

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

Note: PRA Disclosure Statement to be added here

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

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

State	New Mexico
Demonstration name	Turquoise Care
Approval period for section 1115 demonstration	1/01/2019 – 12/31/2029
SUD demonstration start date ^a	<i>Automatically populated with the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration (MM/DD/YYYY).</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date ^b	<i>Automatically populated with the SUD demonstration implementation date (MM/DD/YYYY).</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<i>Automatically populated with the summary of the SUD (or if broader demonstration, then SUD- related) demonstration goals and objectives.</i>
SUD demonstration year and quarter	SUD DY7Q1
Reporting period	1/01/2025 - 3/31/2025

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b **Implementation date of SUD demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

In DY6, New Mexico (NM) saw a 5.4% decrease in Managed Care Organization (MCO) members with a substance use disorder (SUD) diagnosis and any SUD-related service over the past two years (Metric #4). This trend reflects fluctuations in service utilization and treatment engagement, influenced by changes in service delivery models, education efforts, and community resources. Additionally, overall Medicaid enrollment has declined following the end of the Public Health Emergency (PHE), which may also contribute to reduced service counts.

Early intervention services declined by 32.5% in the last quarter. This change occurred during a period of shifting SBIRT training priorities and broader system transitions. While training efforts previously focused on Emergency Departments, they are now increasingly directed toward primary care in alignment with ongoing payment reform efforts. Utilization is expected to increase as these initiatives continue to develop (Metric #7).

Outpatient services remained stable, while intensive outpatient and partial hospitalization services increased by 6.5%, driven by recent program expansions (Metric #9). In January 2025, New Mexico launched five Certified Community Behavioral Health Clinics (CCBHCs) across six counties to expand access, reduce emergency room reliance, and support individuals with complex behavioral health needs. Emergency department visits for SUD declined by 3.2% to 3.1 visits per 1,000 members (Metric #23), which may reflect the impact of expanded crisis services and growing CCBHC capacity.

MCO members with a medication-assisted treatment (MAT) claim for SUD increased by 2.2% (Metric #12). Provisional data shows a 30.7% decrease in overdose deaths among Medicaid beneficiaries (Metric #26), alongside a 25.1% reduction in the overdose death rate among the adult NM population (Metric #27). This includes a 42.1% decline in fentanyl-related deaths, 35.6% drop in deaths involving natural opioids, and a 48.6% decrease in deaths involving prescription drugs only, while heroin-related deaths rose by 7.7%. These trends may reflect expanded treatment access, education efforts, and increased provider participation. An 83.7% increase in providers trained through ECHO sessions (Question #2) and a 109% increase in sessions offered (Question #3) may have also contributed to improvements.

In DY6Q4, MCO members using residential and inpatient services for SUD increased by 6.8%, though there was an 11.2% decline in the final month (Metric #10). Claims for residential or inpatient SUD treatment in IMDs rose by 3.6% (Metric #5), and the average length of stay in IMDs increased by 5% (Metric #36), likely due to discharge delays, and limited community resources. The number of providers qualified to deliver SUD services decreased by 26.99% (Metric #13), and those qualified for MAT dropped by 6% (Metric #14). To address these issues, New Mexico is expanding mobile crisis teams, crisis triage centers, and CCBHC capacity, which are expected to reduce pressures on IMDs and shorten lengths of stay.

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

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1. Assessment of need and qualification for SUD services				
1.1 Metric trends				
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.		Metric #4: Number of MC0 members with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 12 months before the measurement period.	The number of individuals with a SUD diagnosis and related service decreased by 5.4% from the previous year. This aligns with a 4.7% decline in the overall Medicaid population, suggesting a proportional impact. Ongoing efforts to promote early detection and treatment may also be contributing to this trend.
1.2 Implementation update				
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
1.2.1.a	The target population(s) of the demonstration			
1.2.1.b	The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)		
2.1	Metric trends		

<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.</p>		<p>Metric #7: Number of MCO members who used early intervention services (such as SBIRT) during the measurement period.</p> <p>Metric #9: Number of unique MCO members who used intensive outpatient, day treatment or partial hospitalization services for SUD during the measurement period.</p> <p>Metric #10: Number of members who used residential and/or inpatient services for SUD during the measurement period.</p> <p>Metric #12: Number of MCO members who have a claim for MAT for SUD for the measurement period.</p> <p>Metric #36: Average length of stay in IMDs.</p>	<p>Early intervention services decreased by 32.5% during the measurement period. This decline may reflect the delayed implementation of SBIRT under the Healthcare Authority’s primary care payment reform initiative, which began planning in Q1 2025, with rollout expected in Q2 and Q3. Utilization is anticipated to increase in subsequent quarters as implementation progresses.</p> <p>Use of intensive outpatient and partial hospitalization services increased by 6.5%, likely reflecting the expansion of programs launched in prior quarters. Continued efforts to promote validated treatment models through statewide training may support further growth in utilization.</p> <p>Residential and inpatient service use increased by 6.8% in the quarter. New Mexico launched five new CCBHCs in January 2025, aimed at expanding access to timely, integrated care in the state’s most populous counties. As these community-based services continue to grow, a reduction in inpatient and residential utilization may follow in future quarters.</p> <p>Medication-assisted treatment (MAT) claims increased by 2.2% for the quarter. This growth may reflect expanded provider training in hospitals and clinics. Continued training efforts are expected to further increase MAT access in upcoming quarters.</p> <p>The average length of stay in an IMD increased by 5% to 23.8 days, still below the 30-day maximum. New Mexico</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			launched five CCBHCs in its most populous counties, aiming to reduce emergency department and inpatient stays by improving access to timely care and supporting individuals with complex behavioral health needs through integrated, person-centered care.
2.2 Implementation update			
<p>2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>2.2.1.a Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)</p>			Continue expanding the State’s cadre of services by adding more CCBHCs to enhance access to integrated, person-centered care for individuals with complex behavioral health needs.
<p>2.2.1.b SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs</p>	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)				
3.1 Metric trends				
3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.		Metric #5: Number of MCO members with a claim for residential or inpatient treatment for SUD in IMDs during the measurement period.	New Mexico saw a 3.6% increase in residential and inpatient stays for SUD in IMDs in 2024, totaling 4,342 stays. The expansion of residential treatment centers within the state has allowed individuals to receive care locally rather than seeking out-of-state treatment. To address this growth, NM is focusing on expanding mobile crisis teams, crisis stabilization centers, CCBHCs offering intensive case management, and additional intensive outpatient services to reduce reliance on inpatient and residential care.
3.2. Implementation update				
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
3.2.1.a	Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			
3.2.1.b	Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
<p>4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.</p> <p>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</p>		<p>Metric # 13: The # of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period.</p> <p>Metric #14: Total # of eligible SUD providers who meet the standard to provide buprenorphine or methadone as part of MAT.</p>	<p>In 2024, New Mexico saw a 26.99% decrease in providers qualified to deliver MAT, dropping from 16,481 to 12,032 providers. The state continues its extensive educational efforts to encourage more providers to serve individuals with substance use disorders.</p> <p>In 2024, New Mexico reported a 6% decrease in the number of eligible SUD providers qualified to administer buprenorphine or methadone as part of MAT, dropping from 1,430 to 1,344 providers. Despite relaxed requirements, reluctance and stigma around these services persist, and the state continues its educational efforts to encourage more providers to offer MAT.</p>
4.2 Implementation update			
<p>4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards</p>	X		

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[State name – *automatically populated*] [Demonstration name – *automatically populated*]

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.b	Review process for residential treatment providers' compliance with qualifications	X		
4.2.1.c	Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2	The state expects to make other program changes that may affect metrics related to Milestone 3.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)				
5.1 Metric trends				
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.		Metric #23: Total number of ED visits for SUD per 1,000 MCO members in the measurement period.	New Mexico reports a 3.2% decrease in emergency department visits for SUD, with 3.1 visits per 1,000 MCO members. This decline may be attributed to the expansion of crisis mobile units, crisis stabilization units, and the growth of CCBHCs, with further reductions expected.
5.2 Implementation update				
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care.	X		
5.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)				
6.1 Metric trends				
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.		Metric #26: Number of overdose deaths during the measure period among NM Medicaid population.	Provisional 2024 data show a 30.7% decrease in overdose deaths among Medicaid beneficiaries (from 729 to 505), though these figures are preliminary due to delays in mortality reporting by the Department of Health. Deaths involving prescription drugs only declined by 48.6% (210 to 108), both prescription and illicit drugs by 28.9% (332 to 236), and illicit drugs only by 11.8% (178 to 157). Cases with unspecified substances decreased by 30.0% (10 to 7). Fentanyl-related deaths dropped by 42.1% (487 to 282), and synthetic opioid deaths also declined by 42.1% (489 to 283). Deaths involving natural opioids decreased by 35.6% (59 to 38), while methadone-related deaths remained relatively stable (46 to 49). Heroin-related deaths increased by 7.7% (26 to 28). These trends may reflect the effects of expanded treatment access, prevention initiatives, and targeted education.
6.2 Implementation update				
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
6.2.1.a	Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
6.2.1.b	Expansion of coverage for and access to naloxone	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)				
7.1 Metric trends				
7.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.	X		
7.2 Implementation update				
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports.	X		
7.2.2	The state expects to make other program changes that may affect metrics related to Milestone 6.	X		

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

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[State name – *automatically populated*] [Demonstration name – *automatically populated*]

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.g	Planned activities to increase use and functionality of the state's prescription drug monitoring program	X		
8.2.2	The state expects to make other program changes that may affect metrics related to health IT.	X		
9. Other SUD-related metrics				
9.1 Metric trends				
9.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X		
9.2 Implementation update				
9.2.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X		

4. Narrative information on other reporting topics

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

Prompts	State has no update to report (place an X)	State response
11. SUD-related demonstration operations and policy		
11.1 Considerations		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.		In DY6, New Mexico experienced reduced Medicaid enrollment and service utilization, influenced in part by the continued unwinding of the Public Health Emergency. While provider shortages and a decline in early intervention services present challenges, initiatives like CCBHC expansion and SBIRT integration into primary care aim to improve access. Increases in intensive service use, MAT uptake, and early reductions in overdose deaths indicate progress, though capacity and workforce gaps may still affect timely care. The state continues working to address these issues in support of demonstration goals.
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.c Partners involved in service delivery		New Mexico faced challenges with a decrease in qualified providers for SUD and MAT services, which impacted service delivery. However, initiatives like the expansion of CCBHCs and increased provider training through ECHO are helping to address these gaps and improve access to care moving forward.

Prompts	State has no update to report (place an X)	State response
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities.	X	
11.2.3 The state is working on other initiatives related to SUD or OUD.		New Mexico is actively working on several initiatives to address SUD and OUD, including the launch of CCBHCs to expand access to services, reduce emergency room reliance, and support individuals with complex behavioral health needs. Additionally, the state is expanding mobile crisis teams, crisis triage centers, and integrating SBIRT into primary care settings to improve early intervention and treatment access.
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration).	X	

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

Prompts	State has no update to report (place an X)	State response
13. Other SUD demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.	X	

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

Prompts	State has no update to report (place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		New Mexico has observed promising results, with preliminary data pointing to a 30.7% reduction in overdose deaths among Medicaid beneficiaries, with final data expected next year. Early trends also show a 42.1% decrease in fentanyl-related deaths and a 25.1% reduction in the adult overdose death rate. Additionally, the state launched CCBHCs and expanded provider training through ECHO, both aimed at expanding access and improving care.

*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

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