PHPG

THE PACIFIC HEALTH POLICY GROUP

MaineCare Substance Use Disorder Care Initiative Section 1115 Medicaid Demonstration

(Project # 11-W-00381)

Mid-Point Assessment Report

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1. EXECUTIVE SUMMARY

The Maine Substance Use Disorder (SUD) Care Initiative Section 1115(a) Demonstration was approved on December 22, 2020, with effective dates from January 1, 2021 through December 31, 2025. Maine's SUD Implementation Plan was approved by CMS on July 26, 2021. Maine's SUD Monitoring Protocol was approved by CMS on March 30, 2022.

This Mid-Point Assessment (MPA) examines the progress of planned enhancements expected as part of the CMS approved Implementation Plan, as well as the State's performance per CMS-defined metrics, as outlined in its SUD Monitoring Protocol. Implementation Plan and Monitoring Protocol metrics were examined for the first two and one-half years of the Demonstration (January 1, 2021 – June 30, 2023). PHPG assessed progress in each Implementation Plan area by evaluating Demonstration activities and their alignment with the approved plan and timeline.

The MPA was originally completed in November 2023. At that time, CMS and the State were involved in discussions regarding a revised reporting schedule for the completion of retroactive and revised metric results. So that all metrics could be included in the assessment, the deadline for the submission of the final MPA was extended to March 2024.

PHPG reviewed quarterly and annual reports to CMS for analysis of policy issues and progress across all Implementation Plan activities. PHPG met with stakeholders (internal and external) to discuss the Mid-Point Assessment activities and the State's progress to date.

PHPG also reviewed all of the following to identify trends in performance, evaluate policy and operational alignment with CMS requirements, and identify successes and potential barriers to progress:

- Treatment program rules, Medicaid State Plan changes, and Medicaid program requirements;
- SUD provider letters and communications Demonstration requirements, Utilization Management (UM) and program standards;
- Provider training and educational materials regarding patient assessment and placement tools;
- SUD provider oversight rules and processes; and
- Written feedback from State staff, including the Office of MaineCare Services (Maine's Medicaid Agency), Office of Behavioral Health and Office of Child and Family Services, and the Prescription Monitoring Program staff.

Overall, the assessment found that the State has completed the expected activities and is making progress in all areas of the SUD Implementation Plan.

Activities identified in the SUD Implementation Plan have been completed or are progressing as anticipated. In addition, the majority of critical performance metrics moved in the expected direction between the baseline and midpoint. As a result, an assessment of "low risk" was determined for all six milestones.

Activities related to the SUD IT Plan have been completed or are progressing as expected; therefore, assessment of the SUD IT Plan progress likewise was determined to be "low risk."

The State reported program expenditures under the Demonstration beginning in Year 2 of the Demonstration. (There were no Medicaid-enrolled IMD providers in Year 1). Actual Medicaid expenditures on behalf of IMD beneficiaries exceeded the budget neutrality limits in both years.

The table below provides an overview of SUD Mid-Point Assessment findings.

SUD Mid-Point Assessment Overview		
CMS Milestone	**Risk**	**Key Findings**
Milestone #1: Access to Critical Levels of Care for Opioid Use Disorder (OUD) and Other SUDs	**Low**	✓ All 7 related activities in the SUD Implementation Plan have been completed and the State continues to build residential capacity ✓ Performance moved in the expected direction for 6 of the 7 critical metrics ✓ Performance moved in the expected direction for all 3 of the other metrics related to access
Milestone #2: Use of Evidence-Based, SUD-Specific Patient Placement Criteria	**Low**	✓ All 7 related activities in the SUD Implementation Plan have been completed ✓ Performance for the 2 critical metrics is undetermined (single data point available)
Milestone #3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities	**Low**	✓ All 8 related activities in the SUD Implementation Plan have been completed or are progressing with ongoing activities ✓ There are no critical metrics for this milestone
Milestone #4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD	**Low**	✓ All 10 activities in the SUD Implementation Plan have been completed or are progressing with ongoing activities ✓ Performance for the 2 critical metrics did not move in the expected direction; provider capacity is expected to increase, but remained consistent
Milestone #5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD	**Low**	✓ All 4 activities in the SUD Implementation Plan have been completed or are progressing with ongoing activities ✓ Performance for 3 of the 4 critical metrics moved in the expected direction; overdose deaths for Medicaid members increased between the baseline and the midpoint

SUD Mid-Point Assessment Overview		
CMS Milestone	**Risk**	**Key Findings**
Milestone #6: Improved Care Coordination and Transitions between Levels of Care	**Low**	✓ All 9 activities in the SUD Implementation Plan have been completed or are progressing with ongoing activities ✓ Performance for 5 of the 7 critical metrics moved in the expected direction; follow-up after ED visits for mental health declined between the baseline and midpoint
SUD IT Plan	**Low**	✓ All activities in the SUD IT Plan have been completed or are ongoing activities
Budget Neutrality	**Medium**	✓ Expenditures under the Demonstration exceed the budget neutrality limits; continued monitoring may be warranted

Recommendations

The State has completed or is continuing to perform all activities in its SUD Implementation Plan and SUD IT Plan. Monitoring of ongoing activities, as well as expenditures under the Demonstration, is recommended.

Although a limited number of data points were available for the Mid-Point Assessment, performance is moving in the expected direction for the majority of metrics defined as critical by CMS. The assessment period also overlapped with the COVID-19 PHE. Continuous coverage requirements from 2020 through 2023 will likely impact service utilization and client counts as Maine continues the Medicaid redetermination process. Ongoing monitoring of performance should continue as more data points become available.

2. SUD DEMONSTRATION BACKGROUND AND POLICY GOALS

The Maine SUD Care Initiative Section 1115(a) Demonstration was approved on December 22, 2020, with effective dates from January 1, 2021 through December 31, 2025. The Demonstration provides the State with authority to provide high-quality, clinically appropriate treatment for beneficiaries with a SUD while they are short-term residents in residential and inpatient treatment settings that qualify as Institutions for Mental Diseases (IMDs). Maine's SUD Implementation Plan was approved by CMS on July 26, 2021. Maine's SUD Monitoring Protocol was approved by CMS on March 30, 2022.

On July 21, 2022, CMS authorized three Pilot Projects for the remainder of the Demonstration period (ending December 31, 2025) for parents with SUD who are involved with or at-risk of involvement with Child Protective Services (CPS). Pilot 1 began on May 1, 2023; the remaining pilot projects (listed below) have not begun.

- *Pilot 1 - Maintenance of Medicaid Coverage*. Maine will expand eligibility to continue covering parent(s) who would otherwise lose Medicaid eligibility due to the change in household size when their child is removed from the home pursuant to State law.
- *Pilot 2 - Parenting Support Services*. Parenting support services will focus on two services to support children and families: (A) Attachment Biobehavioral Catch-up (ABC), for infants and toddlers; and (B) Visit Coaching for parents of older youth.
- *Pilot 3 - Home-Based Skill Development Services*. This pilot will focus on the development of daily living skills, community integration, and other support services to eligible parents with an SUD.

The Maine Department of Health and Human Services (DHHS) is the umbrella agency responsible for oversight of Maine's public health, behavioral health, Medicaid, and other human service programs. The Office of MaineCare Services (OMS) within DHHS is the Single State Agency that administers Maine's Medicaid program, known as MaineCare. Medicaid programs supporting treatment and recovery services for persons with a SUD are jointly operated by the Office of Behavioral Health (OBH), Office of Child and Family Services (OCFS) and OMS.

The SUD benefits provided under the Demonstration are Medicaid State Plan services. The State has the authority to receive Federal Financial Participation (FFP) for services as described in the Maine Medicaid State Plan when provided to beneficiaries residing in IMDs for short-term stays primarily to receive SUD treatment, including but not limited to:

- Inpatient Services;
- Residential Treatment Services;
- Medically Monitored Withdrawal Management; and
- Medication-Assisted Treatment.

OMS expects SUD residential treatment to increase under the Demonstration, as new and existing providers expand services to MaineCare members. Reimbursement for these services is designed to fill gaps in the continuum of care and support improvements in coordination with MaineCare's existing array of community-based services. The authorization of SUD treatment in IMD settings allows the State to support access to evidence-based services at various levels of intensity across a continuum of care, based on individual needs and goals.

The Demonstration requires that the continuum of care for SUD treatment and recovery services be based on American Society of Addiction Medicine (ASAM) criteria and/or other nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.

Under the Demonstration, there is no change to Medicaid eligibility; standards and methodologies for eligibility remain as set forth under the State Plan. All Medicaid members who have an SUD are eligible for participation in the Demonstration, based on clinical need.

OMS is committed to maintaining support for community-based SUD treatment options and has sought Demonstration authority to ensure that appropriate treatment options are accessible across the continuum. Maine's goals align with the CMS goals for SUD Demonstrations nationally and include:

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 an SUD.

MAINE SUD COVERAGE

MaineCare utilizes ASAM criteria and other mental health/SUD screening and assessment tools to support treatment and level of care decisions. MaineCare covers all ASAM levels of care, medications for OUD, including induction in the Emergency Department (EDs), and recovery supports. Maine offers a comprehensive SUD benefits package through the Medicaid State Plan and the Alternative Benefit Plan for expansion group members. A summary of Medicaid State Plan and SUD Demonstration services by ASAM level of care is provided on the following pages.

ASAM Level of Care	Service Type /Brief Description	Coverage
SUD Prevention	Education and awareness regarding risk and protective factors targeted to parents, youth, and members of the education, law enforcement, public health, and health care communities.	✓ Non-Medicaid State and Federal funds
0.5 Early Intervention	Screening, Brief Intervention, and Referral for Treatment (SBIRT)	✓ State Plan
	OUD Screening	✓ State Plan
1. Outpatient Services	Comprehensive assessment - For children and adults with SUD and co-occurring mental health disorders.	✓ State Plan
	Individual, Group, and Family Therapy	✓ State Plan
	Medication assessment and management - services related to the psychiatric evaluation, prescription, administration, education, and/or monitoring of medications intended for the treatment of SUD, and/or co-occurring mental health disorders.	✓ State Plan
	Targeted Case Management - Services include assessment, planning, referral, and related activities, and monitoring and follow-up activities for individuals with a diagnosed SUD who are seeking treatment and are either pregnant, living with minor children, or an intravenous drug user.	✓ State Plan
2.1 Intensive Outpatient Services	Intensive and structured service of alcohol and drug assessment, diagnosis, and treatment services in a non-residential setting for members who meet ASAM criteria level II.1 or II.5, including co-occurring mental health and SUD.	✓ State Plan
2.5 Partial Hospitalization Day Treatment Psychosocial Rehabilitation Services	Services are covered for adults with co-occurring SUD and Serious Mental Illness (SMI) diagnoses and children/adolescents with co-occurring SUD and Serious Emotional Disturbance (SED) diagnoses.	✓ State Plan
3.1 Clinically Managed Low-Intensity Residential Services	Services delivered according to ASAM guidelines, including scheduled therapeutic and rehabilitative treatment designed to enable the member to sustain a substance-free lifestyle in an unsupervised community situation.	✓ State Plan ✓ IMD Demonstration
3.3 Clinically Managed Population-Specific High-Intensity Residential Programs	Services delivered according to ASAM guidelines, Category II, including a scheduled therapeutic plan consisting of treatment services designed to enable the member to sustain a substance-free lifestyle within a supportive environment. The treatment mode may vary with the member's needs and may be in the form of individual, group, or family counseling.	✓ State Plan ✓ IMD Demonstration

ASAM Level of Care	Service Type /Brief Description	Coverage
3.5 Clinically Managed Residential Services	Services delivered according to ASAM guideline 3.5, including treatment and planning consisting of assessment, diagnostic, and counseling services.	✓ State Plan ✓ IMD Demonstration
3.7 Medically Monitored Inpatient Programs	Services delivered according to ASAM guidelines, including a planned structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. Services provide immediate diagnosis and care to members having acute physical problems related to substance use disorder.	✓ State Plan ✓ IMD Demonstration
4.0 Medically Managed Intensive Inpatient	Comprehensive mental health treatment and/or SUD treatment to children and adolescents who, due to mental illness, SUD, or Serious Emotional Disturbance (SED), meet the level of care requirements for Psychiatric Residential Treatment Facility (PRTF) placement.	✓ State Plan
Opioid Treatment Program	Medication Assisted Treatment for SUD that includes the use of methadone delivered per the Substance Abuse and Mental Health Services Administration (SAMHSA) regulations. Services include assessment, planning, counseling, drug use disorder testing, and medication administration. Also includes MAT services that are delivered in an office-based treatment setting or a certified Opioid Treatment Program.	✓ State Plan
	Opioid Health Homes providing integrated MAT services, including office visits with a MAT prescriber, prescription medication for OUD, OUD counseling, comprehensive care management/care coordination/health promotion, urine drug screening, and peer recovery support services provided through a bundled rate.	✓ State Plan
Withdrawal Management (WM)	Levels 1 – 4	✓ State Plan ✓ IMD Demonstration

Over the last ten years, OMS has focused on delivery system reforms to support primary care, population health, and chronic disease management. This work is designed to move MaineCare away from a payment system that rewards volume to one focused on high-quality care, accountability, and appropriate use of health care.

The MaineCare Value-Based Purchasing (VBP) strategy includes initiatives related to accountable communities and health home programs for primary care, opioid use disorder and behavioral health challenges. Throughout the Demonstration period, OMS will engage in continuous quality improvement to assess provider availability, quality of care, and potential gaps in the SUD system.

3. SUD MID-POINT ASSESSMENT METHODOLOGY

As part of the Demonstration, Maine submitted an SUD Implementation Plan that was approved by CMS. The Implementation Plan outlines State-specific steps to achieve CMS-defined milestones for SUD treatment. Maine is required to conduct a Mid-Point Assessment of its progress in meeting SUD Implementation Plan goals and its performance based on CMS-identified metrics. The SUD Mid-Point Assessment includes:

- An examination of the State's progress toward meeting each milestone and timeframe approved in the SUD Implementation Plan;
- An assessment of the State's progress toward closing the gap between baseline and target each year in performance measures as approved in the SUD Monitoring Protocol;
- A determination of factors that affected the achievement of milestones and closure of performance measure gaps to date; and
- A determination of factors likely to affect future performance in meeting milestones and targets not yet met and the risk of missing those milestones and performance targets.

The STCs also require a status update of the State's SUD IT Plan and adherence to budget neutrality requirements. For each milestone or measure determined to be at medium to considerable risk of not being met, the assessment must provide recommendations for revisions to the State's implementation plan or other pertinent factors that the State can influence to support improvement.

In February 2021, PHPG was retained to serve as independent evaluator for the Maine Demonstration and to conduct the SUD Mid-Point Assessment (Appendix 1). The assessment was initially targeted for completion in November 2023. At that time, CMS and the State were involved in discussions regarding a revised reporting schedule for retroactive and revised metric results. So that all results could be included in the assessment, the deadline for the submission of the final Mid-Point Assessment was extended to March 2024.

In developing the SUD Mid-Point Assessment methodology, PHPG collaborated with OMS, Medicaid stakeholders, and SUD treatment providers as required in the Special Terms and Conditions (STC 20). Two stakeholder information and input sessions were offered, one for internal stakeholders on January 29, 2024 and a second for SUD providers and external stakeholders on January 30, 2024.

PHPG solicited stakeholder input during the meetings. PHPG also encouraged attendees to provide input through February 15 via email, phone, or in a 1:1 meeting.

PHPG performed the following evaluation activities to identify trends in performance and policy issues, as well as successes and potential barriers to progress:

- Review of SUD treatment program rules, audit tools, provider contracts, and program requirements;
- Review of training and Technical Assistance (TA) topics;
- Interviews and discussions with OMS staff; and
- Analysis of CMS-required SUD Monitoring Protocol metrics and monitoring reports.

An overview of Maine's planned activities and the data sources used for the assessment is provided below and on the following page.

CMS Milestone	MaineCare Implementation Activity	Data Source
1. Access to critical levels of care for OUD and other SUDs	• Include SUD screening and referral to treatment in the primary care alternative payment model (Primary Care Plus) • Revise MaineCare rules • Continue support for MAT in the ED • Enhance state plan coverage for MAT • Conduct a rate review for SUD treatment services	• Required CMS metrics • Rule and policy review • Value-based payment program guidelines
2. Widespread use of evidence-based, SUD-specific patient placement criteria	• Revise MaineCare rules • Provider Training and TA • Include incentives for PCPs to provide MAT • Create an online SUD service locator tool • Enhance utilization management tools and methods	• Required CMS metrics • Rule and policy review • Training and TA activity • Provider contract requirements
3. Use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications	• Assess and revise MaineCare rules, if needed • Integrate oversight of residential providers across levels and programs	• Rule and policy review

CMS Milestone	MaineCare Implementation Activity	Data Source
4. Sufficient provider capacity at each level of care	• Assess SUD provider capacity • Conduct a rate review for SUD treatment services • Utilize information from the treatment locator tool to assess capacity • Assess feasibility of expanding Opioid Health Home eligibility criteria • Conduct a survey of needs for young adults and youth	• Required CMS metrics • Rule and policy review
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD	• Prescribing guidelines - Met • Consider enhancements to naloxone and Accountable Community initiatives	• Required CMS metrics • Rule and policy review
6. Improved care coordination and transitions between levels of care.	• Assess and enhance quality assurance reviews regarding transitions of care • Revise MaineCare rules for residential providers • Create incentives for PCP/ambulatory care visits under the Opioid Health Home model	• Required CMS metrics • Rule and policy review
SUD IT Plan	• Connect to additional systems • Enhance alert system and data integration with HIE and EMRs • Explore additional upgrades	• PDMP rules, staff interviews
Budget Neutrality (BN)	• Maintain expenditures at or below PMPM limits as defined in STCs	• BN workbook

POLICY, RULE, CONTRACT, AND OPERATIONAL REVIEW

In assessing the State's progress in meeting SUD Implementation Plan Milestones, PHPG examined the following policy, rule, and contract documents:

- Administrative Rules MaineCare Benefits
  - Chapter II
    - Section 93, Opioid Health Homes (Update effective date 8/21/2022)
    - Section 97, Private Non-Medical Institution Services (Update effective 11/1/2021)

        - Section 45, Hospital Services (Update effective 10/24/2022)
    - Chapter IV
        - Section 3, Primary Care Plus (Update effective 6/21/2022)
- MaineCare State Plan Amendments
    - #21-0003 Medication Assisted Treatment (Approved 11/10/2021, Effective 10/1/2020)
    - #22-0002 PCPlus (Approved 4/21/2022, Effective 7/1/2022)
- MaineCare Quarterly and Annual Monitoring Reports to CMS Demonstration Year (DY) 1, Quarter (Q)1 – DY3, Q2
- MaineCare SUD Monitoring Protocol Approved March 30, 2022
- MaineCare SUD Section 1115(a) Demonstration Budget Neutrality (BN) Workbook
- SUPPORT for ME: Substance Use Disorder Prevalence and Treatment Capacity Assessment. University of Southern Maine, Catherine Cutler Institute, Gallo, R., Knight, K., & Smith, M. L. (2021)
- MaineCare Utilization Management Provider Memo issued to May 3, 2023, regarding ASAM level of care reviews for MaineCare Residential SUD Treatment
- MaineCare Utilization Management provider notice and training session dates; emails issued May 17, 23 and August 25, 2023, regarding ASAM level of care reviews for MaineCare Residential SUD Treatment
- MaineCare/Kepro Utilization Management Residential SUD Treatment Training Guide
- Office of Behavioral Health Residential Rehabilitation Type I compliance/chart review template and reviewer guide

CMS REQUIRED MONITORING METRICS

The OMS SUD Monitoring Protocol was approved in the first quarter of Demonstration Year Two (March 30, 2022) with no deviations from the CMS technical specification manual. All results were reviewed and summarized. Implementation Plan and Monitoring Protocol metrics were examined for the first two and one-half years of the Demonstration (January 1, 2021 – June 30, 2023). Metrics related to monthly utilization were examined for the two- and one-half-year period with 2021 serving as baseline and 2023 as the mid-point. Annual quality measures were compared for CY2021 (baseline) and CY2022 (mid-point). In assessing progress, consideration was given to metrics identified as “critical” by CMS as outlined on the following page.

Critical SUD Metrics for Assessing Progress
Milestone 1. Access to critical levels of care for OUD and other SUDs • #7 Early Intervention • #8 Outpatient Services • #9 Intensive Outpatient and Partial Hospitalization Services • #10 Residential and Inpatient Services • #11 Withdrawal Management • #12 Medication-Assisted Treatment • #22 Continuity of Pharmacotherapy for Opioid Use Disorder
Milestone 2. Use of evidence-based, SUD-specific patient placement criteria • #5 Medicaid Beneficiaries Treated in an IMD for SUD • #36 Average Length of Stay in IMDs
Milestone 4. Sufficient provider capacity at each level of care • #13 Provider Availability • #14 Provider Availability – MAT
Milestone 5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD • #18 Use of Opioids at High Dosage in Persons Without Cancer (NQF #2940) • #21 Concurrent Use of Opioids and Benzodiazepines (NQF #3175) • #23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries • #27 Overdose death rate
Milestone 6. Improved care coordination and transitions between levels of care • #15 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (NQF #0004) • #17(1) Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (NQF #2605) • #17(2) Follow-up after Emergency Department Visit for Mental Illness (NQF #2605) • #25 Readmissions Among Beneficiaries with SUD

PERFORMANCE ASSESSMENT

The SUD Mid-Point Assessment examines the progress of planned enhancements outlined in the SUD Implementation Plan. PHPG assessed progress in each Implementation Plan area by evaluating Demonstration activities to-date and their alignment with the approved plan and timeline.

PHPG also assessed the State's performance on measures identified by CMS as "critical." To assess progress across time (baseline and midpoint), metrics submitted as monthly counts were

converted to an average monthly count by year for the two and one-half years. Metrics calculated annually provided only two data points for comparison, with the first year (2021) considered baseline. In addition, both measurement periods were during the novel coronavirus PHE. Thus, performance data should be interpreted with caution.

The absolute change and percent change from baseline were calculated for each Milestone metric designated by CMS as critical. When the change from baseline was 1 point or less, performance was deemed to be consistent. Other metrics that were aligned with each Milestone, as assigned by CMS, also were examined as part of the overall assessment. In accordance with CMS guidance, the evaluation team adopted the following criteria for Milestone risk assessment:

> **Low Risk** - For all or nearly all of the critical and other metrics (e.g., 75 percent or more), the State is moving in the direction expected according to its annual goals and overall Demonstration targets. The State has fully completed most/all associated action items as scheduled to date. Few stakeholders identified risks related to meeting the milestone. Any risks identified can easily be addressed within the planned timeframe.
>
> **Medium Risk** - The State is moving in the expected direction relative to its annual goals and overall Demonstration targets for some (e.g., 25-75 percent) of the critical and other metrics. The state fully completed some of the associated action items as scheduled. Multiple stakeholders identified risks that could cause challenges in meeting the milestone.
>
> **High Risk** - The state is moving in the expected direction relative to its annual goals and overall demonstration targets for a few (e.g., less than 25 percent) of the critical and other metrics. The state completed very few of the associated action items. Stakeholders identified significant risks to meeting the milestone.

Where applicable (e.g., medium and high-risk areas), PHPG examined factors that may have affected performance negatively and developed recommendations for performance improvement.

4. SUD MILESTONES AND MID-POINT ASSESSMENT FINDINGS

The MaineCare SUD Implementation Plan was approved on July 26, 2021. Upon approval, CMS deemed that the implementation of opioid prescribing guidelines under Milestone 5 (Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD) had been met. No activity is required under the current Demonstration in this topic area.

The evaluation team identified several areas in the State's approved monitoring protocol where OMS misstated the directionality of the State's demonstration goals (annual and overall). Demonstration activities are expected to increase the number of members identified with SUD and increase access to services. However, the 2021 Monitoring Protocol indicated that the State expected mental health service utilization to be consistent or decrease. The areas below were discussed with OMS staff and the adjustments were made to the directionality of goals for the assessment, as presented in the table below.

Metric	Annual Goal (2021)	Corrected Goal
Medicaid Beneficiaries Treated in an IMD for SUD	Consistent or Decrease	Increase
Number of beneficiaries enrolled in any SUD Treatment	Consistent or Decrease	Increase
Number of beneficiaries who use Outpatient Services	Consistent or Decrease	Increase
Number of beneficiaries who use IOP and Partial Hospitalization	Consistent or Decrease	Increase
Number of beneficiaries who use Residential and Inpatient Services	Consistent or Decrease	Increase
Number of beneficiaries who use Medication-Assisted Treatment	Consistent or Decrease	Increase

The remainder of Section 4 presents findings for each milestone, an overview of critical metric results, as applicable and the State's progress in meeting its action steps and timelines outlined in the SUD Implementation Plan.

MILESTONE 1 ACCESS TO CRITICAL LEVELS OF CARE

Milestone 1 requirements outline expectations for states to improve access to OUD and SUD treatment services for Medicaid beneficiaries. States must offer a range of services at varying levels of intensity across a continuum of care to address the needs of beneficiaries. To meet this milestone, state Medicaid programs must provide coverage of the following services:

- Outpatient Services;
- Intensive Outpatient Services;
- Medication assisted treatment (medications as well as counseling and other services with sufficient provider capacity to meet needs of Medicaid beneficiaries in the state);
- Intensive levels of care in residential and inpatient settings; and
- Medically supervised withdrawal management.

As part of the SUD Implementation Plan, OMS enhanced existing Medicaid rules, payment models and coverage policies to improve access to SUD/OUD screening and treatment in the following areas:

- **Early Intervention**: OMS added requirements under its value-based purchasing initiative for primary care health homes to provide screening, brief intervention and referral to treatment for SUD/OUD, effective July 1, 2023.

- **Outpatient services**: OMS clarified through rulemaking that partial hospitalization services are approved outpatient services for psychiatric and non-psychiatric hospitals, effective October 24, 2022. These services may be offered by Acute Care Non-Critical Access Hospitals, Acute Care Non-Critical Access hospital-based clinics, or in a distinct part of the Acute Care Non-Critical Access Hospital, if allowed by the Hospital's license. The adopted rule also allows for Certified Intervention Peer Support to be part of the multi-disciplinary team that provides Outpatient Partial Hospitalization Services

- **Intensive outpatient (IOP) services**: OMS procured an independent rate study for its SUD treatment services. As a result of this study, enhanced IOP rates were approved by the Maine Legislature, effective January 2022. The new rates represent an increase of 89% for IOP services.

- **Medication Assisted Treatment**: OMS updated the Medicaid State Plan to reflect CMS requirements related to the mandatory coverage of MAT for OUD. SPA #21-0003 Medication Assisted Treatment was approved November 11, 2021, with an effective date retroactive to October 1, 2020.

  As part of the SUD Implementation plan, the State continued its support for MAT induction EDs (e.g., training on implementation of rapid induction, warm-handoff to

community-based treatment). At the outset of the Demonstration, 23 of Maine's EDs offered induction for MAT. By the end of Demonstration Year Two, the number of EDs offering induction increased to 26 offering services MAT 24/7 and one offering MAT when prescribers are available. Five EDs do not offer MAT induction. In calendar year (CY) 2023, 14 process improvement and training sessions were offered across 12 sites in Maine.

- **Residential treatment, including medically supervised withdrawal management**: OMS updated the Private Non-Medical Institution (PNMI) rules to remove potentially stigmatizing language from policy and eliminate single admission limits from Clinically Managed Low Intensity Services and Clinically Managed Population-Specific High Intensity Residential Programs. Allowable days per admission were increased in Clinically Managed Residential Services from 30 to 45 days in Residential Rehabilitation Type I facilities and from 45 to 60 days in Residential Rehabilitation Type II facilities. The rules also provided for increased reimbursement rates for SUD residential treatment services. PNMI rules were effective November 1, 2021.

  In Demonstration Year Two, the State of Maine issued two funding opportunities for eligible behavioral health providers. The first award was for $4 million to support capital costs necessary to increase residential treatment for (SUD) capacity. The second award was for $2 million to support start-up costs. In May of Demonstration Year Three (2023), a third award of $2.5 million was made available to support both capital and start-up costs. As a result, the State is planning for an additional 171 residential treatment beds for SUD treatment. The status of bed development is summarized below.

Status of New Beds	Beds	Cumulative New Beds
Open	64	64
Planned: End of CY24	44	108
Planned: Date TBD	32	140
Under Negotiation	31	171
Total New Beds	**171**	**171**

A summary of Milestone 1 planned activities is presented below.

Milestone Requirements	Actions	Completed
Early Intervention	Incorporate SBIRT into primary care payment model	Yes
Coverage of Outpatient	Clarify rules for coverage of partial hospitalization as outpatient care	Yes
	Continued support for MAT in EDs	Yes
Coverage of IOP	Complete rate study for IOP programs	Yes
Coverage of MAT	Revise administrative rules	Yes
Coverage of Intensive Levels of Care in residential and inpatient settings, including withdrawal management	Complete rate study for residential programs	Yes
	Revise administrative rules and coverage limits	Yes

Milestone 1. Performance Metrics

The following critical performance metrics, as defined in the SUD Monitoring Protocol, are presented as preliminary results related to access to SUD treatment.

> ***#7 Early Intervention***: Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period.
>
> ***#8 Outpatient Services***: 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.
>
> ***#9 Intensive Outpatient and Partial Hospitalization Services***: 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.
>
> ***#10 Residential and Inpatient Services***: Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period.
>
> ***#11 Withdrawal Management***: Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period.
>
> ***#12 Medication Assisted Treatment (MAT)***: Number of beneficiaries who have a claim for MAT for SUD during the measurement period.
>
> ***#22 Continuity of Pharmacotherapy for Opioid Use Disorder***: Percentage of adults in the denominator with pharmacotherapy for OUD who have at least 180 days of continuous treatment.

In addition, PHPG reviewed the following performance measures:

> ***#3 Medicaid Beneficiaries with SUD Diagnosis (monthly)***: Number of beneficiaries who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 11 months before the measurement period.
>
> ***#4 Medicaid Beneficiaries with SUD Diagnosis (annually)***: Number of beneficiaries annually who receive MAT or a SUD-related treatment service with an associated SUD diagnosis during the measurement period and/or in the 12 months before the measurement period.

#6 Any SUD Treatment: Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period.

Relative to Milestone 1, OMS set an annual goal to increase access to all levels of care. Continuity of pharmacotherapy (Metric #22) was also expected to increase over time. In addition, OMS sought to increase the number of persons identified as having an SUD (Metrics #3-4).

Midpoint results show that the State is meeting its goal to increase access to all levels of SUD treatment. Utilization of services has increased at all levels of care, with a 29 percent increase in early intervention, 52 percent increase in outpatient services, 3 percent increase in intensive outpatient, 16 percent in residential/inpatient care, 37 percent increase in withdrawal management and 8 percent increase in medications for OUD. Continuity of pharmacotherapy showed a decline, with a 5 percent decrease in annual performance.

Other metrics related to the number of beneficiaries identified and receiving any SUD treatment also showed increases over the two and one-half years. Detailed results for critical and other metrics are presented below.

Milestone 1 Critical Metric		Results		Change at Mid-Point			State Goal	Progress
#	Name	Baseline	Mid-Point	Absolute Change	Percent Change	Direction		
7	Early Intervention*	9,472.67	12,253.17	2780.50	29.35%	Increase	Increase	Yes
8	Outpatient Services*	6,103.17	9,256.83	3,153.67	51.67%	Increase	Increase	Yes
9	Intensive Outpatient and Partial Hospitalization Services*	241.58	248.83	7.25	3.00%	Increase	Increase	Yes
10	Residential and Inpatient Services*	220.58	254.83	34.25	15.53%	Increase	Increase	Yes
11	Withdrawal Management	111.92	153.83	41.92	37.45%	Increase	Increase	Yes
12	Medication Assisted Treatment (MAT)*	11,601.00	12,562.00	961.00	8.28%	Increase	Increase	Yes
22	Continuity of Pharmacotherapy for Opioid Use Disorder	38.39%	36.38%	-2.01	-5.24%	Decrease	Increase	No

** Average monthly count of recipients by year*

Milestone 1 Other Metric		Results		Change at Mid-Point		State Goal
#	Name	Baseline	Mid-Point	Absolute Change	Percent Change	
3	Medicaid Beneficiaries with SUD Diagnosis (Average monthly count)	25,628.00	30,330.50	4,702.50	18.35%	Increase
4	Medicaid Beneficiaries with SUD Diagnosis (Annually)	39,992.00	42,005.00	2,013.00	5.03%	Increase
6	Any SUD Treatment (Average monthly count)	14,431.08	15,984.50	1,553.42	10.76%	Increase

Milestone 1. Assessment

Overall, the State is meeting expected performance for Milestone 1. All Implementation Plan activities have been accomplished and the majority of critical and other metrics are trending in the desired direction. The assessment period overlapped with the COVID-19 PHE. Continuous coverage requirements from 2020 through 2023 will likely impact service utilization and client counts as Maine continues the Medicaid redetermination process.

SUD Milestone 1 Assessment			
Assessment Area	# Completed or Progressing/Expected	Key Considerations	Assessment of Risk
Implementation Plan	7/7	In addition to the planned actions items, the State also expanded SUD residential treatment capacity across the State. As a result of the planned rate study, reimbursement for intensive outpatient and partial hospitalization services was increased by the legislature.	**Low** **94% of actions and metrics completed or progressing (16/17)**
Critical Metrics	6/7	Access to outpatient care showed the greatest increase (52%) over baseline, followed by withdrawal management (37%) and early intervention (29%).	
Other Metrics	3/3	The number of members diagnosed and receiving any type of SUD treatment has increased.	
Stakeholder Input	No Concerns	No concerns were raised by stakeholders.	

MILESTONE 2 USE OF EVIDENCE-BASED SUD-SPECIFIC PATIENT PLACEMENT CRITERIA

Implementation of evidence-based, SUD-specific patient placement criteria is identified as a critical milestone that states are to address as part of the Demonstration. To meet this milestone, states must ensure that the following criteria are met:

- Providers assess treatment needs based on SUD-specific, multi-dimensional assessment tools, e.g., The ASAM Criteria, or other patient placement assessment tools that reflect evidence-based clinical treatment guidelines; and
- Utilization management approaches are implemented to ensure that:
  a) beneficiaries have access to SUD services at the appropriate level of care,
  b) interventions are appropriate for the diagnosis and level of care, and
  c) there is an independent process for reviewing placement in residential treatment settings.

Patient Placement Criteria

MaineCare administrative rules for substance use treatment include requirements related to the use of ASAM level of care criteria at all levels of care. As part of MaineCare's administrative rules for residential providers, known as private non-medical institutions (PNMI), treatment guidelines and references were updated to reflect the most recent ASAM criteria and guidance. The PNMI rule changes were effective November 2021.

The State also partners with The Co-Occurring Collaborative to offer ASAM assessment and level of care trainings for providers. During Demonstration Year One, fifteen ASAM/SUD related trainings were held, in Demonstration Year Two, forty separate trainings were held and in Demonstration Year Three, seventy-seven separate trainings were held. A complete list of training topics and the number of participants for each session is presented in Appendix 2.

In addition, OMS updated the Opioid Health Home administrative rules to require the use of ASAM criteria to assess patient placement and as treatment guidelines. ASAM criteria is used to assess eligibility for Opioid Health Home services and to assist in treatment planning and referral to other appropriate levels of care, including residential placement for SUD treatment. Updated Opioid Health Home rules were effective August 21, 2022.

As part of MaineCare's new value-based model for primary care providers, Tier II practices must offer MOUD services in alignment with ASAM guidelines for appropriate level of care. Tier II primary care practices also must have a cooperative referral process with specialty behavioral health providers, including a mechanism for co-management for the provision of MOUD as needed, or be co-located with a MOUD provider. Tier II practices are paid an enhanced rate under the PCPlus program. These changes were memorialized in the State Plan through an amendment (SPA 22-0002) approved in April 2022, with an effective date of July 1, 2022.

The State also has embedded ASAM level of care assessment criteria in its service locator tool. The online tool launched for providers in September 2022 and to the general public in July 2023. This tool allows health care providers, consumers, case managers, families, and other stakeholders to use an online assessment tool to help determine their needs and match them with providers at the appropriate level of care in their region.

The State continues to work with the vendor on establishing full functionality of the online system, including data reporting. Once fully developed, the tool will allow OMS to assess access and identify system gaps on a routine basis.

Utilization Management (UM) Requirements

a) Beneficiaries have access to SUD services at the appropriate level of care;
b) Interventions are appropriate for the diagnosis and level of care;
c) There is an independent process for reviewing placement in residential treatment settings.

In collaboration with its Behavioral Health Administrative Service Organization (ASO), OMS developed a Utilization Management (UM) system that requires residential SUD providers to submit admission information to the ASO, including the ASAM assessment used for placement purposes. The State began work with the ASO during the first year of the Demonstration and the original target date for implementation (March 2022) was delayed due to staffing and the impact of the PHE.

Beginning July 1, 2023, the ASO began reviewing residential SUD admissions for MaineCare members to determine the appropriate ASAM level of care. The independent review process occurs within 10 days of admission and every 30 days thereafter. The 30-day UM review includes additional information on best practices for movement between levels of care. The UM process does not result in a client being discharged from care. Discharges may only occur when a transition to a lower level of care is appropriate, immediately available, and acceptable to the member.

Orientation and informational sessions regarding the new utilization management reviews for ASAM level 3.0 SUD residential treatment facilities were hosted by OMS on May 19, 2023 and June 2, 2023, prior to the July 1, 2023, start date for the new UM process. The ASO also provided a series of trainings for providers on May 23, May 31, June 7, June 9, and June 13, 2023.

The ASO conducted 118 ASAM UM reviews in August 2023 and 151 reviews in September 2023. OMS also hosted a listening session in September 2023 to solicit feedback from providers on the UM process and to clarify any questions or concerns.

The table below provides a summary of Implementation Plan requirements and progress for Milestone 2.

Milestone Requirements	Actions	Completed
Assessment of treatment needs with multidimensional evidence-based assessment tool	Update administrative rules for residential SUD treatment providers	Yes
	Amend Opioid Health Home rules	Yes
	Establish incentives in primary care value-based payment model, including use of a cooperative referral model for MAT	Yes
	Develop provider training	Yes
	Develop service locator tools for consumers and providers	Yes
UM approach that ensures beneficiaries have access at the appropriate level of care	Develop post utilization review process, including the submission of ASAM placement assessments	Yes
UM approach that ensures interventions are appropriate for the diagnosis and level of care	Enhance the ASAO review of placements across the continuum of care	Yes

Milestone 2. Performance Metrics

CMS identified two measures for Milestone 2 as critical. Both relate to IMD use and are summarized below. SUD IMD treatment providers did not initiate Medicaid enrollment until early 2022. Thus, no IMD services were claimed in CY2021. The average length of stay was 50.68 days.

In July 2023 OMS and its ASO finalized UM processes for residential and other treatment programs. The process is expected to support clinically appropriate lengths of stay based on medical necessity and ASAM level of care assessment tools.

Milestone 2 Critical Metric		Results		Change at Mid-Point			State Goal	Progress
#	Name	Baseline	Mid-Point	Absolute Change	Percent Change	Direction		
5	Medicaid Beneficiaries Treated in an IMD for SUD	-	81	-	-	-	Increase	N/A
36	Average Length of Stay in IMDs	-	50.68	-	-	-	Decrease	N/A

Milestone 2. Assessment

Overall, the State is meeting expected the Implementation Plan milestones planned for Milestone 2.

SUD Milestone 2 Assessment			
Assessment Area	**# Completed or Progressing/Expected**	**Key Considerations**	**Assessment of Risk**
Implementation Plan	7/7	The State completed all expected activities.	**Low** **77% of actions and metrics completed or progressing (7/9)**
Critical Metrics	0/2 (note: single data point)	At the time of the Mid-Point assessment providers had been Medicaid enrolled for one year. The average length of stay was just over 50 days. A new UM process was launched on July 1, 2023.	
Stakeholder Input	No Concerns	No concerns were raised by stakeholders.	

MILESTONE 3 USE OF NATIONALLY RECOGNIZED SUD-SPECIFIC PROGRAM STANDARDS

Through the Section 1115 SUD Demonstration initiative, states receive FFP for a continuum of SUD services, including services provided to Medicaid enrollees residing in residential treatment facilities that qualify as IMDs. Milestone 3 requires that the following residential treatment criteria be met:

- Implementation of residential treatment provider qualifications (in licensure requirements, policy manuals, managed care contracts, or other guidance) that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding the types of services, hours of clinical care, and credentials of staff for residential treatment settings;
- Implementation of a state process for reviewing residential treatment providers to assure compliance with these standards; and
- Implementation of a requirement that residential treatment facilities offer MAT on-site or facilitate access off-site.

Residential Treatment Provider Qualifications

Medicaid enrolled providers meet the standards of care outlined in the State's updated PNMI rules, effective November 2021, to include alignment with all of the most current ASAM level of care guidelines. In addition, the State's Opioid Health Home rules were updated to require the use of ASAM criteria to assess patient placement and as treatment guidelines, effective August 21, 2022.

Compliance Reviews

Several units within the DHHS are responsible for the oversight of residential treatment providers across the SUD system of care. OMS has been working with its partner departments to assure compliance with ASAM standards, including the Division of Licensing and Certification, OBH, and OCFS.

The new UM process implemented on July 1, 2023, includes a feedback loop to all state oversight entities involved with the facility. If concerning trends are identified, the ASO will provide information to the responsible unit(s) for follow-up. In one recent example, OMS and OBH determined that errors occurring at one facility warranted follow-up. A joint technical assistance response quickly resolved the concerns.

OBS and OCFS assumed oversight of adult and youth SUD residential treatment programs in July 2021 and November 2021, respectively. Oversight activities include onsite reviews for all Medicaid-enrolled providers.

OBH residential review tools include an assessment of the facility's alignment with ASAM level of care service requirements and an assessment of arrangements with external clinicians and facilities for referral of the member for specialized services beyond the capability of the facility, including but not limited to MAT services.

Seven reviews have been conducted during the Demonstration period. No significant deficiencies or reoccurring themes have been identified by OBH.

OCFS works individually with providers and is developing a standardized process for quality reviews in residential programs serving adolescents. None of the residential treatment programs for adolescents are larger than 16 beds and therefore none participate in the Demonstration.

Access to MAT

OMS rules related to services offered in residential treatment programs (i.e., PNMI programs) were updated, effective November 1, 2021, to include alignment with ASAM criteria and the provision of MAT (or the facilitation of MAT off-site if the service is not offered onsite).

Implementation Plan requirements and progress for Milestone 3 are summarized below.

Milestone Requirements	Actions	Completed
Nationally recognized program standards for residential treatment providers (e.g., ASAM)	Amend administrative rules	Yes
	Develop provider trainings and guidance	Yes
Implement a process for compliance reviews for residential programs	Improve and coordinate processes across departments responsible for residential program oversight	Yes
	Expand OBH oversight to all Medicaid enrolled facilities	Yes
	Enhance OCFS residential oversight processes	Yes
	Initiate TA and quality improvement activities for adolescent programs by OCFS	Ongoing
Require residential programs to offer MAT onsite or facilitate access offsite	Amend administrative rules	Yes
	Assess policies and operational practices that could be improved to support MAT and integration of care, including the solicitation of provider feedback	Ongoing

Milestone 3. Assessment

Overall, the State is meeting expected performance for Milestone 3. There are no performance metrics designated as "critical" by CMS for Milestone 3.

SUD Milestone 3 Assessment			
Assessment Area	**# Completed or Progressing/Expected**	**Key Considerations**	**Assessment of Risk**
Implementation Plan	8/8	The State completed all expected activities, two areas are ongoing.	**Low** **100% of activities are completed or progressing**
Critical Metrics	N/A	There are no critical metrics.	
Stakeholder Input	No Concerns	No concerns were raised by stakeholders.	

MILESTONE 4 SUFFICIENT PROVIDER CAPACITY AT CRITICAL LEVELS OF CARE

To meet Milestone 4, states must complete an assessment of the availability of providers enrolled in Medicaid and accepting new patients in the critical levels of care listed in Milestone 1. This assessment must determine the availability of treatment for Medicaid beneficiaries in each of these levels of care, as well as the availability of MAT and medically supervised withdrawal management, throughout the state. This assessment should help to identify gaps in the availability of services for beneficiaries in the critical levels of care.

OMS planned a number of activities to support the assessment of gaps and develop plans to address them. These included:

- **Produce assessments of SUD provider capacity, including recovery supports, barriers to capacity, and strategies to address gaps (e.g., eligibility, workforce, etc.)**: In collaboration with the SUPPORT for ME grant, OMS contracted with University of Maine to assess the continuum of care. The SUPPORT for ME Substance Use Disorder Prevalence and Treatment Capacity Assessment was completed in February of 2022 and provided information on the sociodemographic and geographic distribution of SUD prevalence in Maine. In addition, a claims-based analysis included a Capacity Analysis which examined current statewide capacity to address SUD by examining current SUD treatment and recovery infrastructure, service utilization patterns, and geographic distribution of services and usage throughout the state to identify any gaps in treatment and recovery capacity. The State is working with the University of Southern Maine to link data from a variety of sources to better understand access and gaps.

- **Conduct an evaluation of MaineCare rates and rate setting system**: Completed, see Milestone 1.

- **Deploy a service locator tool to assist health care providers, consumers, and other stakeholders, to search for local BH providers and assess the number of providers accepting new patients**. The online tool was launched for providers in September 2022 and for the public in July 2023. The State is working with the vendor to establish full functionality.

- **Fund SUD specific telehealth services:** OMS worked with the Northeast Telehealth Resource Center (NETRC) to develop and launch the TeleSUD Treatment and Recovery Services Toolkit. This online resource addresses the unique needs of TeleSUD including treatment considerations, recovery services, and Maine-specific TeleSUD policy and reimbursement. Continuing education credits are available for providers who complete the toolkit series. During the first three years of the demonstration 102 providers completed the SUPPORT for ME TeleSUD Toolkit. In addition, the NETRC provides 1:1

technical assistance, virtual and in-person training sessions for providers and healthcare organizations.

- **Establish an incentive for primary care providers to offer MAT services in alignment with ASAM guidelines**: Completed, see Milestone 2.

- **Assessing the feasibility of expanding the diagnostic eligibility criteria for the Opioid Health Home program**. (e.g., stimulant use disorder): OMS expanded the eligibility criteria for Opioid Health Home services to include individuals diagnosed with any SUD, including stimulant use disorder. The State is currently exploring the feasibility of adding an ambulatory withdrawal management component in the expanded Opioid Health Home model with an expected effective date of January 2025.

- **Review all MAT policies for policy and utilization management restrictions** that may impact access to evidence-based and low-barrier care. On-going monitoring of policy concerns and UM trends is performed by the MaineCare Policy, clinical advisory boards, and Pharmacy Units.

- **Explore mobile MAT options**: The Office of Behavioral Health contracted for mobile services, provided in Penobscot County (northern Maine) in February 2023. The vendor hosted 26 outreach events and nearly 160 participants had been referred to community partners by October 2023. A contract with a second vendor was initiated in late 2023.

- **Conduct an online survey for youth and young adults (ages 12-21) who have been impacted by SUD** to better understand their perspective on SUD-capacity and treatment and recovery needs in Maine. Feedback from survey respondents suggests that finding and accessing treatment for SUD is a challenge for young people who often do not know what services are available in their community and experience stigma in reaching out for help. Proposed action steps include:
    - Establishing an online platform aimed at youth and school communities to connect them with available services.
    - Piloting a Maine Youth & Young Adult Screening, Brief Intervention and Referral to Treatment (MY-SBIRT) initiative in 4 schools, including school-based health centers and institutions of higher education.

A summary of Implementation Plan requirements and progress for Milestone 4 is provided on the following page.

Milestone Requirements	Actions	Completed
Complete Assessment of Availability	Assess provider capacity and gaps across system of care	Yes
	Conduct rate study for SUD services at all levels of care	Yes
	Deploy a service locator tool, including assessment of providers accepting new patients	Ongoing
	Fund telehealth capacity for SUD treatment	Yes
	Establish incentives for primary care providers to offer MAT	Yes
	Demonstration approval to expand residential continuum of care to IMD providers	Yes
	Amend Opioid Health Home rules to improve access	Yes
	Pilot mobile MAT services	Yes
	Review MaineCare policies that may create barriers to access and amend (if needed)	Ongoing
	Assess gaps and barriers to treatment for youth	Yes

Milestone 4. Performance Metrics

Preliminary performance results to Milestone 4:

> ***#13 SUD provider availability***: The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period.
>
> ***#14 SUD MAT provider availability***: 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.

By the end of Demonstration Year Two, DHHS reported that 1,495 providers were certified to prescribe buprenorphine in 2022. This represented an increase of 582 since 2018. DHHS also expanded MOUD to more than 350 residents of county jails and 1,001 residents of Department of Corrections facilities in 2021.

Results for critical metrics identified in the SUD Monitoring Protocol show that Medicaid enrollment for SUD treatment providers, including those qualified to deliver MAT, increased less than 1 percentage point.

Milestone 4 Critical Metric		Results		Change at Mid-Point			State Goal	Progress
#	Name	Baseline	Mid-Point	Absolute Change	Percent Change	Direction		
13	SUD provider availability	6,559	6,561	2	0.03%	Consistent	Increase	No
14	SUD provider availability – MAT	2,241	2,242	1	0.04%	Consistent	Increase	No

Milestone 4. Assessment

Overall, the State is meeting expected performance for Milestone 4. Implementation Plan activities have been accomplished.

SUD Milestone 4 Assessment			
Assessment Area	**# Completed or Progressing/Expected**	**Key Considerations**	**Assessment of Risk**
Implementation Plan	10/10	The State has completed eight activities, two areas are ongoing.	**Low** **83% of activities and metrics completed or progressing (10/12)**
Critical Metrics	0/2	SUD provider availability remained consistent. Due to the impact of the PHE, this could be considered a positive outcome.	
Stakeholder Input	No Concerns	No concerns were raised by stakeholders.	

MILESTONE 5 IMPLEMENTATION OF COMPREHENSIVE TREATMENT & PREVENTION STRATEGIES

Milestone 5 requires states to implement opioid prescribing guidelines along with other interventions to prevent prescription drug misuse. This includes:

- Expanded coverage of and access to naloxone for overdose reversal; and
- Implementation of strategies to increase utilization and improve the functionality of prescription drug monitoring programs (PDMP).

Opioid Prescribing Guidelines and Other Interventions to Prevent Misuse

Deemed met by CMS, as part of the Implementation Plan approval.

Expanded Coverage of Naloxone

DHHS worked with the University of Maine to develop a community naloxone saturation algorithm. To support its public health effort to saturate communities with the opioid overdose reversal agent, DHHS expanded the purchase of naloxone by 36% between SFY2022 and SFY2023.

During Demonstration Year Three, Maine continued its work with Emergency Medical Services (EMS) across the State through an EMS Ambassador train-the-trainer program, conducted in June of 2023. Seven personnel were trained to work with local EMS agencies in their region to increase awareness of the science of addiction, address compassion fatigue, reduce stigma associated with substance use disorder, and increase buy-in for the Maine Naloxone Leave Behind Program. In addition, staff participated with nine other states in a Naloxone Saturation Policy Academy taking place in-person in Bethesda, Maryland in July 2023.

Lastly, MaineCare received authority from the Maine Legislature in April 2023 to issue Standing Orders for over the counter (OTC) medications and vaccines, which includes the FDA approved OTC nasal spray naloxone.

Maine law currently allows pharmacists to issue prescriptions for all forms of naloxone. In September of 2023, following the midpoint assessment period, MaineCare authorized a standing order for licensed pharmacists to create single use prescriptions for OTC naloxone two dose nasal spray kits with no cost-sharing requirements. However, MaineCare does not yet recognize pharmacists as prescribers. OMS is exploring the best mechanism to recognize a standing order to allow pharmacists to issue prescriptions for all forms of naloxone under MaineCare rules. The goal of which is to allow MaineCare members to receive naloxone without cost-sharing, and without requiring a visit to their provider.

Strategies to Increase Utilization and Improve Functionality of the PDMP

See Section 5 SUD IT Plan.

Other Strategies to Prevent Prescription Drug Misuse and Overdoes Risk

OMS monitors trends on the concurrent use of opioids and benzodiazepines in the Medicaid Accountable Communities (AC) program. Performance is assessed four times a year, as part of the performance-based payment model. AC results are compared to members not enrolled in a program. In each year of the demonstration, the AC group maintained lower scores than the comparison group (lower scores are preferred). Annual results are presented below.

Concurrent Use of Opioids and Benzodiazepines in the Medicaid AC program*	2019	2020	2021 (DY2)	2022 (DY2)
Accountable Community Group	13.06%	12.28%	12.92%	12.21%
Comparison Group	18.54%	16.58%	15.42%	14.43%

**Lower scores are preferred*

A summary of Implementation Plan requirements and progress for Milestone 5 is presented below.

Milestone Requirements	Actions	Completed
Implementation of opioid prescribing guidelines and other interventions to prevent prescription drug abuse	Assess concurrent use of opioids and benzodiazepines in MaineCare's Accountable Care Organizations	Yes
	Existing opioid prescribing rules	Yes
Expand coverage and access to Naloxone	Consider standing orders for naloxone	Yes
Implement strategies to increase utilization and improve functionality of the prescription drug monitoring program	See Section 5 Information Technology Plan	Ongoing

Milestone 5. Monitoring Protocol Metrics

PHPG examined the following performance metrics, as defined in the SUD Monitoring Protocol, related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD:

> ***#18 Use of Opioids at High Dosage in Persons Without Cancer***: Rate per 1,000 beneficiaries included in the denominator without cancer who received prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents for 90 consecutive days or longer.

#21 Concurrent Use of Opioids and Benzodiazepines: Percentage of beneficiaries with concurrent use of prescription opioids and benzodiazepines.

#23 Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries: Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period.

#27 Overdose Deaths (rate): Rate of overdose deaths during the measurement period per 1,000 adult Medicaid beneficiaries affected by the Demonstration.

As illustrated in the table below, with the exception of overdose deaths, performance is moving in the desired direction. (Note: The overlap of the assessment period with the COVID-19 PHE may have contributed to this increase[1].)

Milestone 5 Critical Metric		Results		Change at Mid-Point			State Goal	Progress
#	Name	Baseline	Mid-Point	Absolute Change	Percent Change	Directionality		
18	Use of Opioids at High Dosage in Persons Without Cancer	15.61%	14.60%	-1.00	-6.42%	Decrease	Decrease	Yes
21	Concurrent Use of Opioids and Benzodiazepines	22.25%	21.55%	-0.70	-3.13%	Decrease	Decrease	Yes
23	Emergency Department Utilization	2.67	2.42	-0.25	-9.37	Decrease	Decrease	Yes
27	Overdose deaths (rate) per 1,000 Medicaid enrollees	1.14	1.34	0.19	17.08%	Increase	Decrease	No

Milestone 5. Assessment

Overall, the State is meeting expected performance for Milestone 5. Implementation Plan activities have been accomplished. Performance related to opioid prescribing is improving. ED use has declined. However, overdose death increased in 2022. (See summary on following page.)

[1] There is substantial research documenting the rise in overdose deaths nationally during the PHE. See, for example: The Impact of COVID-19 on Drug Use—and How It Contributes to Overdose Risk (nyu.edu) See also: Trends in Opioid Toxicity–Related Deaths in the US Before and After the Start of the COVID-19 Pandemic, 2011-2021 | Substance Use and Addiction Medicine | JAMA Network Open | JAMA Network

SUD Milestone 5 Assessment			
Assessment Area	**# Completed or Progressing/Expected**	**Key Considerations**	**Assessment of Risk**
Implementation Plan	4/4	The State met or completed all expected requirements and Implementation Plan activities.	**Low** **87% of activities and metrics completed or progressing (7/8)**
Critical Metrics	3/4	Metrics related to opioid prescribing and ED use are improving. The overdose death count for Medicaid members increased from 314 in 2021 to 394 in 2022. The overlap with the COVID-19 PHE may have contributed to the increase.	
Stakeholder Input	No Concerns	No concerns were raised by stakeholders.	

MILESTONE 6 IMPROVED CARE COORDINATION AND TRANSITIONS BETWEEN LEVELS OF CARE

To meet this milestone, states must implement policies to ensure residential and inpatient facilities link beneficiaries, especially those with OUD, with community-based services and support following stays in these facilities.

OMS completed several activities under this milestone:

- **Enhanced Residential Provider Requirements**: As part of its PNMI rule update, OMS clarified that residential treatment facilities 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.

- **Shared targeted results of the Maine Health Access Foundation (MeHAF) Site Self-Assessment/care integration assessmen**t with providers to seek feedback on opportunities for future technical assistance offerings or other supports needed to improve integration of SUD with other mental and physical health services. Planning has begun to support enhanced integration of care through the development of Certified Community Behavioral Health Clinics (CCBHCs) and expansion of the Opioid Health Home project to serve members with any SUD diagnoses.

- **Incorporated a pay-for-performance provision into the Opioid Health Home model that includes a measure on annual primary care or ambulatory visits.** In August 2022, OMS added a performance measure for access to ambulatory or preventive care to the Opioid Health Home value-based payment model. Performance for MaineCare members assigned to the Opioid Health Home panel for a minimum of 60 days in the measurement period and who are in the maintenance and stabilization levels of care is tracked. The results contribute to the overall annual performance score for each provider.

- **Convened residential treatment and Behavioral and Opioid Health Home providers in a working group around transitions and integration of physical and behavioral health**. Planning has begun to support enhanced integration of care through the development of CCBHC and expansion of the Opioid Health Home project to serve members with any SUD diagnoses.

- **Assessed Targeted Case Management and Opioid Health Home eligibility for opportunity to include additional SUD conditions aimed at developing a more robust care management/care coordination system for individuals with SUD**. Enhancing eligibility criteria for Targeted Case Management services did not receive legislative

support. However, OMS was granted authority to expand the Opioid Health Home program to serve members with any SUD diagnoses. This will allow members with a SUD to engage in individualized care planning and case management and to access integrated treatment services.

Additionally, OMS engaged the University of Southern Maine to assist the State in:

- **Assessing transitions of care** (through provider surveys, stakeholder groups, and internal review/decision-making), including a specific focus on plans and procedures of residential treatment facilities (including medically supervised withdrawal facilities) to support effective/safe discharges (through incorporation of transition assessments in site visits and quality assurance activities).

- **Developing a mechanism for performance monitoring** for residential treatment facilities, behavioral health inpatient facilities, and community providers to assess follow-up after a residential stay (e.g., seven days or less). The first step is to develop internal or contracted vendor support to routinely assess performance on designated follow-up care quality measures. MaineCare or its vendor will review data and work with internal and external stakeholders to share provider-level performance on this metric. MaineCare will consider opportunities to incorporate financial incentives/penalties related to this effort and other key metrics.

- **Evaluating whether current duplication or other policies restrict provider's ability to engage in effective care transitions**. The State will conduct an assessment through provider surveys, stakeholder groups, and internal review/decision-making.

A summary of Implementation Plan requirements and progress for Milestone 6 is provided below.

Milestone Requirements	Actions	Completed
Ensure residential and inpatient facilities link clients with community-based services following stays	Assess transition of care policies	Ongoing
	Develop performance monitoring and incentive strategies to support quality improvement related to follow-up care	Ongoing
	Solicit input through provider and stakeholder surveys/focus groups	Ongoing
	Amend administrative rules for residential facilities to clarify discharge planning requirements	Yes
Policies to ensure care coordination for physical and mental health conditions	Share results of Maine Health Access Foundation Site Self-Assessments and discuss opportunities to improve	Yes

Milestone Requirements	Actions	Completed
	Integrate pay for performance provisions in the Opioid Health Home model to support access to ambulatory/preventive care	Yes
	Convene provider work group regarding transitions of care and integration	Ongoing
	Assess opportunities to expand Opioid Health Home and Targeted Case Management programs to more members	Yes
	Amend administrative rules to clarify coordination of care requirements	Yes

Milestone 6. Performance Metrics

The SUD Monitoring Protocol metrics related to improved care coordination and transitions between levels of care designated by CMS as critical include:

#15 Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET): total scores and sub-population breakouts reported for:

- 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; and
- Engagement of AOD Treatment - The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit.

#17 Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence: results reported for four sub-groups:

- Percentage of ED visits for beneficiary's diagnosis of AOD abuse or dependence and who had a follow-up visit for AOD within 7-days of the ED visit;
- Percentage of ED visits for which the beneficiary received a follow-up visit for AOD within 30 days of the ED visit;
- Percentage of ED visits for beneficiary's diagnosis of mental illness which the beneficiary received a follow-up visit for mental illness within 7 days of the ED visit;
- Percentage of ED visits for which the beneficiary received a follow-up visit for mental illness within 30 days of the ED visit.

#25 Readmissions Among Beneficiaries with SUD: Total number of inpatient discharges per 1,000 beneficiaries in the measurement period.

The table on the following page provides performance results for Milestone 6 metrics.

Milestone 6 Critical Metric		Results		Change at Mid-Point			State Goal	Progress
#	Name	Baseline	Mid-Point	Absolute Change	Percent Change	Direction		
15a	Initiation of Alcohol and Other Drug (AOD) Dependence Treatment (IET) - Total Score	46.43%	50.79%	4.30%	9.27%	Increase	Increase	Yes
15b	Engagement in Alcohol and Other Drug (AOD) Dependence Treatment (IET)- Total Score	14.55%	16.21%	1.66%	11.37%	Increase	Increase	Yes
17(1a)	Follow-up after discharge from the ED for AOD within 30 days	36.75%	50.78%	14.03%	38.17%	Increase	Increase	Yes
17(1b)	Follow-up after discharge from the ED for AOD within 7 days	25.78%	38.15%	12.37%	47.97%	Increase	Increase	Yes
17(2a)	Follow-up after discharge from the ED for MH within 30 days	83.90%	80.32%	-3.58	-4.27%	Decrease	Increase	No
17(2b)	Follow-up after discharge from the ED for MH within 7 days	76.87%	71.32%	-5.55	-7.21%	Decrease	Increase	No
25	Readmissions for SUD in 30 days post discharge*	0.30	0.29	-0.01	-2.06%	Decrease	Decrease	Yes

**Lower rate is preferred*

Milestone 6. Assessment

Overall, the State is meeting expected performance for Milestone 6.

SUD Milestone 6 Assessment			
Assessment Area	# Completed or Progressing/Expected	Key Considerations	Assessment of Risk
Implementation Plan	9/9	The State has completed five of none expected activities and is progressing in the remaining areas.	**Low** **87% of activities and metrics completed or progressing (14/16)**
Critical Metrics	5/7	Performance in two metrics declined in 2022.	
Stakeholder Input	No Concerns	No concerns were raised by stakeholders.	

5. SUD INFORMATION TECHNOLOGY PLAN

In establishing SUD Information Technology (IT) requirements for 1115 Demonstrations, CMS seeks the following assurances from States:

- **Assurance 1**: The State has a sufficient health IT infrastructure ecosystem at every appropriate level to achieve the goals of the Demonstration.
- **Assurance 2**: The State's SUD Health IT Plan is aligned with the State's broader State Medicaid Health IT Plan and, if applicable, the State's BH IT Plan.
- **Assurance 3**: The State intends to assess the applicability of standards referenced in the Interoperability Standards Advisory (ISA) and 45 CFR 170 Subpart B.

The remainder of this section provides an overview of CMS PDMP requirements and the status of Maine's Prescription Monitoring Program (PMP) functionality and planning efforts.

Prescription Drug Monitoring Functionalities

CMS requirements include: enhanced interstate data sharing to better track patient-specific prescription data; enhanced "ease of use" for prescribers and other State and federal stakeholders; enhanced connectivity between the State's PMP and any statewide, regional, or local health information exchange (HIE); and enhanced identification of long-term opioid use directly correlated to clinician prescribing patterns.

- **Interstate Data Sharing**: Maine PMP is currently connected with 34 state PMPs and the Military Health System. Two additional States were connected during the Demonstration. International data sharing with the Canadian province of New Brunswick is on hold. The Province is in the process of retaining and implementing a new PDMP system, the system change in Canada has taken longer than expected.

  Maine maintains a monthly check-in with 13 additional states, US Territories, and the Canadian province of New Brunswick. Through its vendor the State also employs another interstate data sharing tool, RxCheck 3.0 that will allow Maine to connect with PMP's not connected through the NAPD PMPi Interconnect. Three States are currently connected through RxCheck 3.0.

- **Ease of Use**: Prescribers (clinicians) and dispensers (pharmacies) are currently able to access Maine's PMP directly as a stand-alone application or via established interoperability with over 150 different electronic health record (EHR) and pharmacy management systems. Prescribers or their delegates can run Batch Patient Reports to assist with clinical workflow and decision-making. In DY3Q1, over 45 organizations established PMP interoperability with their EHR including major health systems such as Northern Light and MaineHealth.

To support ease of use, Maine is working on legislative approval to integrate non-PMP data elements into the system to allow for a more comprehensive patient prescription history and member overview for prescribers. Maine's PMP currently is displaying an alert in the PMP that shows if a patient is deceased to prevent authorization and dispensation of refills or a person who has passed.

- **HIE Connectivity**: Maine uses the Appriss AWARxE PDMP system, which allowed the state to leverage work that has already been done by HealthInfoNet in other states to connect the HealthInfoNet HIE with the Appriss AWARxE PDMP. The PDMP integration with the HIE was completed in the first quarter of Demonstration Year Three.

- **Clinician Prescribing and Long-Term Opioid Use**: The PMP (Appriss NarxCare system) serves as an alert to prescribers regarding potentially risky/inappropriate opiate prescriptions. Provider education on the NarxCare tool and its underlying algorithm is ongoing to better help providers make informed and appropriate prescribing decisions at the point of care.

  In the first quarter of Demonstration Year Three, the Maine PMP hired a clinical policy advisor to aid in identifying, analyzing and educating prescribers whose prescribing patterns have been identified as potentially risky.

Current and Future PDMP Query Capabilities

This CMS requirement includes facilitating the State's ability to properly match patients receiving opioid prescriptions with patients in the PDMP (i.e., the State's master patient index strategy with regard to PDMP query).

- The State's PMP is supported through a contract with Bamboo (formerly Appriss Health). The vendor provides a master patient index (MPI) to properly match patients and prescriptions within the PDMP. State staff supporting the PMP engage in regular meetings with the vendor regarding the accuracy of the patient and prescriber matching. If issues are identified, discussions focus on short- and long-term corrective actions and ongoing monitoring of progress to resolve the problem.

Use of PDMP – Supporting Clinicians with Changing Office Workflows/Business

CMS requirements include: developing enhanced provider workflow/business processes to better support clinicians in accessing the PDMP prior to prescribing an opioid or other controlled substance to address the issues which follow; developing enhanced supports for clinician review of the patients' history of controlled substance prescriptions provided through the PDMP, prior to the issuance of an opioid prescription.

- Appriss currently utilizes PMP Gateway for point-of-care integration with the prescribers' EHR systems. In addition, the integration with the State's HIE allows providers who participate with the HIE to access PMP data within the HIE portal. The system can integrate with over 150 different EHR and pharmacy management systems at the point of care. In addition, analytics available through the PMP provides clinicians with benchmark reporting that compares the clinicians' prescribing patterns to those of their peers. In the first quarter of Demonstration Year Three, over 45 organizations have established PMP interoperability with their EHR including major health systems such as Northern Light and MaineHealth.

Master Patient Index/Identity Management

This CMS requirement focuses on enhancing the master patient index (or master data management service, etc.) in support of SUD care delivery.

- The State is expanding its existing relationship with its Administrative Services Provider to replace the WITS system. The ASO data collection system, Atrezzo, will be used by all SUD providers to both collect client-level data and also process authorizations for treatment. Combining these two functionalities in one system will reduce administrative burden on providers and incentivize compliance with SUD treatment episode data collection by tying this function to authorization/invoicing for services. The planned transition was completed by the end of September 2021, including the transition of historical data, user acceptance and system testing.

  Data-sharing across the SUD delivery system is not currently allowed under the statutes governing PMP operations. The State is in the process of developing an integrated database to compile both grant funded and MaineCare claims data to allow a more comprehensive view of services provided to clients from across the DHHS.

Overall Objectives for Enhancing PDMP Functionality and Interoperability

This requirement includes leveraging the above functionalities/capabilities/supports (in concert with any other State health IT, TA, or workflow effort) to implement effective controls to minimize the risk of inappropriate opioid overprescribing and ensure Medicaid does not inappropriately pay for opioids.

- The PMP (Appriss NarxCare system) serves as an alert to prescribers regarding potentially risky/inappropriate opiate prescriptions. Provider education on the NarxCare tool and its underlying algorithm is ongoing to better help providers make informed and appropriate prescribing decisions at the point of care. In the first quarter of DY3, the Maine PMP hired a clinical policy advisor to aid in identifying, analyzing and educating prescribers whose prescribing patterns have been identified as potentially risky.

6. STATUS OF SUD AMENDMENT BUDGET NEUTRALITY

The quarterly and annual monitoring process for each SUD Demonstration requires states to include the status of budget neutrality (BN) along with a discussion of any issues that may impact expenditures and BN trends.

There were no expenditures for the first year of the Demonstration; SUD related IMD treatment providers did not initiate Medicaid enrollment until early in 2022 (Demonstration Year Two) and the first of the four pilot projects authorized under the Demonstration was implemented in Demonstration Year Three.

Under the Demonstration's Special Terms and Conditions, Medicaid expenditures for individuals receiving IMD services and expenditures for the pilot projects are subject to separate budget neutrality limits and may not exceed projected expenditures absent the Demonstration.

The Demonstration showed a deficit in actual expenditures for IMD beneficiaries of $336,425 in Demonstration Year Two and $363,055 in Demonstration Year Three when measured against the hypothetical limits. Cumulatively, actual expenditures exceeded the limit by $699,480. A summary of actual expenditures and waiver limits for IMD beneficiaries is provided below.

IMD Beneficiaries	DY1	DY2	DY3
With Waiver (Actual)			
Non-Expansion Adults and Children	-	$396,820	$910,553
Expansion Adults	-	$1,256,069	$5,454,368
Total Expenditures (Actual)	**-**	$1,652,889	$6,364,921
Without Waiver Limit	**-**	$1,316,464	$6,001,866
SURPLUS (DEFICIT)	**-**	($336,425)	($363,055)

The Demonstration showed a surplus in expenditure authority for the four pilot projects. The first of three pilots was implemented in Demonstration Year Three, and actual expenditures were below the annual limit. A summary of actual expenditures and waiver limits for the pilot projects is provided on the following page.

Pilot Projects	DY1	DY2	DY3
With Waiver (Actual)			
Parents with Extended MaineCare	-	-	$936,571
Parents Receiving Home Based Skills Development Services	-	-	-
Parents Receiving Attachment Biobehavioral Catch-up (ABC)	-	-	-
Parents Receiving Visit Coaching	-	-	-
Total Expenditures (Actual)	**-**	-	$936,571
Without Waiver Limit	**-**	-	$978,912
SURPLUS (DEFICIT)	**-**	-	$42,342

7. ASSESSMENT SUMMARY, RECOMMENDATIONS & STATE RESPONSE

Overall, activities identified in the SUD Implementation Plan have been completed or are progressing as anticipated. In addition, the majority of critical performance metrics moved in the expected direction between the baseline and midpoint. As a result, an assessment of "low risk" was determined for all six milestones.

Activities related to the SUD IT Plan have been completed or are progressing as expected; therefore, assessment of the SUD IT Plan progress likewise was determined to be "low risk."

The State reported program expenditures under the Demonstration beginning in Year 2 of the Demonstration. (There were no Medicaid-enrolled IMD providers in Year 1). Actual Medicaid expenditures on behalf of IMD beneficiaries exceeded the budget neutrality limits in both years.

The table below provides an overview of SUD Mid-Point Assessment findings.

SUD Mid-Point Assessment Overview		
CMS Milestone	**Risk**	**Key Findings**
Milestone #1: Access to Critical Levels of Care for OUD and Other SUDs	**Low**	✓ All 7 related activities in the SUD Implementation Plan have been completed and the State continues to build residential capacity ✓ Performance moved in the expected direction for 6 of the 7 critical metrics ✓ Performance moved in the expected direction for all 3 of the other metrics related to access
Milestone #2: Use of Evidence-Based, SUD-Specific Patient Placement Criteria	**Low**	✓ All 7 related activities in the SUD Implementation Plan have been completed ✓ Performance for the 2 critical metrics is undetermined (single data point available)
Milestone #3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities	**Low**	✓ All 8 related activities in the SUD Implementation Plan have been completed or are progressing with ongoing activities ✓ There are no critical metrics for this milestone
Milestone #4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD	**Low**	✓ All 10 activities in the SUD Implementation Plan have been completed or are progressing with ongoing activities ✓ Performance for the 2 critical metrics did not move in the expected direction; provider capacity is expected to increase, but remained consistent
Milestone #5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD	**Low**	✓ All 4 activities in the SUD Implementation Plan have been completed or are progressing with ongoing activities ✓ Performance for 3 of the 4 critical metrics moved in the expected direction; overdose deaths for Medicaid members increased between the baseline and the midpoint

SUD Mid-Point Assessment Overview		
CMS Milestone	**Risk**	**Key Findings**
Milestone #6: Improved Care Coordination and Transitions between Levels of Care	Low	✓ All 9 activities in the SUD Implementation Plan have been completed or are progressing with ongoing activities ✓ Performance for 5 of the 7 critical metrics moved in the expected direction; follow-up visits after ED visits for mental health declined between the baseline and midpoint
SUD IT Plan	Low	✓ All activities in the SUD IT Plan have been completed or are ongoing activities
Budget Neutrality	Medium	✓ Expenditures under the Demonstration exceed the budget neutrality limits; continued monitoring may be warranted

RECOMMENDATIONS

The State has completed or is continuing to perform all activities in its SUD Implementation Plan and SUD IT Plan. Although a limited number of data points were available for the Mid-Point Assessment, performance is moving in the expected direction for the majority of metrics defined as critical by CMS. The assessment period also overlapped with the COVID-19 PHE. Continuous coverage requirements from 2020 through 2023 will likely impact service utilization and client counts as Maine continues the Medicaid redetermination process.

Ongoing monitoring of performance should continue as more data points become available. Monitoring of ongoing activities, as well as expenditures under the Demonstration, is recommended. A summary of ongoing activities is provided below.[2]

CMS Milestone	Milestone Requirement	Ongoing State Activity
3. Use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications	• Implement a process for residential program compliance reviews	• Initiate TA and quality improvement activities for adolescent programs by OCFS
4. Sufficient provider capacity at each level of care	• Complete assessment of availability	• Enhance functionality of the service locator tool, including assessment of providers accepting new patients • Review MaineCare policies that may create barriers to access and amend (if needed)

[2] There are no ongoing implementation activities within Milestones 1 and 2

CMS Milestone	Milestone Requirement	Ongoing State Activity
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD	• Implement strategies to increase utilization and improve functionality of the prescription drug monitoring program	• Enhancements to Maine's Prescription Monitoring Program (PMP), per SUD IT Plan
6. Improved care coordination and transitions between levels of care.	• Ensure residential and inpatient facilities link clients with community-based services following stays • Policies to ensure care coordination for physical and mental health conditions	• Assess transition of care policies • Develop performance monitoring and incentive strategies to support quality improvement related to follow-up care • Solicit input through provider and stakeholder surveys/focus groups • Convene provider work group regarding transitions of care and integration
SUD IT Plan	• Enhanced prescription drug monitoring program functionality	• Enhancements to Maine's Prescription Monitoring Program (PMP), per SUD IT Plan
Budget Neutrality (BN)	• Maintain expenditures at or below PMPM limits as defined in STCs	• Reporting and monitoring of annual and cumulative program expenditures and expenditure limits

STATE RESPONSE

The OMS worked with the independent assessor to discuss progress on the SUD Implementation Plan and review the assessment findings. We appreciate CMS's collaboration in establishing the retroactive and revised reporting schedule for the SUD Monitoring Protocol metrics. This included extending the due date of this assessment to March 31, 2024, to allow the inclusion of the revised metric results in this report.

OMS has been working closely with partners across DHHS to ensure a strategic and coordinated State response to enhancing the Maine SUD treatment system, including the prevention of opioid abuse and OUD. In addition, OMS has been working with the provider community to remove barriers to SUD treatment services. Part of this effort included the facilitation of a rate review for many Medicaid SUD treatment services, resulting in subsequent rate increases. The State also created financial incentives for SUD residential treatment providers to increase the number and type of SUD treatment beds across the State. In addition, OMS saw increased Medicaid enrollment and retention of Medicaid coverage during the Public Health Emergency.

The OMS is examining whether these factors may be contributing to demonstration expenditures reported in excess of the budget neutrality limits.

We are exploring factors that may be impacting budget neutrality and we are monitoring utilization of SUD treatment services as Medicaid redeterminations continue. We will reach out to CMS to discuss our findings and collaborate on next steps, as needed.

APPENDIX 1. INDEPENDENT ASSESSOR

DHHS partnered with the New England States Consortium Systems Organization (NESCSO) to conduct a procurement for this project. NESCSO issued a Request for Proposals (RFP) on October 2, 2020, on behalf of the State. One RFP was released for all evaluation activities (evaluation design development and implementation) and the production of required CMS reports. Bidders were given the option of working with a subcontractor on the design or implementation components of the procurement. The successful bidder demonstrated, at a minimum, the following qualifications:

- The extent to which the evaluator can meet the RFP's minimum requirements, including an assurance that the firm does not have a conflict of interest in designing and performing the SUD evaluation and Mid-Point Assessment;
- The extent to which the evaluator has sufficient capacity to conduct the proposed evaluation and Mid-Point Assessment, in terms of technical experience and the size/scale of the evaluation;
- The evaluator's prior experience with similar evaluations and assessments;
- Past references; and
- Value (i.e., the evaluator's capacity to conduct the proposed evaluation, with consideration given to those that offer higher quality at a lower cost).

Four proposals were received, and Pacific Health Policy Group has been retained to develop the SUD Demonstration Evaluation Design and implement the final evaluation and assessment activities in compliance with CMS requirements.

APPENDIX 2. OMS TRAINING AND TECHNICAL ASSISTANCE INVENTORY DY1-DY3

DY1 (2021) ASAM/SUD Trainings	Date	Participants
Adolescent Substance Use	March 12	102
Harm Reduction and Safe Injection Sites	March 25	11
Aging and Diversity Series: Elder Abuse, Substance Use, and Crimes against Older Adults	April 2	145
Preventing and addressing nicotine, prescription and illicit drug use among adolescents with and without ADHD	April 9	62
Treating Chronic Pain: Enlarging Life	April 30	33
Social Connection and Opioid Use Disorder in the Context of COVID-19	June 3	62
Prevention of Nonmedical Use of Opioids in Older Adults	Aug 3	32
Pregnancy, Birth, Parenthood, and Drugs: A Harm Reduction Based Approach	Aug 5	62
Combat Stress, PTSD, and Pain Management	Aug 11	62
The Intersection of ACEs and Addiction: What If Our Biggest Challenges Start with the Smallest of Us?	Aug 17	65
Drug Diversion in Health Care: Legal and Ethical Considerations	Aug 19	39
Are They Just Experimenting: Understanding the Phases of Use	Aug 23	48
Changing the Way, We Approach Substance Use	Aug 24	45
Prevention through Safe Storage	Aug 31	27
Opioid Use Disorder: Prevention, Treatment, and Recovery	Sept 22	44

DY2 (2022) ASAM/SUD Trainings	Date	Participants
Peer Support Roles in Primary Care: How does it work?	July 12	5
Promising Practice: St Joseph's Healthcare XR Buprenorphine Practice: Successes and Challenges	July 26	13
Early Recovery: Shifts in Focus	July 27	18
What-a-bot-us?" - An Update on AI, Ethics, and the Idea of Robotic Counselors	July 27	22
PCPlus Updates and Overview	Aug 2	12
Buprenorphine and Pain	Aug 9	16
Self-Care as an Ethical Practice	Aug 24	48
Comorbidities in Psychiatry, Prescribing Pearls	Aug 24	13
Certified Clinical Supervision: Assessing Skills and Self-Evaluation	Sept 13	43
Promising Practices: Groups Recover Together How They Deliver (and measure) Outcomes for Mainers with OUD	Sept 13	18
Opioid Health Home Updates and Overview	Sept 14	31
Office hours: XR Buprenorphine	Sept 16	3
Medications for Youth with Opioid Use Disorder	Sept 20	18
Certified Clinical Supervision: Effective Management and Administration	Sept 20	39
Perspectives of a Wellness Researcher: Prioritizing Emotional Well-Being and Resilience in the Care of Older People	Sept 21	229
Delivering XR Buprenorphine in a Maine Practice	Sept 27	12
Certified Clinical Supervision: Professional Development	Sept 27	44
Hometown Health Center Opioid Summit: XR Buprenorphine	Sept 29	37
Update on 2022 PMP Enhancements	Sept 29	4
Complex Persistent Opioid Use Disorder	Oct 4	32
Certified Clinical Supervision: Professional Responsibility and Ethics	Oct 4	44
Medication to Treat Alcohol Use Disorder	Oct 4	9
Ambulatory Alcohol Withdrawal Management	Oct 11	11
Contingency Management for the Treatment of Stimulant Use Disorder: What You Need to Know	Oct 18	17
Substance Use and Mood Disorders	Oct 21	39
Street Drug Supply 2022: More Potent Methamphetamine, Forms and Mixtures of Fentanyl and the “Xines” “Xenes”	Oct 25	32
Cannabis Research: Complexities and Priorities	Nov 01	26
Methadone Transitioning to Buprenorphine	Nov 03	13
Office Hours: Managing Chronic Pain and OUD	Nov 08	3
SBIRT within Primary Care	Nov 09	5
Diagnosis and Treatment of ADHD in Adults with Substance Use Disorder: Applying Evidence to a Common Clinical Quandary	Nov 10	31
Using Peer Support to Integrate Culture into a Clinical Setting	Nov 10	22
What Does This Mean to ME: Prescribing and Legal Issues	Nov 14	40
SBIRT	Nov 15	41
Understanding Ideology and Cultural Roles to Strengthen the Trust of Your Native Clients/Communities	Nov 15	21
Office Hours: Managing Chronic Pain and OUD	Nov 22	2
Harm Reduction	Nov 30	12
Understanding and Addressing Cannabis Use	Dec 6	31
Urine Toxicology Testing in Substance Use Disorder Treatment	Dec 12	48
Substance Use and Infectious Diseases	Dec 21	8

DY3 (2023) ASAM/SUD Trainings	Date	Participants
ASAM	Jan 19	40
Crucial Conversation: How to Discuss Tapering of Controlled Substances with New and Established Patients	Jan 26	28
3 Part Domestic Violence Series, Part 1: Risk and Lethality Assessment in Domestic Violence Cases	Jan 31	45
Proactive Responses to Patient Behavior in MOUD and Chronic Pain Environments	Feb 01	7
3 Part Domestic Violence Series, Part 2: Strangulation: The Healthcare Response	Feb 02	40
3 Part Domestic Violence Series, Part 3: Introduction to Maine DOC Victim Services	Feb 02	42
Transforming Behavioral Health Supervision	Feb 03	42
Together, We Persevere: Understanding health, culture within Maine's fishing community	Feb 08	34
Penobscot Community Healthcare: Community Care and Geriatric: Responding to the needs of patients with OUD/SUD in Post Acute and Long-Term Care Facilities	Feb 16	11
Supervision	Feb 17	40
Intoxication Delirium and Psychosis in SUD	Feb 23	5
Best and Promising Practices: TBD: Northern Light Pharmacy Advancing MOUD	March 1	13
Helping parents become a cannabis prevention agent in the home	March 7	34
Post-Acute and Long-Term Care Facilities: Prescribing and Managing OUD and AUD	March 7	14
What every teen receiving services for a behavioral health problem should know about cannabis and their health	March 9	31
Misuse of Gabapentin	March 13	28
Emotionally Reactive or Highly Avoidance: The Art of Medication Management for COD and BPD	March 16	9
Supervision	March 17	37
Justice Involved Individuals with Opioid Use Disorder	March 21	22
Addiction in LGBTQ+ Communities and Crystal Methamphetamine	March 30	13
Enhancing Access to Medications for Opioid Use Disorder for Patients in Hospital Settings	April 4	14
X-Waiver Presque Isle	April 4	15
Ethics and Diversity, Equity, and Inclusion	April 7	53
Ethics: Aha Moments and Pitfalls to Inter-professional Collaborative Practice	April 7	51
PCRP	April 12	16
Anxiety and SUD Lecture	April 13	12
Recovery Coaching in Healthcare Settings - Mutual Support Space	April 20	4
Supervision	April 21	36
Micro dosing (for MAPP conference)	April 27	68
Psychosis-Informed Care Training	April 27	48
Nicotine Vaping- What Should Providers Tell Their Patients? What About that Cough? (NEASAM conference)	April 29	55
Enhancing Access to Medications for Opioid Use Disorder for Patients in Hospital Settings	May 2	17
Invitation to Change: ITC	May 3	22
Invitation to Change: ITC	May 10	5
Cognitive Behavior Therapy for Psychosis (CBTP) for Practitioners: Part 1	May 11	23
HOPE Conference	May 17	166
Cognitive Behavior Therapy for Psychosis (CBTP) for Practitioners: Part 2	May 18	21
Recovery Coaching in Healthcare Settings - Mutual Support Space	May 18	6
Supervision	May 19	35
Nursing Management of Withdrawal of Alcohol and Opioids	May 31	12

DY3 (2023) ASAM/SUD Trainings	Date	Participants
Nicotine Vaping- What Should Providers Tell Their Patients? What About that Cough?	June 1	6
CCS: Assessing Skills and Self-Evaluation	June 6	39
PMP Series: PMP Tools to Improve Controlled Substance Prescribing	June 6	39
Harm Reduction 2.0	June 7	10
CCS: Professional Development	June 13	38
ME SUD Learning Community conference (F2F)	June 14	118
Bipolar DO and SUD	June 20	12
CCS: Effective Management and Administration	June 20	39
Supervision	June 23	33
PMP Series: Managing Legacy Patients on Controlled Substances: Compassionate, Evidence-Based Responses	June 27	116
CCS: Professional Responsibility and Ethics	June 27	41
Implementing the New ASAM Criteria - Research, Regulations, and Resolutions	June 29	36
Burnout and Resilience	June 29	49
PMP Series: Medication Deprescribing and Chronic Pain Care	July 11	49
CM Learning Community	July 19	23
5th Governor Opioid Response Summit – tabling	July 20	1200
ECHO MCD: Supervision - The Team Approach: Defining Roles and Recovery	July 21	12
PMP Series: Colorado's Experience with Cannabis: A Public Health Perspective	July 25	88
ECHO MCD: Supervision - Defining Supervision	Aug 4	17
PMP Series: Safe and Effective Opioid Practices in the Hospital: Pharmacy Perspective	Aug 8	51
PMP Series: Strategies for Solving the Opioid Epidemic and Treatment of Chronic Pain	Aug 15	88
CM Learning Community	Aug 16	14
ECHO MCD: Supervision - The Supervision Relationship	Aug 18	14
Extended-Release Buprenorphine during Pregnancy and Postpartum	Aug 23	35
PMP Series: Legal Issues and Controlled Substance Prescribing: How to Make it Work for ME	Aug 29	36
ECHO MCD: Supervision - Trauma-Informed Supervision	Sep 1	14
Advanced clinical supervision: Growing edges	Sep 6	22
Maine Medical Association Conference	Sep 8	90
ECHO Adolescent, Young Adult: Consent & Confidentiality	Sep 13	31
OUD/SUD and Anxiety	Sep 14	26
ECHO MCD: Supervision – Boundaries	Sep 15	13
Peer Support Supervision	Sep 18	15
PMP Series: Protecting Yourself and Your Practice: A DEA Perspective	Sep 19	124
CM Learning Community	Sep 20	16
Motivational Interviewing: Fundamentals & Advancing the Practice	Sep 26	17
Psychosis-Informed Mental Health Care	Sep 28	68
Understanding the Complex Intersection of Co-Occurring Depression and SUDs	Sep 28	40