

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

June 3, 2026

Drew Gonshorowski
Director of Medicaid & Long Term Care
Nebraska Department of Health and Human Services
301 Centennial Mall South, 3rd Floor PO Box 95026
Lincoln, NE 68509

Dear Director Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Substance Use Disorder (SUD) Evaluation Design, which is required by the Special Terms and Conditions (STCs), specifically, STC #9.3 “Evaluation Design” of Nebraska’s section 1115 demonstration, “Nebraska Substance Use Disorder Program Section 1115(a) Demonstration” (Project No: 11-W-10025/7), effective through June 30, 2030. CMS has determined that the Evaluation Design, which was submitted on December 19, 2025 and revised on April 20, 2026, meets the requirements set forth in the STCs and our evaluation design guidance, and therefore approves the state’s SUD Evaluation Design.

CMS has added the approved Evaluation Design to the demonstration’s STCs as Attachment B. A copy of the STCs, which includes the new attachment, is enclosed with this letter. In accordance with 42 CFR 431.424, the approved Evaluation Design may now be posted to the state’s Medicaid website within 30 days. CMS will also post the approved Evaluation Design as a standalone document, separate from the STCs, on Medicaid.gov.

Please note that an Interim Evaluation Report, consistent with the approved Evaluation Design, is due to CMS one year prior to the expiration of the demonstration, or at the time of the extension application, if the state chooses to extend the demonstration. Likewise, a Summative Evaluation Report, consistent with this approved design, is due to CMS within 18 months of the end of the demonstration period. In accordance with 42 CFR 431.428 and the STCs, we look forward to receiving updates on evaluation activities in the demonstration monitoring reports.

States are responsible for following all applicable federal law and regulations when they claim and use federal Medicaid funds and must fully comply with all applicable Medicaid statutes and regulations under a section 1115 demonstration, except where specific provisions have been


expressly waived or identified as not applicable for that demonstration. This obligation includes all requirements in Title XIX of the Social Security Act and implementing regulations governing provider screening and enrollment activities, pre- and post-payment review claiming, payment methodologies and rate-setting, utilization controls, and program integrity including processes to identify, investigate, and refer suspected fraud, and methods to receive complaints and identify questionable practices. States must maintain effective systems and safeguards to prevent, detect, and address any fraud, waste, or abuse (FWA) in the delivery of and payment for Medicaid services, including referrals to law enforcement when appropriate.

States should have heightened monitoring and oversight mechanisms in place featuring robust internal controls to identify and remediate all vulnerabilities (including, but not limited to, FWA and beneficiary access issues) inherent in service areas approved as part of a demonstration. At any time, CMS may request that the state provide a plan detailing the state's systems and safeguards to prevent, detect, and address any FWA relative to this demonstration. Failure to meet program integrity obligations under federal statutes and regulations or under the terms and conditions of this demonstration approval may result in compliance actions or other enforcement measures that could include requirements to develop and implement corrective action plans, withholdings, deferrals, disallowances, and termination of demonstration authority.

We appreciate our continued partnership with Nebraska on the Nebraska Substance Use Disorder Program Section 1115(a) Demonstration. If you have any questions, please contact your CMS demonstration team.

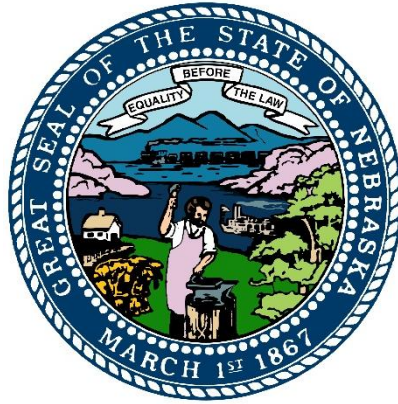
Sincerely,

**DANIELLE
DALY -S**

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Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Tyson Christensen, State Monitoring Lead, CMS Medicaid and CHIP Operations Group



State of Nebraska Department of Health and
Human Services

Substance Use Disorder (SUD) Demonstration Waiver

Renewal Evaluation Design

April 2026



Table of Contents

1. Background.....	1
Waiver Background.....	1
Previous Report Findings.....	2
2. Evaluation Questions and Hypotheses.....	4
Aim One.....	4
Logic Model.....	4
Hypotheses and Evaluation Questions.....	4
Aim Two.....	5
Logic Model.....	5
Hypotheses and Evaluation Questions.....	6
Aim Three.....	7
Logic Model.....	7
Hypotheses and Evaluation Questions.....	7
3. Methodology.....	9
Evaluation Design Summary.....	9
Target and Comparison Populations.....	10
Evaluation Period.....	10
Evaluation Measures.....	11
Data Sources.....	18
Administrative Data.....	18
National Surveys.....	19
Key Informant Interviews.....	19
Other Data Sources.....	19
Analytic Methods.....	20
ITS.....	20
Pre-Test/Post-Test.....	21
Non-Inferiority Testing.....	22
Qualitative Synthesis.....	23
Disentangling Confounding Events.....	25
4. Methodological Limitations.....	26
Data Source Limitations.....	26
Analytic Methods Limitations.....	26
A. Appendix A. Attachments.....	28
Independent Evaluator.....	28
Evaluation Budget.....	28
Timeline and Major Milestones.....	30
Proposed Measure Specifications.....	31

1. Background

On June 25, 2025, the Centers for Medicare & Medicaid Services (CMS) approved the Nebraska Department of Health and Human Services' (DHHS') request to renew its Section 1115 Substance Use Disorder (SUD) Demonstration Waiver (the Waiver). The Waiver was approved for an additional five years, effective July 1, 2025, through June 30, 2030.¹

Waiver Background

On January 1, 2017, DHHS launched the Heritage Health managed care program to integrate physical health (PH), behavioral health (BH), and pharmacy services for Medicaid beneficiaries into a single statewide, comprehensive delivery system. As a part of this program, DHHS sought to continue using Institution for Mental Disease (IMDs) to provide residential SUD treatment services to beneficiaries ages 21 to 64 years and include IMD stays in the development of capitation rates. The Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule, implemented by CMS on July 5, 2016, limited capitated payments to short-term IMD stays of 15 or fewer days for residential SUD treatment. DHHS submitted a Section 1115 Demonstration Waiver Application on November 27, 2018, to gain the authority to continue making capitated payments for SUD treatment services received at IMDs regardless of the average length of stay (LOS).²

On June 28, 2019, CMS approved DHHS' request to implement the Waiver for a five-year period from July 1, 2019, through June 30, 2024.³ The Waiver authorized the State to provide high-quality, clinically appropriate treatment to Medicaid beneficiaries ages 19 to 64 years primarily diagnosed with opioid use disorder (OUD) and/or other SUDs at IMDs. In addition to providing the appropriate level of care, coverage of IMD stays aimed at reducing emergency department (ED) visits and increasing referrals for outpatient (OP) and community-based services upon discharge. The Waiver also enabled the State to implement models focused on increasing home- and community-based support for beneficiaries and improving access to evidence-based SUD services based on the American Society of Addiction Medicine (ASAM) criteria. On June 17, 2024, the Waiver was extended for one year, concluding on June 30, 2025.⁴

¹ Centers for Medicare & Medicaid Services. CMS Approval – Demonstration Extension. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ne-sud-demonstr-extnsn-06252025-ca.pdf>. Accessed on: Nov 13, 2025.

² Centers for Medicare & Medicaid Services. Initial Application. Available at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ne/ne-sud-demo-pa.pdf>. Accessed on: Nov 13, 2025.

³ Centers for Medicare & Medicaid Services. CMS Initial Approval. Available at: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ne/ne-substance-use-disorder/ne-sud-demo-initial-appvl-20190628.pdf>. Accessed on: Nov 13, 2025.

⁴ Centers for Medicare & Medicaid Services. CMS Temporary Extension Approval. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ne-sud-demo-tmpry-extn-aprvl-06172024.pdf>. Accessed on: Nov 13, 2025.

On October 5, 2023, DHHS applied to renew the Waiver for an additional five years.⁵ CMS approved the renewal on June 25, 2025, effective July 1, 2025, through June 30, 2030.⁶ The renewal was approved without changes from the previous demonstration period and aims to continue building upon its successes by delivering high-quality, clinically appropriate treatment services to beneficiaries with SUD. Nebraska seeks to promote recovery for beneficiaries with SUD by achieving:⁷

- Increased rates of identification, initiation, and engagement in treatment for SUD
- Increased adherence to and retention in treatment
- Reductions in overdose deaths, particularly those due to opioids
- Reduced utilization of EDs and inpatient (IP) hospital settings for preventable or medically inappropriate treatment through improved access to other continuum of care services
- Fewer readmissions to the same or high level of care when preventable or medically inappropriate
- Improved access to PH services among beneficiaries with SUD

The Waiver will be evaluated by three distinct aims:

1. Improve access to healthcare for beneficiaries with an SUD
2. Improve quality of care for beneficiaries with an SUD
3. Maintain or reduce costs

Previous Report Findings

Results from the Interim Evaluation Report, approved by CMS on June 18, 2024, indicated that:⁸

- Beneficiaries increased SUD treatment utilization, particularly residential services and medication-assisted treatment (MAT).
- The number of Medicaid providers delivering SUD services increased by approximately 21 percent from the baseline period to 2022 and may reflect provider capacity building efforts.
- The number of IMD stays and number of days of IMD treatment increased, and the average LOS in an IMD stabilized around the statewide goal of 30 days.
- The evaluation showed a significant decrease in both the level and trend of ED visits for an SUD as the Waiver supported increased opioid treatment program (OTP) availability and expanded MAT access statewide. This decline may have represented a shift away from relying on EDs for SUD treatment.

⁵ Centers for Medicare & Medicaid Services. State Application – Extension. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nb-pending-aplictin-10122023.pdf>. Accessed on: Nov 13, 2025.

⁶ Centers for Medicare & Medicaid Services. CMS Approval – Demonstration Extension. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nb-cms-aprvd-intrm-evltn-rprt.pdf>. Accessed on: Nov 13, 2025.

⁷ Ibid.

⁸ Centers for Medicare & Medicaid Services. CMS Approved Interim Evaluation Report. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nb-cms-aprvd-intrm-evltn-rprt.pdf>. Accessed on: Nov 13, 2025.



- The Waiver was associated with improvements in IP stays for an SUD and IP stays for any cause. The average number of stays, average number of days, and the average LOS for an SUD-specific and any cause IP stays declined.
- IP costs continued to demonstrate a reduction during the demonstration period.

The Summative Evaluation Report for the prior demonstration period will be submitted to CMS by December 31, 2026, and its findings will be synthesized in the Interim Evaluation Report due to CMS by June 30, 2029.

2. Evaluation Questions and Hypotheses

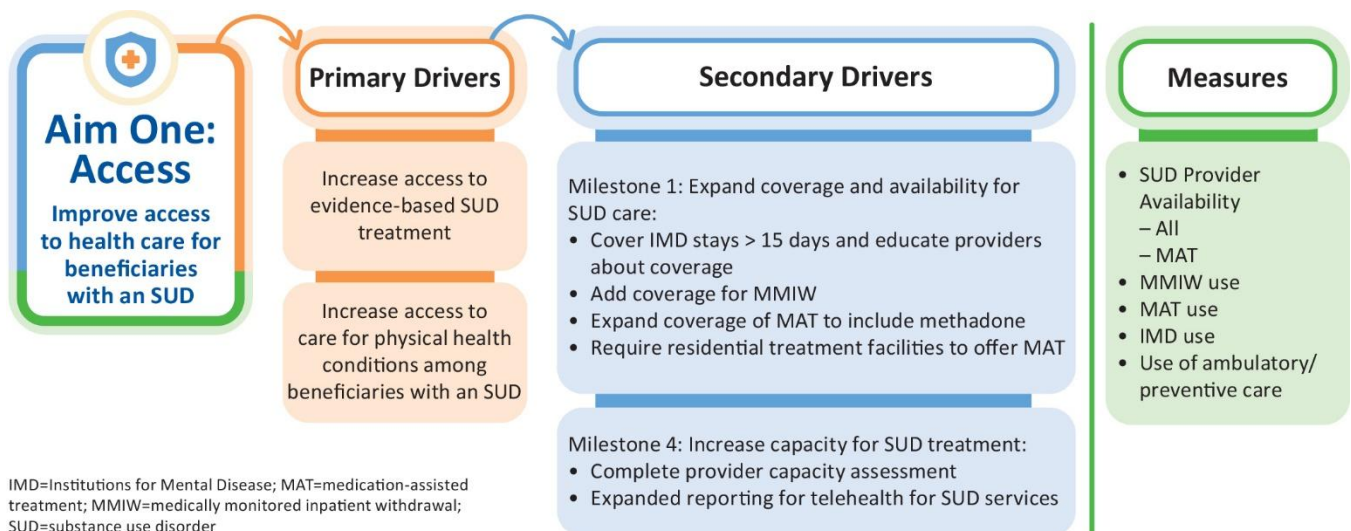
This chapter provides the logic models, hypotheses, evaluation questions, and measures that will evaluate the impact of the Nebraska Section 1115 Substance Use Disorder (SUD) Demonstration Waiver (the Waiver).

Aim One

Logic Model

Figure 2-1 illustrates that the Waiver targets expanding coverage and capacity for SUD treatment. It shows the primary drivers that contribute to achieving the Waiver goals, the secondary drivers necessary to support those primary drivers, and the associated measures.

Figure 2-1—Aim One Logic Model



Hypotheses and Evaluation Questions

To comprehensively evaluate Aim One, one evaluation question will be tested using four hypotheses. Table 2-1 lists the evaluation question along with the associated hypotheses and measures.

Table 2-1—Evaluation Question 1 Hypotheses and Measures

Evaluation Question 1: Did the Waiver renewal maintain or improve access to health care for beneficiaries with an SUD?	
Hypothesis 1.1: The Waiver renewal will maintain or increase access to evidence-based SUD treatment, reflected in increased utilization.	
1	Percentage of Beneficiaries Receiving Any SUD Treatment Service
2	Percentage of Beneficiaries Who Use Residential Services for SUD
3	Percentage of Beneficiaries Who Use Withdrawal Management Services
4	Percentage of Beneficiaries Who Have a Claim for MAT for SUD

Evaluation Question 1: Did the Waiver renewal maintain or improve access to health care for beneficiaries with an SUD?

5	Number of IMD Stays for SUD
6	Number of Days of IMD Treatment for SUD
Hypothesis 1.2: The Waiver renewal will maintain or increase access to evidence-based SUD treatment, reflected in maintained or increased capacity.	
7	Average LOS of IMD Stays for SUD
8	Number of Providers Enrolled in Medicaid and Who Deliver SUD Services
9	Number of Providers Enrolled in Medicaid and Who Deliver MAT for SUD Services
10	Number of Beds Available in IMD Facilities Providing SUD Services
11	Number of OP Facilities Offering Detoxification
12	Number of Facilities Offering Opioid-Specific Detoxification
13	OTPs
14	OP Facilities Offering OTPs
15	Residential (Non-Hospital) Facilities Offering OTPs
16	Medication-Assisted Opioid Therapy Provided at Facilities with OTPs
17	Any Type of MAT
18	Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug/SUD in the Past Year
Hypothesis 1.3: The Waiver renewal will maintain or increase access to care for PH conditions among beneficiaries with an SUD.	
19	Percentage of Medicaid Beneficiaries with SUD Who Had an Ambulatory or Preventive Care Visit
Hypothesis 1.4: The Waiver renewal will mitigate barriers to maintaining access to SUD resources.	
20	Providers' Reported Barriers and Successes to Maintaining or Improving Access to SUD Services and Resources
21	State Administrators' Reported Barriers and Successes to Maintaining or Improving Access to SUD Services and Resources
22	MCOs' Reported Barriers and Successes to Maintaining or Improving Access to SUD Services and Resources

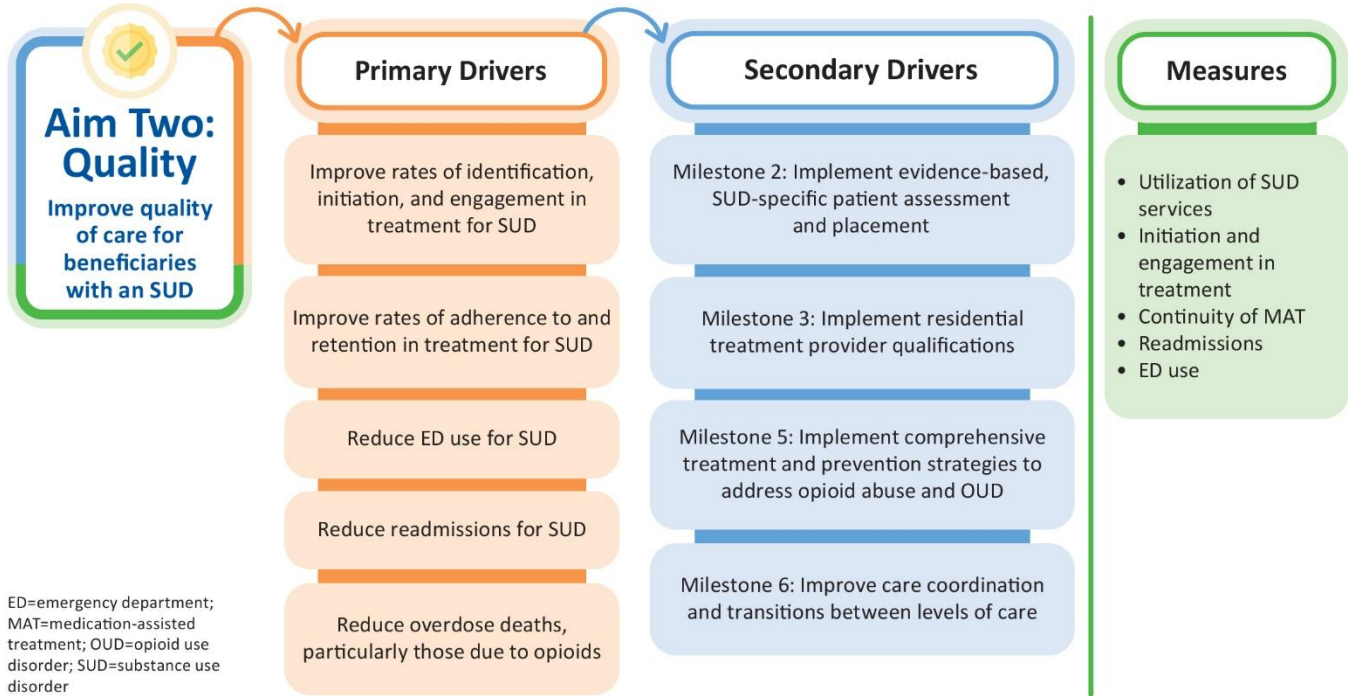
Note: IMD: Institution for Mental Diseases; LOS: length of stay; MAT: medication-assisted treatment; MCO: managed care organization; OP: outpatient; OTP: opioid treatment program; PH: physical health; SUD: substance use disorder.

Aim Two

Logic Model

Figure 2-2 illustrates that the State seeks to improve quality by continuing the Waiver and expanding coverage. It shows the primary drivers that contribute to achieving the goals, the secondary drivers needed to support those primary drivers, and the associated measures.

Figure 2-2—Aim Two Logic Model



Hypotheses and Evaluation Questions

To comprehensively evaluate Aim Two, one evaluation question will be tested using six hypotheses. Table 2-2 lists the evaluation question along with the associated hypotheses and measures.

Table 2-2—Evaluation Question 2 Hypotheses and Measures

Evaluation Question 2: Did the Waiver renewal maintain or improve access to health care for beneficiaries with an SUD?	
Hypothesis 2.1: The Waiver renewal will maintain or improve rates of identification, initiation, and engagement, in treatment for SUD.	
23	Percentage of Beneficiaries Who Initiated Treatment Within 14 Days of a New SUD Diagnosis
24	Percentage of Beneficiaries Who Initiated Treatment and Who Had Two or More Additional Services for SUD Within 34 Days of the Initiation Visit
Hypothesis 2.2: The Waiver renewal will maintain or improve rates of adherence to and retention in treatment for SUD.	
25	Pharmacotherapy for OUD
Hypothesis 2.3: The Waiver renewal will maintain or reduce ED use for SUD.	
26	Number of ED Visits for SUD
Hypothesis 2.4: The Waiver renewal will maintain or reduce readmissions for SUD.	
27	30-Day All-Cause Readmissions Among Beneficiaries with SUD
Hypothesis 2.5: The Waiver renewal will maintain or reduce overdose deaths, particularly those due to opioids.	
28	Rate of Overdose Deaths, Overall and Due to Opioids

Evaluation Question 2: Did the Waiver renewal maintain or improve access to health care for beneficiaries with an SUD?

Hypothesis 2.6: The Waiver renewal will mitigate barriers to maintain or expand the continuum of care services and quality of care for beneficiaries with an SUD.

29	Providers’ Reported Barriers and Successes to Maintaining or Improving the Continuum of Care Services and Quality of Care for Beneficiaries with an SUD
30	State Administrators’ Reported Barriers and Successes to Maintaining or Improving the Continuum of Care Services and Quality of Care for Beneficiaries with an SUD
31	MCOs’ Reported Barriers and Successes to Maintaining or Improving the Continuum of Care Services and Quality of Care for Beneficiaries with an SUD

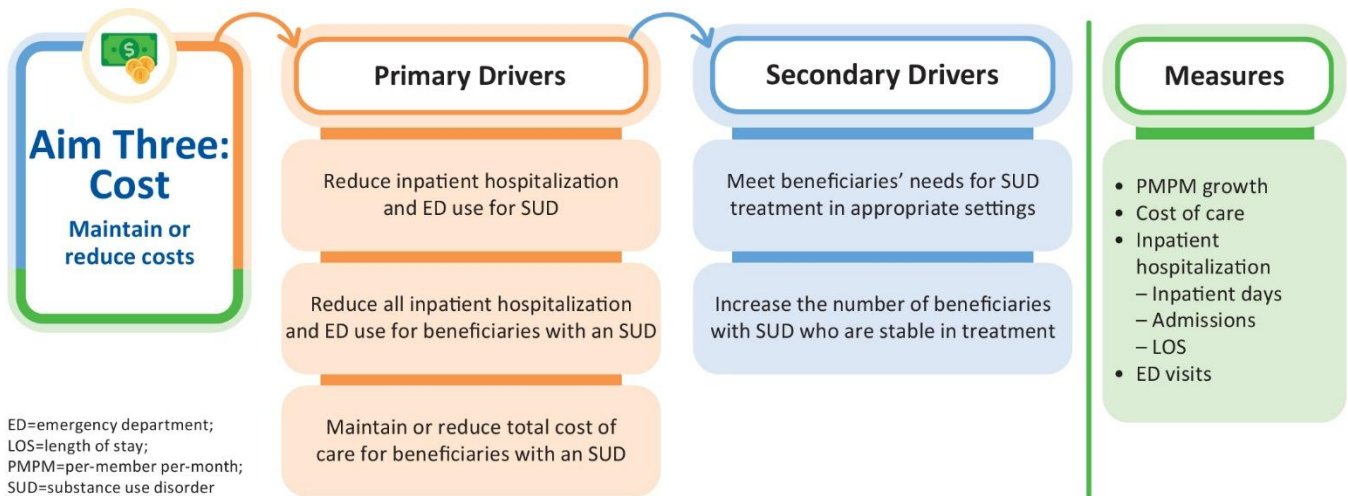
Note: ED: emergency department; OUD: opioid use disorder; MCO: managed care organization; SUD: substance use disorder.

Aim Three

Logic Model

In Aim Three, cost maintenance is an intended outcome of treating patients in the most appropriate setting and improving follow-up. Figure 2-3 illustrates the primary drivers that contribute to achieving the goals, the secondary drivers necessary to support the primary drivers, and the associated measures.

Figure 2-3—Aim Three Logic Model



Hypotheses and Evaluation Questions

To comprehensively evaluate Aim Three, one evaluation question will be tested using four hypotheses. Table 2-3 lists the evaluation question along with the associated hypotheses and measures.

Table 2-3—Evaluation Question 3 Hypotheses and Measures

Evaluation Question 3: Did the Waiver renewal maintain or reduce total cost of care?

Hypothesis 3.1: The Waiver renewal will maintain or reduce IP hospitalization and ED use for an SUD.

32	Number of IP Stays for SUD
33	Number of Days of IP Hospitalization for SUD

Evaluation Question 3: Did the Waiver renewal maintain or reduce total cost of care?

34 Average LOS of IP Hospitalization for SUD

Hypothesis 3.2: The Waiver renewal will maintain or reduce IP hospitalization and ED use for beneficiaries with an SUD.

35 Average Number of IP Stays for Any Cause

36 Average Number of Days of IP Stays for Any Cause

37 Average LOS of IP Hospitalization for Any Cause

38 Average Number of ED Visits for Any Cause

Hypothesis 3.3: The Waiver renewal will maintain or reduce total cost of SUD-related care.

39 PMPM Cost for SUD Treatment

Hypothesis 3.4: The Waiver renewal will maintain or reduce total cost of care.

40 PMPM Cost

Note: ED: emergency department; IP: inpatient; LOS: length of stay; PMPM: per-member per-month; SUD: substance use disorder.

3. Methodology

To assess the impact of the Nebraska Section 1115 Substance Use Disorder (SUD) Demonstration Waiver (the Waiver), a comparison of outcomes between the intervention group and a valid counterfactual must be made. The intervention group includes individuals exposed to the Waiver, while the counterfactual represents what would have occurred had they not been exposed. The gold standard of experimental design is a randomized controlled trial, which assigns individuals to either the intervention or a comparison group that serves as the counterfactual. However, random assignments are rarely feasible or desirable in practice, particularly as it relates to health care policies. As such, a variety of quasi-experimental or observational methodologies have been developed to evaluate the effect of policies on outcomes.

The evaluation questions presented in the previous chapter will be addressed using at least one of these methodologies. The selected methodology depends on factors related to data availability: (1) data to measure the outcomes, (2) data for a valid comparison group, and (3) data during the time periods of interest, typically defined as the year prior to implementation and annually thereafter. Table 3-1 illustrates a sampling of standard analytic approaches and indicates whether each approach requires baseline (i.e., pre-implementation) data, requires a comparison group, or allows for causal inference. It also notes any key requirements unique to each approach.

Table 3-1—Sampling of Analytic Approaches

Analytic Approach	Baseline Data	Comparison Group	Allows Causal Inference	Notes
Interrupted time series	✓	—	✓	Requires sufficient data points prior to and following Waiver renewal.
Pre-test/post-test	✓	—	—	—

Note: — indicates that the element is not applicable to the analytic approach.

Evaluation Design Summary

The Waiver did not undergo substantial changes upon renewal in July 2025.⁹ A comprehensive evaluation of the previous demonstration period, July 1, 2019, to June 30, 2025, and its impacts on SUD care and outcomes was conducted in the Interim Evaluation Report and will be further assessed in the forthcoming Summative Evaluation Report.¹⁰ Consequently, the evaluation outlined in this Evaluation Design will primarily focus on determining whether the Waiver goals continue to show promising results during the renewal period.

The Waiver will be evaluated through a mixed-methods approach that utilize both quantitative and qualitative methods and incorporates multiple data sources to address metrics related to access, quality of care, health outcomes, and stakeholders’ perspectives. Quantitative methods outlined in this Evaluation Design include

⁹ Centers for Medicare & Medicaid Services. CMS Approval – Demonstration Extension. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ne-sud-demonstr-extnsn-06252025-ca.pdf>. Accessed on: Nov 13, 2025.

¹⁰ Centers for Medicare & Medicaid Services. CMS Approved Interim Evaluation Report. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nb-cms-aprvd-intrm-evltn-rprt.pdf>. Accessed on: Nov 13, 2025.

descriptive time series to show changes in rates and counts over time, as well as pre-test/post-test and interrupted time series (ITS) analyses to assess the Waiver’s impact on outcome measures. Rates may be compared to national benchmarks to provide additional context for the Waiver’s performance. Non-inferiority testing will determine if the Waiver is performing as well or better than the counterfactual group for measures where the hypothesis predicts that outcomes will be maintained, improved, or reduced. The most rigorous method supported by the available data will be employed for outlined analytic approaches.

Target and Comparison Populations

The Waiver targets adult Medicaid beneficiaries ages 21 to 64 years with an SUD diagnosis. Because all Medicaid beneficiaries ages 21 to 64 years are eligible for Waiver services, no in-state comparison population is anticipated to be available for the evaluation. Therefore, the ITS approach is recommended to compare post-waiver trends to pre-waiver trends. Where appropriate, statewide outcomes may be compared to national trends, though these comparisons are not considered true counterfactuals.

Evaluation Period

Table 3-2 presents the baseline and evaluation periods for the Waiver evaluation. A two-year baseline period will provide sufficient data to support ITS regression and capture the complete implementation of the previous demonstration (implemented by approximately April 1, 2023). The baseline period begins after many of the impacts of the coronavirus disease 2019 (COVID-19) public health emergency (PHE) and the COVID-19 continuous enrollment provision resolved. ITS regression will compare outcomes during the baseline period to the current evaluation period.

Table 3-2—Evaluation Period

Deliverable	Baseline Period	Evaluation Period
Mid-Point Assessment ¹¹	July 1, 2023–June 30, 2025	July 1, 2025–November 30, 2027
Interim Evaluation Report	July 1, 2023–June 30, 2025	July 1, 2025–June 30, 2028
Summative Evaluation Report	July 1, 2023–June 30, 2025	July 1, 2025–June 30, 2030

¹¹ The Mid-Point Assessment (MPA) is distinct from the Interim and Summative Evaluation Reports and is not outlined in this Evaluation Design. The independent evaluator will follow the CMS MPA guidance: <https://www.medicaid.gov/medicaid/section-1115-demo/downloads/evaluation-reports/1115-sud-smised-mid-point-assessment-ta.pdf>. Accessed on: Nov 18, 2025.

Evaluation Measures

Table 3-3 presents the evaluation measures, comparison groups, data sources, analytic approaches, frequency of calculation, and measure stewards for the evaluation of Aim One. Full measure specifications, including the numerator, denominator, stratifications, and desired direction are provided in Appendix A, Attachments.

Table 3-3—Aim One Evaluation Measures

Measure	Data Source(s)	Comparison Group	Analytic Approach	Frequency	Measure Steward
Evaluation Question 1: Did the Waiver renewal maintain or improve access to health care for beneficiaries with an SUD?					
<i>Hypothesis 1.1: The Waiver renewal will maintain or increase access to evidence-based SUD treatment, reflected in increased utilization.</i>					
1: Percentage of Beneficiaries Receiving Any SUD Treatment Service	<ul style="list-style-type: none"> Claims 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> ITS regression Pre-test/post-test Non-inferiority testing 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> CMS (modified)
2: Percentage of Beneficiaries Who Use Residential Services for SUD	<ul style="list-style-type: none"> Claims 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> ITS regression Pre-test/post-test Non-inferiority testing 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> CMS (modified)
3: Percentage of Beneficiaries Who Use Withdrawal Management Services	<ul style="list-style-type: none"> Claims 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> ITS regression Pre-test/post-test Non-inferiority testing 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> CMS (modified)
4: Percentage of Beneficiaries Who Have a Claim for MAT for SUD	<ul style="list-style-type: none"> Claims 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> ITS regression Pre-test/post-test Non-inferiority testing 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> CMS (modified)
5: Number of IMD Stays for SUD	<ul style="list-style-type: none"> Claims MCO IMD stays reports 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> ITS regression Pre-test/post-test Non-inferiority testing Descriptive statistics 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> CMS (modified)

Measure	Data Source(s)	Comparison Group	Analytic Approach	Frequency	Measure Steward
6: Number of Days of IMD Treatment for SUD	<ul style="list-style-type: none"> • Claims • MCO IMD stays reports 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing • Descriptive statistics 	<ul style="list-style-type: none"> • Monthly 	<ul style="list-style-type: none"> • CMS (modified)
<i>Hypothesis 1.2: The Waiver renewal will maintain or increase access to evidence-based SUD treatment, reflected in maintained or increased capacity.</i>					
7: Average LOS of IMD Stays for SUD	<ul style="list-style-type: none"> • Claims • MCO IMD stays reports 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing • Descriptive statistics 	<ul style="list-style-type: none"> • Monthly 	<ul style="list-style-type: none"> • CMS
8: Number of Providers Enrolled in Medicaid and Who Deliver SUD Services	<ul style="list-style-type: none"> • Claims • Provider enrollment 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics 	<ul style="list-style-type: none"> • Annually 	<ul style="list-style-type: none"> • CMS
9: Number of Providers Enrolled in Medicaid and Who Deliver MAT for SUD Services	<ul style="list-style-type: none"> • Claims • Provider enrollment • MCO reports on providers offering MAT services 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics 	<ul style="list-style-type: none"> • Annually 	<ul style="list-style-type: none"> • CMS
10: Number of Beds Available in IMD Facilities Providing SUD Services	<ul style="list-style-type: none"> • Nebraska SUD facility tracker 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics 	<ul style="list-style-type: none"> • Annually 	<ul style="list-style-type: none"> • CMS
11: Number of OP Facilities Offering Detoxification	<ul style="list-style-type: none"> • N-SUMHSS 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics 	<ul style="list-style-type: none"> • Annually 	<ul style="list-style-type: none"> • SAMHSA
12: Number of Facilities Offering Opioid-Specific Detoxification	<ul style="list-style-type: none"> • N-SUMHSS 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics 	<ul style="list-style-type: none"> • Annually 	<ul style="list-style-type: none"> • SAMHSA

Measure	Data Source(s)	Comparison Group	Analytic Approach	Frequency	Measure Steward
13: OTPs	<ul style="list-style-type: none"> N-SUMHSS 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Pre-test/post-test Non-inferiority testing Descriptive statistics 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> SAMHSA
14: OP Facilities Offering OTPs	<ul style="list-style-type: none"> N-SUMHSS 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Pre-test/post-test Non-inferiority testing Descriptive statistics 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> SAMHSA
15: Residential (Non-Hospital) Facilities Offering OTPs	<ul style="list-style-type: none"> N-SUMHSS 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Pre-test/post-test Non-inferiority testing Descriptive statistics 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> SAMHSA
16: Medication-Assisted Opioid Therapy Provided at Facilities with OTPs	<ul style="list-style-type: none"> N-SUMHSS 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Pre-test/post-test Non-inferiority testing Descriptive statistics 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> SAMHSA
17: Any Type of MAT	<ul style="list-style-type: none"> N-SUMHSS 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Pre-test/post-test Non-inferiority testing Descriptive statistics 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> SAMHSA
18: Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug/SUD in the Past Year	<ul style="list-style-type: none"> NSDUH 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Pre-test/post-test Non-inferiority testing Descriptive statistics 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> SAMHSA
<i>Hypothesis 1.3: The Waiver renewal will maintain or increase access to care for PH conditions among beneficiaries with an SUD.</i>					
19: Percentage of Medicaid Beneficiaries with SUD Who Had an Ambulatory or Preventive Care Visit	<ul style="list-style-type: none"> Claims 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> ITS regression Pre-test/post-test Non-inferiority testing Trend analysis 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> NCQA, CMIT #36 (modified)

Measure	Data Source(s)	Comparison Group	Analytic Approach	Frequency	Measure Steward
<i>Hypothesis 1.4: The Waiver renewal will mitigate barriers to maintaining access to SUD resources.</i>					
20: Providers' Reported Barriers and Successes to Maintaining or Improving Access to SUD Services and Resources	• Key informant interviews	• N/A	• Qualitative synthesis	• Two rounds	• N/A
21: State Administrators' Reported Barriers and Successes to Maintaining or Improving Access to SUD Services and Resources	• Key informant interviews	• N/A	• Qualitative synthesis	• Two rounds	• N/A
22: MCOs' Reported Barriers and Successes to Maintaining or Improving Access to SUD Services and Resources	• Key informant interviews	• N/A	• Qualitative synthesis	• Two rounds	• N/A

Note: CMIT: Centers for Medicare & Medicaid Services Measure Inventory Tool; CMS: Centers for Medicare & Medicaid Services; IMD: Institution for Mental Diseases; ITS: interrupted time series; LOS: length of stay; MAT: medication-assisted treatment; MCO: managed care organization; N-SUMHSS: National Substance Use and Mental Health Services Survey; N/A: not applicable; NCQA: National Committee for Quality Assurance; NSDUH: National Survey on Drug Use and Health; OP: outpatient; OTP: opioid treatment program; SAMHSA: Substance Abuse and Mental Health Services Administration; SUD: substance use disorder.

Table 3-4 presents the evaluation measures, comparison groups, data sources, analytic approaches, frequency of calculation, and measure stewards for the evaluation of Aim Two. Full measure specifications, including the numerator, denominator, stratifications, and desired direction are provided in Appendix A, Attachments.

Table 3-4—Aim Two Evaluation Measures

Measure	Data Source(s)	Comparison Group	Analytic Approach	Frequency	Measure Steward
Evaluation Question 2: Did the Waiver renewal maintain or improve access to health care for beneficiaries with an SUD?					
<i>Hypothesis 2.1: The Waiver renewal will maintain or improve rates of identification, initiation, and engagement, in treatment for SUD.</i>					
23: Percentage of Beneficiaries Who Initiated Treatment Within 14 Days of a New SUD Diagnosis	• Claims	• N/A	• ITS regression • Pre-test/post-test • Non-inferiority testing	• Monthly	• NCQA, CMIT #394 (modified)
24: Percentage of Beneficiaries Who Initiated Treatment and Who Had Two or More Additional Services for SUD Within 34 Days of the Initiation Visit	• Claims	• N/A	• ITS regression • Pre-test/post-test • Non-inferiority testing	• Monthly	• NCQA, CMIT #394 (modified)

Measure	Data Source(s)	Comparison Group	Analytic Approach	Frequency	Measure Steward
<i>Hypothesis 2.2: The Waiver renewal will maintain or improve rates of adherence to and retention in treatment for SUD.</i>					
25: Pharmacotherapy for OUD	• Claims	• N/A	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing 	• Monthly	• NCQA, CMIT #164 (modified)
<i>Hypothesis 2.3: The Waiver renewal will maintain or reduce ED use for SUD.</i>					
26: Number of ED Visits for SUD	• Claims	• N/A	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing 	• Monthly	• CMS
<i>Hypothesis 2.4: The Waiver renewal will maintain or reduce readmissions for SUD.</i>					
27: 30-Day All-Cause Readmissions Among Beneficiaries with SUD	• Claims	• N/A	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing 	• Monthly	• CMS (modified)
<i>Hypothesis 2.5: The Waiver renewal will maintain or reduce overdose deaths, particularly those due to opioids.</i>					
28: Rate of Overdose Deaths, Overall and Due to Opioids	• CDC WONDER	• N/A	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics 	• Annually	• N/A
<i>Hypothesis 2.6: The Waiver renewal will mitigate barriers to maintain or expand the continuum of care services and quality of care for beneficiaries with an SUD.</i>					
29: Providers' Reported Barriers and Successes to Maintaining or Improving the Continuum of Care Services and Quality of Care for Beneficiaries with an SUD	• Key informant interviews	• N/A	• Qualitative synthesis	• Two rounds	• N/A

Measure	Data Source(s)	Comparison Group	Analytic Approach	Frequency	Measure Steward
30: State Administrators' Reported Barriers and Successes to Maintaining or Improving the Continuum of Care Services and Quality of Care for Beneficiaries with an SUD	<ul style="list-style-type: none"> Key informant interviews 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Qualitative synthesis 	<ul style="list-style-type: none"> Two rounds 	<ul style="list-style-type: none"> N/A
31: MCOs' Reported Barriers and Successes to Maintaining or Improving the Continuum of Care Services and Quality of Care for Beneficiaries with an SUD	<ul style="list-style-type: none"> Key informant interviews 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Qualitative synthesis 	<ul style="list-style-type: none"> Two rounds 	<ul style="list-style-type: none"> N/A

Note: CDC: Centers for Disease Control and Prevention; CMIT: Centers for Medicare & Medicaid Services Measure Inventory Tool; CMS: Centers for Medicare & Medicaid Services; ED: emergency department; ITS: interrupted time series; MCO: managed care organization; N/A: not applicable; NCQA: National Committee for Quality Assurance; OUD: opioid use disorder; SUD: substance use disorder; WONDER: Wide-Ranging ONline Data for Epidemiologic Research.

Table 3-5 presents the evaluation measures, comparison groups, data sources, analytic approaches, frequency of calculation, and measure stewards for the evaluation of Aim Three. Full measure specifications, including the numerator, denominator, stratifications, and desired direction are provided in Appendix A, Attachments.

Table 3-5—Aim Three Evaluation Measures

Measure	Data Source(s)	Comparison Group	Analytic Approach	Frequency	Measure Steward
Evaluation Question 3: Did the Waiver renewal maintain or reduce total cost of care?					
<i>Hypothesis 3.1: The Waiver renewal will maintain or reduce IP hospitalization and ED use for an SUD.</i>					
32: Number of IP Stays for SUD	<ul style="list-style-type: none"> Claims 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> ITS regression Pre-test/post-test Non-inferiority testing 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> CMS
33: Number of Days of IP Hospitalization for SUD	<ul style="list-style-type: none"> Claims 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> ITS regression Pre-test/post-test Non-inferiority testing 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> CMS (modified)
34: Average LOS of IP Hospitalization for SUD	<ul style="list-style-type: none"> Claims 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> ITS regression Pre-test/post-test 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> CMS (modified)

Measure	Data Source(s)	Comparison Group	Analytic Approach	Frequency	Measure Steward
<i>Hypothesis 3.2: The Waiver renewal will maintain or reduce IP hospitalization and ED use for beneficiaries with an SUD.</i>					
35: Average Number of IP Stays for Any Cause	• Claims	• N/A	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing 	• Monthly	• CMS, CMIT #397 (modified)
36: Average Number of Days of IP Stays for Any Cause	• Claims	• N/A	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing 	• Monthly	• CMS, CMIT #397 (modified)
37: Average LOS of IP Hospitalization for Any Cause	• Claims	• N/A	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing 	• Monthly	• CMS, CMIT #397 (modified)
38: Average Number of ED Visits for Any Cause	• Claims	• N/A	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing 	• Monthly	• NCQA, CMIT #49 (modified)
<i>Hypothesis 3.3: The Waiver renewal will maintain or reduce total cost of SUD-related care.</i>					
39: PMPM Cost for SUD Treatment	• Claims	• N/A	<ul style="list-style-type: none"> • ITS regression 	• Monthly	• CMS
<i>Hypothesis 3.4: The Waiver renewal will maintain or reduce total cost of care.</i>					
40: PMPM Cost	• Claims	• N/A	<ul style="list-style-type: none"> • ITS regression • Descriptive statistics 	• Monthly	• CMS

Note: CMIT: Centers for Medicare & Medicaid Services Measure Inventory Tool; CMS: Centers for Medicare & Medicaid Services; ED: emergency department; IP: inpatient; ITS: interrupted time series; LOS: length of stay; N/A: not applicable; NCQA: National Committee for Quality Assurance; PMPM: per-member per-month; SUD: substance use disorder.

Data Sources

The evaluation will rely on several data sources that together offer a comprehensive view of the Waiver's performance. These sources include:

- Administrative Data
 - Medicaid claims and eligibility data
 - Provider enrollment data
- National Surveys
 - National Survey on Drug Use and Health (NSDUH)
 - National Substance Use and Mental Health Services Survey (N-SUMHSS)
- Additional Data Sources
 - Centers for Disease Control and Prevention (CDC) Wide-Ranging ONline Data for Epidemiologic Research (WONDER)
 - Managed care organization (MCO) reports on Institution for Mental Diseases (IMD) stays
 - MCO reports on providers offering medication-assisted treatment (MAT)
 - Nebraska 1115 SUD Facility Tracker
- Key Informant Interviews

All data provided by the State will be prepared and validated. This includes extracting, loading, and transforming data into a standardized format, examining data completeness, testing validity for dates and known medical codes, and analyzing data distribution over time.

Administrative Data

Administrative claims and encounter data will be used to calculate most measures in this Evaluation Design. These data will include beneficiary enrollment and eligibility files; beneficiary demographics; provider files; provider specialty code reference data; and institutional, professional, and pharmacy claims/encounter. The provider enrollment database, which lists all providers contracted with MCOs to furnish Medicaid-reimbursed services, will be used to calculate the number of providers offering SUD treatment.

Administrative data will be cleaned, validated, and transformed for each analysis. The exact data validation steps will vary based on the nature of each dataset and the specific analyses being performed. Data quality will be assessed through the following:

- **Completeness:** Completeness is assessed by examining the extent to which required fields or measures are fully populated. Data reported as *Not Available* or *Not Reportable* may still be considered complete depending on the nature of the field.
- **Validity:** Validity is assessed by determining whether values fall within clinically and mathematically appropriate ranges. Data fields will be verified through comparisons to valid value tables and, when relevant, national and regional averages.
- **Reliability:** Reliability is assessed by determining whether equivalent fields across datasets contain consistent information. Crossfield checks will be performed to ensure similar values appear where appropriate.

- **Comprehensiveness:** Comprehensiveness is assessed by determining whether all required fields or measures are present. When data elements needed for the evaluation are missing, additional data may be requested.

National Surveys

NSDUH

NSDUH surveys drug use and treatment among adults at the national level. Data from the NSDUH Restricted-Use Data Analysis System (R-DAS) will be used to identify rates of SUD treatment by setting among Nebraska respondents and those nationally to support the calculation of Measure 18, *Needing but Not Receiving Treatment at a Specialty Facility for Illicit Drug/SUD in the Past Year*.

N-SUMHSS

N-SUMHSS collects information on SUD and mental health treatment facilities. N-SUMHSS data will be used to calculate Measures 11 through 17 (*Number of Outpatient [OP] Facilities Offering Detoxification, Number of Facilities Offering Opioid-Specific Detoxification, Opioid Treatment Programs [OTPs], OP Facilities Offering OTPs, Residential [Non-Hospital] Facilities Offering OTPs, Medication-Assisted Opioid Therapy Provided at Facilities with OTPs, and Any Type of MAT*) and to identify general information on facilities, facility characteristics, and client counts.

Key Informant Interviews

Key informant interviews will be conducted with State administrators, providers, and MCOs to add depth to the quantitative results and gather information not available through administrative data.^{12,13,14} Specifically, interviews will capture perspective on facilitators and barriers to access and quality of care under the Waiver. Key informant interviews will be conducted using a semi-structured interview protocol to allow informants to provide open-ended feedback. Interviews will be transcribed and imported into MAXQDA, where the data will be coded to support qualitative analysis. The transcripts, coding methodologies, and coded data will be used to answer the appropriate hypotheses.

Other Data Sources

CDC WONDER

CDC WONDER will provide county- and state-level mortality data. These data will support the calculation of Measure 28, *Rate of Overdose Deaths, Overall and Due to Opioids*, by identifying overdose deaths overall and those attributable to opioids in Nebraska and the United States.

¹² Neuman WL. *Social Research Methods: Qualitative and Quantitative Approaches*. 7th ed. Edinburgh Gate: Pearson Education Limited. 2014.

¹³ Bradley K, Heeringa J, Pohl V, et al. *Selecting the Best Comparison Group and Evaluation Design: A Guidance Document for State Section 1115 Demonstration Evaluations*. Centers for Medicare & Medicaid Services and Mathematica Policy Research. 2020.

¹⁴ Creswell JW, Creswell JD. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 5th ed. Thousand Oaks, CA: SAGE; 2018.

MCO Reports on IMD Stays

MCO non-claims reporting data will include MCO reports containing IMD facility stays. These data will support the evaluation of Measures 5 through 7 (*Number of IMD Stays for SUD, Number of Days of IMD Treatment for SUD, and Average Length of Stay [LOS] of IMD Stays for SUD*) on the number of stays, number of days, and average LOS in IMD facilities for SUD.

MCO Reports on Providers Offering MAT Services

MCO non-claims reporting data will also include MCO reports on the number of providers offering MAT services. These data will support the evaluation of Measure 9, *Number of Providers Enrolled in Medicaid and Who Deliver MAT for SUD Services*.

Nebraska 1115 SUD Facility Tracker

The Nebraska 1115 SUD Facility Tracker will contain Medicaid provider identifiers (ID) or facility national provider identifiers (NPI) and information on the number of beds available in facilities designated as IMD providers. These data will support the calculation of Measure 10, *Number of Beds Available in IMD Facilities Providing SUD Services*, and Measure 39, *Per-Member Per-Month (PMPM) Cost for SUD Treatment for SUD* IMD costs.

Analytic Methods

Multiple analytic techniques will be utilized depending on the type and availability of data.

ITS

When a suitable comparison group cannot be identified and data can be collected at multiple points in time before and after Waiver implementation, an ITS methodology can be used. This quasi-experimental design will compare a trend in outcomes between the baseline and evaluation periods for those who were subject to the Waiver.

In ITS, the measurements taken before a Waiver was initiated are used to predict the outcome if the Waiver did not occur. The measurements collected after the Waiver are then compared to the predicted outcome to evaluate the impact the Waiver had on the outcome.

The ITS model is:

$$Y_t = \beta_0 + \beta_1 \text{time} + \beta_2 \text{post} + \beta_3 \text{time} \times \text{post} + \gamma \mathbf{D}'_{it} + \mu_t$$

where Y_t is the outcome of interest for the time period t , time represents a linear time trend, post is a dummy variable to indicate the time periods post-implementation, $\text{time} \times \text{post}$ is the linear time trend variable for the post-implementation time period, the matrix \mathbf{D}' represents any observed confounding variables that may account for differences between the intervention and comparison groups, and γ is a coefficient vector. For ITS analyses utilizing aggregate-level data, confounding variables will take the form of average values in the population, such as average age, average risk score, or percent female. For analysis utilizing individual-level data, control variables may include age, sex, race/ethnicity, county of residence, Chronic Illness and Disability Payment System (CDPS) risk score, dual eligibility status, or duration of Medicaid enrollment. The intercept, β_0 , identifies the starting level of outcome Y , β_1 is the slope of the outcome between the measurements before the Waiver, β_2 is the change in the

outcome when the Waiver began, β_3 is the change in the slope for the measurements after the Waiver, and μ_t is the error term.

The Waiver impact will be evaluated by using a two-sided hypothesis test of the estimate regression coefficients for the level change at the time of implementation (β_2), and the change in slope following implementation (β_3). Outcomes may be continuous or binary, and regression specifications appropriate to the data distribution of each outcome will be utilized within the ITS framework. For example, t-tests and Wald tests will be used as appropriate to perform necessary hypothesis testing. Statistical significance will be evaluated at $\alpha = 0.05$. For outcomes where maintaining performance is also considered an acceptable outcome (i.e., maintained or improved), supplementary analysis utilizing non-inferiority testing will be utilized.

If the measurements taken after the Waiver renewal would have been equal to the expectation predicted from the measurements taken before the renewal in the absence of the Waiver, any changes in the observed rates after implementation can be attributed to the Waiver. However, as the ITS approach relies on a pre- and post-period, it is unable to differentiate between mechanisms that may have impacted observed changes; it is possible that external events could have occurred simultaneously with the Waiver and influenced the outcomes of interest. Best practices will be employed to mitigate the potentially confounding effect of simultaneously occurring confounding events. Several sensitivity analyses will be considered to test the robustness of the main model results. These tests may include modifying regression specifications and control variables to better estimate Waiver impact and/or assess the degree to which findings materially change given alternative specifications. The most appropriate controls for each analysis utilizing an ITS approach will be identified.

A second assumption of the proposed ITS model is that the expected mean of the error term is zero; however, if current observations are correlated with prior observations, this regression assumption would be violated. This assumption will be tested by examining error autocorrelation; if subsequent error terms are highly correlated, then parameter estimates and variance obtained from the model may be biased, resulting in misleading conclusions. During analyses, autocorrelation will be tested, and the model fit will be assessed. If the model is a poor fit for the data, additional procedures will be explored such as transforming the model to remove autocorrelation or estimating an autoregressive model.

A limitation of ITS is the need for sufficient data points both before and after Waiver implementation.^{15,16,17} To facilitate ITS, additional baseline data points may be considered using prior year calculations, and/or calculating quarterly rates where feasible, if multiple years both pre- and post-implementation are available to control for seasonality.

Pre-Test/Post-Test

For measures with consistent specifications over time for which national or regional benchmarks are not available, and which have too few observations to support an ITS analysis, rates will be calculated and compared

¹⁵ Baicker K, Svoronos, T. (2019) Testing the Validity of the Single ITS Design. *NBER Working Paper 26080*. Available at: <https://www.nber.org/papers/w26080.pdf>. Accessed on: Nov 13, 2025.

¹⁶ Bernal JL, Cummins S, Gasparrini A. (2017) Interrupted time series regression for the evaluation of public health interventions: a tutorial. *International Journal of Epidemiology*, 46(1): 348-355. Available at: <https://doi.org/10.1093/ije/dyw098>. Accessed on: Nov 13, 2025.

¹⁷ Penfold RB, Zhang F. (2013) Use of Interrupted Time Series Analysis in Evaluating Health Care Quality Improvements. *Academic Pediatrics*, 13(6): S38 - S44. Available at: <https://doi.org/10.1016/j.acap.2013.08.002>. Accessed on: Nov 13, 2025.

both before and after Waiver renewal.¹⁸ Statistical testing will be conducted through a Chi-square analysis. A Chi-square test allows for comparison between two groups that have a categorical outcome, such as survey results or numerator compliance, to determine if the observed counts differ from the expectation. Specifically, comparisons will be made using the model:

$$Y = \beta_0 + \beta_1 * post$$

where Y is the rate of the outcome being measured each year, β_0 captures the average rate in the baseline years, and the coefficient β_1 for the dummy variable, $post$, representing the evaluation years, captures the change in average outcome between the baseline and evaluation time periods. For measures that utilized pre/post-testing, a weighted average of the evaluation period is also presented and represents a pooled average of the numerator and denominator counts across all three evaluation years.

Binomial logistic regression may be utilized to evaluate measures that are binary outcomes or presented as rates. Due to limited options for comparison groups, it is difficult to conclude whether the changes in rates are a direct result of the Waiver, as simultaneous external factors occurring during the same time period may have also had an impact that could not be accounted for. When possible, control variables will be utilized to better isolate Waiver impact.

Non-Inferiority Testing

Non-inferiority statistical testing may be employed to support the analysis of hypotheses that suggest Waiver impacts will “maintain or improve” or “maintain or reduce.” Specifically, this approach can be utilized for measures that employ a pre-test/post-test or ITS framework.

Non-inferiority testing can be performed to determine whether measure rates in the evaluation period were meaningfully different from rates in the baseline period (i.e., to statistically test whether rates were “the same or better” than baseline rates). Non-inferiority testing allows for an assessment of meaningful difference in rates by comparing the change in rates between the baseline and evaluation period to a predetermined threshold. This threshold represents the greatest difference between the baseline and evaluation period that can exist while still being considered “equivalent.” Specifically, the predetermined threshold (δ) will be calculated using the following variation of the Cohen’s h equation:

$$\delta = P_2 - \sin\left(\frac{2 * \arcsin(\sqrt{P_2}) \pm h}{2}\right)^2$$

Where P_2 is the baseline average rate and h is the chosen Cohen’s h effect size. While an effect size of 0.20 has commonly been deemed to represent a “small” effect as originally suggested by Cohen, Cohen writes, “the terms ‘small,’ ‘medium,’ and ‘large’ are relative, not only to each other, but to the area of behavioral science or even more particularly to the specific content and research method being employed in any given investigation” (p. 25).¹⁹ Because the application of effect size in this context is to identify a minimum acceptable difference between proportions while still considering them “equal” for practical purposes, a stricter threshold than what may be

¹⁸ As measures will be calculated annually, the three-year post-implementation period during the current demonstration period is insufficient to support an ITS analysis.

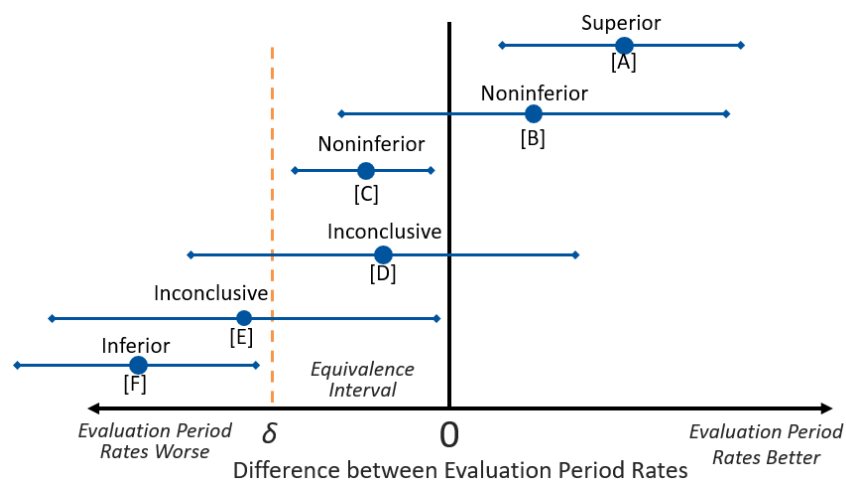
¹⁹ Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences*.

typically used is appropriate. Therefore, δ for each measure was calculated based off Cohen’s h of 0.05 (differences between proportions).

Statistical testing will be conducted by assessing whether the observed difference between the average baseline and evaluation period rates is different from δ . The calculated change in rate threshold will be compared to the 95 percent confidence intervals (CI) from pre-test/post-test results to determine whether rates were meaningfully different in the demonstration period.

Non-inferiority testing characterizes results in one of four ways as shown in Figure 3-1: superior, noninferior, inconclusive, or inferior. Superior results [A] indicate the CI from the pre-test/post-test is entirely above both the predefined threshold value and zero (i.e., the pre-test/post-test is found to be statistically significant). Non-inferior findings [B/C] indicate that while results from statistical testing may be inconclusive or significantly worsening, non-inferiority testing shows that any worsening in rates is not practically/clinically significant and therefore can be characterized as being not inferior to baseline rates. Inconclusive findings [D/E] occur when the 95 percent CI captures the non-inferiority threshold value. Inferior results [F] indicate the CI from the pre-test/post-test is entirely below the predefined threshold value. Figure 3-1 presents both the technical terms and the simplified terms utilized to interpret non-inferiority findings. The results utilize simplified terms for ease of interpretability.

Figure 3-1—Non-Inferiority Testing



Qualitative Synthesis

To evaluate barriers and facilitators of success regarding access to and quality of Waiver services, a series of semi-structured key informant interviews will be conducted with representatives from the MCOs, the State, and providers. Information from these interviews will be analyzed through qualitative synthesis.

An informative sample of interviewees will be recruited from nominees identified by the State. Interviews will invite input from individuals with experience and subject matter expertise related to the operation of Waiver services. Each individual will be requested to participate in a virtual 45-minute interview to provide insights into the Waiver. Respondents from MCOs, State administrators, and providers will provide coverage for a comprehensive assessment across all the key stakeholder groups involved in operating the Waiver. The interviews will be conducted in two waves, in state fiscal year (SFY) 2028 and SFY 2030. For the second wave, the independent evaluator will attempt to re-interview the same individuals. If a provider is unavailable, the independent evaluator will seek to interview another provider from the same facility or a similar facility.

Interviews with State administrators and MCOs will cover the same administrative roles in both waves, recognizing that these positions may or may not be filled by the same individuals.

A flexible protocol will be developed for the semi-structured interviews with a sample of subjects with knowledge of the specific strategies developed and implemented as a result of the Waiver, as well as the successes and barriers encountered while operating Waiver services. Interview questions will be designed to gather information about access to and quality of care. Interview questions will be developed to seek information about stakeholders' experiences with the operation of the Waiver, including State administrators', MCOs', and providers' reported successes and barriers to maintaining the continuum of SUD services, access to care, and quality of care.

Early interviews will help refine the topics and inform the selection of additional interview subjects to complete the list of individuals to be interviewed for this project. Open-ended questions will be used to maximize the diversity and richness of responses and to support a holistic understanding of subject matter expertise. Probing follow-up questions will be used as appropriate to elicit additional detail and understanding of critical points, terminology, and perspectives. The sessions will be recorded and transcribed with participant consent.

The information obtained from these interviews will be synthesized with the results from the quantitative data analyses to provide in-depth discussion of each of domain and objective. As the key informant interviews are conducted, the independent evaluator will perform ongoing, iterative reviews of responses and notes to identify overall themes and common response patterns. Unique responses that are particularly informative will also be noted and may be used to develop probing questions for future interviews. The results of these preliminary analyses will be used to document emerging and overarching themes related to each evaluation question. The documentation of emergent themes will be reviewed iteratively to determine if responses continue to provide new perspectives, or if the responses are converging on a common set of response patterns indicating saturation on a particular interview question. As additional interview data are collected, the categories, themes, and relationships will be adjusted to reflect the broader set of concepts and different types of relationships identified. The documentation of emergent themes will also serve as the starting point for organizing the final analysis of the interview data once all interviews have been completed.

Following the completion of the key informant interviews, the interview notes and transcripts will be reviewed using standard qualitative analysis techniques. The data will first be examined through open coding to identify key concepts and themes that may not have been captured as emergent themes during previous analyses. After identifying key concepts, axial coding techniques will be used to develop a more complete understanding of the relationships among categories identified by respondents. The result of the open and axial coding analysis will be an account of the scope of issues raised by respondents, and a synthesis of how those concepts are related as presented in the participants' own words and experiences. This thematic coding process will ensure a thorough qualitative analysis with direct links to respondents' exact responses. The open and axial coding will focus on identifying the dimensions and depth of responses to the evaluation questions posed for the project. Interviewees' responses will be identified through the analysis to illustrate and contextualize the conclusions drawn from the research and will support the development of the final report. Opinions identifying opportunities to improve the efficacy of the Waiver in access and quality will inform the *Lessons Learned and Recommendations* chapter of the evaluation reports.



Disentangling Confounding Events

Co-interventions or other events occurring at the same time as the Waiver may confound measure rates. As a result, comparing rates during the baseline period to the evaluation period may not fully disentangle those effects from Waiver effects. Potential confounders may include policy changes at the State or federal level or changes to the SUD continuum of care and delivery. Known confounding effects will be controlled by using appropriate analytic methods.

4. Methodological Limitations

Despite the planned rigor of the evaluation, certain limitations may impact the ability to attribute changes in performance metrics to the Nebraska Section 1115 Substance Use Disorder (SUD) Demonstration Waiver (the Waiver) renewal.

Data Source Limitations

Two primary limitations may affect the data sources used for the evaluation:

- **Claims and encounter data.** Claims and encounter data used to calculate performance metrics are generated through the Medicaid billing process. Consequently, these data may not be as complete or sensitive for identifying specific health care processes and outcomes as may be expected from medical chart review. This limitation may be mitigated if the lack of sensitivity in the claims and encounter data remains stable over time and if measures calculated from these data follow trends consistent with the underlying processes and outcomes of interest.
- **Identification of Institution for Mental Diseases (IMD) stays.** During previous demonstration period's Interim Evaluation Report, a methodology to identify IMD stays within the claims data that aligned with the managed care organization (MCO) IMD stays reports could not be identified.²⁰ As such, the reported costs associated with IMD stays may not align with the stays reported elsewhere. This limitation will be described in results if it is not resolved for future evaluation reports.

Analytic Methods Limitations

Four primary limitations related to the analytic methods that will be employed to conduct the evaluation:

- **Lack of in-state comparison group.** No in-state comparison groups are available for claims-based measures because the Waiver was implemented for all targeted beneficiaries simultaneously and will continue to operate for all beneficiaries diagnosed with an SUD. While Transformed Medicaid Statistical Information System (T-MSIS) data from the Centers for Medicare & Medicaid Services (CMS) have been suggested to create a viable comparison group, use of these data is not feasible at the time of this Evaluation Design. T-MSIS data may become available to inform a counterfactual comparison group for the Waiver population by the time the evaluation reports are developed. Therefore, the counterfactual comparison identified is the comparison of measure rates across the baseline and evaluation periods. For many measures, only a pre-post comparison of outcomes prior to the renewal and outcomes post-implementation will be possible; however, the pre-post comparison of rates does not allow for causal inference of Waiver effects.
- **Limitations of ITS analysis.** An interrupted times series (ITS) analysis will be utilized to account for underlying seasonal trends in the outcome, where sufficient data points are available, to assess whether measure rates increased or decreased and whether statistically significant changes in performance occurred. It is possible that co-interventions or other events coinciding with the Waiver may have confounded measure

²⁰ Centers for Medicare & Medicaid Services. CMS Approved Interim Evaluation Report. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nb-cms-aprpd-intrm-evltn-rprt.pdf>. Accessed on: Nov 13, 2025.

rates. As such, a comparison of rates during the baseline period to rates during the evaluation period will not be able to disentangle those effects from Waiver effects.

- **Use of national survey comparisons.** Comparisons to similarly situated out-of-state beneficiaries will be identified through the National Survey of Drug Use and Health (NSDUH). Survey instruments may change over time, which can complicate comparisons across years. In addition, there may be delays in survey data availability, and beneficiary-level data for all states may not be feasible. Results from these surveys will be presented when the data are consistent. All surveys will be reported in the context that data collection is reliant on self-reported responses; therefore, the data derived from surveys may contain bias.
- **Lack of Medicaid-specific data.** There is no mechanism to identify Medicaid populations within NSDUH or the Centers for Disease Control and Prevention (CDC) Wide-Ranging ONline Data for Epidemiologic Research (WONDER) database; therefore, the Nebraska statewide rate will be presented.

Independent Evaluator

The Nebraska Department of Health and Human Services (DHHS) will select an independent evaluator with experience and expertise necessary to conduct a scientific and rigorous Medicaid Section 1115 Demonstration Waiver evaluation that meets all requirements specified in the Special Terms and Conditions (STCs).²¹ The evaluator will be responsible for final measure selection, identifying viable comparison State systems, conducting all analysis, measuring change over time, and developing sensitivity models as needed to address evaluation questions. The independent evaluator will be required to have the following qualifications:

- Alignment with State requirements.
- Sufficient capacity to conduct the proposed evaluation in terms of technical experience and evaluation scale.
- Knowledge of public health programs and policy.
- Experience in health care research and evaluation.
- Understanding of Nebraska programs and populations.
- Expertise conducting similar and complex program evaluations.
- Relevant work experience and past references.
- Experience in data management and analytic capacity.
- Medicaid experience and technical knowledge.

Based on State protocols, DHHS will follow established policies and procedures to acquire an independent entity or entities to conduct the Waiver evaluation. DHHS will also ensure that the selected independent evaluator has no conflicts of interest and will require a signed “No Conflict of Interest” statement. The independent evaluator will conduct a fair and impartial evaluation in accordance with the STCs and the Evaluation Design approved by the Centers for Medicare & Medicaid Services (CMS).²²

To maintain independence from DHHS, the evaluator will assume sole responsibility for analysis, data collection for evaluation purposes, measuring change over time, benchmarking performance to national standards, interpreting results, and producing evaluation deliverables. The independent evaluator will remain free of conflicts of interest that would interfere with fulfilling contractual obligations during the Waiver evaluation.

Evaluation Budget

Table A-1 presents the proposed budget for the evaluation of the Nebraska Section 1115 Substance Use Disorder (SUD) Demonstration Waiver (the Waiver).

²¹ Centers for Medicare & Medicaid Services. CMS Approval – Demonstration Extension. Available at: <https://www.medicare.gov/medicaid/section-1115-demonstrations/downloads/ne-sud-demonstr-extnsn-06252025-ca.pdf>. Accessed on: Nov 13, 2025.

²² Ibid.

Table A-1—Proposed Budget

Evaluation Activity/Task	SFY27	SFY28	SFY29	SFY30	SFY31	SFY32	Total
Project Management							
Project Management	\$ 20,000	\$ 15,000	\$ 15,000	\$ 20,000	\$ 17,000	\$ 18,000	\$105,000
MPA							
Draft	\$ -	\$ 69,000	\$ -	\$ -	\$ -	\$ -	\$ 69,000
Final	\$ -	\$ 24,000	\$ -	\$ -	\$ -	\$ -	\$ 24,000
Interim Evaluation Report							
Semi-Structured Interviews	\$ -	\$ 29,000	\$ 35,000	\$ -	\$ -	\$ -	\$ 64,000
Quantitative Data Collection	\$ -	\$ -	\$ 87,000	\$ -	\$ -	\$ -	\$ 87,000
Report Generation	\$ -	\$ -	\$ 74,000	\$ 53,000	\$ -	\$ -	\$127,000
Summative Evaluation Report							
Semi-Structured Interviews	\$ -	\$ -	\$ -	\$ -	\$ 66,000	\$ 25,000	\$ 91,000
Quantitative Data Collection	\$ -	\$ -	\$ -	\$ -	\$111,000	\$ 58,000	\$169,000
Report Generation	\$ -	\$ -	\$ -	\$ -	\$ 57,000	\$ 55,000	\$112,000
Total Cost	\$ 20,000	\$137,000	\$211,000	\$ 73,000	\$251,000	\$156,000	\$848,000

Note: Dollar amounts were rounded to the nearest thousand. The budget presented includes the full evaluation, including the MPA, Interim Evaluation Report, and Summative Evaluation Report. MPA: mid-point assessment; SFY: state fiscal year.

Timeline and Major Milestones

Figure A-1 outlines the preliminary timeline for the Waiver evaluation. This timeline is preliminary and subject to change.

Figure A-1—Preliminary Project Timeline

Task	SFY 2026				SFY 2027				SFY 2028				SFY 2029				SFY 2030				SFY 2031				SFY 2032			
	CY2025	CY2026			CY2027			CY2028			CY2029			CY2030			CY2031			CY2032								
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Prepare and Implement Study Design																												
Conduct kick-off meeting																												
Prepare analysis workplan																												
Data Collection																												
Obtain Medicaid claims/encounters																												
Obtain Medicaid member, provider, and eligibility/enrollment data																												
Conduct Analysis																												
Key Informant Interviews																												
Develop protocols																												
Conduct interviews																												
Conduct analyses																												
Analyses																												
Prepare and calculate metrics																												
Conduct statistical testing and comparison																												
Reporting																												
Draft MPA																												
Final MPA																												
Draft Interim Evaluation Report																												
Final Interim Evaluation Report																												
Draft Summative Evaluation Report																												
Final Summative Evaluation Report																												

Note: CY: calendar year; MPA: Mid-Point Assessment; SFY: state fiscal year; Q: quarter

Proposed Measure Specifications

The following tables in this section provide the detailed measure specifications for the Waiver evaluation.

Percentage of Beneficiaries Receiving Any SUD Treatment Service (Measure 1)	
Numerator	Among beneficiaries in the denominator, the number of beneficiaries with a claim for any services for SUD treatment
Denominator	The total number of beneficiaries ages 21–64 years with an SUD diagnosis
Comparison Population	Not applicable (N/A)
Analytic Approach	<ul style="list-style-type: none"> • Interrupted time series (ITS) regression • Pre-test/post-test • Non-inferiority testing
Measure Steward	CMS (modified)
Data Source	Claims
Frequency	Monthly
Desired Direction	Maintained or increased
Notes	Measure specifications will rely on modified <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0, Metric #6: Any SUD Treatment</i> . Since Metric #6 denominator is the entire Medicaid population, the Measure 1 denominator will be modified to use Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly).

Percentage of Beneficiaries Who Use Residential Services for SUD (Measure 2)	
Numerator	Among beneficiaries in the denominator, the number of beneficiaries who use residential services for SUD
Denominator	The total number of beneficiaries ages 21–64 years with an SUD diagnosis
Comparison Population	N/A
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/Post-test • Non-inferiority testing
Measure Steward	CMS (modified)
Data Source	Claims
Frequency	Monthly
Desired Direction	Maintained or increased
Notes	Measure specifications will rely on modified <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0, Metric #10: Residential and Inpatient (IP) Services</i> . The Metric #10 numerator will be modified to exclude IP services so that only claims for residential treatment are included in the numerator. Since Metric #10 denominator is the entire Medicaid population, the Measure 2 denominator will be modified to use Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly).

Percentage of Beneficiaries Who Use Withdrawal Management Services (Measure 3)	
Numerator	Among beneficiaries in the denominator, the number of beneficiaries who use withdrawal management services
Denominator	The total number of beneficiaries ages 21–64 years with SUD
Comparison Population	N/A
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing
Measure Steward	CMS (modified)
Data Source	Claims
Frequency	Monthly
Desired Direction	Maintained or increased
Notes	Measure specifications will rely on a modified <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0, Metric #11: Withdrawal Management</i> . Since the Metric #11 denominator is the entire Medicaid population, the Measure 3 denominator will be modified to use Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly).

Percentage of Beneficiaries Who Have a Claim for Medication-Assisted Therapy (MAT) for SUD (Measure 4)	
Numerator	Among beneficiaries in the denominator, the number of beneficiaries with a claim for MAT
Denominator	The total number of beneficiaries ages 21–64 years with an SUD diagnosis
Comparison Population	N/A
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing
Measure Steward	CMS (modified)
Data Source	Claims
Frequency	Monthly
Desired Direction	Maintained or increased
Notes	Measure specifications will rely on a modified <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0, Metric #12: MAT</i> . Since the Metric #12 denominator is the entire Medicaid population, the Measure 4 denominator will be modified to use Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly).

Number of Institution for Mental Disease (IMD) Stays for SUD (Measure 5a)	
Numerator	Among beneficiaries identified in the denominator, the number of IMD stays for SUD
Denominator	The total number of beneficiaries ages 21–64 years with an SUD diagnosis
Comparison Population	N/A
Measure Steward	CMS (modified)
Data Source	<ul style="list-style-type: none"> • Managed care organization (MCO) reports on IMD stays • Claims
Frequency	Monthly

Number of Institution for Mental Disease (IMD) Stays for SUD (Measure 5a)	
Desired Direction	Maintained or increased
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing • Descriptive statistics
Notes	Measure specifications will rely on <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0</i> , Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly) to identify beneficiaries in the denominator. Data from MCO reports on IMD stays will be utilized to identify IMD stays in the numerator. The IMD stay will be assigned to the month in which the stay begins (i.e., admission date).

Number of IMD Stays for SUD (Measure 5b)	
Numerator	Among beneficiaries identified in the denominator, the number of beneficiaries treated in an IMD for SUD
Denominator	The total number of beneficiaries ages 21–64 years with an SUD diagnosis
Comparison Population	N/A
Measure Steward	CMS (modified)
Data Source	<ul style="list-style-type: none"> • MCO reports on IMD stays • Claims
Frequency	Monthly
Desired Direction	Maintained or increased
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing • Descriptive statistics
Notes	Measure 5b will assess whether results may be due to fluctuation in the number of beneficiaries with IMD stays, supplementing Measure 5a assessing changes in the number of IMD stays for SUD. Measure specifications for identifying beneficiaries with SUD will rely on <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0</i> , Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly) to identify the denominator. Data from MCO reports on IMD stays will be utilized to identify beneficiaries with IMD stays in the numerator. The IMD stay will be assigned to the month in which the stay begins (i.e., admission date).

Number of Days of IMD Treatment for SUD (Measure 6)	
Numerator	The number of days of IMD treatment for SUD
Denominator	The total number of beneficiaries ages 21–64 years with an SUD diagnosis
Comparison Population	N/A
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing • Descriptive statistics

Number of Days of IMD Treatment for SUD (Measure 6)	
Measure Steward	CMS (modified)
Data Source	<ul style="list-style-type: none"> MCO report on IMD stays Claims
Frequency	Monthly
Desired Direction	Maintained or increased
Notes	Measure specifications for identifying beneficiaries with SUD will rely on <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0</i> , Metric #3: Medicaid Beneficiaries with SUD Diagnosis (monthly). The IMD stay will be assigned to the month in which the stay begins (i.e., admission date).

Average Length of Stay (LOS) of IMD Stays for SUD (Measure 7)	
Numerator	The total number of days of IMD treatment for beneficiaries ages 21–64 years with SUD
Denominator	The number of IMD stays for beneficiaries ages 21–64 years with an SUD diagnosis
Comparison Population	N/A
Measure Steward	CMS
Data Source	<ul style="list-style-type: none"> MCO reports on IMD stays Claims
Frequency	Monthly
Desired Direction	Statewide average LOS of 30 days in accordance with the Special Terms and Conditions (STCs)
Analytic Approach	<ul style="list-style-type: none"> ITS regression Pre-test/post-test Non-inferiority testing Descriptive statistics
Notes	Measure specifications will rely on <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0</i> , Metric #36: Average LOS in IMDs . The IMD stay will be assigned to the month in which the stay begins (i.e., admission date).

Number of Providers Enrolled in Medicaid and Who Deliver SUD Services (Measure 8)	
Numerator	The number of providers enrolled in Medicaid and qualified to deliver SUD services
Denominator	N/A
Comparison Population	N/A
Measure Steward	CMS
Data Source	<ul style="list-style-type: none"> Provider enrollment Claims
Frequency	Annual
Desired Direction	Maintained or increased

Number of Providers Enrolled in Medicaid and Who Deliver SUD Services (Measure 8)

Analytic Approach	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics
Notes	Measure specifications will rely on <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0</i> , Metric #13: SUD Provider Availability .

Number of Providers Enrolled in Medicaid and Who Deliver MAT for SUD Services (Measure 9)

Numerator	The number of providers enrolled in Medicaid and qualified to deliver MAT for SUD services
Denominator	N/A
Comparison Population	N/A
Measure Steward	CMS
Data Source	<ul style="list-style-type: none"> • Provider enrollment • MCO reports on providers offering MAT services • Claims
Frequency	Annual
Desired Direction	Maintained or increased
Analytic Approach	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics
Notes	Measure specifications will rely on <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0</i> , Metric #13: SUD Provider Availability for MAT providers.

Number of Beds Available in IMD Facilities Providing SUD Services (Measure 10)

Numerator	The number of beds available in IMD facilities providing SUD services
Denominator	N/A
Comparison Population	N/A
Measure Steward	CMS
Data Source	Nebraska 1115 SUD Facility Tracker
Frequency	Annual
Desired Direction	Maintained or increased
Analytic Approach	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics
Notes	Data will be limited to facilities reported as Medicaid IMD facilities providing substance use services. County will be assigned based on the provider practice/office address.

Number of Outpatient (OP) Facilities Offering Detoxification (Measure 11)	
Numerator	The number of facilities offering opioid-specific detoxification
Denominator	The number of adult residents
Comparison Population	N/A
Measure Steward	Substance Abuse and Mental Health Administration (SAMHSA)
Data Source	National Substance Use and Mental Health Services Survey (N-SUMHSS)
Frequency	Annual
Desired Direction	Maintained or increased
Analytic Approach	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics
Notes	The table containing the type of care offered by state or jurisdiction from the compiled annual reports will be used to calculate Measure 11. Population estimates of the number of adult residents will be obtained from the United States (US) Census American Communities Survey (ACS). Rates will be calculated for both Nebraska and the US.

Number of Facilities Offering Opioid-Specific Detoxification (Measure 12)	
Numerator	The number of facilities offering opioid-specific detoxification
Denominator	The number of adult residents
Comparison Population	N/A
Measure Steward	SAMHSA
Data Source	N-SUMHSS
Frequency	Annual
Desired Direction	Maintained or increased
Analytic Approach	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics
Notes	The table containing facilities detoxifying clients by substance and state or jurisdiction from the compiled annual reports will be used to calculate Measure 12. Population estimates of the number of adult residents will be obtained from the US Census ACS. Rates will be calculated for both Nebraska and the US.

Opioid Treatment Programs (OTPs) (Measure 13)	
Numerator	The number of facilities offering OTPs
Denominator	The number of adult residents
Comparison Population	N/A
Measure Steward	SAMHSA
Data Source	N-SUMHSS
Frequency	Annual
Desired Direction	Maintained or increased

Opioid Treatment Programs (OTPs) (Measure 13)

Analytic Approach	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics
Notes	The table containing type of care offered in substance use treatment facilities with OTPs, by state or jurisdiction from the compiled annual reports will be used to calculate this measure. Population estimates of the number of adult residents will be obtained from the US Census ACS. Rates will be calculated for both Nebraska and the US.

OP Facilities Offering OTPs (Measure 14)

Numerator	The number of OP facilities offering OTPs
Denominator	The number of adult residents
Comparison Population	N/A
Measure Steward	SAMHSA
Data Source	N-SUMHSS
Frequency	Annual
Desired Direction	Maintained or increased
Analytic Approach	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics
Notes	The table containing type of care offered in substance use treatment facilities with OTPs by state or jurisdiction from the compiled annual reports will be used to calculate Measure 14. Population estimates of the number of adult residents will be obtained from the US Census ACS. Rates will be calculated for both Nebraska and the US.

Residential (Non-Hospital) Facilities Offering OTPs (Measure 15)

Numerator	The number of residential (non-hospital) facilities offering OTPs
Denominator	The number of adult residents
Comparison Population	N/A
Measure Steward	SAMHSA
Data Source	N-SUMHSS
Frequency	Annual
Desired Direction	Maintained or increased
Analytic Approach	<ul style="list-style-type: none"> • Pre-test/Post-Test • Non-Inferiority Testing • Descriptive statistics
Notes	The table containing type of care offered in substance use treatment facilities with OTPs by state or jurisdiction from the compiled annual reports will be used to calculate this measure. Population estimates of the number of adult residents will be obtained from the US Census ACS. Rates will be calculated for both Nebraska and the US.

Medication-Assisted Opioid Therapy Provided at Facilities with OTPs (Measure 16)	
Numerator	The number of facilities with OTPs offering medication-assisted opioid therapy
Denominator	The number of adult residents
Comparison Population	N/A
Measure Steward	SAMHSA
Data Source	N-SUMHSS
Frequency	Annual
Desired Direction	Maintained or increased
Analytic Approach	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics
Notes	The table containing medications for opioid use disorder (MOUD) provided at facilities with OTPs and other substance use treatment facilities, by state or jurisdiction from the compiled annual reports will be used to calculate this measure. Population estimates of the number of adult residents will be obtained from the US Census ACS. Rates will be calculated for both Nebraska and the US.

Any Type of MAT (Measure 17)	
Numerator	The number of facilities offering any type of MAT
Denominator	The number of adult residents
Comparison Population	N/A
Measure Steward	SAMHSA
Data Source	N-SUMHSS
Frequency	Annual
Desired Direction	Maintained or increased
Analytic Approach	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics
Notes	The table containing MOUD provided at facilities with OTPs and other substance use treatment facilities, by state or jurisdiction from the compiled annual reports will be used to calculate this measure. Population estimates of the number of adult residents will be obtained from the US Census ACS. Rates will be calculated for both Nebraska and the US.

Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug/SUD in the Past Year (Measure 18)	
Numerator	The number of unique respondents that needed treatment for illicit drug or alcohol use in the past year but did not receive illicit drug or alcohol treatment at a specialty facility
Denominator	The number of unique respondents who needed treatment for illicit drug or alcohol use in the past year
Comparison Population	N/A
Measure Steward	SAMHSA
Data Source	National Survey on Drug Use and Health (NSDUH) Restricted-Use Data Analysis System (R-DAS)
Frequency	Annual
Desired Direction	Maintained or decreased

Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug/SUD in the Past Year (Measure 18)

Analytic Approach	<ul style="list-style-type: none"> • Pre-test/post-test • Non-inferiority testing • Descriptive statistics
Notes	<p>Measure 18 will be calculated using the following variable from R-DAS. Responses will be restricted to the 21–64 age range using a recode of the age variable (DETALAGE). Rates will be calculated for both Nebraska and the US.</p> <ul style="list-style-type: none"> • SUTRTPY: Respondent received treatment for substance use – recoded to indicate respondent did not receive treatment. • SUTNEEDPY: Respondent is classified as needing treatment for substance use – recoded to indicate respondent did need treatment. <p>The numerator will include a combination of respondents classified as needed but did not receive treatment for substance use.</p>

Percentage of Medicaid Beneficiaries with SUD Who Had an Ambulatory or Preventive Care Visit (Measure 19)

Numerator	The number of unique beneficiaries with SUD diagnosis, and specifically those with opioid use disorder (OUD), who have a claim for an ambulatory or preventive care visit in the past 12 months
Denominator	The total number of beneficiaries ages 21–64 years with SUD/OUD
Comparison Population	N/A
Measure Steward	National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services Measure Inventory Tool (CMIT) #36 (modified)
Data Source	Claims
Frequency	Annual
Desired Direction	Maintained or increased
Analytic Approach	<ul style="list-style-type: none"> • Trend analysis (Interim Evaluation Report) • ITS regression (Summative Evaluation Report) • Pre-test/post-test • Non-inferiority testing
Notes	Measure specifications will rely on <i>Healthcare Effectiveness Data and Information Set (HEDIS®)</i> ²³ <i>Measurement Year 2026 Volume 2: Technical Specifications for Health Plans, Adults' Access to Preventive/Ambulatory Health Services (AAP)</i> modified to only include beneficiaries ages 21–64 years with SUD.

Providers' Reported Barriers and Successes to Maintaining or Improving Access to SUD Services and Resources (Measure 20)

Numerator	N/A
Denominator	N/A
Comparison Population	N/A
Measure Steward	N/A
Data Source	Key informant interviews
Frequency	Two rounds (Interim Evaluation Report, Summative Evaluation Report)

²³ HEDIS® is a registered trademark of NCQA.

Providers' Reported Barriers and Successes to Maintaining or Improving Access to SUD Services and Resources (Measure 20)

Desired Direction	N/A
Analytic Approach	Qualitative Synthesis

State Administrators' Reported Barriers and Successes to Maintaining or Improving Access to SUD Services and Resources (Measure 21)

Numerator	N/A
Denominator	N/A
Comparison Population	N/A
Measure Steward	N/A
Data Source	Key informant interviews
Frequency	Two rounds (Interim Evaluation Report, Summative Evaluation Report)
Desired Direction	N/A
Analytic Approach	Qualitative Synthesis

MCOs' Reported Barriers and Successes to Maintaining or Improving Access to SUD Services and Resources (Measure 22)

Numerator	N/A
Denominator	N/A
Comparison Population	N/A
Measure Steward	N/A
Data Source	Key informant interviews
Frequency	Two rounds (Interim Evaluation Report, Summative Evaluation Report)
Desired Direction	N/A
Analytic Approach	Qualitative Synthesis

Percentage of Beneficiaries Who Initiated Treatment Within 14 Days of a New SUD Diagnosis (Measure 23)

Numerator	The number of beneficiaries with a claim for treatment within 14 days
Denominator	The total number of beneficiaries ages 21–64 years with a new diagnosis of SUD
Comparison Population	N/A
Measure Steward	NCQA, CMIT #394 (modified)
Data Source	Claims
Frequency	Monthly
Desired Direction	Maintained or increased

Percentage of Beneficiaries Who Initiated Treatment Within 14 Days of a New SUD Diagnosis (Measure 23)

- Analytic Approach**
- ITS regression
 - Pre-test/post-test
 - Non-inferiority testing

Notes Measure specifications will rely on a modified *Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0, Metric #15: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)*. Monthly specifications will be modified to maintain every episode of new diagnosis of alcohol or other drug (AOD) abuse or dependence during the measurement year (MY). Only episodes of AOD abuse and dependence diagnosis with a clear negative diagnosis history during the 60-day period prior to the episode date will be kept. Beneficiaries will be counted in the denominator population based on the month of the episode. Rates for the final month of the measurement period may be artificially low and excluded from ITS analysis.

Percentage of Beneficiaries Who Initiated Treatment and Who Had Two or More Additional Services for SUD Within 34 Days of the Initiation Visit (Measure 24)

Numerator	The number of beneficiaries with two or more claims for SUD treatment within 34 days
Denominator	The total number of beneficiaries ages 21–64 years with a new diagnosis of SUD
Comparison Population	N/A
Measure Steward	NCQA, CMIT #394 (modified)
Data Source	Claims
Frequency	Monthly
Desired Direction	Maintained or increased

- Analytic Approach**
- ITS regression
 - Pre-test/post-test
 - Non-inferiority testing

Notes Measure specifications will rely on a modified *Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0, Metric #15: Initiation and Engagement of SUD Treatment (IET-AD)*. Monthly specifications will be modified to keep every episode of new diagnosis of AOD abuse or dependence during the MY. Only episodes of AOD abuse and dependence diagnosis with a clear negative diagnosis history during the 60-day period prior to the episode date will be kept. Beneficiaries will be counted in the denominator population based on the month of the episode. Rates for the final month of the measurement period may be artificially low and excluded from ITS analysis.

Pharmacotherapy for OUD (Measure 25)

Numerator	The number of beneficiaries who have at least 180 days of treatment without a gap in treatment of eight or more consecutive days
Denominator	The total number of beneficiaries ages 21–64 years receiving MAT for OUD
Comparison Population	N/A
Measure Steward	NCQA, CMIT #164 (modified)
Data Source	Claims
Frequency	Monthly
Desired Direction	Maintained or increased

Pharmacotherapy for OUD (Measure 25)

Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing
Notes	Measure specifications will rely on <i>HEDIS Measurement Year 2026 Volume 2: Technical Specifications for Health Plans, Pharmacotherapy for Opioid Use Disorder (POD)</i> , modified to only include beneficiaries ages 21–64 years.

Number of Emergency Department (ED) Visits for SUD (Measure 26)

Numerator	The total number of claims for ED visits for SUD
Denominator	The total number of beneficiaries ages 21–64 years, including all beneficiaries ages 21–64 years with an ED visit and without an ED visit (i.e., numerator of zero).
Comparison Population	N/A
Measure Steward	CMS
Data Source	Claims
Frequency	Monthly
Desired Direction	Maintained or decreased
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing
Notes	Measure specifications will rely on <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0, Metric #23: ED Utilization for SUD per 1,000 Medicaid Beneficiaries</i> .

30-Day All-Cause Readmissions Among Beneficiaries with SUD (Measure 27)

Numerator	The number of acute IP stays among beneficiaries with SUD followed by an acute readmission for any diagnosis within 30 days of the discharge date
Denominator	The number of acute IP stays among beneficiaries with SUD
Comparison Population	N/A
Measure Steward	CMS (modified)
Data Source	Claims
Desired Direction	Maintained or decreased
Frequency	Monthly
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing
Notes	Measure specifications will rely on a modified <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0, Metric #25: Readmissions Among Beneficiaries with SUD</i> . Modifications will be made to facilitate calculating a monthly metric. Rates for the final month of the measurement period may be artificially low and excluded from ITS analysis.

Rate of Overdose Deaths, Overall and Due to Opioids (Measure 28)	
Numerator	<ul style="list-style-type: none"> The total number of overdose deaths The total number of deaths due to opioid overdose
Denominator	The total State adult population
Comparison Population	N/A
Measure Steward	N/A
Data Source	Centers for Disease Control and Prevention (CDC) Wide-Ranging ONline Data for Epidemiologic Research (WONDER)
Frequency	Annual
Desired Direction	Maintained or decreased
Analytic Approach	<ul style="list-style-type: none"> Descriptive statistics Pre-test/post-test Non-inferiority testing
Notes	<p>Consistent with CDC methodology, drug overdose deaths will be identified using the International Statistical Classification of Diseases, 10th revision (ICD-10) underlying cause-of-death codes:</p> <ul style="list-style-type: none"> X40-X44: accidental poisoning by drugs X60-X64: intentional; self-poisoning by drugs X85: assault by drug poisoning Y10-Y14: drug poisoning of undetermined intent <p>Opioid overdose deaths will be identified by the presence of any of the following multiple cause of death codes:</p> <ul style="list-style-type: none"> T40.0: opium T40.1: heroin T40.2: natural and semisynthetic opioids, including drugs such as oxycodone, hydrocodone, and morphine T40.3: methadone T40.4: synthetic opioids, including drugs such as fentanyl and tramadol and excluding methadone T40.6: other and unspecified narcotics <p>Measure 28 will be compared to rates of overall overdose deaths and opioid-specific deaths nationwide. The proportion of all overdose deaths attributable to opioids may also be calculated by dividing the number of deaths due to opioid overdose by all overdose deaths.</p>

Providers' Reported Barriers and Successes to Maintaining or Improving the Continuum of Care Services and Quality of Care for Beneficiaries with an SUD (Measure 29)	
Numerator	N/A
Denominator	N/A
Comparison Population	N/A
Measure Steward	N/A
Data Source	Key informant interviews

Providers' Reported Barriers and Successes to Maintaining or Improving the Continuum of Care Services and Quality of Care for Beneficiaries with an SUD (Measure 29)

Frequency	Two rounds (Interim Evaluation Report, Summative Evaluation Report)
Desired Direction	N/A
Analytic Approach	Qualitative Synthesis

State Administrators' Reported Barriers and Successes to Maintaining or Improving the Continuum of Care Services and Quality of Care for Beneficiaries with an SUD (Measure 30)

Numerator	N/A
Denominator	N/A
Comparison Population	N/A
Measure Steward	N/A
Data Source	Key informant interviews
Frequency	Two rounds (Interim Evaluation Report, Summative Evaluation Report)
Desired Direction	N/A
Analytic Approach	Qualitative Synthesis

MCOs' Reported Barriers and Successes to Maintaining or Improving the Continuum of Care Services and Quality of Care for Beneficiaries with an SUD (Measure 31)

Numerator	N/A
Denominator	N/A
Comparison Population	N/A
Measure Steward	N/A
Data Source	Key informant interviews
Frequency	Two rounds (Interim Evaluation Report, Summative Evaluation Report)
Desired Direction	N/A
Analytic Approach	Qualitative Synthesis

Number of IP Stays for SUD (Measure 32)

Numerator	Among beneficiaries in the denominator, the number of beneficiaries ages 21–64 years with a claim for an IP stay for SUD
Denominator	The total number of beneficiaries ages 21–64 years, including all beneficiaries ages 21–64 years with an IP stay and without an IP stay (i.e., numerator of zero)
Comparison Population	N/A
Measure Steward	CMS
Data Source	Claims
Frequency	Monthly
Desired Direction	Maintained or decreased

Number of IP Stays for SUD (Measure 32)

Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing
Notes	Measure specifications will rely on <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0</i> , Metric #24: IP Stays for SUD per 1,000 Medicaid Beneficiaries .

Number of Days of IP Hospitalization for SUD (Measure 33)

Numerator	The total number of days of IP treatment for SUD for beneficiaries ages 21–64 years
Denominator	The total number of beneficiaries ages 21–64 years, including all beneficiaries ages 21–64 years with an IP stay and without an IP stay (i.e., numerator of zero)
Comparison Population	N/A
Measure Steward	CMS (modified)
Data Source	Claims
Measurement Period	Monthly
Desired Direction	Maintained or decreased
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing
Notes	The Measure 33 numerator will be adapted from <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0</i> , Metric #24: IP Stays for SUD per 1,000 Medicaid Beneficiaries .

Average LOS of IP Hospitalization for SUD (Measure 34)

Numerator	The total number of days of IP treatment for SUD for beneficiaries ages 21–64 years
Denominator	The total number of IP hospitalizations for SUD
Comparison Population	N/A
Measure Steward	CMS (modified)
Data Source	Claims
Measurement Period	Monthly
Desired Direction	No desired direction
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test
Notes	The Measure 34 numerator will be derived from the numerator of Measure 33, as described above. The denominator will be calculated following the numerator instructions from <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0</i> , Metric #24: IP Stays for SUD per 1,000 Medicaid Beneficiaries .

Average Number of IP Stays for Any Cause (Measure 35)	
Numerator	The number of all cause IP stays among beneficiaries ages 21–64 years with SUD
Denominator	The total number of beneficiaries ages 21–64 years with SUD
Comparison Population	N/A
Measure Steward	CMS, CMIT #397 (modified)
Data Source	Claims
Measurement Period	Monthly
Desired Direction	Maintained or decreased
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing
Notes	CMS Health Home specifications for IP Utilization (IU-HH) will be utilized for Measure 35 to focus on IP utilization within hospital settings. To facilitate monthly calculation, the IP stay will be assigned to the month in which the stay begins (i.e., admission date). The denominator will be calculated according to <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0, Metric #3: Medicaid Beneficiaries with SUD diagnosis</i> (monthly).

Average Number of Days of IP Stays for Any Cause (Measure 36)	
Numerator	<p>The total number of days of IP treatment for any cause among beneficiaries ages 21–64 years with SUD, calculated as follows:</p> <ul style="list-style-type: none"> • <u>Step 1.</u> Identify beneficiaries with SUD according to <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0, Metric #3: Medicaid Beneficiaries with SUD diagnosis</i> (monthly) • <u>Step 2.</u> Among beneficiaries identified in Step 1, identify IP stays for any cause according to a modified version of the CMS Health Home specifications for IP Utilization (IU-HH). To facilitate a monthly measure, IP stays will be counted in the month of the admission date.
Denominator	The total number of beneficiaries ages 21–64 years with SUD
Comparison Population	N/A
Measure Steward	CMS, CMIT #397 (modified)
Measurement Period	Monthly
Data Source	Claims
Desired Direction	Maintained or decreased
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing
Notes	The Measure 36 denominator will be calculated according to <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0, Metric #3: Medicaid Beneficiaries with SUD diagnosis</i> (monthly).

Average LOS of IP Hospitalization for Any Cause (Measure 37)	
Numerator	The total number of days of IP treatment for any cause among beneficiaries ages 21–64 years with SUD
Denominator	The total number of IP stays for any cause among beneficiaries ages 21–64 years with SUD
Comparison Population	N/A
Measure Steward	CMS, CMIT #397 (modified)
Data Source	Claims
Measurement Period	Monthly
Desired Direction	Maintained or decreased
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing
Notes	The Measure 37 numerator will be derived from the numerator of Measure 36. To facilitate calculation of a monthly measure, the IP stay will be assigned to the month in which the stay begins (i.e., admission date). The LOS will be calculated based on the number of days between the admission date and discharge date. It is possible that the LOS exceeds the number of days in a particular month. For example, if an IP stay had an admission date of January 1 and a discharge date of February 15, the stay will be attributed to January and have a LOS of 46 days, even though January has 31 days. The Measure 37 denominator will be derived from the numerator of Measure 35.

Average Number of ED Visits for Any Cause (Measure 38)	
Numerator	The total number of ED visits for any cause among beneficiaries ages 21–64 years with SUD
Denominator	The total number of beneficiaries ages 21–64 years with SUD
Comparison Population	N/A
Measure Steward	NCQA, CMIT #49 (modified)
Data Source	Claims
Measurement Period	Monthly
Desired Direction	Maintained or decreased
Analytic Approach	<ul style="list-style-type: none"> • ITS regression • Pre-test/post-test • Non-inferiority testing
Notes	ED visits will be identified according to CMS Health Home specifications for Ambulatory Care: ED Visits (AMB-HH). To facilitate monthly calculation, the ED visit will be assigned to the month of the date of service. The denominator will be calculated according to <i>Medicaid Section 1115 SUD Demonstrations: Technical Specifications for Monitoring Metrics, version 6.0, Metric #3: Medicaid Beneficiaries with SUD diagnosis</i> (monthly).

Per-Member Per-Month (PMPM) Cost for SUD Treatment (Measure 39)	
Numerator	<p>Total cost of all claims stratified by SUD-IMD, SUD-other, and non-SUD for beneficiaries flagged with an SUD diagnosis, by month.</p> <p>Beneficiaries flagged with an SUD diagnosis will be those enrolled in the measurement period and who receive MAT or have qualifying facility, provider, or pharmacy claims with an SUD diagnosis and an SUD-related treatment service during the measurement period.</p> <ul style="list-style-type: none"> • Step 1. Identify claims for MAT, defined in one of the following the HEDIS MY 2026 IET Value Sets or Medications Lists: <ul style="list-style-type: none"> – AOD Medication Treatment Value Set – Alcohol Use Disorder Treatment Medication Lists – OUD Treatment Medication Lists • Step 2. Identify claims with a diagnosis code (any diagnosis on the claim) listed under one of the following HEDIS MY 2026 Value Sets: <ul style="list-style-type: none"> – Alcohol Abuse and Dependence – Opioid Abuse and Dependence – Other Drug Abuse and Dependence <p>Beneficiaries will be considered a part of the SUD cost analysis group beginning the first month in which they have a relevant diagnosis or treatment claim for SUD, and up to 11 additional months that did not include relevant claims, if the beneficiary remained enrolled in Medicaid. If a beneficiary has additional claims with a relevant diagnosis or treatment code, their inclusion in the SUD cost analysis group will be extended to include up to 11 additional months following the subsequent claim, if the beneficiary remained enrolled in Medicaid. SUD-IMD costs will include costs incurred from claims with an IMD provider. SUD-other costs are all other SUD costs from claims for a non-IMD provider. The Nebraska 1115 SUD Facility Tracker list will be utilized to flag IMD providers. Non-SUD costs will include all other costs from non-SUD claims for the beneficiary.</p>
Denominator	The total number of beneficiaries among beneficiaries in the SUD cost analysis group for the corresponding month
Comparison Population	N/A
Measure Steward	CMS
Data Source	Claims
Desired Direction	Maintained or decreased
Frequency	Monthly
Analytic Approach	ITS regression
Notes	Methodology for assessing costs follows <i>CMS Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) and SUD Evaluation Design Guidance: Appendix C.</i> ²⁴

²⁴ Centers for Medicare & Medicaid Services. SMI/SED and SUD Evaluation Design Guidance: Appendix C. Available at: <https://www.medicaid.gov/medicaid/section-1115-demo/downloads/evaluation-reports/smi-sed-sud-cost-appendix-c.pdf>. Accessed on: Nov 10, 2025.

PMPM Cost (Measure 40)	
Numerator	<p>The sum of total paid claim amounts for all IP, long-term care, OP, professional, and pharmacy categories of service for beneficiaries flagged with an SUD diagnosis for each month.</p> <p>Beneficiaries flagged with an SUD diagnosis are those enrolled in the measurement period and who receive MAT or have qualifying facility, provider, or pharmacy claims with an SUD diagnosis and an SUD-related treatment service during the measurement period.</p> <ul style="list-style-type: none"> • Step 1. Identify claims for MAT, defined in one of the following HEDIS MY 2026 IET Value Sets or Medications Lists: <ul style="list-style-type: none"> – AOD Medication Treatment Value Set – Alcohol Use Disorder Treatment Medication Lists – Opioid Use Disorder Treatment Medication Lists • Step 2. Identify claims with a diagnosis code (any diagnosis on the claim) listed under one of the following HEDIS MY 2026 Value Sets: <ul style="list-style-type: none"> – Alcohol Abuse and Dependence – Opioid Abuse and Dependence – Other Drug Abuse and Dependence <p>Beneficiaries are considered a part of the SUD cost analysis group beginning the first month in which they have a relevant diagnosis or treatment claim for either SUD or behavioral health (BH), and up to 11 additional months that did not include relevant claims, if the beneficiary remained enrolled in Medicaid. If a beneficiary has additional claims with a relevant diagnosis or treatment code, their inclusion in the SUD cost analysis group is extended to include up to 11 additional months following the subsequent claim, if the beneficiary remained enrolled in Medicaid.</p>
Denominator	The total number of beneficiaries among beneficiaries in the SUD cost analysis group for the corresponding month
Comparison Population	N/A
Measure Steward	CMS
Data Source	Claims
Frequency	Monthly
Desired Direction	Maintained or decreased
Analytic Approach	<ul style="list-style-type: none"> • Descriptive statistics • ITS regression
Notes	Methodology for assessing costs follows <i>CMS SMI/SED and SUD Evaluation Design Guidance: Appendix C</i> . ²⁵

²⁵ Ibid.