

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

<b>State</b>	West Virginia
<b>Demonstration Name</b>	West Virginia Continuum of Care for Medicaid Enrollees with Substance Use Disorders (Project Number: 11 – W – 00307/3)
<b>Approval Date</b>	October 6, 2017
<b>Approval Period</b>	January 1, 2018, through December 31, 2022
<b>SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives</b>	<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"> <li>• Improve quality of care and population health outcomes for Medicaid enrollees with SUD</li> <li>• Increase enrollee access to and utilization of appropriate SUD treatment services based on the American Society of Addiction Medicine (ASAM®) Criteria</li> <li>• Decrease medically inappropriate and avoidable utilization of high-cost emergency department (ED) and hospital services by enrollees with SUD</li> <li>• Improve care coordination and care transitions for Medicaid enrollees with SUD</li> </ul>

## 2. Executive Summary

During this reporting period, the State’s ongoing work to achieve SUD Demonstration goals has targeted the following four areas.

First, the State has worked closely with managed care organizations (MCOs) to ensure a successful transition of SUD services to a managed care delivery system on July 1, 2019. The State has proactively communicated with MCOs and monitored their readiness to launch SUD services. In January, the State implemented a biweekly meeting with MCO representatives to receive readiness updates on the MCOs’ system configuration and staffing. Additionally, the State maintains a dedicated frequently asked question (FAQ) log as a tool to track all MCO questions, share information, and help the MCOs prepare. For the month of June, the State will increase MCO meeting frequency to weekly.

Second, the State has participated in recent American Society of Addiction Medicine (ASAM®) webinars to learn more about licensing agreement and copyright permissions and analyze potential impacts of an ASAM® partnership on the SUD provider community.

Third, the State continues to collaborate with CMS Innovation Accelerator Program (IAP) cohorts, specifically Data Dashboards Flash Track (DDFT) and Data Interpretation and Use (DIU). As part of the recently-completed DDFT cohort, the State—with support from the IAP technical assistance team—has designed, developed, and will soon implement a public-facing SUD Dashboard. The State is in the process of assigning license permissions to State staff and working with IBM Watson Health (the State’s Data Warehouse/Decision Support System [DW/DSS] vendor) to conduct training. The dashboard will be maintained on a regular basis, with monthly data updates and timely SUD-specific reporting that will provide State leadership and legislative members with a visualization of SUD data to better comprehend the opioid epidemic that the State faces. The State also began participating in the DIU program and explored topics during the reporting period for the data brief summary that the State will complete at the end of the program.

Fourth, the State has drafted several policy updates to clarify or update SUD service definitions in West Virginia Bureau for Medical Services (BMS) Provider Manual Chapter 504. These updates include flexible capacity for residential treatment centers for 3.1 and 3.5 levels of care (LOCs), in which individuals from a group setting can be combined with either a 3.1 or 3.5 LOC; an added definition for self-administering medication so a nurse or other staff member can observe Medicaid members while they take their own medication; and changing Peer Recovery Support Services to allow 16 and 17-year-olds to become certified as peer recovery support specialists (PRSS), if the individuals still attest to having lived experience and being in recovery for the past two years.

**3. Narrative Information on Implementation, by Reporting Topic**

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>1.2 Assessment of Need and Qualification for SUD Services</b>			
<b>1.2.1 Metric Trends</b>			
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.			
SUD Related Services include: <ul style="list-style-type: none"> <li>• Screening, Brief Intervention, and Referral to Treatment (SBIRT)</li> <li>• Methadone treatment and administration</li> <li>• Naloxone Distribution Initiative</li> <li>• Adult Residential Treatment</li> <li>• Peer Recovery Support Services</li> <li>• Withdrawal Management Services</li> </ul>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>1.2.2 Implementation Update</b>			
Compared to the demonstration design details outlined in the		Assessed for SUD Treatment Needs	

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Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<p>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?</p>		Using a Standardized Screening Tool	
		Medicaid Beneficiaries with Newly Initiated SUD Treatment / Diagnosis	
		Medicaid Beneficiaries with SUD Diagnosis (monthly)	
		Medicaid Beneficiaries with SUD Diagnosis (annually)	
		Medicaid Beneficiaries Treated in an IMD for SUD	
<p>Are there any other anticipated program changes that may impact metrics related to assessment of need and qualification for SUD services? If so, please describe these changes.</p>		Assessed for SUD Treatment Needs Using a Standardized Screening Tool	
		Medicaid Beneficiaries with Newly Initiated	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
		SUD Treatment / Diagnosis	
		Medicaid Beneficiaries with SUD Diagnosis (monthly)	
		Medicaid Beneficiaries with SUD Diagnosis (annually)	
		Medicaid Beneficiaries Treated in an IMD for SUD	
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.2.1 Metric Trends</b>			
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.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>2.2.2 Implementation Update</b>			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<p>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:</p> <p>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)?</p> <p>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 provided to individuals in IMDs?</p>	<p><i>DY1, Q2</i></p>	<p>Any SUD Treatment</p> <p>Early Intervention</p> <p>Outpatient Services</p> <p>Intensive Outpatient and Partial</p> <p>Hospitalization Services</p> <p>Residential and Inpatient Services</p> <p>Withdrawal Management</p> <p>MAT</p> <p>Average Length of Stay in IMDs</p>	<p>a. In addition to the updates provided in the March 29, 2019, report, the State continues to approve residential treatment centers to increase the number of residential treatment beds open throughout the state. As of May 30, 2019, the State has 525 approved residential adult services beds in 38 programs. The State has also approved and certified 182 Peer Recovery Support Specialists (PRSS) who can render services to Medicaid members. In addition to the changes reported on March 29, 2019, and as stated in the Executive Summary of this report, SUD services will be available through the States’ three MCOs: The Health Plan, Aetna Better Health, and UniCare.</p> <p>b. The State does not have any planned changes to SUD benefit coverage under the Medicaid state plan or the Expenditure Authority.</p>

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
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 does not anticipate program changes that impact these metrics at this time.
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.2.1 Metric Trends</b>			
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.			
<input checked="" type="checkbox"/> The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.			
<input type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
<b>3.2.2 Implementation Update</b>			

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<p>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:</p> <ul style="list-style-type: none"> <li>a. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria?</li> <li>b. Implementation of a utilization management approach to ensure:               <ul style="list-style-type: none"> <li>i. Beneficiaries have access to SUD services at the appropriate level of care?</li> <li>ii. Interventions are appropriate for the diagnosis and level of care?</li> <li>iii. Use of independent process for reviewing placement in residential treatment settings?</li> </ul> </li> </ul>	<p><i>DY1, Q1</i></p>	<p>S.1: The State will follow nationally-recognized evidence based guidelines for use of evidence-based, SUD-specific patient placement criteria.</p>	<ul style="list-style-type: none"> <li>a. In addition to the updates provided in the March 29, 2019, report, the State has scheduled an onsite demonstration on June 26, 2019, with FEI Systems to view the CONTINUUM® and Co-Triage® assessment tools that may be implemented to help providers determine the ASAM® LOC. The State will only utilize ASAM® for 2.1 levels and up; other evidence-based practices will be used for other LOCs. Additionally, the State is monitoring how the planned transition to managed care on July 1, 2019, will further improve the use of evidence-based, SUD-specific placement criteria, including MCO activities and utilization management (UM) vendor activities.</li> <li>b. The State does not have any planned changes to SUD benefit coverage under the Medicaid state plan or the Expenditure Authority.</li> </ul>
<p>Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific</p>	<p><i>DY1, Q2</i></p>		<p>As stated in the March 29, 2019, report, the State will add a withdrawal management modifier to a 3.2-WM LOC to better capture data. As of today’s date, this modifier has not been added.</p>



Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.2.1 Metric Trends</b>			
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.	
<input checked="" type="checkbox"/> The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.			
<input type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>4.2.2 Implementation Update</b>			
<p>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:</p> <ul style="list-style-type: none"> <li>a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards?</li> <li>b. State review process for residential treatment providers' compliance with qualifications standards?</li> <li>c. Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site?</li> </ul>		<p>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.</p>	
<p>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</p>			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.2.1 Metric Trends</b>			
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.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>5.2.2 Implementation Update</b>			
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 expect to make any changes at this time.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<p>Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.</p>	<p><i>DY1, Q2</i></p>		<p>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 can track levels that are solely 3.1 or 3.5 levels. This change will take place in 2019.</p> <p>As noted in the Executive Summary, MCOs will begin covering SUD services on July 1, 2019. At this time, Opioid Treatment Programs (OTP) services will remain carved out of the managed care plan but will still be available to all Medicaid members through fee-for-service (FFS). The State made this decision due to the small population currently accessing OTP and the bundle code (H0020) that is used to bill these services, which is a weekly rate that includes medication, treatment services, and laboratory services (as outlined in Chapter 504 of the West Virginia Bureau for Medical Services [BMS] Provider Manual).</p>
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b></p>			
<p><b>6.2.1 Metric Trends</b></p>			
<p>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.</p>			
<p><input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.</p>			
<p><b>6.2.2 Implementation Update</b></p>			
<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or</p>		<p>Initiation and Engagement of Alcohol and Other Drug (AOD)</p>	

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<p>does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD?</li> <li>b. Expansion of coverage for and access to naloxone?</li> </ul>		<p>Dependence Treatment (IET)</p> <p>Use of Opioids at High Dosage in Persons Without Cancer</p> <p>Concurrent Use of Opioids and Benzodiazepines</p> <p>Continuity of Pharmacotherapy for Opioid Use Disorder</p> <p><i>The State will NOT report metric: Use of Opioids from Multiple Providers in Persons Without Cancer</i></p> <p><i>The State will NOT report metric:</i></p>	

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Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
		<i>Use of Opioids at High Dosage from Multiple Providers in Persons Without Cancer</i>	
Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.2.1 Metric Trends</b>			
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.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>7.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or	<i>DY2, Q1</i>	The State will not report metric: SUB-3 Alcohol and Other Drug	The State is currently conducting research on the criminal justice population, those individuals that have a SUD or OUD diagnosis, and how to best coordinate care upon release of incarceration. Once this research is complete, the State will consider

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<p>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?</p>		<p>Use Disorder Treatment Provided or Offered at Discharge                      The State will not report metric:                      SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge</p> <p>Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence</p>	<p>options and possible policy improvements to support these members in locating community based services and treatment options.</p>
<p>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.</p>	<p><i>DY1, Q2</i></p>		<p>The State has added flexible capacity for residential treatment centers providing 3.1 and 3.5 LOCs. Individuals from a group setting can be combined with either a 3.1 or 3.5 LOC. A policy update has been drafted for the BMS Provider Manual Chapter 504 and will be publicly posted in 2019.</p>
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>8.2 SUD Health Information Technology (Health IT)</b></p>			

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<b>8.2.1 Metric Trends</b>			
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.			
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			



Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
substance use disorders and prevent opioid overdose.			
☒ The state has no metrics trends to report for this reporting topic.			
<b>11.2.2 Implementation Update</b>			
<p>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:</p> <ul style="list-style-type: none"> <li>a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?</li> <li>b. How health IT is being used to treat effectively individuals identified with SUD?</li> <li>c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</li> <li>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?</li> </ul>		<p>S.3: Total number of PDMP users, number of checks</p> <p>S.4: Total number of telehealth / telemedicine visits with a SUD diagnosis</p> <p>S.5: Total number of patients per 1,000 beneficiaries receiving concurrent MAT and therapy services</p>	

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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 does not anticipate any program changes at this time.
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>9.2 Other SUD-Related Metrics</b>			
<b>9.2.1 Metric Trends</b>			
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	
		The State will not report metric:	

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Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
		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.
		Overdose Deaths (rate)	
		SUD Spending	

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Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
		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	
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>9.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>10.2 Budget Neutrality</b>			
<b>10.2.1 Current status and analysis</b>			
Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
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.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>10.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>11.1 SUD-Related Demonstration Operations and Policy</b>			
<b>11.1.1 Considerations</b>			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively impact 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			

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demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			
<input checked="" type="checkbox"/> The state has no related considerations to report for this reporting topic.			
<b>11.1.2 Implementation Update</b>			
<p>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:</p> <p>a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?</p> <p>b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)?</p> <p>c. Partners involved in service delivery?</p>	<i>DY1, Q2</i>		<p>a. As the March 29, 2019, report indicated, the STCs and implementation plan describe having the MCOs begin services in January 2018; however, the State decided in March 2018 to postpone the delivery system transition to allow additional opportunity to review utilization of services and assist with the rate setting process.</p> <p>The MCO carve-in is close to completion. Rates have been finalized, and work on the MCO contract and system updates is almost final. The MCOs are on track to begin operating as of July 1, 2019.</p> <p>b. The State does not anticipate any changes at this time.</p> <p>c. The State does not anticipate any changes at this time.</p>
Has the state experienced any significant challenges in partnering with entities contracted	<i>DY1, Q2</i>		As indicated in the report delivered on March 29, 2019, one potential partnership challenge for the State has been analyzing how ASAM® provider fees may impact the SUD provider community.

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to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?			During this reporting period, the State participated in recent ASAM® webinars to learn more about licensing agreement and copyright permissions and analyze potential impacts. CMS’ STC changes have allowed the State more flexibility by permitting the demonstration to use ASAM® “or another comparable, nationally-recognized SUD program standards based on evidence-based clinical treatment guidelines for SUD treatment services” (per Project Number 11-W-00307/3, page 3), alleviating some of the State’s concerns. The State will use ASAM® criteria for 2.1 LOC and above, as ASAM® is the nationally-recognized SUD standard for evidence-based guidelines. The State continues to explore implementation of the CONTINUUM® software assessment tool to aid providers with making evidence-based decisions for determining the proper LOC.
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 other initiatives to report at this time.
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>12.1 SUD Demonstration Evaluation Update</b>			
<b>12.1.1 Narrative Information</b>			
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	<i>DY1, Q1</i>		The West Virginia University (WVU) evaluation team will assess the impact of the 1115 waiver in West Virginia using a differences-in-differences design with comparison data from another state Medicaid Agency. Hereby referred to as “State A,” this state has tentatively agreed to share de-identified, person-level, Medicaid claims data with the evaluation team on an ongoing basis for the purposes of this evaluation. While WVU’s methodological design will account for most differences between West Virginia and State A, it is possible that state-level policies have been or

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<p>template instructions for more details.</p>			<p>will be implemented in State A over the evaluation team’s study period that—if not also implemented in West Virginia over the same time frame—might bias the evaluation team’s estimates.</p> <p>In order to address this possibility, WVU has begun conducting a policy landscape scan in State A. In particular, the team used State A’s online legislative database to search for recently implemented opioid-related policies. The goal of this exercise was to identify policies that may influence evaluation outcomes that were not also enacted in West Virginia. WVU focused on policies enacted from the 2015 legislative session onward, because this represents the beginning of the study period. WVU sent a catalog of opioid-related policies recently enacted in State A to members of West Virginia’s Board of Pharmacy, Bureau for Behavioral Health, Medicaid Legal Counsel, and DHHR to determine whether and when similar policies were implemented in West Virginia. The evaluation team then assessed whether the policies could potentially introduce bias into evaluation results; and if so, assessed the likely direction of the bias (i.e., toward or away from the null).</p> <p>It is important for CMS and readers of any public-facing documents to be aware of any policies that might potentially bias evaluation results. At the same time, however, WVU must protect the confidentiality of the comparator state. Therefore, WVU is currently working with State A to draft prose that will describe the content of these policies without explicitly making clear which state is State A. Ideally, this kind of description will provide readers with adequate context for WVU’s study, while still allowing State A to remain anonymous.</p> <p>An important assumption of the differences-in-differences method is that the comparator groups have similar trends in outcomes during the “pre-intervention” phase of the study period. As such, the evaluation team has begun examining how particular outcomes and demographic characteristics compare among West Virginia</p>



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			<p>and State A. However, similar to the policy scan above, it is important that the evaluation team be able to present these results in such a way that does not explicitly make clear the identity of State A. WVU is currently working with State A to determine an appropriate method for displaying these results that will allow State A to remain anonymous.</p> <p>Finally, the evaluation team is currently preparing a presentation for members of the West Virginia Medicaid 1115 waiver implementation team that will highlight preliminary trends in evaluation outcomes of interest. In preparing this presentation, WVU is working closely with members of the waiver implementation team as well as database administrators with West Virginia Medicaid to refine strategies for identifying outcomes of interest in the Medicaid claims data.</p>
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 evaluation team has not identified real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs at this time.
List anticipated evaluation-related deliverables related to this demonstration and their due dates.			The evaluation team will provide a list of anticipated evaluation-related deliverables related to this demonstration and their due dates upon finalization of the evaluation design.
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<b>13.1 Other Demonstration Reporting</b>			
<b>13.1.1 General Reporting Requirements</b>			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B  
 West Virginia, Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders  
 DY2 – January 1, 2019 through March 31, 2019  
 Reporting Period: Quarter 1 – January 1, 2019 – March 31, 2019  
 Submitted on May 30, 2019

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?	<i>DY2, Q1</i>		<p>The State received STC changes from CMS dated April 9, 2019. These changes are technical corrections that clarify the criteria for the continuum of care model used in the demonstration (i.e., ASAM® “or another comparable, nationally-recognized SUD program standards based on evidence-based clinical treatment guidelines for SUD treatment services,” per Project Number 11-W-00307/3, page 3).</p> <p>Additionally, the State received CMS feedback on the monitoring protocol on May 3, 2019. The State incorporated this feedback and submitted an updated monitoring protocol on May 30, 2019.</p>
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?	<i>DY1, Q2</i>		<p>The State may need to make future changes to the STCs.</p> <p>The State would like to ask if the STCs need to be updated to reflect the MCO carve-in date of July 1, 2019, and the SUD Phase 1 service start date of January 14, 2018.</p>
<p>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:</p> <p>a. The schedule for completing and submitting monitoring reports?</p> <p>b. The content or completeness of submitted reports? Future reports?</p>	<i>DY1, Q2</i>		<p>The State received CMS feedback on the monitoring protocol on May 3, 2019. The State incorporated this feedback and submitted an updated monitoring protocol on May 30, 2019.</p> <p>a. At this time, the State does not anticipate requesting any changes to the monitoring report schedule as outlined in CMS’ feedback.</p> <p>b. At this time, the State does not anticipate requesting any changes to the content or completeness of submitted or future reports.</p>
Has the state identified any real or anticipated issues submitting	<i>DY1, Q2</i>		<p>The State has not identified any real or anticipated issues submitting timely post-approval demonstration deliverables. The State received CMS feedback on the</p>

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
timely post-approval demonstration deliverables, including a plan for remediation?			monitoring protocol on May 3, 2019. The State incorporated this feedback and submitted an updated monitoring protocol on May 30, 2019.
<input type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.			
<b>13.1.2 Post Award Public Forum</b>			
If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.			
<input checked="" type="checkbox"/> 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.			
<b>14.1 Notable State Achievements and/or Innovations</b>			
<b>14.1 Narrative Information</b>			
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	<i>DY1, Q1</i>		The State participated in the Opioid DDFT program (which ended during the reporting period), collaborating with the Health Data Viz team, CMS IAP team, and other participating states. Through this program, the State identified specific indicators that will be used for a SUD-specific data dashboard. The dashboard (currently under development) will 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.

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<p>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.</p>			<p>On March 7, 2019, the State began participating in the DIU cohort. The end goal of the cohort is to develop a policy brief as a result of the State’s data interpretation. During the reporting period, the State explored several options for policy topics, including an initial tentative decision to focus on Office Based Medication Assisted Treatment (OBMAT) legislation’s possible “chilling” effect for providers treating more than 30 patients. In the next quarterly report, the State will provide a detailed explanation of its decision during that reporting period to move forward with a different topic: the administration of Naloxone and a brief referral to treatment by emergency medical services (EMS), and the effects of follow-up treatment.</p> <p>Through a separate IAP opportunity, the Department of Management Information Services (MIS) partnered with the West Virginia Health Statistics Center to integrate death certificate data with the existing Medicaid data warehouse. This integration took place in early 2019 and will improve the State’s reporting capacity and enhance the planned evaluation of the 1115 waiver.</p>
<p><input type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.</p>			