The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support Virginia's retrospective reporting of monitoring data for its section 1115 substance use disorder (SUD) demonstration. The state should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 12 of Version 3.0). This template was customized for retrospective reporting in the following ways:

- *Added footnote C to the title page in section 1*
- *The table in section 3 (Narrative information on implementation, by milestone and reporting topics) has been modified to ask the state to report general trends for each Milestone, rather than changes (+ or -) greater than 2 percent for each metric.*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

1. Title page for the state's SUD demonstration or the SUD component of the broader demonstration

CMS has pre-populated the title page for the state (see blue text). The state should review the pre-populated text and confirm that it is accurate. 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	*01/12/2015 – 12/31/2024*
SUD demonstration start date[a]	*Enter the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration (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	*Increase rates of identification, initiation, and engagement in treatment;* • *Increase adherence to and retention in treatment;* • *Reduce overdose deaths, particularly those due to opioids;* • *Reduce utilization of emergency departments and inpatient hospital settings through improved access to a continuum of care services;* • *Reduce preventable readmissions to the same or higher level of care; and* • *Improve access to care for physical health conditions among beneficiaries.*
SUD demonstration year and quarter[c]	*SUD DY1Q1 – SUD DY5Q4*
Reporting period[c]	*04/01/2017 – 12/31/2021*

[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.

[c] **SUD demonstration year and quarter, and reporting period.** The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state's approved monitoring protocol.

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information of metrics trends from the retrospective reporting period. The recommended word count is 500 words or less.

In April 2017, Virginia introduced a new benefit called Addiction and Recovery Treatment Services or ARTS. The ARTS benefit extended coverage of the addiction benefit beyond just pregnant individuals and adolescents to all Medicaid beneficiaries; expanded coverage to the entire continuum of addiction care including reimbursement of inpatient detoxification, residential treatment, and peer recovery support services; "carved in" the addiction benefit into Medicaid managed care; increased reimbursement rates comparable to rates paid by commercial insurers in the state; standardized addiction care coverage and care coordination across each of the Medicaid managed care programs; and introduced a team-based, integrated, longitudinal model of outpatient care for Opioid Use Disorder (OUD) called the Preferred Office-Based Opioid Treatment (OBOT) Clinic which paid higher rates and a monthly care coordination fee per member. The Preferred OBOT model supports the evidence-based practice for treatment of OUD – Medications for Opioid Use Disorder or MOUD. On January 1, 2019, Virginia implemented Medicaid Expansion, which effectively doubled the number of previously uninsured Virginians with an OUD who could enroll in Medicaid. Medicaid Expansion, as well as the removal of restrictions on accessing MOUD in 2019, appears to have increased access to MOUD among Medicaid members in Virginia. More than 23,000 members received MOUD treatment in 2019, almost double the number receiving MOUD treatment in 2018.

These policy changes through ARTS had a powerful effect on building a network of addiction treatment providers in Virginia Medicaid and increasing access to care. For example, about 100,000 Medicaid members had a diagnosed SUD in SFY 2020, an increase of almost 30% from SFY 2019. This reflects both an increase in enrollment from Medicaid expansion during the year, as well as a higher SUD prevalence rate, suggesting more members are being screened for SUD. In SFY 2021, there were 116,000 Medicaid members who were diagnosed with a SUD, an increase of 16% from SFY 2020. On a per member basis, SUD prevalence increased by 6.5% to 6,567 members per 100,000 with a SUD diagnosis in SFY 2021.

Use of ARTS services continued to increase between SFY 2020 and SFY 2021, with a total of 53,614 members receiving any type of ARTS treatment service in SFY 2021 (24% increase from SFY 2020). Treatment rates (the percent of members with a

diagnosed SUD who received any ARTS treatment service) are highest among members with an OUD diagnosis (69.4%) but lower among members with other SUD diagnoses, such as stimulant use disorder (34.3%), alcohol use disorder (27.1%) and cannabis use disorder (16.5%). MOUD treatment rates (the percent of those with OUD diagnoses who were treated with one of three MOUD medications) increased from 64% in SFY 2020 to 78% in SFY 2021. While buprenorphine remains the most frequently prescribed MOUD treatment, use of methadone and naltrexone also increased.

In sum, the Commonwealth of Virginia has made substantial progress since the implementation of the ARTS benefit in 2017 in building a robust treatment infrastructure for Medicaid members.

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

The state should provide a general summary of metric trends by milestone and reporting topic for the entire retrospective reporting period. In these general summaries, the state should discuss any relevant trends that the data shows related to each milestone or reporting topic, including trends in state-specific metrics.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services	X	*Metrics 3, 4*	
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 related to Milestone 1		Metric #6, #7, #8, #9, #10, #11, #12, #22	#6: Any SUD Treatment The number of beneficiaries that accessed SUD treatment increased consistently across these reporting periods. This is an expected increase due to increases in overall Medicaid population, increase in prevalence and number of available providers has increased overall. DY1Q1 to DY1Q4: 8.40% DY1Q4 to DY2Q4: 117.64% DY2Q4 to DY3Q4: 44.84% DY3Q4 to DY4Q4: 19.39% DY4Q4 to DY5Q4: 8.66% #7: Early Intervention The number of beneficiaries that accessed SBIRT/Early Intervention screening varied across quarters. Increases are expected due to increases in overall Medicaid population, increase in prevalence and number of available providers has increased overall. There is no clear reason for the months with less claims or a decrease from previous month other than SBIRT claims other than providers performing the service but not billing consistently. DY1Q1 to DY1Q4: -9.73% DY1Q4 to DY2Q4: 514.71% DY2Q4 to DY3Q4: -71.45% DY3Q4 to DY4Q4: 13.41% DY4Q4 to DY5Q4: -33.00% #8: Outpatient Services The number of beneficiaries that accessed outpatient SUD treatment increased each reporting period. This is an expected increase due to increases in overall Medicaid population, increase in prevalence and number of

			available providers has increased overall. DY1Q1 to DY1Q4: 39.05% DY1Q4 to DY2Q4: 128.09% DY2Q4 to DY3Q4: 57.62% DY3Q4 to DY4Q4: 25.46% DY4Q4 to DY5Q4: 2.31% #9: Intensive Outpatient and Partial Hospitalization The number of beneficiaries that accessed IOP/PHP treatment increased overall across these reporting periods with a minor dip between DY3Q4 to DY4Q4. DMAS expected increase overall due to increases in Medicaid population, increase in prevalence and number of available providers has increased overall. DY1Q1 to DY1Q4: 3.63% DY1Q4 to DY2Q4: 169.69% DY2Q4 to DY3Q4: 43.44% DY3Q4 to DY4Q4: -11.20% DY4Q4 to DY5Q4: 30.31% #10 Residential and Inpatient Services The number of beneficiaries that accessed Residential/Inpatient treatment increased on average through these reporting periods. DMAS expected increases due to increases in overall Medicaid population, increase in prevalence and number of available providers has increased overall. DY1Q1 to DY1Q4: 15.04% DY1Q4 to DY2Q4: 157.61% DY2Q4 to DY3Q4: 49.08% DY3Q4 to DY4Q4: 4.71% DY4Q4 to DY5Q4: 15.79% #11 Withdrawal Management Services

			The number of beneficiaries that accessed Withdrawal Management treatment varied during these reporting periods. DMAS expected increases due to increases in overall Medicaid population, increase in prevalence and number of available providers has increased overall. DY1Q1 to DY1Q4: 91.54% DY1Q4 to DY2Q4: 204.42% DY2Q4 to DY3Q4: 37.24% *DY3Q4 to DY4Q4: -0.81%* DY4Q4 to DY5Q4: 11.59% #12: Medication Assisted Treatment (MAT) Services The number of beneficiaries that accessed MAT increased consistently during these reporting periods. This is an expected increase due to increases in overall Medicaid population, increase in prevalence and number of available providers has increased overall. DY1Q1 to DY1Q4: 17.67% DY1Q4 to DY2Q4: 138.75% DY2Q4 to DY3Q4: 61.96% DY3Q4 to DY4Q4: 46.45% DY4Q4 to DY5Q4: 12.51% #22: Continuity of Pharmacotherapy for Opioid Use Disorder – Expected increase due to Medicaid enrollment increasing and identifying more members with OUD needing MOUD. CY17 to CY18: 12% CY18 to CY19: -3% CY19 to CY20: 8%

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
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 related to Milestone 2		Metrics #5 and #36	#5: The number of beneficiaries treatment in an IMD for SUD. This number is expected to increase with the increase in overall Medicaid Population as well as increase in the individuals identified with a SUD diagnosis and need for residential level of care. DY1 to DY2: 175% DY2to DY3: 94% DY3to DY4: 1% #36: Average Length of Stay in IMD: The average length of stay is under 13.56 days which meets the requirement of CMS of statewide average of 30 days or less. DY1to DY2: 8% DY2 to DY3: 16% DY3 to DY4: 14%

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
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 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		
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 related to Milestone 4		Metrics #13, #14	Metric 13: SUD Provider Availability. The number of SUD treatment providers is expected to increase with the efforts of Medicaid and MCOs. DY1 to DY2: 251% DY2 to DY 3: 5% DY3 to DY4: 7% The increase in providers is expected with the outreach and also Medicaid expansion brought more providers in the network as well. Metric 14: Provider availability MAT. The number of SUD treatment providers is expected to increase with the efforts of Medicaid and MCOs. DY1 to DY2: 183% DY2 to DY 3: 14% DY3 to DY4: 11% This increase is expected with the outreach efforts to increase

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			buprenorphine waiver access as well as Medicaid expansion.
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 related to Milestone 5		Metrics #18, 20, 21, 23, 27	#18: Use of Opioids at High Dosage in Persons Without Cancer. This metric is expected to decrease with implementation of CDC Guidelines as well as alternative to pain management other than opioids. CY17 to CY18: 122% CY18 to CY19: -28% CY19 to CY20: -5% This may be result of more members being enrolled in Medicaid due to Expansion and who meet the criteria for this level of pain management. The policies that align with the Centers for Disease Control (CDC) as well as Virginia Pharmacy regulations have specific prescribing criteria for these medications. #20: Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer. This metric is expected to decrease with implementation of CDC Guidelines as well as alternative to pain management other than opioids. CY17 to CY18: -24% CY18 to CY19: -51% CY19 to CY20: -78% #21: Concurrent Use of Opioids and Benzodiazepines. This metric is expected to decrease with implementation of the Board of Medicine requirements for prescribing buprenorphine for treatment of OUD. CY17 to CY18: -22%

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			CY18 to CY19: -25% CY19 to CY20: -12% #23: Emergency Department Utilization for SUD per 1,000 Medicaid beneficiaries. The rate of beneficiaries that accessed ED due to SUD varied during these reporting periods. DMAS expected increase due to increases in overall Medicaid population, increase in prevalence however COVID impacted ED utilization overall. DY1Q1 to DY1Q4: -10.70% DY1Q4 to DY2Q4: 67.54% DY2Q4 to DY3Q4: 7.24 DY3Q4 to DY4Q4: -7.90 DY4Q4 to DY5Q4: -7.99%
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 related to Milestone 6		Metric 15, 17(1), 17(2), 25	#15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Average changes of the 8 metrics: CY17 to CY18: 15% CY18 to CY19: 23% CY19 to CY 20: -25% The increase is consistent with enrollment increasing with Medicaid expansion and identifying more members with SUD diagnoses and engagement into treatment services.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			#17(1): Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)- With Medicaid enrollment expanding, we also anticipate more ED visits but also COVID 19 impacted ED visits as well. Average changes of the 2 metrics: CY17 to CY18: 25% CY18 to CY19: 18% CY19 to CY 20: 5% #17(2): Follow-up after Emergency Department Visit for Mental Illness (FUM-AD)-. COVID 19 impacted ED visits overall. Average changes of the 2 metrics CY17 to CY18: -3% CY18 to CY19: -9% CY19 to CY 20: -5% Metric 25: The rate of readmissions among beneficiaries with SUD. This is the rate of all cause readmissions among members with SUD. DMAS would expect if ASAM LOC is applied correctly, the rate of readmissions would decrease overall. DY1 to DY2: -4% DY2 to DY 3: -8% DY3 to DY4: -5%

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
8. SUD health information technology (health IT)			
8.1 Metric trends			

8.1.1 The state reports the following metric trends related to its health IT metrics		Q1, Q2, Q3	Q1 Count of members who receive a SUD Treatment service within 30 days of transition FROM a Justice AC? DY1Q1 to DY1Q4: 166.67% DY1Q4 to DY2Q4: 125.00% DY2Q4 to DY3Q4: 627.78% DY3Q4 to DY4Q4: -28.24% DY4Q4 to DY5Q4: 14.89% Q2 Count of Members with a SUD Service with a TELEHEALTH Modifier or a Telehealth Service (Q3014) on the same day? DY1Q1 to DY1Q4: 46.79% DY1Q4 to DY2Q4: 339.38% DY2Q4 to DY3Q4: 285.78% DY3Q4 to DY4Q4: 965.82% *DY4Q4 to DY5Q4: 0.43%* Q3 Number of Peer Recovery Specialists registered with the Virginia Board of Counseling, Department of Health Profession DY1Q1 to DY1Q4: n/a as registration of Peer services were not implemented yet DY1Q4 to DY2Q4: Cannot compare to DY1 as services were not implemented yet. DY2Q4 to DY3Q4: 43.87% DY3Q4 to DY4Q4: -17.38% DY4Q4 to DY5Q4: 18.36% Metric #Q3 (HIT: Number of Peer Recovery Specialists registered with the Virginia Board of Counseling, Department of Health Professions) in the DY1Q1, DY1Q2, DY1Q3, and DY1Q4 in the Part B Monitoring

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			Reports indicates that registration of Peer Recovery Support Specialists was not implemented during this reporting. Virginia began registering Peer Recovery Support Specialists during DY2.
9. Other SUD-related metrics			
9.1 Metric trends			

9.1.1 The state reports the following metric trends related to other SUD-related metrics		Metrics #24, 26, 30, 32, 33, 34	#24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries. Inpatient stays were expected to decrease overall with community services/outpatient services expanding. Hospital based services were impacted during COVID public health emergency. DY1Q1 to DY1Q4: -5.41% DY1Q4 to DY2Q4: 44.10% DY2Q4 to DY3Q4: 4.48% DY3Q4 to DY4Q4: -14.86% DY4Q4 to DY5Q4: -3.37 #30: Per Capita SUD Spending: DMAS expects this to increase due to members identified with SUD and engaging in treatment have increased. DY1 to DY2: 31% DY2 to DY3: 40% DY3 to DY4: -4% #32: Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD CY17 to CY18: 0% CY18 to CY19: -2% CY19 to CY 20: -1% #33: Grievances Related to SUD Treatment Services. These overall numbers are relatively small so minor

			changes appear to be more significant when applying percentages. DY1Q1 to DY1Q4: 200.00% DY1Q4 to DY2Q4: -86.67% DY2Q4 to DY3Q4: 150.00% DY3Q4 to DY4Q4: -80.00% DY4Q4 to DY5Q4: 1500.00% #34: Appeals Related to SUD Treatment Services. These overall numbers are relatively small so minor changes appear to be more significant when applying percentages. DY1Q1 to DY1Q4: 500.00% DY1Q4 to DY2Q4: 16.67% DY2Q4 to DY3Q4: 193.88% DY3Q4 to DY4Q4: 68.75% DY4Q4 to DY5Q4: -81.89%

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			DMAS does not have reason for appeal but these have been consistent since ARTS implemented in 2017.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

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