

Medicaid Section 1115 Substance Use Disorder Demonstrations Monitoring Report Template

The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 5.0) to support Nevada’s retrospective reporting of monitoring data for its section 1115 substance use disorder (SUD) demonstration. The state should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 11 of Version 5.0). This template was customized for retrospective reporting in the following ways:

- *Added footnote C to the title page in section 1*
- *The table in section 3 (Narrative information on implementation, by milestone and reporting topics) has been modified to ask the state to report general trends for each Milestone, rather than changes (+ or -) greater than 2 percent for each metric.*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

1. Title page for the state’s SUD demonstration or the SUD component of the broader demonstration

CMS has pre-populated the title page for the state (see blue text). The state should review the pre-populated text and confirm that it is accurate. Definitions for certain rows are below the table.

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State	Nevada
Demonstration name	Nevada’s Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project Section 1115 Demonstration Waiver
Approval period for section 1115 demonstration	1/1/2023 – 12/31/2027
SUD demonstration start date^a	1/1/2023
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	8/1/2023

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SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<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"> - 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^c	SUD DY1Q2 – SUD DY2Q2
Reporting period^c	1/1/2023 – 6/30/2024

^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

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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 12/15/2020, with an effective date of 1/1/2021 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 federal financial participation for services provided to individuals in institutions for mental disease.

^c SUD demonstration year and quarter, and reporting period. The demonstration year, quarter, and calendar dates associated with the Monitoring Reports in which the metric trends would have been reported according to the reporting schedule in the state’s approved Monitoring Protocol. For example, if the state’s first Monitoring Report after Monitoring Protocol approval is its SUD DY2Q2 Monitoring Report, the retrospective reporting period is considered SUD DY1Q2 through SUD DY2Q1. The SUD DY1Q1 reporting period is not listed because metrics data are reported with a one-quarter lag.

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information of metrics trends from the retrospective reporting period. The recommended word count is 500 words or less.

For the retrospective time period between January 1, 2023 through June 30, 2024 Nevada worked through additional required deliverable approvals as part of the Demonstration and also identified areas of opportunity to improve SUD provider engagement and quality and provide increased access to Medicaid beneficiaries needing SUD treatment. This work included gaining State Plan approval for residential bundled reimbursement rates as well as development of a new substance use treatment provider type, requiring all provider delivering substance use treatment to enroll as a qualified Medicaid provider. As Nevada worked through these implementation strategies, the majority of the residential SUD treatment providers that are IMDs remained being reimbursed through the Substance Abuse Block Grant awarded through Medicaid’s sister agency, the Division of Public and Behavioral Health, so Medicaid claims for this period of time in IMDs were low.

This report represents the specific data and agreed-upon SUD performance measures for the retrospective reporting period of DY1Q1 through DY2Q2.

Quarterly Metrics used:

#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

Annual Metrics Used:

#13 SUD Provider Availability

#14 SUD Provider Availability – MAT

#27 Overdose Deaths (rate)

#25 Readmissions Among Beneficiaries with SUD

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

The state should provide a general summary of metric trends by milestone and reporting topic for the entire retrospective reporting period. In these general summaries, the state should discuss any relevant trends that the data shows related to each milestone or reporting topic, including trends in state-specific metrics.

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

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services		#2 Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis #3 Medicaid Beneficiaries with SUD Diagnosis (monthly)	#2 Medicaid Beneficiaries with Newly Initiated SUD Treatment/Diagnosis The number of Medicaid beneficiaries with newly initiated SUD Treatment/Diagnosis decreased from the beginning of the Demonstration 1/1/23 -6/30/24 by 6%. #3 Medicaid Beneficiaries with SUD Diagnosis (monthly) The number of Medicaid Beneficiaries with SUD Diagnosis (monthly) increased from the beginning of the Demonstration 1/1/23 to 6/30/24 by 2%.
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			

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2.1.1 The state reports the following metric trends related to Milestone 1		#6 Any SUD Treatment	#6 Any SUD Treatment The number of beneficiaries with any SUD Treatment remained almost unchanged from the beginning of the Demonstration 1/1/23 – 6/30/24. At this point Nevada did not have residential bundled daily rates for SUD services, this came later in the Demonstration.
		#7 Early Intervention	#7 Early Intervention Data shows that the number of beneficiaries who used early intervention services remained relatively unchanged from the beginning of the Demonstration 1/1/23-6/30/2024 showing only a 1% increase in utilization.
		#8 Outpatient Services	#8 Outpatient Services 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) decreased slightly during the Demonstration period 1/1/2023-6/30/2024. Data a shows a reduction of 5% in outpatient service utilization.
		#9 Intensive Outpatient and Partial Hospitalization Services	#9 Intensive Outpatient and Partial Hospitalization Services Data for the Demonstration reporting period of 1/1/2023-6/30/2024 for the number of beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
			other clinical services) shows a significant increase of 92%
		#10 Residential and Inpatient Services	<p>#10 Residential and Inpatient Services</p> <p>Over the course of the Demonstration period 1/1/2023-6/30/2024, data shows that the number of beneficiaries who used residential and/or inpatient services for SUD increased 11%.</p>
		#11 Withdrawal Management	<p>#11 Withdrawal Management</p> <p>The number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the Demonstration period 1/1/2023-6/30/2024 increased 20%.</p>
		#12 Medication-Assisted Treatment (MAT)	<p>#12 Medication-Assisted Treatment (MAT)</p> <p>Number of beneficiaries who have a claim for MAT for SUD during the Demonstration measurement period 1/1/2023-6/30/2024 shows a reduction of 6%.</p>
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
3.1.1 The state reports the following metric trends related to Milestone 2			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
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 related to Milestone 3 <i>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.</i>			
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
5.1.1 The state reports the following metric trends related to Milestone 4		#13 SUD Provider Availability	#13 SUD Provider Availability DY1 -33311 DY2 – 35490 The number of SUD treatment providers available increased by 6.3% from DY1 to DY2. This is consistent with SUPPORT Act Grant reporting where Nevada noticed increases in these areas as well. Enrollment for Advanced Practice Registered Nurses (APRN) increased over that time. There was SPA changes made to align rates of APRNs with Physicians for parity reasons.
		#14 SUD Provider Availability - MAT	#14 SUD Provider Availability - MAT DY1 – 27278 DY2 – 29533 The number of SUD Provider available to perform MAT increased by 8% from DY1 to DY2. This is consistent with SUPPORT Act Grant reporting where Nevada noticed increases in these areas as well. Enrollment for Advanced Practice Registered Nurses (APRN) increased over that time. There was SPA changes made to align rates of APRNs with Physicians for parity reasons.
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
6.1 Metric trends			
6.1 The state reports the following metric trends related to Milestone 5		<p>#23 - Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries</p> <p>#27 Overdose Deaths (rate)</p>	<p>#23 - Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries</p> <p>Data during the Demonstration measurement period of 1/1/2023-6/30/2025 show a 2% increase in the total number of ED visits for SUD per 1,000 beneficiaries.</p> <p>#27 Overdose Deaths (rate)</p> <p>DY1- 942549 DY2 – 854674</p> <p>There was almost a 10% decrease in overdose death rates between DY1 and DY2. This could be reflected by the amount of funding that the state has been utilizing across Divisions to help combat overdose deaths due to substance use, but it is uncertain if that is a direct impact for this decrease at this time.</p>
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
7.1.1 The state reports the following metric trends related to Milestone 6		<p>#7 Early Intervention</p> <p>#25 Readmissions Among Beneficiaries with SUD</p>	<p>#7 Early Intervention</p> <p>The total number of early intervention services fluctuated throughout the reporting period, with a notable increase of 7.9% in Q4 2023 and a slight decrease of 0.2% in Q1 2025.</p> <p>The 18-64 age group experienced a steady increase in services, peaking at an 8% rise in Q4 2023, followed by minor fluctuations.</p> <p>The OUD subpopulation experienced a 9% decrease in Q1 2025, with other quarters showing minor increases and decreases.</p> <p>#25 Readmissions Among Beneficiaries with SUD</p> <p>DY1- 32027 DY2 – 32767</p> <p>There was about a 2% increase in readmission rate among beneficiaries with SUD from DY1 to DY2.</p>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State summary of retrospective reporting period
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends related to its health IT metrics			
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends related to other SUD-related metrics		#24 - Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	#24 - Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries Data shows that the total number of inpatient stays per 1,000 beneficiaries in the Demonstration measurement period of 1/1/2023-6/30/2024 increased 19%.

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

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