



**VIRGINIA DEPARTMENT OF
MEDICAL ASSISTANCE
SERVICES 1115
DEMONSTRATION EXTENSION
APPLICATION**

DRAFT

*Virginia Building and Transforming
Coverage, Services, and Supports for a
Healthier Virginia*

NUMBER: 11-W-00297/3

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**Section I. Historical Narrative Summary of the Demonstration
Introduction**

On January 9, 2015, the Centers for Medicare and Medicaid Services (CMS) approved the Virginia Governors Access Plan (GAP) demonstration. The GAP demonstration provided limited benefits to childless adults and non-custodial parents ages 21 through 64 with a diagnosis of serious mental illness (SMI) and household incomes at or below 100 percent of the Federal Poverty Level (FPL) using the Modified Adjusted Gross Income (MAGI) methodology. These individuals would not have otherwise been eligible for Medicaid, the Children’s Health Insurance Program (CHIP), or Medicare, and were uninsured.

On December 15, 2016, CMS approved Virginia’s first GAP Demonstration amendment through December 31, 2019. The amendment included DMAS’ new SUD benefit, referred to as the Addiction and Recovery Treatment Services (ARTS) benefit. The amendment also changed the name of Virginia’s Demonstration to “The Virginia Governor’s Access Plan (GAP) and Addiction and Recovery Treatment Services (ARTS) Delivery System Transformation (Project No. 11-W-00297/3).”

The amendment incorporated the following elements:

1. expanded substance use disorder (SUD) benefits to all Virginia Medicaid recipients eligible under the state plan covering the full continuum of SUD treatment;
2. introduced quality of care and programmatic features for the successful integration of SUD services into comprehensive managed care for all managed care enrollees;
3. incorporated industry standard SUD treatment criteria into program standards;
4. improved the quality and availability of evidenced-based treatment services for Opioid Use Disorder (OUD); and
5. introduced policy, practice and system reforms consistent with CMS State Medicaid Director Letter (SMDL) #15-003.

Virginia amended the Medicaid and CHIP state plans to cover the full continuum of community-based SUD care aligning with the American Society of Addiction Medicine (ASAM) Criteria. In addition to the 1115 SUD Demonstration allowed Virginia to cover SUD treatment in an Institution of Mental Disease (IMD).

On September 22, 2017, CMS approved another amendment to Virginia’s demonstration to:

1. increase the eligibility level for GAP to 100 percent of the federal poverty level (FPL); and
2. include additional SUD services in the GAP benefit package; and
3. provide Medicaid coverage to former foster care youth (FFCY) who received Medicaid services in a different state.

As part of the approved amendment, the Commonwealth continued the ARTS demonstration, providing the expanded SUD benefit package to all eligible Medicaid recipients.

On June 7, 2018, Governor Northam signed Item 303.SS(4) of the 2018 Appropriations Act that authorized the Department of Medical Assistance Services (DMAS) to expand coverage to newly eligible non-disabled, non-pregnant adults ages 19 to 64 with income up to 138 percent of the FPL, effective January 1, 2019. CMS approved Virginia’s Medicaid Expansion state plan effective

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January 1, 2019. This allowed Virginia to provide Medicaid coverage to the new adult group, individuals that are not pregnant, not eligible for Medicare, not eligible for Medicaid, under age 65, and with income under 133 percent of the FPL.

The 2018 Appropriations Act also directed DMAS to submit a request to add new Medicaid program features to its existing 1115 demonstration. DMAS submitted its extension application on November 20, 2018, and it was approved on December 30, 2019. The extension included significant modifications, including a community engagement requirement, premium obligation, and housing and employment supports allowable under the Home and Community Based Services (HCBS) benefit to Medicaid beneficiaries age 18 or older who are eligible under the Medicaid state plan, and who meet certain needs-based criteria and risk factors. The extension also removed GAP from the demonstration because the state decided the program was no longer needed after expanding Medicaid.

On December 30, 2019, CMS approved a five-year extension of the demonstration to allow Virginia to maintain the ARTS benefit and associated authorities, as well as authority to provide eligibility to FFCY who aged out of foster care under the responsibility of another state and applies for Medicaid in Virginia.

Lastly, On July 9, 2020, CMS approved Virginia's demonstration amendment to provide a "High Needs Supports" benefit that allowed coverage of certain otherwise allowable 1915(i) state plan amendment (SPA) services. The services included: housing and employment supports for HCBS Medicaid beneficiaries age 18 or older who are eligible under the Medicaid state plan and enrolled in the managed care delivery system, and individuals age 18 up to age 26 who are eligible under the out-of-state FFCY component of the demonstration and are enrolled in the managed care delivery system, and who meet specific needs based criteria and risk factors.

With this approval, DMAS changed the demonstration title to "Building and Transforming Coverage, Services, and Supports for a Healthier Virginia". CMS approved DMAS' amendment for a five-year period, from January 1, 2020 to December 31, 2024.

Due to competing priorities during the COVID-19 public health emergency, the "High Needs Supports" benefit that consisted of housing and employment services was not implemented because funding was not allotted.

With this application, Virginia seeks to:

1. Continue to provide essential SUD services to all Medicaid enrollees through the ARTS benefit;
2. Maintain authority for coverage of FFCY who aged out of foster care in another state and turned 18 prior to January 1, 2023; and
3. Sunset the following High Needs Supports benefit components because the Virginia General Assembly did not fund their implementation:
 - A work and community engagement program for certain adult populations;
 - A Health and Wellness program that included premiums and cost-sharing designed to promote healthy behavior for certain adult populations between 100 and 138 percent of the federal poverty level; and

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- A housing and employment supports benefit for high-need populations.

DMAS will continue to collaborate with stakeholders and the Virginia legislature to pursue appropriations for a new High Needs Supports benefit package at a future date.

Section II. Summary of Current Demonstration Features to be Continued Under the 1115 Demonstration Extension

The Commonwealth will extend its current waiver authority to provide Medicaid coverage for FFCY up to age 26 (those members who turned 18 prior to January 1, 2023) who aged out of foster care in another state and now reside in Virginia. Youth in foster care face several issues when they are released from the custodial care of a state, not the least of which is access to healthcare. This expenditure authority provides former foster care youth with the opportunity to continue receiving Medicaid coverage until age 26, allowing them to transition into managing the responsibilities of living independently.

The Commonwealth will also extend the ARTS benefit to continue the current comprehensive Medicaid SUD benefit package which encompasses the full continuum of evidence-based treatment services utilizing the American Society of Addiction Medicine (ASAM) Criteria. The ARTS benefit provides the full continuum of treatment needed to address the substance use crisis and reverse the opioid epidemic in Virginia. The goal of the ARTS benefit package is to transform the treatment delivery system for all Medicaid enrollees with a SUD diagnosis including, but not limited to, Opioid Use Disorders (OUD) by increasing access to outpatient and community-based settings while decreasing use of high-cost emergency department (ED) and inpatient hospital services.

The ARTS services consisting of the ASAM continuum of care are carved in to managed care to promote integration and coordination of a comprehensive health benefit including both physical and behavioral health. Virginia Medicaid's managed care plans are contractually required to employ ARTS Care Coordinators, who are licensed clinical psychologists, licensed clinical social workers, licensed professional counselors, licensed nurse practitioners, or registered nurses with clinical experience in SUD. The ARTS Care Coordinators or licensed physicians make independent medical necessity determinations, using the multidimensional ASAM assessment, for placement at appropriate levels of care and recommendations for lengths of stay in residential treatment settings. Virginia currently contracts with five managed care organizations through the two managed care programs: Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus). Medallion 4.0 serves children, pregnant individuals and adults, whereas CCC Plus serves older adults, children, and adults with disabilities, and individuals receiving long-term services and supports (LTSS).

The ARTS benefit package expands coverage of inpatient withdrawal management, residential treatment as well as a robust community-based continuum of care, to all of Virginia's 2.1 million Medicaid enrollees¹. In order to receive the ARTS benefit package, an individual must be enrolled in Virginia Medicaid and meet the following medical necessity criteria:

- A Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis for substance-

¹ [DMAS Monthly Enrollment Report \(virginia.gov\)](#)

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related and addictive disorders with the exception of tobacco-related disorders and non-substance-related disorders; or

- Be assessed to have a current SUD, which means a substance-related and addictive disorder (with the exception of tobacco-related disorders and non-substance-related disorders), defined based on a provisional diagnosis from the DSM, and an assessment which identifies treatment needs consistent with ASAM adult medical necessity criteria or for individuals under 21, ASAM adolescent treatment criteria. Nothing in the ARTS demonstration waives or supersedes any Early Periodic Screening Diagnosis and Treatment (EPSDT) requirements; and
- Must meet the definition of medical necessity for services based on the ASAM Criteria.

The ARTS demonstration increased provider reimbursement rates for addiction treatment in intensive outpatient and partial hospitalization settings and added a new peer recovery support service to utilize qualified individuals with lived experience and specialized training along the SUD continuum of care. To improve access to evidenced-based care for treatment of OUD, DMAS implemented an innovative payment model within the ARTS benefit to support Opioid Treatment Programs (OTPs) and Preferred Office-Based Opioid Treatment (OBOT) providers with co-located buprenorphine waived practitioners and behavioral health clinicians. This model created financial incentives for high-quality treatment for OUD that includes medication, counseling, and care coordination. In addition, the 2020 legislative session granted authority to expand the OBOT model to allow for reimbursement to treat other primary SUDs in addition to OUD, now referred to Preferred Office-Based Addiction Treatment (OBAT) which was implemented in March 2022.

Since ARTS was implemented on April 1, 2017, an independent evaluation by Virginia Commonwealth University (VCU) demonstrated substantial increases in the number of practitioners providing addiction treatment services to Medicaid enrollees. Prior VCU evaluation reports on the ARTS benefit have documented the impact of ARTS and Medicaid expansion on utilization of ARTS services. The number of Medicaid members that utilized ARTS treatment services more than doubled from 2017 to 2019 per the VCU reports:

- In SFY 2021, 53,614 Medicaid members used some type of ARTS services, a 23.6% increase from SFY 2020.
- Most members who use ARTS services use ASAM Level 1.0 outpatient services (43,299 members, or 81% of all service users).
- Pharmacotherapy, almost all of which was MOUD treatment, was the second most frequently used service (32,724 members).
- There was also a 10.8% increase in service use per 100,000 members, from 2,627 members per 100,000 using services in SFY 2020 to 2,912 members per 100,000 using services in SFY 2021.
- Increases in service use per 100,000 members were higher for ASAM 4 services during this most recent reporting period (103%) and peer recovery support services (22%), although the overall use of such services is still relatively low.
- Care coordination services also increased by 17.5%, while pharmacotherapy increased by 14.5%.
- In SFY2021, Medicaid payment of residential treatment services (ASAM 3), allowed under this 1115 demonstration, comprised of 9.1% of all members using ARTS services (4,891 members used these services).
 - The average length of stay for residential treatment was 15.5 days, well under the CMS requirements of 30 days or less for a statewide average length of stay.

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- The number of members using residential treatment increased 14.8% between SFY 2020 and SFY 2021, or a 6.9% increase of members using services per 100,000 members.

Members with OUD diagnoses are more likely to receive ARTS services compared to members with other SUD diagnoses. Among members with an OUD diagnosis, more than two-thirds (69.4%) used some type of ARTS service in SFY 2021, compared to 43.3% of those with any SUD using any ARTS services. ARTS utilization is considerably lower among members who had SUD diagnoses other than OUD, including 27.1% for those with Alcohol Use Disorder (AUD), 34.3% among those with a diagnosis of stimulant use disorder, and 16.5% among those with a diagnosis of cannabis use disorder². Members receiving MOUD treatment increased 21.0% from SFY 2020 to SFY 2021. As in prior years, buprenorphine treatment was the most common form of MOUD treatment (18,941 members, or 57% of all members receiving MOUD), followed by methadone treatment and naltrexone (11,278 and 4,227 members, respectively). The most recent comprehensive evaluation is attached as Appendix A to this extension request.

One of the goals of the ARTS benefit is to continue to expand provider capacity to meet member’s needs. While ARTS greatly increased the availability and quality of treatment services, Medicaid Expansion almost tripled the number of members accessing addiction treatment services, from 17,120 in 2017 to 46,520 in 2019³. As of July 15, 2023, 84,835 members have accessed an ARTS service due to being eligible for Medicaid through Expansion.

Section III. Changes Requested to the Demonstration

DMAS is not requesting any changes to the SUD or FFCY components in this extension application for the “Building and Transforming Coverage, Services, and Supports for a Healthier Virginia” Demonstration. Virginia requests to sunset the High Needs Supports benefit because as the General Assembly did not fund implementation of this benefit.

Section IV. Requested Waivers and Expenditure Authorities

A list and programmatic description of the waivers and expenditure authorities that are being requested for the extension period, or a statement that the State is requesting the same waiver and expenditure authorities as those approved in the current demonstration.

Table 1: Virginia Waiver and Expenditure Authority Requests

Waiver/ Expenditure Authority	Use for Waiver/Expenditure Authority	Currently Approved Waiver Request?
§1902(a)(8) and §1902(a)(10) Provision of Medical Assistance and Eligibility	To limit the state plan group coverage to former foster care youth who were in Medicaid and foster care in a different state	Yes

² [FinalARTSComprehensiveReport.4.27.23.docx.pdf \(vcu.edu\)](#)

³ [FinalARTSComprehensiveReport.4.27.23.docx.pdf \(vcu.edu\)](#)

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Expenditures related to ARTS	Expenditures not otherwise eligible for federal financial participation may be claimed for otherwise covered services furnished to otherwise eligible individuals (eligible under the State Plan or Former Foster Care Youth components of this demonstration), including services for individuals who are short-term residents in facilities that meet the definition of an Institute of Mental Disease (IMD) for the treatment of SUD and withdrawal management.	Yes
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Section V. Summaries of External Quality Review Organization (EQRO) Reports, Managed Care Organization (MCO) and State Quality Assurance Monitoring

Summaries of External Quality Review Organization (EQRO) reports, managed care organization (MCO) and State quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration, such as the CMS Form 416 EPSDT/CHIP report.

Health Services Advisory Group (HSAG), the DMAS EQRO, has consistently included ARTS narrative, results, graphs, and tables (developed by VCU, DMAS’ independent ARTS evaluator) in the annual EQR technical report, which is publicly available on the DMAS website. In addition, HSAG has worked with DMAS for several years on the development of ARTS measures and specifications, the results of which will be published in a future report to support the 1115 SUD Demonstration evaluation.

Additional quality assurance measures that DMAS implemented relate to two measures in the Performance Withhold Program within the managed care contracts. The two measures include:

- Follow-Up After ED Visit for AOD Abuse or Dependence
- Initiation and Engagement of SUD Treatment

Under the Performance Withhold Program, the value-based purchasing arrangement currently withholds 1 percent capitation from the MCOs. This may be earned back by the MCOs if they meet the performance standards set by DMAS.

Section VI. Financial Data

This application presents information on projected expenditures and enrollment for the ARTS benefit as required by CMS in Tables 2 and 3 below.

Table 2: ARTS Program Without Waiver Estimates

Without Waiver	DY 11	DY 12	DY 13	DY 14	DY 15
Member Months	7,118	7,262	7,410	7,560	7,713
Per member Per Month (PMPM)	\$5,469.69	\$5,625.89	\$5,786.55	\$5,951.80	\$6,121.77
Total Expenditures	\$38,933,253	\$40,855,213	\$42,878,336	\$44,995,608	\$47,217,212

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Table 3: ARTS Program With Waiver Estimates

With Waiver	DY 11	DY 12	DY 13	DY 14	DY 15
Member Months	7,118	7,262	7,410	7,560	7,713
PMPM	\$5,469.69	\$5,625.89	\$5,786.55	\$5,951.80	\$6,121.77
Total Expenditures	\$38,933,253	\$40,855,213	\$42,878,336	\$44,995,608	\$47,217,212

DMAS has six years’ experience with the ARTS benefit covering adults with SUD in IMDs. This history was disrupted in calendar years 2020 and 2021 with the COVID-19 public health emergency but has since resumed pre-pandemic levels of utilization. Based on that history, disregarding the public health emergency, DMAS assumes a 2% growth in member months per year and a 2.9% growth in per member per month (PMPM) costs. Residential treatment for adults with SUD provided by facilities with over 16 beds is paid through both fee-for-service and managed care. DMAS calculates the expenditures with actual fee for service payments and payments by the managed care plans to estimate a PMPM times the number of members receiving care.

CMS requires that all 1115 Demonstration applications demonstrate budget neutrality. DMAS is requesting an extension of the ARTS benefit allowing covering of individuals with SUD in IMDs as well as extend the FFCY benefit. DMAS will address the federal reporting requirements for the financial data component for FFCY in the quarterly reports submitted to CMS. DMAS is not seeking expenditure authority for the High Needs Supports benefit in the previous extension as it is being sunsetted. For budget neutrality for the SUD benefit DMAS assumes hypothetical cost equal to the projected costs of the waiver. That is, in the absence of this demonstration, costs equal to the projected PMPM would have been incurred.

Section VII. Evaluation

A summary of evaluation activities and findings covering the period of approval for the current demonstration waiver to date for the ARTS demonstrations are attached to this application and include the following:

- July 2021: “Addiction and Recovery Treatment Services Access, Utilization, and Quality of Care 2016 – 2019”⁴
- April 2022: “Member Experiences with Opioid Use Disorder Treatment Services in the Virginia Medicaid Program Results from a survey of Medicaid members receiving treatment services through the Addiction and Recovery Treatment Services program”⁵
- May 2022: “Addiction and Recovery Treatment Services Evaluation Report for State Fiscal Years 2019 and 2020”⁶
- April 2023: “Addiction and Recovery Treatment Services Evaluation Report for State Fiscal

⁴ Virginia Department of Medical Assistance Services, “Addiction and Recovery Treatment Services Access, Utilization, and Quality of Care 2016 – 2019” (2021). Available at: [https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/FinalARTS3yearcomprehensivereportforPublishing_07142021\(1\).pdf](https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/FinalARTS3yearcomprehensivereportforPublishing_07142021(1).pdf)

⁵ Virginia Department of Medical Assistance Services, “Member Experiences with Opioid Use Disorder Treatment Services in the Virginia Medicaid Program Results from a survey of Medicaid members receiving treatment services through the Addiction and Recovery Treatment Services program “. (2022). Available at: <https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/ARTSmembersurveyreport.5.5.22.pdf>

⁶ Virginia Department of Medical Assistance Services, “Addiction and Recovery Treatment Services Evaluation Report for State Fiscal Years 2019 and 2020”. Available at: <https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/ARTSYear4ComprehensiveReport.5.4.22.pdf>

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Years 2020, 2021, and the first half of 2022”⁷

- May 2023: “Care Coordinator Experiences in the Virginia Medicaid Program Results from a survey of Virginia Medicaid Care Coordinators”⁸
- November 2023: “Substance Use Disorders Among Formerly Incarcerated Adults on Medicaid”⁹
- January 2024: Submitted draft to CMS: “Addiction and Recovery Treatment Services Interim Evaluation Report for Section 1115 Demonstration”
- February 2024: Submitted draft to CMS: “Virginia Medicaid Section 1115 Demonstration Waiver for the Addiction and Recovery Treatment Services (ARTS) Program Midpoint Assessment”

The Commonwealth intends to continue all evaluation activities related to the ARTS benefit consistent with its existing, approved evaluation plan.

DMAS is working with CMS to submit the deliverables due for the current waiver for FFCY.

Former Foster Care Children			
Hypothesis	Evaluation Approach	Data Sources	Summary of Findings to Date
Provision of coverage to former foster care youth will increase and strengthen overall coverage and improve health outcomes	Analyze enrollment trends and utilization of medical services, including emergency services and treatments for chronic conditions, such as asthma	<ul style="list-style-type: none"> • Eligibility and enrollment data • Utilization and diagnosis data 	These will be submitted to CMS as part of the reports due.

⁷ Virginia Department of Medical Assistance Services, “Addiction and Recovery Treatment Services Evaluation Report for State Fiscal Years 2020, 2021, and the first half of 2022”. (2023). Available at: <https://hbp.vcu.edu/media/hbp/about-us/pictures/FinalARTSComprehensiveReport.4.27.23.docx.pdf>

⁸ Virginia Department of Medical Assistance Services, “Care Coordinator Experiences in the Virginia Medicaid Program Results from a survey of Virginia Medicaid Care Coordinators”. (2023). Available at: https://hbp.vcu.edu/media/hbp/about-us/pictures/Care_Coordinator_Report_5.16.23_PublicRelease.pdf

⁹ <https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/PolicyBriefSUDpost-release.pdf>

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ARTS Benefit			
Hypothesis	Evaluation Approach	Data Sources	Summary of Findings to Date
The demonstration will increase the percentage of beneficiaries who are referred and engage in treatment for OUD and other SUDS.	Analyze changes in the supply of treatment providers as well as changes in rates of treatment initiation and engagement.	<ul style="list-style-type: none"> • Claims/MODRN • DEA list of waived prescribers <li style="padding-left: 20px;">N-SSATS 	<ul style="list-style-type: none"> • ARTS and Medicaid expansion have increased supply of waived prescribers and other treatment providers • ARTS increased IET rates relative to other states
The demonstration will decrease the rate of emergency department and acute inpatient stays.	Analyze changes in SUD-related ED and inpatient use, use of ARTS services, and MOUD treatment rates	<ul style="list-style-type: none"> • Claims data • MODRN 	<ul style="list-style-type: none"> • ARTS and Medicaid expansion increased utilization of all SUD treatment services. • ARTS decreased ED and acute inpatient use among members with SUD, relative to other members.
The demonstration will increase adherence to and retention in treatment	Analyze changes in continuity of MOUD treatment for members with OUD	<ul style="list-style-type: none"> • Utilization and cost data 	<ul style="list-style-type: none"> • Continuity of MOUD treatment did not increase initially after ARTS, possibly due to changes in the characteristics of members receiving MOUD treatment
The demonstration will decrease the rate of readmissions to the same or higher level of care.	Analyze changes in readmissions to ASAM 3 and 4 levels of care, as well as number of members who receive follow-up care after ED visit and residential treatment	<ul style="list-style-type: none"> • Claims data • MODRN 	<ul style="list-style-type: none"> • Analysis in progress

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The demonstration will increase the percentage of beneficiaries with SUD who receive treatment for co-morbid conditions.	Analyze changes in use of preventive care, screening for HIV/HCV/HBV, counseling for mental health condition	<ul style="list-style-type: none"> • Claims data 	<ul style="list-style-type: none"> • Analysis in progress
The demonstration will decrease the rate of overdose deaths due to opioids.	Analyze changes in the rate of fatal overdoses among people enrolled in Medicaid	<ul style="list-style-type: none"> • Cause of death data linked to Medicaid claims 	<ul style="list-style-type: none"> • To be completed in 2024 when cause of death data become available
The demonstration will increase IMD SUD costs and outpatient SUD treatment costs and decrease SUD-related emergency room visit and inpatient stay costs	Examine changes in spending on residential treatment services, other ARTS services, and SUD-related ED and inpatient services	<ul style="list-style-type: none"> • Medicaid claims and cost data 	<ul style="list-style-type: none"> • Spending on residential treatment and other ARTS services has greatly increased after both ARTS and Medicaid expansion

Independent Evaluator Status of Timeline and Major Milestones for ARTS and FFCY		
Milestone	Date	Status as of September, 2023
Completion of first interim report under demonstration renewal, posted on DMAS website.	12/2020	Completed
Revised evaluation plan submitted to CMS	2/2021	Completed
Completion of ARTS member survey, second wave of mailings	4/2021	Completed
Ongoing analysis of claims and survey data	1/2021 to 12/2021	Completed
Analysis of cumulative impact of ARTS and Medicaid expansion on provider supply using DEA waived prescriber data and N-SSATS	5/2021 to 12/2021	Completed (paper in review at Journal of Substance Abuse Treatment – JSAT: Journal of Substance Abuse Treatment ScienceDirect.com by Elsevier)
Completion of second interim report under demonstration renewal, including separate	12/2021	Completed

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report on FFCY who aged out of foster care in another state		
Ongoing analysis of claims and survey data	1/2022 to 12/2022	Completed
Semi-structured interviews with MCO care coordinators	3/2022 to 9/2022	Completed (changed to survey of care coordinators)
ARTS member survey, wave 3	10/2022 to 3/2023	In progress
Analysis of cumulative impact of ARTS and Medicaid expansion on SUD-related hospital inpatient admissions	5/2022 to 12/2022	Completed
Completion of third interim report under demonstration renewal, including separate report on FFCY who aged out of foster care in another state.	12/2022	Completed
Ongoing analysis of claims and survey data	1/2023 to 12/2023	Completed
Analysis of cumulative impact of ARTS and Medicaid expansion on access to and quality of treatment services for the Virginia population (based on analysis of TEDS)	7/2023 to 6/2024	Not started
Completion of fourth interim report under demonstration renewal, including separate report on FFCY who aged out of foster care in another state	12/2023	Started
Ongoing analysis of claims, completion of all analytical tasks	1/2024 to 12/2024	Not started
Completion of final report	12/2024	Not started

The Commonwealth intends to continue all evaluation activities related to this waiver program consistent with the CMS approved evaluation design, STCs and CMS policy.