

**Medicaid Section 1115 Substance Use Disorder Demonstrations
Monitoring Report Template**

Note: PRA Disclosure Statement to be added here

1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration

The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state’s approved monitoring protocol. The state should complete the remaining two rows. Definitions for certain rows are below the table.

State	New Mexico
Demonstration name	Centennial Care 2.0
Approval period for section 1115 demonstration	1/01/2019 – 12/31/2023
SUD demonstration start date^a	<i>Automatically populated with the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration</i> 01/01/2019
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>Automatically populated with the SUD demonstration implementation date</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<i>Automatically populated with the summary of the SUD (or if broader demonstration, then SUD- related) demonstration goals and objectives.</i>
SUD demonstration year and quarter	SUD DY5Q4
Reporting period	9/01/2023-12/31/2023

^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 December 15, 2020, with an effective date of January 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 or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

In the third quarter of DY5, New Mexico (NM) reports most SUD metrics declined as compared to the previous quarter. Metrics that decreased from the prior quarter are 3, 6, 8, 10, and 12. Metric 3 (*Number of MCO members with a SUD diagnosis and a SUD-related service*) and 6 (*Number of MCO members enrolled in the measurement period receiving any SUD treatment*) reported decreases of 4%. Metrics 8 (*Number of members who used outpatient services for SUD*) and 12 (*Number of MCO members who have a claim for MAT for SUD*) had a decline of 4% whereas metric 10 (*Number of members who use residential and/or inpatient services for SUD*) had the greatest decline of 8%. Although several metrics did show a decline, two metrics increased from DY5Q2. Metric 9 (*Number of members who used intensive outpatient, partial hospitalization, or day treatment*) increased 11% while Metric 24 (*Total number of IP stays per 1,000 MCO members*) increased 2%.

The decrease in the Medicaid eligible population, due to the end of the Public Health Emergency guidelines surrounding Medicaid eligibility, is likely a contributing factor to the metrics that reported a decline. Overall, there was a three-to-four percent decrease in services for those with a substance use disorder (SUD) diagnosis in treatment services. The decrease in the number of the overall population disenrolled from Medicaid compared to a lesser rate of those with an SUD diagnosis indicates that these individuals may be renewing at a slightly reduced rate compared to the general Medicaid population.

To address declines, the Behavioral Health Services Division (BHSD) continues to collaborate with providers to add critical services which, in many instances, prevent an admission to residential or inpatient services. BHSD is refining policy, billing, and provider enrollment process improvements to reduce administrative burden for both the provider and within BHSD. The Managed Care Organizations (MCO) are working with hospitals to explore the complexities of working with the SUD population with a focus on encouraging these individuals into recovery and treatment. To better engage members, care coordinators have received additional education regarding the 7 and 30-day follow-up for those with an SUD to both emergency departments and hospital admissions. Proactively, BHSD initiated training in hospitals, emergency departments, and primary care settings on Screening, Brief Interventions and Referral to Treatment (SBIRT) to better support those identified as potentially having a SUD and engaging in early outpatient services.

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

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services				
1.1 Metric trends				
1.1.1	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.		Metric #3: Number of MCO members with a SUD dx and a SUD-related service during the measurement period and/or in the 11 months before the measurement period.	Metric #3: There was a 3% decrease between Q2 to Q3 due to a decrease in Medicaid eligible beneficiaries. The decrease in Medicaid eligible beneficiaries is due to the Public Health Emergency (PHE) unwinding which is the discontinuation of the federal protection for Medicaid eligibility which was allowed during the COVID-19 pandemic.
1.2 Implementation update				
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			Metric #3: For those who are justice involved, the state is expanding eligibility and services a month prior to discharge from incarceration.
1.2.1.a	The target population(s) of the demonstration			
1.2.1.b	The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.			Metric #3: The State Legislature in 2023 appropriated funds for hospitals, Emergency Departments, primary care clinics, and school-based health centers be trained on the NM SBIRT model which screens for SUD, anxiety, and depression.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)		
2.1	Metric trends		

<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.</p>		<p>Metric #6: Number of MCO members enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period.</p> <p>Metric #8: Number of members who used OP services for SUD during the measurement period.</p>	<p>Metric # 6: There was a 3.4% decrease in metric #6 from Q2 to Q3 due to a decrease in Medicaid eligible beneficiaries. The decrease in Medicaid eligible beneficiaries is due to the Public Health Emergency (PHE) unwinding which is the discontinuation of the federal protection for Medicaid eligibility which was allowed during the COVID-19 pandemic.</p> <p>Metric #8: There was a 4.0% decrease in members utilizing outpatient services due to a decline in Medicaid eligible beneficiaries. The decline in Medicaid eligible beneficiaries is due to the Public Health Emergency (PHE) unwinding; the discontinuation of the federal protection for Medicaid eligibility; allowed during the COVID-19 pandemic. Although the total number Medicaid beneficiaries is declining, the state working with Managed Care Organizations (MCO) and is focused on improving access to appropriate services for SUD treatment. MCOs implemented several initiatives such as increased training for care coordinators and peer workers to enhance screening; monitoring EDs through the emergency department information exchange (EDIE) to assist in identifying their members in need of treatment; and continuous outreach through phone calls and text messages to assist with scheduling follow-up appointments.</p>
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		<p>Metric # 9: Number of members who used intensive outpatient, partial hospitalization or day treatment during the measurement period.</p> <p>Metric #10: Number of members who use residential and/or inpatient services for SUD during the measurement period.</p>	<p>Metric #9: There was an 11.3% increase in members who utilized IOP services from the previous quarter. This increase is due to the addition of seven new IOP providers accomplished in Q2 and the state continuous to reduce administrative barriers associated with IOP applications to have a more streamlined approach to increase access for this specialized service. Further, the MCOs have increased training on specific screening tools for SUD along with a primary care approach to SUD. The primary care approach to SUD is a guide to substance use services for primary care clinicians, and treatments for comorbid disorders and mental health conditions. With work occurring on the state’s end and MCOs, the positive trends associated with IOP are expected to continue.</p> <p>Metric #10: There was a 7.9% decrease in members utilizing residential or inpatient services when compared to the prior quarter. While a decrease in inpatient and residential care is a goal when outpatient and intensive outpatient services are growing, it is also important to have residential and inpatient services available to beneficiaries when needed. The decrease in residential stays is likely the result of the increase in IOP services. Despite this trend, we could expect to see an increase in residential stays as two new Adult Accredited Residential Treatment Centers (AARTC) are certified. In addition, the state is working with the MCOs on initiatives to enhance access for those in need of this level of care. For example, one MCO has partnered with a hospital network on utilizing their Community Health Workers (CHW) to engage their members when admitted to the ED for an SUD condition. This effort aims to increase interaction</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		<p>Metric # 12: Number of MCO members who have a claim for MAT for SUD during the measurement period</p>	<p>with the member and transition them to the appropriate level of care which might include inpatient services. All MCOs are utilizing care coordinators with member connection teams to outreach those identified through EDIE on ED admissions for an SUD. In all, these efforts are ensuring those identified for treatment are transitioned to the appropriate level of care as necessary and meet the needs as to what the beneficiary wants.</p> <p>Metric #12: There was a 3.8% decrease in members who had a claim for Medication Assisted Treatment (MAT). While the decrease in Medicaid beneficiaries accounts for some of this, there are efforts ongoing to increase access to this service. The state is working on streamlining the application process on enrolling new MAT providers within the state’s Medicaid program. During this time period, a State Plan Amendment (SPA) is in process to allow for a provider to obtain provisional Medicaid enrollment to allow Medicaid payment while waiting for CARF certification. This reduces the barrier to treatment for beneficiaries.</p>
2.2 Implementation update			

<p>2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>2.2.1.a 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)</p>			<p>The state is working on multiple initiatives regarding the continuum of care for Medicaid beneficiaries to include, improving access to care by streamlining the enrollment process for providers. To expand specialized services, the state continuously works with the provider associations and networks to outreach and onboard additional providers. The state continuously works to reduce the administrative burden for providers enrolling in Medicaid. The program coordinators collaborate with providers to understand their needs to ensure providers have the tools they need to deliver services. While the state is working on the administrative end, MCOs are also working with their members on access to care by:</p> <ul style="list-style-type: none"> • Identifying and engaging members in EDs and/or hospitals to ensure follow-up care is received timely; • Offering virtual treatment to their members for flexibility in scheduling; • Expanding the use of peer support and care coordinators to better engage members with a SUD; and • Working with community-based organizations to engage high risk members with an SUD as an effort to transition them into care. <p>The state also receives quality reports from the MCOs based on NCQA HEDIS measures which allows the state to identify needs regarding appropriateness of care and timeliness of follow-up appointments. The quality aspects allow the state to engage the MCOs in performance and identify barriers to care for their members.</p>
<p>2.2.1.b SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential</p>	<p>X</p>		

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[State name – *automatically populated*] [Demonstration name – *automatically populated*]

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs			
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.			For justice-involved members, the MCOs expanded efforts with the detention facilities to receive notification of SUD support services needed.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X		
3.2. Implementation update				
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
3.2.1.a	Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
3.2.1.b	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	X		
3.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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, including all changes (+ or -) greater than 2 percent related to Milestone 3. 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.	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		
4.2.1.b Review process for residential treatment providers' compliance with qualifications	X		
4.2.1.c Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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, including all changes (+ or -) greater than 2 percent related to Milestone 4.	X		
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care.			The State Legislature in 2023 appropriated funds for hospitals, Emergency Departments, primary care clinics, and school-based health centers to be trained on the NM SBIRT model which screens for SUD, anxiety, and depression.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)				
6.1 Metric trends				
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.		Metric #12 Number of MCO members who have a claim for MAT for SUD during the measurement period	Metric #12: There was a 3.8% decrease in members who had a claim for Medication Assisted Treatment (MAT). New Mexico regulations have discontinued any prior authorization for MAT and prior authorization for residential treatment only after the first five days of residency to allow for immediate admission when needed.
6.2 Implementation update				
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
6.2.1.a	Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
6.2.1.b	Expansion of coverage for and access to naloxone			Distribution of Naloxone with instructions for its use is part of the Bridge program's implementation process. The Naloxone is provided at no cost to the hospital as part of the program.
6.2.2	The state expects to make other program changes that may affect metrics related to Milestone 5.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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, including all changes (+ or -) greater than 2 percent related to Milestone 6.	X		
7.2 Implementation update				
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports.	X		
7.2.2	The state expects to make other program changes that may affect metrics related to Milestone 6.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.	X		
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.c How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.d 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	X		
8.2.1.e Other aspects of the state’s health IT implementation milestones	X		
8.2.1.f The timeline for achieving health IT implementation milestones	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.g	Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2	The state expects to make other program changes that may affect metrics related to health IT.	X		
9. Other SUD-related metrics				
9.1 Metric trends				
9.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		Metric #24: Total # of IP stays per 1,000 MCO members in the measurement period.	There was a 2.0% increase in metric #24 from Q2 through Q3 of CY23. As inpatient stays for SUD increased, the state works with MCOs on quality metrics to ensure follow-up care and transition into the community. The focus is for a transition to programs such as IOP and other outpatient treatment services to assist these beneficiaries with appropriate treatment to reduce readmissions into inpatient settings.
9.2 Implementation update				
9.2.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 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.	X	
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality.	X	

Prompts	State has no update to report (place an X)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state 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 Monitoring Report Instructions for more detail.	X	
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.c Partners involved in service delivery	X	

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[State name – *automatically populated*] [Demonstration name – *automatically populated*]

Prompts	State has no update to report (place an X)	State response
11.2.2 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.	X	
11.2.3 The state is working on other initiatives related to SUD or OUD.	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration).	X	

Prompts	State has no update to report (place an X)	State response
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.	X	
12.1.2 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.	X	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	X	

Prompts	State has no update to report (place an X)	State response
13. Other SUD demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.	X	

Prompts	State has no update to report (place an X)	State response
13.2 Post-award public forum		
13.2.2 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 monitoring report.	X	

Prompts	State has no update to report (place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 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.	X	

*The state should remove all example text from the table prior to submission.

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

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