



Nevada Health Authority, Nevada Medicaid

Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project

Mid-Point Assessment

March 2026



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Executive Summary

The Centers for Medicare & Medicaid Services (CMS) approved Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project Section 1115 Demonstration Waiver (the Demonstration) on December 29, 2022. The Demonstration is effective from January 1, 2023, through December 31, 2027. In accordance with the Special Terms and Conditions (STCs), Nevada contracted with an independent evaluator to conduct a Mid-Point Assessment (MPA) of the Demonstration's progress toward its milestones and goals through June 30, 2025.^{1,2} The purpose of the MPA is to assess progress toward each milestone outlined in the implementation plan, identify risks to meeting those milestones, and provide recommendations for improving the Demonstration.³

Waiver History

Opioid misuse and overdose have become increasingly prevalent in Nevada. According to 2021–2022 data from the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 21.6 percent of adult Nevadans reported a SUD, compared to a national average of 17.8 percent. During that period, an estimated 103,000 Nevadans reported misusing opioids in the past year, and about 50,000 reported having an OUD.⁴ Although 24.3 percent of Nevada adults were estimated to need SUD treatment, only 4.9 percent received it.⁵ From 2019 to 2022, Nevada's age-adjusted drug overdose death rates increased from 20.1 to 30.3 per 100,000 residents, which corresponded with the national increase from 21.6 to 32.6 per 100,000.⁶ In 2023, Nevada reported 862 opioid overdose deaths, accounting for approximately 67 percent of all drug overdoses in the State.⁷ Nevada's opioid age-adjusted death rate increased from 11.7 deaths per 100,000 residents in 2019 to 20.0 in 2022.⁸

State of Nevada Response to the Opioid Crisis

On September 10, 2021, the Nevada Health Authority (Nevada Medicaid) applied for a Medicaid Section 1115 Demonstration Waiver to provide statewide access to comprehensive behavioral health (BH) services for

¹ Centers for Medicare & Medicaid Services. Demonstration Approval. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-ca.pdf>. Accessed on: Sept 30, 2025.

² Appendix A contains the independent assessor's attestation.

³ Centers for Medicare & Medicaid Services. SUD Implementation and Health IT Plan. Available at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/137411>. Accessed on: Sept 30, 2025.

⁴ Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health: Nevada. Available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt44486/2022-nsduh-sae-state-tables/NSDUHsaeNevada2022.pdf>. Accessed on: Sept 30, 2025.

⁵ Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health: Model-Based Prevalence Estimates. Available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt44484/2022-nsduh-sae-tables-percent-CSVs/2022-nsduh-sae-tables-percent.pdf>. Accessed on: Sept 30, 2025.

⁶ Kaiser Family Foundation. Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age-Adjusted). Available at: <https://www.kff.org/other/state-indicator/opioid-overdose-death-rates>. Accessed on: Sept 30, 2025.

⁷ Kaiser Family Foundation. Opioid Overdose Deaths and Opioid Overdose Deaths as a Percent of All Drug Overdose Deaths.. Available at: <https://www.kff.org/mental-health/state-indicator/opioid-overdose-deaths/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Accessed on: Nov 3, 2025

⁸ Ibid.

Nevadans with OUD and SUD.⁹ On December 29, 2022, CMS approved the Demonstration effective January 1, 2023, through December 31, 2027.¹⁰ The Demonstration offers a full continuum of SUD treatment services consistent with the American Society of Addiction Medicine (ASAM) criteria, including treatment and withdrawal management (WM), outpatient (OP) services, intensive OP program (IOP) services, partial hospitalization program (PHP), medication-assisted treatment (MAT), and intensive residential and inpatient (IP) services for members who are short-term residents in facilities that qualify as Institutions for Mental Diseases (IMDs).

Goals of the Demonstration

The Demonstration aims to achieve nine specific goals:

- Increase rates of identification, initiation, and engagement in treatment for SUD.
- Increase adherence to and retention in treatment.
- Reduce overdose deaths, particularly those due to opioids.
- Reduce utilization of emergency departments (EDs) and IP hospital settings for treatment when the utilization is preventable or medically inappropriate through improved access to other continuum of care services.
- Reduce readmissions to the same or higher level of care when the readmission is preventable or medically inappropriate.
- Improve access to care for physical health conditions among members with SUD.
- Increase adherence to treatment for parenting individuals who will have their children with them in the transitional and residential IMD setting.
- Increase access to medical and community-based services in pregnant and parenting individuals in an IMD.
- Allow for care coordination of services resulting in a better care transition upon discharge.

Assessment of Overall Risk of Not Meeting Milestones

The results presented across the monitoring metrics, implementation milestones, and stakeholder input were synthesized using the algorithm presented in the Analytic Methods section to determine the overall level of risk of the Demonstration not meeting each milestone. Table 1 presents the synthesis of risk developed in this MPA.

⁹ Centers for Medicare & Medicaid Services. OUD SUD Waiver Application. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-pa-06132022.pdf>. Accessed on: Sept 30, 2025.

¹⁰ Centers for Medicare & Medicaid Services. OUD SUD Waiver Approval. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-ca.pdf>. Accessed on: Oct 28, 2025.

Table 1—Assessment of the Level of Risk of Not Meeting Milestones

Risk Level	Considerations
Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs	
Medium	Quantitative Findings
	- Implementation plan action items complete: 83.3% - Critical metrics meeting target: 57%
	Qualitative Findings
	- Multiple stakeholders identified challenges with prior-authorization delays, denials, and shortened approval periods that limited access to care. - Providers reported self-funding services or readmitting members due to insufficient treatment periods. - Challenges are ongoing and are not yet fully addressed within the planned time frame.
Milestone 2: Use of Evidence-Based, SUD-Specific Patient Placement Criteria	
Medium	Quantitative Findings
	- Implementation plan action items complete: 66.7% - Critical metrics meeting target: 100%
	Qualitative Findings
	- Multiple stakeholders identified challenges with unclear guidance and ASAM criteria implementation, including misalignment between providers and MCOs that led to denials. - Challenges remain unsolved and are not being fully addressed within the planned time frame.
Milestone 3: Use of Nationally Recognized SUD-Specific Program Standards to Set for Residential Treatment Facility Provider Qualifications	
Low	Quantitative Findings
	- Implementation plan action items complete: 66.7% - Critical metrics meeting target: N/A^a
	Qualitative Findings
	Few stakeholders identified continuous challenges with workforce shortages and credentialing delays that limited residential capacity.
Milestone 4: Sufficient Provider Capacity at Each Level of Care, Including for MAT for OUD	
Low	Quantitative Findings
	- Implementation plan action items complete: 60.0% - Critical metrics meeting target: 100%
	Qualitative Findings
	Few stakeholders identified continuous challenges with workforce shortages and credentialing delays that limited residential capacity.
Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD	
Medium	Quantitative Findings
	- Implementation plan action items complete: 50% - Critical metrics meeting target: 50%
	Qualitative Findings
	Few stakeholders identified challenges with denials and shortened approvals that undercut comprehensive treatment. Providers did not indicate that these issues are being addressed within the planned time frame.
Milestone 6: Improved Care Coordination and Transitions Between Levels of Care	
Medium	Quantitative Findings
	- Implementation plan action items complete: 100% - Critical metrics meeting target: 57%
	Qualitative Findings
	Multiple stakeholders identified challenges with coordination, including denials for transitions from residential care to the partial hospitalization program. Challenges persist and transitions are not yet seamless.

^aThere are no monitoring metrics associated with Milestone 3.

Note: ASAM: American Society of Addiction Medicine, MCO: managed care organization, MAT: medication-assisted treatment, OUD: opioid use disorder, and SUD: substance use disorder.

Two of the six milestones are at low risk of not meeting requirements and four are at medium risk.

Regarding the completion of implementation action items, more than 50 percent have been completed across all milestones. Only one action item, *Update Medicaid Service Manual policy to include requirement of offering all Food and Drug Administration (FDA)-approved MAT on-site or facilitate access to off-site MAT*, has been delayed from the planned timeline. All other outstanding implementation action items were not anticipated to be completed before this MPA, such as continued enrollment of key provider groups (including IMDs), evaluation of critical policies to ensure access to SUD services, and the ongoing collection of data for new substance use treatment (SUT) providers. Overall, Nevada Medicaid is on schedule with the majority of implementation action items, which lowers the overall risk of not meeting milestone requirements.

The assessments of critical metrics meeting their target were overall favorable. All Milestones with associated critical monitoring metrics had at least 50 percent of critical metrics moving in a favorable direction, with Milestones 2 and 4 having 100 percent of their critical metrics meeting the target.

Finally, certain key themes emerged from stakeholder interviews. First, providers reported challenges working with MCOs including denials of service, prior authorization delays, and shortened approval periods, which complicated care coordination and access for members. Second, workforce shortages were a challenge, including provider shortages, credentialing delays that limited residential capacity, and administrative burden during implementation.

Next Steps

Stakeholders identified several areas of success for the Demonstration that should be continued. Specifically, the State should:

- Preserve collaboration efforts with MCOs and providers, including regular joint meetings to address challenges early and keep stakeholders informed.
- Sustain education initiatives that have helped reduce barriers for members.
- Maintain cross-department collaboration within Nevada Medicaid to ensure appropriate subject matter experts are involved in decision making.

Stakeholders also identified areas for improvement to further increase the effectiveness of the demonstration:

- Improved alignment and clarity for both MCOs and providers in their understanding of ASAM criteria and the determination of medical necessity of appropriate levels of care. This will help reduce confusion when obtaining prior authorization, create a more consistent claim approval process, and reduce administrative burden on providers.
- Strengthen provider capacity to meet SUD needs across the State. Although ongoing efforts are underway to enroll additional IMDs and other providers, staff and provider shortages remain a challenge.

1. Background

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Nevada’s OUD/SUD Landscape

Opioid misuse and overdose have become increasingly prevalent in Nevada. According to 2021–2022 data from the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 21.6 percent of adult Nevadans reported a SUD, compared to a national average of 17.8 percent. During that period, an estimated 103,000 Nevadans reported misusing opioids in the past year, and about 50,000 reported having an OUD.¹⁴ Although 24.3 percent of Nevada adults were estimated to need SUD treatment, only 4.9 percent received it.¹⁵ From 2019 to 2022, Nevada’s age-adjusted drug overdose death rates increased from 20.1 to 30.3 per 100,000 residents, which corresponded with the national increase from 21.6 to 32.6 per 100,000.¹⁶ In 2023, Nevada reported 862 reported opioid overdose deaths, accounting for approximately 67 percent of all drug overdoses in the State.¹⁷ Nevada’s opioid age-adjusted death rate increased from 11.7 deaths per 100,000 residents in 2019 to 20.0 in 2022.¹⁸

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¹² Appendix A contains the independent assessor’s attestation.

¹³ Centers for Medicare & Medicaid Services. SUD Implementation and Health IT Plan. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-sud-impl-plan-health-it-plan.pdf>. Accessed on: Sept 30, 2025.

¹⁴ Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health: Nevada. Available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt44486/2022-nsduh-sae-state-tables/NSDUHsaeNevada2022.pdf>. Accessed on: Sept 30, 2025.

¹⁵ Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health: Model-Based Prevalence Estimates. Available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt44484/2022-nsduh-sae-tables-percent-CSVs/2022-nsduh-sae-tables-percent.pdf>. Accessed on: Sept 30, 2025.

¹⁶ Kaiser Family Foundation. Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age-Adjusted). Available at: <https://www.kff.org/other/state-indicator/opioid-overdose-death-rates>. Accessed on: Oct 28, 2025.

¹⁷ Kaiser Family Foundation. Opioid Overdose Deaths and Opioid Overdose Deaths as a Percent of All Drug Overdose Deaths. Available at: <https://www.kff.org/mental-health/state-indicator/opioid-overdose-deaths/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Accessed on: Nov 3, 2025.

¹⁸ Ibid.

Demonstration Background

On September 10, 2021, the Nevada Health Authority (Nevada Medicaid) applied for a Medicaid Section 1115 Demonstration Waiver to provide statewide access to comprehensive behavioral health (BH) services for Nevadans with OUD and SUD.¹⁹ On December 29, 2022, CMS approved the Demonstration effective January 1, 2023, through December 31, 2027.²⁰ The Demonstration offers a full continuum of SUD treatment services consistent with the American Society of Addiction Medicine (ASAM) criteria, including treatment and withdrawal management (WM), outpatient (OP) services, intensive OP program (IOP) services, partial hospitalization program (PHP), medication-assisted treatment (MAT), and intensive residential and inpatient (IP) services for members who are short-term residents in facilities that qualify as Institutions for Mental Disease (IMDs).

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¹⁹ Centers for Medicare & Medicaid Services. OUD SUD Waiver Application. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-pa-06132022.pdf>. Accessed on: Sept 30, 2025.

²⁰ Centers for Medicare & Medicaid Services. OUD SUD Waiver Approval. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-ca.pdf>. Accessed on: Sept 30, 2025.

Implementation Plan Overview

The implementation plan, approved by CMS on May 24, 2023, outlines Nevada Medicaid's strategic approach to meet the CMS-specified Demonstration milestones:²¹

- **Milestone 1:** Access to critical levels of care for OUD and other SUDs
- **Milestone 2:** Use of evidence-based, SUD-specific patient placement criteria
- **Milestone 3:** Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities
- **Milestone 4:** Sufficient provider capacity at critical levels of care, including for MAT for OUD
- **Milestone 5:** Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD
- **Milestone 6:** Improved care coordination and transitions between levels of care

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

The Demonstration aims to improve access to OUD and SUD treatment across the continuum of care by covering OP, IOP, PHP, MAT, intensive residential and IP, and WM services.

Nevada Medicaid proposed a new Medicaid Service Manual (MSM) Chapter 4100, *SUD Treatment Services and Coverage*, to address SUD treatment services and coverage separately from the general mental health and alcohol/substance use services guidance. The new chapter outlines a full continuum of SUD treatment services, including outpatient and residential and requires that all services utilize ASAM criteria to be Medicaid reimbursable.²² Additionally, a Nevada State Plan Amendment (SPA) #22-0005 approved by CMS on July 29, 2024, revised the State's plan for BH rehabilitative services, including the addition of community-based mobile crisis intervention services to support individuals experiencing a crisis related to substance use as well as mental health and more clarity between substance use treatment versus mental health treatment.²³ To further address this milestone, Nevada Medicaid continues to accept online applications for new IOP providers, allows pharmacists to provide MAT and prescribe OUD medications, and is reviewing all SUD treatment and service definitions and staff qualifications to ensure alignment with ASAM criteria.

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

The Demonstration aims to implement evidence-based, SUD-specific patient placement criteria by requiring providers to meet certain criteria. The State plans to ensure that providers assess patients using multidimensional, SUD-specific assessment tools. Nevada also intends to implement utilization management approaches to support

²¹ Centers for Medicare & Medicaid Services. SUD Implementation Plan and SUD Health Information Technology Plan. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-sud-impl-plan-health-it-plan.pdf>. Accessed on: Sept 30, 2025.

²² Nevada Division of Health Care Financing and Policy. MSM Transmittal Letter. Available at: https://dhcfp.nv.gov/uploadedFiles/dhcfp.nv.gov/content/Resources/AdminSupport/Manuals/MSM/C4100/MSM_4100_24_07_31_ADA.pdf. Accessed on: Sept 30, 2025.

²³ Centers for Medicare & Medicaid Services. Nevada State Plan Amendment #: 22-0005. Available at: <https://www.medicaid.gov/medicaid/spa/downloads/NV-22-0005.pdf>. Accessed on Sept 30, 2025.

member access to appropriate levels of SUD care and to establish an independent process for reviewing the appropriateness of patient placement in residential treatment facilities.

Nevada SPA #22-0005 requires that ASAM patient placement criteria be used as the guideline for determining the appropriate level of care within the substance use treatment (SUT) continuum. Additionally, MSM Chapter 4100 requires that a comprehensive assessment must be employed to establish a SUD diagnosis, including patient history and an ASAM initial risk assessment. Providers must also submit a tentative treatment plan and obtain authorization from a quality improvement organization (QIO)-like vendor to review patient care.²⁴

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

To receive federal financial participation for SUD services, including those provided to Medicaid members in residential treatment facilities, Nevada plans to implement the following:

- Residential treatment provider qualifications that meet ASAM or other nationally recognized criteria, SUD-specific program standards related to types of services, hours of care, and staff credentials for residential treatment facilities.
- A residential treatment provider review process to ensure compliance with the SUD-specific program standards.
- Requirements for residential treatment facilities to offer MAT on-site or off-site.

According to MSM Chapter 4100, providers rendering SUT services must have a unique National Provider Identifier (NPI), be linked to the group specialty, and be licensed or certified by their professional boards or have the appropriate certification. In addition, providers must have applicable work experience with individuals with a SUD or mental health disorder. A licensed or certified clinical supervisor must provide oversight of SUD and mental health services. The manual outlines SUD-specific program standards regarding service types, hours of care, and staff credentials for each service type.²⁵

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

Nevada plans to assess provider availability to evaluate access to treatment for Medicaid members across the continuum of care. The assessment will determine the availability of MAT services and identify gaps in access to critical levels of care throughout the State.

To improve availability of SUD treatment, Nevada Medicaid revised MSM Chapter 400, Mental Health Services, and added a new MSM Chapter 4400, Crisis Services, to update the mobile response time and distance standard to

²⁴ Nevada Division of Health Care Financing and Policy. Medicaid Services Manual Changes: Chapter 4100-Substance Use Disorder Treatment Services and Coverage. Available at: https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C4100/MSM_4100_24_07_31_A DA.pdf. Accessed on: Sept 30, 2025.

²⁵ Nevada Division of Health Care Financing and Policy. Medicaid Services Manual Transmittal Letter. Available at: https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C4100/MSM_4100_24_07_31_A DA.pdf. Accessed on: Sept 30, 2025.

one hour in urban areas and two hours in rural areas.²⁶ Additionally, the Nevada Division of Health and Human Services (DHHS) released the 2024 Nevada Substance Use Disorder Data Book, which assesses Medicaid members' SUD treatment needs, a provider's availability for SUD and MAT services, and identifies gaps in treatment and recovery services for members from 2019 to 2023.²⁷ By identifying gaps in provider availability, the Data Book aids the State in ensuring sufficient provider capacity to administer SUD and MAT services.

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

Nevada plans to implement opioid prescribing guidelines and other interventions to prevent misuse of prescription drugs, along with strategies to increase utilization and improve functionality of prescription drug monitoring programs. These strategies aim to expand coverage of and access to naloxone for overdose reversal.

Nevada supports naloxone access by engaging providers in trainings and enhancing naloxone awareness through Web announcements on the Nevada Medicaid Portal and monthly SUD provider meetings. In addition, the Nevada Prescription Monitoring Program tracks controlled substance prescriptions to help practitioners assess medical necessity.²⁸ Following Nevada regulation R059-23 by the Nevada Legislative Commission, pharmacists registered with the Nevada State Board of Pharmacy who have completed required addiction training are now authorized to assess OUD and prescribe MAT.²⁹ This regulation expands access to drugs such as buprenorphine and naltrexone for individuals with OUD, particularly those in rural communities who may have limited access to other providers.

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

Nevada aims to implement policies that ensure residential and IP facilities connect members to community-based services and supports following their stays to fulfill Milestone 6.

Beginning January 1, 2025, Nevada began providing funding opportunities to government agencies, community-based organizations, provider coalitions and partnerships, and for-profit entities committed to addressing the opioid crisis in the State. These opportunities include support for warm handoff programs for individuals with OUD and/or stimulant use disorders to facilitate transitions from EDs to treatment and recovery services.³⁰ According to Nevada Revised Statute (NRS) 449A.286, residential facilities are now required to develop and

²⁶ State is planning to add a policy which would require providers to participate in a bed registry system. The anticipated date of implementation is March 1, 2026.

²⁷ Nevada Division of Health Care Financing and Policy. Nevada Substance Use Disorder Data Book: October, 2019–June, 2023. Available at: [https://dhcfp.nv.gov/uploadedFiles/dhcfpnhgov/content/Pgms/SUD%20Data%20Book%20\(Updated%20to%20Q2%202023\).pdf](https://dhcfp.nv.gov/uploadedFiles/dhcfpnhgov/content/Pgms/SUD%20Data%20Book%20(Updated%20to%20Q2%202023).pdf). Accessed on: Sept 30, 2025.

²⁸ Nevada State Board of Pharmacy. Prescription Monitoring Program (PMP). Available at: <https://bop.nv.gov/links/pmp/>. Accessed on: Sept 30, 2025.

²⁹ Nevada State Legislature. Adopted Regulation Of The State Board Of Pharmacy LCB File No. R059-23. Available at: <https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/29641#:~:text=Section%203%20of%20this%20regulation,mini%20requirements%20for%20such%20reviews>. Accessed on: Sept 30, 2025.

³⁰ Nevada Department of Health and Human Service, Division of Public and Behavioral Health, Bureau of Behavioral Health, Wellness and Prevention. Request for Applications (RFA) Announcement: Nevada State Opioid Response Grant (SOR 4). Available at: https://dpbh.nv.gov/uploadedFiles/dpbhnhgov/content/Programs/BBHWP/SOR/RFA%20Announcement_SOR%204_FINAL.pdf. Accessed on: Sept 30, 2025.

implement a transition plan before any non-emergency discharge. NRS 449A.324 also requires hospitals to provide caregivers with contact information for providers or community resources necessary to carry out the discharge plan.³¹

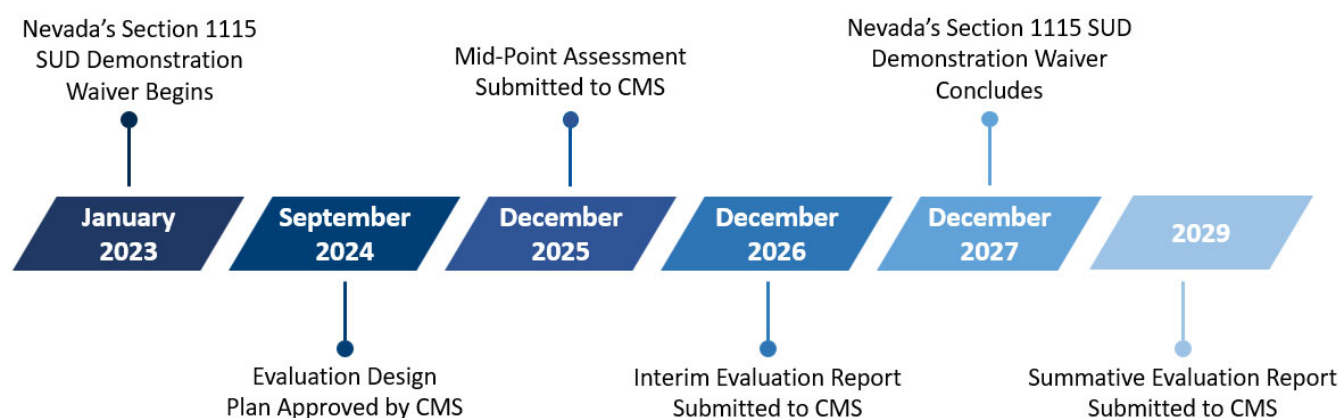
Monitoring Protocol

The monitoring protocol, developed by Nevada Medicaid and approved by CMS on October 18, 2023, outlines the State’s plan to monitor the Demonstration’s progress toward meeting its nine goals. The protocol includes 36 CMS-provided metrics and three state-defined health information technology (HIT) metrics. CMS has approved all eight quarterly monitoring reports submitted by the State. These reports provide metric trends and updates on implementation, evaluation activities, and key achievements.

Evaluation Activities

Health Services Advisory Group, Inc. (HSAG), as the independent evaluator, will conduct a comprehensive evaluation of the Section 1115 SUD Demonstration Waiver. This evaluation will provide the State and CMS with a thorough, independent evaluation of the Demonstration’s impacts. Figure 1-1 illustrates the timeline of the evaluation activities.

Figure 1-1—Evaluation Activities Timeline



Evaluation Design: Outlines the State’s plan for conducting the Demonstration evaluation.³² It presents the Demonstration, along with the evaluation questions, hypotheses, and methodologies that will be utilized to determine the extent to which those goals have been achieved.

³¹ Nevada State Legislature. Chapter 449A - Care and Rights of Patients. Available at: <https://www.leg.state.nv.us/nrs/nrs-449a.html>. Accessed on: Sept 30, 2025.

³² Centers for Medicare & Medicaid Services. SUD Evaluation Design. Available at: <https://www.medicare.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-eval-des-appv1-05302024.pdf>. Accessed on: Sept 30, 2025.

Interim Evaluation Report: Discusses the evaluation progress and findings for the completed years of the Demonstration, complying with the requirements outlined in the STCs.³³ The report will include background and the Demonstration's goals, hypotheses, and research questions. The report will outline the methodology used, including data sources, analytic methods, and any methodological limitations. The report will also present interpretations of the analyses, discuss implications, and offer recommendations to the State for the remainder of the Demonstration period. Finally, it will include the first financial analysis of budget neutrality for the Demonstration. The Interim Evaluation Report will be submitted to CMS by December 31, 2026.

Summative Evaluation Report: Follows the same structure as the Interim Evaluation Report, covering the entire demonstration period from January 1, 2023, through December 31, 2027. The Summative Evaluation Report will be submitted to CMS 18 months after the conclusion of the Demonstration.

³³ Centers for Medicare & Medicaid Services. Special Terms and Conditions. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-sud-stcs-tc-leter.pdf>. Accessed on: Sept 30, 2025.

2. Methodology

The following section describes the data sources and methodologies used for the Nevada Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Section 1115 Waiver Demonstration (the Demonstration) Mid-Point Assessment (MPA). Approaches included both qualitative and quantitative analyses to assess progress toward meeting demonstration milestones and to evaluate risks of not meeting those milestones, as defined in the Special Terms and Conditions (STCs).³⁴

Data Sources

Multiple data sources were used to evaluate the hypotheses, including monitoring reports, key informant interviews, and implementation plan milestone progress reports.

Monitoring Reports

The Nevada Health Authority (Nevada Medicaid) provided eight quarterly monitoring reports submitted to the Centers for Medicare & Medicaid Services (CMS) as part of regular reporting, which have been approved by CMS. The independent evaluator utilized the reports to assess demonstration performance at mid-point. Numerator, denominator, and rate calculations were not independently verified. Monthly metrics were calculated for January 2023 through December 2024, and additional metrics were calculated annually for calendar years (CYs) 2023 and 2024.³⁵

Monitoring metrics 13 and 14 were also used to evaluate provider availability by assessing the number of providers qualified to deliver SUD services, including those who meet the standards to provide buprenorphine or methadone as part of MAT. For this assessment, many monitoring metrics reported as counts were recalculated as rates to control for changes in the size of the underlying SUD population. Analyses were also conducted on the counts as reported by Nevada Medicaid to ensure completeness and alignment with CMS MPA guidance.³⁶

Monitoring Metrics

The MPA examines the State's progress toward meeting the targets specified in the Demonstration Monitoring Protocol metrics (Table 2-1).³⁷

³⁴ Centers for Medicare & Medicaid Services. Demonstration Approval. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-ca.pdf>. Accessed on: Sept 30, 2025.

³⁵ Metrics calculated annually were metrics 4, 5, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 25, 26, 27, 28, 29, 30, 31, 32, and 36.

³⁶ Centers for Medicare & Medicaid Services. Medicaid Section 1115 Substance Use Disorder (SUD) and Serious Mental Illness and Serious Emotional Disturbance (SMI/SED) Demonstrations – Mid-Point Assessment Technical Assistance. October 2021. Available at: <https://www.medicaid.gov/medicaid/section-1115-demo/downloads/evaluation-reports/1115-sud-smised-mid-point-assessment-ta.pdf>. Accessed on: Sept 26, 2025.

³⁷ Nevada Division of Health Care Financing and Policy. Substance Use Disorder Monitoring Protocol. Oct 2023. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-demonstration-aprvl-sud-mntrng-protcl.pdf>. Accessed on: Sept 26, 2025

Table 2-1—Summary of Monitoring Metrics

#	Metric Name	Measurement Period	Desired Direction	Critical Measure Milestone
2	Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	Month	Increase	—
3	Medicaid Beneficiaries with SUD Diagnosis (monthly)	Month	Increase	—
4	Medicaid Beneficiaries with SUD Diagnosis (annually)	Year	Increase	—
5	Medicaid Beneficiaries Treated in an IMD for SUD	Year	Increase	2
6	Any SUD Treatment	Month	Increase	—
7	Early Intervention	Month	Increase	1
8	OP Services	Month	Increase	1
9	Intensive OP and Partial Hospitalization Services	Month	Increase	1
10	Residential and IP Services	Month	Increase	1
11	WM	Month	Increase	1
12	MAT	Month	Increase	1
13	SUD Provider Availability	Year	Increase	4
14	SUD Provider Availability - MAT	Year	Increase	4
15.a	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Initiation	Year	Increase	6
15.b	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Engagement	Year	Increase	6
17.1.a	Follow-up after ED Visit for Alcohol or Other Drug Dependence (7-day totals)	Year	Increase	6
17.1.b	Follow-up after ED Visit for Alcohol or Other Drug Dependence (30-day totals)	Year	Increase	6
17.2.a	Follow-up after ED Visit for Mental Illness (7-day totals)	Year	Increase	6
17.2.b	Follow-up after ED Visit for Mental Illness (30-day totals)	Year	Increase	6
18	Use of Opioids at High Dosage in Persons Without Cancer	Year	Decrease	5
19	Use of Opioids from Multiple Providers in Persons Without Cancer	Year	Decrease	—
20	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer	Year	Decrease	—
21	Concurrent Use of Opioids and Benzodiazepines	Year	Decrease	5
22	Continuity of Pharmacotherapy for OUD	Year	Increase	1
23	ED Utilization for SUD per 1,000 Medicaid Beneficiaries	Month	Decrease	5
24	IP Stays for SUD per 1,000 Medicaid Beneficiaries	Month	Decrease	—
25	Readmissions Among Beneficiaries with SUD	Year	Decrease	6
26	Overdose Deaths (count)	Year	Decrease	—
27	Overdose Deaths (rate)	Year	Decrease	5
28	SUD Spending	Year	Increase	—
29	SUD Spending within IMDs	Year	Increase	—
30	Per Capita SUD Spending	Year	Consistent	—

#	Metric Name	Measurement Period	Desired Direction	Critical Measure Milestone
31	Per Capita SUD Spending within IMDs	Year	Decrease	—
32	Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	Year	Increase	—
36	ALOS in IMDs	Year	Consistent	2
Q1	Total Number of PDMP Users	Year	Increase	—
Q2	Number of Opioid Prescriptions in PDMP	Year	Decrease	—
Q3	Tracking MAT (Use of Medications with Counseling and Behavioral Therapies to Treat SUDs and Prevent Opioid Overdose)	Year	Increase	—

Note: SUD: substance use disorder, IMD: institution of mental disease, OP: outpatient, IP: inpatient, WM: withdrawal management, MAT: medication-assisted treatment, ED: emergency department, OUD: opioid use disorder, ALOS: average length of stay, and PMDP: prescription drug monitoring program.

— : Metric is not a critical metric tied to a milestone.

Metrics 1, 16.1, 33, 34, and 35 are not included in the MPA, as they were not selected to report based on Nevada Medicaid's SUD Monitoring Protocol Part A workbook.

Key Informant Interviews

Fourteen interviews were held with State administrators, providers, and managed care organizations (MCOs) involved in delivering care to Nevada Medicaid members as part of the Demonstration. The interviews collected data on perceptions and experiences during implementation and the early stages of the Demonstration, focusing on:

- Experiences with new or expanded OUD and SUD services.
- Perceptions of challenges and drivers of success associated with the implementation.
- Unintended consequences encountered during implementation.

To engage the key informants, Nevada Medicaid identified providers delivering services under the Demonstration. Providers were sampled to maximize variation in service locations, ensuring perspectives were collected from a diverse group of stakeholders. Outreach to all identified stakeholders was conducted via email in June 2025. A flexible interview protocol, presented in Appendix B, Data Collection Tools, was developed using open-ended questions to maximize the diversity and richness of responses, ensuring a holistic understanding of each informant's experience. Interviews were held virtually in July and August 2025, each lasting approximately 45 minutes to allow participants to share detailed perspectives and experiences. With participant permission, interviews were recorded and transcribed to highlight key themes while maintaining the anonymity of participants.

SUD Program Implementation Plan Milestone Progress Report

Nevada Medicaid provided data on its implementation milestone progress to date, as defined in the Demonstration STCs. For each action item, Nevada Medicaid reported the status as completed, partially completed, or delayed, along with a description of actions taken and timelines for completion. These data were used to assess progress on

the implementation plan action items.³⁸ Appendix B contains additional details on the State's progress toward completing implementation action items.

Analytic Methods

Multiple analytic techniques were used depending on the type and availability of data required for the measure. Two approaches were applied based on the measurement period of the metric. For all metrics, relative percent change and absolute changes were calculated between the first and last available data points:

- **Absolute Change** = Value of metric at mid-point – Value of metric at baseline
- **Percent Change** = (Value of metric at mid-point – Value of metric at baseline)/Value of metric at baseline

For monthly metrics, the trend in rates throughout the measurement period was assessed. The trend was calculated using a linear regression expressed as:

$$Y_t = \beta_0 + \beta_1 time_t + \mu_t$$

Where Y_t was the outcome of interest for the time period t , β_0 identified the starting level of outcome Y (the rate in January 2023), β_1 was the slope of the outcome over the course of the assessment period, and $time$ represented a linear time trend for each month during the baseline period. This analysis served as a tool to identify any changes or emergence of a trend following waiver initiation to determine whether the measures were on track to meet performance targets, in accordance with the STCs. The regression analysis did not purport to attribute changes in rates to the demonstration and did not report results from hypothesis testing.

Additionally, baseline and mid-point values for monthly metrics are reported as averages of the first and last quarters of data to account for instances in which the first and last monthly baseline and mid-point values were similar or the same.

Key informant interview responses gathered through notes and transcription were imported into the qualitative data analysis software MAXQDA, where qualitative data were extracted, aggregated, summarized, and analyzed using open coding techniques to identify key themes and concepts raised by interviewees. Axial coding techniques were then used to identify relationships between concepts, such as service expansion and unintended consequences, that were identified during open coding. The coding system and analysis developed were utilized to create a written synthesis of the key informant interviews, presented in Chapter 3, Findings. While the results were not statistically representative, the interview responses provided context and insight into stakeholders' experiences with the Demonstration implementation.

SUD Implementation Plan Milestone Assessment

To assess demonstration implementation progress, analyses were grouped by milestone, intermediate actions within each milestone, and targeted completion time frames. Nevada Medicaid reported whether each milestone

³⁸ Nevada Division of Health Care Financing and Policy. Substance Use Disorder Implementation Plan and SUD Health Information Technology Plan. May 2023. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-sud-impl-plan-health-it-plan.pdf>. Accessed on: Sept 26, 2025.

or intermediate action was completed on schedule. Results were synthesized as the percentage of milestones completed by the specified target date. When quantitative data were available, results were presented to outline the implementation trajectory. For actions not completed by the target due date, to-date progress was assessed.

Assessment of Overall Risk

The level of risk (high risk, medium risk, or low risk) associated with not meeting each milestone was assessed using available data sources, including implementation plan milestones, monitoring metrics, and key informant interviews. Table 2-2 outlines how the level of risk was determined for each type of analysis.

Table 2-2—Considerations for the Assessment of the Level of Risk of Not Meeting Milestones

Risk Level	Considerations for Assessing the Level of Risk
Low	Implementation plan action items. State fully completed most/all (75 percent or more) associated action items as scheduled.
	Monitoring metrics. State is moving in the expected direction relative to its annual goals and overall demonstration targets for all or nearly all (75 percent or more) of the associated monitoring metrics.
	Stakeholder feedback. No stakeholder-identified risks related to meeting milestone.
Medium	Implementation plan action items. State fully completes some (25–75 percent) of the associated action items as scheduled.
	Monitoring metrics. State is moving in the expected direction relative to its annual goals and overall demonstration targets for many (25–75 percent) of the associated monitoring metrics.
	Stakeholder feedback. Few stakeholders identified risks related to meeting milestone.
High	Implementation plan action items. State fully completed few or no (25 percent or less) associated action items as scheduled.
	Monitoring metrics. State is moving in the expected direction relative to its annual goals and overall demonstration targets for few (25 percent or less) of the associated monitoring metrics.
	Stakeholder feedback. Many stakeholders identified risks related to meeting milestone.

Limitations

One primary limitation is the overlap of the baseline period with the implementation of several aspects of the SUD implementation plan. Due to this overlap, the baseline period may contain immediate changes in the population that obscure the overall effect of the Demonstration as measured by the MPA metrics. In addition, some health changes and outcomes require multiple years to be detected during the shorter MPA assessment period. Trend analysis for monthly monitoring metrics, in addition to CMS MPA requirements, helps address this limitation.³⁹

A second limitation relates to the methodology employed. The data were not analyzed using statistical methods that allow for statements about the Demonstration’s causal impact. Reported trends may be influenced by external factors, such as seasonal variation, that were not statistically controlled for. Additional years of baseline data

³⁹ While the trend analysis cannot draw causal inference and is limited by the data points available at the time of the analysis, it provides additional context for assessing directionality.

would help assess the effect of seasonality, and future evaluation reports will provide findings on whether observed changes are associated with Demonstration impacts.

3. Findings

The following section details the qualitative and quantitative results for the Nevada Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project (the Demonstration) Mid-Point Assessment (MPA).

Progress Toward Demonstration Milestones

Multiple data sources were used to assess the Demonstration's progress toward meeting its milestones. These sources included monitoring reports, key informant interviews, and milestone implementation progress reports. Findings from the analysis of each data source are presented below, along with contextual information to support interpretation of the results with respect to milestone progress.

Monitoring Metrics

The Demonstration's Mid-Point Assessment (MPA) consists of 38 total metrics measuring the State's progress in its SUD Demonstration. Of these 38 metrics, 27 are reported annually and 11 are reported monthly.

While SUD treatment metrics (i.e., metrics 6 through 12) specified in the Centers for Medicare & Medicaid Services (CMS) Technical Specifications are generated as counts of members or events, the analysis of changes in counts over time can be limited if the underlying number of members is not constant.⁴⁰ For this reason, Nevada's MPA results were calculated as percentages of the underlying population, based on *Monitoring Metric 3: Medicaid Beneficiaries with SUD Diagnosis (monthly)*. Because the metrics are calculated as percentages, any increases or decreases in metric rates represent a change in performance rather than possible changes in the size of the underlying population of members or events. For completeness, however, analyses were also conducted on the counts as reported by Nevada Health Authority (Nevada Medicaid). These results are presented in Appendix C.

In addition to calculating the change between the baseline and mid-point values for monthly monitoring metrics, trends were calculated to provide context on the Demonstration's progress. To account for variance in the monthly counts, an average of the first and last three months of data was used to calculate baseline and mid-point values. Annual metrics were calculated as a simple difference between baseline and midpoint values. For completeness, an assessment of change in the monthly monitoring metrics using only the first and last available data points can be found in Appendix C.

Overall, the analysis of the mid-point monitoring metrics was favorable. Of the 37 monitoring metrics with a desired direction in which to assess favorable or unfavorable changes, 23 demonstrated change in a favorable direction, as shown in

Table 3-1.

⁴⁰ Centers for Medicare & Medicaid Services. Demonstration Approval. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-ca.pdf>. Accessed on: Sept 29, 2025.

Table 3-1—Summary of Change in Metrics

Summary Stats	Percent or Number
Number of Metrics ¹	37
Number with Absolute Favorable Change	23
Average Relative Percent Change in Favorable Direction	11%
Average Relative Percent Change in Unfavorable Direction	8%

¹In total 38 metrics are included in this report. For metrics 15.a and 15.b, only the 'Total' indicators are included in this summary. For metric 17, all reported indicators (17.1.a, 17.1.b, 17.2.a, and 17.2.b) are included in this summary. Metric 30 is excluded because the demonstration target is "consistent" and direction is neither favorable or unfavorable.

Table 3-2 presents average rates and counts during the baseline and mid-point periods. Changes in the desired direction are indicated with a checkmark, while changes trending against the desired direction are indicated with an "X." Table 3-2 also includes the absolute and relative changes between the baseline and mid-point values for each metric, as well as results from the trending analysis (applicable to monthly metrics only). Key findings include:

Successes

- Members treated in an Institution for Mental Diseases (IMD) for SUD increased by 12.1 percent.
- Intensive outpatient (OP) and partial hospitalization services nearly doubled.
- Provider availability increased, including the availability of providers able to administer medication-assisted treatment (MAT).

Challenges

- Inpatient stays for SUD among members with SUD increased by 21.4 percent.
- Emergency department (ED) utilization for SUD increased by 14.1 percent.
- The overdose death rate among members rose 25.3 percent.

Table 3-2—Monitoring Metric Rates and Trends

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes				Monthly Trend in Desired Direction
				Absolute	Relative Percent	In Desired Direction	Monthly Trend	
2	Medicaid Beneficiaries with Newly Initiated SUD Treatment/ Diagnosis	5,118	4,913	-205	-4.0%	X	-6.76	X
3	Medicaid Beneficiaries with SUD Diagnosis (monthly)	62,148	64,108	1,960	3.2%	✓	49.27	✓
4	Medicaid Beneficiaries with SUD Diagnosis (annually)	94,451	97,723	3,272	3.5%	✓	—	—
5	Medicaid Beneficiaries Treated in an IMD for SUD	1,658	1,859	201	12.1%	✓	—	—
6	Any SUD Treatment (per 1,000 SUD beneficiaries)	272.7	270.4	-2.3	-0.8%	X	0.03	✓

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes				Monthly Trend in Desired Direction
				Absolute	Relative Percent	In Desired Direction	Monthly Trend	
7	Early Intervention (per 1,000 SUD beneficiaries)	16.4	16.8	0.5	2.8%	✓	0.05	✓
8	OP Services (per 1,000 SUD beneficiaries)	162.4	155.0	-7.3	-4.5%	✗	-0.27	✗
9	Intensive OP and Partial Hospitalization Services (per 1,000 SUD beneficiaries)	12.8	24.5	11.8	92.1%	✓	0.67	✓
10	Residential and IP Services (per 1,000 SUD beneficiaries)	8.1	8.1	0.0	0.6%	✓	-0.01	✗
11	WM (per 1,000 SUD beneficiaries)	7.8	7.8	0.1	1.0%	✓	0.03	✓
12	MAT (per 1,000 SUD beneficiaries)	81.8	77.9	-3.9	-4.8%	✗	-0.24	✗
13	SUD Provider Availability	33,311	35,490	2,179	6.5%	✓	—	—
14 ^{41,42}	SUD Provider Availability - MAT	27,278	29,533	2,255	8.3%	✓	—	—
15.a	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Initiation (Total)	19.4%	19.4%	0.0%	0.0%	✗	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Initiation (Alcohol)	19.4%	18.3%	-1.1%	-5.9%	✗	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Initiation (Opioid)	35.2%	37.8%	2.6%	7.5%	✓	—	—

⁴¹ The elimination of the DATA-Waiver in January 2023 removed certain restrictions on practitioners prescribing MAT for OUD. This change could result in more providers prescribing MAT, including buprenorphine, independent of Nevada's Demonstration Waiver. As a result, it may confound the relationship between waiver activities and trends in MAT provider availability.

⁴² Substance Abuse and Mental Health Services Administration. Waiver Elimination (MAT Act). November 6, 2024. Available at: <https://www.samhsa.gov/substance-use/treatment/statutes-regulations-guidelines/mat-act>. Accessed on: Nov 13, 2025.

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes				Monthly Trend in Desired Direction
				Absolute	Relative Percent	In Desired Direction	Monthly Trend	
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Initiation (Other Drug)	15.8%	15.9%	0.1%	0.4%	✓	—	—
15.b	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Engagement (Total)	9.8%	10.2%	0.4%	4.4%	✓	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Engagement (Alcohol)	9.2%	8.9%	-0.2%	-2.5%	✗	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Engagement (Opioid)	23.8%	25.5%	1.7%	7.2%	✓	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Engagement (Other Drug)	6.9%	7.5%	0.6%	8.1%	✓	—	—
17.1.a	Follow-up After ED Visit for Alcohol or Other Drug Dependence (FUA-AD): 7-Day	6.4%	6.9%	0.5%	8.1%	✓	—	—
17.1.b	Follow-up After ED Visit for Alcohol or Other Drug Dependence (FUA-AD): 30-Day	11.0%	11.8%	0.9%	7.8%	✓	—	—
17.2.a	Follow-up After ED Visit for Mental Illness (FUM-AD): 7-Day	30.8%	30.8%	-0.1%	-0.2%	✗	—	—
17.2.b	Follow-up After ED Visit for Mental Illness (FUM-AD): 30-Day	42.6%	42.9%	0.3%	0.7%	✓	—	—
18	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	3.8%	3.6%	-0.2%	-4.8%	✓	—	—

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes				Monthly Trend in Desired Direction
				Absolute	Relative Percent	In Desired Direction	Monthly Trend	
19	Use of Opioids from Multiple Providers in Persons Without Cancer (OMP)	0.0%	0.0%	0.0%	—	✓	—	—
20	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP)	0.0%	0.0%	0.0%	—	✓	—	—
21	Concurrent Use of Opioids and Benzodiazepines (COB-AD)	2.5%	2.1%	-0.4%	-17.0%	✓	—	—
22	Continuity of Pharmacotherapy for OUD	15.1%	14.7%	-0.5%	-3.1%	✗	—	—
23	ED Utilization for SUD per 1,000 Medicaid Beneficiaries	6.0	6.8	0.8	14.1%	✗	0.05	✗
24	IP Stays for SUD per 1,000 Medicaid Beneficiaries	3.1	3.7	0.7	21.4%	✗	0.04	✗
25	Readmissions Among Beneficiaries with SUD	29.2%	29.9%	0.7%	2.3%	✗	—	—
26	Overdose Deaths (count)	705	801	96	13.6%	✗	—	—
27	Overdose Deaths (rate per 1,000)	0.75	0.94	0.19	25.3%	✗	—	—
28	SUD Spending (in millions)	\$81.08	\$74.25	-\$6.83	-8.4%	✗	—	—
29	SUD Spending within IMDs (in millions)	\$7.67	\$9.49	\$1.82	23.8%	✓	—	—
30	Per Capita SUD Spending	\$861	\$763	-\$98	-11.4%	—	—	—
31	Per Capita SUD Spending within IMDs	\$4,624	\$5,104	\$480	10.4%	✗	—	—
32	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD [Adjusted HEDIS Measure]	83.6%	86.5%	2.9%	3.5%	✓	—	—
36	ALOS in IMDs	6.2	5.8	-0.3	-5.1%	✓	—	—
Q1	Total Number of PDMP Users	10,987	11,073	86	0.8%	✓	—	—

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes				Monthly Trend in Desired Direction
				Absolute	Relative Percent	In Desired Direction	Monthly Trend	
Q2	Number of Opioid Prescriptions in PDMP	1,341,342	1,237,498	-103,844	-7.7%	✓	—	—
Q3	Tracking MAT (use of medications with counseling and behavioral therapies to treat SUDs and prevent opioid overdose)	3,450	3,888	438	12.7%	✓	—	—

Note: SUD: substance use disorder, IMD: Institutions for Mental Diseases, OP: outpatient, IP: inpatient, WM: withdrawal management, MAT: medication-assisted treatment, ED: emergency department, OUD: opioid use disorder, ALOS: average length of stay, PDMP: prescription drug monitoring program, and HEDIS: Healthcare Effectiveness Data and Information Set (HEDIS®)⁴³. Absolute and Relative Percent change are calculated using unrounded values, therefore, displayed values may not align with calculations performed using displayed rounded values.

—: Indicates the analysis could not be completed for the measure because the measure was reported annually, the measure had no desired direction, or a calculation resulted in an undefined value.

Metrics 1, 16.1, 33, 34, and 35 are not included in the MPA, as they were not selected to report based on Nevada Medicaid's SUD Monitoring Protocol Part A workbook.

Metrics 6 through 12, 23, and 24 were calculated as rates to control for any changes in the population over the course of the Demonstration. Using rates slightly improved the directionality of these metrics, but the conclusions of the MPA were not affected. Analyses based on baseline and mid-point counts, rather than rates, are presented in Appendix C.

For annual metrics where directionality could be assessed, trending was generally in the desired direction. Notably:

- SUD provider availability increased by 6.5 percent.
- Availability of SUD providers dispensing MAT increased by 8.3 percent.
- Annual Medicaid members with SUD diagnoses rose by 3.5 percent.
- Members treated in an IMD for SUD climbed by a notable 12.1 percent.
- SUD spending within IMDs shifted upward by a sizeable 23.8 percent.
- The average length of stay (ALOS) in an IMD remained under 30 days.

The three health information technology (HIT) metrics (Q1, Q2, and Q3) all trended in the desired direction. The total number of prescription drug monitoring program (PDMP) users increased by 0.8 percent. The number of opioid prescriptions in the PDMP fell by 7.7 percent. The number of individuals receiving MAT and other American Society of Addiction Medicine (ASAM) levels of care through telehealth or other virtual or electronic visits grew by 12.7 percent.

Annual metrics 15.a, 17.2.a, 22, 25, 26, 27, 28, and 31 have not trended in the desired direction. No change occurred in the rate of initiation in alcohol and other drug dependence treatment, the 7-day follow-up rate after

⁴³ HEDIS® is a registered trademark of the National Committee of Quality Assurance (NCQA).

ED visit for mental illness slightly declined by 0.2 percent, the percentage of members with continuity of pharmacotherapy for OUD declined by 3.1 percent, and readmissions among members with SUD increased by 2.3 percent. Additionally, overdose deaths rose by 13.6 percent, and the population-adjusted rate of overdose deaths increased by 25.3 percent. Lastly, state Medicaid SUD spending and per capita SUD spending within IMDs during the measurement period both trended against the expected direction, with State spending falling by 8.4 percent and per capita SUD spending within IMDs rising 10.4 percent.

Findings from the trend analyses for monthly metrics were mixed. Metrics 3, 6, 7, 9, and 11 trended in a favorable direction. Notably, the rate of members utilizing intensive OP or partial hospitalization services for SUD nearly doubled, increasing from 12.8 to 24.5 services per 1,000 SUD members. Metric 6, which measures the SUD treatment rate, demonstrated an absolute change that was not in the expected direction; however, the monthly trend aligned with expectations.

Metrics 2, 8, 10, 12, 23, and 24 trended against the desired direction. In particular, the rate of inpatient (IP) stays per 1,000 members increased by 21.4 percent, and the rate of ED utilization for SUD members rose by 14.1 percent. For Metric 10, which measures the rate at which members receive residential and IP services, the absolute change was in the desired direction, but the monthly trend veered slightly against expectations.

Implementation Plan Action Items

The Centers for Medicare & Medicaid Services (CMS) Special Terms and Conditions (STCs) for the Demonstration outline six milestones that the State is expected to meet within six to 36 months following Demonstration approval on December 29, 2022.⁴⁴ This section describes the progress the Nevada Health Authority (Nevada Medicaid) has made to-date in executing the action items listed in the Demonstration's Implementation Plan for each milestone.⁴⁵

Milestone 1: Access to critical levels of care for OUD and other SUDs

Monitoring Metrics: The first milestone contains metrics covering a range of domains:

- Early intervention
- OP services
- Intensive OP and partial hospitalization services
- Residential and IP services
- Withdrawal management (WM)
- MAT
- Continuity of pharmacotherapy for opioid use disorder (OUD)

⁴⁴ Centers for Medicare & Medicaid Services. Demonstration Approval. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-ca.pdf>. Accessed on: Sept 29, 2025.

⁴⁵ Nevada Division of Health Care Financing and Policy. Substance Use Disorder Implementation Plan and SUD Health Information Technology Plan. May 2023. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-sud-impl-plan-health-it-plan.pdf>. Accessed on: Sept 26, 2025.

Of the seven related monitoring metrics for Milestone 1, four are moving in the desired direction and three are moving against the desired direction. While most changes were small (<5 percent), *Intensive OP and Partial Hospitalization Services per 1,000 SUD Members* almost doubled in the desired direction.

Implementation Plan Action Items: The criteria for Milestone 1 include providing coverage for the following settings:

- OP and intensive OP services
- MAT, including counseling and other services with sufficient provider capacity to meet members' needs
- Intensive levels of care in residential and IP settings
- Medically supervised WM

To facilitate meeting the criteria for Milestone 1, Nevada defined 12 action items in the plan, which include multiple policy and system changes to align with ASAM levels of care.⁴⁶

1. Review all SUT service definitions and staff qualifications to ensure alignment with ASAM.
2. Amend the State Plan to define SUT services in alignment with ASAM levels of care.
3. Create a new Medicaid Service Manual (MSM) chapter that is specific to SUT services and remove current policy from MSM 400, which provides a broad array of behavioral health (BH) services. This new chapter will include policy for the provision of SUT services that align with ASAM criteria.
4. Continue enrolling intensive OP and partial hospitalization providers to expand this level of care across the State.
5. Remove policy requirements in the MSM for providers to have a Data 2000 or X-waiver for prescribing buprenorphine.
6. Enhance provider capacity by adding pharmacists as eligible providers to deliver MAT and prescribe medication for OUD, within budgetary authority.
7. Provide enrollment opportunities for IMDs under the Demonstration and training support for residential treatment providers.
8. Amend the State Plan to define SUT services in alignment with intensive levels of care in residential and IP settings that meet ASAM criteria.
9. Create a new MSM chapter specific to SUT services and remove current policy from MSM 400, which currently provides a broad array of BH services. This new chapter will include policy for OP levels of care (ASAM levels 1, 2.1, and 2.5) and residential levels of care (ASAM levels⁴⁷ 3.1, 3.2 WM, 3.5, and 3.7 WM).
10. Define reimbursement for residential levels of care and collaborate with the Nevada Division of Public and Behavioral Health (DPBH) to align reimbursement rates based on gap services funded through the Substance Abuse Block Grant.

⁴⁶ Centers for Medicare & Medicaid Services. SUD Implementation Plan and SUD Health Information Technology Plan. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-sud-impl-plan-health-it-plan.pdf>. Accessed on: Sept 29, 2025

⁴⁷ ASAM levels are based on The ASAM Criteria, 3rd Edition, which was the most recent edition available at the time of the waiver application.

11. Amend the State Plan to define SUT services aligned with clinically managed residential WM and medically supervised WM that meet ASAM criteria.
12. Create a new MSM chapter specific to SUT services and remove existing policy under MSM 400, which currently encompasses a broad range of BH services. This new chapter will establish policy specific to SUT services and will align with ASAM criteria for OP levels of care (ASAM levels 1, 2.1, and 2.5) and residential levels of care (ASAM levels 3.1, 3.2 WM, 3.5, 3.7 WM, and 4.0 WM).

The time frame to complete all 12 actions ranged from six to 36 months after CMS approval or throughout the Demonstration. About 10 of these actions were completed as of 2024. As a result, complete Milestone 1 criteria were not met at the time of this MPA; however, the action items remain ongoing and will contribute to Nevada Medicaid efforts to expand provider enrollment and capacity.

Milestone 2: Use of evidence-based, SUD-specific patient placement criteria

Monitoring Metrics: Milestone 2 is composed of two metrics: Metric 5, which covers members treated in an IMD for SUD, and Metric 36, which measures the ALOS for members in an IMD. Metric 5 demonstrated a robust 12.1 percent increase in the desired direction between baseline and mid-point periods. Metric 36 showed a 5.1 percent decrease between baseline and mid-point periods. Although Metric 36 declined, the ALOS in an IMD remained under the required 30 days or less in accordance with the goals described in the demonstration STCs.⁴⁸ Therefore, Metric 36 is considered to support Milestone 2.

Implementation Plan Action Items: The criteria for Milestone 2 require providers to determine treatment needs based on SUD-specific, multi-dimensional assessment tools such as ASAM criteria. In addition, contracted managed care organizations (MCOs) are required to maintain a utilization management approach to ensure that members have access to SUD services, interventions are appropriate for the diagnosis and level of care, and an independent process is in place for reviewing placement in residential treatment facilities.

To facilitate these criteria, the following actions were included in the CMS-approved Implementation Plan:

- Amend the State Plan to require inclusion of a full psychosocial assessment covering the six dimensions in accordance with ASAM criteria for all SUT services.
- Leverage the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act Post Planning Demonstration grant activities to support growth in increased provider capacity at every ASAM level of care.
- Continue evaluating policies that will enhance access to this service array, including the review of prior authorization requirements to ensure they do not create barriers to care. Reviewing data on the number of prior authorization approvals, denials, or partial approvals may indicate whether adjustments to prior authorization criteria and policies are needed to improve access and minimize administrative burden on providers.
- Define prior authorization requirements for each reimbursable ASAM level of care and add policy to a new MSM SUD chapter that describes each ASAM level of service available, including but not limited to

⁴⁸ Centers for Medicare & Medicaid Services. Demonstration Approval. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-ca.pdf>, Accessed on: Sept 29, 2025.

the duration of services typically delivered within each care setting, admission criteria consistent with ASAM, and non-covered services.

- Develop a process to collect quality measures from providers.
- Utilize a quality improvement organization (QIO)-like contracted vendor that applies ASAM criteria and MSM policy to determine medical necessity for placement in residential treatment IMD settings.

At the time of the MPA development, four of the six action items were completed, and two remained ongoing. Nevada amended the State Plan, expanded provider capacity by adding new provider types, established prior authorization requirements, and implemented an independent review process. The remaining actions focused on improving utilization management policies and completing provider quality data collection.

Milestone 3: Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities

Monitoring Metrics: There are no specific monitoring metrics associated with the milestone.

Implementation Plan Action Items: Milestone 3 focuses on establishing clear requirements for residential treatment providers by adopting nationally recognized program standards. This milestone incorporates provider qualifications into licensure requirements and policy manuals, establishes a State review process for compliance, and updates Medicaid policy so that residential facilities either offer MAT on-site or facilitate access to MAT off-site.

The criteria for Milestone 3 require the State to:

- Implement residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance in alignment with ASAM criteria or other nationally recognized SUD-specific program standards.
- Implement a State process for reviewing residential treatment providers to ensure compliance with these standards.
- Require residential treatment facilities offer to MAT on-site or facilitate access to MAT off-site.

To facilitate meeting these criteria, the CMS-approved implementation plan included the following actions:

- Incorporate Medicaid Management Information System (MMIS) enhancements to enroll SUT providers who are licensed or certified as individual Medicaid providers and link them to a SUT provider agency.
- Update MSM policy to include the requirement that residential treatment facilities offer all Food and Drug Administration (FDA)-approved MAT on-site or facilitate access off-site.

Of the three Milestone 3 action items, two were completed at the time of the MPA development and one was delayed. Nevada incorporated system enhancements and implemented a provider review process. The remaining ongoing action item, updating MSM policy to require MAT access in residential facilities, was delayed pending MSM updates.

Milestone 4: Sufficient provider capacity at critical levels of care including for MAT for OUD

Monitoring Metrics: Two metrics, 13 and 14, assess provider availability during the Demonstration. Metric 13 measures the number of providers who were enrolled in Medicaid and qualified to deliver SUD services during

the measurement period. From baseline to mid-point, there was a 6.5 percent increase in SUD provider availability. Metric 14 measures the number of providers who, in addition to being qualified to deliver SUD services, met the standards to provide buprenorphine or methadone as part of MAT.^{49,50} Metric 14 increased by 8.3 percent over the measurement period. Both metrics trended in the desired direction, indicating that the Demonstration is improving provider capacity for OUD and MAT services.

Implementation Plan Action Items: Milestone 4 focuses on building and documenting capacity in SUD care, updating contacting requirements, and improving tools and processes to measure provider availability and acceptance of new patients.

To facilitate these criteria, the CMS-approved implementation plan included the following actions:

- Integrate intensive crisis stabilization services into the State Plan and MSM to support individuals experiencing a SUD crisis. With this new provider type and specialty, the Medicaid enrollment checklists will include language requiring participation in a statewide crisis response system. Once Nevada's Behavioral Health Crisis Care Hub (NBHCCH) is effective, these providers will be integrated into the response system for individuals experiencing a mental health or substance use crisis.
- Update MCO vendor contracts to include time and distance standard ratios for providers delivering services under the Demonstration.
- Utilize data gathered through the SUPPORT Act Post Planning Demonstration, along with Medicaid enrollment information, to identify counts of current providers delivering and accepting new patients at all critical levels of care. This will include both state-collected data and provider surveys to produce a comprehensive, updated outlook for provider capacity.
- Refine data collection to capture specifics on individually enrolled SUT providers available in Nevada.
- Once the new SUT provider type and individual enrollment specialties are created and providers are enrolled, further develop and refine the SUD Data Book maintained through the Department of Health and Human Services (DHHS) Office of Analytics.

At the time of the development of this MPA, three action items had been completed and two remained ongoing. The assessment portion, including enrollment data review and the provider survey, was completed. The remaining action items focus on refining data collection and improving the SUD Data Book to track provider availability and capacity statewide.

Milestone 5: Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD

Monitoring Metrics: Metrics 18, 21, 23 and 27 were utilized to assess the progress of Milestone 5. Metric 18 and 21 moved in the desired direction with rates of high dose opioid usage in persons without cancer and concurrent use of opioids and benzodiazepines falling by 4.8 and 17.0 percent, respectively. Conversely, ED utilization

⁴⁹ The elimination of the DATA-Waiver in January 2023 removed certain restrictions on practitioners prescribing MAT for OUD. This change could result in more providers prescribing MAT, including buprenorphine, independent of Nevada's Demonstration Waiver. As a result, it may confound the relationship between waiver activities and trends in MAT provider availability.

⁵⁰ Substance Abuse and Mental Health Services Administration. Waiver Elimination (MAT Act). November 6, 2024. Available at: <https://www.samhsa.gov/substance-use/treatment/statutes-regulations-guidelines/mat-act>. Accessed on: Nov 13, 2025.

increased by 14.1 percent, from 6.0 to 6.8 visits per 1,000 members and overdose deaths rose by 25.3 percent, from 0.75 to 0.94 deaths per 1,000 members.

Implementation Plan Action Items: Milestone 5 focuses on strengthening prevention and treatment strategies for OUD, which include proper prescribing guidelines, expanding access to naloxone, and increasing utilization of prescription drug monitoring tools. The criteria for Milestone 5 require the State to:

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

To facilitate meeting these criteria, the following actions were included in the CMS-approved implementation plan:

- Nevada continued efforts to support access, training, and awareness of coverage through increased provider communication, Web announcements, and monthly SUD treatment provider engagement meetings.
- Nevada further increased access to naloxone by adding pharmacists as approved prescribers under a collaborative practice agreement with other licensed prescribers, like physicians, and “standing orders” issued by the State.
- The State also evaluated dashboard capabilities.
- The implementation of opioid prescribing guidelines, along with other interventions to prevent opioid use.

Of the four action items, two were completed at the time of the MPA development and two remained ongoing. Nevada fully implemented opioid prescribing guidelines and expanded naloxone access, while continuing to develop training, awareness, and monitoring tools to improve prevention and treatment strategies across the State.

Milestone 6: Improved care coordination and transitions between levels of care

Monitoring Metrics: Milestone 6 is comprised of metrics 15 (15.a and 15.b), 17 (17.1.a, 17.1.b, 17.2.a, and 17.2.b), and 25. Of the seven related monitoring metrics for Milestone 6, four are moving in the desired direction and three are moving against the desired direction. Notably, Metrics 17.1.a and 17.1.b, which assessed 7 and 30-day follow-up rates after ED visit for alcohol or other drug dependence, each increased by approximately 8 percent. Although the total indicator for Metric 15.a did not exhibit a change and thus did not move in the desired direction of an increase, indicators for Opioid and Other Drug initiation of treatment both increased.

Implementation Plan Action Items: Milestone 6 focuses on improving care coordination for members transitioning between residential, IP, and OP levels of care. This milestone also includes policies addressing overlapping conditions and collaborative care models to improve continuity of treatment.

The criteria for Milestone 6 require the State to:

- Implement policies to ensure residential and IP facilities link members with community-based services and supports following stays in these facilities.
- Create policies to ensure coordination of care for co-occurring physical and mental health conditions.

To facilitate meeting these criteria, the following actions were included in the CMS-approved implementation plan:

- Redefine discharge criteria specific for residential treatment providers and develop transition-of-care standards across DPBH division criteria and Medicaid policy. These standards include, but are not limited to, support with setting follow-up appointments with community-based providers prior to discharge, referral options provided to the individual at time of discharge, ASAM score at discharge, and a statement of progress made during treatment. These requirements were incorporated into new MSM policy for substance treatment providers and division criteria.
- If authorized under the State budget, integrate a new SUD-only target group into the targeted case management benefit to support case management activities for individuals transitioning between residential and OP SUD services.
- Develop MSM and division criteria standards for coordination of care for co-occurring physical and mental health conditions for members transitioning from residential to OP levels of care.
- Effective July 1, 2024, integrate the collaborative care model into the State Plan and MSM.

Of the four action items, three were completed at the time of MPA development and one was not applicable due to lack of budget authority. Nevada established standards for discharge and transitions, updated MSM to address co-occurring conditions, and integrated a collaborative care model. Future updates will provide additional clarity for providers, and the State will continue to strengthen case management for targeted populations.

Stakeholder Input

Interviews with Demonstration providers, State administrators, and MCOs highlighted both successes and challenges experienced during the implementation of the Demonstration.

Providers

Successes: No providers reported expanding their service array as a result of the Demonstration, as providers previously delivered demonstration services through Substance Abuse and Mental Health Services Administration (SAMHSA) grant funding. As a result, the primary impact reported was the funding shift from grant to Medicaid. Providers noted several positive impacts of this transition:

- More providers are able to deliver SUD/OD treatment services through Medicaid.
 - One provider specifically reported an increase in patients seeking MAT services.
 - Another provider shared that more SUD/OD providers promoted Medicaid enrollment to patients at intake, which increased continuity of care to primary care services following SUD/OD treatment.
- Medicaid reimbursement rates were higher than those paid through the grant.

Challenges: When asked about barriers to success during implementation of the Demonstration, most providers cited challenges with billing through the MCOs.

- **Prior authorization:** Providers reported difficulty obtaining approvals, with some experiencing complete denials or approvals for a shorter length of time than requested.

- Providers shared that MCOs and providers were sometimes misaligned on their interpretation of ASAM criteria, which lead to denials for services that providers believed would meet ASAM criteria.
- Multiple providers felt claims were denied despite documented medical necessity. For example, one provider noted that members were denied care due to discrepancies in vital statistics at intake, which the provider felt were not relevant to the documented need for care.
- Approved authorizations were often for shorter lengths of stay than providers deemed medically necessary. While providers had discretion to determine treatment length under the grant system (typically 60 to 90 days), some reported receiving approvals under the Demonstration for as few as seven days.
 - One provider noted that self-funded treatment for members who were denied sufficient treatment.
 - Another provider shared that members sometimes required readmission because initial stays were too short to meet their needs.
- **Administrative processes:** Providers reported that learning the different requirements for each MCO created added administrative burden, which was increased when appealing denials for care.
- **Transition from grant to Medicaid:** Providers also noted challenges with the transition in January 2025.
 - Some reported that MCO contracts were not finalized in time, and they were unaware they would be losing grant funding.
 - Several providers experienced payment delays, in some cases for months, which created concern about their ability to pay staff.
 - A few providers reported reducing services, such as discontinuing certain MAT programs, as a result of payment changes.
 - One provider noted that during biweekly stakeholder meetings, the State was not always able to provide timely assistance or clarification on the transition process.
- **Workforce and credentialing:** One provider interviewed did not deliver demonstration services but transitioned to the new Provider Type 93 under the Demonstration. This provider described challenges with credentialing delays that resulted in several weeks without payment. The provider also shared that it would have delivered IP demonstration services, but the significant workforce shortages in rural and frontier areas of the State made operating a residential program difficult despite clinical need.

State Administrators

Successes: State administrators reported that the Demonstration improved the Nevada OUD/SUD continuum of care by transitioning funding from grant to Medicaid. This transition expanded access, ensuring Nevadans received coverage and could seek necessary treatment by allowing more organizations to deliver SUD/ODU services through Medicaid. State administrators also shared that the State received positive feedback from providers who appreciated the ability to bill Medicaid for demonstration services and recognized the State's efforts to support implementation.

State administrators highlighted several additional successes:

- Nevada Medicaid conducted outreach via emails and letters to inform stakeholders of the Demonstration.
- DPBH and Nevada Medicaid hosted open forums to discuss the Demonstration, invite questions, and gather feedback from agencies.

- The State worked with CMS and the independent evaluator to develop and submit early requirements and deliverables.
- Beginning in December 2024, the State met monthly with providers to create opportunities to share concerns and feedback. These meetings improved transparency, provider involvement, and the state-community relationships.
- The Bureau of Behavioral Health, Wellness and Prevention collaborated with Nevada Medicaid to develop fee structures and address provider enrollment and billing issues.
- The State established a Federal Waiver Unit, recognizing that successful implementation required cross-team collaboration. The unit increased staff education and engagement with federal waivers.
- Regular cross-department meetings, including with DPBH and the Federal Waiver Unit, promoted collaboration in Demonstration operations.
- Rate adjustments approved in October 2024 increased Medicaid reimbursement to rates higher than under the previous grant funding.
- Development of the health information technology (HIT) plan was a smooth process, largely attributed to cross-team collaboration and because Nevada already implemented a majority of the action items outlined in the plan prior to the Demonstration. The State was prepared to meet all HIT plan milestones and requirements and did not foresee any challenges.

Challenges: When asked about challenges experienced during implementation of the Demonstration, State administrators primarily cited difficulties related to billing for services through Medicaid compared to the previous grant system. Enrolling with Medicaid and working with multiple MCOs and fee-for-service (FFS) was described as burdensome for providers who had previously been reimbursed directly through the grant. Under the grant system, providers were not required to obtain prior authorizations and had flexibility to determine and deliver appropriate levels of care. Under the Demonstration, however, Medicaid billing processes required prior authorizations, which led to several concerns:

- Members in SUD crisis often needed immediate treatment, but care was sometimes delayed while awaiting authorization.
- Authorizations often limited how many times per year a member could receive treatment or how long the treatment could continue. For example, providers who previously delivered 90 days of treatment under the grant now needed to request prior authorizations and provide detailed documentation of medical necessity to maintain the same level of care.
- Each MCO had different prior authorization systems and processes for ASAM criteria, which providers had to learn and adapt to.

State administrators also acknowledged internal challenges with the Demonstration implementation. The State had limited experience applying for and operating Section 1115 Demonstration Waivers. State administrators noted that Nevada's original waiver application was not as detailed as it would have been with the benefit of two years of implementation experience. Additionally, turnover at CMS created limited consistency and guidance during the early phases of the Demonstration. As a result, Nevada sought input and support from neighboring states as it navigated implementation.

MCOs

Successes: MCOs reported that the Demonstration facilitated significant progress in access to SUD/OD care. Members had broader access to services that were not previously covered by Medicaid, and MCOs received positive feedback from members. MCOs also observed improved outcomes, including a significant increase in MAT utilization.

Additional successes shared by MCOs included:

- Provider education on MCO processes and documentation requirements helped bridge system gaps and reduce barriers for members to receive the appropriate levels of care.
- Strong collaboration with providers and proactive communication, which supported smoother implementation.
- Regular meetings with State staff, providers, and network teams that promoted consistent communication, problem-solving, and transparency.
- Workgroups, provider forums, and engagement with State leadership, which helped identify root causes of challenges and resolved issues.
- Joint efforts with the State to clarify expectations and educate providers, which improved understanding of requirements and offered proactive guidance to prevent issues.
- Improved care coordination that allowed members to move more easily between levels of care. Connecting IMDs, residential services, traditional housing, and discharge planning supports helped ensure continuity of treatment.

Challenges: When asked about challenges experienced during implementation, MCOs noted that while the Demonstration created opportunities for new services, it also introduced complications that required both provider and plan adjustment.

- Guidance from CMS and the State was sometimes unclear, leading to variation across MCOs and providers, as well as misalignment in their understanding of ASAM criteria and determining medical necessity for the appropriate levels of care.
 - One MCO reported confusion around provider subtypes and which ASAM levels of care those subtypes were authorized to deliver.
 - Several MCOs suggested that clearer guidance or tools summarizing criteria and requirements would be useful. One MCO created its own tip sheet on medical necessity, which it shared with the State.
- Immediately following implementation, there was confusion regarding the transition to new provider types, which temporarily left some providers uncertified to deliver Demonstration services. One MCO noted that involving providers earlier in discussions and decision making could have alleviated this confusion.

Provider Availability Assessment

The number of providers enrolled in Medicaid and qualified to deliver SUD services has grown since the start of the Demonstration. Provider availability was assessed using two monitoring metrics as well as the current

provider data to determine the number of SUT providers with Provider Type 93 enrolled in Medicaid and, specifically, how many providers are offering residential SUT in an IMD.^{51,52}

Metrics 13 and 14, which describe provider availability for SUD services, and SUD services including the distribution of MAT, respectively, demonstrated growth from baseline to mid-point. The total number of providers qualified to deliver SUD services grew from 33,311 to 35,490, a 6.5 percent increase during the measurement period. The number of SUD providers additionally qualified to provide buprenorphine or methadone as part of MAT also grew, from 27,278 to 29,533, an 8.3 percent increase.^{53,54}

When assessing current provider enrollment, 349 SUT providers were enrolled as of July 2025, including nine providers offering residential SUT in an IMD.⁵⁵

Assessment of Overall Risk of Not Meeting Milestones

The results presented across the monitoring metrics, implementation milestones, and stakeholder input were synthesized using the algorithm presented in the Analytic Methods section to determine the overall level of risk of the Demonstration not meeting each milestone, as shown in Table 3-3.

Table 3-3—Assessment of the Level of Risk of Not Meeting Milestones

Risk Level	Considerations
Milestone 1: Access to Critical Levels of Care for OUD and other SUDs	
Medium	Quantitative Findings
	- Implementation plan action items complete: 83.3% - Critical metrics meeting target: 57%
	Qualitative Findings
	- Multiple stakeholders identified challenges with prior-authorization delays, denials, and shortened approval periods that limited access to care. - Providers reported self-funding services or re-admitting members due to insufficient treatment periods. - Challenges are ongoing and are not yet fully addressed within the planned time frame.
Milestone 2: Use of Evidence-Based, SUD-Specific Patient Placement Criteria	
Medium	Quantitative Findings
	- Implementation plan action items complete: 66.7% - Critical metrics meeting target: 100%
	Qualitative Findings
	Multiple stakeholders identified challenges with unclear guidance and ASAM criteria implementation, including misalignment between providers and MCOs that led to denials.

⁵¹ Nevada Medicaid. Nevada Medicaid Web Announcement 3362. *New Provider Type (PT) 93 (Substance Use Treatment (SUT)) Established to Replace PT 17 (Special Clinics) Specialties 171 (Methadone) and 215 (Substance Use Agency Model (SUAM)) and Create New Specialties under PT 93*. May 22, 2024. Available at: https://www.medicaid.nv.gov/Downloads/provider/web_announcement_3362_20240522.pdf. Accessed on: Oct 17, 2025.

⁵² Nevada Department of Health and Human Services. Substance Use Treatment (SUT). Available at: https://www.medicaid.nv.gov/providers/checklist_pt93. Accessed on: Oct 17, 2025.

⁵³ The elimination of the DATA-Waiver in January 2023 removed certain restrictions on practitioners prescribing MAT for OUD. This change could result in more providers prescribing MAT, including buprenorphine, independent of Nevada's Demonstration Waiver. As a result, it may confound the relationship between waiver activities and trends in MAT provider availability.

⁵⁴ Substance Abuse and Mental Health Services Administration. Waiver Elimination (MAT Act). November 6, 2024. Available at: <https://www.samhsa.gov/substance-use/treatment/statutes-regulations-guidelines/mat-act>. Accessed on: Nov 13, 2025.

⁵⁵ Nevada Department of Health and Human Services. Substance Use Treatment (SUT). Available at: https://www.medicaid.nv.gov/providers/checklist_pt93. Accessed on: Oct 17, 2025.

Risk Level	Considerations
	Challenges remain unsolved and are not being fully addressed within the planned time frame.
Milestone 3: Use of Nationally Recognized, SUD-Specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities	
Low	Quantitative Findings
	- Implementation plan action items complete: 66.7% - Critical metrics meeting target: N/A^a
	Qualitative Findings
	Few stakeholders identified continuous challenges with workforce shortages and credentialing delays that limited residential capacity.
Milestone 4: Sufficient Provider Capacity at Each Level of Care, Including for MAT for OUD	
Low	Quantitative Findings
	- Implementation plan action items complete: 60.0% - Critical metrics meeting target: 100%
	Qualitative Findings
	Few stakeholders identified continuous challenges with workforce shortages and credentialing delays that limited residential capacity.
Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD	
Medium	Quantitative Findings
	- Implementation plan action items complete: 50% - Critical metrics meeting target: 50%
	Qualitative Findings
	Few stakeholders identified challenges with denials and shortened approvals that undercut comprehensive treatment. Providers did not indicate that these issues are being addressed within the planned time frame.
Milestone 6: Improved Care Coordination and Transitions Between Levels of Care	
Medium	Quantitative Findings
	- Implementation plan action items complete: 100% - Critical metrics meeting target: 57%
	Qualitative Findings
	Multiple stakeholders identified challenges with coordination, including denials for transitions from residential care to the partial hospitalization program. Challenges persist and transitions are not yet seamless.

^a There are no monitoring metrics associated with Milestone 3.

Note: OUD: opioid use disorder, SUD: substance use disorder, ASAM: American Society of Addiction Medicine, MCO: managed care organization, and MAT: medication-assisted treatment

Two of the six milestones are at low risk of not meeting requirements and four are at medium risk.

Regarding the completion of implementation action items, across all milestones over 50 percent of action items have been completed. Only one action item, *Update Medicaid Service Manual policy to include requirement of offering all FDA-approved MAT on-site or facilitate access to off-site MAT*, has been delayed from the planned timeline. All other outstanding implementation action items were not anticipated to be completed prior to generation of the MPA such as the continued enrollment of key provider groups including IMDs, evaluation of critical policies to enhance access to SUD services, and the ongoing collection of data for new SUT providers. This indicates that Nevada Medicaid is currently on schedule with a majority of implementation action items which lowers the overall risk of not meeting milestone requirements.

The assessments of critical metrics meeting their target were overall favorable. All milestones with associated critical monitoring metrics had at least 50 percent of critical metrics moving in a favorable direction, with Milestones 2 and 4 having 100 percent of their critical metrics meeting the target.

Among interviews with key stakeholders, two common themes occurred. First, providers often indicated challenges with denials of service, prior authorization delays, and shortened approval periods. Interviewees indicated these issues led to complications in care coordination and access to care for members. Second, stakeholders indicated workforce shortages as a challenge. Specifically, interviewees listed provider shortages, credentialing delays that limited residential capacity, and administrative burden as being challenges during implementation.

Nevada Medicaid's Response to Risk Assessment

Nevada Medicaid would like to thank HSAG for an in depth and comprehensive evaluation of Nevada Medicaid's Treatment of OUDs and SUDs Transformation Project Section 1115 Demonstration Waiver. This evaluation process through the MPA has engaged continuous attention to the goals that this Demonstration intends to achieve in order to support Nevada Medicaid's progress in improved SUT. Nevada Medicaid has received approval of the submitted monitoring reports through December 2024 inclusive of retrospective reporting. On June 25, 2025, CMS updated the "Section 1115 demonstration monitoring approach to reduce State burden, promote effective and efficient information sharing, and enhance CMS's oversight of program integrity by reducing variation in information reported to CMS. Key changes of this monitoring redesign initiative include introducing a structured template for monitoring reporting, updating the frequency and timing of submission of monitoring reports, and standardizing the cadence and content of the Demonstration monitoring calls."⁵⁶ With this approval and future submissions, Nevada Medicaid is hopeful the data reporting will further support comprehensive and accurate findings for the Demonstration.

For each milestone, Nevada Medicaid will identify the steps taken and identify steps to improve the Demonstration's implementation to support Nevada Medicaid as we plan to pursue an extension of this Demonstration.

Milestone 1: Nevada Medicaid moved several actions forward within Milestone 1 since the beginning of the Demonstration. Focused actions within Milestone 1 to improve access to critical levels of care for OUD and other SUDs included the development of a new MSM policy, several State Plan amendments, and a new provider type with several specialties. The new MSM Chapter 4100 is policy dedicated to SUT to support understanding of provider expectations for the full continuum of services for SUT; this policy was previously integrated with mental health treatment policy. Actions also included gaining multiple State Plan approvals to align SUT with the ASAM guidelines as well as providing delineation between mental health and SUT and reimbursement enhancement for a full continuum of SUT ranging from OP, residential, and inpatient treatment. Since the beginning of the Demonstration, significant updates have been made to Nevada Medicaid's MMIS. These updates were necessary to support a new provider type for SUT which requires the enrollment of SUT groups and performing individuals. Treatment groups are required to be certified and enrolled with Nevada Medicaid for specific ASAM levels of care. Additionally, all individual providers performing SUT services within the groups are required to enroll with Nevada Medicaid. Within this new provider type a separate group specialty was designed specifically for residential providers who are able to perform and be reimbursed through Nevada Medicaid that are considered IMDs, to support a direct connection to the value approval of this Demonstration has provided to Nevada Medicaid. Throughout the enrollment transition, training and direct contact with Nevada Medicaid's fiscal agent was provided, although some providers experienced difficulty with the new enrollment

⁵⁶ Centers for Medicare & Medicaid. Updates to Demonstration Monitoring. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-monitor-rdsgn-ovl-ltr.pdf>. Accessed on: Dec 29, 2025.

and process. Monthly joint provider and Medicaid meetings began in 2024 to increase collaboration and included open communication and dedicated time for problem solving. These meetings have been maintained consistently for a year and will continue as Nevada Medicaid makes progress to increase access to SUT, while changes to providing SUT evolves.

Nevada Medicaid worked closely with the DPBH Bureau of Behavioral Health, Wellness and Prevention (BBHWP), Nevada Medicaid's SUT certifying agency, as well as the authority for Nevada Medicaid's Substance Abuse Block Grant. Understanding the delicacy of these critical levels of care, Nevada Medicaid's divisions collaboratively worked on a timeline to transition IMD providers from the Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant, previously referred to as the Substance Abuse Block Grant (SABG), and the State Opioid Response (SOR) grant to Medicaid billing. The BBHWP was able to extend grant funding to providers working through transition to Medicaid billing to support continuity of care throughout the transition.

Finally, MSM Chapter 3800 was updated in May of 2024 based on State legislation passed to include pharmacists as an eligible provider of MAT to further enhance provider capacity and access to critical levels of care for OUD within our State.

Milestone 2: Nevada Medicaid was able to complete several actions for Milestone 2 and has fully incorporated ASAM criteria within MSM policy as well as State Plan. Nevada Medicaid also ensured there was MSM policy alignment with the BBHWP Division criteria, so the SUT certification guidance also aligned with Medicaid standards. There continues to be need for ongoing communication between Nevada Medicaid, the Medicaid Managed Care Entities, BBHWP certification criteria, and SUT providers to understand documentation trends or barriers for approved treatment. Nevada Medicaid continues to host monthly meetings between all participants and encourages open communication throughout the month if issues or concerns are encountered.

ASAM published a new 4th edition criterion within this Demonstration time period for adults and will be working to publish a new edition specific to adolescence in the future. As Nevada Medicaid developed new MSM policy, the new edition's guidance was accounted for. Consistent monthly engagement meetings have also led to robust discussion of ASAM criteria and how this is applied to prior authorization approval. During the Demonstration, providers have vocalized concern for prior authorizations receiving shorter approval time periods than requested and members accessing higher levels of care due to shorter residential stays. This aligns with continued challenges that have been identified where Nevada Medicaid has seen an increase in inpatient stays for SUD among members with SUD as well as emergency department utilization for SUD. Consistent communication and collaboration between Nevada Medicaid, managed care entities, and providers is necessary to address these trends.

Milestone 3: Nevada Medicaid's work towards Milestone 3 included development of a new provider type for SUT groups across varying levels of OP and residential treatment as well as individual SUT providers. Enrollment enhancements now allow for oversight and transparency of all individuals performing SUT services to Medicaid eligible members. Nevada Medicaid will continue to monitor Medicaid enrollment.

In 2024, communication went out to providers informing them that additional medically necessary services that are necessary outside of Intensive OP or Partial Hospitalization should be accessible to recipients and would follow existing prior authorization processes for those ancillary services. To further clarify for providers, Medicaid included this language in policy updates. At the time of drafting this report, MSM policy updates were still pending the requirement for residential level providers to offer all FDA-approved MAT on-site or facilitate

access to off-site MAT if the facility did not provide it directly. These policy updates were included for approval on November 26, 2025.

Milestone 4: Some of the work being completed within Milestone 4 will be ongoing throughout the Demonstration period as much of this work involves continuing to monitor data related to activities that identify sufficient provider capacity. Within this Milestone, Nevada Medicaid integrated intensive crisis stabilization services within the State Plan following CMS approval July 2024. Not only can intensive crisis stabilization services be provided during a mental health crisis but they can be delivered to Medicaid beneficiaries experiencing a substance use crisis. System enhancements were completed to allow for the enrollment of this new provider type, PT 87 – Crisis Services, September 2024. Collaboration between Nevada Medicaid and BBHWP will continue to provide support as needed to this critical level of care.

In January 2025, Nevada Medicaid also updated the MCO vendor contract to include the time and distance standard ratios for providers delivering crisis services under the Demonstration to ensure sufficient provider capacity in all areas of the State.

To assess the availability of providers enrolled in Medicaid with the ability to provide treatment at critical levels of care, Nevada Medicaid worked with provider enrollment and BBHWP to track providers who are accepting new patients and surveyed IMD residential treatment providers to analyze provider capacity. At the time of writing, updates to both MSM Chapter 4100 and Nevada Administrative Code (NAC) Chapter 458: Abuse of Alcohol and Drugs are pending. These updates will require providers to utilize an open bed registry which will inform the public about provider capacity and real-time treatment availability for treatment options.

To date, there are 73 providers enrolled as PT 93 – Substance Use Treatment Services with 811 total available residential treatment beds across the State. Nevada Medicaid has begun working with a vendor to update the State SUD Dashboard to provide the public with real-time data as it relates to Milestone 4 and across other milestones of the Demonstration.

It will be imperative that Nevada Medicaid continue to be innovative and work with providers to increase access to treatment in the rural and frontier areas of the State.

Milestone 5: Nevada Medicaid made great strides within Milestone 5 to implement comprehensive treatment and prevention strategies across the State to address opioid abuse and OUD. Nevada Medicaid implemented opioid prescribing guidelines and expanded coverage of and access to Naloxone for overdose reversal. Some of the activities implemented included adding pharmacists to the list of providers who could prescribe Naloxone and updating policy as such in MSM Chapter 3800, Medication Assisted Treatment.

Additionally, Medicaid has continued to monitor the efforts of BBHWP and the Southern Nevada Health District to provide increased Naloxone education and access to the community for those who need it. Furthermore, Nevada Medicaid maintains monthly meetings to facilitate education and collaboration with Medicaid, BBHWP, and the MCOs with the SUD providers.

Additionally, at the beginning of 2025, Nevada Medicaid initiated a State Plan amendment to delineate various forms of peer support delivered by an Adult Peer Recovery Support Specialist, a Family Peer Support Specialist, and a Youth Peer Support Specialist as well as increase the rates for peer support services. The coverage component of the SPA was approved on September 5, 2025, and Nevada Medicaid received rate increase SPA approval on February 4, 2026.

Milestone 6: At the time of writing, efforts continue within Milestone 6 with regard to improving care coordination and transitions between levels of care. As previously stated, providers reimbursed by Medicaid for the provision of SUD treatment must be certified through BBHWP. While a part of this certification criteria details language and requirements for care coordination and transition of care between levels of care, such language was missing from MSM Chapter 4100 policy. However, Nevada Medicaid plans to revise policy at a February 2026 public hearing to align language with BBHWP Division criteria.

Nevada Medicaid further ensures coordination of care for co-occurring PH and BH conditions as the Collaborative Care Model was added to State Plan and policy effective July 2024.

Unfortunately, Nevada Medicaid was not permitted by budgetary authority to integrate a new SUD-only target group within the targeted case management benefit.

State's Next Steps: As Nevada Medicaid continues to move forward through this Demonstration period, we will work to further improve its SUD treatment services through communication, engagement, and connection with providers, BBHWP, and MCOs. As treatment standards continue to evolve, Nevada Medicaid will need to continue to refine policy to maintain alignment with ASAM criteria. This will require Nevada Medicaid to maintain collaboration and communication with BBHWP, as well as providers, MCOs, and other stakeholders as identified.

Through collaborative communication, Nevada Medicaid will continue to focus on engaging providers and stakeholders to further develop access to critical levels of care within the State with attention to the rural and frontier areas.

Assessment of State's Capacity to Provide OUD and SUD Services

Nevada's Treatment of OUDs and SUDs Transformation Project is designed to increase the capacity and comprehensiveness of prevention and treatment services across the State. Specifically, the Demonstration allows for reimbursement of ASAM levels 3.1, 3.5, 3.7 WM, and 4.0 substance use and WM services within an IMD setting from January 1, 2023, through December 31, 2027.⁵⁷

Since the start of the Demonstration, improvement in multiple key indicators suggested that the capacity to provide OUD and SUD services had generally improved. Based on reported monitoring metrics, SUD and MAT provider availability increased by 6.5 percent and 8.3 percent, respectively. Although no baseline data were available, mid-point counts of SUT and IMD providers suggest the State is adequately enrolling the needed provider types and specialties.

A core element of capacity is not only workforce capacity but also the rate at which members are able to receive needed services. Findings related to service utilization are mixed. More individuals were being diagnosed with an SUD, which may indicate greater access to and/or use of screening tools. The number of beneficiaries treated in an IMD increased by 12.1 percent, and the rate of usage of early intervention services rose by 2.8 percent. However, a slight decline in the rate of any SUD treatment and a drop in the rate of MAT suggest that further work is needed to ensure the State's capacity needs are fully met.

⁵⁷ The ASAM levels listed are based on The ASAM Criteria, 4th Edition, as it is the most current edition. The waiver application referenced the 3rd Edition because it was the most recent at the time of writing.

While monitoring metrics provide a generally positive assessment of Nevada's capacity to provide needed services, interviews with key stakeholders indicated ongoing provider and workforce challenges. These challenges included limited residential capacity, challenges accessing MAT, and added administrative burden. Nevada Medicaid continues efforts to add qualified providers to address these concerns as part of its implementation plan action items.

Next Steps

Stakeholders identified several areas of success for the Demonstration that should be continued. Specifically, the State should:

- Preserve collaboration efforts with MCOs and providers, including regular joint meetings to address challenges early and keep stakeholders informed.
- Sustain education initiatives that have helped reduce barriers for members.
- Maintain cross-department collaboration within Nevada Medicaid to ensure appropriate subject matter experts are involved in decision making.

Stakeholders also identified areas for improvement to further increase the effectiveness of the Demonstration:

- Improved alignment and clarity for both MCOs and providers in their understanding of ASAM criteria and the determination of medical necessity of appropriate levels of care. This will help reduce confusion when obtaining prior authorization, create a more consistent claim approval process, and reduce administrative burden on providers.
- Strengthen provider capacity to meet SUD needs across the State. Although ongoing efforts are underway to enroll additional IMDs and other providers, staff and provider shortages remain a challenge.

Appendix A. Independent Assessor

The Nevada Health Authority (Nevada Medicaid) contracted with Health Services Advisory Group, Inc. (HSAG) to conduct an independent evaluation of the Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project Section 1115 Demonstration Waiver (the Demonstration), including the Mid-Point Assessment (MPA).⁵⁸

Since 1979, HSAG has provided state and federal government agencies, health plans, and providers assistance in delivering healthcare quality improvement support and evaluation services. HSAG's work has impacted 53 percent of the Medicaid members and 14 percent of Medicare members across the United States. Prior work on Section 1115 SUD demonstration waivers has involved large-scale evaluations utilizing advanced qualitative and quantitative methods for several state Medicaid and federal agencies. HSAG's extensive experience and expertise demonstrates their capacity and technical ability to conduct the Demonstration.

HSAG conducted a fair and impartial evaluation in accordance with the Special Terms and Conditions (STCs) and the Evaluation Design approved by the Centers for Medicare & Medicaid Services (CMS).⁵⁹ To mitigate any potential conflict of interest with Nevada Medicaid, HSAG assumed sole responsibility for this analysis, data collection for monitoring purposes, benchmarking of demonstration performance against national standards, evaluating changes over time, interpreting results, and producing evaluation reports and deliverables.

While independently conducting the evaluation and preparing this MPA, HSAG maintained professional independence from Nevada Medicaid. Nevada has confirmed that HSAG has no conflicts of interest to report and will remain free of any interests that would conflict with fulfilling its contractual obligations for the duration of their involvement in the Demonstration evaluation.

⁵⁸ Centers for Medicare & Medicaid Services. Demonstration Approval. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-ca.pdf>. Accessed on: Sept 29, 2025.

⁵⁹ Centers for Medicare & Medicaid Services. Evaluation Design Approval. Available at: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-oud-sud-treatment-eval-des-appvl-05302024.pdf>. Accessed on: Sept 29, 2025.

Appendix B. Data Collection Tools

Interview Protocol

The independent evaluator developed a semi-structured interview protocol with open-ended questions designed to capture diverse and detailed subject matter responses, ensuring a comprehensive understanding of participants' experiences with the opioid use disorders (OUDs) and substance use disorders (SUDs) program demonstration. Prior to the interview, participants received a copy of the interview protocol. Interviewers requested permission to record the interview to support accurate notetaking and documentation for the Mid-Point Assessment (MPA). During the interviews, evaluators asked follow-up questions to expand on participant responses and capture additional details, helping build a holistic understanding of their perspectives and critical insights. This approach ensured that a wide range of stakeholders could meaningfully share their experiences. The interview protocols for providers, managed care organizations (MCOs), and State administrators are included below.



Nevada Interview Guide

Health Services Advisory Group, Inc. (HSAG) is conducting an independent evaluation of the Nevada Section 1115 Demonstration Waiver “Nevada’s Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project” (the Demonstration) as a required element of the Centers for Medicare & Medicaid Services (CMS) Special Terms and Conditions (STCs).¹ As a part of the evaluation, HSAG will conduct key informant interviews with State representatives, providers, and managed care organizations (MCOs) to collect qualitative information regarding the Demonstration. The qualitative data gathered from these interviews will support the evaluation for the Demonstration.

Providers

1. Since the implementation of the Demonstration (August 2023), have you offered any new or expanded OUD and SUD services? This may include outpatient, medication assisted treatment (MAT), intensive levels of care in residential/inpatient settings, or medically supervised withdrawal management that were made available due to the Demonstration. If so, which ones?
2. Have you observed any positive impacts due to the Demonstration on patient access to OUD and SUD services and treatment? If so, what have these been?
 - a. For example, have there been increases in the provision of MAT services?
3. Have you encountered any barriers to success or difficulties related to the Demonstration? If so, what have these been?
 - a. If you have encountered barriers to success, have strategies been employed to address barriers? If so, were they successful?
 - b. Are there any ongoing barriers to success or difficulties? If so, are there strategies you plan to implement to address these barriers?
4. Since August 2023, have you encountered any unintended consequences, either positive or negative? If so, what have these been?
5. From your perspective, what key lessons have you learned while implementing new or expanded SUD or OUD services made available under the Demonstration?
6. Are there any changes you think might make future demonstrations more effective in achieving program goals of increased access to care and improved quality of care?
7. Do you have any additional feedback or information regarding the Demonstration that you would like to share with us?

¹ Centers for Medicare & Medicaid Services. OUD SUD Waiver Approval. Available at: <https://www.medicicaid.gov/medicaid/section-1115-demonstrations/downloads/nv-sud-stcs-tc-1eler.pdf>. Accessed on: Feb 6, 2025.



MCOs

1. Since the implementation of the Demonstration (August 2023), have you covered any new expanded OUD and SUD services due to the Demonstration? If so, which ones?
2. Have you encountered any positive impacts of the Demonstration regarding your organization and impacted members? If so, what have these been?
 - a. For example, have there been increases in member utilization of MAT services?
3. Have you identified any drivers of success (i.e., anything that made the task easier or achieve better results than expected) due to the Demonstration? If so, what have these been?
4. Have you identified any challenges your members have faced in obtaining OUD and SUD services since the implementation of the Demonstration? If so, what have these been?
 - a. Are there any aspects of the Demonstration that could be improved to address these challenges?
 - b. Can you describe any strategies for implementing changes in OUD and SUD services by providers or administrators that have worked particularly well?
5. How has the Demonstration impacted members' access to care since its implementation?
6. Are there any types of assistance/support that would be helpful to you or your members or client populations as you continue to move forward with your implementation efforts?
7. Since August 2023, have you encountered any unintended consequences (positive or negative)? If so, what have these been?
8. From your perspective, what are the key lessons you have learned while navigating the implementation of the Demonstration?
9. Are there any changes you think might make future demonstrations more effective in achieving program goals of increased access to care and improved quality of care?
10. Do you have any additional feedback or information regarding the Demonstration that you would like to share with us?



State Administrators

1. Since the implementation of the Demonstration (August 2023), are you aware of any OUD and SUD services in the state that have expanded due to the Demonstration? What was your role in the implementation of the Waiver and how did the expansion of OUD and SUD services impact your work?
2. Has the State put any systems into place to track the progress of the Demonstration? If so, what have these been?
3. Have you encountered any challenges associated with the implementation of the Demonstration? If so, what have these been?
 - a. For example, were there any delays in implementation due to systematic issues?
 - b. If applicable, have you utilized any strategies to mitigate those challenges? Were they successful?
 - c. Are there any ongoing barriers to success or difficulties you have identified? If so, are there any strategies you plan to implement to address these barriers?
4. Have you observed any positive impacts of the implementation of the Demonstration? If so, what have these been?
5. Have you encountered any facilitators of success (i.e., any factor that made a task easier or achieve better results than expected)? If so, what have these been?
 - a. For example, were there any state activities designed to educate State staff, providers, or MCOs about the Demonstration?
6. Since August 2023, have you encountered any unintended consequences, either positive or negative, while implementing the Demonstration? If so, what have these been?
7. From your perspective, what were the key lessons you learned while navigating the implementation of the Demonstration?
8. Do you have any additional feedback or information regarding the Demonstration that you would like to share with us?

Health Services Advisory Group, Inc. (HSAG) is conducting an independent evaluation of the Nevada Section 1115 Demonstration Waiver “Nevada’s Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project” (the Demonstration) as a required element of the Centers for Medicare & Medicaid Services (CMS) Special Terms and Conditions (STCs).² As a part of the evaluation, HSAG will conduct key informant interviews with state representatives, providers, and managed care organizations (MCOs) to collect qualitative information regarding the Demonstration. The qualitative data gathered from these interviews will support the evaluation for both the Mid-Point Assessment and the Interim Evaluation Report.

This document contains the interview questions that HSAG will utilize during data collection for the State health information technology (IT) representative.

² Centers for Medicare & Medicaid Services. OUD SUD Waiver Approval. Available at: <https://www.medicare.gov/medicaid/section-1115-demonstrations/downloads/nv-sud-stcs-tc-letter.pdf>. Accessed on: Feb 6, 2025.

The Demonstration Implementation Milestones

Table B-1 presents Nevada Medicaid’s response to the Demonstration implementation milestone actions and time frames.

Table B-1—Milestone Actions and Time Frames

Criteria	Action	Timeline	Status (e.g., complete, partially complete, delayed)	Completion Date (if applicable)	State Notes
Milestone #1: Access to Critical Levels of Care for OUD and Other SUDs					
Coverage of OP Services	Review all SUT service definitions and staff qualifications to ensure alignment with ASAM	12-18 months after Demonstration approval	Complete	Emails going back to 12/13/2023.	Collaborated with CASAT (NV’s ASAM certifying contractor through DPBH) and engaged in discussion with the licensing boards through email to answer questions related to scope of practice. Wrote policy to clarify oversight structure to align within scope of practice and ASAM level of care
	Amend State Plan to define SUT services aligned with ASAM levels of care	12-18 months after Demonstration approval	Complete	7/30/24 to be effective 7/31/24	Updated state plan and MSM policy
	Create a new MSM chapter that is specific to SUT services and remove current policy from MSM 400, which currently provides a broad array of BH services. This new MSM chapter will include policy for the provision of SUT services that align with ASAM criteria	12-18 months after Demonstration approval	Complete	7/31/2024	MSM 4100, link here, https:// Division of Health Care Financing and Policy.nv.gov/Resources/AdminSupport/Materials/MSM/C4100/Chapter_4100/ was completed and went to PH on 7/30/24 and again 9/24/24 for revisions based on public feedback.
Coverage of IOP Services	Continue to enroll Intensive OP and PHP providers to expand this level of care across the State	Throughout the course of the Demonstration	Ongoing	Ongoing	As of 12/13/24 there are eight groups enrolled at the new provider type PT 93 who are certified to perform IOP. 3/12/25-NV currently has 12 IOPs and two PHPs. As of 6/18/2025, there are 40 SUD IOPs and 10 SUD PHPs who are able perform across NV.
Coverage of MAT (medications as well as counseling and other services with	Remove policy requirements from MSM for providers to have a Data 2000 or X-waiver for prescribing buprenorphine	6-12 months after Demonstration approval	Complete	5/31/2023	MSM Chapter 3800 and MSM Chapter 1200 have updated accordingly.

Criteria	Action	Timeline	Status (e.g., complete, partially complete, delayed)	Completion Date (if applicable)	State Notes
sufficient provider capacity to meet needs of Medicaid members in the State)	Enhance provider capacity by adding pharmacists as an eligible provider to provide MAT and prescribe medication for OUD when budgetary authority can be provided	24-36 months after Demonstration approval	Complete	5/1/2024. MSM Chapter 4100 and system enhancements went into effective 7/31/2024.	MSM Chapter 3800 was updated. Additionally, policy language was included in MSM Chapter 4100 to include pharmacists as a provider of MAT and system enhancements were made to allow pharmacists to bill NV Medicaid for MAT services.
	Provide enrollment opportunity for IMDs under the 1115 demonstration and training support for residential treatment providers	6-12 months after Demonstration approval	Ongoing	Started on 7/1/2024	Enrollment for IMDs went live 7/1/24 and PH was held 7/30/24. Training for residential treatment providers first began 7/2/24 and is ongoing as needed. Regularly scheduled monthly provider support calls resumed on 12/12/2024.
Coverage of Intensive levels of care in residential and IP settings	Amending the State Plan to define SUT services in alignment with intensive levels of care in residential and IP settings that meet ASAM criteria	12-24 months after Demonstration approval	Complete	7/31/2024	SPA presented on 7/30/24 PH
	Create a new MSM chapter that is specific to SUT services and remove current policy from MSM 400, which currently provides a broad array of BH services. This new MSM chapter will include policy for the provision of SUT services that align with ASAM criteria for OP levels of care, ASAM Level 1, 2.1, and 2.5 and residential levels of care ASAM levels 3.1, 3.2 WM, 3.5, and 3.7 WM	12-24 months after Demonstration approval	Complete	7/31/2024. Revisions were made to MSM 4100 during PH in 9/2024 to add interns as an eligible provider type, and again 3/2025 to clarify requirements for IOP and documentation.	MSM 4100 was updated accordingly.



Criteria	Action	Timeline	Status (e.g., complete, partially complete, delayed)	Completion Date (if applicable)	State Notes
Coverage of medically supervised WM	Define reimbursement for residential levels of care as well as evaluate and collaborate with the DPBH to align reimbursement rates based on gap services funded through the Substance Abuse Block Grant for residential levels of care	24-36 months after Demonstration approval	Complete	7/31/2024	Rate SPA presented on 7/30/24 Public Hearing and reimbursement SPA approved for new residential rates October 2024 with eff. Date of 7/31/24. These residential rates through Medicaid were a higher reimbursement rate than they were through the Substance Abuse Block Grant.
	Amend the State Plan to define SUT services aligned with clinically managed residential WM and medically supervised WM that meet ASAM criteria	12-24 months after Demonstration approval	Complete	The approved rate was effective 7/31/2024.	SPA presented on 7/30/24 PH and approved by CMS 10/24/24 with a retro 7/31/24 effective date.
	Create a new MSM chapter that is specific to SUT services and remove current policy from MSM 400, which currently provides a broad array of BH services. This new MSM chapter will include policy for the provision of SUT services that align with ASAM Criteria for OP levels of care, ASAM levels 1, 2.1, and 2.5 and residential levels of care ASAM levels 3.1, 3.2 WM, 3.5, 3.7 WM, and 4.0 WM	12-24 months after Demonstration approval	Complete	New policy took effect 7/31/2024.	MSM 4100 created and presented on 7/30/24 PH

Criteria	Action	Timeline	Status (e.g., complete, partially complete, delayed)	Completion Date (if applicable)	State Notes
Milestone #2: Use of Evidence-based, SUD-specific Patient Placement Criteria					
Implementation of requirement that providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools that reflect evidence based clinical treatment guidelines	Amend the State Plan to require inclusion of a full psychosocial assessment covering the six dimensions in accordance with The ASAM criteria for all SUT services	12-18 months after Demonstration approval	Complete	Policy went to PH 12/30/2020. It looks like with TN 19-0004 --Approved 4/1/2019.	State plan amended to require ASAM criteria
	Leverage the SUPPORT Act post planning demonstration grant activities to support growth in increased provider capacity at every ASAM level of care	6-18 months after Demonstration approval	Complete	8/1/2023	APRN rates are in parity with PT 20 and PT 91 was added as a MAT provider. Trends reviewed through QPR reports. Development of new PT 93 SUD treatment provider that allows for drug and alcohol counselors to enroll with Medicaid. The waiver was approved 1/1/2023. The Implementation Plan was approved 5/24/2023. The SUD waiver providers were funded by the grant and were not billing Medicaid prior to system enhancements, which happened 8/1/2023.
Implementation of a management approach such that: (a) members have access to SUD services	Continue to consider and evaluate policies that will enhance access to this service array, including review of PA requirements to ensure these are not barriers to access to care. Reviewing data based on the number of PA approvals, denials, or partial approvals may indicate if adjustment to	Throughout the course of the Demonstration	Ongoing	Ongoing	NV Medicaid reviewed PA approval rates for codes that received high approval rates to determine if removal of PA requirement was necessary, no SUD treatment codes stood out or necessitate a PA removal. NV Medicaid worked across FFS and managed care entities to provide comprehensive guidance on each entity's PA rules and updated the SUD provider bulletin found here:



Criteria	Action	Timeline	Status (e.g., complete, partially complete, delayed)	Completion Date (if applicable)	State Notes
Implementation of a utilization management approach such that (b) interventions are appropriate for the diagnosis and level of care	PA criteria and policies are needed to support increased access to care and to minimize the administrative burden on providers				https://dhcfp.nv.gov/uploadedFiles/dhcfp_nvgov/content/Pgms/CPT/InformationalBulletinOnMedicationsAndServicesForSubstanceUseDisorders.pdf NV Medicaid is currently in discussion about PA requirements for some services within SUD treatment after the passing of AB463 during 2025 legislative session.
	Define PA requirements for each reimbursable ASAM level of care and add additional policy to new MSM SUD chapter that describes each ASAM level of service available, including but not limited to duration of time services are typically delivered within each level of care setting, admission criteria consistent with ASAM Criteria, non-covered services, etc.	6-12 months after Demonstration approval	Completed	3/31/2021	MSM 400 was updated 10/1/2015 to include ASAM levels of care. PA requirements for ASAM levels of care were implemented on 3/31/2021 prior to the creation of MSM Chapter 4100. MSM 4100 that described ASAM level of care, hours of treatment, covered and non-covered services went to PH on 7/30/24. Defined by deadline in MSM 400.
	Develop process to collect quality measures from providers	24-36 months after Demonstration approval	Partially Complete	12/12/2024	Providers are still working through enrollment. NV Medicaid will shift the discussion of data collection for the IMDs once the transition is completed (4/1/2025). Nevada Medicaid's sister division, DPBH, began collection of information from IMD providers through survey in May 2025 as well.

Criteria	Action	Timeline	Status (e.g., complete, partially complete, delayed)	Completion Date (if applicable)	State Notes
Implementation of a utilization management approach such that (c) there is an independent process for reviewing placement in residential treatment settings	Utilize a QIO-like contracted vendor that currently uses ASAM criteria and MSM policy to determine medical necessity for placement in residential treatment IMD settings	6-12 months after Demonstration approval	Completed	7/1/2024	Form FA-11D has been approved and is currently being utilized to approve services for SUD residential treatment based on medical necessity using ASAM criteria. NV Medicaid has worked with each of the managed care entities to ensure compliance with using ASAM when reviewing medical necessity.
Milestone #3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities					
Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance in alignment with program standards in the ASAM criteria or other nationally recognized, SUD-specific program standards	MMIS incorporate system enhancements to enroll SUT providers that are licensed or certified as individual Medicaid providers and will be able to link to a SUT provider agency	6-12 months after Demonstration approval	Completed	7/1/2024	MMIS updates have been completed to allow appropriate rendering providers to link to PT 93 group enrollments.
Implementation of a State process for reviewing residential treatment providers to ensure compliance with these standards	The State has already implemented, and no further action required	N/A	N/A	N/A	N/A

Criteria	Action	Timeline	Status (e.g., complete, partially complete, delayed)	Completion Date (if applicable)	State Notes
Implementation of requirement that residential treatment facilities offer MAT on-site or facilitate access off-site	Update MSM policy to include requirement of offering all FDA-approved MAT on-site or facilitate access to off-site MAT	12-18 months after Demonstration approval	Delayed	N/A	MSM 4100 updates are currently in progress to clarify this is better detail.
Milestone #4: Sufficient Provider Capacity at Critical Levels of Care including for MAT for OUD					
Completion of assessment of the availability of providers enrolled in Medicaid and accepting new patients in the following critical levels of care throughout the State (or at least in participating regions of the State) including those that offer MAT	Integrate intensive crisis stabilization services within the State Plan and MSM to support individuals experiencing a SUD crisis in need of stabilization. With this new provider type and specialty, the Medicaid enrollment checklists will include language to participate in statewide crisis response system. Once NBHCCH is effective, these providers can be integrated into the response system for individuals experiencing a mental health or substance use crisis	6-12 months of Demonstration approval	Completed	3/2022 Effective date of State Plan Benefit	Crisis SPA approved 7/29/2024 with March 2022 effective date for intensive crisis stabilization services as well as community based mobile crisis services. PT 87 was created to account for crisis provider enrollments 9/3/2024. Checklist went live 9/3/24. DPBH has finalized their contract with Carelon Behavioral Health effective 11/12/24 as the crisis call center hub. Will continue to work with DPBH to provide support to these providers.
	Update MCO vendor contracts to include time and distance standard ratios for providers delivering services under this demonstration	6-12 months of Demonstration approval	Completed	1/15/2025	Obtained updated MCO contract on 1/15/25 that contains time and distance standards.

Criteria	Action	Timeline	Status (e.g., complete, partially complete, delayed)	Completion Date (if applicable)	State Notes
	Utilize data gathered through the SUPPORT Act Post Planning Demonstration as well as Medicaid enrollment information to identify specific counts of current providers performing and accepting new patients at all critical levels of care through state collected information and also provider surveys to achieve a comprehensive updated outlook for provider capacity at critical levels of care	Within 12 months of Demonstration approval	Completed	1/21/2025 (Contact with Provider Enrollment) 5/12/25 (Provider Survey)	Contacted PE 1/21/25 and how they keep track of providers accepting new patients. PE stated that their applications have a "Accepting New Patients" field in MMIS and have a monthly report based on provider type/specialties. NV Medicaid collected a lot of this data through the support act grant to understand capacity within provider types. DPBH created a survey in May 2025 Update: 5/12/25 - Survey was created and sent out to Level 3 providers from DPBH with 26 responses.
	Refine data collection to collect specifics on individually enrolled SUT providers available in NV once new SUT PT and individual enrollment specialties are created, and providers are enrolled	24 months - duration of the Demonstration	Ongoing	Ongoing	Data will be pulled from a provider report that State staff created. State staff keeps the count of ASAM level providers (blue box on internal spreadsheet).
	Further develop and refine the SUD Data Book developed through the DHHS's Office of Analytics	12-24 months after Demonstration approval	Ongoing	5/10/2022 Refining is ongoing	NV Medicaid is able to pull data related to individuals receiving all types of SUD treatments including MAT. The State is currently refining ways to present this information in a way easy to understand for the public. The current SUD Data Book is large, determining how to engage more review and feedback, so considering ways to condense for more readability. PE utilizes an enrollment report that captures providers accepting new patients.

Criteria	Action	Timeline	Status (e.g., complete, partially complete, delayed)	Completion Date (if applicable)	State Notes
Milestone #5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD					
Implementation of opioid prescribing guidelines along with other interventions to prevent opioid abuse	The State has already implemented, and no further action required	N/A			
	This milestone is met, as statewide access to naloxone is already in place. NV will continue work across DHHS to support access, training, and awareness of coverage through increased provider communication through web announcements and monthly SUD treatment provider engagement meetings	6 months - duration of the Demonstration	Ongoing	12/12/2024 - currently ongoing	NV Medicaid scheduled a series of monthly SUD provider support call meetings to provide support, training, and coverage awareness.
Expanded coverage of, and access to, naloxone for overdose reversal	NV will further increase access to naloxone by adding pharmacists as an approved prescriber under a collaborative practice agreement with other licensed prescribing healthcare providers like physicians, 'standing orders' issued by the State	24-36 months after Demonstration approval		3/1/2024	Pharmacists were added as a provider of naloxone during March 2024 PH. MSM 3800 was updated with additional details in PH May 2024.
	Evaluate dashboard capabilities	Throughout the course of the Demonstration	Ongoing	Ongoing	N/A
Implementation of strategies to increase utilization and improve functionality of PDMPs					

Criteria	Action	Timeline	Status (e.g., complete, partially complete, delayed)	Completion Date (if applicable)	State Notes
Milestone #6: Improved Care Coordination and Transitions Between Levels of Care					
Implementation of policies to ensure residential and IP facilities link members with community-based services and supports following stays in these facilities	Redefine discharge criteria specific for residential treatment providers and develop transition of care standards across DPBH division criteria and Medicaid policy to include but not limited to, support with setting follow up appointments with community based providers prior to discharge, referral options provided to individual at time of discharge, ASAM score at time of discharge, statement of progress made during treatment within new MSM policy for substance treatment providers and division criteria	12-24 months after Demonstration approval	Completed/Ongoing	7/30/2024	This criteria lives in MSM 4100 and aligns with ASAM criteria, planning future updates to provide further clarity.
	If the State authorizes budgetary authority, integrate a new SUD-only target group within the targeted case management benefit to support case management activities for individuals transitioning between residential and outpatient SUD services	24-36 months after Demonstration approval	N/A	N/A	Did not receive budget authority to create a target group to fulfill this task. Although there is no specific target group with an SUD only diagnosis there is opportunity for individuals with an SUD diagnosis to possibly qualify under a different target group. NV is also working towards approval of an 1115 Demonstration Waiver to support reentry of individuals in a carceral setting this new waiver will allow for case management to be performed 90 day pre-release to support reentry into the community.



Criteria	Action	Timeline	Status (e.g., complete, partially complete, delayed)	Completion Date (if applicable)	State Notes
Additional policies to ensure coordination of care for co-occurring physical and mental health conditions	Develop MSM and division criteria standards for coordination of care for cooccurring physical and mental health conditions for residential levels of care transitioning to OP levels of care	18-24 months after Demonstration approval	Completed	7/30/2025	MSM 4100 addresses the requirement for co-occurring treatment.
	Effective July 1, 2024, integrate the collaborative care model within State Plan and MSM	24-36 months after Demonstration approval	Completed	7/31/2024	Collaborative Care Model SPA was approved with effective date of 7/31/2024 and MSM, rates, codes, and are up to date.

Note: SUT: substance use treatment; CASAT: Center for the Application of Substance Use Technologies, ASAM: American Society of Addiction Medicine, DPBH: Division of Public and Behavioral Health, MSM, Medicaid Service Manual, BH: behavioral health, OP: outpatient, IOP: intensive outpatient, PHP: partial hospitalization program, NV: Nevada, SUD: substance use disorder, MAT: medication-assisted treatment, OUD: opioid use disorder, IMD: Institute of Mental Diseases, PH: public hearing, IP: inpatient, SPA: state plan amendment, WM: withdrawal management, CMS: Centers for Medicare & Medicaid Services, APRN: advanced practice registered nurse, QRP: quality reporting program, PT: provider type, PA: prior authorization, FFS: fee-for-service, AB: assembly bill, QIO: quality improvement organization, MMIS: Medicaid Management Information System, N/A – not applicable, FDA: Food & Drug Administration, NBHCCH: Nevada’s Behavioral Health Crisis Care Hub, MCO: managed care organization, PE: provider enrollment, and DHHS: Department of Health and Human Services.

Note: The ASAM levels listed are based on The ASAM Criteria, 3rd Edition. The waiver application referenced the 3rd Edition because it was the most recent at the time. The 4th Edition is now the most recent and will be used going forward.

Appendix C. Supplemental Tables

Table C-1 presents the Monitoring Metric findings utilizing reported counts as opposed to rates generated as percentages of the underlying population based on *Monitoring Metric 3: Medicaid Beneficiaries with Substance Use Disorder (SUD) Diagnosis (monthly)*.

Table C-1—Average Rate Changes

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes				
				Absolute	Relative Percent	In Desired Direction	Monthly Trend	Monthly Trend in Desired Direction
2	Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	5,118	4,913	-205	-4.0%	✗	-6.76	✗
3	Medicaid Beneficiaries with SUD Diagnosis (monthly)	62,148	64,108	1,960	3.2%	✓	49	✓
4	Medicaid Beneficiaries with SUD Diagnosis (annually)	94,451	97,723	3,272	3.5%	✓	—	—
5	Medicaid Beneficiaries Treated in an IMD for SUD	1,658	1,859	201	12.1%	✓	—	—
6	Any SUD Treatment	16,948	17,334	386	2.3%	✓	15.12	✓
7	Early Intervention	1,018	1,079	61	6.0%	✓	3.83	✓
8	OP Services	10,091	9,939	-152	-1.5%	✗	-9.49	✗
9	Intensive OP and Partial Hospitalization Services	794	1,573	779	98.1%	✓	43.28	✓
10	Residential and IP Services	501	520	19	3.8%	✓	-0.09	✗
11	WM	483	503	20	4.1%	✓	2.01	✓
12	MAT	5,083	4,994	-89	-1.8%	✗	-11.30	✗
13	SUD Provider Availability	33,311	35,490	2,179	6.5%	✓	—	—
14	SUD Provider Availability - MAT	27,278	29,533	2,255	8.3%	✓	—	—
15.a	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Initiation (Total)	19.4%	19.4%	0.0%	0.0%	✗	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Initiation (Alcohol)	19.4%	18.3%	-1.1%	-5.9%	✗	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Initiation (Opioid)	35.2%	37.8%	2.6%	7.5%	✓	—	—

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes			Monthly Trend	Monthly Trend in Desired Direction
				Absolute	Relative Percent	In Desired Direction		
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Initiation (Other Drug)	15.8%	15.9%	0.1%	0.4%	✓	—	—
15.b	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Engagement (Total)	9.8%	10.2%	0.4%	4.4%	✓	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Engagement (Alcohol)	9.2%	8.9%	-0.2%	-2.5%	✗	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Engagement (Opioid)	23.8%	25.5%	1.7%	7.2%	✓	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Engagement (Other Drug)	6.9%	7.5%	0.6%	8.1%	✓	—	—
17.1.a	Follow-up After ED Visit for Alcohol or Other Drug Dependence (FUA-AD): 7-Day	6.4%	6.9%	0.5%	8.1%	✓	—	—
17.1.b	Follow-up After ED Visit for Alcohol or Other Drug Dependence (FUA-AD): 30-Day	11.0%	11.8%	0.9%	7.8%	✓	—	—
17.2.a	Follow-Up After ED Visit for Mental Illness (FUM-AD): 7-Day	30.8%	30.8%	-0.1%	-0.2%	✗	—	—
17.2.b	Follow-Up After ED Visit for Mental Illness (FUM-AD): 30-Day	42.6%	42.9%	0.3%	0.7%	✓	—	—
18	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	3.8%	3.6%	-0.2%	-4.8%	✓	—	—
19	Use of Opioids from Multiple Providers in Persons Without Cancer (OMP)	0.0%	0.0%	0.0%	—	✓	—	—

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes				
				Absolute	Relative Percent	In Desired Direction	Monthly Trend	Monthly Trend in Desired Direction
20	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP)	0.0%	0.0%	0.0%	—	✓	—	—
21	Concurrent Use of Opioids and Benzodiazepines (COB-AD)	2.5%	2.1%	-0.4%	-17.0%	✓	—	—
22	Continuity of Pharmacotherapy for OUD	15.1%	14.7%	-0.5%	-3.1%	✗	—	—
23	ED Utilization for SUD	5,666	5,641	-25	-0.4%	✓	-1.35	✓
24	IP Stays for SUD	2,891	3,063	172	5.9%	✗	8.02	✗
25	Readmissions Among Beneficiaries with SUD	29.2%	29.9%	0.7%	2.3%	✗	—	—
26	Overdose Deaths (count)	705	801	96	13.6%	✗	—	—
27	Overdose Deaths (rate per 1,000)	0.75	0.94	0.19	25.3%	✗	—	—
28	SUD Spending (in millions)	\$81.08	\$74.25	-\$6.83	-8.4%	✗	—	—
29	SUD Spending within IMDs (in millions)	\$7.67	\$9.49	\$1.82	23.8%	✓	—	—
30	Per Capita SUD Spending	\$861	\$763	-\$98	-11.4%	—	—	—
31	Per Capita SUD Spending within IMDs	\$4,624	\$5,104	\$480	10.4%	✗	—	—
32	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD	83.6%	86.5%	2.9%	3.5%	✓	—	—
36	ALOS in IMDs	6.2	5.8	-0.3	-5.1%	✓	—	—
Q1	Total Number of PDMP Users	10,987	11,073	86	0.8%	✓	—	—
Q2	Number of Opioid Prescriptions in PDMP	1,341,342	1,237,498	-103,844	-7.7%	✓	—	—
Q3	Tracking MAT (use of medications with counseling and behavioral therapies to treat SUDs and prevent opioid overdose)	3,450	3,888	438	12.7%	✓	—	—

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes				Monthly Trend in Desired Direction
				Absolute	Relative Percent	In Desired Direction	Monthly Trend	

Note: SUD: substance use disorder, IMD: Institutions for Mental Diseases, OP: outpatient, IP: inpatient, WM: withdrawal management, MAT: medication-assisted treatment, ED: emergency department, OUD: opioid use disorder, ALOS: average length of stay, and PDMP: prescription drug monitoring program. Absolute and Relative Percent change are calculated using unrounded values, therefore, displayed values may not align with calculations performed using displayed rounded values.

—: Indicates the analysis could not be completed for the measure because the measure was reported annually, the measure had no desired direction, or a calculation resulted in an undefined value.

Metrics 1, 16.1, 33, 34, and 35 are not included in the MPA, as they were not selected to report based on Nevada Medicaid's SUD Monitoring Protocol Part A workbook.

Table C-2 presents the Monitoring Metric findings utilizing the earliest and latest month of data available for monthly monitoring metrics as opposed to using an average of the three earliest and latest monthly rates for the baseline and mid-point values.

Table C-2—Average Rate Changes Utilizing the Earliest and Latest Month of Data for Monthly Metrics

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes				Monthly Trend in Desired Direction
				Absolute	Relative Percent	In Desired Direction	Monthly Trend	
2	Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	5,057	4,521	-536	-10.6%	X	-6.76	X
3	Medicaid Beneficiaries with SUD Diagnosis (monthly)	61,477	64,408	2,931	4.8%	✓	49.27	✓
4	Medicaid Beneficiaries with SUD Diagnosis (annually)	94,451	97,723	3,272	3.5%	✓	—	—
5	Medicaid Beneficiaries Treated in an IMD for SUD	1,658	1,859	201	12.1%	✓	—	—
6	Any SUD Treatment (per 1,000 SUD beneficiaries)	274.8	261.5	-13.3	-4.9%	X	0.03	✓
7	Early Intervention (per 1,000 SUD beneficiaries)	17.8	17.0	-0.8	-4.6%	X	0.05	✓
8	OP Services (per 1,000 SUD beneficiaries)	164.4	145.2	-19.3	-11.7%	X	-0.27	X
9	Intensive OP and Partial Hospitalization Services (per 1,000 SUD beneficiaries)	11.4	25.2	13.7	120.6%	✓	0.67	✓
10	Residential and IP Services (per 1,000 SUD beneficiaries)	8.4	8.0	-0.4	-4.7%	X	-0.01	X
11	WM (per 1,000 SUD beneficiaries)	8.1	8.1	0.0	-0.5%	X	0.03	✓
12	MAT (per 1,000 SUD beneficiaries)	81.3	77.6	-3.7	-4.6%	X	-0.24	X

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes				Monthly Trend in Desired Direction
				Absolute	Relative Percent	In Desired Direction	Monthly Trend	
13	SUD Provider Availability	33,311	35,490	2,179	6.5%	✓	—	—
14	SUD Provider Availability - MAT	27,278	29,533	2,255	8.3%	—	—	—
15.a	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Initiation (Total)	19.4%	19.4%	0.0%	0.0%	✗	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Initiation (Alcohol)	19.4%	18.3%	-1.1%	-5.9%	✗	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Initiation (Opioid)	35.2%	37.8%	2.6%	7.5%	✓	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Initiation (Other Drug)	15.8%	15.9%	0.1%	0.4%	✓	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Engagement (Total)	9.8%	10.2%	0.4%	4.4%	✓	—	—
15.b	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Engagement (Alcohol)	9.2%	8.9%	-0.2%	-2.5%	✗	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Engagement (Opioid)	23.8%	25.5%	1.7%	7.2%	✓	—	—
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD): Engagement (Other Drug)	6.9%	7.5%	0.6%	8.1%	✓	—	—
	Follow-up After ED Visit for Alcohol or Other Drug Dependence (FUA-AD): 7-Day	6.4%	6.9%	0.5%	8.1%	✓	—	—

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes				Monthly Trend in Desired Direction
				Absolute	Relative Percent	In Desired Direction	Monthly Trend	
17.1.b	Follow-up After ED Visit for Alcohol or Other Drug Dependence (FUA-AD): 30-Day	11.0%	11.8%	0.9%	7.8%	✓	—	—
17.2.a	Follow-up After ED Visit for Mental Illness (FUM-AD): 7-Day	30.8%	30.8%	-0.1%	-0.2%	✗	—	—
17.2.b	Follow-up After ED Visit for Mental Illness (FUM-AD): 30-Day	42.6%	42.9%	0.3%	0.7%	✓	—	—
18	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	3.8%	3.6%	-0.2%	-4.8%	✓	—	—
19	Use of Opioids from Multiple Providers in Persons Without Cancer (OMP)	0.0%	0.0%	0.0%	—	✓	—	—
20	Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP)	0.0%	0.0%	0.0%	—	✓	—	—
21	Concurrent Use of Opioids and Benzodiazepines (COB-AD)	2.5%	2.1%	-0.4%	-17.0%	✓	—	—
22	Continuity of Pharmacotherapy for OUD	15.1%	14.7%	-0.5%	-3.1%	✗	—	—
23	ED Utilization for SUD per 1,000 Medicaid Beneficiaries	6.1	6.9	0.8	12.7%	✗	0.05	✗
24	IP Stays for SUD per 1,000 Medicaid Beneficiaries	3.1	3.8	0.7	21.7%	✗	0.04	✗
25	Readmissions Among Beneficiaries with SUD	29.2%	29.9%	0.7%	2.3%	✗	—	—
26	Overdose Deaths (count)	705	801	96	13.6%	✗	—	—
27	Overdose Deaths (rate)	0.75	0.94	0.19	25.3%	✗	—	—
28	SUD Spending (in millions)	\$81.08	\$74.25	-\$6.83	-8.4%	✗	—	—
29	SUD Spending within IMDs (in millions)	\$7.67	\$9.49	\$1.82	23.8%	✓	—	—
30	Per Capita SUD Spending	\$861	\$763	-\$98	-11.4%	—	—	—
31	Per Capita SUD Spending within IMDs	\$4,624	\$5,104	\$480	10.4%	✗	—	—

#	Monitoring Metric	Baseline Rate/Count	Mid-Point Rate/Count	Rate Changes				Monthly Trend in Desired Direction
				Absolute	Relative Percent	In Desired Direction	Monthly Trend	
32	Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD [Adjusted HEDIS measure] ¹	83.6%	86.5%	2.9%	3.5%	✓	—	—
36	ALOS in IMDs	6.2	5.8	-0.3	-5.1%	✓	—	—
Q1	Total Number of PDMP Users	10,987	11,073	86	0.8%	✓	—	—
Q2	Number of Opioid Prescriptions in PDMP	1,341,342	1,237,498	-103,844	-7.7%	✓	—	—
Q3	Tracking MAT (use of medications with counseling and behavioral therapies to treat SUDs and prevent opioid overdose.	3,450	3,888	438	12.7%	✓	—	—

¹Rates for these metrics reflect uncertified, unaudited HEDIS rates.

Note: SUD: substance use disorder, IMD: Institutions for Mental Diseases, OP: outpatient, IP: inpatient, WM: withdrawal management, MAT: medication-assisted treatment, ED: emergency department, OUD: opioid use disorder, ALOS: average length of stay, and PDMP: prescription drug monitoring program. Absolute and Relative Percent change are calculated using unrounded values, therefore, displayed values may not align with calculations performed using displayed rounded values.

—: Indicates the analysis could not be completed for the measure because the measure was reported annually, the measure had no desired direction, or a calculation resulted in an undefined value.

Metrics 1, 16.1, 33, 34, and 35 are not included in the MPA, as they were not selected to report based on Nevada Medicaid's SUD Monitoring Protocol Part A workbook.