1. Title Page for the State's SUD Demonstration or SUD Components of Broader Demonstration

The state should complete this Title Page at the beginning of a demonstration and submit as the title page of all SUD Monitoring Reports. The content of this l table should stay consistent over time.

State	Nebraska
Demonstration name	Nebraska Substance Use Disorder Demonstration
Approval date for demonstration	06/28/2019
Approval period for SUD	07/01/2019 - 6/30/2024
Approval date for SUD, if different from above	06/28/2019
Implementation date of SUD, if different from above	07/01/2019
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	During the demonstration period, the state seeks to achieve the following goals: 1. Increased rates of identification, initiation, and engagement in treatment for SUD; 2. Increased adherence to and retention in treatment; 3. Reductions in overdose deaths, particularly those due to opioids; 4. Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services; 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and, 6. Improved access to care for physical health conditions among beneficiaries with SUD

2. Executive Summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 or less.

During DY2Q2 (October 1, 2020 – December 31, 2020,) the state focused on two implementation areas: 1) evaluation design and 2) new Medicaid-covered services.

Nebraska received approval of its final Evaluation Design on August 28, 2020. More information on the evaluation topic is included in Section 12.1 of this report.

Nebraksa received approval of its Part A and Part B Monitoring Protocols on November 16, 2020 and began their use.

While the SUD demonstration STCs require that the state submit state plan amendments for the coverage of Medically-monitored Inpatient Withdrawal Management and Opioid Treatment Program within 24 months of demonstration approval, Nebraska had the opportunity to accelerate the addition of these services and therefore continued to prioritize SPA approval in DY2Q2. More information on the SPAs is included in Section 2.2.2.

In DY2Q2, work on the SUD demonstration continued to be impacted by the need to allocate state Medicaid resources towards addressing COVID-19 as well as Medicaid expansion which was implemented on October 1, 2020. This reprioritization did impact multiple demonstration implementation milestones.

3. Narrative Information on Implementation, by Milestone and Reporting Topic

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD	Services		
1.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.	EXAMPLE: The number of beneficiaries with a SUD diagnoses treated in an IMD in the last quarter decreased by 5% due to the closure of one IMD in the state.	Insert the first measurement period in which the current trend (+ or – two percent) was reported. EXAMPLE: 01/01/2018-03/31/2018	Insert the metric related to the trend reported. EXAMPLE: #8: Medicaid beneficiaries with SUD diagnosis treated in an IMD
☑ The state has no metrics trends to report for this rep	porting topic.		
1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: □ i) The target population(s) of the demonstration □ ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	For implementation updates, insert annual or quarterly report in which the updated was first reported. EXAMPLE: ii) The state is expanding the clinical criteria to include X diagnoses.	Insert the measurement period in which the update was first reported. EXAMPLE: ii) 01/01/2018-03/31/2018	Insert the metric related to the reported update (if any) or write "N/A". EXAMPLE: ii) N/A

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	EXAMPLE: The state projects an $x\%$ increase in beneficiaries with an SUD diagnosis due to an increase in the FPL limits which will be effective on X date.	EXAMPLE: 01/01/2019- 03/31/2019	EXAMPLE: #6 and 7: Medicaid beneficiaries with SUD diagnosis (monthly)
☐ The state has no implementation update to report for	1 0 1		
2.2 Access to Critical Levels of Care for OUD and o	ther SUDs (Milestone 1)		
2.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1			
\boxtimes The state has no metrics trends to report for this rep	orting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
2.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: i) Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management) ii) SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs	On March 31, 2020, the state submitted state plan amendments (SPAs) to add Medically-monitored Inpatient Withdrawal Management (MMIW) and Opioid Treatment Program (OTP) as Medicaid-covered state plan services. The state recieved SPA approval for the MMIW and OTP services on November 3, 2020. The state finalized service definitions and continues its work to finalize other service support material for use by providers and contracted Medicaid MCOs. The state is also continuing work necessary to facilitate provider Medicaid enrollment and reimbursement for the new services. Anticipated service start date of June 1, 2021. Progress on this milestone was impacted for several reporting quarters including DY2Q2 due to the reallocation of resources to address COVID-19 as well as Medicaid expansion which was implemented on October 1, 2020		
☐ The state has no implementation update to report for	r this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 1	1 0 1		
☐ The state has no implementation update to report for	r this reporting topic.		
3.2 Use of Evidence-based, SUD-specific Patient Pla			
3.2.1 Metric Trends	· · · · · · · · · · · · · · · · · · ·		
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
☐ The state has no trends to report for this reporting to	pic.		
☑ The state is not reporting metrics related to Mileston	ne 2.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
3.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: i) Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria ii) Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	For DY2Q3, MLTC will continue its work with NE DHHS sister divisions and contracted health plans to develop additional managed care contract language specifying utilization management requirements and level of care assessments for SUD treatment. Progress on this milestone was impacted for several reporting quarters including DY2Q2 due to the reallocation of resources to address COVID-19 as well as Medicaid expansion which was implemented on October 1, 2020		
☐ The state has no implementation update to report fo	r this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 2			
☐ The state has no implementation update to report fo			
☐ The state is not reporting metrics related to Mileston			
	ram Standards to Set Provider Qualifications for Residential Treatment Faci	llities (Milestone 3)	
4.2.1 Metric Trends ☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 ☐ The state has no trends to report for this reporting to	opic.		
☐ The state has not reporting metrics related to Mileston	•		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
4.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: X i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards X ii) State review process for residential treatment providers' compliance with qualifications standards X iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	For DY2Q3, MLTC will continue its work with NE DHHS sister divisions and contracted health plans to develop additional managed care contract language to require provider education regarding the requirements to facilitate onsite or offsite access to MAT. For DY2Q3, MLTC will continue its work with the NE DHHS sister divisions and contracted health plans to develop additional managed care contract language to require reviews of residential treatment providers to assure the types of services, hours of clinical care, and credentials of staff for residential treatment settings are performed according to ASAM Criteria, or other nationally recognized, evidence- based SUD-specific program standards. In response to SUPPORT ACT requirements, for DY2Q2, MLTC will continue work on an MAT SPA with a submission date of March 31, 2021. Progress on this milestone was impacted for several reporting quarters including DY2Q2 due to the reallocation of resources to address COVID-19 as well as Medicaid expansion which was implemented on October 1, 2020		
☐ The state has no implementation update to report for	this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 3			
☐ The state has no implementation update to report for☐ The state is not reporting metrics related to Mileston			

Dogwood		Measurement period first reported (MM/DD/YYYY -	Related metric	
Prompt 5.2 Sufficient Provider Consoits at Critical Levels of	State response of Care including for Medication Assisted Treatment for OUD (Milestone 4)	MM/DD/YYYY)	(if any)	
5.2.1 Metric Trends	of Care including for Medication Assisted Treatment for OOD (Minestone 4)			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4				
☐ The state has no trends to report for this reporting to	opic.			
5.2.2 Implementation Update				
Compared to the demonstration design and operational details, the state expects to make the following changes to: □ Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	In DY2Q3, MLTC will continue its work with contracted health plans to develop additional managed care contract language to require provider capacity reporting to include number of participating providers accepting new patients by level of care and providers that offer MAT. For DY2Q3, MLTC will finalize its work with contracted health plans to develop expanded telehealth reporting requirements. Progress on this milestone was impacted for several reporting quarters including DY2Q2 due to the reallocation of resources to address COVID-19 as well as Medicaid expansion which was implemented on October 1, 2020			
☐ The state has no implementation update to report for	r this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 4				
☐ The state has no implementation update to report for	r this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)				
6.2.1 Metric Trends				
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5				

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☑ The state has no trends to report for this reporting to	opic.		
6.2.2 Implementation Update			
Compared to the demonstration design and			
operational details, the state expects to make the			
following changes to:			
☐ i) Implementation of opioid prescribing			
guidelines and other interventions related to			
prevention of OUD			
☐ ii) Expansion of coverage for and access to			
naloxone			
☐ The state has no implementation update to report fo	r this reporting topic.		
☐ The state expects to make other program changes			
that may affect metrics related to Milestone 5			
☐ The state has no implementation update to report fo	r this reporting topic.		
7.2 Improved Care Coordination and Transitions be	etween Levels of Care (Milestone 6)		
7.2.1 Metric Trends			
☐ The state reports the following metric trends,			
including all changes (+ or -) greater than 2 percent			
related to Milestone 6			
☐ The state has no trends to report for this reporting to	opic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
7.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	For DY2Q3, MLTC will continue its work with contracted health plans to update contract language to reflect specific requirements for Care Management follow up after SUD treatment discharge. Progress on this milestone was impacted for several reporting quarters including DY2Q2 due to the reallocation of resources to address COVID-19 as well as Medicaid expansion which was implemented on October 1, 2020		
☐ The state has no implementation update to report fo	r this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 6			
☐ The state has no implementation update to report fo	r this reporting topic.		
8.2 SUD Health Information Technology (Health IT	* * *		
8.2.1 Metric Trends			
☑ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics	For DY2Q2, the state saw a dramatic increase in the use of telehealth services due to the COVID PHE. A comparison of start of the demonstration in July 2019 to DY2 in July 2020 marked an increase of 4052% with a 10% decrease from July 2020 to August 2020.	07/01/2020 – 9/30/2020	
\Box The state has no trends to report for this reporting to	opic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
8.2.2 Implementation Update	State Tesponse		(11 11113)
Compared to the demonstration design and operational details, the state expects to make the following changes to: □ i) How health IT is being used to slow down the rate of growth of individuals identified with SUD □ ii) How health IT is being used to treat effectively individuals identified with SUD □ iii) How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD □ iv) Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels □ v) Other aspects of the state's health IT implementation milestones □ vi) The timeline for achieving health IT implementation milestones □ vii) Planned activities to increase use and functionality of the state's prescription drug monitoring program			
☐ The state has no implementation update to report fo	r this reporting tonic		
☐ The state expects to make other program changes that may affect metrics related to Health IT	i diis reporting topic.		
☐ The state has no implementation update to report fo	r this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics			
☑ The state has no trends to report for this reporting to	opic.		
9.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
☐ The state has no implementation update to report for	or this reporting topic.		
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
☑ If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	Nebraska reported expenditures for DY2Q2 in accordance with STC 46. The state completed and uploaded an updated template (as of February 19, 2021) on February 26, 2021 as required in STC 26(c). This updated template reflects the addition of the Heritage Health Adult (Medicaid expansion) populations.		
10.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect budget neutrality			
☐ The state has no implementation update to report for	or this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
11.1 SUD-Related Demonstration Operations and P	Policy		
11.1.1 Considerations			
□ States should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			
☑ The state has no related considerations to report for	this reporting topic.		
11.1.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) iii) Partners involved in service delivery			
☐ The state has no implementation update to report fo	or this reporting topic.		

		Measurement period first reported (MM/DD/YYYY -	Related metric
Prompt	State response	MM/DD/YYYY)	(if any)
☐ The state experienced challenges in partnering			
with entities contracted to help implement the			
demonstration (e.g., health plans, credentialing			
vendors, private sector providers) and/or noted any			
performance issues with contracted entities			
☐ The state has no implementation update to report fo	r this reporting topic.		
\Box The state is working on other initiatives related to			
SUD or OUD			
☐ The state has no implementation update to report fo	r this reporting topic.		
☐ The initiatives described above are related to the			
SUD or OUD demonstration (States should note			
similarities and differences from the SUD			
demonstration)			
☐ The state has no implementation update to report for	r this reporting topic.	ı	
12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
☐ Provide updates on SUD evaluation work and			
timeline. The appropriate content will depend on			
when this report is due to CMS and the timing for			
the demonstration. See report template instructions			
for more details.			
☐ The state has no SUD demonstration evaluation upon	late to report for this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)		
☑ Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	The state received approval of its final Evaluation Design on August 28, 2020. The design and the approval have been posted to the MLTC SUD Demonstration website: http://dhhs.ne.gov/Pages/Substance-Use-Disorder-Demonstration.aspx MLTC continued its work with the DHHS procurement division in preparation for an RFP that was released January 26, 20201 to contract with an independent entity to act as the demonstration evaluator. Currently, these proposals are undergoing evaluation with an anticipated contract award on				
☐ The state has no SUD demonstration evaluation upon	March 17, 2021.				
☐ List anticipated evaluation-related deliverables related to this demonstration and their due dates.	duct to report for this reporting topic.				
☐ The state has no SUD demonstration evaluation upon	date to report for this reporting topic.				
13.1 Other Demonstration Reporting	<u> </u>				
13.1.1 General Reporting Requirements					
☐ The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol					
☑ The state has no updates on general requirements to	o report for this reporting topic.				
☐ The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes					
☑ The state has no updates on general requirements to report for this reporting topic.					

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
Compared to the demonstration design and	In DY2D2, MLTC received approval of its Monitoring Protocol on November		
operational details, the state expects to make the	17, 2020.		
following changes to:			
\square i) The schedule for completing and submitting	The state submitted a technical assistance question regarding a potential		
monitoring reports	protocol revision needed for the reporting of the criminal justice status and		
⊠ ii) The content or completeness of submitted	criminal involvement metrics. The state was directed to use colum K of the monitoring template and describe the issue and to defer revision of the		
reports and/or future reports	monitoring protocol until a later date.		
☑ The state has no updates on general requirements to	• • • • • • • • • • • • • • • • • • • •		
☐ The state identified real or anticipated issues			
submitting timely post-approval demonstration			
deliverables, including a plan for remediation			
☐ The state has no updates on general requirements to	report for this reporting topic.		
13.1.2 Post-Award Public Forum			
\Box If applicable within the timing of the			
demonstration, provide a summary of the annual			
post-award public forum held pursuant to 42 CFR §			
431.420(c) indicating any resulting action items or			
issues. A summary of the post-award public forum			
must be included here for the period during which			
the forum was held and in the annual report.			
⊠ No post-award public forum was held during this re	porting period and this is not an annual report, so the state has no post-award publ	ic forum update to repo	ort for this topic.

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
☐ Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.			
☑ The state has no notable achievements or innovations to report for this reporting topic.			

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

The IET-AD, FUA-AD, FUM-AD, and AAP measures (metrics #15, 17 (1), and 17 (2), and 32) are Healthcare Effectiveness Data and Information Set ("HEDIS®") measures that are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the <u>adjusted HEDIS</u> specifications, may be called only "Uncertified, Unaudited HEDIS rates."

Certain non-NCQA measures in the CMS 1115 Substance Use Disorder Demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-NCQA measures and any coding contained in the VS.