+Medicaid Section 1115 Substance Use Disorder Demonstrations Monitoring Report Template

Note: PRA Disclosure Statement to be added here

1. Title page for the state's substance use disorder (SUD) demonstration or the SUD component of the broader demonstration

The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state's approved monitoring protocol. The state should complete the remaining two rows. Definitions for certain rows are below the table.

State	Nevada
Demonstration name	Nevada's Treatment of Opioid Use Disorders (OUDs) and SUDs Transformation Project
Approval period for section 1115 demonstration	01/01/2023-12/31/2027
SUD demonstration start date[a]	01/01/2023
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	05/24/2023
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	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: - 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 and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services; - Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; - Improve access to care for physical health conditions among beneficiaries 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; and - Allow for care coordination of services resulting in a better care transition upon discharge
SUD demonstration year and quarter	SUD DY3Q1
Reporting period	01/01/2025-03/31/2025

[a] **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of SUD demonstration approval. For example, if the state's STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December

31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

[b] **Implementation date of SUD demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

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

Beginning January 1, 2025, SUD providers that are IMDs are no longer able to be reimbursed through the Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant. Continuing guidance has been communicated to providers, effective January 1, 2025, the expectation is that all substance use providers providing residential treatment services bill these services through Medicaid. BBHWP has given an allowance of up to 45 for individuals previously enrolled in a residential treatment program, to continue billing the grant. However, all new admissions must be billed to Medicaid. The Medicaid enrollment of Provider Type 93 – Substance Use Treatment Specialty 704 specifically established for IMD providers allows for a higher bundled rate for residential treatment services than the previous rate utilized for reimbursement via the SUBG and SOR grants.

DHCFP continues to actively work directly with Medicaid providers transitioning their enrollment from a group or clinic enrollment under Provider Type 17 Specialty 215 to Medicaid's newest enrollment Provider Type 93 for Substance Use Treatment agencies, which also requires the Medicaid enrollment of the individuals performing the substance use treatment services. DHCFP continues to host monthly provider calls to support the enrollment transition. These monthly calls also include each of the managed care plans to provide a direct outlet for provider and payor communication and an open forum to identify barriers and provide information.

This report represents the specific data and agreed-upon SUD performance measures for the reporting period of DY3Q1 for the months of January 2025 through March 2025. DY3Q1 contains the following required SUD metrics and annual established quality measures (EQMs):

Quarterly SUD Metrics:

#2 Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis

#3 Medicaid Beneficiaries with SUD Diagnosis (monthly)

#6 Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period

#7 Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period

#8 Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period

#9 Number of beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period

#10 Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period

#11 Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period

#12 Number of beneficiaries who have a claim for MAT for SUD during the measurement period

#23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries

#24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries

3. Narrative information on implementation, by milestone and reporting topic

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	**Assessment of need and qualification for SUD services**			
1.1	**Metric trends**			

1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.		#2 Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis	#2 Total Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis July 2024: 5066 August 2024: 5244 September 2024: 4842 **Totaling 15,152** Compared to: October 2024: 5186 November 2024: 5032 December 2024: 4521 **Totaling 14,739** This quarterly measure showed a 2.77 percent decrease when compared with the data from the DY2 Q4 report. The data suggests a downward trend in the number of beneficiaries with newly initiated SUD treatment/diagnosis.
			#3 Medicaid Beneficiaries with SUD Diagnosis (monthly)	#3 Medicaid Beneficiaries with SUD Diagnosis (monthly) *NO NEED TO REPORT SINCE IT'S LESS THAN 2 PERCENT DIFFERENCE
1.2	**Implementation update**			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	1.2.1.a The target population(s) of the demonstration			
	1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2	The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.			Beginning 1/1/2025, SUD IMD providers have been transitioned from being reimbursed through the Substance Abuse Block Grant and are now Medicaid enrolled under Provider Type 93 Specialty 704 and have begun billing for SUD treatment in an IMD.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	**Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)**			
2.1	**Metric trends**			

2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.	X	#6 Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period #7 Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period	#6 Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period *NO NEED TO REPORT SINCE IT'S LESS THAN 2 PERCENT DIFFERENCE #7 Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period July 2024: 1020 August 2024: 1103 September 2024: 1029 **Totaling 3,152** Compared to: October 2024: 1073 November 2024: 1069 December 2024: 1096 **Totaling 3,238** This quarterly measure showed a 2.7 percent increase when compared with the data from DY2 Q4 report. The data suggests a downward trend in the number of beneficiaries who used early intervention services

			(such as procedure codes associated with SBIRT) during the measurement period.
		#8 Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period	#8 Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period *NO NEED TO REPORT SINCE IT'S LESS THAN 2 PERCENT DIFFERENCE
		#9 Number of beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period	#9 Number of beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period *NO NEED TO REPORT SINCE IT'S LESS THAN 2 PERCENT DIFFERENCE

		#10 Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period	#10 Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period July 2024: 625 August 2024: 563 September 2024: 535 **Totaling 1,723** Compared to October 2024: 536 November 2024: 511 December 2024: 513 **Totaling 1,560** This quarterly measure showed a 9.92 percent decrease when compared with the data from DY2 Q4 report. The data suggests a downward trend in the number of beneficiaries who used residential and/or inpatient services for SUD during the measurement period.
		#11 Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during	#11 Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period. July 2024: 676 August 2024: 581 September 2024: 565

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		the measurement period	**Totaling 1,822** Compared to October 2024: 510 November 2024: 480 December 2024: 520 **Totaling 1,510** This quarterly measure shows a decrease of 18.73 percent in the number of beneficiaries who used withdrawal management services during this reporting period.
		#12 Number of beneficiaries who have a claim for MAT for SUD during the measurement period	#12 Number of beneficiaries who have a claim for MAT for SUD during the measurement period. *NO NEED TO REPORT SINCE IT'S LESS THAN 2 PERCENT DIFFERENCE
2.2 Implementation update			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	2.2.1.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 inpatient settings, medically supervised withdrawal management)			
	2.2.1.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 individual IMDs			Nevada received state plan approval for daily rates for SUD residential levels of care on 10/24/2024. Allowing for a daily rate delineated by ASAM level of care will cut down on administrative burden for providers so they don't bill based on individual CPT code and will provide a rate of reimbursement that is more in line with national averages for these levels of care. We expect to see more use of these new codes beginning 1/1/2025, when the SUD IMD providers are enrolled and billing under Medicaid rather than the Substance Abuse Block Grant.
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)**			
3.1	**Metric trends**			
3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X		
3.2.	**Implementation update**			
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
	3.2.1.b Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	**Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)**			
4.1	**Metric trends**			
4.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3. Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.	X		
4.2	**Implementation update**			
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			
	4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			The rollout of a new provider type for substance use treatment providers continues. This new provider type includes group enrollments for substance use treatment agencies that are not IMDs, Opioid Treatment Programs, and substance use treatment providers that are considered IMDs. These group enrollments also require each individual performing SUD treatment services to enroll in Medicaid. These group enrollments also ensure correct certified ASAM level of care. Nevada Medicaid policy has been updated to follow the newest ASAM edition 4 guidance to support service provision.
	4.2.1.b Review process for residential treatment providers' compliance with qualifications	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.c	Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2	The state expects to make other program changes that may affect metrics related to Milestone 3.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.	**Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.	X		
5.2	**Implementation update**			
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care.			On March 13, 2025, Nevada held a public workshop to discuss proposed rate increases for outpatient behavioral health services, to include outpatient SUD treatment. Working to propose alignment with Medicaid rates with Medicare rates or consider utilizing methodology to account for inflation if there were not existing Medicare rates. These are considerations based on funding and have not been formally submitted to CMS.
5.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.	X	#23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	#23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries. *NO NEED TO REPORT THIS DATA SINCE THE CHANGE WAS SMALLER THAN 2%
6.2	**Implementation updat**			
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
	6.2.1.b Expansion of coverage for and access to naloxone	X		
6.2.2	The state expects to make other program changes that may affect metrics related to Milestone 5.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.	**Improved Care Coordination and Transitions between Levels of Care (Milestone 6)**			
7.1	**Metric trends**			
7.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.	X		
7.2	**Implementation update**			
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports.			Nevada has submitted a SPA to comply with the Consolidated Appropriations Act of 2023 requirements. In this SPA, the State attests that it will provide eligible juveniles (under 21 years of age and former foster children ages up to age 26 years) who are post adjudication in a public institution certain screenings and diagnostic services in the 30 days prior to scheduled release, and targeted case management (TCM) in the 30 days leading up to their release and for 30 days after release from a public institution. DHHS seeks an effective date of January 1, 2025.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6.			Nevada will submit a Section 1115 Implementation Plan with a description of its intent to subsume CAA requirements into the Section 1115 Demonstration once the state's Demonstration is approved by CMS; this Implementation Plan will also serve as the State's internal operational plan for CAA Section 5121. DHHS will subsume the Section 5121 requirement into the State's Reentry Section 1115 Demonstration and has aligned the go-live dates for CAA Section 5121 and the Reentry Section 1115 Demonstration. DHHS will work with Department of Corrections (DOC) and county jails to phase the implementation of CAA requirements. Phase 1 began on January 1, 2025, to include pre-release services in the three state-operated juvenile justice facilities, seven county-operated juvenile detention centers, and two youth camps that house the majority of post-release disposition youth in Nevada. Post-release targeted case management for eligible youth exiting these facilities will be phased in over time as DHHS continues to identify eligible providers for this service. Phase 2 will begin October 1, 2025, dependent on CMS waiver approval, and will be phased in across the seven DOC adult facilities and all remaining county and local facilities that hold post-adjudicated youth.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**SUD health information technology (health IT)**			
8.1	**Metric trends**			
8.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.	X		
8.2	**Implementation update**			
8.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
	8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
	8.2.1.c How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
	8.2.1.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	X		
	8.2.1.e Other aspects of the state's health IT implementation milestones	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.f	The timeline for achieving health IT implementation milestones	X		
8.2.1.g	Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		
8.2.2	The state expects to make other program changes that may affect metrics related to health IT.	X		
9.	**Other SUD-related metrics**			
9.1	**Metric trends**			
9.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X	#24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	#24 Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries. *NO NEED TO REPORT THIS DATA SINCE THE CHANGE WAS SMALLER THAN 2%
9.2	**Implementation update**			
9.2.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X		

4. Narrative information on other reporting topics

Prompts		State has no update to report (place an X)	State response
10.	**Budget neutrality**		
10.1	**Current status and analysis**		
10.1.1	If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	X	
10.2	**Implementation update**		
10.2.1	The state expects to make other program changes that may affect budget neutrality.		Nevada has submitted an amendment to the 1115 SUD Demonstration to add acute psychiatric treatment in and IMD for individuals 21-64 as well as the addition of some Health Related Social Needs services. This remains under review with CMS and Nevada and CMS continues to have discussions related to this amendment.

Prompts		State has no update to report (place an X)	State response
11.	**SUD-related demonstration operations and policy**		
11.1	**Considerations**		
11.1.1	The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.	X	
11.2	**Implementation update**		
11.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
	11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
	11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
	11.2.1.c Partners involved in service delivery	X	

Prompts	State has no update to report (place an X)	State response
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities.		Monthly provider calls have continued this past quarter to support SUD providers in engaging with the 4 managed care plans as well as FFS to submit prior authorizations and billing for services now that they are enrolled under Medicaid rather than being reimbursed through the Substance Abuse Block Grant.
11.2.3 The state is working on other initiatives related to SUD or OUD.	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration).	X	

Prompts		State has no update to report (place an X)	State response
12.	**SUD demonstration evaluation update**		
12.1	**Narrative information**		
12.1.1	Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.	X	
12.1.2	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.		Nevada and HSAG, Nevada's contracted entity for performing the Mid-Point Assessment, have been actively collaborating with transmission of requested data and appear to be on track with necessary deliverables outlined in the agreed up on work plan for the Mid-Point Assessment.
12.1.3	List anticipated evaluation-related deliverables related to this demonstration and their due dates.		

Prompts		State has no update to report (place an X)	State response
13.	**Other SUD demonstration reporting**		
13.1	**General reporting requirements**		
13.1.1	The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.	X	
13.1.2	The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
13.1.3	Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
	13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4	The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.5	Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.	X	

Prompts		State has no update to report (place an X)	State response
13.2	**Post-award public forum**		
13.2.2	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 monitoring report.	X	

Prompts		State has no update to report (place an X)	State response
14.	**Notable state achievements and/or innovations**		
14.1	**Narrative information**		
14.1.1	Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		Nevada continues the rollout of a new provider type for substance use treatment providers continues. This new provider type includes group enrollments for substance use treatment agencies that are not IMDs, Opioid Treatment Programs, and substance use treatment providers that are considered IMDs. These group enrollments also requires each individual performing SUD treatment services to enroll in Medicaid. These group enrollments also ensure correct certified ASAM level of care.

*The state should remove all example text from the table prior to submission.

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