

## **Medicaid and CHIP State Plan, Waiver, and Program Submissions**

**PRA Disclosure Statement** - This information is being collected to assist the Centers for Medicare & Medicaid Services in program monitoring of Medicaid Section 1115 Substance Use Disorder Demonstrations. This mandatory information collection (42 CFR § 431.428) will be used to support more efficient, timely and accurate review of states’ SUD 1115 demonstrations monitoring reports submissions to support consistency of monitoring and evaluation of SUD 1115 Demonstrations, increase in reporting accuracy, and reduce timeframes required for monitoring and evaluation. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is **0938-1148 (CMS-10398 #57)**.” If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

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

<b>State</b>	Nevada
<b>Demonstration Name</b>	Nevada’s Treatment of Opioid Use Disorders (OUDs) and SUDs Transformation Project
<b>Approval Date</b>	December 29, 2022
<b>Approval Period</b>	January 1, 2023 – December 31, 2027
<b>SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives</b>	<p>The Demonstration’s goals and objectives will increase access to critical substance use treatment levels of care that are currently not funded within the Nevada Medicaid program. With increased access to a full continuum of substance use treatment, Medicaid beneficiaries will be able to receive the appropriate treatment needed at a time when a beneficiary is determined to need an American Society of Addiction Medicine (ASAM) residential/inpatient level of care within an IMD. In addition, Nevada will address these goals and milestones throughout the 1115 SUD Demonstration Waiver:</p> <ul style="list-style-type: none"> <li>- Increase rates of identification, initiation, and engagement in treatment for SUD;</li> <li>- Increase adherence to and retention in treatment;</li> <li>- Reduce overdose deaths, particularly those due to opioids;</li> <li>- Reduce utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;</li> <li>- Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate;</li> <li>- Improve access to care for physical health conditions among beneficiaries with SUD;</li> <li>- Increase adherence to treatment for parenting individuals who will have their children with them in the transitional and residential IMD setting;</li> <li>- Increase access to medical and community-based services in pregnant and parenting individuals in an IMD; and</li> <li>- Allow for care coordination of services resulting in a better care transition upon discharge</li> </ul>

## 2. Executive Summary

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

Nevada received Evaluation Design approval on September 17, 2024. Nevada’s fiscal agent, Gainwell Technologies along with the Division’s Information Services team has been working with Nevada’s Evaluation contractor, Health Services Advisory Group (HSAG) to prepare for data collection to incorporate within the required metrics needed for Demonstration evaluation.

During this quarter, Nevada submitted a State Plan Amendment (SPA) on July 31, 2024 to CMS for review and approval proposing additions to new daily bundled rates for Residential SUD services. This daily bundled rate will support providers functioning under the authority of the 1115 Demonstration and providing SUD treatment in an Institution for Mental Disease (IMD) as well as providers performing these critical levels of care that are not and IMD. Prior to having bundled rates, providers would bill based on individual service which was problematic when performing multiple variations of a similar service throughout the day. These new daily bundled rates are more in line with the national averages for these levels of care. Additional changes proposed in this SPA were to remove Medication-Assisted Treatment (MAT) from an included service within Intensive Outpatient Programs and Partial Hospitalization Programs (PHP). This proposed edit was initiated by providers expressing concern around the dynamics and complex individualized nature of treating MAT. This SPA was approved on October 23, 2024. Medicaid Management Information System updates are in progress to add in the new daily codes and newly approved rates and is expected to be completed by the end of 2024.

Additionally, a new Medicaid Service Manual Chapter 4100 – Substance Use Treatment Services dedicated to substance use treatment was developed. With the new provider type established to require all rendering providers performing substance use treatment services to be enrolled in Nevada Medicaid, this new policy chapter will support providers understanding of policy expectations and awareness of SUD services available.

Substance Use Treatment providers have traditionally been enrolled in Nevada Medicaid as a group provider type. Beginning in July 2024, substance use treatment providers are now able to enroll under a new Provider Type 93 – Substance Use Treatment services that requires individual providers to enroll under a Substance Use Treatment Clinic, Opioid Treatment Program, or a Residential Substance Use Treatment in an Institution for Mental Disease (IMD) and individually enroll as a Nevada Medicaid provider.

### 3. Narrative Information on Implementation, by Reporting Topic

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>1.2 Assessment of Need and Qualification for SUD Services</b>			
<b>1.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY 2, Q3	N/A	Nevada’s Monitoring Protocol has been approved, although this will be the first monitoring report that will be submitted with Part A monitoring metrics, therefore Nevada does not have information to provide on metric trends at this time.
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>1.2.2 Implementation Update</b>			
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?	DY 2, Q3	N/A	There are no planned changes to the target population or clinical criteria.
Are there any other anticipated program changes that may impact metrics related to assessment	DY 2, Q3	N/A	There are no anticipated program changes at this time.

of need and qualification for SUD services? If so, please describe these changes.			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<b>2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY 2, Q3	N/A	Nevada’s Monitoring Protocol has been approved, although this will be the first monitoring report that will be submitted with Part A monitoring metrics, therefore Nevada does not have information to provide on metric trends at this time.
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>2.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and	DY 2, Q3		During this quarter, Nevada submitted a State Plan Amendment (SPA) on July 31, 2024 to CMS for review and approval proposing additions to new daily bundled rates for Residential SUD services. This daily bundled rate will support providers functioning under the authority of the 1115 Demonstration and providing SUD treatment in an Institution for Mental Disease (IMD) as well as providers performing these critical levels of care that are not and IMD. Prior to having bundled rates, providers would bill based on individual service which was problematic when performing multiple variations of a similar service throughout the day. These new daily bundled rates are more in line with the national averages for these levels of care. Additional changes proposed in this SPA were to remove Medication-Assisted Treatment (MAT) from an included service within Intensive Outpatient Programs and Partial Hospitalization Programs (PHP). This proposed edit was initiated by providers expressing concern around the dynamics and complex individualized nature of treating MAT. This SPA was approved on

inpatient settings, medically supervised withdrawal management)? b. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs?			October 23, 2024. Medicaid Management Information System updates are in progress to add in the new daily codes and newly approved rates and is expected to be completed by the end of 2024.
Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.	DY 2, Q3		
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.	DY 2, Q3		Nevada’s Monitoring Protocol has been approved, although this will be the first monitoring report that will be submitted with Part A monitoring metrics, therefore Nevada does not have information to provide on metric trends at this time.
[Add rows as needed]			
<input type="checkbox"/> The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.			

<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
<b>3.2.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria?</li> <li>b. Implementation of a utilization management approach to ensure:               <ul style="list-style-type: none"> <li>i. Beneficiaries have access to SUD services at the appropriate level of care?</li> <li>ii. Interventions are appropriate for the diagnosis and level of care?</li> <li>iii. Use of independent process for reviewing placement in residential treatment settings?</li> </ul> </li> </ul>	DY 2, Q3		<p>A new Medicaid Service Manual Chapter 4100 – Substance Use Treatment Services dedicated to substance use treatment was developed. With the new provider type established to require all rendering providers performing substance use treatment services to be enrolled in Nevada Medicaid, this new policy chapter will support providers understanding of policy expectations and awareness of SUD services available. This new MSM policy chapter incorporates ASAM placement criteria and outlines expectations for each ASAM level of care.</p>
Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the	DY 2, Q3		



state is reporting such metrics)? If so, please describe these changes.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.	DY 2, Q3		Nevada’s Monitoring Protocol has been approved, although this will be the first monitoring report that will be submitted with Part A monitoring metrics, therefore Nevada does not have information to provide on metric trends at this time.
[Add rows as needed]			
<input type="checkbox"/> The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
<b>4.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards? b. State review process for residential treatment providers’ compliance with qualifications standards?	DY 2, Q3		During this quarter, Nevada submitted a State Plan Amendment (SPA) on July 31, 2024 to CMS for review and approval proposing additions to new daily bundled rates for Residential SUD services. This daily bundled rate will support providers functioning under the authority of the 1115 Demonstration and providing SUD treatment in an Institution for Mental Disease (IMD) as well as providers performing these critical levels of care that are not and IMD. Prior to having bundled rates, providers would bill based on individual service which was problematic when performing multiple variations of a similar service throughout the day. These new daily bundled rates are more in line with the national averages for these levels of care. Additional changes proposed in this SPA were to remove Medication-Assisted Treatment (MAT) from an included service within Intensive Outpatient Programs and Partial Hospitalization Programs (PHP). This proposed edit was initiated by providers expressing concern around the dynamics and complex individualized nature of treating MAT. This SPA was approved on October 23, 2024. Medicaid Management Information System updates are in

c. Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site?			progress to add in the new daily codes and newly approved rates and is expected to be completed by the end of 2024.
Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.	DY 2, Q3		Substance Use Treatment providers have traditionally been enrolled in Nevada Medicaid as a group provider type. Beginning in July 2024, substance use treatment providers are now able to enroll under a new Provider Type 93 – Substance Use Treatment services that requires individual providers to enroll under a Substance Use Treatment Clinic, Opioid Treatment Program, or a Residential Substance Use Treatment in an Institution for Mental Disease (IMD) and individually enroll as a Nevada Medicaid provider.
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY 2, Q3		Nevada’s Monitoring Protocol has been approved, although this will be the first monitoring report that will be submitted with Part A monitoring metrics, therefore Nevada does not have information to provide on metric trends at this time.
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>5.2.2 Implementation Update</b>			

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?	DY 2, Q3		
Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.	DY 2, Q3		
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY 2, Q3		Nevada’s Monitoring Protocol has been approved, although this will be the first monitoring report that will be submitted with Part A monitoring metrics, therefore Nevada does not have information to provide on metric trends at this time.
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>6.2.2 Implementation Update</b>			

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD? b. Expansion of coverage for and access to naloxone?	DY 2, Q3		
Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.	DY 2, Q3		
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY 2, Q3		Nevada’s Monitoring Protocol has been approved, although this will be the first monitoring report that will be submitted with Part A monitoring metrics, therefore Nevada does not have information to provide on metric trends at this time.
[Add rows as needed]			

<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>7.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries’ transition from residential and inpatient facilities to community-based services and supports?	DY 2, Q3		
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.	DY 2, Q3		
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>8.2 SUD Health Information Technology (Health IT)</b>			
<b>8.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.	DY 2, Q3		Nevada’s Monitoring Protocol has been approved, although this will be the first monitoring report that will be submitted with Part A monitoring metrics, therefore Nevada does not have information to provide on metric trends at this time.
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>11.2.2 Implementation Update</b>			

<p>Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?</li> <li>b. How health IT is being used to treat effectively individuals identified with SUD?</li> <li>c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</li> <li>d. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels?</li> <li>e. Other aspects of the state’s health IT implementation milestones?</li> <li>f. The timeline for achieving health IT implementation milestones?</li> </ul>	DY 2, Q3		
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g. Planned activities to increase use and functionality of the state’s prescription drug monitoring program?			
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes.	DY 2, Q3		
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>9.2 Other SUD-Related Metrics</b>			
<b>9.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY 2, Q3		
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>9.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.	DY 2, Q3		
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>10.2 Budget Neutrality</b>			

<b>10.2.1 Current status and analysis</b>			
Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.	DY 2, Q3		With the newly approved residential SUD bundled rates and providers currently working on transitioning their enrollment types, we expect Medicaid claims for these services to increase.
[Add rows as needed]			
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>10.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.	DY 2, Q3		
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>11.1 SUD-Related Demonstration Operations and Policy</b>			
<b>11.1.1 Considerations</b>			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any			Substance Use Treatment providers have traditionally been enrolled in Nevada Medicaid as a group provider type. Beginning in July 2024, substance use treatment providers are now able to enroll under a new Provider Type 93 – Substance Use Treatment services that requires individual providers to enroll under a Substance Use Treatment Clinic, Opioid Treatment Program, or a Residential Substance Use Treatment in an Institution for Mental Disease (IMD) and individually enroll as a Nevada Medicaid provider.



other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			<p>During this quarter, Nevada submitted a State Plan Amendment (SPA) on July 31, 2024 to CMS for review and approval proposing additions to new daily bundled rates for Residential SUD services. This daily bundled rate will support providers functioning under the authority of the 1115 Demonstration and providing SUD treatment in an Institution for Mental Disease (IMD) as well as providers performing these critical levels of care that are not and IMD. Prior to having bundled rates, providers would bill based on individual service which was problematic when performing multiple variations of a similar service throughout the day. These new daily bundled rates are more in line with the national averages for these levels of care. Additional changes proposed in this SPA were to remove Medication-Assisted Treatment (MAT) from an included service within Intensive Outpatient Programs and Partial Hospitalization Programs (PHP). This proposed edit was initiated by providers expressing concern around the dynamics and complex individualized nature of treating MAT. This SPA was approved on October 23, 2024. Medicaid Management Information System updates are in progress to add in the new daily codes and newly approved rates and is expected to be completed by the end of 2024.</p> <p>Nevada has continued working with a vendor, Mercer, to help to identify considerations for amending this 1115 Demonstration Waiver for the possible addition of psychiatric treatment in an IMD for the Serious Mentally Ill (SMI) population as well as the possibility of adding additional services to support both the SUD and SMI populations like adding in some Health Related Social Needs benefits.</p>
[Add rows as needed]			
<input type="checkbox"/> The state has no related considerations to report for this reporting topic.			
<b>11.1.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined in STCs and the			

<p>implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?</li> <li>b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)?</li> <li>c. Partners involved in service delivery?</li> </ul>			
<p>Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?</p>			
<p>What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?</p>			<p>Approved during the 2023 Nevada Legislative session, Assembly Bill 389 directs the Division to pursue a Section 1115 Demonstration that will allow Nevada to draw down Medicaid federal financing to provide a targeted set of services to inmates in the 90 days prior to release and sets forth requirements related to eligible populations and scope of covered services. Through this Reentry Initiative Demonstration, Nevada will test whether the provision of a targeted set of services prior to release will improve continuity of coverage and health outcomes for individuals who generally have disproportionately</p>

			higher rates of physical and behavioral health diagnoses. This is also expected to reduce recidivism rates due to opioid use or misuse upon returning to the community.
[Add rows as needed]			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>12.1 SUD Demonstration Evaluation Update</b>			
<b>12.1.1 Narrative Information</b>			
Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	DY 2, Q3		Nevada Evaluation Design was approved September 17, 2024.
Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	DY 2, Q3		
List anticipated evaluation-related deliverables related to this demonstration and their due dates.	DY 2, Q3		
[Add rows as needed]			
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<b>13.1 Other Demonstration Reporting</b>			
<b>13.1.1 General Reporting Requirements</b>			

Have there been any changes in the state’s implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?	DY 2, Q3		
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?	DY 2, Q3		
Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to: a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?	DY 2, Q3		
Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?	DY 2, Q3		
[Add rows as needed]			
<input checked="" type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.			
<b>13.1.2 Post Award Public Forum</b>			

If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	DY 2, Q3		
[Add rows as needed]			
☑ There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.			
<b>14.1 Notable State Achievements and/or Innovations</b>			
<b>14.1 Narrative Information</b>			
Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or	DY 2, Q3		During this quarter, Nevada submitted a State Plan Amendment (SPA) on July 31, 2024 to CMS for review and approval proposing additions to new daily bundled rates for Residential SUD services. This daily bundled rate will support providers functioning under the authority of the 1115 Demonstration and providing SUD treatment in an Institution for Mental Disease (IMD) as well as providers performing these critical levels of care that are not and IMD. Prior to having bundled rates, providers would bill based on individual service which was problematic when performing multiple variations of a similar service throughout the day. These new daily bundled rates are more in line with the national averages for these levels of care. Additional changes proposed in this SPA were to remove Medication-Assisted Treatment (MAT) from an included service within Intensive Outpatient Programs and Partial Hospitalization Programs (PHP). This proposed edit was initiated by providers expressing concern around the dynamics and complex individualized nature of treating MAT. This SPA was approved on

innovation in quantifiable terms, e.g., number of impacted beneficiaries.			<p>October 23, 2024. Medicaid Management Information System updates are in progress to add in the new daily codes and newly approved rates and is expected to be completed by the end of 2024.</p> <p>Substance Use Treatment providers have traditionally been enrolled in Nevada Medicaid as a group provider type. Beginning in July 2024, substance use treatment providers are now able to enroll under a new Provider Type 93 – Substance Use Treatment services that requires individual providers to enroll under a Substance Use Treatment Clinic, Opioid Treatment Program, or a Residential Substance Use Treatment in an Institution for Mental Disease (IMD) and individually enroll as a Nevada Medicaid provider.</p>
[Add rows as needed]			
<input type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			