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	Maine
Demonstration name	Maine Substance Use Disorder Care Initiative
Approval period for section 1115 demonstration	*Automatically populated with the current approval period for the section 1115 demonstration as listed in the current special terms and conditions (STC), including the start date and end date (MM/DD/YYYY – MM/DD/YYYY).* *Start Date:* 01/01/2021 *End Date:* 12/31/2025
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 (MM/DD/YYYY).* 01/01/2021
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	*Automatically populated with the SUD demonstration implementation date (MM/DD/YYYY).* 07/01/2022
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 Goals 1. Increased rates of identification, initiation, and engagement
SUD demonstration year and quarter	*Enter the SUD demonstration year and quarter associated with this monitoring report (e.g., SUD DY1Q3 monitoring report). This should align with the reporting schedule in the state's approved monitoring protocol.* *SUD DY* 3 *Q* 4
Reporting period	*Enter calendar dates for the current reporting period (i.e., for the quarter or year) (MM/DD/YYYY – MM/DD/YYYY). This should align with the reporting schedule in the state's approved monitoring protocol.* *Start Date:* 01/01/2023 *End Date:* 12/31/2023

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary- level information only. The recommended word count is 500 words or less.

Demonstration Year 3 has been an active one as the state has worked to operationalize the pilots. This year we saw substantial movement in several activities to advance toward goals on our implementation plan. These activities include: engaging with our Administrative Services Organization to initiate the utilization management review for our residential SUD facilities for reviewing American Society of Addiction Medicine (ASAM) assessment results, activation of the service locator tool hosted on the Bamboo Health Treatment Connection ® platform, partnering with The Co-Occurring Collaborative Serving Maine to offer ASAM training with over seventy seven trainings on a variety of SUD intervention topics, and continued work around enhancements and interoperability of the prescription drug monitoring program.

To expand availability of treatment services the State issued $2.5 million support both capital and start-up costs for expansion of residential bed capacity and contracted with two providers for mobile MAT options.

For intervention focused activities, in September of 2023, MaineCare authorized a standing order for licensed pharmacists to create single use prescriptions for OTC naloxone two dose nasal spray kits with no cost-sharing requirements, and targeted local EMS agencies to increase awareness of the science of addiction, address compassion fatigue, reduce stigma associated with substance use disorder, and increase buy-in for the Maine Naloxone Leave Behind Program. This year a clinical policy advisor was hired to assist the PMP program in identifying, analyzing, and educating prescribers whose prescribing patterns have been identified as potentially risky.

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 4- 5	Metric 4-.03% increase. Expansion of SBIRT and education for primary care physicians on skills and importance of early identification of SUD could account for increase. The variance is the desired directionality.

				Metric 5-482% increase the increase in the count is the desired directionality as the 1115 waiver authorizes billing for the treatment of Substance Use in an IMD.
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 6- 9, 10-12	Metric 6-2.63% decrease Metric 7- 3.4% decrease Metric 8- 3.78% decrease Metric 9- 10.96%- Small population, only changed ~30 members Metric 12- 2.47% decrease Expansion of residential beds increased opportunity for individuals to be treated at higher level of care, which could account for decrease in lower-level care and increase in higher level care. The variance is not the desired directionality. Metric 10- 10.57% Small population, only changed ~24 members – Expansion of residential beds increased opportunity for individuals to be treated at higher level of care. The variance is the desired directionality. Metric 11- 19.79% - The increase in the count is the desired directionality as the 1115 waiver.
2.2	**Implementation update**			

2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			This year Maine has worked on SUD residential bed expansion with numerous funding opportunities for both agencies to receive support. Also, in development of the expansion of the Opioid Health Home to be inclusion of all SUD diagnosis and addition of a new withdrawal management level of care.
	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	
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1		X	

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		36--11.40% decrease, this is the desired directionality. Metric 5-481.48% The increase in the count is the desired directionality as the 1115 waiver authorizes billing for the treatment of Substance Use in an IMD.
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		DY 3 has brought substantial activity regarding focused on the increase the ability of primary care clinicians to offer comprehensive treatment for adolescent substance misuse and substance use disorders in the primary care with the creation of a learning community solely focused on this.
	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			The UM process was implementation Jul 2023, with a follow-up listening session in September to hear from impacted providers concerning the process and to clarify any questions they had. Most reported no issues and there was minor clarity needed. DY3Q4- State is evaluating all policy and program requirements adherence to the newly released 4th edition ASAM.
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			DY3Q4- State is developing training plan around the newly released 4th edition and the impact to the residential programs.
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 in 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)	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 18, 21 decreased	Metric 18 6.47% Metric 21- 3.5% A decrease is the desired directionality of the 1115 waiver.
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	X		
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		25	Metric 25-3.33% decrease this is the desired directionality of the 1115 waiver.
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:			The Department is currently working to develop an Education Pathway referral process for high-risk prescribers. This is inclusive of developing thresholds to determine high risk prescribers, education pathways that would be made available, and notification and communication processes. 4th Qtr :PMP has gone through 3 cycles of data analysis. Staff have been doing outreach to prescribers whose numbers are sufficiently higher than average
	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	X		
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.		The state is examining whether factors related to the rate increase for SUD residential treatment providers and the increased Medicaid enrollment and retention of Medicaid coverage during the Public Health Emergency may be contributing to demonstration expenditures reported in excess of the budget neutrality limits.
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		

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	Pilot 2: Program 1 – Attachment Biobehavioral Catch-up- The service provider identified as qualified to provide these services has experienced leadership changes since the development of the pilot. The Department continues to with new leadership to determine the feasibility of the pilot moving forward. Pilot 2: Program 2 – Visit Coaching- The service provider identified as qualified to provide these services has experienced staffing challenges. The Department continues to with new leadership to determine the feasibility of the pilot moving forward.
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		The State has finalized the work with our identified vendor to compile documentation for mid-point assessment due Mar 31, 2024.

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		Pilot 2: Program 2 – Visit Coaching- projected implementation of 1 Jul 2023. This pilot is still in the process of establishing provider contracts and is delayed. Pilot 3: Home-based Skill Development Services- projected implementation of 1 Jul 2023. This pilot is still in the process of establishing provider contracts and is delayed.
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.		Annual post award forum is scheduled for May 2024.

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.		Maine was competitively selected for a SAMHSA CCBHC Planning Grant – brining in ~1 million to assist in CCBHC implementation. The Office of Childe and Family Services will be implementing a Youth SUD Peer Recovery Coach pilot program through the Opioid Prevention and Treatment funds.

*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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