

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B

Nebraska Substance Use Disorder Demonstration

DY1 – July 1, 2019 – June 30, 2010

Annual – July 1, 2019 – June 30, 2020

Submitted on 9/30/2020

The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support Nebraska’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. 12 of Version 3.0). 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 | <i>Nebraska</i> |
| Demonstration name | <i>Nebraska Substance Use Disorder Program</i> |
| Approval period for section 1115 demonstration | <i>07/01/2019 – 06/30/2024</i> |
| SUD demonstration start date^a | <i>07/01/2019</i> |
| Implementation date of SUD demonstration, if different from SUD demonstration start date^b | <i>07/01/2019</i> |
| SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives | <i>During the demonstration period, the state seeks to achieve the following goals: 1. Increased rates of identification, initiation, and engagement in treatment for SUD; 2. Increased adherence to and retention in treatment; 3. Reductions in overdose deaths, particularly those due to opioids; 4. Reduced utilization of emergency departments and inpatient hospital settings for treatment that is preventable or medically inappropriate through improved access to other continuum of care; 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and, 6. Improved access to care for physical health conditions among beneficiaries with SUD.</i> |
| SUD demonstration year and quarter^c | <i>SUD DY1Q2 – SUD DY1Q4</i> |
| Reporting period^c | <i>10/01/2019 – 06/30/2020</i> |

^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 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.

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^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.

From DY1Q2 to DY1Q4 (October 2019 – June 20, 2020), the state focused on 1115 demonstration administration, standing up new Medicaid covered services, and submitting a draft evaluation design. Additionally, the state prioritized and accelerated SPAs to add Medically-monitored Inpatient Withdrawal Management and Opioid Treatment to the covered services

In DY1Q3, work on the SUD demonstration was significantly impacted by the need to allocate resources towards addressing the COVID-19. This reprioritization impacted areas such as updating the monitoring protocol.

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 | | | |
| 1.1.1. The state reports the following metric trends related to assessment of need and qualification for SUD services | X | <i>*EXAMPLE: #5: Medicaid Beneficiaries Treated in an IMD for SUD</i> | <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> |
| 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 related to Milestone 1 | X | | |
| 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 related to Milestone 2 | X | | |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Nebraska Substance Use Disorder Program

| 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> | X | | |
| 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 related to Milestone 4 | X | | |
| 6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5) | | | |
| 6.1 Metric trends | | | |
| 6.1 The state reports the following metric trends related to Milestone 5 | X | | |
| 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 related to Milestone 6 | X | | |

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0 (customized)
 Nebraska Substance Use Disorder Program

| 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 | | | The state noticed a clear increase in telehealth usage in DY1Q4 due to the COVID PHE. |
| 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 | X | | |

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

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