Nevada's Sustainability Plan to Support Expansion of SUD and OUD Treatment and Recovery Provider Capacity

Department of Health Care Finance and Policy

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Contents

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Executive Summary

Nevada is committed to building upon the success of its current programs and the creation of new ones to promote a sustainable health care delivery system for SUD and OUD treatment and recovery services. At the start of Nevada's Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act planning grant, the lead agency, the Nevada Division of Health Care Financing and Policy (DHCFP), established the Nevada SUPPORT Act Core Team (Core Team). This active governance body was spearheaded by leadership from Nevada Medicaid, the Division of Public and Behavioral Health (DPBH,) and Substance Abuse Prevention and Treatment Agency (SAPTA), and included a diverse representation from several other state agencies and divisions, as well as community partners and providers.

Among the key Nevada SUPPORT Act grant activities, the Core Team produced the *Nevada SUD Treatment and Recovery Services Provider Capacity Expansion Strategic Plan*. The Core Team used the strategic plan and other project deliverables to identify those key policies, programs, and protocols necessary to sustain with resources after the planning grant is complete. Designed as a companion guide to the strategic plan, this sustainability plan presents specific strategies and tactics aligned to a timeline, creating an actionable framework to ensure that the State continues to make strides in both expanding and sustaining provider capacity to meet the needs of Nevada Medicaid beneficiaries.

This sustainability plan contains five sections:

- Policy and Programs
- Workforce Development and Provider Training
- Stakeholder Engagement
- Continuous Data-Driven Evaluation
- Financial Assessment

Each section is organized as follows:

Focus Area: Foundational areas of coordinated strategies and tactics designed to expand provider capacity and Medicaid beneficiary access to care; and enhance data collection, analysis, and reporting integrity.

Lead Entity: State agencies who will lead or co-lead the activity.

Key Partners: Entities who will be actively involved to promote the success of the strategy and corresponding tactics

Ongoing Investments:

- State Funding – funding from the State of Nevada
- Federal Funding – funding from the Federal government
- Grant Funding – funding from the Federal government or other entity

1. Policy and Programs

Nevada has completed a substantial amount of work to advance their SUD and OUD treatment and recovery services provider billing policies. This is evidenced by Nevada's new Medication-Assisted Treatment (MAT) policy which opened related evaluation and management codes to additional Medicaid provider types. These provider types include: physicians, advanced practice registered nurses, physician assistants, and nurse midwives. Nevada Medicaid also opened Screening, Brief Intervention, and Referral to Treatment (SBIRT) codes. DHCFP, its sister agencies, and partners are committed to take steps, as shown in the table below, to further increase Nevada beneficiary access to SUD and OUD services through the use of policy and infrastructure development.

	Ongoing Sustainability: Task Owners				
#	**Focus Area**	**Lead Entity**	**Key Partners**	**Ongoing Investments**	**Frequency/Timeline**
1.	**Policy and Infrastructure Development**				
1.1.	**Evaluate and Enhance MAT and SUD Policies, Billing Guides and Substance Abuse Bulletins.**				
1.1.1.	Future updates to MAT policy may include delivery of services in OTPs and IOTRCs and inclusion of Partial Opioid Agonist Drugs.	DHCFP	DPBH, Providers	State Funding	Mid-term
1.1.2.	Develop sufficient reimbursement policies for SUD and OUD services to ensure a sustainable workforce.	DHCFP	DPBH, Providers	State Funding	Near-Term
1.1.3.	Create Hub-and-Spoke Policy to further operationalize the hub-and-spoke model of care coordination and whole-person treatment effort.	DHCFP	DPBH, Providers	State Funding	Mid-term
1.2.	**Expand Scope of Practice for Advanced Practice Registered Nurses (APRNs).**				
1.2.1.	Initiate discussions with the Nevada State Board of Nursing to add SUD and OUD services and individuals with SUD and OUD to the scope of practice for APRNs.	DPBH	Nevada State Board of Nursing	State Funding	Near-Term
1.3.	**Continue Annual Assessment of Administrative Burden Concerning Nevada SUD and OUD Providers.**				
1.3.1	Assess the amount, duration, and scope of Nevada's SUD and OUD services to determine necessary changes to benefits.	DHCFP	Providers, MCOs	State Funding	Conduct annual assessment, review policies as needed.
1.3.2.	Deploy Centralized Credentialing Capabilities.	DHCFP	Providers, MCOs	State Funding	Mid-term
1.4.	**Conduct Annual Review of Prior Authorization (PA) Requirements to Determine if Changes are Needed.**				
1.4.1.	Removal or modification of prior authorization for services as deemed appropriate to increase access to care.	DHCFP, MCOs	Providers	State Funding	Near-term and On-going
1.4.2.	Track Utilization Data with Changes in Prior Authorization Requirements.	DHCFP, MCOs	Providers	State Funding	Mid-term
1.5.	**Perform Review of Provider and Insurance Company Contracts.**				

	Ongoing Sustainability: Task Owners				
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
1.	**Policy and Infrastructure Development**				
1.5.1.	Create Contract Review Workgroup to determine the key review elements required to assess patient-centered care language and report to leadership.	DHCFP	DPBH, Providers	State Funding	Near-term
1.5.2.	Workgroup (including CASAT) to make recommendations to leadership on quality-based outcomes to include in SUD treatment provider contracts to support monitoring and oversight. Consideration will be given on how to support providers with the efforts associated with data collection.	DHCFP, CASAT, DPBH	Providers	State Funding	Mid-term
1.5.3.	Assess D-SNP contracts and determine specific language to include on ensuring whole-person care. Also consider language on how D-SNPs should be required to work with SUD and OUD treatment providers.	DHCFP		State Funding	Mid-term
1.6.	**Continue Use of Comprehensive Preventive Services Rooted in Harm Reduction Principles.**				
1.6.1.	Explore potential Medicaid coverage for recovery services such as Trac-B and Foundations for Recovery.	DHCFP, DPBH, CASAT	Providers	State Funding	Long-term
1.6.2.	Enact policy that requires all persons who work with individuals with an SUD diagnosis have a minimum set of hours of prevention strategies and SUD education or training.	DHCFP, DPBH, CASAT	Providers	State Funding	Long-term
1.7.	**Address Social Determinants of Health and Health Disparities.**				
1.7.1.	Enable non-emergency secure behavioral health transport services (a motor vehicle, other than an ambulance or other emergency response vehicle) that is specifically designed, equipped, and staffed by an accredited agent to transport a person alleged to be in a mental health crisis or other behavioral health condition, including those individuals placed on a legal hold.	DHCFP,DPBH	Providers	State Funding	Completed 04/21
1.7.2.	Examine Tenancy Support strategies. Identify housing supports for patients in recovery as a prevention strategy to reduce the likelihood of further substance use.	DHCFP	DPBH, Providers	Grant Funding	Mid-term

2. Workforce Development and Provider Training

One of Nevada's guiding principles for increasing Medicaid beneficiary access to behavioral health services with an emphasis on substance use disorders is having a well-trained and sufficient workforce to meet community needs. Nevada will continue promote trainings to providers available through the state, partners of the state (CASAT) and Project ECHO®. Additionally, there has been an increase in education for special populations, as demonstrated through the use of resource guides for treatment of pregnant women with OUD and infants born with neonatal abstinence syndrome (NAS). Additional strategies related to workforce development and provider training are listed on the table below.

	Ongoing Sustainability: Task Owners`				
#	**Focus Area**	**Lead Entity**	**Key Partners**	**Ongoing Investments**	**Frequency/Timeline**
2. Policy and Infrastructure Development					
2.1.	**Increase overall capacity of providers offering SUD and OUD treatment and recovery support services through the use of education and training.**				
2.1.1.	Continue to Ensure SUD and OUD Benefits and Prior Authorization Requirements Are Understood by Providers.	DHCFP	Providers	State Funding	Near-Term
2.1.2.	Employ Project ECHO training clinics and recordings on pain management and other topics relevant to SUD and OUD treatment.	DHCFP/ECHO	DPBH, Providers, CASAT	State Funding via MCOs; others?	Near-Term
2.1.3.	Leverage CASAT's relationship with the medical education community to encourage providers to receive treatment services training.	DHCFP, CASAT	Medical Education Community	State Funding; Grant Funding	Near-Term
2.2.	**Continue to improve upon SUD and OUD treatment and recovery support services training resources for providers.**				
2.2.1.	Monitor and update as needed SUD and OUD provider resources on Nevada's behavioral health website.	DHCFP, DPBH	CASAT	State Funding; Grant Funding	Mid-Term
2.2.2.	Enhance trainings to include culturally tailored and linguistically appropriate services.	DHCFP, DPBH, CASAT, ECHO	Providers	State Funding; Grant Funding	Mid-Term
2.2.3.	Continue to conduct evaluations of current SUD and OUD training and analyze the need for expansion.	DHCFP, DPBH, CASAT	Providers	State Funding; Grant Funding	Mid-Term
2.2.4.	Develop statewide recovery support tool(s), such as a tool to determine the level of risk for relapse.	DPBH, CASAT	DHCFP, Providers	State Funding; Grant Funding	Mid-Term

	Ongoing Sustainability: Task Owners`				
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
2. Policy and Infrastructure Development					
2.2.5.	Continue technical assistance and training for referring and receiving providers to ensure use of the OpenBeds tool is integrated into workflows.	Overdose Data to Action Program	DHCFP, DPBH, Providers, Provider Associations	State Funding	Near-Term
2.3.	**Increase overall capacity of providers offering MAT services.**				
2.3.1.	Offer MAT providers training and, potentially, incentives for participation in the patient-centered opioid addiction treatment (PCOAT) model.	DHCFP, DPBH	Provider Associations	State Funding	Near-Term
2.3.2.	Engage Provider Associations to Promote SBIRT and MAT Induction services. Focus area: Emergency Departments.	DHCFP, DPBH	Provider Associations; Large Health Networks	State Funding	Near-Term
2.3.3.	Assess the outcomes of MAT program providing case managers to law enforcement agencies and the potential for dissemination.	DHCFP, DPBH	Provider Associations; Large Health Networks	State Funding	Long-Term
2.3.4.	Provide Technical Assistance to FQHCs for MAT Expansion. Adapt Approach to Rural Health Clinics (RHCs).	CASAT, Provider Association	DPBH, DHCFP	Grant Funding	Mid-Term
2.4.	**Provide Continuity of Care (CoC) Between Levels of Care.**				
2.4.1.	CCBHCs will continue to provide care coordination services with various community partners.	DHCFP, DPBH	CCBHCs, FQHCs, RHCs, CASAT	State Funding; Grant Funding	Near-Term
2.4.2	Continue support of expansion of SUD services provided by FQHCs. Apply FQHC practices to Rural Health Clinics (RHCs).	CASAT, Provider Association	DPBH, DHCFP	Grant Funding	Long-Term
2.4.3.	Monitor and consider how to leverage public safety and State Opioid Response (SOR) grant programs to promote CoC.	DPBH, DHCFP	CASAT; Providers	Grant Funding	Near-Term
2.4.4.	Establish and further operationalize the hub-and-spoke model benefit under the managed care program that supports it.	DPBH, DHCFP	MCOs; Providers	State Funding	Mid-Term
2.4.5.	Determine the specific reporting that is required by MCOs to evaluate expansion of the hub-and-spoke model.	DPBH, DHCFP	MCOs; Providers	State Funding	Long-Term
2.5.	**Expand Mobile Opioid Crisis Outreach using available American Rescue Plan funding.**				

	Ongoing Sustainability: Task Owners`				
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
2. Policy and Infrastructure Development					
2.5.1.	DHCFP will determine if the addition of these services require a State Plan Amendment or just an update to policy.	DHCFP, DBPH	Providers	State Funding	Near-Term
2.5.2.	State will implement expansion for coverage mobile crisis intervention services using agreed-upon mechanisms.	DHCFP, DBPH	Providers	State Funding.	Mid-Term
2.6.	**Increase Availability of Peer Recovery Support Services.**				
2.6.1.	Expand internship programs.	DHCFP, DBPH	Providers	To Be Determined	Mid-Term
2.6.2.	Promote existing 24/7 peer-led warmlines.	DHCFP, DBPH	Providers	To Be Determined	Near-Term
2.6.3.	Continue state support of scholarships for peer recovery and support specialists.	DHCFP, DBPH	Providers	To Be Determined	Long-Term
2.7.	**Improve Access to Care Using Technology.**				
2.7.1.	Monitor current broadband infrastructure programs and target outreach to rural communities with extended telehealth coverage.	DHCFP	Providers	Grant Funding	Near-Term
2.7.2.	Conduct key informant interviews with providers to address the ongoing barriers and challenges, as well as advantages, in telehealth utilization.	DHCFP, DPBH	Providers	State Funding; Grant Funding	Mid-Term
2.8.	**Advance Widespread Use of SBIRT.**				
2.8.1.	Increase Awareness of the Availability of SBIRT Training. Implement provider training on SBIRT in coordination with MCOs.	DHCFP,DPBH	Providers	State Funding	Near-Term
2.8.2.	Assess Effectiveness of SBIRT Training.	CASAT, DPBH, ECHO	Providers	State Funding; Grant Funding	Near-Term
2.8.3.	Leverage Existing Inpatient and Outpatient Reference Guides to Create New Resource Materials.	DPBH,DHCFP	ASTHO OMNI Team	State Funding	Mid-Term
2.9.	**Address Needs of Special Populations - the sub-populations of 1) pregnant and postpartum women and their infants to address neonatal abstinence syndrome; 2) duty military and veterans; 3) adolescents and young adults; 4) tribal communities; 5) dual-eligibles; 6) people living in rural areas and 7) justice-involved populations.**				

	Ongoing Sustainability: Task Owners`				
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
2. Policy and Infrastructure Development					
2.9.1.	Promote SBIRT for primary care visits for adolescents. Provide FQHCs with resources for referring adolescents and young adults, including treatment and recovery services.	CASAT, DPBH, Provider Associations	DHCFP, Providers	State Funding; Grant Funding	Near-Term
2.9.2.	State agencies will collaborate with tribal representatives and continue outreach efforts for tribal communities to participate in SUD needs assessment surveys and focus groups to ensure their needs are known and addressed.	DHCFP, CASAT	DPBH, Providers	State Funding; Grant Funding	Near-Term
2.9.3.	Ensure appropriate addiction resources are included in the children's mental health crisis hotline**.**	DCFS, DHCFP	DPBH, Providers	State Funding; Grant Funding	Near-Term
2.9.4.	Promote enrollment of Dual Eligible Special Needs Plans (D-SNPs) which provide additional coordinated services for those with the highest needs.	DHCFP	DPBH	State Funding	Near-Term
2.9.5.	Maintain Distribution of Naloxone Kits.	CASAT, DPBH	Providers	Grant Funding	Near-Term
2.9.6.	Develop plan for expansion of mobile MAT treatment for rural and frontier communities.	DHCFP, DPBH	Providers, CASAT	State Funding	Near-Term
2.9.7.	CCBHCs will work with the state to develop a training opportunity where they provide their lessons learned and other insights on providing tailored care for active duty military and veterans.	DHCFP, DPBH	CCBHCs, CASAT	State Funding; Grant Funding	Near-Term
2.9.8.	Evaluate the outcomes from the ASTHO- OMNI and SOR grant projects for pregnant and postpartum women and their infants and apply successes for future initiatives addressing SUD in additional identified special populations.	DPBH,CASAT	SEI,DHCFP	State Funding; Grant Funding	Mid-Term
2.9.9.	Evaluate outcomes from efforts to support SUD treatment to the justice-involved population and consider how this can be replicated for long-term sustainability.	DPBH,CASAT	DHCFP, Justice System	Grant Funding	Mid-Term
2.10.	**Increase Use of Telehealth For Treatment And Recovery Services.**				

	Ongoing Sustainability: Task Owners`				
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
2. Policy and Infrastructure Development					
2.10.1.	Publicize Telehealth Resources.	DHCFP, DPBH	Providers, CASAT	State Funding	Near-Term
2.10.2.	Analyze Telehealth Data.	DHCFP, DPBH	CASAT	State Funding	Near-Term
2.10.3.	Incorporate Telehealth and Hub and Spoke. Hub-and-spoke model redesign specific to Nevada's needs based on federal regulation or through the use of state plan or a waiver.	DHCFP, DPBH, MCOs	Providers, CASAT	State Funding	Mid-Term
2.10.4.	Launch Statewide Telehealth SUD and OUD Treatment Program in 2026.	DHCFP, DPBH, MCOs	Providers, CASAT	State Funding	Long-Term
2.11.	**Continue Use of Comprehensive Preventive Services Rooted in Harm Reduction Principles.**				
2.11.1.	Promotion of Harm Reduction Services.	DHCFP, DPBH, CASAT, Project ECHO	Harm Reduction Services providers	State-Funding; Grant Funding	Near-Term
2.11.2.	Educate providers on Harm Reduction Providers.	DHCFP, DPBH, CASAT, Project ECHO	Harm Reduction Services providers	State-Funding; Grant Funding	Near-Term
2.12.	**Address Social Determinants of Health and Health Disparities.**				
2.12.1.	Evaluate the work of the Protection Commission and the West Coast Compact on health equity and consider its applicability to Nevada.	DHCFP, DPBH	CASAT, Project ECHO, Providers	State-Funding	Near-Term
2.12.2.	Work with sister agencies to put out a quarterly email blast to providers on SDOH resources. Emails would be short and informational, but also provide links to additional training/resources	DHCFP	Sister Agencies	State-Funding	Near-Term
2.12.3.	Conduct research with first responder groups to determine the training needed to develop awareness regarding health disparities within the community.	DHCFP, DPBH, First Responder Groups	CASAT, Project ECHO, Providers	State-Funding	Mid-Term
2.12.4.	Create a training package for first responders including content related to cultural awareness and health disparities among the populations they serve.	DHCFP, DPBH, First Responder Groups	CASAT, Project ECHO, Providers	State-Funding	Long-Term

3. Stakeholder Engagement

Gathering accurate and relevant information is necessary to assess Nevada's current state of behavioral health treatment needs, provider capacity, and level of care coordination. To meet this assessment need, DHCFP and its partners have developed and executed a multi-prong stakeholders engagement process. The process includes collection of primary data through surveys, interviews, focus groups, and provider design session with both state-wide and community-wide stakeholders. Information is gathered regarding behavioral and mental health needs; suicide prevention; substance abuse; provider capacity and willingness to provide care to name a few. Nevada will continue to engage stakeholders using various methods to gather key information as illustrated on the table below.

	Ongoing Sustainability: Task Owners				
#	**Focus Area**	**Lead Entity**	**Key Partners**	**Ongoing Investments**	**Frequency/Timeline**
3. Stakeholder Engagement					
3.1.	**Continue Engagement of Provider Stakeholders.**				
3.1.1.	Continue engagement activities to assess provider willingness and perceived barriers to offering MAT.	DHCFP, DPBH	CASAT, Provider Associations	State Funding	Near-Term
3.1.2.	Streamline stakeholder engagement targeting Medicaid providers into an annual series.	DHCFP, DPBH	CASAT, Provider Associations	State Funding	Mid-Term
3.1.3.	Collect provider testimonials and success stories from the field. Create campaign designed to reduce provider stigma-related issues and implicit bias.	DHCFP, DPBH	CASAT, Provider Associations	State Funding	Long-Term
3.1.4.	Drive awareness of the hub-and-spoke model and its participants to large hospital systems.	DHCFP, DPBH,MCO	Provider Associations, Providers	State Funding	Near-Term
3.2.	**Evaluate Key Partnerships**				
3.2.1.	State will work with CASAT and targeted organizations to assess current community partnerships to determine if they are being utilized to their full capacity.	DHCFP, DPBH, CASAT	Providers, Provider Associations	State Funding	Mid-Term
3.2.2.	Engage current clinical champions to locate physicians, with significant experience treating patients with SUD or OUD, who are willing to serve as consultants or mentors to peers.	DHCFP, DPBH, CASAT, Clinical Champions	Providers, Provider Associations	State Funding	Near-Term
3.3.	**Leverage Current Knowledge and Relationships with Regional Behavioral Health Coordinators.**				
3.3.1.	Engage businesses and community-based organizations to promote	DHCFP, DPBH	Regional Behavioral Health Coordinators	State Funding	Mid-Term

	Ongoing Sustainability: Task Owners				
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
3. Stakeholder Engagement					
	community resources and SUD treatment training programs.				
3.4.	**Continue Engagement of Recipient and Recipient Advocates.**				
3.4.1	Engage stakeholders on topics such as telehealth, health IT and HIE, billing and reimbursement, integrated care, and the hub and spoke model as needed to make informed decisions.	DHCFP, DPBH	Recipients, Patient Advocacy Groups	State Funding	Near-Term
3.4.2.	Increase efforts in promotion of services available to recipients to address SDoH needs.	DHCFP, DPBH	CASAT, Recipients, Patient Advocacy Groups	State Funding	Near-Term
3.4.3.	Create Marketing and Communications Campaigns to Combat Stigma.	DHCFP, DPBH, CASAT	Recipients, Patient Advocacy Groups	State Funding	Near-Term
3.4.4.	Promote SUD and OUD benefits available to recipients through use of recipient handbook and on-line resources available on the DHCFP website.	DHCFP, DPBH	Recipients, Patient Advocacy Groups	State Funding	Near-Term
3.4.5.	Leverage partnership with recipient advocacy and other groups to regularly gather success stories from patients recovering from SUD.	DHCFP, DPBH	Recipients, Patient Advocacy Groups	State Funding	Mid-Term
3.4.6.	Partner with coalitions to build off of their successes in engaging with local youth and school districts in high quality prevention efforts.	DHCFP, DPBH, CASAT	Recipients, Patient Advocacy Groups	State Funding	Near-Term
3.4.7.	Increase visibility/promotion of SUD treatment services for active duty military and veterans. Update the https://behavioralhealthnv.org/get-help/ website to include CCBHCs as a service providers for veterans.	DPBH	DHCFP, Recipients, Patient Advocacy Groups	State Funding	Near-Time
3.4.8.	Promote availability of resources from Families First Prevention Services Act and Money Follows the Person programs to providers as possible patient and family support resources.	DHCFP, DPBH	DCFS, Recipients, Patient Advocacy Groups	State Funding	Mid-Term
3.5.	**Continue Use of Comprehensive Preventive Services Rooted in Harm Reduction Principles.**				
3.5.1	Target community members, organizations, volunteers, professionals and other	DBPH, DHCFP	Provider Associations, CASAT	State Funding; Grant Funding	Mid-term

	Ongoing Sustainability: Task Owners				
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
3. Stakeholder Engagement					
	stakeholders to become part of the prevention workforce.				

4. Continuous Data-Driven Evaluation

Access to accurate, timely, and reliable data is vital to drafting effective health care policy, as it provides a snapshot of the state's health care status at any point in time. Funding opportunities typically call for a demonstration of need and measuring effectiveness, which can be accomplished using data. The Core Team developed comprehensive strategies to support long-term and ongoing sustainability of data collection and analysis to support continuous clinical quality improvement monitoring. Strategic tasks are listed below.

	Ongoing Sustainability: Task Owners				
4. Continuous Data-driven Evaluation					
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
4.1.	**Leverage Workforce Assessment completed by the Office of Analytics, Primary Care Association and other entities.**				
4.1.1.	Use data from workforce studies to determine workforce needs to achieve specific outcomes.	DHCFP	Office of Analytics, Primary Care Association	State Funding	Long-Term
4.2.	**Collect additional data via the MMIS.**				
4.2.1	Utilize interoperability of MMIS system to streamline value-based reporting.	DHCFP	To Be Determined	State Funding	Mid-Term
4.3.	**Address Social Determinants of Health and Health Disparities.**				
4.3.1.	Generate SDOH Data Reporting. Request and utilize quarterly SDOH data reporting to engage CASAT and NVPCA as they evaluate SDOH assessment tools such as PRAPARE.	CASAT, NVPCA,DPBH	DHCFP	Grant Funding	Near-Term
4.3.2.	Continue collaboration to define the scope, timeline, and goals of implementation of the SDOH assessment tools.	CASAT, NVPCA,DPBH	DHCFP	Grant Funding	Near-Term
4.3.3.	Explore ways to incorporate use of SDOH assessment tool into MCO contracts or a reimbursement mechanism.	DHCFP, MCOs	Providers, CASAT, DPBH	State Funding	Long-Term
4.4.	**Support Provider And State Use Of The PMP.**				
4.4.1.	Use data to identify opportunities for additional training. Analyze PMP data to identify trends in stimulant prescriptions issued and dispensed, such as potential doctor shoppers and concurrent prescriptions.	DHCFP, DPBH	To Be Determined	State Funding	Near-Term
4.4.2.	Apply successful practices from opioid prescribing by	DHCFP, DPBH	To Be Determined	State Funding	Mid-Term

	Ongoing Sustainability: Task Owners				
4. Continuous Data-driven Evaluation					
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
	Nevada providers that can be replicated for prescribing of stimulants.				
4.4.3.	Design and develop approach for integrations of PMP queries into screening tools and practices.	DHCFP, DPBH	To Be Determined	State Funding	Long-Term
4.4.4.	Develop a workflow and training for providers to integrate PMP queries into screening tools and practices.	DHCFP, DPBH	To Be Determined	State Funding	Long-Term
4.5.	**Expand use of Referral Mechanisms in Nevada.**				
4.5.1.	Receive periodic updates from University of Nevada – Reno (UNR), state owner of OpenBeds.	UNR	DHCFP, DPBH	To Be Determined	Near-Term
4.5.2.	Update the referral process to include use of the eligibility checklist to enable referring providers to confirm Medicaid eligibility and initiate enrollment.	UNR	DHCFP, DPBH	To Be Determined	Near-Term
4.5.3.	Develop a user-friendly standardized form that providers can complete and send with referrals to improve coordination of care.	UNR	DHCFP, DPBH	To Be Determined	Mid-Term
4.5.4.	Coordinate with CASAT the development of the opioid treatment registry.	CASAT, DHCFP, DPBH	UNR, Provider Associations	Grant Funding	Mid-Term
4.5.5.	Coordinate MCOs, provider networks, and state agencies to establish policies that facilitate referrals for treatment or recovery service when appropriate.	DHCFP, DPBH	MCOs, Provider Networks	State Funding	Mid-Term
4.6.	**Establish Nevada All-Payers Claim Database (APCD)**.				
4.6.1.	Apply for grant funding to support implementation of APCD. Application for grant funding is due in September 2021.	DHCFP	To Be Determined	State Funding	Near-Term
4.6.2.	Form workgroup to determine infrastructure of APCD including if there will be a mechanism to develop blended funding model within this system.	DHCFP	To Be Determined	Grant Funding	Near-Term

	Ongoing Sustainability: Task Owners				
4. Continuous Data-driven Evaluation					
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
4.6.3.	State will begin planning for and designing of APCD.	DHCFP	To Be Determined	Grant Funding	Mid-Term
4.6.4.	Implementation of the APCD.	DHCFP	To Be Determined	Grant Funding	Long-Term
4.7	**Establish Mechanism Using Claims Data to Accurately Identify Provider Capacity at an Individual Level.**				
4.7.1.	Apply data collection methods and analysis to identify and count individual addiction specialists and treatment providers who are not individually enrolled.	DHCFP	To Be Determined	State Funding	Near-Term
4.7.2.	Eliminate Manual Data Collection through use the MMIS portal to automate request to providers to identify individual addiction specialist's service providers and the capacity of each.	DHCFP	To Be Determined	State Funding	Mid-Term
4.7.3.	Regularly generate aggregate data summary reports to determine levels of capacity and impacts from policy and infrastructure changes.	DHCFP	To Be Determined	State Funding	Mid-Term
4.7.4.	Draft a business case, which outlines the need for enrollment of individual SUD and OUD treatment providers to accurately assess the number of providers and their capacity.	DHCFP	To Be Determined	State Funding	Mid-Term
4.8	**Develop Ability to Collect and Analyze Data to Distinguish Providers who are Eligible to Submit Claims For SUD Services And MAT**				
4.8.1.	Apply a Universal Indicator. Create indicators on the provider enrollment record that signifies eligibility to provide SUD and MAT services.	DHCFP	MMIS Vendor	State Funding	Near-Term
4.8.2.	Update the Universal Indicator. Update indicators so that a provider's eligibility to bill for SUD or MAT services is an integral and current element of their record.	DHCFP	MMIS Vendor	State Funding	Mid-Term
4.9	**Accurately Identify Capacity of SUD and OUD Treatment Providers**				
4.9.1.	Schedule ongoing meetings among the QPR, T-MSIS, and CMS-64 reporting teams to	DHCFP	To Be Determined	State Funding	Near-Term

	Ongoing Sustainability: Task Owners				
4. Continuous Data-driven Evaluation					
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
	identify data variances and data correlation, and to ensure consistent data reporting.				
4.9.2.	Continue current activities to gather behavioral health data from state, federal, tribal, and local resources.	DHCFP,DPBH	To Be Determined	State Funding	Near-Term
4.9.3.	Establish a workgroup comprised of DHCFP, DPBH, and other state agency stakeholders to regularly share and analyze SUD and other related data, as well as make system change recommendations as needed.	DHCFP, DPBH	other state agency stakeholders	State Funding	Near-Term
4.9.4.	Establish Nevada SUD databook and reporting dashboards to improve data visualization and communication. Create dashboard reporting regarding process and outcome data, indicators, benchmarks, and specific measures.	DHCFP, DPBH	To Be Determined	State Funding	Near-Term
4.9.5.	Continue to monitor and identify enhancements to the Nevada SUD databook and reporting dashboards to improve data visualization and communication.	DHCFP, DPBH	To Be Determined	State Funding	Mid-Term
4.9.6.	Determine culturally relevant, specific tribal behavioral health metrics.	DHCFP, DPBH	To Be Determined	State Funding	Mid-Term
4.10	**Update SUD and OUD Data Reporting Standards In Medicaid and Increase Coordination Between Reporting Teams.**				
4.10.1.	Create Inter-Departmental Data Workgroup to develop SUD and OUD reporting standards to improve Quarterly Progress Report (QPR), T-MSIS, and CMS 64 reporting.	DHCFP	DPBH	State Funding	Near-Term
4.10.2.	Ensure reporting standards are being met through monitoring metrics that correlate SUD and OUD data.	DHCFP	DPBH	State Funding	Mid-Term
4.10.3.	Identify position(s) responsible for monitoring and reporting the process and outcome measures to	DHCFP	DPBH	State Funding	Mid-Term

	Ongoing Sustainability: Task Owners				
4. Continuous Data-driven Evaluation					
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
	DHCFP, DPBH, and other appropriate state agencies.				
4.10.4.	Develop and publish annual SUD and OUD report with specific identified data points and indicators.	DHCFP	DPBH	State Funding	Mid-Term
4.10.5.	Combine SUD and OUD provider capacity data reporting with needs assessments data to continuously identify and address gaps in prevention, treatment and recovery services for special, historically underserved, and vulnerable populations.	DHCFP	DPBH	State Funding	Mid-Term
4.11	**Utilize Data Governance Processes to Increase Coordination Between Reporting Teams**				
4.11.1.	Continue to apply data governance best practices to clarify roles in decision-making and accountability, particularly for data elements that are used by multiple reports.	DHCFP	To Be Determined	State Funding	Near-Term
4.11.2.	Assure that the data governance working group will regularly address data integrity, reporting needs, use of standards, and changes in SUD and OUD provider capacity-related data elements.	DHCFP	To Be Determined	State Funding	Mid-Term
4.12	**INCREASE ACCESS TO REAL-TIME SUD AND OUD DATA AND USE OF INNOVATIVE ANALYTIC TOOLS.**				
4.12.1.	Examine statewide registries including electronic lab results, birth registries, medication management, PMP, OpenBeds, and other registries to define interoperability-based use cases related to data analysis and reporting.	DHCFP	Sister Agencies	State Funding	Near-Term
4.12.2.	Use non-claims data sources to support the identification of barriers to SUD treatment services and provider capacity. Identify need for other non-claims data reporting like provider and recipient grievances.	DHCFP	Sister Agencies, MCOs	State Funding	Near-Term
4.12.3.	Establish interoperable connections between	DHCFP	UNR, CASAT, Sister	State Funding	Mid-Term

	Ongoing Sustainability: Task Owners				
4. Continuous Data-driven Evaluation					
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
	Medicaid and statewide registries including electronic lab results, medication management, PMP, OpenBeds, and other registries for data analysis and reporting.		Agencies, others - To Be Determined		
4.12.4	Conduct research regarding interoperability of HIE-based data (based on provider EHR submitted data) or similar data sources. Utilize HIE clinical data to produce timely information, such as service utilization.	DHCFP	Provider Associations, Providers- To Be Determined	State Funding	Mid-Term
4.12.5	Continue research and develop implementation strategies to enable electronic sharing of data from provider EHRs or similar HIE data sources and generate dashboard reporting.	DHCFP	To Be Determined	State Funding	Long-Term

5. Financial Assessment

The Nevada DHCFP Core Team has identified financing strategies on the table below that support long-term sustainability in providing SUD and OUD treatment and recovery services. Strategies identified include the P-COAT model, incentives outside the P-COAT model, submission of an 1115 waiver to cover services provided in an IMD, application for grant funding opportunities among others.

	Ongoing Sustainability: Task Owners				
5. Financial Assessment					
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
5.1.	**Develop Braided or Blended Payment Structure to Sustain SUD And OUD Services Funding To Reduce Administrative Burden For Provider Reimbursement**.				
5.1.1.	Once a reimbursement methodology has been selected state will develop policy, perform testing and training as well as an effective monitoring and oversight plan.	DHCFP, DPBH	Provider Associations, Substance Abuse Prevention and Treatment Agency (SAPTA) Providers	State Funding	Mid-Term
5.2.	**Use of Braided Funding Opportunities will support levels of ASAM services to be Funded Under a Sustainable Funding Source.**				
5.2.1.	Workgroup to develop a braided model to align specific goals, determine use of funds, target specific populations, and identify performance indicators regarding comprehensive SUD treatment and prevention.	DHCFP, DPBH	Provider Associations, Providers	State Funding; Grant Funding	Mid-Term
5.2.2.	State will continue to evaluate for braided funding opportunities.	DHCFP, DPBH	Provider Associations, Providers, Sister Agencies	State Funding; Grant Funding	Mid-Term
5.3.	**Create Financial Incentives.**				
5.3.1.	Develop a financial incentive program that allows for monetary awards for providers who meet pre-defined threshold(s) for providing SUD and OUD treatment and recovery services (outside of the PCOAT model).	DHCFP, DPBH	Project ECHO, Provider Associations	State Funding	Mid-Term
5.3.2.	Provide reimbursement to providers for use of recovery support tools.	DHCFP	DPBH, MCOs	State Funding	Mid-Term
5.3.3.	Explore avenues to offer reimbursement for participation in Project ECHO.	DHCFP	DPBH, MCOs	State Funding	Long-Term

	Ongoing Sustainability: Task Owners				
5. Financial Assessment					
#	Focus Area	Lead Entity	Key Partners	Ongoing Investments	Frequency/Timeline
5.4.	**Fund Expansion of GME program.**				
5.4.1	Seek funding opportunities such as grants and waivers to support expansion of GME program.	DHCFP	Sister Agencies	State Funding	Mid-Term
5.4.2.	Increase support for SUD provider types by expanding the type and number of providers to participate in the GME program.	DHCFP	Sister Agencies	State Funding	Mid-Term
5.4.3.	Draft SPA to expand eligibility to additional provider types for participation in the GME program.	DHCFP	FQHCs, RHCs, and tribal health centers	State Funding	Long-Term
5.5.	**Submit 1115 SUD Waiver.**				
5.5.1.	Allow for Nevada Medicaid coverage of medically-needed inpatient services provided in Institutions for Mental Diseases (IMD).Note: room and board is covered under grant funding.	DHCFP, DPBH	Providers	Waiver Funding	Near-Term
5.5.2.	DHCFP will evaluate and monitor activities and outcomes as required upon approval of the 1115 waiver.	DHCFP, DPBH	Providers	Waiver Funding	Mid-Term
5.5.3.	DHCFP will evaluate need to request renewal of 1115 waiver for coverage for services provided in an IMD.	DHCFP, DPBH	Providers	Waiver Funding	Mid-Term
5.6.	**Conduct Rates Analysis.**				
5.6.1.	Utilize quadrennial rate reviews surveys and SAPTA rate review to determine whether reimbursement rates for SUD services are sufficient to sustain and expand workforce and service capacity.	DHCFP	DPBH	State Funding	Near-Term
5.7.	**Expand Provider Types Eligible for Reimbursement Opportunities.**				
5.7.1.	Add Provider Type (LADC) to MSM Chapter 400.	DHCFP	DPBH	State Funding	Near-Term
5.7.2.	Explore policies to fund a level of treatment for individuals that are justice-involved that ensures continuum of care 30 days prior to and post-release.	DHCFP	DPBH	State Funding	Long-Term
5.8.	**Implement PCOAT Model.**				
5.8.1.	Determine procedures and policies that must be in place to implement patient-centered opioid addiction treatment (PCOAT) model.	DHCFP,DBPH	Provider Associations, Providers	State Funding	Near-Term

	Ongoing Sustainability: Task Owners				
5. Financial Assessment					
#	**Focus Area**	**Lead Entity**	**Key Partners**	**Ongoing Investments**	**Frequency/Timeline**
5.8.2.	Complete implementation of PCOAT model.	DHCFP,DBPH	Provider Associations, Providers	State Funding	Mid-Term
5.9.	**Increase access to home and community based services (HCBS) through use of American Rescue Plan Act (ARPA) of 2021 funding.**				
5.9.1.	NV can receive a 10 percentage point increase in federal matching funds for state expenditures on HCBS made between April 2021 and March 2022.	DHCFP	Providers	Federal Funding; State Funding	Near-Term