



## Nebraska Medicaid Section 1115 Substance Use Disorder Post-Approval Forum

On July 1, 2019, the Centers for Medicare and Medicaid Services (CMS) approved Nebraska's application for a section 1115 substance use disorder (SUD) demonstration waiver. The Division of Medicaid and Long-Term Care (MLTC) has begun the process of implementing this new waiver authority.

The SUD demonstration program provides Nebraska Medicaid the expenditure authority to receive federal Medicaid funds to cover SUD-related inpatient stays of over 15 days for adults ages 21-64 in facilities that meet the federal regulatory definition of an Institution for Mental Diseases or IMD.

MLTC worked with CMS to develop the action items required to meet each CMS-identified milestone for this demonstration. Those action items are detailed in the table below.

More information on Nebraska's 1115 SUD demonstration can be found on the demonstration webpage: <http://dhhs.ne.gov/Pages/Substance-Use-Disorder-Demonstration.aspx>

Comments or questions can be sent to the dedicated email address: [dhhs.sudwaiver@nebraska.gov](mailto:dhhs.sudwaiver@nebraska.gov)

Implementation Action Item	Timeline*
Submit a State Plan Amendment to request authority to cover medically-monitored intensive inpatient withdrawal management for adults at ASAM level 3.7-WM	12- 24 months
Submit a State Plan Amendment to request authority to cover methadone for MAT.	12-24 months
Update contract language to reflect specific requirements for utilization management and level of care assessments.	12- 24 months
Update contract language to require provider education regarding the requirements to facilitate MAT onsite or off site, and on benefits of MAT accessibility, to begin a shift in perspective toward acceptance of MAT as a complementary treatment.	24 months
Update service descriptions to require access to MAT.	24 Months
Update 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.	24 Months
Add SUD specific provider capacity reporting requirements which include the number of participating providers accepting new patients by level of care and those that offer MAT	12 Months
Expanded telehealth reporting requirements	12 Months
Update contract language to reflect specific requirements for Care Management follow up after SUD treatment discharge.	12- 24 months

\*All timeframes are from the effective date of the demonstration approval - July 1, 2019