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 – 12/31/2024
SUD demonstration start date[a]	*Automatically populated with the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration 01/01/2019*
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	*Automatically populated with the SUD demonstration implementation date*
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	*Automatically populated with the summary of the SUD (or if broader demonstration, then SUD- related) demonstration goals and objectives.*
SUD demonstration year and quarter	SUD DY6Q1
Reporting period	1/01/24-3/31/24

[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 fourth quarter of DY5, New Mexico (NM) continues to see a downward trend in most substance use disorder (SUD) metrics. Metrics that yielded a decline include Metric #3, #6, #7, #8, #12, #23, and #24. Metric #3, the number of MCO members with a SUD diagnosis and related services, experienced a decrease of 5.5%, while Metric #6, the number of members enrolled in SUD treatment during the measurement period, declined 6.1%. Metric #7, the number of MCO members who used early intervention services (such as SBIRT) during the measurement period, experienced a decrease of 6.4%, while Metric #8, number of MCO members who used outpatient services, declined 7.1%, and Metric #12, the number of MCO members with a claim for MAT, decreased, 6.2%. Notably, there were reported declines in certain annual measures, Metric #4, #22, and #36, ranging from 2.6% to 5.4%.

There were three metrics that yielded an increase from the previous quarter. Metric #9, the count of MCO members utilizing intensive outpatient, day treatment, or partial hospitalization services, increased 8%. Two annual measures, Metric #5 and #18, increased and may be attributed to factors such as the end of the pandemic and changes in prescription practices.

NM's number of overdose deaths increased 3.2% from the previous year, with fentanyl overdose deaths constituting a significant portion. The state is proactively offering educational sessions for prescribers to address these complex cases.

The conclusion of the Public Health Emergency and guidelines remain a factor in the decreases in the Medicaid eligible population. Efforts are ongoing to re-enroll previous members or facilitate their admission to the State Insurance Exchange.

Additionally, the Behavioral Health Services Division (BHSD) continues to collaborate with providers to enhance critical services and streamline administrative processes. BHSD is actively engaged in training initiatives, including SBIRT, to support individuals with SUD and promote early engagement in outpatient services. These concerted efforts aim to mitigate the decline in SUD metrics and ensure individuals receive necessary support and treatment.

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:** A 5.5% decrease from Q3 to Q4 attributed to a decrease in Medicaid eligible beneficiaries. Decreases in Medicaid eligible beneficiaries are due to the Public Health Emergency (PHE) unwinding; a discontinuation of 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: 1.2.1.a The target population(s) of the demonstration			**Metric #3:** For individuals who are justice involved, the state expanded eligibility and service provision 30-days prior to discharge from incarceration.
	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:** In 2023 the State Legislature appropriated funds for SBIRT training to be administered in hospitals, Emergency Departments (ED), primary care clinics, and school-based health centers. The NM SBIRT model 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**			

2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.		**Metric #4:** Number of MCO members with a SUD diagnosis and a SUD related service during the year and in the previous 11 months.	**Metric #4:** A 2.6% decrease in metric #4 due to a decrease in Medicaid eligible beneficiaries which is attributed to the Public Health Emergency (PHE) unwinding, a discontinuation of the federal protection for Medicaid eligibility.
			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.	**Metric #6:** A 6.1% decrease in metric #6 from Q3 to Q4 attributed to a decrease in Medicaid eligible beneficiaries. Decreases in Medicaid eligible beneficiaries are attributed to the Public Health Emergency (PHE) unwinding, a discontinuation of the federal protection for Medicaid eligibility.
			Metric #7: Number of MCO members who used early intervention services.	**Metric #7:** A 6.4% decrease in metric #7 from Q3 to Q4. The State is currently training all hospitals, ED, primary care clinics, and school-based health centers in SBIRT. The state expects this number to stabilize and then increase over time.

		Metric #8: Number of members who used OP services for SUD during the measurement period.	**Metric #8:** A 7.1% decrease in members utilizing outpatient services is attributed to a decline in Medicaid eligible beneficiaries. Decreases in Medicaid eligible beneficiaries are attributed due to the Public Health Emergency (PHE) unwinding. Although the number of Medicaid beneficiaries is declining, the state is collaborating with Managed Care Organizations (MCO) to improve access to appropriate services for SUD treatment. The MCOs identify their members in need of treatment and maintain outreach through phone calls and text messages to assist with scheduling follow-up appointments.
		Metric # 9: Number of members who used intensive outpatient, partial hospitalization, or day treatment during the measurement period.	**Metric #9:** An 8% increase in members who utilized IOP services from Q3 to Q4. This increase is attributed to the addition of seven new IOP providers in Q2 and continuous enrollment of new members participating in IOP services. The State developed a streamlined application process and continues to encourage agencies to add this service. An increase in the reimbursement rate was approved by CMS. This may encourage agencies to add IOP to their service array.
		Metric #12: Number of members who had a claim for MAT during the quarter.	**Metric #12:** A 6.2% decrease in members who had a claim for Medication Assisted Treatment (MAT) from Q3 to Q4. While the decrease in Medicaid beneficiaries may account for the decrease in MAT services, there are ongoing efforts to increase access to MAT. The state is working on a streamlined application process for enrolling new Medicaid MAT providers. Additionally, a team of ED and addiction physicians are supporting hospitals and related clinics to add buprenorphine prescribing for OUD.

			A nurse educator provides interactive education on the neurobiology of opioid use disorder, the medications, stages of change, and the stigma of opioid use disorder and words that change culture. Five additional hospitals are participating in the project; it is expected this metric should increase over time. A State Plan Amendment (SPA) was approved to allow an OTP provider to obtain Medicaid enrollment while in provisional approved status. This change reduces the barrier to treatment for beneficiaries and encourages new OTPs to enroll with Medicaid.
		Metric #22: Percentage of adults 18 years of age and older with pharmacotherapy for OUD who have at least 180 days of continuous treatment	**Metric #22:** A 10.8% decrease in DY5 (CY23) compared to DY4 (2022) was observed during this report period. The Behavioral Health Services Division (BHSD) is increasing the training initiative for Certified Peer Support Workers (CPSW) which has proved to increase the continuation of MAT pharmacotherapy in different treatment settings. The SOR grant for MOUD is also offering Emergency Departments and related inpatient and outpatient services one year of salary for the hiring of CPSWs. Additionally, Health Homes which covers treatment for those with SUD is also focused on group and peer support for MAT services.
		Metric #23: Total # of ED visits for SUD per 1,000 members in the quarter	**Metric #23**: A 9.4% decrease from Q3 to Q4. There is a concerted effort by the MCOs and the Health Homes to encourage and support members to schedule and to keep outpatient and specialty service appointments precluding the necessity of an ED visit. Two local fire departments are initiating the first dose of buprenorphine for SUD, then transporting the patient to a crisis center rather than the ED, as appropriate and based on medical need. This effort reduces ED admissions and focuses on care in the community.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		Metric #24: Total number of inpatient stays per 1,000 MCO members in the quarter **Metric #36:** The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD.	**Metric #24:** A 2% decrease in inpatient stays from Q3 to Q4. This is likely attributed to continued efforts to encourage beneficiaries with an SUD to continue outpatient and specialty services such as IOP focusing on treatment in the community. **Metric #36:** A 2.7% decrease from DY5 (CY22) to DY6 (CY23) was observed in Average Length of Stay (ALOS) for beneficiaries discharged from IMD inpatient or residential treatment centers for SUD. The ALOS for DY6 was 22.66 days. The Medicaid program assures that all IMDs prior authorization adhere to the ASAM levels of care for admissions and continued stays in these inpatient settings. These settings include Accredited Residential Treatment Centers (ARTC) for SUD as well as higher intensity settings such as an IMD. The goal is to have an ALOS of 30-days or less across the population which is associated with waiver guidelines. The transition of care would require transitions to community based treatment outside of inpatient settings as appropriate.
2.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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)			The state continues to work on improving access to care by streamlining the provider enrollment process. To expand specialized services, the state continues to collaborate with stakeholders to outreach and onboard additional providers and reduce the administrative burden across all aspects of becoming a Medicaid provider. Program coordinators collaborate with providers to understand their needs and ensure they have the tools to deliver services. The MCOs also work with their members on access to care by: • Identifying and engaging members in EDs and/or hospitals to ensure follow-up care is received timely; • Offering virtual treatment for their members increasing flexibility in scheduling; • Expanding utilization of peer support and care coordination 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. The state receives quality reports from the MCOs based on NCQA HEDIS measures. This allows the state to identify needs regarding appropriateness of care and timeliness of follow-up appointments. The quality components enable the state to engage the MCOs in performance and identify barriers to care for their members.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.b	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 individual IMDs	X		
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: 3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
	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:	X		
	4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
	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.			In 2023 the State Legislature appropriated funds for SBIRT training to be administered in hospitals, Emergency Departments (ED), primary care clinics, and school-based health centers. The NM SBIRT model 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.			
6.2	**Implementation update**			
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
	6.2.1.b Expansion of coverage for and access to naloxone			NM continues to distribute naloxone in the community with a saturation model. NM has a standing order that authorizes registered pharmacists to dispense naloxone to any person who uses an opioid, regardless of how the opioid is used or obtained and any person in a position to assist a person at risk of experiencing an opioid overdose. NM's prevention services continuously train stakeholders, medical professionals, educators, and community members on the use of naloxone.
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:		X		
	8.2.1.a	How health IT is being used to slow down the rate of growth of individuals identified with SUD			
	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.			
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:	X	
	11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
	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	

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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