**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]** | *Automatically populated with the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration (MM/DD/YYYY).* |
| **Implementation date of SUD demonstration, if different from SUD demonstration start date[b]** | *Automatically populated with the SUD demonstration implementation date (MM/DD/YYYY).* |
| **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 DY5Q2 |
| **Reporting period** | 04/01/2023 – 06/30/2023 |

[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.

## 2. Executive summary

In the 1st quarter of 2023, New Mexico witnessed most SUD metrics increased from the previous quarter.  Two of the metrics showed a substantial increase; outpatient and withdrawal management.  The two ends of the spectrum represent a decrease in partial hospitalization and IOP.

Overall, there was a statewide trend in increased utilization of SUD treatment in the 1st quarter.  Discussion with SUD treatment providers confirm that they have also noted this recent trend.  This trend appears to have multiple causes.  NM has been making a concerted effort to expand access to SUD treatment and has provided considerable training to many agencies.   Many of the newer agencies who have expanded SUD treatment are beginning to see an increase in referrals.  NM has recently changed the statewide website that includes information about treatment availability. NM continues to invest in a public relations campaign through PK Public Relations to disseminate information about availability of SUD treatment. NM prioritizes the ongoing development and updates of the Open Beds platform to ensure that information about treatment is readily accessible.  NM HSD are meeting quarterly with the State Opioid Response team to compare Medicaid metrics with the GPRA measures that are routinely collected by State Opioid Response funding recipients to compare SUD treatment utilization across initiatives.  This quarterly meeting helps inform interpretation of metrics and will provide guidance about policy efforts to continue ensuring access to SUD treatment.

New Mexico continues to see substantial change utilizing acting roles for high level positions such as, Departmental Secretaries and Directors, Deputy Directors, Managers, Program Managers and staff.  We continue to see a high rate of turnover which is coupled with a lack of providers in all areas, but especially in the rural and frontier sections of New Mexico.  To bridge this situation the focus has been on significant educational opportunities for providers, and extensive onboarding of staff and acting leadership.  At this same time the Behavioral Health Services for both adults and children are focused on new programs such as Comprehensive Community Behavioral Health Centers, 988 Crisis Now, Crisis Triage Centers mobile crisis teams, and numerous preventive and therapeutic substance use services. There is also a continued focus on the use of paraprofessionals, including certified peer support workers, for those with a substance use conditions.

## 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: <br><br> 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 | There are increases for metrics 7 8, , 10 and 11..  The only decrease was for metric 9, a decrease of 14.1 percent.  Results are as follows: |
|---|---|---|---|---|
| | | | | Metric7 – DY5Q1 showed a 13.3% increase from the previous quarter.  During the previous reporting period NM included expansion of SBIRT as part of the strategic plan for the NM Behavioral Health Collaborative.  As part of this initiative the Behavioral Health Services Division (BHSD) re-issued a training contract to ensure that providers have access to training on SBIRT. BHSD will expand the SBIRT contract to deliver additional statewide training in the NM model adding providers with the ability to provide SBIRT services. The State is in the process of identifying target training areas. |
| | | | Metric 8 Number of MCO members who used outpatient services for SUD during the measurement period | #8 – DY5Q1 showed a 36.8% increase from the previous quarter.  BHSD State Opioid Treatment Authority (SOTA) will continue to pursue, in collaboration with Opioid Treatment Providers (OTP's) across the state, options such as medication units and/or mobile units to increase access to services and expand services in  rural and frontier counties. Currently, there are OTPs in only 8 of 33 counties in the state. The first quarter is the start of the new report period which typically reports the greatest performance throughout the year.  This trend is attributed to the fact that because the counts are unduplicated throughout the year the first quarter will always have the greatest growth as all persons receiving the service are counted and then are not re-counted in following quarters. 988 Crisis Now may attribute to this increases more people are being referred to resources through the call center.  We will continue to track and trend this metric throughout the report period to see if growth continues. |
| | | | Metric 9 Number of unique MCO | Additionally, BHSD directs federal State Opioid Response (SOR) grant dollars to the University of New |

| | | members who used intensive outpatient, day treatment or partial hospitalization services for SUD during the measurement period. | Mexico (UNM) to support expanded SUD treatment options in multiple counties, including increasing numbers of providers as well as providing bridges to Medication for Opioid Use Disorder (MOUD) services in collaboration with hospital emergency departments. |
| --- | --- | --- | --- |
| | | Metric 10 Number of MCO members who use residential and/or inpatient services for SUD during the measurement period. | #9 – DY5Q1 showed a 14.1% decrease from the previous quarter (or 144 individuals). To address this decrease BHSD will increase Learning Communities related to Intensive Outpatient Programming (IOP) and enhance provider training around service delivery as well as continue to provide technical assistance related to quality assurance and treatment outcomes. Also, working with Opioid Treatment Providers (OTP) to incorporate IOP services alongside the SOTA Team to increase access to SUD treatment. The severity of substance use disorders was impacted during the pandemic. During the pandemic there was a decrease in IOP utilization and because of increased severity of individuals' condition more individuals may be accessing higher levels of care (AARTC) rather than the lower levels (IOP) for SUD treatment. |
| | | Metric 11 Number of MCO members who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period. | #10 – DY5Q1 showed a 27.5% increase from the previous quarter (or 160 individuals). BHSD will continue the ongoing technical assistance to providers on ways to expand their services within multiple locations throughout the state. This is conducted through the streamlining of the new digital Adult Accredited Residential Treatment Center (AARTC) application on the NM recovery website. As BHSD is able to provide additional technical assistance, providers are now more aware that AARTC services are paid by Medicaid therefore can support a bigger demographic within the state. There were significant workforce shortages post COVID-19 that were impacting provider ability to be at full capacity. Anecdotally providers have reported while still a significant challenge, workforce shortages have improved in recent months. |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | | #11 – DY5Q1 showed a 50.8% increase from the previous quarter.  Current and prospective providers are aware of the needs throughout the state.  BHSD will continue to provide technical assistance to interested outpatient and residential providers, streamlining the application process. Currently, one provider is in the onboarding phase, two applications are under review, and two providers are undergoing the contracting phase with MCOs.  This increase may be associated with increases in outpatient and inpatient and residential serivces. |
| **2.2**     **Implementation update** | | | |
| 2.2.1   Compared to the demonstration design and operational details, the state expects to make the following changes to:<br><br>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) | | | NM continues to expand its capacity to provide residential SUD treatment for adults; facilities are starting to use the recommended coding to ensure that WM services are identified. Through an external contract, BHSD continues to increase technical assistance and support for inpatient and outpatient providers.  This technical assistance lends one on one support to providers on operational and direct service delivery.  Additionally, through the SOR grant, providers are receiving training in withdrawal management that contributes to overall increases among the metrics. |
| 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. | 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 | | |
| **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.<br><br>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. | 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. | | Metric 23  Total number of ED visits for SUD per 1,000 MCO members in the measurement period | NM had a 15.7 percent increase in ED visits from the previous quarter.  Our continued efforts to increase OP service availability will hopefully reverse this trend. |
| **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 | | | The BHSD SOTA continues to work with NM OTPs to expand their service array to Buprenorphine and IOP services. |
| | 6.2.1.b  Expansion of coverage for and access to naloxone | | | Distribution of naloxone with instructions for it's use is part of the Bridge program to increase SUD treatment in the emergency rooms.  We continue to add new hospitals to the Bridge program. |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| 6.2.2     The state expects to make other program changes that may affect metrics related to Milestone 5. | | | Within our NM Accountability in Government Act (AGA) Performance Measures, we track the HEDIS measure FUA which measures follow-up activities after an emergency visit for alcohol or other drug abuse or dependence within 7 and 30 days after the ED visit.<br><br>In Q1 CY23, 23.3 percent of the visits to the ED were followed-up within 7 days and 33.4 percent were followed-up within 30-days. Both measures reflected notable improvement. For the seven-day follow-up, this reflected almost 10 percentage points higher than the same quarter in the prior year (13.7%).  For the 30-day follow-up, this reflected 11 percentage points higher than the same quarter in the prior year (22.0%).  Both timeframes well exceed the NCQA HEDIS  2021 national averages of 13.4 percent for 7-day follow-up as well as 19.8 percent for 30-day follow-up.<br><br>MCOs have been implementing quality improvement strategies such as incenting follow-up appointments as part of their Value-Based Purchasing Quality Incentive Program. They also use their Care Coordinators to outreach to any members in the ER and support their transition to care. |

| 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. | X | Metric 24  Total number of inpatient stays per 1,000 MCO members in the measurement period | NM experienced a 29.8 percent increase in inpatient stays per 1000 MCO members. As seen in AARTC individuals may be accessing higher levels of care such as inpatient rather than the lower levels. |
| **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 | |

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| 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: <br> 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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