

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

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	Maine	Maine
Demonstration name		Maine’s Substance Use Disorder Care Initiative
Approval period for section 1115 demonstration		January 1, 2021 through December 31, 2025
SUD demonstration start date^a		January 1, 2021
Implementation date of SUD demonstration, if different from SUD demonstration start date^b		July 26, 2021
SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives		SUD Demonstration Goals: 1. Increased rates of identification, initiation, and engagement in treatment for SUD; 2. Increased adherence to and retention in treatment; 3. Reductions in overdose deaths, particularly those due to opioids; 4. Reduced utilization of emergency departments and inpatient hospital settings for treatment, where the utilization is preventable or medically inappropriate, through improved access to other continuum of care services; 5. Fewer readmissions to the same or higher level of care, where the readmission is preventable or medically inappropriate; and 6. Improved access to care for physical health conditions among beneficiaries with SUD. Enter summary of the SUD (or if broader demonstration, then SUD related) demonstration goals and objectives as summarized in the STCs and/or demonstration fact sheet.

^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 12/15/2020, with an effective date of 1/1/2021 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 federal financial participation for services provided to individuals in institutions for mental disease.

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.

Quarter three of Maine’s first demonstration year has been an active one as we move closer to toward making the waiver operational. The Office of MaineCare Services (OMS) along with Maine Department of Health and Human Services’ (DHHS) Office of Behavioral Health (OBH) initiated targeted outreach with specific SUD residential treatment providers to discuss the waiver and learn about their potential plans for expansion, including any needed resources and timing. To further support providers in this sector and member access to care, OMS promulgated rules effective November 1, 2021, significantly increasing rates of reimbursement. These providers have been particularly stressed over the past two years due to the impact of COVID-19, causing some temporarily close due to staffing issues. These new rates will enhance their ability to recruit and retain staff. In addition to these rate increases, rules were promulgated effective November 1, 2021 to support increased access to SUD treatment through removing arbitrary admission limits, removing potentially stigmatizing language, and increasing the amount of days covered for certain treatment types. In addition to new rules and rates for SUD residential treatment, OMS also completed a rate study for SUD Intensive Outpatient Programs (IOP), which has been funded through the Legislature to being January, 2022, increases the IOP rate by 89%. OMS is proud of the state’s commitment to invest in SUD services and feels these efforts will have a positive impact for those needing them in the coming years.

This quarter we have also engaged in a number of activities to advance toward goal on our implementation plan. These activities include: engaging with our Administrative Services Organization around milestones surrounding utilization management including an independent process for reviewing ASAM assessment results, encumbering our contract with Bamboo Health for the OpenBeds Service Locator tool, deployed and assessed an online survey for youth and young adults related to barriers and gaps to accessing SUD treatment, continued work around enhancements and interoperability of the prescription drug monitoring program, and shared results of the Maine Health Access Foundation (MeHAF) Site Self-Assessment/care integration assessment with providers to seek feedback on opportunities for future technical assistance offerings or other supports needed to improve the integration of SUD with other mental and physical health services. Along with these activities, OMS is continuing work on a number of future initiatives including revising

to our Opioid Health Home model to include ASAM placement criteria to assess patient placement and as treatment guidelines targeted to be effective April 2022, planning for clarification on partial hospitalization coverage for early 2022, and planning our new primary care alternative payment model scheduled to be effective April, 2022.

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	<i>*EXAMPLE: #5: Medicaid Beneficiaries Treated in an IMD for SUD</i>	The State is continuing to work with CMS on its monitoring protocol. Updates will be forthcoming when the state begins reporting metrics.
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.i. The target population(s) of the demonstration	X		<i>*EXAMPLE: The state is expanding the clinical criteria to include X diagnoses</i>
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		<i>*EXAMPLE: The state projects an x% increase in beneficiaries with a SUD diagnosis due to an increase in the FPL limits which will be effective on X date.</i>
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		

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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	X		The State is continuing to work with CMS on its monitoring protocol. Updates will be forthcoming when the state begins reporting metrics.
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. 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 promulgated rules effective November 1, 2021 that increased reimbursement rates for SUD residential treatment services, removed potentially stigmatizing language from policy, removed arbitrary annual admission limits, and increased total covered days for certain SUD treatment models. Additionally, as noted in the executive summary, the State surveyed youth on access to SUD treatment, met with SUD providers to discuss expansion plans under the waiver, and encumbered its contract for the Service Locator Tool.
2.2.1.ii. 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			See above.
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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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		The State is continuing to work with CMS on its monitoring protocol. Updates will be forthcoming when the state begins reporting metrics.
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.i. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria	X		The state is evaluating its Medicaid benefits provider manual and licensing rules to determine where updates can be made to better support ASAM placement criteria. The state updated its rules Effective November, 2021 to support the most current version of ASAM placement criteria. Further work will be done to continue to align MaineCare rule and licensing with ASAM placement criteria.
3.2.1.ii. 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		The State has begun discussions with its ASO, Kepro, in this area.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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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 <i>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.</i>	X		The State is continuing to work with CMS on its monitoring protocol. Updates will be forthcoming when the state begins reporting metrics.
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.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		The state is planning a comprehensive review of its MaineCare Benefits provider manual and applicable licensing standards to evaluate the structure of policy to identify and recommend future changes to clearly outline program descriptions, including provider requirements following ASAM criteria. Work to commence by Spring 2022. Current legislative initiatives and COVID response has caused a slight delay in this work.
4.2.1.ii. Review process for residential treatment providers’ compliance with qualifications.	X		Maine’s Office of Behavioral Health and Office of Child and Family Services has assumed oversight of adult and youth SUD residential treatment programs in July 2021 and November 2021, respectively.
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		MaineCare Benefits provider manual has been updated, effective November 2021, to replace general language that is misaligned with ASAM regarding the use of MAT and include language to specifically require the facilitation of MAT off-site if that is not a service offered within the facility

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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		

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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		The State is continuing to work with CMS on its monitoring protocol. Updates will be forthcoming when the state begins reporting metrics.
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		The State encumbered its contract to develop a service locator tool which will assist the public, including health care providers and consumers, to search for local behavioral health providers with capacity to provide SUD/ODU care. The State also conducted a youth survey surrounding access to SUD treatment, to better understand current accessibility, gaps, and barriers to SUD treatment.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		The State is continuing to work with CMS on its monitoring protocol. Updates will be forthcoming when the state begins reporting metrics.
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.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		No further update at this time.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.ii. Expansion of coverage for and access to naloxone	X		The State provides Medicaid coverage for with low-barrier access and additional efforts are underway to incentivize and/or require co-prescribing of naloxone with MAT. The State is considering implementing a standing order for naloxone. No further update at this time.
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
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		The State is continuing to work with CMS on its monitoring protocol. Updates will be forthcoming when the state begins reporting metrics.
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		The State has updated its MaineCare benefits provider manual, effective November 1, 2021, to reinforce that providers must coordinate with the member's treatment team, including but not limited to the member's case management, behavioral health home, or opioid health home providers to coordinate care and facilitate access to any identified services and supports, considering their physical and mental health needs.
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			
8.1 Metric trends			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		The State is continuing to work with CMS on its monitoring protocol. Updates will be forthcoming when the state begins reporting metrics.
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			No updates at this time.
How health IT is being used to treat effectively individuals identified with SUD	X		No updates at this time.
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		No updates at this time.
8.2.1.iii. 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		No updates at this time.
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		No updates at this time.
8.2.1.v. The timeline for achieving health IT implementation milestones	X		No updates at this time.
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		No updates at this time.
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			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		The State is continuing to work with CMS on its monitoring protocol. Updates will be forthcoming when the state begins reporting 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		The State is continuing to work with CMS on its monitoring protocol. Updates will be forthcoming when the state begins reporting metrics.

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	The State has recently received approval of its implementation plan but has yet to expend funds under the waiver. Updates will be forthcoming as the state begins operationalizing the waiver.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	No updates at this time.

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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		
<p>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 report template instructions for more detail.</p>	<p>X</p>	<p>The State has implemented the final rates identified in its independent rate study for its SUD residential treatment services, effective November 1, 2021. SUD Intensive Outpatient Program rates are planned to be effective January 2022. The state anticipates that these new rates will lead increased provider participation, opening member access to services.</p> <p>The state promulgated rules effective November 1, 2021 that increased reimbursement rates for SUD residential treatment services, removed potentially stigmatizing language from policy, removed arbitrary annual admission limits, and increased total covered days for certain SUD treatment models.</p> <p>The State’s legislature did not pass LD 415, contemplating amending the MaineCare Benefits manual which will expand the eligibility criteria for SUD targeted case management. The state will continue to consider whether this is a change we are able to make at this time.</p> <p>The State is experiencing workforce shortages following COVID-19 concerns and that state is considering ways to incentivize individuals to join the SUD workforce. A recent initiative includes recruitment and retention payments for HCBS providers (including SUD treatment providers).</p>

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Prompts	State has no update to report (Place an X)	State response
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	No updates at this time.
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	No updates at this time.
11.2.1.iii. Partners involved in service delivery	X	No updates at this time.
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	No challenges to note at this time.
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	
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 report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		No further update at this time.

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Prompts	State has no update to report (Place an X)	State response
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		No further update at this time.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		The evaluation design continues to be under CMS review since submitting in June. No further deliverable due at this time.
13. Other 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	The State is continuing to work with CMS on its monitoring protocol.
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	The State is continuing to work with CMS on monitoring protocol.
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	The State is continuing to work with CMS on its monitoring protocol.
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	The State is continuing to work with CMS on monitoring protocol.
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	The State is continuing to work with CMS on its monitoring protocol. No issues noted as of this report.

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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 report.	X	The state is planning to host its post award forum since receiving CMS approval of the implementation plan, though it has not yet been scheduled.
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 is continuing to work with CMS on its monitoring protocol. Updates will be forthcoming.

*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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