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

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

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

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

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

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

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

2. Executive Summary

The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 or less.

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

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

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

Note on reporting changes: As part of the shift to using the newest instructions from CMS, New Mexico discovered that we have been reporting quarterly utilization with duplicated counts of clients, rather than the more correct unduplicated counts. This Q1 report includes **new unduplicated counts** for all 2020 quarters.

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

| Prompt 1.2 Assessment of Need and Qualification for SUD S | Comices | | State r | esponse | | | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|--|---|--|--|--|--|--|--|--|
| 1.2 Assessment of Need and Quantication for SUD S 1.2.1 Metric Trends | bei vices | | | | | | | |
| □ 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. | response to the allowed behaviousing telehealth | nurement per DY2, a total public health properties of the properti | riod (QTR 4 l of less than h emergency roviders to and e-visit in policy ha in New Menad the pand rienced a significant and mber, 2020, in among the stal of 31,32 during the | DY2 2020) in 1% from the production of the produ | dropped be the beginning COVID-19, ehavioral he tems to ensurant ain accessmbers would courred. Like in COVID p in the four ulation. | y 3% from the g of the year. In HSD has eath services are safe access ss, though given d almost the most of the 19 cases th quarter most UD diagnosis he average | QTR-1 01/01/2021- 03/31/2021 | Number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period and/or in the 11 months before the measurement period |
| | | , | -3% | 6% | -3% | | | |

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|---|-----------------------|---|---|
| ☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services. | | Annual- 01/01/2020- 12/31/2020 | Number of beneficiaries with a claim for residential or inpatient treatment for SUD in IMDs during the measurement period |
| ☑ The state has no metrics trends to report for this repo | rting topic. | | |
| 1.2.2 Implementation Update | | | |
| Compared to the demonstration design and operational details, the state expects to make the following changes to: i) The target population(s) of the demonstration i) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration | | | |
| ☐ The state has no implementation update to report for | this reporting topic. | | |
| ☐ The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services ☑ The state has no implementation update to report for | | | |

| Prompt 2.2 Access to Critical Levels of Care for OUD and or | ther SUDs (Mileston | e 1) | State re | esponse | | | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|---|--|--|--|--|--|--|---|---|
| 2.2.1 Metric Trends | | | | | | | | |
| ☑ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1 | The number of bend DY2 2020) and recepharmacy claim dec 5% from the beginn related to COVID-1 most behavioral heavistems to ensure semaintain access, the numbers would almoccurred. Like most in COVID 19 cases fourth quarter most QTR 4 - An undup measurement period pharmacy claim durbeneficiaries for the | eiving any clined by ning of the 19, HSD h alth service afe access ough given to f the co between likely ref licated tot d received ring the m | y SUD treat 7% from a year. In reas allowed the susing the to health on the scope only have bountry, New October are elects rising all of 27,70 any SUD leasurement. | tment serve the third q esponse to I behaviora elehealth, t care. This e of the SU een higher w Mexico and Decemb g concern a 17 benefici treatment the period. | tice, facilitiuarter of I the public al health public al health public change in JD crisis in had the present the public per, 2020, among the daries enroservice, far I he average | by claim, or DY2, a total drop of the health emergency roviders to offer and e-visit delivery policy has helped in New Mexico, the andemic not ed a significant rise and the drop in the state's population. | QTR-1 01/01/2021- 03/31/2021 | Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period |
| | | | Metric 6 D | Y2 (2020) | | | | |
| | | Q1 | Q2 | Q3 | Q4 | | | |
| | | 31,326 | 30,406 | 32,091 | 27,707 | | | |
| | | | -3% | 6% | -7% | | | |
| \Box The state has no metrics trends to report for this repo | orting topic. | | | | | | | |

| Prompt | | | State re | sponse | | | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|---|--|--|--|---|---|--|--|--|
| ⊠ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1 | a steady upward dropped due to primary driver Medicaid progr providers and s to the public he | eriod (QTR 4 – or 10% sind trend, with the impact of of the upwar am, effective tate-sponsore alth emerger chavioral hears to connect Nother public hears and the public hears are the public hears and the public hears are the public hears ar | 4 DY2 2020 nee the begin the exception of the COVII d trend was e 1/1/19, folled provider to ney, HSD ha of the services afe access to New Mexica ealth emergen and the pand emeficiaries use average no | ning of the on of the second public hearthe addition lowed by experiments around the addition lowed by experiments around the addition to be a lowed be using teleher to health care on the emic not occurred ased early interest of bertally and the emic not occurred to be a lower of bertally and the emic not occurred to be a lower of bertally and the emic not occurred to be a lower of bertally and the emic not occurred to be a lower of bertally and the emic not occurred to be a lower of the lower | by 19% from year. This is conditioned quarter lith emergent of SBIRT to panded outstand the state chavioral health, telephoral selection behavioral enumbers when the state chavioral health, telephoral selection with the state chavioral health, telephoral selections when the state chavioral health, telephoral selections when the state chavioral selections are stated as a state of the state of | om the third metric had seen when services acy. The to the state's reach to te. In response ealth providers onic and e-visit continues to be a ral health would almost services during | QTR-1 01/01/2021- 03/31/2021 | Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period |
| | Metric 7 DY2 (2020) | | | | | | | |
| | | Q1 2,138 | Q2 1,832 | Q3 2,373 | Q4 1,914 | - | | |
| | | - | -14% | 30% | -19% | | | |
| \Box The state has no metrics trends to report for this repo | orting topic. | | | | | | | |

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|---|--|---|--|
| ⊠ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1 | The number of beneficiaries who used outpatient services for SUD during the measurement period (QTR 4 DY2 2020) decreased by 1% from the end of DY2 QTR3. Despite quarter over quarter shifts, utilization of this service has held essentially flat throughout 2020. This trend shows both the rising need for behavioral health services during the pandemic and the success of HSD's early change in policy to allow behavioral health providers to offer most behavioral health services using telehealth, telephonic and e-visit delivery systems to ensure safe access to health care. QTR 4 - A total of 17,421 beneficiaries used outpatient services for SUD during the measurement period. The average number of beneficiaries for the fourth quarter is 10,234 per month. Metric 8 DY2 (2020) Q1 Q2 Q3 Q4 | QTR-1 01/01/2021- 03/31/2021 | Number of beneficiaries who used outpatient services for SUD (such as outpatient recovery or motivational enhancement therapies, step down care, and monitoring for stable patients) during the measurement period |
| ☐ The state has no metrics trends to report for this repo | 17,259 16,324 17,536 17,421 -5% 7% -1% | | |

| Prompt | | State re | sponse | | | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|---|---|--|--|---|---|---|---|
| ⊠ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1 | The number of unique bener partial hospitalization service 4 DY2 2020) did not change DY2. However, utilization the beginning of the year. The Programs (PHP) in NM during the Intensive Outpatient NM doubled during 2019, a slowed during 2020 due to the by IOP providers who have get care through phone and participation. With the vide QTR 4 - A total of 1,200 unservices for SUD during the unique beneficiaries for the | es for SUD at all betwee in the fourth here were n ng the meas Program (Io nd while gro he pandemic worked part video which o ability, IO ique benefic measureme | during the een the thirm of active Paragrament per OP). The nowth in utility, the year of icularly has increased it is expanded in the period. The period of | measurement d and fourth presents a critical Hospitariod, so this umber of It ization approver year in the desired complished complished intensive of the average | ent period (QTR h quarters of 4% increase since talization is metric applies OP programs in ears to have necesse is driven that patients can ance and tral communities. | QTR-1 01/01/2021- 03/31/2021 | Number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD (such as specialized outpatient SUD therapy or other clinical services) during the measurement period |

| ☑ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1 | The number of be SUD during the results between the third of 29% since the successful transit treatment provide (AARTC) within but rising number Institutes of Ment provide a more rof care. During the behavioral health combined effects experiencing. Lastly, the CMS with a primary SU providers are relayounger clients. in any of the first the quarter. QTR 4 – An und inpatient services number of benefit | measureme and fourth beginning ion of the ers into Ad the Medic of individual Disease obust continued the pandem needs; an of the publication of the publication with the pandem of the publication with the pandem of the publication of the publication with the diagram of the publication of the publication with the diagram of the publication of | nt period (n quarters of of the year first group ult Accred aid system luals acces (IMD), ac nuum of cr ic the state increase in lic health of ssis. HSD e SUD as recalculate nostic field otal of 712 luring the | QTR 4 DY2, but of non-Medited Resides. The upwasing expanded as part are for peope has seen ris inpatient semergency of the primary of this metricles, utilization beneficiaris measurement. | 2 2020) drop showed an observed the dicaid adult rential Treatment trend also ded coverage of Centennialle who need dising levels obtays is a reflect and the SUD to include obtays to include obtays is a reflect and the SUD | pped by 5% overall increase year reflects the esidential ent Centers o includes a small for SUD in al Care 2.0 to this highest level f urgent ection of the crisis the state is nly individuals Mexico articularly for SUD diagnosis 1.0% higher for lential and/or e average of | QTR-1 01/01/2021- 03/31/2021 | Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period |
|---|--|---|--|--|--|--|------------------------------------|---|
| | | | | DY2 (2020) | | | | |
| | | Q1 | Q2 | Q3 | Q4 | | | |
| | | 553 | 592 | 748 | 712 | | | |
| ☐ The state has no metrics trends to report for this rer | orting tonic | | 7% | 26% | -5% | | | |
| ☐ The state has no metrics trends to report for this rep ☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1 | | period (Q' | ΓR 4 DY2 | 2020) drop | ped by 10% | | QTR-1 01/01/2021- 03/31/2021 | Number of beneficiari who use withdrawal management services |

beginning of the year. These are very small numbers and slight quarter to

(such as outpatient,

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|--|---|---|--|
| ☐ The state has no metrics trends to report for this rep | quarter shifts result in large percentage changes, but the overall rising trend is very positive. The provider network for withdrawal management services reports persistent difficulty retaining medical staff sufficient to maintain services, an unfortunately common challenge in NM. In response to the public health emergency, HSD has allowed behavioral health providers to offer most behavioral health services using telehealth, telephonic and e-visit delivery systems to ensure safe access to health care. Withdrawal management services are not all amenable to telehealth type delivery of care, and further, tracking withdrawal management services in New Mexico relies on providers to enter additional tracking codes that have no reimbursement attached. The increase in utilization despite these challenges is a measure of rising need for behavioral health services during the pandemic. QTR 4 - A total of 146 beneficiaries used withdrawal management services during the measurement period. The average number of beneficiaries for the fourth quarter was 45 per month. Metric 11 DY2 (2020) | | inpatient, or residential) during the measurement period |

| Prompt | | | State re | • | | | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|---|--|--|--|---|--|--|---|---|
| ☑ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1 | The number of benefineasurement period and fourth quarters of the same at 1%. SUI essentially flat trend. The state has identification buprenorphine who at this situation in the compact of the fourth quarter. | (QTR 4 of DY2; D is a keemay undied a largare not a coming y icated to measure | DY2 2020 the change by behavior derrepresen ge number octively preservear. | from the beal health isset the extent of providers scribing and beneficial. The average | I by 2% be ginning of sue for the so of need for secretified to will be wo | etween the third the year is about state and this r MAT services. o provide orking to address | QTR-1 01/01/2021- 03/31/2021 | Number of beneficiaries who have a claim for MAT for SUD during the measurement period |
| | | | Metric 12 [| OY2 (2020) | | | | |
| | | Q1 | Q2 | Q3 | Q4 | | | |
| | 1 | 13,180 | 13,143 | 13,235 | 13,000 | | | |
| ☐ The state has no metrics trends to report for this rep | orting tonic | | 0% | 1% | -2% | | | |
| ☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1 | orong topic. | | | | | | Annual- 01/01/2020- 12/31/2020 | The average length of stay for beneficiaries discharged from IMD inpatient or residential |

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|--|-----------------------|---|----------------------------|
| 2.2.2 Implementation Update | | | |
| Compared to the demonstration design and operational details, the state expects to make the following changes to: i) Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management) ii) SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs | | | |
| ☐ The state has no implementation update to report for | this reporting topic. | | |
| ☐ The state expects to make other program changes that may affect metrics related to Milestone 1 | | | |
| ☐ The state has no implementation update to report for | this reporting topic. | | |

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|--|------------------------------|---|----------------------------|
| 3.2 Use of Evidence-based, SUD-specific Patient Plac 3.2.1 Metric Trends | ement Criteria (Milestone 2) | | |
| | | | |
| ☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2 | | | |
| ☐ The state has no trends to report for this reporting top | pic. | | |
| ☐ The state is not reporting metrics related to Milestone | e 2. | | |
| 3.2.2 Implementation Update | | | |
| Compared to the demonstration design and operational details, the state expects to make the following changes to: i) Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria | | | |
| ☐ ii) Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings | | | |
| ☐ The state has no implementation update to report for | this reporting topic. | | |
| ☐ The state expects to make other program changes that may affect metrics related to Milestone 2 | | | |

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

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|---|--|---|---|
| ☐ The state expects to make other program changes that may affect metrics related to Milestone 3 | | | |
| ☐ The state has no implementation update to report for | this reporting topic. | | |
| ☐ The state is not reporting metrics related to Milestone | 23. | | |
| | Care including for Medication Assisted Treatment for OUD (Milestone 4) | | |
| 5.2.1 Metric Trends | | | |
| ☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4 | | Annual- 01/01/2020- 12/31/2020 | The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period |
| □ The state has no trends to report for this reporting top | pic. | | |
| ☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4 ☐ The state has no trends to report for this reporting top | | Annual- 01/01/2020- 12/31/2020 | The number of providers who were enrolled in Medicaid and qualified to deliver SUD services during the measurement period and who meet the standards to provide buprenorphine or methadone as part of MAT |

| Prompt 5.2.2 Involves the date | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|--|-----------------------|---|----------------------------|
| 5.2.2 Implementation Update | | | |
| Compared to the demonstration design and | | | |
| operational details, the state expects to make the | | | |
| following changes to: | | | |
| ☐ Planned activities to assess the availability of | | | |
| providers enrolled in Medicaid and accepting new | | | |
| patients in across the continuum of SUD care | | | |
| ☐ The state has no implementation update to report for | this reporting topic. | | |
| ☐ The state expects to make other program changes | | | |
| that may affect metrics related to Milestone 4 | | | |
| ☐ The state has no implementation update to report for | this reporting topic. | | |

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

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

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

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

| Prompt 7.2 Improved Care Coordination and Transitions between Level 7.2.1 Metric Trends | State response els of Care (Milestone 6) | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|---|---|--|--|
| ☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6 | | Annual- 01/01/2020- 12/31/2020 | Percentage of ED visits for beneficiaries who have a principal diagnosis of AOD abuse or dependence and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported: - Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total |
| | | | days) Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). |

| Prompt ☐ The state has no implementation update to report for | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|--|----------------|---|---|
| ☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6 ☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6 | | Annual- 01/01/2020- 12/31/2020 | Percentage of ED visits for beneficiaries who have a principal diagnosis of mental illness and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported: - Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days) Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) |

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

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

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

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|--|-----------------------|---|----------------------------|
| ☐ The state has no implementation update to report for | this reporting topic. | | |

| D 4 | State warman | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y | Related metric |
|-------------------------------|----------------|---|----------------|
| Prompt | State response | YYY) | (if any) |
| 9.2 Other SUD-Related Metrics | | | |
| 9.2.1 Metric Trends | | | |

 \square The state has no trends to report for this reporting topic.

| ☑ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent | The total number of ED measurement period (Q7 | TR 4 DY2 | 2 2020 |) declined | 13% bety | ween the third and | QTR-1 01/01/2021- | Total number of ED visits for SUD per 1,000 |
|--|--|--------------|----------------|-------------|-------------------|-----------------------|----------------------|---|
| related to other SUD-related metrics | fourth quarters of DY2, utilization was driven do | | | | | er 1,000. Overall, | 03/31/2021 | beneficiaries in the measurement period. |
| | Since the start of Centen | nnial Care | 2 0 in | 2019 the | state has | exnanded access to | | • |
| | both inpatient and outpareveal both the extent of | itient SUD |) servi | ces. The v | volatility i | n this measure may | | |
| | state's work to encourag | ge use of to | elehea | lth for mo | st behavio | oral health services. | | |
| | However, as with other in understood without cons | | | | | | | |
| | quarter most likely reflective state's population regard | | | | uncertain | ty among the | | |
| | The trend for this metric | | - | | sina Madi | and annullment un | | |
| | over 70,000 during the c | course of 2 | 2020. | Significan | | | | |
| | downward pressure on c | calculation | of thi | is metric. | | | | |
| | Note: The denominator, beneficiaries enrolled ea | | | | | | | |
| | number of Emergency D measurement period. | | | | | | | |
| | • | c | | | 100 l £. | alania da ala | | |
| | QTR 4- Total number of measurement period. | Č | | • | | | | |
| | Denominator: 751,973 | Numerato | or: 9,2 | 01 Stays/ | 1,000: 12. | 13 | | |
| | | | - | OY2 (2020) | | | | |
| | | | Q2 | Q3 | Q4 | | | |
| | 14 | | 13.2 -8% | 13.94 6% | 12.13 -13% | | | |
| | | | J / U | 0,0 | 1070 | | | |

| \boxtimes The state reports the following metric trends, |
|--|
| including all changes (+ or -) greater than 2 percent |
| related to other SUD-related metrics |
| |

The total number of inpatient stays related to SUD per 1,000 beneficiaries in the measurement period (QTR 4 DY2 2020) **decreased 15%** between the third and fourth quarters of DY2, dropping from 6.5 per 1,000 to **5.5 per 1,000**. Overall, utilization decreased by 11% from the start of the year.

This trend of individuals accessing inpatient services partially mirrors metric 10 above; as part of Centennial Care 2.0, New Mexico expanded coverage for SUD in Institutes of Mental Disease (IMD) to provide a more robust continuum of care for people who need this highest level of care. During the pandemic the state has seen rising levels of urgent behavioral health needs. In this context, the fourth quarter drop is worrisome because despite rising need for care, the decline most likely reflects persistent concern and uncertainty among the state's population regarding any inpatient care, as well as temporary COVID-related limits on client numbers and/or closures of some agencies and facilities.

However, the trend for this metric also reflects the state's rising Medicaid enrollment, up over 70,000 during the course of 2020. Significant enrollment increases are a downward pressure on calculation of this metric.

Note: The denominator, or total beneficiaries, is the unduplicated number of beneficiaries enrolled each quarter. The numerator is the total unduplicated number of inpatient discharges related to a SUD stay during the measurement period.

QTR 4 - Total number of inpatient stays per 1,000 beneficiaries in the measurement period.

Denominator: **771,877** Numerator: **4,280** Stays/1,000: **5.5**

| DY2 (2020) | | | | | |
|------------|------|------|------|--|--|
| Q1 | Q2 | Q3 | Q4 | | |
| 6.24 | 6.16 | 6.55 | 5.54 | | |
| | -1% | 6% | -15% | | |

QTR-1 01/01/2021-03/31/2021

Total number of inpatient stays per 1,000 beneficiaries in the measurement period.

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|---|----------------|---|--|
| ☐ The state has no trends to report for this reporting topic | c. | | |
| ☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics | | Annual- 01/01/2020- 12/31/2020 | The rate of all-cause readmissions during the measurement period among beneficiaries with SUD. |
| ☐ The state has no trends to report for this reporting topic | c. | | |

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) | |
|---|----------------|---|--|--|
| ☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics | | QTR-1 01/01/2021- 03/31/2021 | Number of overdose deaths during the measurement period among Medicaid beneficiaries living in a geographic area covered by the demonstration. States are encouraged to report the cause of overdose death as specifically as possible (for example, prescription vs. illicit opioid). | |
| ☐ The state has no trends to report for this reporting topic. | | | | |

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

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|--|--|---|---|
| 10.2 Budget Neutrality 10.2.1 Current status and analysis | | | |
| If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date. | The expenditures of substance use disorder (SUD) are included in the historical program data that was used to develop the overall budget neutrality. The quarterly waiver budget monitoring continues to show that all Medicaid eligibility groups (MEG) remain in compliance with the budget neutrality conditions. The substance use disorder/institution for mental diseases (SUD/IMD), a subset, is subject to a hypothetical test for budget neutrality monitoring. As described in the STCs, this includes comparing the actual capitation PMPMs for SUD/IMD members to the expenditure caps defined for each demonstration year (DY). The SUD/IMD budget neutrality monitoring continues to show that SUD/IMD remains in compliance with the budget neutrality requirement. | QTR-1 01/01/2021 - 03/31/2021 | STC 100 -Hypothetical Test 3 for SUD/IMD |
| 10.2.2 Implementation Update | | | |
| ☐ The state expects to make other program changes that may affect budget neutrality | | | |
| ☐ The state has no implementation update to report for | this reporting topic. | | |

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|--|----------------------|---|----------------------------|
| 11.1 SUD-Related Demonstration Operations and Po | licy | | |
| 11.1.1 Considerations | | | |
| ☐ States should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail. | | | |
| ☐ The state has no related considerations to report for t | his reporting topic. | | |
| 11.1.2 Implementation Update | | | |
| Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) ☐ ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) ☐ iii) Partners involved in service delivery | | | |

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|--|--|---|----------------------------|
| ☐ The state has no implementation update to report for | this reporting topic. | | |
| ☐ The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities | | | |
| ☐ The state has no implementation update to report for | this reporting topic. | | |
| ☐ The state is working on other initiatives related to SUD or OUD | | | |
| ☐ The state has no implementation update to report for | this reporting topic. | | |
| ☐ The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration) | | | |
| ☐ The state has no implementation update to report for | this reporting topic. | | |
| 12. SUD Demonstration Evaluation Update | | | |
| 12.1. Narrative Information | | | |
| ⊠ Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details. | New Mexico's implementation plan has been approved by CMS. New Mexico is in the process of updating an Independent evaluator to complete the evaluation work requirements and is on track with the current timeline. | QTR-1 01/01/2021 - 03/31/2021 | |
| ☐ The state has no SUD demonstration evaluation update. | ate to report for this reporting topic. | | |

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

| Prompt | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) | | |
|---|----------------|---|----------------------------|--|--|
| Compared to the demonstration design and | | | | | |
| operational details, the state expects to make the following changes to: | | | | | |
| ☐ i) The schedule for completing and submitting | | | | | |
| monitoring reports | | | | | |
| ☐ ii) The content or completeness of submitted reports and/or future reports | | | | | |
| 1 | | | | | |
| ☐ The state has no updates on general requirements to report for this reporting topic. | | | | | |
| ☐ The state identified real or anticipated issues | | | | | |
| submitting timely post-approval demonstration | | | | | |
| deliverables, including a plan for remediation | | | | | |
| ☑ The state has no updates on general requirements to report for this reporting topic. | | | | | |
| 13.1.2 Post-Award Public Forum | | | | | |
| ☐ If applicable within the timing of the | | | | | |
| demonstration, provide a summary of the annual post- | | | | | |
| award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or | | | | | |
| issues. A summary of the post-award public forum | | | | | |
| must be included here for the period during which the | | | | | |
| forum was held and in the annual report. | | | | | |
| ⊠ No post-award public forum was held during this reporting period and this is not an annual report, so the state has no post-award public forum update to report for this topic. | | | | | |

| Prompt 14.1 Notable State Achievements and/or Innovations | State response | Measureme nt period first reported (MM/DD/Y YYY - MM/DD/Y YYY) | Related metric (if any) |
|---|--|---|----------------------------|
| 14.1 Narrative Information | | | |
| ☑ 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. ☐ The state has no notable achievements or innovation | New Mexico's continuum of SUD services and its implementation plan also includes and will be monitored for continued achievements in: - Treatment of co-occurring mental health conditions with a primary diagnosis of SUD; - A focus on the integration of SUD screening in physical health provider locations; - The introduction of behavioral health counselors in primary care agencies, and primary care practitioners in behavioral health agencies; and - Interdisciplinary teaming with the Medicaid beneficiary and his/her natural supports to treat not only the person with the SUD, but also the family or natural support system. | QTR-1 01/01/2021 - 03/31/2021 | |

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

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