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 Q4 report includes **new unduplicated counts** for all 2020 quarters.

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

<table>
<tr><th>Prompt</th><th>State response</th><th>Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)</th><th>Related metric (if any)</th></tr>
<tr><td colspan="4">1.2 Assessment of Need and Qualification for SUD Services</td></tr>
<tr><td colspan="4">1.2.1 Metric Trends</td></tr>
<tr><td>☒ 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.</td><td>The number of beneficiaries with a SUD diagnosis and a SUD-related service during the measurement period (QTR 4 DY2 2020) dropped by 4% from the third quarter of DY2, a total of only 1% from the beginning of the year. In response to the public health emergency related to COVID-19, 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. This change in policy has helped maintain access, though given the scope of the SUD crisis in New Mexico, the numbers would almost certainly have been higher had the pandemic not occurred. Like most of the country, New Mexico experienced a significant rise in COVID 19 cases between October and December, 2020, and the drop in the fourth quarter most likely reflects rising concern among the state’s population.

QTR 4- An unduplicated total of 31,082 beneficiaries with a SUD diagnosis sought SUD-related service during the measurement period. The average number of beneficiaries for the fourth quarter was 21,059 per month.

<table>
<tr><th colspan="4">Metric 3 DY2 (2020)</th></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>31,439</td><td>30,525</td><td>32,247</td><td>31,082</td></tr>
<tr><td></td><td>-3%</td><td>6%</td><td>-4%</td></tr>
</table>
</td><td>QTR-4
10/01/2020-
12/30/2020</td><td>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</td></tr>
</table>

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 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 reporting 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 ☐ ii) 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 this reporting topic.			

<table>
<tr><th>Prompt</th><th>State response</th><th>Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)</th><th>Related metric (if any)</th></tr>
<tr><td colspan="4">2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</td></tr>
<tr><td colspan="4">2.2.1 Metric Trends</td></tr>
<tr><td>☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</td><td>The number of beneficiaries enrolled during the measurement period (QTR 4 DY2 2020) and receiving any SUD treatment service, facility claim, or pharmacy claim declined by 4% from the third quarter of DY2, a total of only 1% from the beginning of the year. In response to the public health emergency related to COVID-19, 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. This change in policy has helped maintain access, though given the scope of the SUD crisis in New Mexico, the numbers would almost certainly have been higher had the pandemic not occurred. Like most of the country, New Mexico experienced a significant rise in COVID 19 cases between October and December, 2020, and the drop in the fourth quarter most likely reflects rising concern among the state’s population.

QTR 4 - An unduplicated total of 30,923 beneficiaries enrolled in the measurement period received any SUD treatment service, facility claim, or pharmacy claim during the measurement period. The average number of beneficiaries for the fourth quarter is 20,971 per month.

<table>
<tr><th colspan="4">Metric 6 DY2 (2020)</th></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>31,326</td><td>30,406</td><td>32,091</td><td>30,923</td></tr>
<tr><td></td><td>-3%</td><td>6%</td><td>-4%</td></tr>
</table>
</td><td>QTR-4
10/01/2020-
12/30/2020</td><td>Number of beneficiaries enrolled in the measurement period receiving any SUD treatment service, facility claim, or pharmacy claim during the measurement period</td></tr>
<tr><td colspan="4">☐ The state has no metrics trends to report for this reporting topic.</td></tr>
</table>

<table>
<tr><th>Prompt</th><th>State response</th><th>Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)</th><th>Related metric (if any)</th></tr>
<tr><td>☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</td><td>The number of beneficiaries who used early intervention services during the measurement period (QTR 4 DY2 2020) decreased by 20% from the third quarter of DY2 – which still represents an 11% decrease since the beginning of the year. This metric had seen a steady upward trend, with the exception of the second quarter when services dropped due to the impact of the COVID public health emergency. The primary driver of the upward trend was the addition of SBIRT to the state's Medicaid program, effective 1/1/19, followed by expanded outreach to providers and state-sponsored provider trainings around the state. 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. SBIRT continues to be a significant way to connect New Mexicans with needed behavioral health services during the public health emergency, and the numbers would almost certainly have been higher had the pandemic not occurred.

QTR 4 - A total of 1,897 beneficiaries used early intervention services during the measurement period. The average number of beneficiaries for the fourth quarter is 691 per month.

<table><tr><th colspan="4">Metric 7 DY2 (2020)</th></tr><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>2,138</td><td>1,832</td><td>2,373</td><td>1,897</td></tr><tr><td></td><td>-14%</td><td>30%</td><td>-20%</td></tr></table></td><td>QTR-4
10/01/2020-
12/30/2020</td><td>Number of beneficiaries who used early intervention services (such as procedure codes associated with SBIRT) during the measurement period</td></tr>
<tr><td colspan="4">☐ The state has no metrics trends to report for this reporting topic.</td></tr>
</table>

<table>
<tr><th>Prompt</th><th>State response</th><th>Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)</th><th>Related metric (if any)</th></tr>
<tr><td>☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</td><td>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 17,280 beneficiaries used outpatient services for SUD during the measurement period. The average number of beneficiaries for the fourth quarter is 10,084 per month.

<table><tr><th colspan="4">Metric 8 DY2 (2020)</th></tr><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>17,259</td><td>16,324</td><td>17,536</td><td>17,280</td></tr><tr><td></td><td>-5%</td><td>7%</td><td>-1%</td></tr></table></td><td>QTR-4
10/01/2020-
12/30/2020</td><td>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</td></tr>
<tr><td colspan="4">☐ The state has no metrics trends to report for this reporting topic.</td></tr>
</table>

<table>
<tr><th>Prompt</th><th>State response</th><th>Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)</th><th>Related metric (if any)</th></tr>
<tr><td>☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</td><td>The number of unique beneficiaries who used intensive outpatient and/or partial hospitalization services for SUD during the measurement period (QTR 4 DY2 2020) saw minimal change between the third and fourth quarters of DY2. However, utilization in the fourth quarter represents a 5% increase since the beginning of the year. There were no active Partial Hospitalization Programs (PHP) in NM during the measurement period, so this metric applies only to Intensive Outpatient Program (IOP). The number of IOP programs in NM doubled during 2019, and while growth in utilization appears to have slowed during 2020 due to the pandemic, the year over year increase is driven by IOP providers who have worked particularly hard to ensure that patients can get care through phone and video which has increased compliance and participation. With the video ability, IOP is expanding to rural communities.

QTR 4 - A total of 1,210 unique beneficiaries used intensive outpatient services for SUD during the measurement period. The average number of unique beneficiaries for the fourth quarter is 765 per month.

<table><tr><th colspan="4">Metric 9 DY2 (2020)</th></tr><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>1,150</td><td>1,148</td><td>1,200</td><td>1,210</td></tr><tr><td></td><td>0%</td><td>4.5%</td><td>1%</td></tr></table></td><td>QTR-4
10/01/2020-
12/30/2020</td><td>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</td></tr>
<tr><td colspan="4">☐ The state has no metrics trends to report for this reporting topic.</td></tr>
</table>

<table>
<tr>
<td>☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</td>
<td>The number of beneficiaries who used residential and/or inpatient services for SUD during the measurement period (QTR 4 DY2 2020) dropped by 13% between the third and fourth quarters of DY2, but showed an overall increase of 17% since the beginning of the year. The increase over the year reflects the successful transition of the first group of non-Medicaid adult residential treatment providers into Adult Accredited Residential Treatment Centers (AARTC) within the Medicaid system. The upward trend also includes a small but rising number of individuals accessing expanded coverage for SUD in Institutes of Mental Disease (IMD), added as part of Centennial Care 2.0 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; an increase in inpatient stays is a reflection of the combined effects of the public health emergency and the SUD crisis the state is experiencing.

Lastly, the CMS instructions call for this measure to include only individuals with a primary SUD diagnosis. HSD is aware that many New Mexico providers are reluctant to use SUD as the primary diagnosis, particularly for younger clients. When we recalculated this metric allowing a SUD diagnosis in any of the first three diagnostic fields, utilization averaged 15% higher for the year.

QTR 4 – An unduplicated total of 648 beneficiaries used residential and/or inpatient services for SUD during the measurement period. The average of number of beneficiaries for the fourth quarter is 221 per month.

<table>
<tr><th colspan="4">Metric 10 DY2 (2020)</th></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>553</td><td>592</td><td>748</td><td>648</td></tr>
<tr><td></td><td>7%</td><td>26%</td><td>-13%</td></tr>
</table>
</td>
<td>QTR-4
10/01/2020-
12/30/2020</td>
<td>Number of beneficiaries who use residential and/or inpatient services for SUD during the measurement period</td>
</tr>
<tr>
<td colspan="4">☐ The state has no metrics trends to report for this reporting topic.</td>
</tr>
<tr>
<td>☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</td>
<td>The number of beneficiaries who used withdrawal management services during the measurement period (QTR 4 DY2 2020) dropped by 15% between the third and fourth quarters of DY2, but still increased by 22% from the beginning of the year. These are very small numbers and slight quarter to</td>
<td>QTR-4
10/01/2020-
12/30/2020</td>
<td>Number of beneficiaries who use withdrawal management services (such as outpatient,</td>
</tr>
</table>

<table>
<tr><th>Prompt</th><th>State response</th><th>Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)</th><th>Related metric (if any)</th></tr>
<tr><td></td><td>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 138 beneficiaries used withdrawal management services during the measurement period. The average number of beneficiaries for the fourth quarter was 46 per month.

<table>
<tr><th colspan="4">Metric 11 DY2 (2020)</th></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>113</td><td>111</td><td>162</td><td>138</td></tr>
<tr><td></td><td>-2%</td><td>46%</td><td>-15%</td></tr>
</table>
</td><td></td><td>inpatient, or residential) during the measurement period</td></tr>
<tr><td colspan="4">☐ The state has no metrics trends to report for this reporting topic.</td></tr>
</table>

<table>
<tr><th>Prompt</th><th>State response</th><th>Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)</th><th>Related metric (if any)</th></tr>
<tr><td>☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</td><td>The number of beneficiaries who had a claim for MAT for SUD during the measurement period (QTR 4 DY2 2020) decreased by 2% between the third and fourth quarters of DY2; the change from the beginning of the year is the same 2%. SUD is a key behavioral health issue for the state and this essentially flat trend may underrepresent the extent of need for MAT services. The state has identified a large number of providers certified to provide buprenorphine who are not actively prescribing and will be working to address this situation in the coming year.

QTR 4 – An unduplicated total of 12,981 beneficiaries had a claim for MAT for SUD during the measurement period. The average number of beneficiaries for the fourth quarter is 10,779 per month.

<table><tr><th colspan="4">Metric 12 DY2 (2020)</th></tr><tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr><tr><td>13,180</td><td>13,143</td><td>13,235</td><td>12,981</td></tr><tr><td></td><td>0%</td><td>1%</td><td>-2%</td></tr></table></td><td>QTR-4 10/01/2020-12/30/2020</td><td>Number of beneficiaries who have a claim for MAT for SUD during the measurement period</td></tr>
<tr><td colspan="4">☐ The state has no metrics trends to report for this reporting topic.</td></tr>
<tr><td>☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1</td><td></td><td>Annual-01/01/2020-12/31/2020</td><td>The average length of stay for beneficiaries discharged from IMD inpatient or residential treatment for SUD during the measurement period</td></tr>
<tr><td colspan="4">☒ The state has no metrics trends to report for this reporting topic.</td></tr>
</table>

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	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	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
3.2 Use of Evidence-based, SUD-specific Patient Placement 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			
☒ The state has no trends to report for this reporting topic.			
☒ The state is not reporting metrics related to Milestone 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	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☒ The state has no implementation update to report for this reporting topic.			
☒ The state is not reporting metrics related to Milestone 2.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (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			
☒ The state has no trends to report for this reporting topic.			
☒ The state is not reporting metrics related to Milestone 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	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 3			
☒ The state has no implementation update to report for this reporting topic.			
☒ The state is not reporting metrics related to Milestone 3.			
5.2 Sufficient Provider Capacity at Critical Levels of 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 topic.			
☐ 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**
☒ The state has no trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	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.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
6.2 Implementation of Comprehensive Treatment and 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 dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or**

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (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-01/01/2020-12/31/2020	**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.**
☒ 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 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.**

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☒ 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 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 topic.			
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			
☐ 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 between 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)
☐ The state has no implementation update to report for this reporting topic.			
☐ 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)**
☒ The state has no trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
7.2.2 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)			
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)**
☒ 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 trained on pain management through Project ECHO and number of training sessions held.**

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☒ 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/resource directory; accuracy of information; frequency of information update**
☒ 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 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**
☒ The state has no trends to report for this reporting topic.			

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			
☒ 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	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☒ 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)
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			

<table>
<tr>
<td>☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics</td>
<td>The total number of ED visits for SUD per 1,000 beneficiaries in the measurement period (QTR 4 DY2 2020) declined 13% between the third and fourth quarters of DY2, down from 13.9 per 1,000 to 12.1 per 1,000. Overall, utilization was driven down 16% from the start of the year.

Since the start of Centennial Care 2.0 in 2019, the state has expanded access to both inpatient and outpatient SUD services. The volatility in this measure may reveal 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. However, as with other measures, the trend for this metric cannot be fully understood without considering the COVID 19 context. The drop in the fourth quarter most likely reflects persistent concern and uncertainty among the state's population regarding any hospital visits.

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: 751,973 Numerator: 9,201 Stays/1,000: 12.13
<table>
<tr><th colspan="4">Metric 23 DY2 (2020)</th></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>14.41</td><td>13.2</td><td>13.94</td><td>12.13</td></tr>
<tr><td></td><td>-8%</td><td>6%</td><td>-13%</td></tr>
</table>
</td>
<td>QTR-4
10/01/2020-
12/30/2020</td>
<td>Total number of ED visits for SUD per 1,000 beneficiaries in the measurement period.</td>
</tr>
<tr>
<td colspan="4">☐ The state has no trends to report for this reporting topic.</td>
</tr>
</table>

<table>
<tr>
<td>☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics</td>
<td>The total number of inpatient stays related to SUD per 1,000 beneficiaries in the measurement period (QTR 4 DY2 2020) decreased 16% between the third and fourth quarters of DY2, dropping from 7.5 per 1,000 to 5.5 per 1,000. Overall, utilization decreased by 12% 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: 758,657 Numerator: 4,167 Stays/1,000: 5.5

<table>
<tr><th colspan="4">DY2 (2020)</th></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>6.24</td><td>6.16</td><td>6.55</td><td>5.47</td></tr>
<tr><td></td><td>-1%</td><td>6%</td><td>-16%</td></tr>
</table>
</td>
<td>QTR-4
10/01/2020-
12/30/2020</td>
<td>Total number of inpatient stays per 1,000 beneficiaries in the measurement period.</td>
</tr>
</table>

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ 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 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.			

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).
☒ The state has no trends 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 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 topic.			
☐ 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.
☒ The state has no trends to report for this reporting topic.			
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	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	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 4 - 10/1/2020 – 12/31/2020	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.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
11.1 SUD-Related Demonstration Operations and Policy			
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 this reporting topic.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes: ☐ 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	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	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 4 - 10/1/2020 – 12/31/2020	
☐ The state has no SUD demonstration evaluation update 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	
☐ The state has no SUD demonstration evaluation update 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 update 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	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: ☐ i) The schedule for completing and submitting monitoring reports ☐ ii) The content or completeness of submitted reports and/or future reports			
☒ 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	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.	QTR 4 - 10/1/2020 – 12/31/2020	
☐ The state has no notable achievements or innovations to report for this reporting topic.			

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