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	Centennial Care 2.0
Approval period for section 1115 demonstration	1/01/2019 – 12/31/2024
SUD demonstration start date[a]	*Automatically populated with the start date for the section 1115 SUD demonstration or SUD component if part of a broader demonstration 01/01/2019*
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	*Automatically populated with the SUD demonstration implementation date*
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	*Automatically populated with the summary of the SUD (or if broader demonstration, then SUD- related) demonstration goals and objectives.*
SUD demonstration year and quarter	SUD DY6 Q2
Reporting period	4/01/2024 – 06/30/2024

[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.

In the first quarter of Demonstration Year 6 (DY6), New Mexico (NM) experienced a notable turnaround, with most substance use disorder (SUD) metrics showing increases ranging from 3.2% to 19.8%. This shift contrasts sharply with the previous quarter's downward trends. Metrics that demonstrated improvements include #3, #6, #8, #9, #10, #11, #12, #17(1), #23, and #24. Notably, Metric #3, which tracks the number of MCO members with a SUD diagnosis and related services, and Metric #6, indicating the number of members receiving any SUD treatment during the measurement period, both reported increases of 3.9% and 5.6%, respectively.

Metrics #8 through #12, which are specific to various service types for the first quarter of 2024, also show positive changes. Metric #8, representing all outpatient services, increased by 1,120 discrete services, reflecting a 7.6% rise. Metric #9, representing intensive outpatient, day treatment, and partial hospitalization services, saw an increase of 181 services, or 15.5%. Metric #10, residential and inpatient services, reported 47 additional stays, marking an 8.2% rise. Metric #11, withdrawal management, had 59 more instances, showing a 10.1% increase. Finally, Metric #12, indicating medication-assisted treatment (MAT), was provided 311 more times, resulting in a 3.2% increase.

Annual metrics for the calendar year 2023, including Metrics #17(1), reflect improvements. Additionally, Metrics #23 and #24, which track Emergency Department (ED) visits and inpatient (IP) stays per 1,000 members with a SUD diagnosis, increased to 3.06 ED visits and 2.2 Inpatient discharges per 1,000 members, representing increases of 10.1% and 10%, respectively. Metric #17(1) indicates that 21.2% of members with an alcohol or other drug (AOD) diagnosis had a follow-up visit within 7 days, and 33.6% had a follow-up within 31 days, both of which increased by 8.5% and 13.4%, respectively. For mental health ED visits, 36.3% were followed up within 7 days, and 51.5% within 31 days, with both metrics rising by 2%.

Two metrics showed a decline. Metric #7, which tracks early intervention services such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), decreased by 10.2%, or 76 fewer claims, and Metric #22, measuring the percentage of adults with pharmacotherapy for opioid use disorder (OUD) who had at least 180 days of continuous treatment, fell from 17.9% in 2022 to 14.35% in 2023, a decrease of 19.8%.

The Behavioral Health Services Division (BHSD) remains dedicated to collaborating with providers to enhance critical services, which help prevent the need for residential or inpatient services and reduce emergency department visits. The observed rise in various outpatient services compared to ED and IP visits suggests these efforts have a positive impact. BHSD continues to refine policies, billing procedures, and provider enrollment processes to ease administrative burdens for both providers and the division.

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

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	**Assessment of need and qualification for SUD services**			
1.1	**Metric trends**			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.		**Metric #3**: Number of MCO members with a SUD dx and a SUD-related service during the measurement period and/or in the 11 months before the measurement period.	**Metric #3:** There was a 3.9% increase between DY5 Q4 and DY6 Q1 due to a few contributing factors. There continues to be a decline in the Medicaid full benefit beneficiary population due to the Public Health Emergency (PHE) unwinding; the discontinuation of the federal protection for Medicaid eligibility, allowed during the COVID-19 pandemic.
1.2	**Implementation update**			
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.a The target population(s) of the demonstration	X		
	1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2	The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.	X		

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

2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.		**Metric #6:** Number of MCO members enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period.	**Metric # 6:** There was a 5.6% increase from DY5 Q4, reflecting a positive trend in the provision of SUD treatment. The increase can be attributed to several factors. Despite the ongoing decline in the Medicaid full-benefit population due to the end of the Public Health Emergency (PHE), which removed federal protections for Medicaid eligibility during the COVID-19 pandemic, efforts by Managed Care Organizations (MCOs) have remained robust. MCOs are focused on case management for individuals with SUD, leveraging quality metrics related to Emergency Department (ED) and inpatient admissions to ensure timely follow-up care through appropriate community providers.
			Metric #7: Number of MCO members who used early intervention services (such as SBIRT) during the measurement period.	**Metric #7:** The expansion of Screening, Brief Intervention, and Referral to Treatment (SBIRT) training beginning in December 2023 and continuing through 2025. As the ongoing trainings continue into 2024, we are expecting increases in screening to occur, however there is still work ongoing to bring providers up to speed on screening practices to be certified within the New Mexico Medicaid program. The decline in SBIRT program is likely due to start of the SBIRT trainings occurring in late 2023, which would have impacted the Q1 results for 2024. Although the results did experience a decline, there is an expectation to see increases over time as these providers are trained and certified to screen for substance use while offering appropriate referrals to Medicaid beneficiaries.
			Metric #8: Number of members who used OP services for SUD during the measurement period.	**Metric #8:** There was a 7.6% increase in outpatient services from DY5 Q4 to DY6 Q1. This improvement is attributed to the successful re-enrollment of eligible Medicaid beneficiaries and an increased focus on services for substance use disorders (SUD). The rise in outpatient service

			utilization underscores the effectiveness of recent efforts to enhance access and support for individuals with SUD.
		Metric # 9: Number of members who used intensive outpatient, partial hospitalization, or day treatment during the measurement period.	**Metric #9:** There was a 15.5% increase in IOP services from DY5 Q4 to DY6 Q1. The increase observed in IOP utilization quarter-to-quarter can be contributed to continued growth in IOP specialty providers. In the prior quarter, seven new IOP providers were enrolled and began services in DY5 Q1 and an additional six providers were added in the first months of 2024. The state also developed a streamlined application process and continues to encourage agencies to add this service. Finally, the MCOs increased training on specific screening tools for SUD along with a primary care approach to address those with a substance use disorder.
		Metric #10: Number of MCO members who use residential and/or inpatient services for SUD during the measurement period.	**Metric #10:** There was an 8.2% increase in inpatient and residential stays from DY5 Q4 to DY6 Q1, representing 47 additional beneficiaries compared to the prior quarter. While this increase is approaching double digits, it is important to note that the relatively small denominator means the percentage can fluctuate significantly based on the number of stays during the report period. Despite this increase, the focus remains on community-based treatment through outpatient programs. MCOs are actively working to reduce inpatient stays, with strategies including early discharge planning and incentives to ensure timely and appropriate follow-up care.
		Metric #11: Number of MCO members who use withdrawal management services (such as outpatient,	**Metric #11:** There was a 10.1% increase in Withdrawal Management from DY5 Q4 to DY6 Q1, representing 59 additional beneficiaries compared to the prior quarter. While this increase is approaching double digits, it is important to note the relatively small denominator means the percentage can fluctuate significantly based on the number of beneficiaries receiving Withdrawal Management quarter-to-

		inpatient, or residential) during the measurement period	quarter. Additionally, a factor that contributed to the increase is continuous education of Emergency Departments (ED) and hospitals on Withdrawal Management which is occurring through a vendor, NM Bridge. NM Bridge has contracted with four additional hospitals and is set to begin implementing additional training starting October 1, 2024.
		Metric #12: Number of members who had a claim for MAT during the quarter.	**Metric #12:** There was a 3.2% increase in the number of members with claims for Medication Assisted Treatment (MAT) from DY5 Q4 to DY6 Q1. This increase reflects the effectiveness of several key initiatives aimed at improving MAT access and delivery. Notably, the New Mexico Bridge Program is instrumental in identifying local outpatient (OP) programs capable of providing MAT, particularly for patients inducted in emergency departments (ED) or inpatient settings. Additionally, the state has made significant strides in streamlining the application process for enrolling new MAT providers into the Medicaid program, further expanding treatment availability. A major development during this period was the approval of a State Plan Amendment (SPA), which allows Opioid Treatment Programs (OTPs) to obtain provisional Medicaid enrollment. This provisional status enables OTPs to begin rendering services while awaiting CARF certification, thus facilitating the entry of new, potentially financially constrained OTPs into the Medicaid network.
		Metric #22 Percentage of adults in the denominator with pharmacotherapy for OUD who	**Metric #22:** There was a 19.8% decrease in the percentage of adults with pharmacotherapy for opioid use disorder (OUD) who had at least 180 days of continuous treatment from DY4 to DY5. To address this decline and improve the continuation of Medication Assisted Treatment (MAT)

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		have at least 180 days of continuous treatment	pharmacotherapy, the state has implemented several key strategies. One major initiative is increased training of Certified Peer Support Workers (CPSWs), The use of CPSWs has demonstrated effectiveness in enhancing MAT continuity across various settings. The Statewide Opioid Response (SOR) grant further supports this effort by offering incentives to Emergency Departments and related inpatient and outpatient service providers for hiring clinical supervisors and CPSWs. This funding aims to boost engagement activities and ensure comprehensive support throughout the continuum of care. Additionally, the Health Homes program, with members who have substance use disorders (SUD), is emphasizing group and peer support to sustain MAT services. These concerted efforts are designed to improve treatment adherence and support ongoing MAT engagement.
2.2 Implementation update			

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:		X		
	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)			
	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	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.			The New Mexico Health Care Authority (HCA) implemented Turquoise Care: a waiver renewal recently approved by CMS, effective July 1, 2024, through December 31, 2029. The waiver renewal introduces several significant enhancements to Medicaid coverage. Notably, it will extend coverage for 90 days prior to release from incarceration, ensuring continuous medication and treatment services for individuals with substance use disorders (SUD) upon reentry into the community. Additionally, Turquoise Care will support short-term medical recovery housing and integrate nutrition and food as a component of medical care. The state is currently developing implementation plans, which are expected to lead to new programming and improved support services for beneficiaries.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)**			
3.1	**Metric trends**			
3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X		
3.2.	**Implementation update**			
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		
	3.2.1.b Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	X		
3.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	**Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)**				
4.1	**Metric trends**				
4.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3. Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.		X		
4.2	**Implementation update**				
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:		X		
	4.2.1.a	Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
	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		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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	**Metric #23:** There was a 10.1% increase in Emergency Department (ED) visits per 1,000 beneficiaries from DY5 Q4 to DY6 Q1, rising to 3.06 visits per 1,000 members. The increase is likely associated with the rise in beneficiaries with a substance use disorder (SUD) diagnosis, as indicated by Metric #3. Managed Care Organizations (MCOs) are actively working with hospital EDs to identify their members upon admission for a SUD and ensure follow-up care within appropriate timeframes, ranging from 7 to 34 days. Each MCO is held accountable for reducing ED admissions through quality metrics. Further, the expansion of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program aims to identify individuals with SUD earlier, facilitating timely referrals to outpatient treatment and potentially reducing future ED visits. The state is also enhancing crisis services to include mobile crisis units and crisis triage centers and preparing for the rollout of Certified Community Behavioral Health Clinics (CCBHCs), which are expected to alleviate pressure on emergency departments. MCOs and Health Homes will continue to focus on care coordination, including providing transportation and remote services, to offer alternatives to emergency department visits.
5.2	**Implementation update**			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.			
6.2	**Implementation update**			
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
	6.2.1.b Expansion of coverage for and access to naloxone			Distribution of Naloxone with instructions for its use is part of The Bridge program's implementation process. The Naloxone is provided at no cost to the hospital as part of the program or through the New Mexico Department of Health (DOH).
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	**Metric # 17(1):** % of ED visits for MCO members who have a principal dx of AOD abuse or dependence and who had a follow-up visit with a corresponding principal diagnosis for AOD in 15 days and in 31 days.	**Metric #17(1):** In 2023, there was a notable 13.4% increase in the percentage of beneficiaries with a diagnosis of Alcohol and Other Drugs (AOD) who received a follow-up visit within 7 days, rising to 21.2% from 12.7% in 2022. Additionally, there was an 8.5% increase in follow-up visits within 30 days, with 33.6% of beneficiaries receiving such visits compared to 20.2% in 2022. These improvements reflect enhanced performance in transitioning individuals with AOD diagnoses from Emergency Department visits to outpatient care for continued treatment. Managed Care Organizations (MCOs) are required to implement quality interventions and metrics to ensure timely follow-up. They utilize care coordinators, case managers, and transition of care teams to support members and report their interventions and improvements annually based on HEDIS data. Further support is provided through the deployment of Certified Peer Support Workers (CPSWs) in hospitals, funded through the State Opioid Response (SOR) grant. This initiative addresses workforce challenges and supports engagement with patients entering the ED for AOD issues. The combination of MCO interventions and CPSW support is aimed at improving the continuity of care and treatment outcomes for beneficiaries.
7.2	**Implementation update**			

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

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.f	The timeline for achieving health IT implementation milestones	X		
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**			

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		**Metric #24:** Total number of inpatient stays per 1,000 MCO members in the measurement period	**Metric #24:** There was a 10% increase in the number of inpatient stays per 1,000 Managed Care Organization (MCO) members from DY5 Q4 to DY6 Q1, rising from 1.98 stays per 1,000 members to 2.2 stays per 1,000 members. This increase underscores the need for effective strategies to manage and reduce inpatient admissions for substance use disorder (SUD). In response to this trend, the state continuously works closely with MCOs on quality metrics aimed at improving care coordination and reducing unnecessary inpatient stays. MCOs are required to collaborate with inpatient providers to develop discharge plans as soon as an admission occurs. They conduct daily rounds to monitor admissions, collaborate with Care Coordination and Transition of Care teams, and ensure that members are referred to appropriate outpatient treatment services, such as intensive outpatient programs (IOP), to mitigate further inpatient admissions. Additionally, MCOs are mandated to report on their care coordination efforts and interventions through quality metrics and quarterly meetings. These efforts are focused on early intervention and increasing access to outpatient treatment to prevent unnecessary inpatient stays and enhance overall treatment outcomes.
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.	X	
11.2	**Implementation update**		
11.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
	11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
	11.2.1.c Partners involved in service delivery	X	

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.	X	
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.	X	

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

Note: Licensee and states must prominently display the following notice on any display of Measure rates:
Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.
The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a "HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Adjusted, Uncertified, Unaudited HEDIS rates."