

**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 DY7Q2 Monitoring Report</i>
Reporting period	07/01/2023 – 09/30/2023

^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 worked on revisions to the retroactive reporting for the 1115 SUD Demonstration based on feedback from the Centers for Medicaid and Medicaid Services (CMS) and submitted these revisions to CMS on 12/27/2023. These retroactive reports incorporated the updates from the CMS five technical manuals. DMAS also developed a proposal for the percentage thresholds for the Part B report. Based on the analysis of the various metrics, DMAS proposes a 4% threshold for Metrics #3, 6, 8, 12 and a 7% threshold for Metrics #9, 10, 11, 23 and 24. DMAS proposes an actual count of an increase or decrease of “25” for metric #7 due to lower utilization. These thresholds are being used in this quarterly report.

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. As part of this work, DMAS is developing a report to share with the Secretary of Health and Human Resources that covers innovative efforts in the substance use disorder treatment and recovery space. The report will be finalized and shared with leadership next reporting period.

DMAS continued collaborative efforts 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 receive critical intervention points and significant follow up to link treatment resources outside of the emergency department. A web-based training is scheduled for November 2023.

DMAS staff continued to facilitate a working session with the managed care organization (MCO) staff to improve the processes recognizing and monitoring the Preferred OBAT providers. Activities supporting access to medications for opioid use disorder (MOUD) included DMAS completing 5 Preferred Office Based Addition Treatment application reviews during this reporting period and approved 6 applications. There were a total of 213 approved sites at the end of this reporting period.

Lastly, DMAS was awarded funds through the Opioid Abatement Authority on August 21, 2023. This will be a multi-year, multi-step project. The first year includes \$150,000 for DMAS to create and facilitate a training/technical assistance program for hospitals to launch emergency department bridge programs for patients with opioid use disorders. Funding for this effort in years two through five would then pay for the start-up cost of the selected bridge programs. The year two through five funding requests from DMAS to the OAA are expected to be approximately \$950,000 per year. These costs will support the launch of at least two bridge programs each year. Once bridge programs are in operation, they are expected to become self-sustaining with medical reimbursements. 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 4 percent related to assessment of need and qualification for SUD services for Metrics.	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		

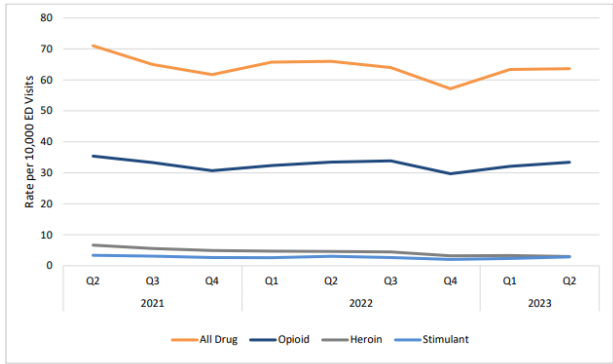
Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends related to Milestone 1, including all changes (+ or -) 4% threshold for Metrics #3, 6, 8, 12 and a (+ or -) 7% threshold for Metrics #9, 10, 11, 23 and 24. DMAS proposes an actual count of an increase or decrease of “25” for metric #7.		10	Metric #10: Residential and Inpatient Services – increased 8.34%. 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 as well as Medicaid expansion, however growth in treatment for this level of care appears to be leveling off after earlier quarters of greater increase.
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.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: 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	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.	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	<p>Metric #23: Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries – increased 3.18%. 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).</p> <p>Summary Figure. Unintentional Drug Overdose Rates per 10,000 ED Visits among Virginia Residents by Calendar Quarter and Overdose Type, Most Recent 9 Quarters.</p>  <table border="1"> <caption>Unintentional Drug Overdose Rates per 10,000 ED Visits (Estimated from Chart)</caption> <thead> <tr> <th>Quarter</th> <th>All Drug</th> <th>Opioid</th> <th>Heroin</th> <th>Stimulant</th> </tr> </thead> <tbody> <tr> <td>Q2 2021</td> <td>70</td> <td>35</td> <td>8</td> <td>5</td> </tr> <tr> <td>Q3 2021</td> <td>65</td> <td>32</td> <td>7</td> <td>4</td> </tr> <tr> <td>Q4 2021</td> <td>62</td> <td>30</td> <td>6</td> <td>4</td> </tr> <tr> <td>Q1 2022</td> <td>65</td> <td>33</td> <td>6</td> <td>4</td> </tr> <tr> <td>Q2 2022</td> <td>65</td> <td>34</td> <td>5</td> <td>4</td> </tr> <tr> <td>Q3 2022</td> <td>63</td> <td>33</td> <td>5</td> <td>4</td> </tr> <tr> <td>Q4 2022</td> <td>58</td> <td>30</td> <td>4</td> <td>4</td> </tr> <tr> <td>Q1 2023</td> <td>63</td> <td>32</td> <td>4</td> <td>5</td> </tr> <tr> <td>Q2 2023</td> <td>63</td> <td>33</td> <td>4</td> <td>6</td> </tr> </tbody> </table>	Quarter	All Drug	Opioid	Heroin	Stimulant	Q2 2021	70	35	8	5	Q3 2021	65	32	7	4	Q4 2021	62	30	6	4	Q1 2022	65	33	6	4	Q2 2022	65	34	5	4	Q3 2022	63	33	5	4	Q4 2022	58	30	4	4	Q1 2023	63	32	4	5	Q2 2023	63	33	4	6
Quarter	All Drug	Opioid	Heroin	Stimulant																																																	
Q2 2021	70	35	8	5																																																	
Q3 2021	65	32	7	4																																																	
Q4 2021	62	30	6	4																																																	
Q1 2022	65	33	6	4																																																	
Q2 2022	65	34	5	4																																																	
Q3 2022	63	33	5	4																																																	
Q4 2022	58	30	4	4																																																	
Q1 2023	63	32	4	5																																																	
Q2 2023	63	33	4	6																																																	
6.2 Implementation update																																																					

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.	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	<p>Q1: Count of members who receive a SUD Treatment service within 30 days of transition FROM a Justice AC – decreased -6.82% (decrease of 12 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.</p> <p>Q2: Count of SUD Services with a TELEHEALTH Modifier (GQ, GT) – Decreased -7.61% (decrease of 3,379 members) from previous quarter. DMAS is monitoring the use of telehealth for service delivery since the impact of COVID-19 pandemic unwinding 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 16.27% (increase of 89 individuals). We are expecting increases in providers due to the increased Medicaid reimbursement rates and the efforts in Virginia support Peer Recovery Support Services.</p>
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.		33, 34	Metric #33: Grievances Related to SUD Treatment Services – these increased by 8 counts this quarter from previous quarter (none were reported the previous quarter). Metric #34: Appeals Related to SUD Treatment Services: The appeals totaled 84 this quarter compared to 50 last quarter, a 68% increase.
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 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 implemented a new managed care benefit during this reporting period. 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. During this reporting period, DMAS implemented 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 and reporting any issues with our provider enrollment unit.
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 and is on target with all deliverables.
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 approved by CMS.
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. This will be submitted to CMS no later than January 31, 2024.

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:
Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.
The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”