

**Medicaid Section 1115 Substance Use Disorder Demonstrations
Monitoring Report Template**

Note: PRA Disclosure Statement to be added here

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

The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state’s approved monitoring protocol. The state should complete the remaining two rows. Definitions for certain rows are below the table.

State	Maine
Demonstration name	Maine Substance Use Disorder Care Initiative
Approval period for section 1115 demonstration	<i>Automatically populated with the current approval period for the section 1115 demonstration as listed in the current special terms and conditions (STC), including the start date and end date (MM/DD/YYYY – MM/DD/YYYY).</i> Start Date: 01/01/2021 End Date: 12/31/2025
SUD demonstration start date^a	<i>Automatically populated with the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration (MM/DD/YYYY).</i> 01/01/2021
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>Automatically populated with the SUD demonstration implementation date (MM/DD/YYYY).</i> 07/01/2022
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	<i>Automatically populated with the summary of the SUD (or if broader demonstration, then SUD- related) demonstration goals and objectives.</i> SUD Demonstration Goals 1. Increased rates of identification, initiation, and engagement
SUD demonstration year and quarter	<i>Enter the SUD demonstration year and quarter associated with this monitoring report (e.g., SUD DY1Q3 monitoring report). This should align with the reporting schedule in the state’s approved monitoring protocol.</i> SUD DY 4 Q 1
Reporting period	<i>Enter calendar dates for the current reporting period (i.e., for the quarter or year) (MM/DD/YYYY – MM/DD/YYYY). This should align with the reporting schedule in the state’s approved monitoring protocol.</i> Start Date: 01/01/2024 End Date: 03/31/2024

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.

The start of Demonstration Year 4 has been focused on the newly released American Society of Addiction Medicine (ASAM) 4th edition. The State is reviewing policy and program requirements across the board to ensure we adhere to the new framework. We are developing a training plan for both state staff and agencies to align everyone’s understanding. Residential Programs from the state funding opportunities are begging to serve clients, expanding a critical service in the treatment of substance misuse. There is a New Maternity position within the Office of MaineCare that will focus on Maternal and Infant Health to include expanding integrated models of care for individuals with SUD who are pregnant, including the MOM initiative as a MaineCare service, the Opioid Health Home, and the Rural Maternity and Obstetrics Management Strategies program.

The Quarter has also seen movement on Recovery Focused care. MaineCare is piloting an Incentive Payment that encourages providers to connect with individuals being released from incarceration within two calendar days. The goal of this incentive is to strengthen community-based services by rewarding providers who can connect with members upon release and establish relationships that will lead to continuity of home and community-based utilization. The pilot will run March 2024 through March 2025.

A contract has been encumbered for training and technical assistance to Recovery Community Centers across Maine to develop policies and procedures in support of best practices, data collection and reporting, and staff training and certification. This agreement also includes the training and coordination of recovery coaching at the 5 Maine Dept of Correction facilities across the state.

3. Narrative information on implementation, by milestone and reporting topic

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services	Metric 3-4	Metric 5-482% increase the increase in the count is the desired directionality as the 1115 waiver authorizes billing for the treatment of Substance Use in an IMD.

1.2 Implementation update			
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
1.2.1.a	The target population(s) of the demonstration		
1.2.1.b	The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X	
1.2.2	The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X	

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		Metric 6-12, 22	Metric 6-3.14% decrease the variance is not the desired directionality. Metric 7- 5.7% decrease the variance is not the desired directionality. Metric 8- 5.4% decrease the variance is not the desired directionality. Metric 9- 4.9% decrease- Small population, only changed ~11 members Metric 10- 12.7%- Small population, only changed ~30 members Metric 11- 7.8% - The decrease is not the desired directionality as the 1115 waiver, Small population, only changed ~15 members Metric 12- 3.0% decrease Expansion of residential beds increased opportunity for individuals to be treated at higher level of care, which could account for decrease in lower-level care and increase in higher level care. The variance is not the desired directionality. Metric 22 11.3% increase, this is the desired directionality.
2.2 Implementation update			

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<p>2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>2.2.1.a Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)</p>	<p>X</p>	<p style="background-color: #cccccc;"></p>	<p></p>
<p>2.2.1.b SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs</p>	<p>X</p>	<p style="background-color: #cccccc;"></p>	<p></p>
<p>2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1</p>	<p>X</p>	<p style="background-color: #cccccc;"></p>	<p></p>

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	5, 36	36--11.5% decrease, this is the desired directionality Metric 5-482% increase the increase in the count is the desired directionality as the 1115 waiver authorizes billing for the treatment of Substance Use in an IMD..
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		The State is developing a training plan for the newly released 4 th edition ASAM criteria.
3.2.1.b Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			The State is developing a training plan for the newly released 4th edition ASAM criteria. Residential providers will be the first level of care the training opportunities focuses on.
4.2.1.b Review process for residential treatment providers' compliance with qualifications	X		
4.2.1.c Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X	13, 14	Metric 13- 3.6% decrease, this is not the required directionality of the waiver. Metric 14 9.7% increase, this is the desired directionality of the waiver.
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s)	State response
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		Metric 18, 21, 23	Metric 18- 12.1% decrease, this is the desired directionality of the waiver Metric 21- 5.9% decrease, this is the desired directionality of the 1115 waiver. Metric 23- 9.7% decrease, this is the desired directionality of the 1115 waiver.
6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.b Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6		15, 17, 25,27	<p>Metrics 15, 17- State has access to HEDIS version of this metric using 2022 specs, will not have access to 2023 spec coded metric until September.</p> <p>Metric 27- Death data not complete for 2023 until September 2024, death data cause of death is missing in 9% of claims, and usually when missing it is drug related.</p> <p>Metric 25-8.6% increase this is not the desired directionality of the 1115 waiver., but small population change of ~7 members</p>
7.2 Implementation update			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries’ transition from residential and inpatient facilities to community-based services and supports	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.c How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.d Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.e Other aspects of the state’s health IT implementation milestones	X		

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8.2.1.f	The timeline for achieving health IT implementation milestones	X		
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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.g Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X	24,26, 32	Metric 26- Death data not complete for 2023 until September 2024, death data cause of death is missing in 9% of claims, and usually when missing it is drug related.
9.2 Implementation update			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

4. Narrative information on other reporting topics

Prompts	State has no update to report (place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		Cumulatively, actual expenditures exceeded the limit by \$699,480. The State is evaluating the potential causes.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

Prompts	State has no update to report (place an X)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.	X	
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.c Partners involved in service delivery		

Prompts	State has no update to report (place an X)	State response
<p>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</p>	<p>X</p>	<p>Pilot 2: Program 1 – Attachment Biobehavioral Catch-up- The service provider identified as qualified to provide these services has experienced leadership changes since the development of the pilot. The Department has identified an additional provider who may be qualified to conduct the pilot. Pilot 2: Program 2 – Visit Coaching- The service provider identified as qualified to provide these services has experienced staffing challenges. The Department continues to with new leadership to determine the feasibility of the pilot moving forward.</p>
<p>11.2.3 The state is working on other initiatives related to SUD or OUD</p>	<p>X</p>	
<p>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)</p>	<p>X</p>	

Prompts	State has no update to report (place an X)	State response
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.	X	
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs	X	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		The State’s identified vendor has completed the mid-point assessment due Mar 31, 2024.

Prompts	State has no update to report (place an X)	State response
13. Other SUD demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol		Pilot 2: Program 2 – Visit Coaching- projected implementation of 1 Jul 2023. - The service provider identified as qualified to provide these services has experienced staffing challenges. Pilot 3: Home-based Skill Development Services- projected implementation of 1 Jul 2023. This pilot is still in the process of establishing provider contracts and is delayed.
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5	X	

Prompts	State has no update to report (place an X)	State response
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report.		Annual post award forum is scheduled for May 2024.

Prompts	State has no update to report (place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		Maine was competitively selected for a SAMHSA CCBHC Planning Grant and has provisionally certified 5 organizations as CCBHCs.

*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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