

**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	<i>Building and Transforming Coverage, Services, and Supports for a Healthier Virginia</i>
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	<ul style="list-style-type: none"> • <i>Increase rates of identification, initiation, and engagement in treatment;</i> • <i>Increase adherence to and retention in treatment;</i> • <i>Reduce overdose deaths, particularly those due to opioids;</i> • <i>Reduce utilization of emergency departments and inpatient hospital settings through</i> • <i>improved access to a continuum of care services;</i> • <i>Reduce preventable readmissions to the same or higher level of care; and</i> • <i>Improve access to care for physical health conditions among beneficiaries.</i>
SUD demonstration year and quarter	<i>SUD DY6Q2 Monitoring Report</i>
Reporting period	07/01/2022-09/30/2022

^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 facilitated the SUPPORT Act Stakeholder workgroup on July 11, 2022. Virginia Commonwealth University presented on their Emergency Department Bridge Clinic and outcomes. DMAS provided a grant to Virginia Department of Health (VDH) to support Comprehensive Harm Reduction (CHRs) and strengthen Medicaid enrollment and service utilization. The grant allowed the CHRs to implement Medicaid screening and enrollment for individuals while they patronize CHRs, and support infrastructure development to access Medicaid services via telehealth.

DMAS and the Department of Behavioral Health and Developmental Services (DBHDS) met to coordinate planning for the Medicaid Peer Recovery Support Services Symposium scheduled for October 17, 2022. The symposium is being held to promote the Medicaid Peer benefit and announce the increased rates for Peer services due to support from the Governor and the General Assembly. DMAS and DBHDS are inviting several key stakeholders to present as a panel to promote the use of Peers in various Medicaid funded service settings.

DMAS participated in the Substance Abuse Mental Health Services Administration (SAMSHA) Region 3 Peer Support Services/Data meeting with DBHDS. Virginia is working on adding Peer Recovery Support Services for ARTS to the Behavioral Health Dashboard. DMAS is also working with DBHDS to plan a Medicaid/Peer Support Services Symposium for October 2022.

DMAS approved a Preferred Office Based Addiction Treatment application and reviewed and approved 3 applications during this reporting period. There are a total of 200 approved sites.

DMAS facilitated a meeting with Department of Health Professions, DBHDS and representatives from Pinnacle Treatment regarding concerns about the impact of workforce shortages for substance use disorder treatment providers. During the meeting, the following topics were discussed: how to expand the national certifications recognized through endorsement for a Certified Substance Abuse Counselors (CSACs) endorsement, the requirements for a doctoral level licensure for psychology (vs master's level) and preparation for presenting to the Board of Counseling next regulatory meeting.

DMAS participated in the Substance Abuse Mental Health Services Administration (SAMHSA) meetings for Suboxone access as well as the Region 3 Medication Assistance Treatment meetings this quarter.

DMAS participated in the Medicaid Physician and Managed Care Liaison Committee Meeting where one of the SUPPORT Act Grant contractors, Virginia Commonwealth University, presented on Addiction Bridge Clinic program.

DMAS prepared slides for the Federally Qualified Health Center Director meeting in August 2022, to discuss the ARTS benefit and the Preferred Office based addiction treatment (OBAT) provider type. The goal is to encourage more FQHCs to become Preferred OBATs and treat members with substance use disorders.

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.	X		
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			

<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.</p>		<p>#6, 7, 9, 10, 11, 12</p>	<p>Metric #6: Any SUD Treatment – increased 3.43% from prior quarter. This is expected with the increase in Medicaid member eligibility as well as increases in providers offering SUD treatment.</p> <p>Metric #7: Early Intervention – decreased - 11.26% from prior quarter. This decrease is not expected due to the increase in Medicaid member eligibility as well as increase in providers performing and billing for SBIRT. Overall billing is low so minor changes result in larger percentage changes.</p> <p>Metric #9: Intensive Outpatient and Partial Hospitalization Services – increased 2.20%. This is an expected increase due to Medicaid member eligibility increasing as well as increase in providers offering these services.</p> <p>Metric #10: Residential and Inpatient Services – increased 10.39%. This is an expected increase due to Medicaid member eligibility increasing as well as increase in providers offering these services.</p> <p>Metric #11: Withdrawal management – increased 11.74%. This is an expected increase due to Medicaid member eligibility increasing as well as increase in providers offering these services.</p> <p>Metric #12: Medication-Assisted Treatment – increased 3.47%. This is an expected increase due to Medicaid member eligibility increasing as well as increase in providers offering these services.</p>
<p>2.2 Implementation update</p>			

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			The General Assembly session and the Governor approved a rate increase for residential providers of substance use disorder services based on submission of a cost report. This rate increase may support additional providers of this service. The state will engage residential providers to ensure they are aware of the new rate methodology and cost report process, including trainings and policy memos.
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: 3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
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 meets with the behavioral health leads of the Managed Care Organizations (MCOs) monthly to discuss process improvement for utilization management. DMAS initiated a case review to determine the appropriate application of the American Society of Addiction Medicine (ASAM) Criteria. The Department of Behavioral Health and Developmental Services has contracted for ASAM Criteria trainings and clinical staff at Medicaid and the MCOs will be signing up to attend these trainings. This will help ensure Medicaid is applying ASAM Criteria appropriately in reviews.
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	Metric #23: Emergency Department Utilization for SUD per 1,000 Medicaid beneficiaries – Increased 8.54%. Per the Virginia Department of Health, COVID has affected healthcare seeking behavior across Virginia. Statewide rates per 10,000 emergency department visits for all overdose types decreased during this reporting period compared to the previous quarter. However, there was a spike in stimulant overdose rates during this quarter for the Northern Virginia area. There was also an increase in emergency department visits for all drug overdoses in the 15-19 age group for Virginia.
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	X		
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. 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	<p>Q1 Count of members who receive a SUD Treatment service within 30 days of transition FROM a Justice AC – Decreased -5.88%, or 7 members, from previous quarter. DMAS expects to see an increase as we are prioritizing this population during this time period.</p> <p>Q2 Count of SUD Services with a TELEHEALTH Modifier (GQ, GT) – Decreased -6.39% 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.</p> <p>Q3 Number of Peer Recovery Specialists registered with the Virginia Board of Counseling, Department of Health Professions – Increased 12.72%. This is an expected increase due to the efforts in prioritizing this service during this time period.</p>
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.		Metric #24, 33, 34	<p>Metric #24: Inpatient Stays for SUD per 1,000 Medicaid beneficiaries – increased 8.06%. DMAS expects inpatient services not be utilized as frequently with the availability of community based services increasing. The state will continue to monitor.</p> <p>Metric #33: Grievances Related to SUD Treatment Services – increased 26.56%. The overall numbers are small so minor changes result in more significant percentage changes.</p> <p>Metric #34: Appeals Related to SUD Treatment Services – increased 84.85%. The overall numbers are small so minor changes result in more significant percentage changes, however increases in appeals may be due to the increase in utilization.</p>
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 always shown budget neutrality.
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, Cardinal Care 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.
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 pending CY2021 annual metrics to be completed.

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 continues to finalize the member survey report for DMAS that is scheduled to be completed next reporting period.

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.		As of September 30, 2022 there 70,715 Medicaid Expansion members that received an ARTS service.

*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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