmittal Title Page at the beginning of a demonstration and submit as the title page of all SUD Monitoring Reports. The content of this transmittal table should stay consistent over time.

State	*West Virginia*
Demonstration Name	*West Virginia Continuum of Care for Medicaid Enrollees with Substance Use Disorders (Project Number: 11 – W – 00307/3)*
Approval Date	*October 6, 2017*
Approval Period	*January 1, 2018 through December 31, 2022*
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* • *Decrease medically inappropriate and avoidable utilization of high-cost emergency department (ED) and hospital services by enrollees with SUD* • *Improve care coordination and care transitions for Medicaid enrollees with SUD*

2. Executive Summary

The executive summary should be reported in the fillable box below. This executive summary is intended for summary level information only. The recommended word count is 500 words or less.

The State implemented the following services that began on January 14, 2018:

- **Screening, Brief Intervention, and Referral to Treatment (SBIRT):** The State implemented statewide use of the widely accepted SBIRT screening tool to identify SUD treatment needs among the Medicaid population.
- **Methadone Treatment and Administration:** The State added Medicaid coverage of methadone as well as the administration and monitoring of the medication and related counseling services.
- **Naloxone Distribution Initiative:** The State designed and implemented a statewide initiative to make naloxone (Narcan®) widely available and increase awareness of the benefits of naloxone in reversing the effects of an overdose. The State developed a "warm handoff" referral process for emergency medical services (EMS) to connect SUD members to appropriate treatment resources.

Additional services became available on July 1, 2018, including:

- **Adult Residential Treatment Services:** The State added coverage of adult residential treatment levels adhering to the ASAM® criteria. These are comprehensive programs for adults ages 18 and older who have a diagnosis of substance use disorder and/or co-occurring substance use / mental health disorder.
- **Peer Recovery Support Services:** The State implemented a peer recovery support service delivered by a trained and certified peer recovery support specialist (PRSS) who has been successful in their own recovery process and can extend the reach of treatment beyond the clinical setting into a member's community and home environment.
- **Withdrawal Management Services:** The State began offering coverage of withdrawal management services. This program is defined as a license program that provides short-term medical services on a 24-hour basis for stabilizing intoxicated members, managing their withdrawal, and facilitating access to substance use disorder treatments as needed by a comprehensive assessment.

The State developed and instituted policy and provider trainings that include an overview of the ASAM® criteria requirements and SUD-related services.

The State developed the PRSS certification course and implemented the certification process.

The evaluation team has completed two drafts of the Evaluation Plan; the last version was sent to CMS for review on April 4, 2018, and is awaiting CMS approval.

3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	*EXAMPLE DY 1, Qtr. 2*	*EXAMPLE 8: Medicaid beneficiaries with SUD diagnosis treated in an IMD*	*EXAMPLE The number of beneficiaries with a SUD diagnoses treated in an IMD in the last quarter decreased by 5% due to the closure of one IMD in the state.*
SUD Related Services include: • Screening, Brief Intervention, and Referral to Treatment (SBIRT) • Methadone treatment and administration • Naloxone Distribution Initiative • Adult Residential Treatment • Peer Recovery Support Services • Withdrawal Management Services			Per CMS' request, via Michael Trieger on 2/8/2019, the State will report Q1 trends in the future annual report.
☒ The state has no metrics trends to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
1.2.2 Implementation Update			
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?	*DY1, Q1*	Assessed for SUD Treatment Needs Using a Standardized Screening Tool	There are no planned changes to the target population; this will never change within the metrics. ASAM® is required as the clinical criterion that is being used throughout the State.
		Medicaid Beneficiaries with Newly Initiated SUD Treatment / Diagnosis	ASAM® is required as the clinical criterion that is being used throughout the State.
		Medicaid Beneficiaries with SUD Diagnosis (monthly)	ASAM® is required as the clinical criterion that is being used throughout the State.
		Medicaid Beneficiaries with SUD Diagnosis (annually)	ASAM® is required as the clinical criterion that is being used throughout the State.
		Medicaid Beneficiaries Treated in an IMD for SUD	ASAM® is required as the clinical criterion that is being used throughout the State.
Are there any other anticipated program changes that may impact metrics related to assessment of need and qualification for	*DY 1, Q1*	Assessed for SUD Treatment Needs Using a Standardized Screening Tool	There are no anticipated changes at this time.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
SUD services? If so, please describe these changes.		Medicaid Beneficiaries with Newly Initiated SUD Treatment / Diagnosis	There are no anticipated changes at this time.
		Medicaid Beneficiaries with SUD Diagnosis (monthly)	There are no anticipated changes at this time.
		Medicaid Beneficiaries with SUD Diagnosis (annually)	There are no anticipated changes at this time.
		Medicaid Beneficiaries Treated in an IMD for SUD	There are no anticipated changes at this time.

☐ The state has no implementation update to report for this reporting topic.

2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)

2.2.1 Metric Trends

Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			Per CMS' request, via Michael Trieger on 2/8/2019, the State will report Q1 trends in the future annual report.

☒ The state has no metrics trends to report for this reporting topic.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
2.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. 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)? b. 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		Any SUD Treatment Early Intervention Outpatient Services Intensive Outpatient and Partial Hospitalization Services Residential and Inpatient Services Withdrawal Management MAT Average Length of Stay in IMDs	a) The following changes have taken place since submission of the implementation plan: • *SUD services became available under Fee-For-Service (FFS) on January 14, 2018. These services included SBIRT, methadone treatment and administration, and naloxone services.* • *Work continued in 2018 with the managed care organizations (MCOs) to establish care coordination strategies and implementation.* b) The State does not have any planned changes to SUD benefit coverage under the Medicaid state plan or the Expenditure Authority.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
provided to individuals in IMDs?			
Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.			
☐ The state has no implementation updates to report for this reporting topic.			
3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			Per CMS' request, via Michael Trieger on 2/8/2019, the State will report Q1 trends in the future annual report.
☒ The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.			
☐ The state is not reporting any metrics related to this reporting topic.			
3.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:		S.1: The State will follow nationally-recognized evidence based guidelines for use of evidence-based, SUD-specific	a) The following changes have taken place since submission of the implementation plan: • Grant-funded opportunities for providers to have access to CONTINUUM software • Technical Assistance will be available through the utilization management (UM) contractor based upon the services available

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary

a. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria?
b. Implementation of a utilization management approach to ensure:
  i. Beneficiaries have access to SUD services at the appropriate level of care?
  ii. Interventions are appropriate for the diagnosis and level of care?
  iii. Use of independent process for reviewing placement in residential treatment settings?
		patient placement criteria.	b) The State does not have any planned changes to SUD benefit coverage under the Medicaid state plan or the Expenditure Authority.

Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.			A withdrawal management modifier will be added to a 3.2-WM level of care to better capture data. As of today's date this modifier has not been added.
☐ The state has no implementation updates to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
There are no CMS-provided metrics related to milestone 3. The State has identified the metrics it will report for: Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities.		S.2: The State will follow nationally-recognized evidence based practice guidelines for the use of recognized SUD-specific program standards to set provider qualifications for residential treatment facilities.	Per CMS' request, via Michael Trieger on 2/8/2019, the State will report Q1 trends in the future annual report.
☒ The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.			
☐ The state is not reporting any metrics related to this reporting topic.			
4.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan,		S.2: The State will follow nationally-recognized	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
have there been any changes or does the state expect to make any changes to: a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards? b. State review process for residential treatment providers' compliance with qualifications standards? c. Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site?		evidence based practice guidelines for the use of recognized SUD-specific program standards to set provider qualifications for residential treatment facilities.	
Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if the state is reporting such			The State does not have anticipate any program changes at this time.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
metrics)? If so, please describe these changes.			
☒ The state has no implementation updates to report for this reporting topic.			
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			Per CMS' request, via Michael Trieger on 2/8/2019, the State will report Q1 trends in the future annual report.
☒ The state has no metrics trends to report for this reporting topic.			
5.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?		SUD Provider Availability SUD Provider Availability - MAT	The State does not have any changes at this time.
Are there any other anticipated program changes that may impact metrics related to provider			As of February 2019, CMS has allowed flexible capacity (swing beds). Due to this change, beds could be both 3.1 and 3.5 levels, and the State cannot track levels that are solely 3.1 or 3.5 levels. This change will take place by May 1, 2019.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.			
☐ The state has no implementation updates to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			Per CMS' request, via Michael Trieger on 2/8/2019, the State will report Q1 trends in the future annual report.
☐ The state has no metrics trends to report for this reporting topic.			
6.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone?		Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET) Use of Opioids at High Dosage in Persons Without Cancer	a. The State does not have any changes at this time. b. The State does not have any changes at this time. c. As of June 7, 2018, the Opioid Reduction Act was put into effect. The goal of this act is to set limitations on opioid prescriptions and authorizes a "nonopioid directive" patients can put in their medical files, which will formally notify healthcare professionals that the patients do not want to be prescribed or administered opioid medications. The legislation also assures that providers share critical information regarding the risks of opioids and alternative treatment options.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
		Concurrent Use of Opioids and Benzodiazepines

Continuity of Pharmacotherapy for Opioid Use Disorder

The State will NOT report metric: Use of Opioids from Multiple Providers in Persons Without Cancer

The State will NOT report metric: Use of Opioids at High Dosage from Multiple Providers in Persons Without Cancer | |
| Are there any other anticipated program changes that may impact | | | The State does not have any changes at this time. |

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.			
☐ The state has no implementation updates to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			Per CMS' request, via Michael Trieger on 2/8/2019, the State will report Q1 trends in the future annual report.
☒ The state has no metrics trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?		The State will not report metric: SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge	The State does not have any changes at this time.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
		The State will not report metric: SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence	
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.			An update will be added to the West Virginia Bureau for Medical Services (BMS) policy Chapter 504 concerning flexible capacity (split beds) based on level of need details.
☐ The state has no implementation updates to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and			Per CMS' request, via Michael Trieger on 2/8/2019, the State will report Q1 trends in the future annual report.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
The State has identified this metric for: How information technology is being used to slow down the rate of growth of individuals identified with SUD via PDMP checking by provider types (prescribers, dispensers).			
The State has identified this metric for: How information technology is being used to treat effectively individuals identified with SUD via telehealth.			
The State has identified this metric for: How information technology is being used to effectively monitor "recovery" supports and services for individuals identified with SUD via tracking Medication-assisted treatment (MAT) (use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.			
☒ The state has no metrics trends to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
11.2.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to: a. How health IT is being used to slow down the rate of growth of individuals identified with SUD? b. How health IT is being used to treat effectively individuals identified with SUD? c. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD? d. 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?		S.3: Total number of PDMP users, number of checks S.4: Total number of telehealth / telemedicine visits with a SUD diagnosis S.5: Total number of patients per 1,000 beneficiaries receiving concurrent MAT and therapy services	General Health IT implementation update. Beginning last spring 2018, the BMS team started participating in the CMS Innovation Accelerator Program (IAP) cohorts offered to State Medicaid agencies. Through the lessons learned under these cohorts, the State is researching and reviewing system implementations for how certain data are captured and linked. The Office of Drug Control Policy is working on an initiative that will develop an overdose dashboard that will report and display overdose reports in real time. The State MIS department is updating its Health IT plan, which could have an impact on the demonstration.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
e. Other aspects of the state's health IT implementation milestones? f. The timeline for achieving health IT implementation milestones? g. Planned activities to increase use and functionality of the state's prescription drug monitoring program?			
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes.			
☐ The state has no implementation updates to report for this reporting topic.			
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.		The State will not report metric: Grievances Related to SUD Treatment Services	Per CMS' request, via Michael Trieger on 2/8/2019, the State will report Q1 trends in the future annual report.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
		The State will not report metric: Appeals Related to SUD Treatment Services	
		The State will not report metric: Critical Incidents Related to SUD Treatment Services	
		Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	
		Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	
		Readmissions Among Beneficiaries with SUD	
		Overdose Deaths (count)	This measure will be delayed by at least four quarters.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
		Overdose Deaths (rate)	
		SUD Spending	
		SUD Spending Within IMDs	
		Per Capita SUD Spending	
		Per Capita SUD Spending Within IMDs	
		Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	
☒ The state has no metrics trends to report for this reporting topic.			
9.2.2 Implementation Update			
Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.			The State does not anticipate any program changes at this time.
☒ The state has no implementation updates to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.			Per CMS' request, via Michael Trieger on 2/8/2019, the State will report Q1 trends in the future annual report.
☒ The state has no metrics trends to report for this reporting topic.			
10.2.2 Implementation Update			
Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.			The State does not have any changes at this time.
☒ The state has no implementation updates to report for this reporting topic.			
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively impact			The State does not have any changes at this time.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
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 no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the state expect to make any changes to: a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?			The State recognizes that within the STCs and implementation plan, it is described as having the MCOs begin services in January 2018. As discussed on a call with the CMS team on October 25, 2017, the State informed the CMS that services would be rolled out under the FFS environment first. Services would begin under the MCOs at a future date in July 2018. The State worked with MCOs to establish care coordination strategies and implementation guidelines in early 2018. However, on March 7, 2018, the State made the decision was made to postpone the transition of payment of services to allow additional opportunity to review utilization of services and assist with the rate setting process.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?			The MCO carve-in is close to completion, and work on the MCO contract, system updates, and rates development is almost final. The MCOs are on track to begin operating as of July 1, 2019. No changes for B and C.
Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?			A recent challenge the State is working to overcome is the potential partnership with ASAM®. Over the past couple of months, the State has inquired on an overarching licensing agreement with ASAM®. During these conversations, it was made known to the State that ASAM® will be implementing a provider permission agreement to all SUD providers at an unknown cost. The State has many concerns about this provider fee and the impact it will have on the SUD provider community, as discussed with the CMS on 2/13/2019.
What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?			The State does not have anything to report at this time.
☐ The state has no implementation updates to report for this reporting topic.				
12.1 SUD Demonstration Evaluation Update				
12.1.1 Narrative Information				

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.			Since the last monitoring report, The West Virginia University (WVU) evaluation team has received some CMS feedback regarding the evaluation plan. As part of this feedback process, CMS requested the evaluation team reveal the identity of an anonymous comparator state. The evaluation team, in consultation with the comparator state, has requested to keep the identity of this comparator state anonymous. This anonymity is necessary to carry out the evaluation plan as originally written. Additionally, use of a comparator state is essential to comply with the best practices for 1115 wavier evaluations outlined by the GAO. We are currently waiting for final word from CMS about the inclusion of our comparator state. The evaluation team continues to meet biweekly with the state implementation team. The team also convenes regular internal meetings of evaluation staff. In December 2018, the evaluation team submitted their annual report deliverable to the state Medicaid office.
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.			
List anticipated evaluation-related deliverables related to this demonstration and their due dates.			
☐ The state has no SUD demonstration evaluation update to report for this reporting topic.			
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
Have there been any changes in the state's implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?			The State has not experienced any changes to the implementation of the demonstration that would necessitate a change to approved STCs, implementation plan, or monitoring protocol. The State continues to await feedback on the monitoring protocol.
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?			The State may need to make future changes to the STCs. The State would like to ask if the STCs need to be updated to reflect the MCO carve-in date of July 1, 2019, the SUD Phase 1 service start date of January 14, 2018, and whether the State needs to request revised quarterly reporting due dates within the portal.
Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to: a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?			The State is awaiting feedback and approval on the monitoring plan protocol, which includes a detailed schedule for reporting.
Has the state identified any real or anticipated issues submitting timely post-approval			The State has not identified any real or anticipated issues submitting timely post-approval demonstration deliverables. The State is awaiting approval of the monitoring protocol.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
demonstration deliverables, including a plan for remediation?			
☒ The state has no updates on general reporting requirements to report for this reporting topic.			
13.1.2 Post Award Public Forum			
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.			The State held both spring and fall provider workshop forums, which took place between April and September 2018. An announcement of the two weeklong workshops for spring was posted to the BMS website on 2/20/2018. The agenda for each day consisted of program and policy updates along with an afternoon session dedicated solely to the SUD demonstration. The session included training on ASAM® and familiarity with services covered under the waiver, along with key implementation updates. A plethora of questions has been received, which resulted in the development of a frequently asked questions (FAQ) document. This document is included in the appendix.
☐ There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.			
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
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			**Collaboration with Cohorts and Programs** Since implementation of the demonstration, the West Virginia State Medicaid team was accepted by CMS to participate in the Medicaid IAP Reducing SUD Program: Overview of the Opioid Data Analytics Cohort. The State has participated in a three-part cohort focusing on opioid use disorder (OUD), MAT, and neonatal abstinence syndrome (NAS) in the Medicaid population. Through working with the IAP support team, the West Virginia team has learned valuable information through the data tables regarding Medicaid members, as well as considerations to develop strategies for

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
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.			addressing health needs and solutions to combat the OUD. The program also helped the State address MAT, NAS, and OUD care for pregnant women. The State has also participated in the Opioid Data Dashboards Flash Track (DDFT) program, which allowed for collaboration between the State, the Health Data Viz team, CMS IAP team, and other participating states. Through this program, the State was able to identify specific indicators that will be used for a SUD-specific data dashboard. The dashboard, which is currently under development, will be used to support staff in communications with higher leadership and legislative members. This visual presentation of data will help the intended audience gain a deeper understanding of the opioid epidemic and assist in making program and policy decisions and updates. Through a separate IAP opportunity, the Department of Management Information Services is partnering with the West Virginia Health Statistics Center to integrate death certificate data with the existing Medicaid data warehouse. This integration will improve the State's reporting capacity and enhance the planned evaluation of the 1115 waiver. **Other Achievements and/or Innovations** The State successfully conducted four weeks of provider workshop training sessions that were instrumental in providing State Medicaid providers with real-time updates and training regarding the implementation of SUD services that began in 2018. In response to many provider questions, the State created a FAQ document so providers have readily available answers. The State also holds monthly phone calls with providers and MCOs to review questions and answers related to the FAQ document.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
			The State has also developed the PRSS certification course and implemented the certification process. This service was created to help grow the network of PRSSs within the State. A certified PRSS is someone who has been successful in their own recovery process and can extend the reach of treatment beyond the clinical setting into a member's community and home environment. Since the launch of the certification course in June 2018, the State has approved and certified 148 individuals as of March 29, 2019 as PRSSs.
			The State has created a network assessment survey that will be sent to all West Virginia providers. This survey will assess the community to determine what services providers are currently offering throughout the State; specialty care available for at-risk populations; where growth opportunities lie; and what methods of communication among SUD providers take place.
			Notably, the evaluation design includes innovative methods to create comparison groups with neighboring states in order to separate out the impact of the State SUD Waiver from other regional trends in SUD and SUD treatment.

☐ The state has no notable achievements or innovations to report for this reporting topic.