

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		TBD
SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives		<p>SUD Demonstration Goals:</p> <ol style="list-style-type: none"> 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 Office of MaineCare Services (OMS) within the Maine Department of Health and Human Services (DHHS) is the single state agency that administers Maine’s Medicaid program, known as MaineCare. Currently, 23% of Maine’s population is covered by Medicaid or the Children’s Health Insurance Program. Maine’s rurality, health issues, and infrastructure limitations result in challenges to the State’s Substance Use Disorder (SUD) service delivery systems which has been strained by the impact of the opioid epidemic in northern New England. Maine’s Substance Use Disorder Care Initiative seeks to address gaps, barriers, and opportunities in the delivery system, while increasing capacity of residential service providers through the waiver to meet the growing demand. Maine received approval of the implementation plan in DY2Q2 and has continued to work to lay out the policies, procedures and system capabilities for enrolling providers as IMDs so they may begin expanding capacity and access to treatment services.

OMS has engaged in several activities to advance goals in 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, onboarding providers to the OpenBeds Service Locator tool, continued work around enhancements and interoperability of the prescription drug monitoring program, and several 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 July 2022, planning for clarification on partial hospitalization coverage for early 2022, and implementing a new primary care alternative payment model scheduled to be effective July 2022.

OMS continues to work with its Administrative Organization, Kepro, to establish an independent utilization management process of SUD residential admissions. Initial scope and deliverables have been defined. Project is currently working with policy to determine if changes need to be conducted to provide authority for enforcement of the reviews.

OMS encumbered additional funding towards expansion of an additional 30 provider to on board to the internal digital component of the 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/OD care. In June 22 the state worked to onboard providers to the service locator tool,

Maine Treatment Connection, hosted on Bamboo Health OpenBeds platform. There were 6 orientations in June with additional sessions scheduled for July. The product is currently under development with projected launch Sept 22.

Initiatives related to the Opioid Health Homes introduces the Medication Plus and Methadone Levels of Care. The Medication Plus Level of Care reimburses for all OHH covered services except for OUD counseling, which allows members to receive OUD medication without electing to participate in OUD counseling. The Methadone Level of Care allows members who receive methadone from Chapter II, Section 65, Behavioral Health Services, providers to receive Health Home services from the team-based care delivery model of the OHH.

Under the current rule, when members receiving OHH services elect to receive comprehensive care management and comprehensive transitional care from an additional support provider, the Department reimburses both providers separately. CMS advised that the OHH must reimburse the additional support provider via a pass-through payment. Hence, this final rule increases the reimbursement amount to the OHH provider to include a pass-through payment of \$394.40 for the IOP, Induction, Stabilization, and Maintenance Levels of Care when members elect to receive services from an additional support provider.

In alignment with the Department’s goal to implement value-based payment models tied to quality, the final rule adds a pay-for-performance provision that will withhold four (4) percent of OHH payments, pending the OHH’s performance on three measures of OHH quality and effectiveness of service. The measures include assessing whether members in Maintenance and Stabilization Levels of Care have attended an annual primary care visit, had continuous pharmacotherapy as part of their MOUD, and are involved in regular employment or other forms of community engagement. While the methodology for this pay-for-performance provision is detailed in rule, MaineCare will evaluate the need for adjustments to ensure OHH providers are not inappropriately penalized for the costs or changes in quality/utilization that result from COVID-19. Performance measure thresholds and the performance of other providers will determine if OHHs receive the full four percent and if they are eligible for a pay-for-performance surplus payment.

Addressing the lack of availability of ASAM level of Care 3.0 and higher including withdrawal management, the Department of Health and Human Services set aside 4.5 Million towards expansion of treatment beds around the state and issued an RFA for capital funds that supports expansion of SUD residential beds on 31 May 22 with applications 10 applications submitted. Contracts are expected to be awarded beginning Sept 22.

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		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		The State has no changes to make at this time
1.2.1.ii. 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		

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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		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)			
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			
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		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		
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		
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		
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		
4.2.1.ii. Review process for residential treatment providers’ compliance with qualifications.	X		No Changes, Maine’s Office of Behavioral Health and Office of Child and Family Services has assumed programmatic oversight of all adult and youth SUD residential treatment programs in July 2021 and November 2021, respectively.

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		No Changes, 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. Site visit and program evaluation monitoring protocols have been updated to ensure compliance.
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		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		
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		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.
6.2.1.ii. Expansion of coverage for and access to naloxone	X		

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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	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		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		No changes. The State has updated its MaineCare benefits provider manual, effective November 1, 2021, to reinforce that residential treatment 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			
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		Updates will be forthcoming when the state begins reporting metrics.
8.2 Implementation update			

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			
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		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		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	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		Effective June 29, 2022, The State updated the rate for Sections 65, Substance Use Disorder (SUD) Intensive Outpatient Program (IOP) services in MIHMS retroactively to January 1, 2022. The old rate was \$102 per diem with the newly established rate of \$192.83 per diem. The state anticipates that these new rates will lead increased provider participation.

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 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>SUD Intensive Outpatient Program rates were approved to be retroactively effective January 2022. The state anticipates that these new rates will lead increased provider participation, opening member access to services.</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 continues to consider ways to expand access to care management and care coordination for individuals with substance use disorder.</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 <u>recruitment and retention payments for HCBS providers</u> (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	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	Effective July 1, 2022, Primary Care Plus (PCPlus) is MaineCare’s new value-based approach to support the primary care system, improve healthcare quality, and reduce inefficient health care spending. PCPlus replaces MaineCare’s former primary care programs, including Primary Care Case Management (PCCM), Primary Care Provider Incentive Payment (PCPIP), and primary care Health Homes, with a single, integrated initiative. It gives primary care providers greater flexibility and incentives to effectively meet MaineCare members’ healthcare needs.
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	The State is developing policy that expands Opioid Health Homes to cover all substances.
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	

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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 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.
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	<p>The timeline for implementation of independent process for reviewing placement in residential treatment settings will need to be shifted from the initial projection of Mar 22. The Department is currently in stages of contract discussions with the Administrative Services Organization. Implementation is projected for January 2023.</p> <p>The State projected initial timeframe for expansion of coverage and access to naloxone was Sep 2021. We request a change for timeframe for completion. A bill will be submitted in the 23-24 Legislative session to provide statutory authority to issue a standing order for Naloxone.</p>
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		
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	

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Prompts	State has no update to report (Place an X)	State response
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports		In discussion with CMS to determine the baseline reporting year for the demonstration waiver as it was anticipated that providers would enroll under the waiver in 2022 but to date we do not have providers engaged with the waiver. The state will need to determine whether the baseline period will coincide with either CY2021 or CY2022.
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.2 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	

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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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