Medicaid Section 1115 Substance Use Disorder Demonstrations
Monitoring Report Template

Note: PRA Disclosure Statement to be added here

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

The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state's approved monitoring protocol. The state should complete the remaining two rows. 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		• *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		*SUD DY7Q1 Monitoring Report*
Reporting period		*04/01/2023 – 06/30/2023*

[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 December 15, 2020, with an effective date of January 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 or will begin 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.

DMAS finalized the retroactive reporting for the 1115 SUD Demonstration and submitted these reports to the Centers for Medicaid and Medicaid Services (CMS) on April 10, 2023. These retroactive reports incorporated the updates from the CMS five technical manuals.

DMAS continued to offer support during this reporting period to “Right Help Right Now”, a behavioral health care transformation effort led by Virginia’s Governor through ongoing collaborations with other agencies and stakeholders. Activities included DMAS staff participating in an event in May, hosted by the Governor, to announce the signing of legislative bills to support the reduction of fentanyl overdoses in the Commonwealth. During this reporting period, DMAS participated in the Regulatory Advisory Panel for the Board of Medicine to review and suggest changes needed to regulations for the prescribing of opioids for pain management and buprenorphine products for the treatment of Opioid Use Disorder (OUD). DMAS will work to align any changes needed to DMAS policy as a result of changes to the Board of Medicine regulations. DMAS also collaborated with the Department of Behavioral Health and Developmental Services (DBHDS) and Virginia Health Information to develop a training and outreach plan for expanding the Emergency Department Care Coordination (EDCC) platform and the Preferred Office-Based Addiction Treatment (OBAT) providers and Opioid Treatment Programs. The EDCC platform is being leveraged to support the Emergency Department Bridge model where individuals presenting to an emergency department visit with a non-fatal overdose can get connected to treatment with community providers for the medication and counseling services. Collaboration continued with the Virginia Hospital and Healthcare Association (VHHA) to support efforts to expand emergency department bridge clinics. In June, DMAS presented at the VHHA Annual Behavioral Health Summit to encourage health systems to engage in the Bridge model.

DMAS also continues to support efforts to expand peer recovery support service utilization by Medicaid providers. In June, DMAS presented at the Peer Recovery Support Services Region 4 Stakeholder Roundtable. This presentation covered a basic overview of the Medicaid Peer Recovery Support Services benefit and engaged stakeholders in a question and answer session.

DMAS staff leading a working session with the managed care organization (MCO) staff to improve the processes recognizing and monitoring the Preferred Office-Based Addiction Treatment (OBAT) providers. Activities supporting access to medications for opioid use disorder (MOUD) included DMAS completing 11 Preferred Office Based Addition Treatment application reviews during this reporting period and approved 6 applications. There was a total of 208 approved sites at the end of this reporting period. DMAS also participated in site visit for a Richmond area Preferred OBAT, that also offers other medical and behavioral health services.

Lastly, DMAS applied for the Opioid Abatement Funds to help support these efforts discussed above, as well as support the Governor's Right Help Right Now plan.

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.		3, 4	Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly) – Increase 2.81%. DMAS expects increases with Medicaid enrollment growth and identifying new members with SUD diagnosis. Metric #4: Medicaid Beneficiaries with SUD Diagnosis (annual) – Note: SUD 1115 ARTS specifications clearly state that Medicare/Medicaid Duals should be included in the to the Eligible Population for Monthly CMS Constructed Metrics. Earlier versions of the specifications were interpreted to indicate that Medicare/Medicaid Duals should be excluded from the Eligible Population for Annual CMS Constructed Metrics. The interpretation of the Version 5 specifications is that this population should be included. While this should improve the accuracy and consistency of the metric results, it will impact trending from previous reports. With changes to this metric for the monthly reports, there was an increase of 24.70%. This metric is a count so the addition of Medicare/Medicaid Duals increased this count by 10.31%. Given the large change in this count between DY7Q1 and DY6Q1 of 24.70%, if the Duals had not been added, it appears the change would have been very similar to last year's increase for this measure, 14.31% and 14.39%.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.a The target population(s) of the demonstration	X		
	1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2	The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.	X		

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.		6, 7, 8, 9, 10, 11, 12	Metric #6: Any SUD Treatment – increased 4.74% from prior quarter. Growth is expected with increases in Medicaid member eligibility as we anticipate new members being identified with SUD and engaging in SUD treatment. Note that overall enrollment is impacted with unwinding of the enrollment flexibilities due to COVID-19, however growth in treatment continues to increase. Metric #7: Early Intervention – increased 27.78% from prior quarter. Increases are expected but overall billing is low for SBIRT (average of 48 last quarter compared to this report average of 61 members) so minor changes result in larger percentage changes. Note that overall enrollment is impacted with unwinding of the enrollment flexibilities due to COVID-19, however growth in treatment continues to increase. Metric #8: Outpatient Services – increased 6.45% from prior quarter. This is expected as we are still seeing increases in Medicaid member eligibility and expect to see increases of members being identified with SUD and engaging in SUD treatment. Of interest, the majority of the increases included counseling within the Preferred Office-Based Addiction Treatment (OBAT) providers and evaluation and management (E&M) visits. Note that overall enrollment is impacted with unwinding of the enrollment flexibilities due to COVID-19, however growth in treatment continues to increase. Metric #9: Intensive Outpatient and Partial Hospitalization Services – increased 11.22%. Increases are expected as we are still seeing increases in Medicaid member eligibility and expect to see increases of

			members being identified with SUD and engaging in SUD treatment. Note that overall enrollment is impacted with unwinding of the enrollment flexibilities due to COVID-19, however growth in treatment continues to increase. Metric #10: Residential and Inpatient Services – increased 10.04%. Increases are expected as we are still seeing increases in Medicaid member eligibility and expect to see increases of members being identified with SUD and engaging in SUD treatment. Note that overall enrollment is impacted with unwinding of the enrollment flexibilities due to COVID-19, however growth in treatment continues to increase. Metric #11: Withdrawal Management - increased 5.46%. Increases are expected as we are still seeing increases in Medicaid member eligibility and expect to see increases of members being identified with SUD and engaging in SUD treatment. Note that overall enrollment is impacted with unwinding of the enrollment flexibilities due to COVID-19, however growth in treatment continues to increase. Metric #12: Medication-Assisted Treatment (MAT) – increased 2.48%. This is expected as we are requiring providers to evaluate and refer for MAT in all settings and with the increases in Medicaid member eligibility, it is expected to see increases of members being identified with SUD and engaging in SUD treatment. Note that overall enrollment is impacted with unwinding of the enrollment flexibilities due to COVID-19, however growth in treatment continues to increase.
2.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.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)	X		
2.2.1.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 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.		5, 36	Metric #5: Medicaid Beneficiaries Treated in an IMD for SUD - increased 12.29%. Increases are expected as we are still seeing increases in Medicaid member eligibility and expect to see increases of members being identified with SUD and engaging in SUD treatment. Note that overall enrollment is impacted with unwinding of the enrollment flexibilities due to COVID-19, however growth in treatment continues to increase. The impact of adding dually enrolled Medicare members increased this count and does so by 10.31%. Given the large change in this count between DY7Q1 and DY6Q1 of 24.70%, if the Duals had not been added, it appears the change would have been very similar to last year's increase for this measure, 14.31% and 14.39%. Metric #36: Average Length of Stay in IMDs – Increased 6.12%. The change trend for this metric has the smallest impact due to the addition of the Medicare/Medicaid Duals population of 0.69%. Duals have a shorter average length of stay in IMDs of 12.45 days, compared to the overall average length of stay in IMDs of 14.39 days. However, since they only make up approximately 6% of this population, the shorter average length stay has a limited impact. If the Medicare/Medicaid Duals population had not been added, the average length of stay would have increased slightly more, and would still have been greater than the increase seen last year.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			During this reporting period, the Department of Behavioral Health and Developmental Services (DBHDS) hosted statewide American Society of Addiction Medicine (ASAM) 2-day clinical training targeting the public mental health provider system but also opened to private providers.
3.2.1.b 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.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.b Review process for residential treatment providers' compliance with qualifications	X		
4.2.1.c 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.		13, 14	Metric #13: SUD Provider Availability – increased 205.33%. For Demonstration Years 1-6, *Metric #13: SUD Provider Availability* was calculated by counting the total number of provider NPIs in the health plan network files supplied by DMAS during the measurement period. With the start of the new FFS enrollment contractor in April 2022, the health plan network files were retired and a new methodology was developed for metrics #13 and 14 for Demonstration Year 7. CMS approved the revised methodology for Metric 13 to include: All servicing NPIs (providers and facilities) identified while calculating Metric #6 (Any SUD Treatment) for all months during the 4/1/22-3/31/23 measurement period. The increase in the count of SUD providers for Metric #13 is not surprising given that the new methodology includes the servicing NPIs for any SUD treatment service, facility claim or pharmacy claim, which is much broader criteria than the previous methodology. Metric #14: SUD Provider Availability – MAT – decreased -20.36%. For Demonstration Years 1-6, *Metric #14: SUD Provider Availability – MAT* was calculated by counting the total number of provider NPIs in the health plan network files supplied by DMAS who were an enrolled Opioid Treatment Program, Preferred Office Based Addiction Treatment (OBAT) or buprenorphine waivered practitioner during the measurement period. With the start of PRSS in April 2022, the health plan network files were retired and a new methodology was developed for metrics #13 and 14 for Demonstration Year 7. CMS approved the revised methodology for Metric 14 to include: All servicing and prescribing NPIs (providers and facilities) identified while calculating Metric #12 (Medication-Assisted Treatment – excluding naltrexone)

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
				for all months during the 4/1/22-3/31/23 measurement period. The 20.36% decrease in the count of SUD providers for Metric #14 was a larger decrease than expected. It was determined that there were 2,735 providers identified through the previous methodology which did not appear to be identified through claim/encounters in Metric #12 for the 2022-2023 measurement period. Over 75% of the providers from the last network file had an NPI on at least one Medicaid claims/encounter during the 2021-2022 and 2022-2023 measurement periods. It appears that about a quarter of the providers listed on the network file were not actively providing any Medicaid services during the two measurement periods.
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 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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.		23	Metric #23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries – increased 5.51%. The Virginia Department of Health statewide rates per 10,000 emergency department visits for all drug, opioid, and heroin overdose decreased or remained stable during this similar reporting period compared to the previous quarter. Stimulant overdose rates increased statewide during the same period. Emergency-Department-Visits-for-Unintentional-Drug-Overdose-2023-Q2.pdf (virginia.gov).
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.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			DMAS participated in the Virginia Board of Medicine regulatory advisory panel on prescribing buprenorphine for the treatment of OUD and opioids for treatment of chronic and acute pain. The Board is making recommendations to change the regulations for prescribing of these medications. When these policies are promulgated, DMAS will also follow with updating Medicaid coverage policies to align with state practice.
	6.2.1.b 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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		25	Metric #25: Readmissions Among Beneficiaries with SUD – decreased -3.05%. This metric is a rate and the rate for the Duals population at 17.61% is quite a bit lower than the overall rate of 20.00%. Despite this lower rate, the difference between DY71Q1 and DY6Q1 with 20.63% is quite small, but it would have been almost zero without the addition of the Duals population, which contribute substantially to the reduction in the readmission rate.
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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		Q1, Q2, Q3	Q1: Count of members who receive a SUD Treatment service within 30 days of transition FROM a Justice AC – increased 4.14% (increase of 7 members), from previous quarter. DMAS expects to see an increase as we are prioritizing this population during this time-period, but this metric is dependent on the number of members re-entering the community. Q2: Count of SUD Services with a TELEHEALTH Modifier (GQ, GT) – Increased 6.72% (increase of 2,796 members) from previous quarter. DMAS is monitoring the use of telehealth for service delivery since the impact of COVID-19 pandemic may impact individuals seeking services in-person. Q3: Number of Peer Recovery Specialists registered with the Virginia Board of Counseling, Department of Health Professions – increased 8.96% (increase of 45 individuals). We are expecting increases in providers due to the increased Medicaid reimbursement rates.
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.a How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.c How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
8.2.1.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	X		
8.2.1.e Other aspects of the state's health IT implementation milestones	X		
8.2.1.f The timeline for achieving health IT implementation milestones	X		
8.2.1.g 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			

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

9.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		24, 30, 33, 34	Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries – Increased 3.67%. This was a similar increase in the previous quarter. The overall goal is to see a reduction in inpatient stays, however this is an increase in withdrawal management in an inpatient setting. DMAS recently updated guidance to hospitals to help them determine when a service is billed as a medical service vs a SUD services with primary SUD diagnosis. This increase may be the result of more appropriate billing practices. Metric #30: Per Capita SUD Spending – decreased -4.00%. The change trend for this metric is most heavily impacted by the addition of the Duals population, even though the impact on the overall Per Capita SUD spending rate remains small. Per Capita SUD spending for Medicare/Medicaid Duals at $1,052.50 is substantially lower than the overall Per Capita SUD spending rate of $3,576.21. This is likely due to the contribution of Medicare towards this spending. While the overall rate is like last year's rate of $3,725.10, just like last year, it would have gone up close to 4% to approximately $3,889.39 but instead has dropped 4.00% due to the addition of the Duals population. Metric #33: Grievances Related to SUD Treatment Services – decreased -100%. This is a difference of 3 cases (3 last quarter and 0 this quarter). Metric #34: Appeals Related to SUD Treatment Services – decreased -40.48%. This is a difference of 34 cases (84 last quarter and 50 this quarter).
9.2	**Implementation update**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		DMAS is up to date with budget neutrality reports and have consistently shown a neutral budget.
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 Monitoring Report Instructions for more detail.		The state is continuing to monitor the impacts of COVID-19. The unwinding of the federal public health emergency and the end of the continuous coverage requirement, will have an impact on members diagnosed as well as engaged in treatment.
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.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		DMAS will be implementing a new managed care benefit in the next year. This is combining the two current managed care contracts. DMAS anticipates no interruptions to care.
	11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
	11.2.1.c Partners involved in service delivery	X	

Prompts	State has no update to report (place an X)	State response
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities.		Virginia is experiencing a behavioral health workforce shortage, not only for substance use disorders but also mental health. The administration is collaborating efforts to address this for the Commonwealth through Right Help Right Now. DMAS is also in the process to implement the 21st Century Cures Act requirements for all providers to enroll and periodically revalidate directly with the DMAS. DMAS will continue to work with providers to make sure they are navigating this process for the deadline of 11/1/2023. The managed care organizations will terminate any providers as of this date if not enrolled with DMAS.
11.2.3 The state is working on other initiatives related to SUD or OUD.	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration).	X	

Prompts		State has no update to report (place an X)	State response
12.	**SUD demonstration evaluation update**		
12.1	**Narrative information**		
12.1.1	Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		DMAS has contracted with Virginia Commonwealth University (VCU) for the independent evaluation. Deliverables are on target.
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.		No anticipated barriers to meet the reporting deadlines.
12.1.3	List anticipated evaluation-related deliverables related to this demonstration and their due dates.		DMAS is planning to submit an extension application for the SUD component of the current 1115 demonstration that is scheduled to expire December 31, 2024. VCU is on schedule for delivery of the next interim comprehensive evaluation for December 2023.

Prompts		State has no update to report (place an X)	State response
13.	**Other SUD demonstration reporting**		
13.1	**General reporting requirements**		
13.1.1	The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.	X	
13.1.2	The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
13.1.3	Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
	13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports		DMAS received approval from CMS for changing the specifications for Metrics 13 and 14 and were included in this report.
13.1.4	The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.5	Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.		See Part A for updates on Grievances and Appeals numbers. Virginia Commonwealth University finalized the member survey report and results are included. The comprehensive report has been shared with CMS.

Prompts		State has no update to report (place an X)	State response
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 monitoring report.	X	

Prompts		State has no update to report (place an X)	State response
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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