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 DY6 Q3
Reporting period	7/01/2024 – 09/30/2024

[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 second quarter (Q2) of Demonstration Year 6 (DY6), New Mexico (NM) observed a decline in most metrics, in contrast to DY6 Quarter 1 (Q1) whereas most substance use disorder (SUD) metrics yielded an increase ranging from 3.2% to 15.5%. Metrics #23, #24, and #10, measuring emergency department visits and residential and inpatient stays, yielded increases in Q2. Additionally, across all the Q2 metrics that yielded a decline (including #8), an increase was observed for the month of April, while the months of May and June showed decreases. Deviating from this trend, Metric #7, monitoring early intervention such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), decreased each month in Q2 with a 25.9% decrease average, or 174 fewer instances of these services, compared to the previous quarter.

The Behavioral Health Services Division (BHSD) remains dedicated to collaborating with providers to enhance outpatient services which help prevent the need for residential or inpatient services and reduce emergency department visits. While the current statistics indicate room for improvement, this collaborative effort holds great potential for positive change.

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.	X		
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	X		
	1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
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.	X		

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 #7:** Number of MCO members who used early intervention services (such as SBIRT) during the measurement period.	**Metric #7:** The expansion of Screening, Brief Intervention, and Referral to Treatment (SBIRT) training began in December 2023 and is continuing through 2025. The decline in SBIRT statistics for Q2, showed a 25.9% decrease. Ongoing training and onboarding of staff at both hospital emergency departments and physical health provider facilities may lead to fluctuations in SBIRT delivery throughout the state. To address this, BHSD is collaborating with the Medical Assistance Division to develop certification criteria that will ensure providers trained in SBIRT delivery are eligible to bill for the service. Furthermore, BHSD has implemented a campaign to focus on primary care facilities, providing education on the benefits of early identification of SUD and encouraging providers to universally screen. Also, the Health Care Authority (HCA) is in process of implementing primary care payment reform in which providers report on the four steps required to implement SBIRT in their facility. While an increase in the numbers is not expected for Q3, an increase is expected to be observed in Q4.
			Metric #8: Number of members who used OP services for SUD during the measurement period.	**Metric #8:** There was a 3.0% decrease in outpatient services from DY6 Q1 to DY6 Q2, or 449 fewer outpatient services rendered. Despite recent efforts to encourage outpatient services, the increase of members who use residential and/or inpatient services for SUD treatment may explain the shift in utilization of these services in Q2.
			Metric #10: Number of MCO members who use residential and/or inpatient services	**Metric #10:** In DY6 Q2 an increase of 4.8%, or 29 more stays at inpatient or residential facilities compared to the previous quarter (Q1). BHSD approved four new adult accredited residential treatment centers; three in Dona Ana county and one in Bernalillo county where two of NM's

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			for SUD during the quarter.	largest cities reside, Las Cruces and Albuquerque respectively. Additionally, a residential treatment provider in Albuquerque opened a medically managed withdrawal care center on their campus treating adolescents 14 to 20 years of age. This facility offers 3 to 14 days inpatient medical detox, with continued inpatient care, including therapy for up to 120 days.
2.2	**Implementation update**			
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	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)			
	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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.			The NM HCA implemented Turquoise Care: a waiver renewal recently approved by CMS, effective July 1, 2024, through December 31, 2029. The waiver renewal introduces several significant enhancements to Medicaid coverage. Notably, it will extend coverage for 90 days prior to release from incarceration, ensuring continuous medication and treatment services for individuals with substance use disorders (SUD) upon reentry into the community. Turquoise Care will also support short-term medical recovery housing and integrate nutrition and food as a component of medical care. The state is currently developing implementation plans, which are expected to lead to new programming and improved support services for beneficiaries.

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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.		**Metric #23:** Total # of ED visits for SUD per 1,000 MCO members in the quarter.	**Metric #23:** There was a 2.9% increase in the number of SUD emergency department visits per 1,000 beneficiaries, rising from 3.06 visits per 1,000 members in Q1 to 3.15 visits per 1,000 members in Q2. The increase is likely associated with the rise in beneficiaries with a substance use disorder (SUD) diagnosis, as indicated by Metric #3. Managed Care Organizations (MCOs) are actively working with hospital EDs to identify their members upon admission for a SUD and ensure follow-up care within appropriate timeframes, ranging from 7 to 34 days. Each MCO is held accountable for reducing ED admissions through quality metrics. To reduce ED visits in the future, the state is enhancing crisis services to include mobile crisis units and crisis triage centers and preparing for the rollout of Certified Community Behavioral Health Clinics (CCBHCs), which are expected to alleviate pressure on emergency departments. MCOs and Health Homes will continue to focus on care coordination, including providing transportation and remote services, to offer alternatives to emergency department visits.
5.2	**Implementation update**			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.	X		
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			Distribution of naloxone with instructions for its use is part of The Bridge program's implementation process. Naloxone is provided at no cost to the hospital as part of the program or through the New Mexico Department of Health (DOH).
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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.f	The timeline for achieving health IT implementation milestones	X		
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**			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 number of inpatient stays per 1,000 MCO members in the measurement period.	**Metric #24:** There was a 2.9% increase in the number of inpatient stays per 1,000 MCO members from DY6 Q1 to Q2. This equates to 2.27 stays per 1,000 members in Q2 from 2.20 stays per 1,000 members in Q1. In response to this trend, the state continuously works closely with MCOs on quality metrics aimed at improving care coordination and reducing unnecessary inpatient stays. MCOs are required to collaborate with inpatient providers to develop discharge plans as soon as an admission occurs. They conduct daily rounds to monitor admissions, collaborate with Care Coordination and Transition of Care teams, and ensure that members are referred to appropriate outpatient treatment services, such as intensive outpatient programs (IOP), to mitigate further inpatient admissions. Additionally, MCOs are mandated to report on their care coordination efforts and interventions through quality metrics and quarterly meetings. These efforts are focused on early intervention and increasing access to outpatient treatment to prevent unnecessary inpatient stays and enhance overall treatment outcomes.
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.

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