

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

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

State	<i>Nebraska</i>
Demonstration name	<i>Nebraska Substance Use Disorder Demonstration</i>
Approval date for demonstration	<i>06/28/2019</i>
Approval period for SUD	<i>07/01/2019 – 6/30/2024</i>
Approval date for SUD, if different from above	<i>06/28/2019</i>
Implementation date of SUD, if different from above	<i>07/01/2019</i>
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	<p><i>During the demonstration period, the state seeks to achieve the following goals:</i></p> <ol style="list-style-type: none"> <i>1. Increased rates of identification, initiation, and engagement in treatment for SUD;</i> <i>2. Increased adherence to and retention in treatment;</i> <i>3. Reductions in overdose deaths, particularly those due to opioids;</i> <i>4. Reduced 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;</i> <i>5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and,</i> <i>6. Improved access to care for physical health conditions among beneficiaries with SUD</i>

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 or less.

In DY1Q1 (July 2019 – September 2019), the state focused on two implementation areas: 1) 1115 demonstration administration and 2) new Medicaid covered services. As the SUD demonstration represents Nebraska’s first 1115 waiver implementation, the state has been putting in to place the structure, policies, and procedures necessary to ensure effective implementation and ongoing administration of the demonstration. These activities include identifying an independent entity to support evaluation design and ideally to function as Nebraska’s demonstration evaluator. More information on the evaluation topic is included in Section 12.1 of this report.

While the SUD demonstration STCs require that the state submit state plan amendments for the coverage of Medically-monitored Inpatient Withdrawal Management and Opioid Treatment Program within 24 months of demonstration approval, Nebraska had the opportunity to accelerate the addition of these services and therefore prioritized SPA development in DY1Q1 and DY1Q2. More information on the SPAs is included in Section 2.2.2.

3. Narrative Information on Implementation, by Milestone and Reporting Topic

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
<input type="checkbox"/> 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.	<i>EXAMPLE: The number of beneficiaries with a SUD diagnoses treated in an IMD in the last quarter decreased by 5% due to the closure of one IMD in the state.</i>	Insert the first measurement period in which the current trend (+ or - two percent) was reported. <i>EXAMPLE: 01/01/2018-03/31/2018</i>	Insert the metric related to the trend reported. <i>EXAMPLE: #8: Medicaid beneficiaries with SUD diagnosis treated in an IMD</i>
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) The target population(s) of the demonstration <input type="checkbox"/> ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration 	For implementation updates, insert annual or quarterly report in which the updated was first reported. <i>EXAMPLE:</i> ii) The state is expanding the clinical criteria to include X diagnoses.	Insert the measurement period in which the update was first reported. <i>EXAMPLE: ii) 01/01/2018-03/31/2018</i>	Insert the metric related to the reported update (if any) or write "N/A". <i>EXAMPLE: ii) N/A</i>
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	<i>EXAMPLE: The state projects an x% increase in beneficiaries with an SUD diagnosis due to an increase in the FPL limits which will be effective on X date.</i>	<i>EXAMPLE: 01/01/2019-03/31/2019</i>	<i>EXAMPLE: #6 and 7: Medicaid beneficiaries with SUD diagnosis (monthly)</i>
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			

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2.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) 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) <input checked="" type="checkbox"/> ii) 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 	<p><i>The state has begun the development of state plan amendments to add coverage for Medically-monitored Inpatient Withdrawal Management and Opioid Treatment Program (OTP) as Medicaid-covered state plan services. The state anticipates issuing public notice on both SPAs in December 2019. The state is targeting the submission of both SPAs for Q1 of calendar year 2020 with a requested effective date of January 1, 2020.</i></p> <p><i>Additionally, the state began a dialogue with OTP stakeholders including the state's Division of Behavioral Health and OTP subject matter experts within the provider community to gain an understanding of existing provider capacity, potential interest in participating in the Medicaid program, and opportunities to expand access.</i></p> <p><i>The state intends to expand OTP stakeholder outreach to individual OTP clinics in DY1Q2.</i></p>		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 1			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
<input type="checkbox"/> The state is not reporting metrics related to Milestone 2.			

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3.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input checked="" type="checkbox"/> i) Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria <input type="checkbox"/> ii) 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	<i>For DY1Q2, MLTC will work with the Division of Behavioral Health and contracted health plans to develop additional managed care contract language specifying utilization management requirements and level of care assessments for SUD treatment.</i>		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 2			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 2.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3			
<input type="checkbox"/> The state has no trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 3.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
4.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards <input checked="" type="checkbox"/> ii) State review process for residential treatment providers' compliance with qualifications standards <input checked="" type="checkbox"/> iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site 	<p><i>For DY1Q2, MLTC will work with the Division of Behavioral Health to develop updated service definitions for requiring access to MAT.</i></p> <p><i>For DY1Q2, MLTC will work with the Division of Behavioral Health and contracted health plans to develop additional managed care contract language to require provider education regarding the requirements to facilitate onsite or offsite access to MAT.</i></p> <p><i>For DY1Q2, MLTC will work with the Division of Behavioral Health and contracted health plans to develop additional managed care contract language to require reviews of residential treatment providers to assure the types of services, hours of clinical care, and credentials of staff for residential treatment settings are performed according to ASAM Criteria, or other nationally recognized, evidence-based SUD-specific program standards.</i></p>		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 3			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state is not reporting metrics related to Milestone 3.			
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			

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5.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input type="checkbox"/> Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	<i>For DY1Q2, MLTC will work with contracted health plans to develop additional managed care contract language to require provider capacity reporting to include number of participating providers accepting new patients by level of care and providers that offer MAT.</i> <i>For DY1Q2, MLTC will work with contracted health plans to develop expanded telehealth reporting requirements.</i>		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 4			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
6.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input type="checkbox"/> i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD <input type="checkbox"/> ii) Expansion of coverage for and access to naloxone			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 5			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input checked="" type="checkbox"/> Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	<i>For DY1Q2, MLTC will work with contracted health plans to update contract language to reflect specific requirements for Care Management follow up after SUD treatment discharge.</i>		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 6			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
8.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) How health IT is being used to slow down the rate of growth of individuals identified with SUD <input type="checkbox"/> ii) How health IT is being used to treat effectively individuals identified with SUD <input type="checkbox"/> iii) How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD <input type="checkbox"/> iv) 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 <input type="checkbox"/> v) Other aspects of the state’s health IT implementation milestones <input type="checkbox"/> vi) The timeline for achieving health IT implementation milestones <input type="checkbox"/> vii) Planned activities to increase use and functionality of the state’s prescription drug monitoring program 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Health IT			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
9.2.2 Implementation Update			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
<input checked="" type="checkbox"/> 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.	<i>Nebraska reported expenditures for DY1Q1 in accordance with STC 46. The state is in the process of completing the Nebraska-specific Budget Neutrality Template and is currently on track to upload the completed template as required in STC 26(c).</i>		
10.2.2 Implementation Update			
<input type="checkbox"/> The state expects to make other program changes that may affect budget neutrality			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
<input type="checkbox"/> States 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 report template instructions for more detail.			
<input checked="" type="checkbox"/> The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) <input type="checkbox"/> ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) <input type="checkbox"/> iii) Partners involved in service delivery 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
<input type="checkbox"/> 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			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state is working on other initiatives related to SUD or OUD			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			

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<input checked="" type="checkbox"/> 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.	<i>As the SUD demonstration is Nebraska's first 1115 demonstration, the state has been working to identify an entity that can function as the independent evaluator to assist with both the evaluation design and the evaluation. MLTC recently consulted with CMS on the suitability of the Nebraska Health Information Initiative (NEHII) to function as the state's independent evaluator. Discussions with NEHII are ongoing. In the interim, MLTC has been developing its draft evaluation design based on CMS guidance and a review of evaluation designs from other states. The state does believe there is some risk to the timetable for initial design submission and that the subsequent back and forth between CMS and the state to finalize the evaluation design may be more protracted than anticipated based on the terms of the STCs.</i>		
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<input checked="" type="checkbox"/> List anticipated evaluation-related deliverables related to this demonstration and their due dates.	<i>Draft evaluation design is due 180 days after the demonstration effective date of July 1, 2019.</i>		
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
<input type="checkbox"/> The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
<input type="checkbox"/> The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			

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Compared to the demonstration design and operational details, the state expects to make the following changes to: <input type="checkbox"/> i) The schedule for completing and submitting monitoring reports <input type="checkbox"/> ii) The content or completeness of submitted reports and/or future reports			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
<input checked="" type="checkbox"/> The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	<i>The state proposed its plan to CMS on November 21, 2019 to submit the required monitoring protocol as a draft on November 29, 2019 with a subsequent update to include annual goals and demonstration targets for the agreed upon metrics by January 3, 2020. As of the submission of this report, this proposal is still under consideration by CMS.</i>		
<input type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
13.1.2 Post-Award Public Forum			
<input checked="" type="checkbox"/> 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.	<i>The state held its SUD demonstration Post-Award Public Forum on Tuesday, September 17, 2019. The forum was held as part of a standing quarterly public meeting for MLTC’s Heritage Health managed care program stakeholders. Participants include Heritage Health plans, providers, provider associations, beneficiary advocacy organizations, legislative representatives, and members of the general public. Participants attended in-person or utilized the toll-free conference line. MLTC provided an overview of the SUD demonstration authority and outlined the major implementation milestones. A handout was made available for all participants. A portion of the forum was reserved for open public comment and questions on the SUD demonstration. MLTC received no questions during the forum. The state did receive follow up questions from the Legislative Ombudsman’s office and provided responses to those questions.</i>		
<input type="checkbox"/> No post-award public forum was 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 topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

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

The IET-AD, FUA-AD, FUM-AD, and AAP measures (metrics #15, 17 (1), and 17 (2), and 32) are Healthcare Effectiveness Data and Information Set (“HEDIS®”) measures that are owned and copyrighted by the National Committee for Quality Assurance (“NCQA”). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only “Uncertified, Unaudited HEDIS rates.”

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