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

	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
SUD (or if broader	beneficiaries with OUD or other SUDs.
demonstration, then SUD -	
related) demonstration goals and objectives	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.

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

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD S	ervices	-	-
1.2.1 Metric Trends □ 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.	 The number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period (QTR 2 DY2 2020) rose by 56% from the first quarter of DY2. Some of that increase is due to more people accessing services, both as a result of increasing need and an increase in Medicaid enrollment due to the economic effects of the COVID-19 public health emergency. However, the change is primarily driven by improved data collection. For this metric, the most significant change has been the addition of all appropriate state-specific codes. QTR 2 - A total of 229,066 beneficiaries with a SUD diagnosis sought SUD-related service during the measurement period. The average number of beneficiaries for the second quarter was 76,355 per month. 	QTR-2 04/01/2020- 06/30/2020	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
 □ 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. ⊠ The state has no metrics trends to report for this report for this report. 		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

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

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:			
that qualify a beneficiary for the demonstration			
\boxtimes 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			
\boxtimes The state has no implementation update to report for			
2.2 Access to Critical Levels of Care for OUD and ot	her SUDs (Milestone 1)		
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 beneficiaries enrolled during the measurement period (QTR 2 DY2 2020) and receiving any SUD treatment service, facility claim, or pharmacy claim decreased by 5% from the first quarter of DY2. SUD is a key behavioral health issue for New Mexico, and the state continues to work to streamline cross-agency collaboration, strengthen the behavioral health provider network and improve access. Data collection protocol for this metric remains unchanged from the first quarter, but will be included in updates for the third quarter; improvements to the protocol will almost certainly result in higher numbers for this metric. QTR 2 - A total of 138,372 beneficiaries enrolled in the measurement period	QTR-2 04/01/2020- 06/30/2020	Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the
	received any SUD treatment service, facility claim, or pharmacy claim during the measurement period. The average number of beneficiaries for the second quarter is 46,124 per month.		measurement period

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
\Box The state has no metrics trends to report for this rep	orting topic.		
⊠ 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 early intervention services during the measurement period (QTR 2 DY2 2020) saw a decrease of 5% from the first quarter of DY2. This slight decline follows several quarters of increases and occurs in the context of continued growth in the number of providers offering this service, leading to the conclusion that the COVID-19 public health emergency is the likely driver of the decrease. QTR 2- A total of 1,930 beneficiaries used early intervention services during the measurement period. The average number of beneficiaries for the second quarter is 643 per month.	QTR-2 04/01/2020- 06/30/2020	Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period
\Box The state has no metrics trends to report for this rep	orting topic.		
☑ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1 □ The state has no metrics trends to report for this rep	The number of beneficiaries who used outpatient services for SUD during the measurement period (QTR 2 DY2 2020) increased by 5% from the first quarter of DY2. This increase, occurring even in the context of the public health emergency, reveals both the extent of the SUD crisis in New Mexico and the success of the state's work to encourage use of telehealth for most behavioral health services. QTR 2- A total of 26,131 beneficiaries used outpatient services for SUD during the measurement period. The average number of beneficiaries for the second quarter is 8,710 per month	QTR-2 04/01/2020- 06/30/2020	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

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Prompt ⊠ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	State response The number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD during the measurement period (QTR 2 DY2 2020) saw a 48.5% increase between the first and second quarters of DY2. Some of that increase is due to more people accessing services, but the change is largely driven by improved data collection. For this metric, the most significant change has been the addition of all appropriate provider sites. QTR 2 - A total of 17,079 unique beneficiaries used intensive outpatient services for SUD during the measurement period. The average number of unique beneficiaries for the second quarter are 5,693 per month.	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY) QTR-2 04/01/2020- 06/30/2020	Related metric (if any) 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
\Box The state has no metrics trends to report for this repo	rting topic.		period
Image: State has no incures uclus to report for this report ☐ 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 residential and/or inpatient services for SUD during the measurement period (QTR 2 DY2 2020) saw an increase of 13% . Some of that increase is due to more people accessing services as new residential treatment providers joined the Medicaid program, and to an increase in Medicaid enrollment due to the economic effects of the COVID-19 public health emergency. But for this metric as for others, much of the change is driven by improved data collection. For this metric, the most significant change has been the addition of all appropriate state-specific codes. QTR 2- A total of 3,154 beneficiaries used residential and/or inpatient services for SUD during the measurement period. The average of number of beneficiaries for the second quarter is 1,051 per month.	QTR-2 04/01/2020- 06/30/2020	Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
\Box The state has no metrics trends to report for this rep	orting topic.		
⊠ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	The number of beneficiaries who use withdrawal management services during the measurement period (QTR 2 DY2 2020) decreased by 48% from first quarter of DY2. The provider network for withdrawal management services has been particularly challenged by the public health emergency because this set of services does not readily fit into a telehealth delivery model. In addition, tracking withdrawal management utilization in New Mexico is based on non- revenue producing HCPCS codes, and some providers may not be using these codes to accurately capture services. The state plans to engage in provider education to try to remedy this underreporting, and we may need to address data collection for this metric as well. QTR 2- A total of 41 beneficiaries used withdrawal management services during the measurement period. The average number of beneficiaries for the second quarter was 14 per month.	QTR-2 04/01/2020- 06/30/2020	Number of beneficiaries who use withdrawal management services (such as outpatient, inpatient, or residential) during the measurement period
\Box The state has no metrics trends to report for this rep	orting topic.		
⊠ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	The number of beneficiaries who had a claim for MAT for SUD during the measurement period (QTR 2 DY2 2020) appears to have increased by 207% from the first quarter to the second. Some of the change may be driven by increased utilization, but there is most likely a data validation issue here that BHSD was unable to identify before this report's deadline. We will continue working on this metric. QTR 2- A total of 396,308 beneficiaries had a claim for MAT for SUD during the measurement period. The average number of beneficiaries for the second quarter is 132,103 per month.	QTR-2 04/01/2020- 06/30/2020	Number of beneficiaries who have a claim for MAT for SUD during the measurement period

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
□ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		Annual- 01/01/2020- 12/31/2020	The average length of stay for beneficiaries discharged from IMD inpatient or residential treatment for SUD during the measurement period
\boxtimes The state has no metrics trends to report for this report	ting topic.		
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 t	this reporting tonic		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)	
☐ 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.			
3.2 Use of Evidence-based, SUD-specific Patient Plac	eement Criteria (Milestone 2)			
3.2.1 Metric Trends				
□ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2				
\boxtimes The state has no trends to report for this reporting to	pic.			
\boxtimes The state is not reporting metrics related to Mileston				
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				

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
\boxtimes 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			
\boxtimes The state has no implementation update to report for	this reporting topic.		
\boxtimes The state is not reporting metrics related to Milestone	e 2.		
4.2 Use of Nationally Recognized SUD-specific Progr	am Standards to Set Provider Qualifications for Residential Treatment Facil	ities (Milestone 3)	
4.2.1 Metric Trends			
□ 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	pic.		
\boxtimes 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 tonic		

State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
r this reporting topic.		
ne 3.		
f Care including for Medication Assisted Treatment for OUD (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
	this reporting topic. e 3.	period first reported (MM/DD/YYYY- MM/DD/YYYY) • this reporting topic. • e 3. f Care including for Medication Assisted Treatment for OUD (Milestone 4) Annual- 01/01/2020- 12/31/2020 12/31/2020

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
□ 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 and who meet the standards to provide buprenorphine or methadone as part of MAT
\boxtimes The state has no trends to report for this reporting top	pic.		
5.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to:			
\boxtimes 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			
\boxtimes The state has no implementation update to report for	this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (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
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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
			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 dependence, (3)
			Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.

Prompt	State response	period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
□ 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 age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis or in hospice are excluded.

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
□ 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 age 18 and older with concurrent use of prescription opioids and benzodiazepine. Patients with a cancer diagnosis or in hospice are excluded.
\boxtimes The state has no trends to report for this reporting top	vic.		
□ 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 pharmacotherap y for OUD who have at least 180 days of continuous treatment.
☐ The state has no trends to report for this reporting top	ic.		continuous

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
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	this reporting topic.		
□ The state expects to make other program changes that may affect metrics related to Milestone 5			
\Box The state has no implementation update to report for	this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
7.2 Improved Care Coordination and Transitions be	tween Levels of Care (Milestone 6)		
7.2.1 Metric Trends			

□ 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	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
\Box The state has no implementation update to report for the state has no implementation update to report has no implementation update to	his reporting topic.		

□ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6 ■ Interstate the state has no trends to report for this reporting topic. ■ The state has no trends to report for this reporting topic. 7.2.2 Implementation Update	01/01/2020- 12/31/2020	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 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)
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Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
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	this reporting topic.		
□ The state expects to make other program changes that may affect metrics related to Milestone 6			
\boxtimes The state has no implementation update to report for t			
8.2 SUD Health Information Technology (Health IT) 8.2.1 Metric Trends			
□ 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	Percentage of providers checking PDMP by provider type (number of PDMP users, number of checks)

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	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 trained on pain management through Project ECHO and number of training sessions held.
\boxtimes 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 related to its Health IT metrics		Annual- 01/01/2020- 12/31/2020	Number of providers and resources managed in provider/resourc e directory; accuracy of information; frequency of information update

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	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 clinicians with list of community resources that individuals can be referred to in an e-directory; tracking MAT with counseling and behavioral therapies to treat SUD and prevent opioid overdose
\square The state has no trends to report for this reporting top	pic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	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: 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 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			
\boxtimes 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			
\boxtimes The state has no implementation update to report for	this reporting topic.		

Prompt 9.2 Other SUD-Related Metrics	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
9.2.1 Metric Trends			
⊠ 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 ED visits for SUD per 1,000 beneficiaries in the measurement period (QTR 2 DY2 2020) dropped 20% between the first and second quarters of DY2, from 16 stays/1,000 to 13.3 stays/1,000. The primary driver of this decrease is most likely the COVID-19 public health emergency, during which many New Mexicans have been unwilling and/or unable to go to hospitals. Some of those people have been able to access needed services through outpatient providers – see the increase in metric 8, above – and may have begun to establish more sustainable paths to care. Note: The denominator, or total beneficiaries, is the average number of beneficiaries per month for each quarter. The numerator is the total number of inpatient discharges related to a SUD stay during the measurement period. QTR 2- Total number of inpatient stays per 1,000 beneficiaries in the measurement period. Denominator: 701,438 Numerator: 9,337 Stays/1,000: 13.3	QTR-2 04/01/2020- 06/30/2020	Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period.
\Box The state has no trends to report for this reporting to	pic.	-	

State response	period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
The total number of inpatient stays related to SUD per 1,000 beneficiaries in the measurement period (QTR 2 DY2 2020) increased by 11% , from 6.6 stays/1,000 in the first quarter to 7.3 stays/1,000. As with the metric for ER use, the primary driver of this increase is most likely the COVID-19 public health emergency, but for very different reasons. Many people have experienced unsteady access to outpatient services, and as a result the emergency has increased the frequency and intensity of behavioral health crises for many people, leading to an increase in utilization at the highest level of care. Note: The denominator, or total beneficiaries, is the average number of beneficiaries per month for each quarter. The numerator is the total number of inpatient discharges related to a SUD stay during the measurement period. QTR 2 - Total number of inpatient stays per 1,000 beneficiaries in the measurement period. Denominator: 701,438 Numerator: 5,153 Stays/1,000: 7.3	QTR-2 04/01/2020- 06/30/2020	Total number of inpatient stays per 1,000 beneficiaries in the measurement period.
opic.		
	Annual- 01/01/2020- 12/31/2020	The rate of all- cause readmissions during the measurement period among beneficiaries with SUD.
	 The total number of inpatient stays related to SUD per 1,000 beneficiaries in the measurement period (QTR 2 DY2 2020) increased by 11%, from 6.6 stays/1,000 in the first quarter to 7.3 stays/1,000. As with the metric for ER use, the primary driver of this increase is most likely the COVID-19 public health emergency, but for very different reasons. Many people have experienced unsteady access to outpatient services, and as a result the emergency has increased the frequency and intensity of behavioral health crises for many people, leading to an increase in utilization at the highest level of care. Note: The denominator, or total beneficiaries, is the average number of beneficiaries per month for each quarter. The numerator is the total number of inpatient discharges related to a SUD stay during the measurement period. QTR 2 - Total number of inpatient stays per 1,000 beneficiaries in the measurement period. 	State response QTR-2 MM/DD/YYYY MM/DD/YYYY) The total number of inpatient stays related to SUD per 1,000 beneficiaries in the measurement period (QTR 2 DY2 2020) increased by 11%, from 6.6 stays/1,000 in the first quarter to 7.3 stays/1,000. As with the metric for ER use, the primary driver of this increase is most likely the COVID-19 public health emergency, but for very different reasons. Many people have experienced unsteady access to outpatient services, and as a result the emergency has increased the frequency and intensity of behavioral health crises for many people, leading to an increase in utilization at the highest level of care. QTR-2 04/01/2020- 06/30/2020 Note: The denominator, or total beneficiaries, is the average number of beneficiaries per month for each quarter. The numerator is the total number of inpatient discharges related to a SUD stay during the measurement period. QTR 2 - Total number of inpatient stays per 1,000 beneficiaries in the measurement period. Denominator: 701,438 Numerator: 5,153 Stays/1,000: 7.3 topic. Annual- 01/01/2020- 12/31/2020

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	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	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).
\boxtimes The state has no trends to report for this reporting top	pic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	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).
\square 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 ☑ The state has no trends to report for this reporting top 		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.

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
9.2.2 Implementation Update			
□ The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
\boxtimes The state has no implementation update to report for	this reporting topic.		
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 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 compliance with the budget neutrality requirement.	QTR 2- 04/1/2020 – 06/30/2020	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.	1	

PromptState responseMM/DD/YYY)(if any)11.1 SUD-Related Demonstration Operations and Policy11.1 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	State response MM/DD/YYYY) (if any)
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	
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	
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 this reporting topic.	
11.1.2 Implementation Update	
Compared to the demonstration design and operational details, the state expects to make the following changes to: Image: the state expects to make the following changes to: Image: the state expects to make the Image: the state expects to make the Image: the state expects to make the i) How the delivery system operates under the demonstration (e.g. through the managed care Image: the state expects to make the Image: the state expects to make the ii) Delivery models affecting demonstration iii) Delivery models affecting demonstrations, Image: the state expects to the service delivery Image: the state has no implementation update to report for this reporting topic.	

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ 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			
\boxtimes The state has no implementation update to report for	this reporting topic.		
□ The state is working on other initiatives related to SUD or OUD			
\boxtimes 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)			
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 procuring an Independent evaluator to complete the evaluation work requirements and is on track with the current timeline.	01/01/2020- 03/31/2020	
\Box The state has no SUD demonstration evaluation updates \Box	te to report for this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	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	
\Box The state has no SUD demonstration evaluation upda	te 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	te 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			
I The state has no updates on general requirements to r	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 a	report for this reporting topic.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
Compared to the demonstration design and			
operational details, the state expects to make the following changes to:			
\square i) The schedule for completing and submitting			
monitoring reports			
\Box ii) The content or completeness of submitted			
reports and/or future reports			
I The state has no updates on general requirements to r	eport for this reporting topic.		
\Box 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 r	eport for this reporting topic.		
13.1.2 Post-Award Public Forum			
\Box 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 repo	orting period and this is not an annual report, so the state has no post-award public	forum update to report	rt for this topic.

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
14.1 Notable State Achievements and/or Innovations			
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.	 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. 	01/01/2020- 03/31/2020	

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