**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 DY6Q4 Monitoring Report*
Reporting period	*01/01/2023 – 03/31/2023*

[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 offered support to Right Help Right Now, a behavioral health care transformation effort led by Virginia's Governor. DMAS staff led an initiative group focused on expanding innovative treatments for substance use disorders (SUD) and provided support to other initiative groups focused on expansion of mobile crisis services and reducing barriers to recovery. DMAS is leading efforts to expand emergency department bridge clinics and identify potential opportunities to expand innovative treatment offerings. Right Help Right Now is a long-term plan that DMAS staff will continue to develop throughout 2023.

DMAS continues to support efforts related to promoting emergency department bridge clinics. In January, DMAS staff met with Virginia Health Information, a group that manages the Emergency Department Care Coordination (EDCC) program, to further efforts to integrate EDCC with Medicaid providers. EDCC is a state-wide program that allows for real-time coordination and collaboration for patients after visiting emergency departments for overdose emergencies and connecting them to community-based resources to support efforts towards recovery.

DMAS also continues to support efforts to expand peer recovery support service utilization by Medicaid providers. In January, DMAS met with Ballad Health to discuss expanding SUD services, including utilizing peer recovery specialists as part of emergency department care coordination and bridge clinic services. Additionally, DMAS took part in a regional training in February focused on peer recovery support services implementation and provided feedback. Finally, DMAS took part in a Virginia Department of Social Services Office of Trauma and Resilience Policy Lived Experience engagement group, sharing information about how DMAS works with individuals with lived experience to improve services.

Activities supporting access to medications for opioid use disorder (MOUD) included DMAS completing 12 Preferred Office Based Addition Treatment application reviews during this reporting period and approved 2 applications. There was a total of 203 approved sites at the end of this reporting period. DMAS participated in the 2023 Virginia Association for Pharmacists Annual Conference to support access to MOUD, particularly Suboxone access at local pharmacies. DMAS also participated in a Virginia Board of Medicine Regulatory Advisory

Panel meeting discussing updates to state regulations concerning the prescribing of buprenorphine.

DMAS staff took part in an American Society of Addiction Medicine Clinical Skill Building training offered by the Virginia Department of Behavioral Health and Developmental Services. This training offered DMAS staff an in-depth look at the foundations of the ASAM Criteria, which is the foundation of the Addiction and Recovery Treatment Services benefit. DMAS staff had an opportunity to practice utilization of ASAM Criteria in determining appropriate Level of Care placements for individuals with 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.		3	Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly) – Increase 1.99%. DMAS expects increases with Medicaid enrollment growth and identifying new members with SUD diagnosis.
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 2.14% from prior quarter. This is expected as we are still seeing increases in Medicaid member eligibility and expect to see increases in members being identified with SUD and engaging in SUD treatment.

Metric #7: Early Intervention – decreased -13.25% from prior quarter. Increases are expected but overall billing is low (average of 49 compared to this report average of 48 members) so minor changes result in larger percentage changes.

Metric #8: Outpatient Services – increased 2.21% 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.

Metric #9: Intensive Outpatient and Partial Hospitalization Services – increased 8.01%. 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.

Metric #10: Residential and Inpatient Services – increased 7.82%. 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. |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Metric #11: Withdrawal Management - increased 4.27%. 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. There was an increase of over 22% for inpatient withdrawal management in an acute care setting. Metric #12: Medication-Assisted Treatment (MAT) – increased 2.77%. 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.
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.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		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	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.	X		
3.2.	**Implementation update**			
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
	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			DMAS continues to work with the Department of Behavioral Health and Developmental Services (DBHDS) to promote the American Society of Addiction Medicine (ASAM) clinical trainings that DBHDS is funding. These are occurring in the Spring/Summer 2023.
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.	X		
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, 24	Metric 23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries: Decreased -10.58%. This is consistent with the goal to see a reduction of emergency department utilization due to non-fatal overdoses. Metric 24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries: decreased -6.19%. The goal is to reduce inpatient hospital admissions.
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 Board of Medicine regulatory advisory panel reviewing the regulations for prescribing opioids for pain management and buprenorphine for treatment of Opioid Use Disorder. DMAS will monitor these changes and align with the Board of Medicine.
	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.	X		
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.			DMAS continues to work with the MCOs to improve transitions of care including working with emergency department care coordination and Bridge Clinics as well as engaging efforts with Right Help Right Now. DMAS also continues to work with Department of Corrections to improve access to care with members re-entering into the community.
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 – decreased -41.32% (decrease of 119 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 22.57% (increase of 7.663 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 14.87% (increase of 65 individuals). We are expecting increases in providers due to the increased Medicaid reimbursement rates.
8.2	**Implementation update**			
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		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	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**			
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.		24, 33, 34	Metric #24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries: Increased 3.28%. The goal is to see a reduction in inpatient stays but during this reporting period, there was increase in withdrawal management in inpatient settings. Metric #33 Grievances Related to SUD Treatment Services: Decreased -83.33% (difference of 15 cases). Metric #34 Appeals Related to SUD Treatment Services: Decreased -19.23% (difference of 20 cases).
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.		DMAS is up to date with budget neutrality reports and have shown 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:		DMAS will be implementing a new managed care benefit, Cardinal Care in the next year. This is combining the two current managed care contracts. DMAS anticipates no interruptions to care.
	11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
	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.
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 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.		The midpoint assessment has been extended and is currently being finalized by Virginia Commonwealth University.

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	X	
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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