WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

Public Notice

West Virginia (WV) Bureau for Medical Services (BMS) Section 1115 Waiver Renewal – Extended Comment Period

PUBLIC NOTICE. *Pursuant to 42 CFR 431.408, BMS will provide the public the opportunity to review and provide input on the Section 1115 Demonstration Waiver Renewal. This public notice provides additional information of public interest regarding a proposed waiver renewal to West Virginia's Section 1115 Medicaid Demonstration Waiver titled: West Virginia Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders (SUD).*

West Virginia's current Section 1115 Medicaid demonstration titled, "*West Virginia Creating a Continuum of Care for Medicaid Enrollees with SUD*" was originally submitted and approved by the Centers for Medicare & Medicaid Services (CMS) in October 2017 to help WV combat the ongoing public health crisis of its high rate of drug overdose deaths in the country. The current waiver demonstration was developed to help increase the availability of SUD prevention and treatment services for Medicaid members, improve overall health and health outcomes, and improve the integration of physical and behavioral health. Currently, services under the waiver include Peer Recovery Support Services, Residential Treatment for Individuals with a SUD and Methadone Treatment.

Over the demonstration years, the waiver has increased member access to and utilization of SUD treatment services. As of April 2021, over 249,000 Medicaid members received SUD treatment since the implementation of the waiver. While the implementation of the current 1115 waiver has significantly increased access to SUD services, gaps in access to critical behavioral health services remain. While, this may be attributed to the challenges posed by the COVID-19 pandemic, the State will seek authority to authorize 11 new services, expanding the demonstration to support individuals with a serious mental illness (SMI) in addition to SUD conditions.

The current waiver demonstration will be expiring on December 31, 2022. BMS is seeking to renew the section 1115 waiver for another five years. In addition to the current 1115 waiver services, the State proposes to expand services offered under the demonstration to further enhance the continuum of care and will rename the waiver to "Evolving West Virginia's Medicaid Behavioral Health Continuum of Care." Additional services being proposed are:

Supported Employment Services	Continuity of Care for Justice-Involved Individuals
Supported Housing Services	Expansion of Peer Recovery Support Services
Recovery Housing	Expansion of Residential Treatment at ASAM Level 3.7 for Medically Complex Individuals
Quick Response Teams	Expansion of Institutions for Mental Diseases (IMD) Services and Lengths of Stay
HIV/HCV Education, Screening, Testing, and Outreach	Contingency Management using the Treatment for Stimulant Use Disorder (TRUST) Model
Involuntary Secure Withdrawal Management and Stabilization Services	

Demonstration Application and Submission of Public Comments

The State's 30-day public comment period is open, as of April 4, 2022. BMS will accept comments through midnight on May 4, 2022. The draft section 1115 waiver application is available on the following website: https://dhhr.wv.gov/bms/Public%20Notices/Pages/Medicaid-Section-1115-Waiver-Renewal-Demonstration.aspx

Hard copies of the waiver application can be requested by calling 304-558-1700

Interested parties may send comments one of the following ways:

Email: BMS.Comments@wv.gov // **Telephone:** 304-558-1700 // **U.S. Mail**: Behavioral Health 1115 Waiver 350 Capital Street, Room 251 Charleston, WV 25301

For more information, please visit: https://dhhr.wv.gov/bms/Programs/WaiverPrograms/Pages/Substance-Use-Disorder-(SUD)-Waiver-.aspx

Waiver Goals

Goals through this waiver renewal include:

- Improved Quality of Care and population health outcomes
- Increased member access to and utilization of appropriate treatment services
- Decreased Utilization of high-cost ED and hospital services
- Improved care coordination, care transitions, and continuity of care

Through the waiver goals and the expanded proposed list of new services, BMS is committed to further enhance and strengthen the continuum of care, starting at prevention all the way through supporting recovery efforts.

Eligible Populations

The proposed services and supports will be available to all West Virginia Medicaid members aged 18 and older. In order to be eligible for SUD services, an individual must have a SUD diagnosis. In order to be eligible for SMI services, an individual must have a diagnosable mental, behavioral, or emotional disorder of sufficient duration, to meet medical criteria. For all individuals served under this Waiver, services must be appropriate and medically necessary to fit the member's needs.

Delivery System and Cost Sharing

Managed care plans play a key role in building and sustaining the provider network needed to achieve Waiver goals.

- West Virginia Medicaid's two managed care programs are Mountain Health Trust (MHT) and Mountain Health Promise (MHP).
- MHP Mandatory Enrollment for Children with Serious Emotional Disorders Waiver (CSEDW) members will continue under 1115 SUD Waiver.

BMS will continue to work with the three managed care organizations (MCOs) and the Medicaid provider community to help ensure that both the plans and individual providers are prepared to meet ASAM standards. A small number of individuals who are not enrolled in managed care who also need SUD services, will have access to services via fee-for-service (FFS) delivery.

No cost sharing will be imposed on members under the 1115 SUD Waiver.

Hypothesis and Evaluation Parameters
WV's Independent Evaluator, West Virginia University (WVU), will conduct the demonstration evaluation process. BMS intends to continue all evaluation activities related to the existing 1115 waiver. The WVU team will expand its evaluation plan in order to measure and evaluate the new services.

For additional information on hypotheses and proposed measurement methods, below you will find Table 1. Proposed Evaluation Plan Changes for Waiver Renewal and Expansion.

Table 1. Proposed Evaluation Plan Changes for Waiver Renewal and Expansion

Waiver Extension Service	Change to Evaluation Plan	Proposed Measurement Method
Decrease utilization of high-cost ED and hospital services with SUD and/or SMI. Hypothesis: The extension of services to individuals with SMI will decrease emergency department and hospital services by enrollees with SMI in addition to enrollees with SUD.	This demonstration goal will replace Demonstration Goal 3: "Decrease emergency department and hospital services by enrollees with SUD."	Use the same measurement method as the replaced demonstration goal.
Reimburse short-term residential and inpatient treatment services for adults with SMI at IMDs Hypothesis: Reimbursement for these services for adults with SMI at IMD facilities will improve both care coordination and care transitions for Medicaid enrollees with SMI in addition to enrollees with SUD.	Include SMI in Demonstration Goal 4: "Improve care coordination and care transitions for Medicaid enrollees with SUD ***and/or SMI***."	In addition to HCV and HIV, additional physical health conditions consistent with SMI will be examined separately.
Provide Medicaid coverage to eligible individuals incarcerated in state prisons starting 30 days prior to release Hypothesis: Ensuring continuity of care for justice-involved members will improve health outcomes	Measure non-emergent ED utilization post-incarceration. Measure number of individuals reinstated in Medicaid within 30 days of incarceration release.	Contingent upon WV DHHR implementing a way to track previously-incarcerated enrollees in claims data, these measures can be completed using Medicaid claims data.

Waiver Extension Service	Change to Evaluation Plan	Proposed Measurement Method
and decrease recidivism rates upon release from incarceration.		
Provide integrated access treatment, education, and outreach for HIV/HCV in relation to substance use. Hypothesis: Providing integrated access to care and treatment services for these frequently co-occurring conditions will increase the number of individuals receiving HIV/HCV education and treatment if necessary.	Measure number of individuals receiving HIV/HCV education.	Use CPT codes to flag HIV/HCV testing encounters. Contingent upon data quality issues being addressed, code modifiers can be used to flag educational encounters among these visits.
Provide supported housing and supported employment to enrollees with SUD. Hypothesis: The addition of supported housing and supported employment services will allow individuals to access these support services, therefore increasing utilization recovery supports and lowering relapse rates for those with SUD diagnoses.	Measure number and rate of enrollees with SUD receiving supported housing and/or supported employment.	Use HCPCS codes for supported housing (H0043, H0044) and supported employment (H2023) to analyze changes in utilization.
Implement the TRUST comprehensive outpatient model for contingency management Hypothesis: Inclusion of the TRUST model will increase the number of enrollees with	Measure the number and rate of enrollees with SUD that have utilized contingency management services.	Contingent on Medicaid claims data changes, this measure can be completed using Medicaid claims data.

Waiver Extension Service	Change to Evaluation Plan	Proposed Measurement Method
stimulant use disorder receiving treatment services.		
Provide multidisciplinary Quick Response Teams Hypothesis: The expansion of Quick Response Teams under the waiver will increase access to crisis services and lower the rates of overdoses and overdose related deaths among individuals with SUD diagnoses.	Measure the number and rate of enrollees with SUD that are contacted by a QRT within 72 hours of a SUD-related emergency.	Contingent on Medicaid claims data changes, this measure can be completed using Medicaid claims data.
Expand allowable length of stays in IMDs at the ASAM 3.7 level of care for individuals with SUD and co-occurring complex medical conditions for up to 60 days Hypothesis: Expansion of the allowable length of stay at the 3.7 treatment level of care for medically complex individuals will help ensure these individuals receive the full course of treatment for co-occurring conditions, therefore improving health outcomes.	Include separate measure for length of RAS stays among ASAM level 3.7.	Number and rate of ASAM level 3.7 visits exceeding 30 days.

Requested Expenditure Authorities

The proposed services in the Behavioral Health Waiver will require the following authorities as shown in Table 2.

Table 2. Expenditure Authority

Expenditure Authority	Use for Expenditure Authority
Expenditures related to IMDs	Expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and/or WM services for SUD, or primarily receiving treatment for SMI, who are short-term residents in facilities that meet the definition of an IMD.
Expenditures related to peer recovery supports	While these services could be covered under the Medicaid State Plan, BMS has elected to cover the services through expenditure authority.
Expenditures related to justice-involved individuals	Expenditure authority as necessary under the pre-release waiver to receive federal reimbursement for costs not otherwise matchable for certain services rendered to incarcerated individuals in the 30 days prior to their release.
Expenditures related to contingency management pilot	Expenditure authority to provide contingency management through small incentives to individuals with qualifying stimulant use disorders who are enrolled in a comprehensive outpatient treatment program.
Expenditures related to tenancy supports pilot	Expenditure authority to provide tenancy supports to qualifying individuals with SUDs.
Expenditures related to administrative simplification and delivery systems	Expenditure authority for expenditures under contracts with managed care entities that do not meet the requirements in 1903(m)(2)(A) and 1932(a) of the Act insofar as they incorporate 42 CFR 438.52(a) to the extent necessary to allow BMS to operate only one managed care plan in urban areas for CSEDW members.

Anticipated Annual Enrollment and Expenditures

Please see the below tables for anticipated enrollment and expenditure information.

Table 3. Anticipated Waiver Enrollment

Benefit	DY 1 (2023)	DY 2 (2024)	DY 3 (2025)	DY 4 (2026)	DY 5 (2027)
SUD IMD (Utilizing Medicaid Members (MM))	189	197	207	217	228
SUD Residential (Utilizing MM)	14,584	15,187	15,946	16,743	17,581
Peer Recovery Support Services (Utilizing MM)	28,615	30,365	32,491	34,765	37,199
Recovery Housing (Utilizing MM)	1,663	2,120	2,724	3,500	4,498
Supported Housing (Utilizing MM)	1,641	2,092	2,688	3,454	4,439
Supported Employment (Utilizing MM)	5,144	6,555	8,423	10,824	13,910
Continuity of Care for Justice-Involved (Utilizing MM)	12,102	12,122	12,243	12,366	12,489
HIV/HCV Education and Outreach (Utilizing MM)	158,945	162,049	166,591	171,260	176,060
Quick Response Teams (QRTs) (Utilizing MM)	QRTs to start in DY2	7,738	7,954	8,177	8,407
Contingency Management (Utilizing MM)	23,241	23,279	23,512	23,747	23,985
SMI IMD (Utilizing MM)	347	361	379	398	418
SMI Residential (Utilizing MM)	2,344	5,905	7,469	8,216	9,038
Expanded IMD for Medically Complicated SUD (Utilizing MM)	753	896	1,076	1,291	1,549
Involuntary Secure WM and Stabilization (Utilizing MM)	486	495	509	523	538

Table 4. Anticipated Annual Expenditures

Benefit	DY 1 (2023)	DY 2 (2024)	DY 3 (2025)	DY 4 (2026)	DY 5 (2027)
SUD IMD	$744,686	$810,702	$889,926	$976,892	$1,072,356
SUD Residential	$48,160,258	$50,150,300	$52,657,815	$55,290,706	$58,055,241
Peer Recovery Support Services	$27,345,676	$29,018,027	$31,049,288	$33,222,739	$35,548,330
Recovery Housing	$2,149,400	$2,821,401	$3,734,366	$4,942,754	$6,542,160
Supported Housing	$376,392	$494,070	$653,944	$865,551	$1,145,631
Supported Employment	$221,325	$290,522	$384,530	$508,959	$673,651
Continuity of Care for Justice-Involved	$9,030,632	$9,316,916	$9,692,387	$10,082,991	$10,489,335
HIV/HCV Education and Outreach	$2,643,253	$2,775,724	$2,939,127	$3,112,149	$3,295,357
Quick Response Teams (QRTs)	QRTs to start in DY 2	$3,095,040	$3,277,241	$3,470,168	$3,674,452
Contingency Management	$1,743,072	$1,798,330	$1,870,802	$1,946,196	$2,024,627
SMI IMD	$1,731,910	$1,885,443	$2,069,693	$2,271,948	$2,493,969
SMI Residential	$6,537,839	$16,540733	$20,924,028	$23,016,431	$25,318,074
Expanded IMD for Medically Complicated SUD	$5,200,251	$6,188,723	$7,426,467	$8,911,761	$10,694,113
Involuntary Secure WM and Stabilization	$684,796	$719,115	$761,449	$806,274	$853,739