West Virginia (WV) Bureau for Medical Services (BMS) 1115 Substance Use Disorder (SUD) Waiver: "Evolving WV's Medicaid Behavioral Health Continuum of Care" Implementation Plan (Implementation Plan)

Introduction

The West Virginia (WV, State) Department of Human Services (DoHS) Bureau for Medical Services' (BMS) 1115 Substance Use Disorder (SUD) Waiver Implementation Plan provides additional details on how the State will meet the goals and milestones established by the Centers for Medicare & Medicaid Services (CMS) in State Medicaid Director (SMD) letter #17-003. BMS aims to improve quality, accessibility, and outcomes of SUD treatment services in a cost-effective manner through the implementation of the renewed and expanding 1115 waiver.

Structure: The Implementation Plan summarizes progress related to the WV 1115 SUD Demonstration Waiver since its inception under the original demonstration period, which ended in 2024. The Implementation Plan also provides updates on each required waiver milestone, as well as updates on the implementation of the new services for which West Virginia has approval under the demonstration's renewal period, spanning January 2025 – December 2029.

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Background on the WV 1115 SUD Demonstration

WV has contended with the opioid use crisis for over two decades, a crisis that worsened during the COVID-19 pandemic. In response, WV has implemented multiple initiatives to enhance treatment, promote prevention, and increase public awareness, including the 1115 SUD Demonstration Waiver for its Medicaid members.

BMS received CMS approval for WV's original 1115 SUD Demonstration Waiver in October 2017, and implemented authorized services in phases beginning in January 2018, which included providing Medicaid coverage for peer recovery support specialist (PRSS) services, residential treatment services, and methadone treatment services (which were moved to the State Plan during the first demonstration period). Table 1 summarizes key milestones and progress related to the implementation of the first 1115 SUD Waiver demonstration. This Implementation Plan also includes an appendix with visual representations of trends and outcomes evaluated throughout the first demonstration period. Table 1 and the appendix highlight the progress BMS has with the implementation and operationalization of this waiver.

Table 1: WV 1115 SUD Waiver Implementation Progress and Milestones Achieved During First Demonstration Period

Implementation Activity/Milestone	Date
WV received CMS approval and Standard Terms and Conditions (STCs) for the 1115 SUD Waiver Demonstration.	October 6, 2017
Approved 1115 SUD Waiver Demonstration effective start date.	January 1, 2018
Phase 1 services implemented (Screening, Brief Intervention and Referral to Treatment, Methadone Treatment).	Services started January 14, 2018
Phase 2 services implemented (Adult Residential Treatment, PRSS, and Withdrawal Management).	Services started July 1, 2018
State-certified PRSS were implemented as part of the authorized PRSS waiver service.	July 2018
WV submitted the 1115 Waiver Monitoring Protocol to CMS.	December 21, 2018
WV updated the original requirement that SUD providers must use the American Society of Addiction Medicine (ASAM®) criteria, allowing assessment based either on ASAM® or another nationally recognized and approved set of evidence-based SUD criteria.	April 2019
WV submitted Final Monitoring Protocol to CMS partners.	May 30, 2019

Implementation Activity/Milestone	Date
1115 services were incorporated into the BMS' managed care delivery system; WV added the waiver services to Managed Care Organization (MCO) contracts	July 2019
West Virginia University (WVU), the contracted independent evaluator for the demonstration, submitted the final evaluation design for the waiver monitoring and evaluation process.	September 24, 2019
CMS approved an updated 1115 amendment request, to operate a lock-in into one MCO for members on the Children with Serious Emotional Disorders (CSED) waiver program.	September 30, 2019
COVID-19 U.S. rates increased, and a nationwide public health emergency was enacted. This pandemic and related consequences notably impacted delivery and operations related to waiver services. For example, SUD residential facilities' availability to discharge individuals according to standard procedures was limited.	March 2020
The percentage of providers offering some form of SUD treatment peaked at slightly over 12% of enrolled providers (per the WVU Evaluation Plan).	April 2020
A federally required State Plan Amendment (SPA) for methadone was approved and effective as of this date under the WV State Plan; methadone delivery was removed from 1115 SUD Waiver services as a result, as to not duplicate services.	October 1, 2020
WV saw significant increases in access to critical levels of care for Opioid Use Disorder (OUD) and other SUDs for any SUD treatment (+7.8% increase), including increased utilization of early intervention, outpatient services, residential and inpatient services, withdrawal management, and Medication-Assisted Treatment (MAT).	January 2018 – April 2021
BMS submitted the 1115 Waiver Demonstration Renewal and Expansion application to CMS.	Spring of 2022
CMS approves BMS' 1115 Waiver renewal for another 5-year demonstration period. This approval authorizes the State to provide several new services in addition to continuing PRSS and Residential services.	December 11, 2024
1115 SUD Waiver Demonstration renewal: effective date	January 1, 2025

Sources Used: WVU 1115 Evaluation Report, WV 1115 Renewal Application, Communications with CMS on Renewal

1115 SUD Demonstration Waiver Renewal and Expansion: Expanding the Continuum of Care

Under the 1115 SUD Demonstration Waiver renewal and expansion, which was approved by CMS in December of 2024 and is authorized for the period from January 2025 – December 2029, BMS will expand or implement the following services to build upon and complement the meaningful expansion of SUD services already accomplished through the first waiver demonstration period:

- Expansion of PRSS services to Emergency Departments (EDs), Drug Free Moms and Babies (DFMB) sites, and Federally Qualified Health Centers (FQHCs), building on the success of peer support under the first demonstration period. ED-PRSS will pilot an engagement PRSS model in EDs, with distinct differences from the community PRSS model which is or will be used at other provider sites.
- Addressing health-related social needs (HRSN) through supported housing services.
- Supporting work-related recovery goals through recovery-related support services.
- Supporting justice-involved individuals with SUD as they transition back into the community by providing reentry services starting 90 days prior to expected date of release. BMS' reentry benefit package includes case management and MAT up to 90 days pre-release, and a 30-day supply of prescription medications upon release.
- Standardizing Quick Response Team (QRT) key components and helping to ensure sustainable funding and statewide access.

1115 SUD Waiver Implementation Plan Milestones

The remainder of the Implementation Plan describes how WV has met or is in the process of meeting the CMS-specified milestones for 1115 SUD Waiver demonstrations. Each milestone includes CMS specifications; the timeline CMS requests BMS meet the specific criteria; a description of the State's current environment; the desired future state for BMS; and a summary of actions the State will take, if and where necessary, to move to the targeted future state during the demonstration period.

Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs

CMS Specifications

Coverage of OUD/SUD treatment services across a comprehensive continuum of care including outpatient and intensive outpatient treatment; MAT (medication as well as counseling and other services with sufficient provider capacity to meet needs of Medicaid

beneficiaries in the state); intensive levels of care in residential and inpatient settings; and medically supervised withdrawal management.

To meet this milestone, state Medicaid programs must provide coverage of the following services:

- Outpatient Services.
- Intensive Outpatient Services.
- MAT (medications as well as counseling and other services with sufficient provider capacity to meet needs of Medicaid beneficiaries in the state).
- Intensive levels of care in residential and inpatient settings.
- Medically supervised withdrawal management.

Timeline: Within 12-24 months of demonstration approval.

WV Progress on Milestone 1

The State has documented progress for this Milestone in two segments, as related to existing and continuing 1115 services from the first demonstration period, followed by new services that will be implemented through the renewal period.

Existing 1115 Services

Table 2 describes West Virginia actions to help ensure access to critical levels of care for OUD and other SUDs. Because BMS aligns with ASAM® criteria and levels of care, the table organizes the services by ASAM® levels.

Table 2: Access to Critical Levels of Care for OUD and Other SUDs

Milestone Criteria	Current State	Future State	Summary of Actions Needed
CMS criteria for completion of the milestone	Overview of current SUD treatment services organized by level of care.	Overview of planned SUD treatment services to be covered by the State in each level of care.	List of action items needed to be completed to meet milestone requirements, if any.
ASAM® Level 1: Outpatient Services	BMS covers a comprehensive array of outpatient behavioral health services, including screening, assessment, crisis intervention, and individual, group, and family therapies for SUD. **Expenditure Authority:** • State Plan	BMS will continue to provide a comprehensive array of outpatient services. BMS will make updates to policy to align with most recent ASAM® criteria as needed.	Continue to monitor services and expenditures. Where applicable, BMS will update current policy to align with current ASAM® criteria during this demonstration period.
ASAM® Level 2: Intensive Outpatient Services	BMS covers intensive outpatient services, including professionally directed assessment, diagnosis, treatment, and recovery services provided in an organized, non-residential treatment setting. **Expenditure Authority:** • State Plan	No changes. BMS will continue to provide intensive outpatient services.	Continue to monitor intensive outpatient services and expenditures.
Medications for OUD	**Opioid Treatment Program (OTP)** BMS covers daily or weekly opioid agonist medication and counseling to maintain multidimensional stability for those with severe OUD. **Expenditure Authority:** • State Plan	No changes. In keeping with Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment Act (SUPPORT Act) requirements and WV SPA 21-0002, MAT is a required State Plan service through September 30, 2025.	Outside of 1115 program: Submit new MAT SPA to support continued coverage of MAT. Anticipated completion date: Fall 2025, or as dictated by guidance from federal partners on continuation of State Plan coverage. Effective date of new SPA will be October 1, 2025.
	Office-Based Opioid Treatment (OBOT)	No changes.	Continue to monitor services and expenditures.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	BMS covers outpatient treatment services outside licensed OTPs by clinicians to individuals with SUD. **Expenditure Authority:** • State Plan		
ASAM® Level 2.5: Partial Hospitalization Services	**Partial Hospitalization Services** BMS covers outpatient hospital services offering an interdisciplinary program of medical therapeutic services. **Expenditure Authority:** • State Plan	BMS will make program updates to align with the most recent ASAM® criteria. To align with the ASAM® 4th Edition, level 2.5 will be updated to incorporate High-Intensity and Medically Managed Outpatient Treatment.	Continue to monitor and evaluate services and expenditures. Where applicable, BMS will update current policy to align with current ASAM® criteria. Anticipated completion date for policy updates: December 1, 2027.
ASAM® Level 3.1: Clinically Managed Residential Services	**3.1 Residential Adult Services (RAS)** BMS covers structured 24-hour adult substance use residential treatment that meets the clinical and staffing criteria to deliver ASAM® level 3.1 services to individuals who meet level of care criteria. **Expenditure Authority:** • 1115 Demonstration	Level 3.1 will remain with the structural alignment with the ASAM® 4th Edition. BMS will make policy and system coding updates to align with specific requirements in the latest Edition criteria.	Continue to monitor and evaluate services and expenditures. Continue to monitor provider participation and capacity. Where applicable, BMS will update WV Chapter 504 to align with current ASAM® criteria. System configuration updates to Medicaid Management Information System (MMIS). Anticipated completion date: January 1, 2026.
ASAM® Level 3.3: Clinically Managed	**3.3 RAS** BMS covers structured 24-hour adult substance use residential treatment	To align with the ASAM® 4th Edition, residential level 3.3 will be removed from policy and the SUD program	Update WV Chapter 504 where applicable.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Residential Services	that meets the clinical and staffing criteria to deliver ASAM® level 3.3 services to individuals who meet level of care criteria. **Expenditure Authority:** • 1115 Demonstration	during the demonstration period, and specialized services will be supported across other levels of care.	Develop and disseminate provider training. System configuration updates to the MMIS. Anticipated completion date: January 1, 2026..
ASAM® 3.5: Clinically Managed Residential Services	**3.5 RAS** BMS covers structured 24-hour adult substance use residential treatment that meets the clinical and staffing criteria to deliver ASAM® level 3.5 services to individuals who meet level of care criteria. **Expenditure Authority:** • 1115 Demonstration	Level 3.5 will remain with the structural alignment with the ASAM® 4th Edition. BMS will make policy and system coding updates to align with specific requirements in the latest Edition criteria.	Continue to monitor and evaluate services and expenditures. Continue to monitor provider participation and capacity. Where applicable, BMS will update WV Chapter 504 to align with current ASAM® criteria. System configuration updates to the MMIS. Anticipated completion date: January 1, 2026.
ASAM® Level 3.7: Medically Monitored Intensive Residential Treatment	**3.7 RAS** BMS covers structured 24-hour adult substance use residential treatment that meets the clinical and staffing criteria to deliver ASAM® level 3.7 services including medically supervised withdrawal management to individuals who meet level of care criteria. **Expenditure Authority:**	Level 3.7 will remain with the structural alignment with the ASAM® 4th Edition. BMS will make policy and system coding updates to align with specific requirements in the latest Edition criteria. Additionally, for the 3.7 level of care, BMS will provide additional guidance to MCOs and providers to ensure that stays longer than 30 days that meet medical necessity may be approved	Continue to monitor and evaluate services and expenditures. Continue to monitor provider participation and capacity. Where applicable, BMS will update WV Chapter 504 to align with current ASAM® criteria.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	• 1115 Demonstration	for individuals with medically complex co-occurring conditions. This will be clarified in detail in the updated policy.	System configuration updates to the MMIS. Anticipated completion date: January 1, 2026. BMS will update Chapter 504 policy and provide additional guidance to MCOs to ensure that medically complex individuals may be approved for stays in residential care for longer than 30 days, as medically necessary. Anticipated completion date: January 1, 2026.
Withdrawal Management	**ASAM® Level 1** – Withdrawal Management (Intensive Outpatient Services) **ASAM® Level 1** – Ambulatory Withdrawal Management without Extended On-Site Monitoring **ASAM® Level 2** – Ambulatory Withdrawal Management with Extended On-Site Monitoring **ASAM® Level 3.2** – Clinically Managed Residential Withdrawal Management **Expenditure Authorities:** • Levels 1, 2: State Plan • Level 3.2: 1115 Demonstration	No immediate changes. When aligning with the ASAM® 4th Edition, BMS will review capacity of providers across the continuum. BMS will eventually integrate withdrawal management into the service array at all levels of care, including all levels of residential treatment.	Per Milestone 4 below, BMS anticipates that withdrawal management will be a priority area for BMS capacity review. BMS will update policies and related documentation as applicable to program changes made.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
PRSS Services	**PRSS:** Previously offered, via waiver authority, through Licensed Behavioral Health Centers (LBHCs). **Expenditure Authority:** 1115 Demonstration	Through the waiver renewal, PRSS is expanding to EDs, FQHCs, and the DFMB program in addition to LBHCs. ED-PRSS services will focus on engagement to align with the setting.	WV is in the process of finalizing updated Chapter 504 PRSS policy. WV will develop and disseminate provider training. WV is in the process of making system updates to the MMIS. Anticipated completion date: January 1, 2026.

Newly Authorized 1115 Waiver Services

In addition to the continuum of care noted above which has been implemented through the previous 1115 SUD Waiver period, new 1115 SUD Waiver services under the renewal demonstration period will further address the needs of people with SUD. Table 3 documents the State's plans for implementing these new services.

Table 3: New 1115 SUD Waiver Demonstration Services, Increasing the Services and Supports Available Under Medicaid

New 1115 SUD Waiver Demonstration Services		
Category of New Services	**New Service**	**Key Actions Needed for Implementation**
Recovery Supports	**Recovery-Related Support Services (RRSS)** RRSS assist and support individuals who are working and/or who desire to work. These services include rehabilitative services and supports that align with the State Plan rehabilitation benefit and that help individuals manage behavioral health challenges, develop strategies for engaging in work, assist in resolving workplace issues, and help individuals address their recovery needs while at work. Services include:	Develop and implement new BMS policy for this service. System configuration updates in the MMIS. Develop and release MCO, member, and provider bulletins/information. Support provider capacity building and training. Develop training for MCOs on new services and criteria. Anticipated completion date: April 1, 2026.

New 1115 SUD Waiver Demonstration Services		
	a. A comprehensive rehabilitative assessment or intake process that is routinely completed at intake or admission and includes physical, behavioral, and psychosocial assessments, including employment, social and educational needs and/or goals, and treatment planning domains. b. Skill building and care coordination to navigate and access community, state, and/or federal resources that support recovery-related goals, including employment goals. c. Coordination with the treatment team. d. Psychosocial rehabilitation and/or clinical counseling interventions that help the individual manage behavioral health challenges and barriers as they work toward sustaining their employment goals and that help the individual maintain engagement with services and supports. RRSS does not include: a. Completing benefits paperwork or applications on an individual's behalf. b. Specialized vocational or career-focused assessments that are not part of the rehabilitation service assessment and treatment planning process. c. Systematic job development and networking with employers. d. Direct support with helping an individual find and procure a job (e.g., resume writing, completing applications, or scheduling or participating in interviews). e. Interventions with prospective employers to develop employment opportunities specifically tailored to an individual's abilities.	

New 1115 SUD Waiver Demonstration Services		
	f. Job coaching and other interventions that are targeted to helping the individual succeed in a specific job-related task (i.e., “hard skills”). g. Intervention with an individual’s employer to resolve an issue regarding the individual’s work performance or workplace conditions not related to specific behavioral health symptoms or need for support or accommodation. h. Outreach activities that do not involve direct support or contact with an individual.	
	QRTs QRTs are community-based teams that provide follow-up to individuals within 24 – 72 hours of a reported overdose or other SUD-related emergency. The QRT provides brief assessment, interim support, and referrals and/or linkages to additional treatment services.	Continue collaboration with Bureau of Public Health leadership and existing QRT providers to refine the Medicaid QRT model. Develop and implement new BMS policy. System configuration updates in the MMIS. Develop and release MCO, member, and provider bulletins/information. Train QRT providers on the Medicaid model, new service components and with a focus on Medicaid-specific requirements, needs, and benefits (i.e., documentation requirements). Anticipated completion date: October 1, 2026.

Milestone 2A: Use of Evidence-Based, SUD-Specific Patient Placement Criteria

CMS Specifications:

Providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as the ASAM® Criteria or other assessment and placement tools that reflect evidence-based clinical treatment guidelines.

Timeline: Within 12-24 months of demonstration approval.

WV Progress on Milestone 2A:

Table 4 describes West Virginia's actions to ensure use of evidence-based, SUD-specific placement criteria.

Table 4: Implementation of Evidence-Based, SUD-Specific Patient Placement Criteria

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current state use of evidence-based, SUD-specific patient placement criteria and utilization management approach to ensure placement in appropriate level of care and receipt of services recommended for that level of care.	Provide an overview of planned State implementation of requirement.	Specify a list of action items needed to be completed to meet milestone requirements.
Implementation of the requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools that reflect evidence-based clinical treatment guidelines.	All WV SUD providers are required to incorporate the national patient assessment and placement guidelines as established in the ASAM® criteria, or another nationally recognized and evidence-based criteria set, into current assessment and level of care determination processes. The multidimensional assessment framework is implemented as a standard component of the bio-psychosocial assessment and level of care determination process. In the first two years following the original waiver approval in 2018, BMS offered ASAM® criteria training to providers and interested parties, sponsored by the Medicaid Leadership Institute and Centers for Healthcare Strategies. ASAM® criteria is now	BMS will continue to require that all SUD providers assess treatment needs based on ASAM® criteria. These standards will be embedded into new waiver services as well, where appropriate. Services will be aligned with the latest ASAM® 4th Edition criteria during this demonstration period.	As applicable, BMS will update policy to align with ASAM® 4th Edition criteria. BMS will embed ASAM® assessment requirements into policies developed for new 1115 services as described in Milestone 1 where clinically appropriate. As applicable, BMS will inform the MCOs and ASOs of ASAM® 4th Edition alignment changes, to ensure providers are credentialed appropriately. BMS will review and potentially amend future MCO and ASO contracts as needed to reflect current ASAM® requirements. Anticipated completion date: December 2026.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	incorporated into the WV Medicaid Provider Manual Chapter 504 SUD Services and is used in Administrative Services Organization (ASO) and MCO assessment protocols and policies. SUD providers are responsible for educating their staff on the ASAM® level of care criteria and the application of the ASAM® level of care criteria in the assessment process. As part of BMS' quality monitoring strategy, a sample of personnel and clinical records from the provider network are reviewed periodically to evaluate if there is appropriate application of and fidelity to the ASAM® criteria and the Medicaid Provider Manual. The MCO performs these retroactive reviews of providers to ensure SUD program providers are consistently applying ASAM® criteria and that documentation and personnel records meet established Medicaid standards. Consideration of ASAM® level of care factors in the person-centered service planning process must be documented by providers and reevaluated at regular service plan updates. Evidence-based diagnostic and standardized instruments must be		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	administered at the initial evaluation and as clinically indicated. Assessment results must be available as part of the clinical record, as part of the documentation of the need for the service, and as justification for the level and type of service provided.		

Milestone 2B: Patient Placement (Utilization Management)

CMS Specifications:

States must establish a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings.

Timeline: Within 12-24 months of demonstration approval.

WV Progress on Milestone 2B:

Table 5 describes West Virginia actions related to utilization management approach to support members' access to the right level of care.

Table 5: West Virginia's Patient Placement and Utilization Management Approach

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Overview of current utilization management approach that supports access to care at the appropriate level, and an independent review process residential treatment placement.	Overview of planned State implementation of requirement.	Specify a list of action items needed to be completed to meet milestone requirements.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Implementation of a utilization management approach such that (a) beneficiaries have access to SUD services at the appropriate level of care and (b) interventions are appropriate for the diagnosis and level of care.	The MCOs and ASO (for services delivered outside the managed care system) are responsible for credentialing all SUD demonstration service providers consistent with ASAM® criteria as set forth in the BMS Medicaid Provider Manual. MCOs and the ASO are contractually required to ensure prior authorization (PA) staff are adequately trained in ASAM® criteria and SUD treatment services. Service definitions in the WV Medicaid Provider Manual Chapter 504 for the SUD program include ASAM® level of care criteria. Providers rendering services that require PA must receive authorization before rendering such services. The MCOs and ASO must ensure that services are sufficient in amount, duration, and scope to reasonably be expected to achieve the purpose for which the services are furnished. The ASO and MCOs are prohibited from arbitrarily denying or reducing the amount, duration, or scope of a required service solely because of the diagnosis, type of illness, or condition. The ASO publishes utilization management guidelines on its website at Behavioral Health – WV ASO (acentra.com) for SUD services	No process changes. BMS will continue to leverage the ASAM®-informed utilization management approach for new and existing 1115 waiver services.	N/A for overarching implementation actions or needs, as a process exists and will continue. Related to the ASAM® Edition alignment changes, BMS will: Inform the MCOs and ASOs of ASAM® Edition changes, to help ensure that providers are credentialed appropriately. Review and potentially amend future MCO and ASO contracts. Update policies to align with ASAM® 4th Edition criteria. Continue to leverage the current ASAM®-informed utilization management approach. Anticipated completion date for actions identified: December 1, 2026.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	providers, which requires alignment with ASAM® criteria.		
Implementation of a utilization management approach such that there is an independent process for reviewing placement in residential treatment settings.	MCO utilization staff, physicians, or medical directors perform independent reviews of assessments to determine the level of care and length of stay recommendations based upon the ASAM® multidimensional assessment criteria. MCOs are required to incorporate the national patient assessment and placement guidelines as established in the ASAM® criteria into current assessment and level of care determination processes. The multidimensional assessment framework must be implemented as a standard component of the bio-psychosocial assessment and level of care determination process. SUD residential services are subject to utilization management requirements, including utilization review to initiate services with quality oversight. Each service review assesses service and coordination needs and includes criteria to ensure appropriate placement into an effective level of care based on the individual's needs, as demonstrated in the ASAM® multidimensional assessment tool.	No change to current utilization management approach for ensuring an independent process is followed.	N/A.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	The ASO provides on-site or desk reviews for services delivered outside the MCO system, which consists of a consultant conducting the review with providers. The review incorporates ASAM® criteria. The ASO uses an assessment review tool to evaluate placement. An exit review occurs and includes a summary of initial findings and areas for improvement.		

Milestone 3A: Use of Nationally Recognized SUD-Specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

CMS Specifications:

Currently, residential treatment services are required to be licensed by the West Virginia Office of Health Facility Licensure & Certification (OHFLAC) as a LBHC or a hospital (as applicable for higher level of care programs), per State code. Providers also must have certification. The State must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM® Criteria or other nationally recognized, SUD-specific program standards regarding, in particular, the types of services, hours of clinical care, and credentials of staff for residential treatment settings. BMS interprets these specifications would include:

- Implementation of a state process for reviewing residential treatment providers to assure compliance with these standards; and
- Implementation of a requirement that residential treatment facilities offer MAT on-site or facilitate access off-site.

Timeline: Within 12-24 months of demonstration approval

WV Progress on Milestone 3A

Table 6 details how the BMS currently incorporates nationally recognized, SUD-specific program standards into its provider qualifications for residential treatment facilities.

Table 6: Use of Nationally Recognized SUD-Specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current provider qualifications for residential treatment facilities and how these compare to nationally recognized SUD-specific program standards, e.g., the ASAM® criteria.	Provide an overview of planned use of nationally recognized SUD-specific program standards in improving provider qualifications for residential treatment facilities.	Specify a list of action items needed to be completed to meet milestone requirements. Include persons or entities responsible for completion of each action item. Include time frame for completion of each action item.
Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance. Qualification should meet program standards in the ASAM® criteria or other nationally recognized, SUD-specific program standards regarding	Under the 1115 demonstration waiver, WV Medicaid covers a continuum of levels of short-term residential treatment, based upon ASAM® criteria. All providers of SUD RAS must be LBHCs and must apply to BMS to become an ASAM®-level RAS provider. The RAS application requires attesting to an understanding of ASAM® criteria and submitting staffing information that conforms with applicable ASAM® level of acuity. Residential treatment providers are certified as meeting the provider and service specifications described in BMS Chapter 504 consistent with the	BMS will establish residential treatment provider qualifications in policy that meet program standards in the ASAM® Criteria or other nationally recognized, SUD-specific program standards regarding in particular the types of services, hours of clinical care, and credentials of staff for residential treatment settings. As indicated above, in alignment with the ASAM® 4th Edition, Level 3.3 will no longer exist once BMS aligns program structure with the latest criteria.	Policy updates and expanded requirements for residential facilities. Provider education on applicable clinical, operational, and/or policy changes, with a focus on ASAM® 4th Edition criteria. MCO training, including on updated ASAM® standards and criteria. MCO contract reviews and updates where necessary. Anticipated completion date: December 1, 2026.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
the types of services, hours of clinical care, and credentials of staff for residential treatment settings.	ASAM® criteria for the requisite level of care prior to participating in the WV Medicaid program. The MCOs and ASO provide credentialing for ASAM® Levels 3.1, 3.3, 3.5, and 3.7 and SUD program standards. Services and staff qualifications are further described in BMS provider regulations. Services must be provided and documented in accordance with the minimum standards established in the BMS Provider Manual, Chapter 503, LBHCs Services, and with the certification standards established by WV State Code §64-CSR-11. Clinical assessments, service/treatment planning, and discharge planning, including recovery supports, are required throughout the entire length of stay. Providers must attest to the number of clinical hours provided each week to ensure hours align with ASAM® criteria and that services are provided according to the residential service guidelines within the ASAM® criteria.		

Milestone 3B: Standards of Care for Provider Review Process

CMS Specifications:

Establishment of a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM® Criteria or other comparable nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for types of services, hours of clinical care, and credentials of staff for residential treatment settings.

Timeline: Within 12-24 months of demonstration approval.

WV Progress on Milestone 3B

Table 7 details BMS' provider review process for residential treatment providers, to help ensure programmatic compliance with standards of care.

Table 7: West Virginia Provider Review Process to For Standards of Care Compliance

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Implementation of a State process for reviewing residential treatment providers to ensure compliance with these standards.	To participate in the WV Medicaid program and receive payment from the BMS, providers of SUD waiver services must meet all enrollment criteria as described in Chapter 300, Provider Participation Requirements, https://dhhr.wv.gov/bms/Pages/Manuals.aspx. Participating providers must develop and maintain a credentialing committee composed of the clinical supervisor and/or certified staff representative of the disciplines or practitioners within the agency. This committee is responsible for overseeing and assuring the development of written criteria for each specific type of service provided, reviewing all staff and future employee documented evidence of credentials, and reviewing documentation of credentials in employee files.	BMS already has a detailed provider review process for residential treatment providers in place. BMS residential treatment providers will be required to meet ASAM® criteria per BMS policy. The application process will include documentation that facility meets requirements, and a site visit to ensure facility is ready to deliver services per ASAM® criteria.	Updates to policy (see Milestone 4). Updates to residential provider application process. Anticipated completion date: December 1, 2026.

	Fingerprint background checks are required along with guidelines for clinical supervision and the requirement of clinical supervision. BMS ensures that the ASAM® criteria are built into Chapter 504. The agency works to stay up to date on best practices regarding residential service models. To be reimbursed for RAS, the provider must be licensed by the OHFLAC as an LBHC, be an enrolled Medicaid provider, and be issued an approval certification through BMS before rendering services. The provider must complete an RAS application found in Chapter 504, Appendix B and submit the application with a copy of the LBHC certification from OHFLAC that includes the physical address of the site(s) providing both residential and clinical services. BMS will review the application within 30 days of receipt and notify the provider of approval, disapproval, or request more information if needed to complete the certification review request. The certification is good for two years from the date of approval. BMS reserves the right to terminate certification due to noncompliance of policy, State licensing revocation, or reports of abuse, fraud, or other issues that are indicative of improper practice. The primary means of monitoring the quality of LBHC services is through provider reviews conducted by OHFLAC and the ASO or MCO. The ASO and MCO perform on-site and desk documentation provider reviews and face-to-		

	face member/legal representative and staff interviews to validate documentation and address CMS quality assurance standards. Targeted, on-site LBHC service provider reviews and/or desk reviews may be conducted by OHFLAC, the ASO or MCO on Incident Management Reports, complaint data, and Plan of Corrections. The final report reflects the provider's overall performance, details of each area reviewed, and any disallowance, if applicable, for any inappropriate or undocumented billing of LBHC services. Additional criteria may be found in Chapter 504 and associated policy appendices.		

Milestone 3C: Standards of Care Related to MAT Access

CMS Specifications:

Establishment of a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site.

Timeline: Within 12-24 months of demonstration approval.

WV Progress on Milestone 3C

Table 8 details BMS' requirements and expectations for residential providers related to provision of MAT, on-site or off-site when on-site is not feasible.

Table 8: West Virginia Policy Related to Standards of Care for MAT Access

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Implementation of a requirement that residential treatment facilities offer MAT on-site or facilitate access off-site.	WV Medicaid Chapter 503, Section 19 and Chapter 504, Sections 13 and 18, require that MAT be available to members in conjunction with residential treatment.	Current requirements will remain in place; providers must ensure that MAT is available to members in conjunction with residential treatment. When on-site MAT access is not feasible, the provider is responsible for ensuring off-site access is available.	N/A, no action needed for implementation of requirements. See Milestone 1 above for more detail on MAT services that BMS covers.

Milestone 4: Sufficient Provider Capacity at Critical Levels of Care (Including MAT) for OUD

CMS Specifications:

To meet this milestone, states must complete an assessment of the availability of providers in the critical levels of care (as listed in Milestone 1) throughout the state, including providers that offer MAT.

Timeline: Within 12 months of demonstration approval.

WV Plan to Meet Milestone 4 Specifications:

To assess provider capacity and monitor implementation, utilization, and performance of SUD treatment services, BMS will leverage the internal 1115 dashboard data from BMS' Enterprise Data Solution (EDS). The EDS gathers information on claims, diagnoses, provider visits, and more, and has reporting capabilities. The dashboard can provide data on service utilization with capabilities to identify provider count and availability. The BMS 1115 waiver program team now has access to this EDS data repository and dashboard and plans to use information within to track 1115 program metrics related to provider availability and capacity.

WV plans to retrieve data and review trends in the EDS annually to assess provider capacity, similar to the cadence for 1115 annual monitoring reports.

Leveraging the dashboard functionalities, and additional sources as applicable such as but not limited the existing RAS/PRSS report and the claims data repository, BMS will work to conduct a baseline assessment of current provider capacity for the following services:

- Outpatient Services.
- Intensive Outpatient Services.
- MAT.
- Intensive levels of care in residential and inpatient settings; including medically supervised withdrawal management.

Using the baseline assessment, BMS will identify provider capacity needs and/or priority areas across the state and create an action plan to address priority areas. BMS will track and review capacity on an annual basis throughout the demonstration period.

Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

CMS Specifications:

To meet this milestone, states must ensure that the following criteria are met:

- Implementation of opioid prescribing guidelines, along with other interventions to prevent prescription drug abuse.
- Expanded coverage of and access to naloxone for overdose reversal.
- Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs.

Timeline: None specified.

WV Progress on Milestone 5.

Below Table 9 describes the strategies WV has put in place to address prescription drug abuse and OUDs, as required by Milestone H criteria. Where applicable, the BMS has included a list of actions and/or plans to continue to improve activities related to these criteria.

Table 9: WV Treatment and Prevention Strategies to Address Opioid Abuse and OUD

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of milestone	Provide an overview of current treatment and prevention strategies to reduce opioid abuse and OUD in the state.	Provide an overview of planned strategies to prevent and treat opioid abuse and OUD.	List of action items to be completed to meet milestone requirements.
Implementation of opioid prescribing guidelines along with other interventions to prevent opioid abuse.	In response to the Centers for Disease Control (CDC) Opioid Prescribing Guidelines, and through a CDC Prescription Drug Overdose Prevention grant, WV Medicaid initiated guidance called the Safe and Effective Management of Pain	No change.	N/A.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	Guidelines to encourage safe prescribing of opioid medications. All WV prescribers are encouraged to follow the guidelines. More information may be found at About – SEMP Guidelines™. Prescriptions with doses of opioids equal to or exceeding 50 morphine milligram equivalents (MME) daily over 90 days require a PA and are reviewed by the Safe and Effective Management of Pain Program (SEMPP). To obtain the PA, the prescriber must indicate they use the Controlled Substances Monitoring Program (CSMP) before prescribing, must have informed the patient about naloxone, discussed the risks of opioid therapy, have tried treating the patient with other non-controlled medications for pain, have tried other treatment modalities, and have a pain contract with the patient. Short-acting opioids are limited to 120 units MME/30 days, and long-acting opioid agents are limited to the Food and Drug Administration-approved dosage. In the Medicaid Drug Utilization Program, prospective edits are in place for opioids and benzodiazepine concurrent utilization. The edit stops the claim but can be overridden by the dispensing pharmacist. It is a reminder		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	that the patient needs counseling about concurrent utilization. The Medicaid Retrospective Drug Utilization Review (DUR) Committee, comprised of actively practicing healthcare professionals, meets monthly to review prescription and medical profiles for members who have been identified for drug utilization issues. BMS contracts with Health Information Design (HID) as the retrospective DUR vendor, and in that role, HID conducts the initial reviews and referrals for the committee. If the committee determines that action is needed for referred members, the members' physicians and pharmacists are notified by letter. A pharmacy lock-in program, aimed at reducing the inappropriate use of controlled substances, is overseen by the committee and maintained by BMS and HID.		
Expanded coverage of, and access to, naloxone for overdose reversal.	At the start of the original waiver period, WV implemented a statewide initiative to make naloxone widely available and increased awareness of naloxone's ability to reverse opioid overdose. The State Health Officer issued a statewide standing order to allow distribution of naloxone by eligible organizations that are local health departments, law enforcement	Naloxone distribution, education, and referrals will continue to be supported through several avenues, including but not limited to the following services: • PRSS. • QRTs. • Mobile Crisis (authority lies outside of the 1115 waiver).	Expand service sites for PRSS in 2025 as authorized through the 1115 waiver. Anticipated completion date: January 1, 2026. Phase in certain QRTs as Medicaid reimbursable models in 2026, as authorized under the 1115. QRTs

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	agencies, and community-based organizations. Schools may also distribute naloxone to students. This initiative aligns with CDC Guidelines for Prescribing Opioids for Chronic Pain. WV also developed an ED toolkit for naloxone distribution and a "warm handoff" referral process for emergency medical services (EMS) to connect members with an SUD to the WV Helpline and appropriate treatment resources. Following naloxone administration or when the member is identified by the prehospital provider as having an SUD and in need of further treatment, the member is provided informational material on the WV Helpline and treatment options. More information may be found at Naloxone Distribution (wv.gov).		carry and provide naloxone as needed when supporting members. Anticipated completion date: October 1, 2026.
Implementation of strategies to increase utilization and improve functionality of the prescription drug monitoring program.	Multiple State agencies worked to develop an Opioid Treatment Center Oversight Committee to review: (1) clinic policies/procedures; (2) implementation of revised quarterly reports for the Health and Human Services Legislative Committee; (3) licensure reports; and (4) exception requests for take-home doses.	No change.	N/A.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	WV's Prescription Drug Monitoring Program is called the CSMP and is codified in WV Code §60A-9-2. Enrollment in and use of the CSMP is required for prescribers and dispensers. CSMP monitors drugs on Schedules II-V and collects data on naloxone dispensing and non-fatal drug overdoses. More information may be found in WV Code. The WV Board of Pharmacy manages the Controlled Substance Automated Prescription Program (CSAPP), the information system used to manage prescribing and dispensing. CSAPP allows CSMP to monitor drugs on Schedules II-V and collects data on naloxone dispensing and non-fatal drug overdoses. Prescribers access CSAPP at patient intake before administering, prescribing, or distributing prescriptions, and physicians receive required continuing education on best practices for prescribing. Pharmacists have also received education on dispensing prescription buprenorphine and electronically submitting certain information to the Multi-State Real-Time Tracking System administered by the National Association of Drug Diversion Investigators.		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	More information may be found at WV CSAPP, from RxDataTrack (csappwv.com). WV Controlled Substance Monitoring Program Data Dashboard: WV Board of Pharmacy CSMP Dashboard (arcgis.com).		

WV experienced three waves of the opioid epidemic, starting with prescription opioids in 1999, a heroin outbreak in 2010, and other synthetic opioids, mainly fentanyl, starting in 2013. Each wave of the overdose epidemic required a tailored response. To address the waves, the WV Office of Drug Control Policy (ODCP) and its partners, including BMS, decreased opioid prescription drug dispensing from 2014 to 2022 by 55% statewide and dramatically expanded treatment and recovery bed capacity. A link to the State's recent SUD Response Plan report is found at 2020-2023 WV Substance Use Response Plan.

Additional programs have been initiated over time to address the opioid epidemic. Below are highlights of additional treatment and prevention strategies:

- WV ODCP and its partners, including DoHS/BMS, administer Nalox(ONE), which educates West Virginians about the danger of opioids in the home and provides resources to help prevent overdose deaths.
- ODCP and the Bureau for Behavioral Health (BBH) work closely with the WV DCR to allow continuity of care and the expansion of Medication for Opioid Use Disorder (MOUD) treatment in corrections settings.
- BMS is actively working with DCR to explore potential policy and process changes that may be required in corrections settings as part of implementation planning to meet readiness assessments for reentry services, which includes MAT.
- ODCP, in partnership with the WV Hospital Association, collaborates on an Opioid Response Initiative that integrates multiple avenues to achieve evidence-based addiction treatment in hospitals. The initiative for hospital-based access to treatment and recovery was established to encourage universal screening, ED-based peer recovery specialists, and ED-initiated MOUD in hospitals across WV.
- The WV Board of Pharmacy participates in a federal CDC grant that supports a partnership with Appriss Health to utilize, analyze, and present information from CSMP into the clinical workflow of both prescribers and pharmacists via the platform

NarxCare. This product integrates CSMP information, as well as additional data sources, into Electronic Health Records or Pharmacy Management Systems to empower clinicians to identify patients who may be at risk for prescription drug addiction, overdose, and/or death, and equips clinicians and care teams with advanced analytics, tools, and technology. These insights and tools can be presented and accessed within clinical workflow, up front, for every patient, every time. By obtaining CSMP prescription information, which can include data from neighboring states, this streamlined workflow process eliminates the need for duplicate data entry.

Milestone 6: Improved Care Coordination and Transitions Between Levels of Care

CMS Specifications:

States must implement policies to ensure residential and inpatient facilities link beneficiaries, especially those with OUD, with community-based services and supports following stays in these facilities.

Timeline: Within 24 months of demonstration approval.

WV Progress on Milestone 6:

Table 10 displays BMS' achievements with helping ensure coordination of care for individuals transitioning out of higher or residential levels of care and returning to community settings.

Table 10: Improving Care Coordination and Transitions Between Levels of Care

Milestone Criteria	Current State	Future State	Summary of Actions Needed
Criteria for completion of the milestone	Provide an overview of current care coordination services and transition services across levels of care.	Provide an overview of planned improvements to care coordination services and transition services across levels of care.	Specify a list of action items needed to be completed to meet milestone requirements. Include persons or entities responsible for completion of each action item. Include a time frame for completion of each action item.
Implementation of policies to ensure residential and inpatient facilities link beneficiaries	All SUD residential treatment programs are required to provide clinical assessments, service/treatment planning, and discharge planning, including recovery	No changes. BMS has policy and processes to ensure coordination of care established and implemented.	N/A.

Milestone Criteria	Current State	Future State	Summary of Actions Needed
with community-based services and supports following stays in these facilities.	support, throughout a member's entire length of stay. This is specified in BMS policy. WV behavioral health licensing requirements also mandate that providers have processes in place that promote an organized transition to another provider, level, or type of care. Discharge is part of the individual's treatment plan. Individuals are discharged with appropriate appointments and services in place. In accordance with 42 Code of Federal Regulations (CFR) §438.208(b)(1) and the MCO contract with BMS, the MCO must ensure an integrated approach to the continuity and coordination of care through use of care coordinators formally designated as having primary responsibility for administering the member's overall healthcare services. The MCO is responsible for a seamless continuum of care for SUD treatment for all WV Medicaid members who meet medical necessity criteria for services. These services include standard services authorized under the WV State Plan as well as SUD services authorized under WV's 1115 SUD Waiver. The MCO must follow all standards and criteria adopted by BMS regarding SUD		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	services as outlined in existing policy. The provider manual explains that MCOs must make all reasonable efforts to contract with all SUD service providers. Following discharge from residential or inpatient facilities, individuals may receive Targeted Case Management (TCM) services. TCM is available to adults 22 years of age and older with a behavioral health diagnosis or SUD, as an authorized focus population. TCM includes a needs assessment and reassessment, development and revision of the TCM service plan, referral and related activities, and monitoring and follow-up activities. The MCO must have programs for coordination of care that include coordination of services with community and social services locally available through enrolled Medicaid providers and other non-enrolled providers in the area served by the MCO. The MCO must also ensure that members are informed of specific healthcare needs that require follow-up, receive training in self-care and other measures they may take to promote their own health, and follow prescribed treatments or regimens. If a member is identified as having an SUD including alcohol, opiate,		

Milestone Criteria	Current State	Future State	Summary of Actions Needed
	amphetamine, benzodiazepine, or poly-substance use, and needs engagement of treatment, the MCO must assign the member a care coordinator, at a minimum, through the duration of the treatment process. Members who are not enrolled in managed care have their services reviewed and approved as needed through the state's ASO, Acentra. These members receive discharge planning through the residential provider and may also be referred to TCM post-release if additional care coordination and supports are needed.		

SUD Health Information Technology (IT) Plan

CMS Specifications:

Implementation of a SUD Health IT Plan which describes the technology that will support the aims of the demonstration. The Health IT Plan should describe how technology can support outcomes through care coordination; linkages to public health and prescription drug monitoring programs; establish data and reporting structure to monitor outcomes and support data driven interventions.

Specifically, required components of the Health IT Plan include:

- Describing the State's alignment with Section 5042 of the SUPPORT Act requiring Medicaid providers to query a Qualified Prescription Drug Monitoring Program (PDMP).
- Addressing how the State's Qualified PDMP will enhance ease of use for prescribers and other State and federal stakeholders. States should favor procurement strategies that incorporate qualified PDMP data into electronic health records

as discrete data without added interface costs to Medicaid providers, leveraging existing federal investments in RX Check for Interstate data sharing.

- Describing how technology will support substance use disorder prevention and treatment outcomes described by the demonstration.

WV Progress on SUD Health IT Plan:

Table 11 provides BMS' Health IT Plan, as a subset of the broader SUD Implementation Plan. The information provided below is intended to complement and be considered in conjunction with information provided in other Milestones.

The State made progress during the first demonstration period for components the State is required to address per this Plan; West Virginia has a PDMP in place and actively used, as described at a high-level in Milestone 5. More information on the CSMP is described in the Plan below.

BMS understands requirements to update CMS on the Health IT Milestone and progress through standard waiver monitoring.

Table 11: SUD Health IT Plan

Please note, the bolded criteria in the leftmost column are core criteria specified above; in some cases, the State maps environments and actions needed to more specific sub-criteria, which are not bolded and are the rows following bolded criteria.

Milestone Criteria	Current State	Future state	Summary of Actions Needed
Criteria for completion of the milestone	Provide an overview of current WV Health IT functionalities or infrastructure.	Provide an overview of planned or potential future improvements.	Specify a list of action items needed to be completed to meet the HIT/PDMP milestone criteria identified in the first column. Include persons or entities responsible for completion of each action item. Include time frame for completion of each action item PDMP Functionalities.
Alignment with Section 5042 of the SUPPORT Act requiring Medicaid	The WV Board of Pharmacy (BOP) manages the CSAPP, the information system used to manage prescribing and dispensing. CSAPP allows CSMP to monitor drugs on Schedules II-V	The BMS meets the base requirement for a PDMP. Any future state changes would be enhancements to existing functionality.	Potential future state changes would be enhancements to existing PDMP functionality.

Milestone Criteria	Current State	Future state	Summary of Actions Needed
providers to query a Qualified PDMP	and collects data on naloxone dispensing and non-fatal drug overdoses. Each time a controlled substance is dispensed to an individual in West Virginia, it must be reported to the CSMP by the medical services provider as soon as possible, within 24 hours. The dispensing report includes information about the individual, the prescriber who wrote the prescription, the pharmacy that filled the prescription, the product dispensed and the prescription (prescription #, no. doses, refills, form of payment, etc.). The CSMP collects information on almost five million controlled substances dispensed each year. Beginning in June 2016, the CSMP also began collecting dispensing data for opioid antagonist products. *CSAPP connects to major data exchanges such as the West Virginia Health Information Network (WVHIN), and the Bureau for Public Health's (BPH) vital statistics system (VSS). CSAPP and the Encounter Notification Service (ENS) connect and share data in the case of an opioid-related medical emergency.*	For example, WV may consider implementing a "Mandatory Buprenorphine Therapy Interruption" alert, which will alert practitioners and/or their team that a patient has failed to pick up a prescription for Suboxone or other buprenorphine-based treatment drug. Additionally, WV may consider engaging stakeholders around developing a "Non-Fatal Overdose flag" that would utilize data collected from EDs across the state.	

Milestone Criteria	Current State	Future state	Summary of Actions Needed
Enhanced interstate data sharing in order to better track patient specific prescription data.	As of 2023, the WV Board of Pharmacy Annual Report indicates that the CSMP shares prescription data with the border states OH, VA, MD, KY, and PA, in addition to 27 other states, DC, the Military Health System, and the VA.	The State will continue to explore avenues to increase the number of states and/or entities the CSMP is able to share data with. The long-term future state goal would be to have interstate data sharing capacity with all 49 other states, D.C., territories, and military healthcare entities.	WV State agencies (BOP, BPH, and BMS) will continue to help ensure data exchange and tracking continues to function as intended with existing interstate partners. WV will also explore areas for interstate growth. Timeline: BMS will track interstate data sharing partners in the annual BOP report throughout the demonstration period to track progress and new State/entity partners.
How the State's Qualified PDMP will enhance ease of use for prescribers and other State and federal stakeholders	CSAPP offers direct, internet-based, electronic access to this data, primarily for practitioners for the purpose of patient treatment. The information in the system is also open to inspection for specific investigations by authorized law enforcement officials, agents of licensing boards of practitioners, agents of the Office of the Chief Medical Examiner (OCME), agents of Bureau of Medical Services, agents of the OHFLAC, medical school deans, facility chief medical officers and persons with an enforceable court order.	WV may consider a state and county level public-facing reporting that is accessible for State and federal stakeholders, and could include: - Total Schedule II Opioid Prescriptions. - Total Number of Schedule II Opioid Solid Dosage Units. - Individuals Receiving Schedule II Opioid Prescription. - % of Individuals Receiving Schedule II Opioid Prescription (of total population). - Individuals with Activity of Concern. - Rate of Individuals with Activity of Concern (per 1,000).	WV will continue to work with the agencies, practitioners, and other stakeholders who have access to CSAPP to help ensure the data is easily accessible. WV will explore ways of improving access and use of the CSAPP, based on stakeholder input received.

Milestone Criteria	Current State	Future state	Summary of Actions Needed
		- Numbers of prescriptions, individuals receiving prescriptions, and number of PDMP searches since Q1 2015.	
Enhanced connectivity between the State's PDMP and any statewide, regional, or local health information exchange.	CSAPP connects to the Multi-State Real-Time Tracking System (MSRTTS) administered by the National Association of Drug Diversion Investigators (NADDI), the WVHIN, and the BPH's VSS. CSAPP and the ENS connect and share data in the case of an opioid-related medical emergency.	WV may consider implementing direct messaging through the State's health information exchange (WVHIN). Direct messaging would allow providers to securely communicate via messages to one another regardless of technology. WV acute care hospitals, community health centers, and large provider organizations would be able to use direct messaging and have access to the WVHIN for sending and receiving messages, including for accessing public health reporting such as the PDMP, Syndromic Surveillance, and Electronic Lab Reporting.	The State will continue to work with agencies connected to CSAPP to help ensure data is effectively shared through existing functionality and connectivity.
Enhanced identification of long-term opioid use directly correlated to clinician prescribing patterns.	The WV VIPP received CDC funding through the Overdose Data to Action (OD2A) cooperative agreement in 2019. An activity under this grant is to improve PDMP infrastructure or information systems to support proactive.	WV may consider implementing "flags" on prescriber reports that identify individuals "at risk" due to Dangerous Combination Therapy; Patients Exceeding Multiple Provider Thresholds; and Patients Exceeding Daily MME Thresholds.	WV will continue to monitor the CDC indicators and explore adding new indicators to better track and identify long-term opioid use.

Milestone Criteria	Current State	Future state	Summary of Actions Needed
	Reporting and data analysis, including enhancing reporting systems to increase frequency and quality of reporting. The CDC provided specific indicators to measure opioid prescribing behaviors during the previous cooperative agreement which continues to be used in the state. WV now monitors CDC modified indicators which include: • Rate of opioid doses per 1,000 residents and average day supply per county. • Percent of individuals receiving more than an average daily dose of 50 MME. • Rate of multiple provider episodes for prescription opioids per 100,000 residents and with 3+ prescribers and with 4+ pharmacies. • Percent of individuals prescribed long-acting/extended-release opioid prescriptions among opioid-naïve patients. • Percent of individuals with overlapping opioid and benzodiazepine prescriptions.		

Milestone Criteria	Current State	Future state	Summary of Actions Needed
	The WV BOP participates in a federal CDC grant that supports a partnership with Appriss Health to utilize, analyze, and present information from CSMP into the clinical workflow of both prescribers and pharmacists via the comprehensive platform NarxCare. This product integrates CSMP information, as well as additional data sources, into Electronic Health Records or Pharmacy Management Systems to empower clinicians to identify patients that may be at risk for prescription drug addiction, overdose, and death, and equips clinicians and care teams with advanced analytics, tools, and technology. These invaluable insights and tools can be presented and accessed within clinical workflow, up front, for every patient, every time. By obtaining CSMP prescription information, which can include data from neighboring states, this one-click workflow process eliminates the need for duplicate data entry of information.		
How technology will support substance use disorder prevention and treatment	Each subsection in rows below provides information on current WV Health IT functionality and how that supports prevention and treatment outcomes.	The future state column in the rows below provides information on opportunities the State is exploring or in the process of working on to help enhance the ways existing technology	This column identifies actions the State is taking or will take to continue monitoring access to and uptake of Health IT to support SUD prevention and treatment work in West Virginia.

Milestone Criteria	Current State	Future state	Summary of Actions Needed
outcomes described by the demonstration		can support SUD prevention and treatment outcomes.	
PDMP query capabilities: Facilitate the State's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e., the state's master patient index (MPI) strategy).	CSAPP connects to WV HIN. Personal demographics are maintained in the MPI. The WVHIN uses a Record Locator Service maintained and operated by the WVHIN to match patients according to the Personal Demographic Information contained in the MPI. Through a combination of the MPI and the Record Locator Service, a participating organization may access the protected health information of a patient for a permissible purpose in accordance with the WVHIN's policies and procedures.	No change, continue to use existing infrastructure. WVHIN collects many data elements as the State's Health Information Exchange (HIE), such as member admissions/discharges, encounter data at the hospital level, social determinants of health (SDOH) efforts, and MCO login functionality via a custom portal.	BMS will continue to work with other State agencies and provider entities to help ensure the ability to easily match patients receiving opioid prescriptions with patients in the PDMP.
Provider access to and use of technology: Develop enhanced provider workflow / business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other	WV physicians are accessing CSMP at patient intake before administering, prescribing, or distributing prescriptions, and physicians receive required continuing education on best prescribing practices. CSMP access has been included in the workflow of WVU Medicine's EDs, urgent care centers, and primary care provider locations.	No changes needed.	WV will continue to work with practitioners, EDs, urgent care centers, and primary care locations to explore ways to improve workflows and business processes around prescribing opioids, best practices, and alternatives.

Milestone Criteria	Current State	Future state	Summary of Actions Needed
controlled substance, to address the issues which follow.			
Provider use of technology: Develop enhanced supports for clinician review of the patients' history of controlled substance prescriptions provided through the PDMP—prior to the issuance of an opioid prescription.	As indicated above, WV clinicians are accessing CSMP at patient intake before administering, prescribing, or distributing prescriptions, and physicians receive required continuing education on best prescribing practices. CSAPP also sends out non-fatal overdose notifications to any physician who has prescribed a controlled substance to reported overdose victims. Pharmacists have also received education on dispensing prescription buprenorphine and electronically submitting certain information to the MSRTTS administered by the NADDI.	No changes needed.	BMS will continue to work with BOP and practitioners to explore ways to improve supports for clinician review of a patient's history of controlled substance prescriptions prior to the issuance of an opioid prescription. WV will continue to provide education to pharmacists around dispensing controlled substance prescriptions and submitting certain information to the MSRTTS.
MPI functionality/ identity management: Enhancement of the MPI (or master data management service) in support of SUD care and service delivery.	WVHIN collects opioid overdose data from hospitals for overdose reporting. WVHIN is working closely with Chesapeake Regional Information System (CRISP) to develop consent infrastructure to enable the exchange of SUD treatment data covered by 42 CFR Part 2.	WV providers and State agencies will continue using the MPI, as well as the State's Data Dashboard, to support identity management and SUD care provided. The State is considering environment enhancements in which the following	Adjustments to the State's MPI fall outside of the BMS' scope for waiver administration and operations, but BMS partners with agencies managing the MPI to help ensure data is available to support SUD care and services provided to members. WV State agencies will continue to work to develop consent infrastructure

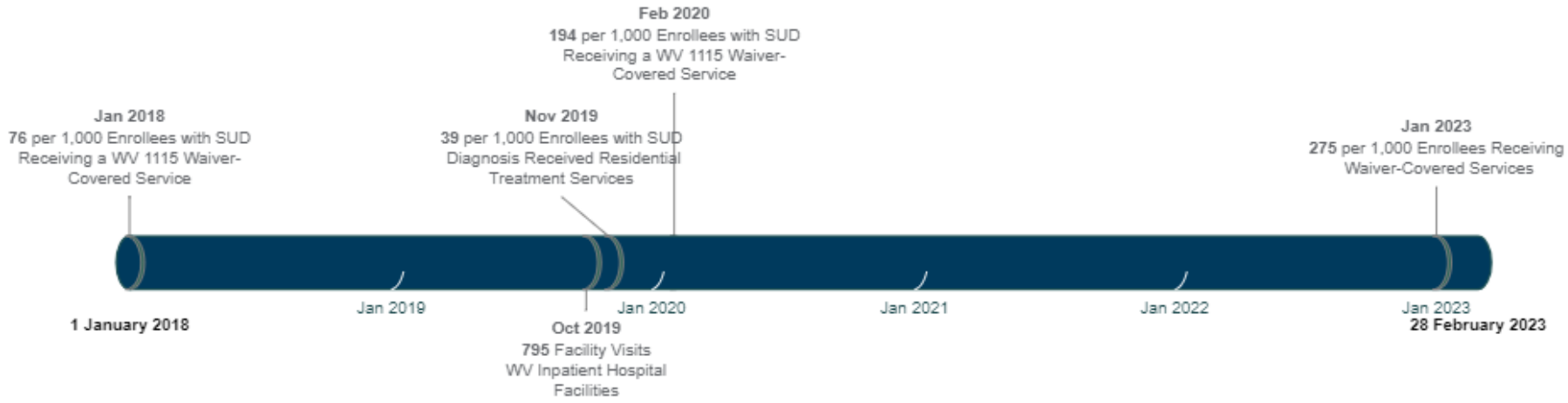
Milestone Criteria	Current State	Future state	Summary of Actions Needed
	WVHIN is working to support providers in treating infants with Neonatal Abstinence Syndrome (NAS), as well as the State in its evaluation of health outcomes over time for infants and children with a NAS diagnosis. WVHIN is working in conjunction with BMS; the Office of Maternal, Child and Family Health; and the State's Perinatal Partnership to develop a care alert for display in WVHIN to indicate a NAS diagnosis to providers at the point of care. Specifications and use cases are also being developed to track health outcomes and treatment leveraging Admission Discharge Transfer (ADT) data, lab feeds, and Medicaid claims.	activities bolster data exchange and use, related to MPI and other data: • Exchanging clinical encounter data with other providers. • Utilizing WVHIN's Encounter Notifications—real-time alerts informing case/care managers upon specific events such as admission or discharge.	to enable the exchange of SUD treatment data covered by 42 CFR Part 2. WV State agencies will continue to explore technological enhancements to exchanging clinical encounter data with other providers and utilizing WVHIN's Encounter Notifications.

Appendix

This appendix provides detail on some of the trends BMS observed during the 1115 Waiver period, from implementation in 2018 through present. This appendix is intended to complement the milestone outcomes listed in the introduction of this document. The visuals below synthesize statistics from the WVU Evaluation Report and/or from the 1115 Waiver Renewal applications submitted to and currently under CMS review.

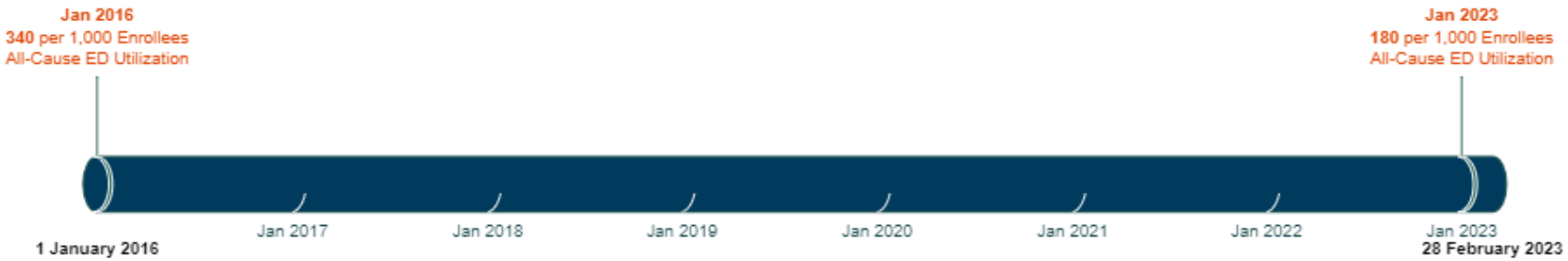
1115 Waiver Covered Services Enrollees

The below timeline provides information on how the number of individuals with SUD receiving 1115 covered services has notably increased from January 2018 to 2023, indicating the waiver program has made progress on improving access to and utilization of treatment services.



All-Cause ED Utilization

The below timeline highlights a decline in ED Utilization per 1,000 enrollees from January 2016 to 2023, which demonstrates success on BMS' goal to decrease ED utilization.



PRSS Capacity Building

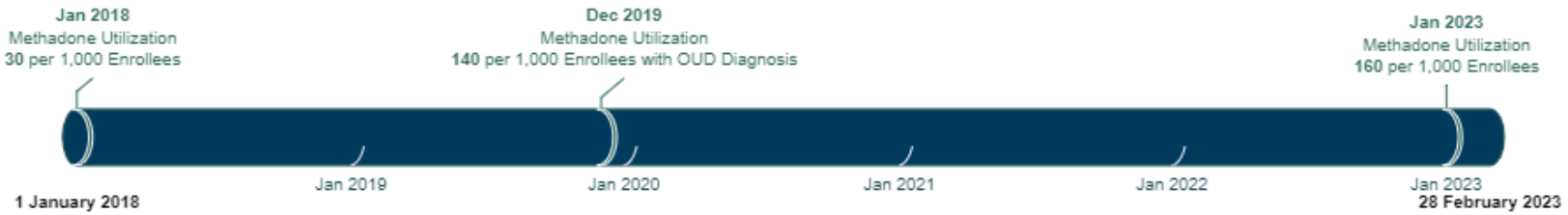
The below timeline shows the significant increase of certified PRSS employed in WV from September 2018 to January 2023. This enhanced capacity supports the availability of PRSS services.

Residential Treatment Facility and Bed Capacity

The below timeline shows the trends of SUD residential facility numbers as well as residential bed capacity from August 2018 to December 2022. As indicated by the data provided below, BMS has increased its infrastructure and number of providers for RAS treatment services over time, which has improved access to care for individuals needing a residential level of care.

Methadone Utilization

The below timeline provides data on the increase in methadone utilization per 1,000 enrollees from January 2018 to January 2023. Methadone transitioned to State Plan coverage part way through the demonstration period; this timeline is included to show the positive trend of service utilization irrespective of policy authority.



MAT

The below timeline provides data on the increase in members' receipt of MAT or other SUD related treatment. This has trended positively over time, indicating more members are able to receive the treatment services they need.