## 1. Title Page for the State's SUD Demonstration or SUD Components of Broader Demonstration

The state should complete this Title Page at the beginning of a demonstration and submit as the title page of all SUD Monitoring Reports. The content of this l table should stay consistent over time.

State	New Mexico
Demonstration name	Centennial Care 2.0 1115 Medicaid Demonstration
Approval date for demonstration	12/14/2018.
Approval period for SUD	01/01/2019-12/31/2023
Approval date for SUD, if different from above	05/21/2019
Implementation date of SUD, if different from above	01/01/2019

SUD (or if broader demonstration, then SUD related) demonstration goals and objectives New Mexico's 1115 waiver application supports and focuses its SUD evaluation on the six goals developed by CMS:

- 1. Increased rates of identification, initiation and engagement in treatment for OUD and other SUDs:
- 2. Increased adherence to and retention in treatment for OUD and other SUD:
- 3. Reductions in overdose deaths, particularly those due to opioids;
- 4. Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD 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 readmission is preventable or medically inappropriate for OUD and other SUD; and
- 6. Improved access to care for physical health conditions among beneficiaries with OUD or other SUDs.

This implementation plan will describe services currently in place, and put forward our plans to implement new services, i.e. our gaps in service options. It is based upon American Society of Addiction Medicine (ASAM) levels of care for the continuum of care, and is organized by CMS's SUD milestones:

- 1. Access to critical levels of care for OUD and other SUDs
- 2. Widespread use of evidence-based, SUD-specific patient placement criteria;
- 3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications;
- 4. Sufficient provider capacity at each level of care, including Medication Assisted Treatment (MAT);
- 5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD; and
- 6. Improved care coordination and transitions between levels of care.

## 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 or less.

New Mexico has made significant advances in recent years in our services to both combat and treat OUD and SUD. We halted the increasing overdose trend from the highest rate among states to 13th. We must consider, however, that the upward trends of other states also impact this. However, New Mexico continues to be the top state in alcohol-related deaths and third in the nation for suicides. We still have much work to do.

New Mexico's continuum of SUD services and its implementation plan also includes:

- Treatment of co-occurring mental health conditions with a primary diagnosis of SUD;
- A focus on the integration of SUD screening in physical health provider locations;
- The introduction of behavioral health counselors in primary care agencies, and primary care practitioners in behavioral health agencies; and
- Interdisciplinary teaming with the Medicaid beneficiary and his/her natural supports to treat not only the person with the SUD, but also the family or natural support system.

## 3. Narrative Information on Implementation, by Milestone and Reporting Topic

Prompt  1.2 Assessment of Need and Qualification for SUD S	Services		State r	esponse			Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
1.2.1 Metric Trends								
☑ 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.	during the meas fourth quarter of COVID-19, HS: behavioral healt systems to ensurmaintain access beneficiaries see QTR 1- An und sought SUD-relibefore the meas	during the measurement period (QTR 1, DY3) increased by 5.37% from the					QTR-2 04/01/2021- 06/30/2021	Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 11 months before the measurement period
	Metric 3 DY3(2021)							
		Q1	Q2	Q3	Q4			
		33,123						
						j		

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
☐ 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.		Annual- 01/01/2020- 12/31/2020	Number of beneficiaries with a claim for residential or inpatient treatment for SUD in IMDs during the measurement period
☑ The state has no metrics trends to report for this repo	rting topic.		
1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:  i) The target population(s) of the demonstration ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			
☑ The state has no implementation update to report for	this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services  ☐ The state has no implementation update to report for			

Prompt  2.2 Access to Critical Levels of Care for OUD and o	ther SUDs (Milestone 1)	State 1	esponse			Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
2.2.1 Metric Trends							
☑ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	DY3 2021) and receiving pharmacy claim increases response to the public heallowed behavioral heal using telehealth, telephoto health care. This chat the scope of the SUD crecertainly have been high numbers of beneficiaries opening of the State and postponed.  QTR 1 - An unduplicate measurement period receiving the property of the state and postponed.	The number of beneficiaries enrolled during the measurement period (QTR 1 DY3 2021) and receiving any SUD treatment service, facility claim, or obtaining the public health emergency related to COVID-19, HSD has allowed behavioral health providers to offer most behavioral health services using telehealth, telephonic and e-visit delivery systems to ensure safe access to health care. This change in policy has helped maintain access, though given the scope of the SUD crisis in New Mexico, the numbers would almost certainly have been higher had the pandemic not occurred. This rise in the numbers of beneficiaries receiving any service might be attributed to the early opening of the State and individuals accessing treatments they had earlier postponed.  QTR 1 - An unduplicated total of 31,479 beneficiaries enrolled in the measurement period received any SUD treatment service, facility claim, or obtaining the measurement period. The average number of					Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period
		Metric 6	DY3 (2021)				
		01 Q2 479	Q3	Q4			
☐ The state has no metrics trends to report for this report	orting topic.						

Prompt		State	response			Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
⊠ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	The number of benefit measurement period of quarter of <b>DY2</b> . In respect to behavioral health protected the telephonic health care. SBIRT of Mexicans with needed emergency, and the neargest increase over postponed services. <b>QTR 1</b> - A total of <b>1</b> , the measurement period quarter is <b>721</b> per mo	esponse to the puviders to offer me and e-visit delivontinues to be a department of the land behavioral head numbers for the land previous months  1990 beneficiaries and. The average onth.	21) increased blic health em ost behavioral ery systems to significant walth services dust month of the reflecting the	by 4% from ergency, HS health serve ensure safe y to connect ring the public quarter der start of a re- tervention s	n the fourth SD has allowed ices using e access to t New blic health monstrated the turn to ervices during	QTR-2 04/01/2021- 06/30/2021	Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period
	1,5	990					

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
☑ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	The number of beneficiaries who used outpatient services for SUD during the measurement period (QTR 1 DY3 2021) increased by 6.2% from the end of DY2 QTR4. Despite quarter over quarter shifts, utilization of this service has held essentially flat throughout 2020 and the beginning of 2021. This trend shows both the rising need for behavioral health services during the pandemic and the success of HSD's early change in policy to allow behavioral health providers to offer most behavioral health services using telehealth, telephonic and e-visit delivery systems to ensure safe access to health care.  QTR 1 - A total of 18,502 beneficiaries used outpatient services for SUD during the measurement period. The average number of beneficiaries for the first quarter is 10,657 per month.  Metric 8 DY3 (2021)  Q1 Q2 Q3 Q4	QTR-2 04/01/2021- 06/30/2021	Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period
☐ The state has no metrics trends to report for this repo	orting topic.		

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
⊠ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	The number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD during the measurement period (QTR 1 DY3 2021) increased by 11.83% from the fourth quarter of DY2. There were no active Partial Hospitalization Programs (PHP) in NM during the measurement period, so this metric applies only to Intensive Outpatient Program (IOP). Even though there were significant increases in providers, growth in 2020 appears to have slowed due to the pandemic. The year over year increase is driven by IOP providers who have worked particularly hard to ensure that patients can get care through phone and video which has increased compliance and participation. One factor for the current increase is the video ability allowing IOP to expand into rural communities, and the other factor is the state opening to more on-sight services which is particularly good for IOP for which group work is a large component.  QTR 1 - A total of 1,342 unique beneficiaries used intensive outpatient services for SUD during the measurement period. The average number of unique beneficiaries for the first quarter is 860 per month.  Metric 9 DY3 (2021)  Q1 Q2 Q3 Q4  1,342	QTR-2 04/01/2021- 06/30/2021	Number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period

Prompt			Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)				
□ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	The number of be SUD during the refrom the fourth qualified of non-Medicaid Residential Treats upward trend also expanded coverage part of Centennia people who need seen rising levels stays is a reflection the SUD crisis the QTR 1 – An undinpatient services number of benefit	measureme uarter of E adult residence ment Cent o includes ge for SUI 1 Care 2.0 this higher of urgent on of the ce e state is e	ent period (DY2. The idential treaters (AART as mall but Doin Institute to provide st level of a behavioral combined efficients and of 1,000 during the integral of the first quantity of the first quantity of the first quantity of the institute	QTR 1 DY ncrease reftment prov (C) within trising numes of Menta more robeare. During health need fects of the G.	3 2021) incredects the succiders into Adhe Medicaid aber of individual Disease (Illust continuum general the pandends; an increase public healt arries used resent period. The per month.	eased by 46% sessful transition fult Accredited system. The duals accessing MD), added as m of care for nic the state has se in inpatient h emergency and	QTR-2 04/01/2021- 06/30/2021	Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period
☐ The state has no metrics trends to report for this repo	orting topic.							

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
☑ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	The number of beneficiaries who used withdrawal management services during the measurement period (QTR 1 DY3 2021) increased by 60% from the fourth quarter of DY2. These are very small numbers but the overall rising trend is very positive. The provider network for withdrawal management services reports persistent difficulty retaining medical staff sufficient to maintain services, an unfortunately common challenge in NM. Hopefully the new legislation which allows MDs to procure an X waiver for buprenorphine prescribing without attending the mandatory training will help this situation.  Even though in response to the public health emergency, HSD has allowed behavioral health providers to offer most behavioral health services using telehealth, telephonic and e-visit delivery systems to ensure safe access to health care, withdrawal management services are not all amenable to telehealth type delivery of care. Further, tracking withdrawal management services in New Mexico relies on providers to enter additional tracking codes that have no reimbursement attached. The increase in utilization despite these challenges is a measure of rising need for behavioral health services during the pandemic.  QTR 1 - A total of 233 beneficiaries used withdrawal management services during the measurement period. The average number of beneficiaries for the first quarter is 78 per month.	QTR-2 04/01/2021- 06/30/2021	Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period
$\Box$ The state has no metrics trends to report for this repo	orting topic.		

Prompt  ☑ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	State response  The number of beneficiaries who had a claim for MAT for SUD during the measurement period (QTR 1 DY3 2021) increased by 3% from the fourth quarter of DY2. SUD is a key behavioral health issue for the state and this essentially flat trend may underrepresent the extent of need for MAT services. The state has identified a large number of providers certified to provide buprenorphine who are not actively prescribing and will be working to address this situation during this year. We are also working with emergency departments to institute waivers and procedures for MAT.  QTR 1 – An unduplicated total of 13,374 beneficiaries had a claim for MAT for SUD during the measurement period. The average number of beneficiaries for the first quarter is 10,900 per month.						Related metric (if any)  Number of beneficiaries who have a claim for MAT for SUD during the measurement period
		Metric 12	DY3 (2021)				
	Q1	Q2	Q3	Q4			
	13,374						
☐ The state has no metrics trends to report for this repo	rting topic.		1				
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	J					Annual- 01/01/2020- 12/31/2020	The average length of stay for beneficiaries discharged from IMD inpatient or residential treatment for SUD during the measurement period

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
2.2.2 Implementation Update			
Compared to the demonstration design and operational			
details, the state expects to make the following changes to:			
□ 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) □ 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 individuals in IMDs			
☐ The state has no implementation update to report for	this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 1			
☑ The state has no implementation update to report for	this reporting topic.	'	

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
3.2 Use of Evidence-based, SUD-specific Patient Plac 3.2.1 Metric Trends	ement Criteria (Milestone 2)		
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
☐ The state has no trends to report for this reporting top	pic.		
☐ The state is not reporting metrics related to Milestone	e 2.		
3.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:  i) Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
☐ 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			
☐ The state has no implementation update to report for	this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 2			

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
☐ The state has no implementation update to report for	this reporting topic.		
☐ The state is not reporting metrics related to Milestone	e 2.		
4.2 Use of Nationally Recognized SUD-specific Progr	am Standards to Set Provider Qualifications for Residential Treatment Facil	ities (Milestone	23)
4.2.1 Metric Trends			
☐ The state reports the following metric trends,			
including all changes (+ or -) greater than 2 percent related to Milestone 3			
☐ The state has no trends to report for this reporting top	pic.		ı
☐ The state is not reporting metrics related to Mileston	e 3.		
4.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:  □ i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards □ ii) State review process for residential treatment providers' compliance with qualifications standards □ iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site  □ The state has no implementation update to report for			

State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
this reporting topic.		
e 3.		
Care including for Medication Assisted Treatment for OUD (Milestone 4)		
	Annual- 01/01/2020- 12/31/2020	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period
nic.		
	Annual- 01/01/2020- 12/31/2020	The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period and who meet the standards to provide buprenorphine or methadone as part of MAT
	this reporting topic. 2.3.  Care including for Medication Assisted Treatment for OUD (Milestone 4)	this reporting topic.  2.3.  Care including for Medication Assisted Treatment for OUD (Milestone 4)  Annual- 01/01/2020- 12/31/2020  Annual- 01/01/2020- 12/31/2020

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
5.2.2 Implementation Update			
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			
☐ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes			
that may affect metrics related to Milestone 4			
☐ The state has no implementation update to report for	this reporting topic.		

		Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y	Related metric
Prompt	State response	YYY)	(if any)
6.2 Implementation of Comprehensive Treatment an	d Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)		
6.2.1 Metric Trends			

☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	Annual- 01/01/2020- 12/31/2020	Percentage of beneficiaries with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:  • Initiation of AOD Treatment—percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or MAT within 14 days of the diagnosis  • Engagement of AOD Treatment—percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit  The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or
		each rate: (1) Alcohol abuse or dependence, (2)

Prompt	Measu nt pe fir repor (MM/I YY) MM/I State response  YY	eriod rst orted /DD/Y /Y - DD/Y Related metric /Y) (if any)
		dependence. A total of 8 separate rates are reported for this measure.
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	Annual 01/01/2 12/31/2	/2020- beneficiaries age 18 and
☑ The state has no trends to report for this reporting top		
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	Annual 01/01/2 12/31/2	/2020- beneficiaries age 18 and

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
oxtimes The state has no trends to report for this reporting top	pic.		
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		Annual- 01/01/2020- 12/31/2020	Percentage of adults in the denominator with pharmacotherapy for OUD who have at least 180 days of continuous treatment.
☐ The state has no trends to report for this reporting top	pic.		
6.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:  □ i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD □ ii) Expansion of coverage for and access to naloxone			
☐ The state has no implementation update to report for	this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 5 ☐ The state has no implementation update to report for	this reporting tonic		
ine state has no implementation update to report for	uns reporting topic.		

Prompt 7.2 Improved Care Coordination and Transitions ber7.2.1 Metric Trends	State response tween Levels of Care (Milestone 6)	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6		Annual- 01/01/2020- 12/31/2020	Percentage of ED visits for beneficiaries who have a principal diagnosis of AOD abuse or dependence and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:  - Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).  - Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
☐ The state has no implementation update to report for ☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6  ☐ The state has no trends to report for this reporting to		Annual- 01/01/2020- 12/31/2020	Percentage of ED visits for beneficiaries who have a principal diagnosis of mental illness and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported:  - Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).  - Percentage of ED visits for mental illness for which the beneficiary received follow-up within 3 days of the ED visit (31 total days).

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
7.2.2 Implementation Update			
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			
☐ The state has no implementation update to report for	this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Milestone 6			
☐ The state has no implementation update to report for	this reporting topic.		
8.2 SUD Health Information Technology (Health IT)	1 0 1		
8.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics		Annual- 01/01/2020- 12/31/2020	Percentage of providers checking PDMP by provider type (number of PDMP users, number of checks)
☐ The state has no trends to report for this reporting top	pic.		
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics		Annual- 01/01/2020- 12/31/2020	Number of providers trained on pain management through Project ECHO and number of training sessions held.

Prompt  ☑ The state has no trends to report for this reporting top	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics		Annual- 01/01/2020- 12/31/2020	Number of providers and resources managed in provider/resource directory; accuracy of information; frequency of information update
☐ ☐ The state has no trends to report for this reporting top	vic.		<u> </u>
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics  ☐ The state has no trends to report for this reporting top		Annual- 01/01/2020- 12/31/2020	Number of clinicians with list of community resources that individuals can be referred to in an edirectory; tracking MAT with counseling and behavioral therapies to treat SUD and prevent opioid overdose

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
8.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:  i) How health IT is being used to slow down the rate of growth of individuals identified with SUD ii) How health IT is being used to treat effectively individuals identified with SUD iii) How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD iv) 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 v) Other aspects of the state's health IT implementation milestones vi) The timeline for achieving health IT implementation milestones vii) Planned activities to increase use and functionality of the state's prescription drug			
monitoring program			
☐ The state has no implementation update to report for	this reporting topic.		
☐ The state expects to make other program changes that may affect metrics related to Health IT			

Prompt			State r	esponse			Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
☑ The state has no implementation update to report for	r this reporting topic.							
9.2 Other SUD-Related Metrics 9.2.1 Metric Trends								
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	of DY2, up from 12 was decreasing in 2 behavioral health c	od (QTR 1 E 2.1 per 1,00 2020 this inderises due to metric also rehe previous e on calculation did. 803 Numera	OY3 2021 0 to 12.7 crease is the pand effects the quarter. tion of the gency vi	) increas 7 per 1,00 most problemic. le state's 1 Significa is metric.	ed 5% from the company of the compan	n the fourth quarter nough utilization d to increased caid enrollment, up ent increases are a iaries in the	QTR-2 04/01/2021- 06/30/2021	Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period.
$\Box$ The state has no trends to report for this reporting to	pic.							

☑ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	The total number the measurement of DY2, <b>droppi</b> During the pand needs. In this corrising need for councertainty amous temporary CO agencies and factors. The trend for the 1926 beneficiaries are a downward Note: The deno beneficiaries emporary of inpat period.  QTR 4 - Total measurement per Denominator: 7'	t period (QT ng from 6.2 emic the sta ontext, the fi are, the decing the state' OVID-related cilities.  Is metric also s over the propressure on minator, or colled each of ient discharg number of in riod.	TR 1 DY3 2 4 per 1,00 te has seen first quarter line most li s population or reflects the revious qua calculation total benefit quarter. The ges related	rising level drop is work kely reflects on regarding client numb are state's ris arter. Signiff of this met ciaries, is the numerator to a SUD states.	ased from the r 1,000.  Is of urgent because persistent cany inpatienters and/or claims Medical icant enrollming.  The unduplication is the total unity during the beneficiarie	the fourth quarter whehavioral health use despite oncern and nt care, as well losures of some denrollment, up ment increases ted number of induplicated the measurement	QTR-2 04/01/2021- 06/30/2021	Total number of inpatient stays per 1,000 beneficiaries in the measurement period.
			Matria HOA	D)(0 (0004)				
		Q1	Q2	DY3 (2021)	Q4			
		6.20						
$\Box$ The state has no trends to report for this reporting to	pic.							
☐ The state reports the following metric trends,							Annual-	The rate of all-cause
including all changes (+ or -) greater than 2 percent related to other SUD-related metrics							01/01/2020- 12/31/2020	readmissions during the measurement period

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any) among beneficiaries with SUD.
☐ The state has no trends to report for this reporting top	pic.		SOD.
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		Annual 01/01/2021- 12/31/2021	Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).
☐ The state has no trends to report for this reporting top	pic.		

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		Annual- 01/01/2020- 12/31/2020	Rate of overdose deaths during the measurement period among adult Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid).
☑ The state has no trends to report for this reporting top	pic.		
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		Annual- 01/01/2020- 12/31/2020	The percentage of Medicaid beneficiaries with SUD who had an ambulatory or preventive care visit during the measurement period.
☐ The state has no trends to report for this reporting top	pic.		
9.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
☐ The state has no implementation update to report for	this reporting topic.		

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
10.2 Budget Neutrality 10.2.1 Current status and analysis			
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 expenditures of substance use disorder (SUD) are included in the historical program data that was used to develop the overall budget neutrality. The quarterly waiver budget monitoring continues to show that all Medicaid eligibility groups (MEG) remain in compliance with the budget neutrality conditions. The substance use disorder/institution for mental diseases (SUD/IMD), a subset, is subject to a hypothetical test for budget neutrality monitoring. As described in the STCs, this includes comparing the actual capitation PMPMs for SUD/IMD members to the expenditure caps defined for each demonstration year (DY). The SUD/IMD budget neutrality monitoring continues to show that SUD/IMD remains in compliance with the budget neutrality requirement.	QTR-2 04/01/2021 - 06/30/2021	STC 100 -Hypothetical Test 3 for SUD/IMD
10.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect budget neutrality			
☐ The state has no implementation update to report for	this reporting topic.		

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
11.1 SUD-Related Demonstration Operations and Po	blicy		
11.1.1 Considerations			
☐ States 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.			
☐ The state has no related considerations to report for t	his reporting topic.		
11.1.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:  i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)  ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations,			
Patient Centered Medical Homes)  ☐ iii) Partners involved in service delivery			

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
☐ The state has no implementation update to report for	this reporting topic.		
☐ 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			
☐ The state has no implementation update to report for	this reporting topic.		
☐ The state is working on other initiatives related to SUD or OUD			
☐ The state has no implementation update to report for	this reporting topic.		
☐ The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)			
☐ The state has no implementation update to report for	this reporting topic.		
12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
⊠ 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. See report template instructions for more details.	New Mexico's implementation plan has been approved by CMS. New Mexico is in the process of updating an Independent evaluator to complete the evaluation work requirements and is on track with the current timeline.	QTR-2 04/01/2021 - 06/30/2021	
☐ The state has no SUD demonstration evaluation update ☐	ate to report for this reporting topic.		

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)			
⊠ 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.	New Mexico's, implementation plan was approved by CMS and is on track on all evaluation deliverables timelines with no barriers in achieving the goals agreed in the STC.	01/01/2020 - 12/31/2020				
☐ The state has no SUD demonstration evaluation update	ate to report for this reporting topic.					
☐ List anticipated evaluation-related deliverables related to this demonstration and their due dates.						
☐ The state has no SUD demonstration evaluation update	ate to report for this reporting topic.					
13.1 Other Demonstration Reporting						
13.1.1 General Reporting Requirements						
☐ The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol						
☐ The state has no updates on general requirements to report for this reporting topic.						
☐ The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes						
☐ The state has no updates on general requirements to	report for this reporting topic.					

Prompt	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
Compared to the demonstration design and			
operational details, the state expects to make the following changes to:			
☐ i) The schedule for completing and submitting monitoring reports			
☐ ii) The content or completeness of submitted reports and/or future reports			
☐ The state has no updates on general requirements to r	eport for this reporting topic.		
☐ The state identified real or anticipated issues			
submitting timely post-approval demonstration			
deliverables, including a plan for remediation			
☑ The state has no updates on general requirements to r	report for this reporting topic.		
13.1.2 Post-Award Public Forum			
☐ 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.			
⊠ No post-award public forum was held during this rep	orting period and this is not an annual report, so the state has no post-award public	forum update t	to report for this topic.

Prompt  14.1 Notable State Achievements and/or Innovations	State response	Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY)	Related metric (if any)
14.1 Narrative Information			
<ul> <li>☑ 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.</li> <li>☐ The state has no notable achievements or innovation</li> </ul>	New Mexico's continuum of SUD services and its implementation plan also includes and will be monitored for continued achievements in:  - Treatment of co-occurring mental health conditions with a primary diagnosis of SUD;  - A focus on the integration of SUD screening in physical health provider locations;  - The introduction of behavioral health counselors in primary care agencies, and primary care practitioners in behavioral health agencies; and  - Interdisciplinary teaming with the Medicaid beneficiary and his/her natural supports to treat not only the person with the SUD, but also the family or natural support system.	QTR-2 04/01/2021 - 06/30/2021	

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