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

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	*Virginia*
Demonstration name	*Building and Transforming Coverage, Services, and Supports for a Healthier Virginia*
Approval period for section 1115 demonstration	*01/01/2020-12/31/2024*
SUD demonstration start date[a]	*12/15/2016*
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	*04/01/2017*
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	•*Promote strategies to ID Medicaid individuals with SUD* •*Enhance clinical practices and promote guidelines and decision making tools for serving youth and adults with SUD* •*Build after care and recover supports (like recovery coaching)* •*Coordinate SUD treatment with Primary care and Long Term Care* •*Coordinate with other sources of local, state and federal funds for an efficient use of resources consistent with program objectives* •*Encourage increased use of quality and outcome measures to inform benefit design and payment models* •*Identify strategies to address prescription and illicit opioid addiction, consistent with efforts to curb epidemic.*
SUD demonstration year and quarter	*SUD DY5 Q2 Report*
Reporting period	*07/01/2021 - 09/30/2021*

[a] **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of SUD demonstration approval. For example, if the state's STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration;

that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

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

2.   Executive summary

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

The Department of Medical Assistance Services (DMAS) Addiction and Recovery Treatment Services (ARTS) staff, in conjunction with the SUPPORT Act grant staff, facilitated a stakeholder update and discussion session with Community Services Board (CSB) Substance Use Disorder (SUD) council in September 2021 to discuss revisions to the Opioid Treatment Services manual. The discussion involved policies related to initiation of medication for opioid use disorder (MOUD) within 24 to 48 hours of referral.

DMAS ARTS team revised the Preferred Office-Based Opioid Treatment (OBOT) attestation forms to strengthen documentation requirements to ensure the fidelity of the Preferred OBOT model is met. This includes requirements of providers' support systems, staff, and therapies. The forms are used to determine if the provider can be recognized as a Preferred OBOT. As September 2021 ended, Virginia Medicaid had 178 actively enrolled Preferred OBOTs state-wide. This year has shown an increase in OBOT enrollment with significant growth in the southwest region of the state by over 200% of all Preferred OBOTs (total 59).

DMAS staff conducted a presentation on the ARTS benefit to the Virginia Department of Social Services' Office of New Americans-Refugee Services. This office administers a federal grant that funds the Refugee Health, Education, and Outreach Program. The purpose of the presentation was to provide education on the behavioral health programs available through DMAS to support the needs of the population served by this office.

DMAS staff meet with the Virginia Pharmacy Association and the Drug Enforcement Agency (DEA) regarding concerns that prescriptions for the preferred buprenorphine product, Suboxone Film, were not being filled at pharmacies in Southwest Virginia. Pharmacies reported that Pharmaceutical Wholesalers are limiting the supply in a given month due to controlled substances allotments, resulting in the inability to fill prescriptions. The DEA agent stated they would escalate the concern to DEA Headquarters and the Pharmacy Association representative is engaging the Wholesalers about the supply limits. DMAS will continue to monitor.

DMAS staff participated in an American Society of Addiction Medicine (ASAM) national advisory group, to develop an ASAM toolkit for best practices utilizing ASAM Criteria. DMAS staff provided feedback as ARTS is recognized nationally for the successes of the benefit.

DMAS staff and the Department of Health Professions (DHP) secured an Interagency Agreement to match Medicaid enrolled buprenorphine waivered prescribers to prescribers for buprenorphine in the Prescription Monitoring Program (PMP). The goal is to obtain aggregate numbers of those prescribers not in the Medicaid network to help determine how many prescribers may be charging cash to members. DMAS will use this to outreach to prescribers not participating in Medicaid to join the network with communication sent through DHP.

DMAS staff participated in a three day conference: Leveraging Substance Abuse and Mental Health Services Administration (SAMHSA) and Medicaid Resources to Establish a Comprehensive and Integrated Crisis System of Care, along with attending the SAMHSA Region 3 Recovery Data and Peers Summit. The conferences addressed ways to better leverage crisis and peer recovery services for individuals with mental health and SUD.

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		*Metric 3*	*Metric 3: 5.44% increase*
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			*The state is expanding the Preferred Office-Based Opioid Treatment (OBOT) model to allow for other primary substance use disorder.*

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		*Metrics 6-12*	*Metric 6: 4.87% increase* *Metric 7: 13.88% increase* *Metric 8: 2.99% increase* *Metric 9: 8.49% increase* *Metric 10: 16.47% increase* *Metric 11: 10.22% increase* *Metric 12: 2.66% increase*
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)			The State has targeted specific trainings to increase provider's knowledge, skills and abilities related to substance use disorder treatment services.
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X	Metrics #5 and 36	Did not include in this report as these are Annual metrics.
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	X		
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 *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: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X	Metrics #13 and 14	Did not include in this report as these are Annual metrics.
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		Metrics # 18-22, 27 Metric #23 monthly	Did not include Metrics 18-22 in this report as these are Annual metrics. Metric 23: 17.11% increase
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X	Metrics 15-17, 25	Did not include in this report as these are Annual metrics.
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			The State plans to have the metrics ready to submit for the next (DY5Q3) report pending CMS approval of new metrics.
8.2 Implementation update			

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		Metrics 24, 26, 28-35 Metrics 26, 28-32 are annual measures.	Did not include metrics 26, 28-32 in this report as these are Annual metrics. Metric 24: 12.39% increase Metric 33: 62.50% decrease Metric 34: 35.08% decrease
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	X		

4.   Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	X	
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

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 is targeting technical assistance and training to increase emergency department bridge clinic models. The state also revised the Preferred Office-Based Opioid Treatment Program (OBOT) forms to streamline the review process to ensure the fidelity of the model is being met. The state is working with a contractor to engage local and regional jails and prisons, including community supervision, to increase access to SUD treatment for individuals involved in the carceral system when they are released to ensure connections to community providers are initiated.
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	

Prompts	State has no update to report (Place an X)	State response
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	
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.	X	
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	X	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates	X	
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	

Prompts	State has no update to report (Place an X)	State response
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	X	
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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