



NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

**STRATEGIC VISION & OPERATIONAL EFFICIENCIES (SVOE)
Year 3 Quarter 1 Initiative Updates**

October 2023

Executive Summary



- 1. Shorter-term Initiative Progress:** (1) Critical Time Intervention (CTI) continues to serve 230-240 clients per month and the A&M team has transitioned its remaining analytics support to the DHHS data team. (2) The team has submitted a draft amendment for a Community Reentry Program to CMS in partnership with the Department of Corrections and is shifting focus to drafting the implementation plan.
- 2. Longer-term Initiative Progress:** (3) The Developmental Disabilities (DD) Waiver Redesign initiative has established a claims monitoring dashboard to measure progress following the Direct Bill Go-live and has drafted initial timelines for further implementation efforts across FY24-25. (4) The MES Modernization initiative continues to make progress across multiple modules that comprise the overarching MMIS modernization and is focused on decreasing lead-times related to preparations for the RFP process.
- 3. Contract Renewal Extension SFY 24 and 25:** Initiative teams have refreshed timelines and milestones for FY 24-25, with a focus in more detail around the current year against which this update will continue to measure progress.

Initiative Update – Overview (CTI)

Status	Indicator
A&M has transitioned operational and data support to the DHHS team.	●
Highlights	
<ol style="list-style-type: none"> 240 active clients and 118 CTI graduates as of the end of July 2023, with referrals coming from all DRFs and NHH. A&M has transitioned all data analytics to a post implementation process, leveraging DHHS’s data analytics team. August and September data was aggregated solely from Phoenix by DHHS staff, with support from A&M to ensure an effective process for data validation. 	

Current Priorities																																									
Quality	DHHS and PSU to address questions arising from CMHCs and NHH/DRFs, ensuring consistency with the design. A&M support transitioned to ad hoc.																																								
Operations	DHHS continuing to partner with Plymouth State University team for operational support. A&M support transitioned to ad hoc.																																								
Data	DHHS team continuing transition from multiple (Finance, Process, Performance) dashboards to one, managed by DHHS’s data team.																																								
Performance Snapshot (Active Clients by Month)																																									
<table border="1"> <caption>Active Clients by Month</caption> <thead> <tr> <th>Month</th> <th>Active Clients</th> </tr> </thead> <tbody> <tr><td>Jan-22</td><td>10</td></tr> <tr><td>Feb-22</td><td>20</td></tr> <tr><td>Mar-22</td><td>30</td></tr> <tr><td>Apr-22</td><td>45</td></tr> <tr><td>May-22</td><td>55</td></tr> <tr><td>Jun-22</td><td>60</td></tr> <tr><td>Jul-22</td><td>80</td></tr> <tr><td>Aug-22</td><td>125</td></tr> <tr><td>Sep-22</td><td>155</td></tr> <tr><td>Oct-22</td><td>190</td></tr> <tr><td>Nov-22</td><td>200</td></tr> <tr><td>Dec-22</td><td>200</td></tr> <tr><td>Jan-23</td><td>205</td></tr> <tr><td>Feb-23</td><td>220</td></tr> <tr><td>Mar-23</td><td>240</td></tr> <tr><td>Apr-23</td><td>250</td></tr> <tr><td>May-23</td><td>250</td></tr> <tr><td>Jun-23</td><td>240</td></tr> <tr><td>Jul-23</td><td>240</td></tr> </tbody> </table>		Month	Active Clients	Jan-22	10	Feb-22	20	Mar-22	30	Apr-22	45	May-22	55	Jun-22	60	Jul-22	80	Aug-22	125	Sep-22	155	Oct-22	190	Nov-22	200	Dec-22	200	Jan-23	205	Feb-23	220	Mar-23	240	Apr-23	250	May-23	250	Jun-23	240	Jul-23	240
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Initiative Update – Timeline (CTI)

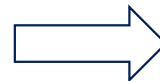
Key	
	= Milestone
	= Key Milestone

SVOE Year 2				SVOE Year 3
Q1 (July – Sept)	Q2 (Oct – Dec)	Q3 (Jan – Mar)	Q4 (Apr – June)	Q1 (July – Sept)



Year 3, Q1 Progress

- ✓ Transitioned **data analysis** to the DHHS quality team
- ✓ Supported DHHS in identifying the most beneficial array of data points to be reported in Phoenix
- ✓ Fully transitioned operational support of CTI to the DHHS team

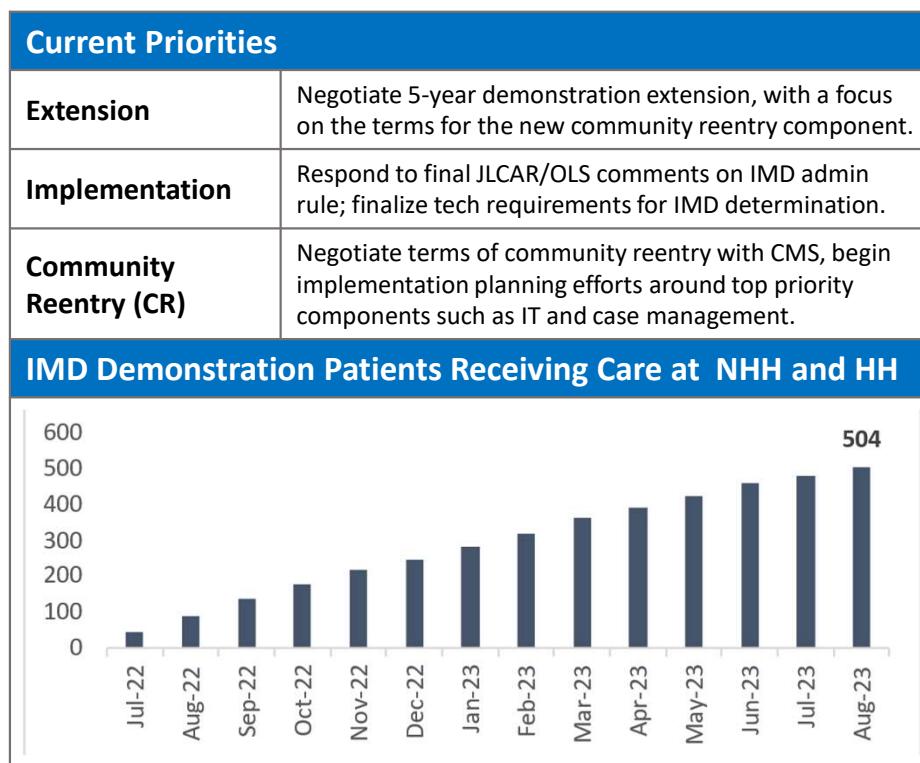


Year 3 Going Forward

- ☐ Provide *ad hoc* consultative support and advisory as requested around long-term reimbursement strategies and potential expansion of the program.

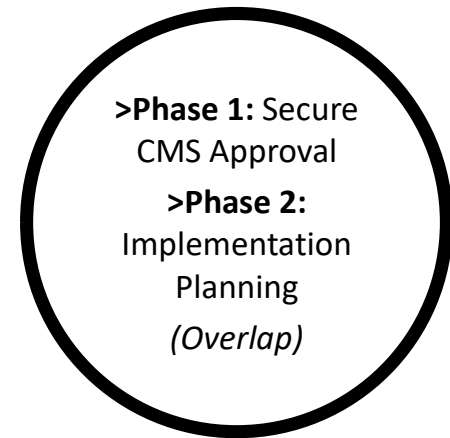
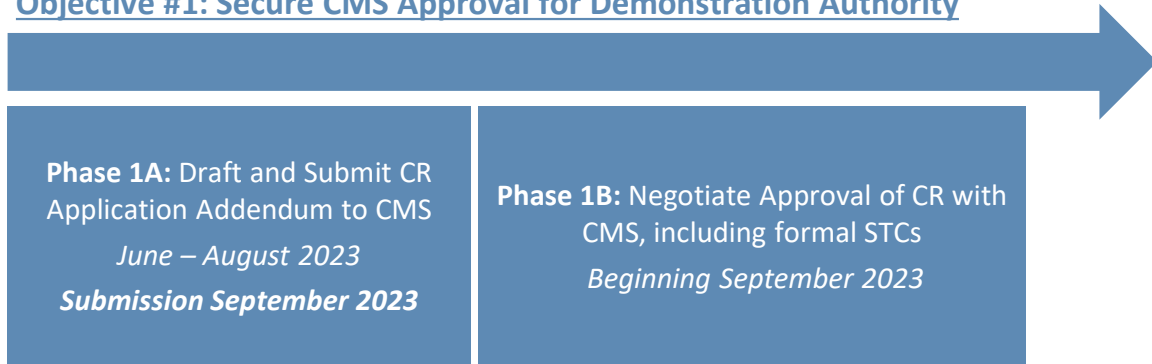
Initiative Update – Overview (IMD/CRE)

Status	Indicator
The workstream is focused on negotiating terms for a full 5-year demonstration extension. The primary area under discussion with CMS is the newly proposed community reentry component.	●
Highlights	
<ol style="list-style-type: none"> NH submitted an addendum to the demonstration extension request on September 14, 2023. This addendum clarified specifics of the newly proposed community reentry program. NH has launched phase two of the community reentry initiative: implementation planning. This effort involves cross agency DOC-DHHS workgroups focused on key priorities. NH submitted an updated annual Provider Availability Assessment Template (PAAT) to CMS on September 28, 2023. The PAAT measures NH’s behavioral health resources. 	

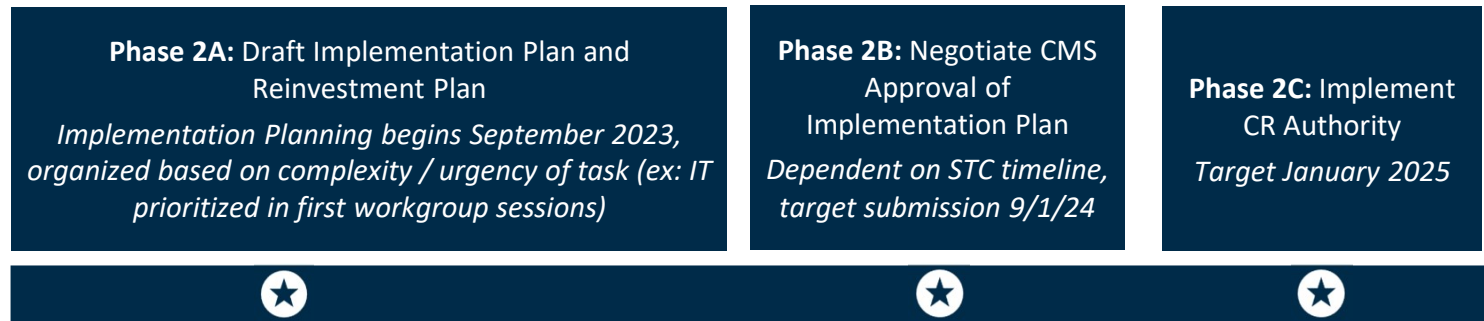


Initiative Update – Overview of CRE Phases



Objective #1: Secure CMS Approval for Demonstration Authority

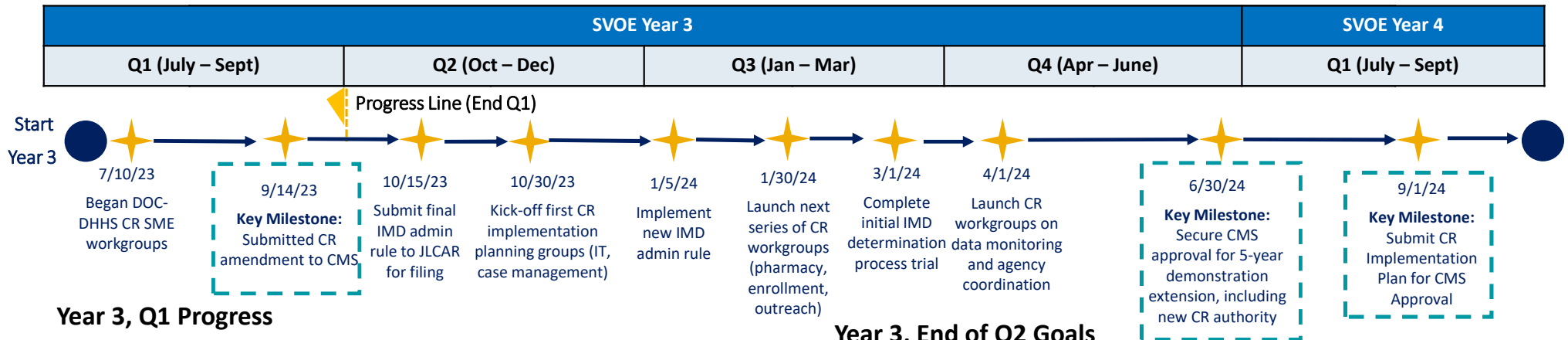


Objective #2: Plan for Demonstration Implementation



Initiative Update – Timeline (IMD/CRE)

Key	
	= Milestone
	= Key Milestone



Year 3, Q1 Progress

- ✓ Conducted DOC-DHHS SME workgroups to outline high-level current and future state systems for community reentry
- ✓ Submitted addendum to the demonstration extension request clarifying details of community reentry to align with recently released CMS guidance (9/14/2023)
- ✓ Completed updated annual Provider Availability Assessment Template (9/28/2023)
- ✓ Finished JLCAR public comment process for new IMD admin rule specifying provider requirements (9/7/2023)

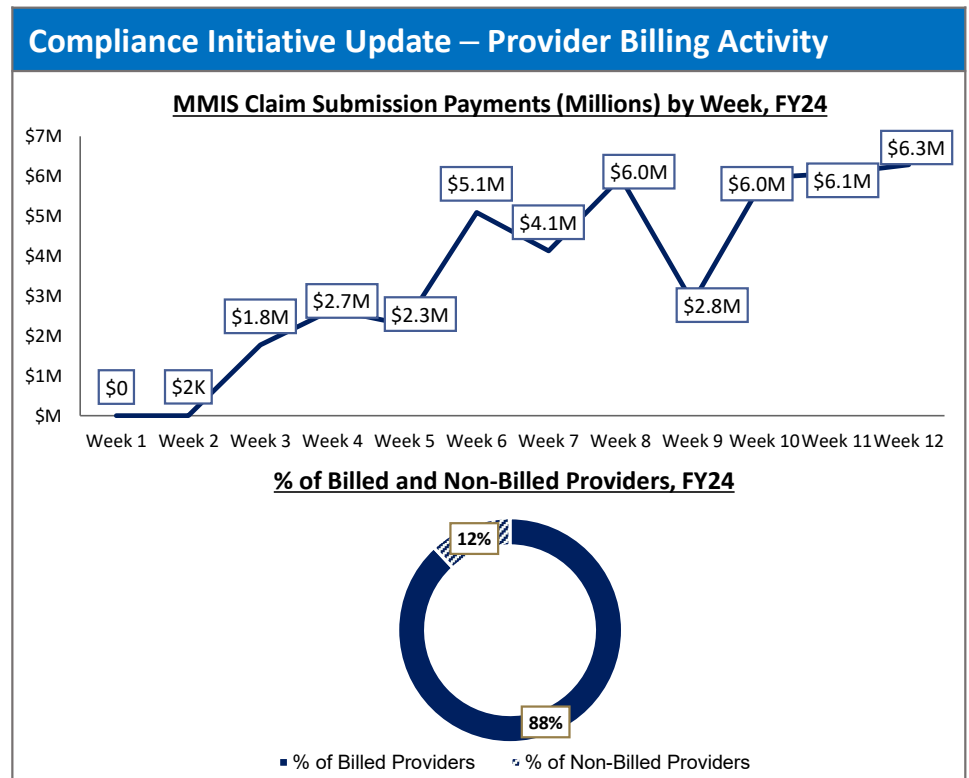


Year 3, End of Q2 Goals

- ❑ Launch first series of implementation planning workgroups around core topics of IT and case management
- ❑ Begin process of negotiating the specific terms of CR approval with CMS as part of the demonstration extension process
- ❑ Finalize changes to IMD admin rule based on OLS comments and resubmit final rule for filing with JLCAR

Initiative Update – Overview (DD Redesign)


Status	Indicator
Following a significant transition to provider direct billing, A&M supports BDS in tracking the operational status of the MMIS system through a claims monitoring dashboard.	●
Highlights	
<ol style="list-style-type: none"> Billing activity and payments have gradually increased week-over-week since Direct Bill go-live, with signs of stabilization in the past month at ~\$6M per week. This is in range of weekly billing amounts BDS has observed within recent years. As of 9/29/23, 88% of providers with active service authorizations have billed through the MMIS system. The MMIS system has processed \$43M, while an additional \$44M was paid through manual invoice payments to Area Agencies and two providers (due to a delay in the implementation of their new billing information technology system), resulting in <u>\$87M total payments.</u> 	



Initiative Update – Overview (DD Redesign)

Status Overview	
Stakeholder Engagement	<p>The Bureau of Developmental Services (BDS) has continued stakeholder engagement efforts to continue to respond to system transition support and stabilization as well as engage in the broader system change goals. Since July, BDS has continued:</p> <ul style="list-style-type: none"> • Monthly group sessions with the Advisory Committee, Communications Committee, Quality Council, Rates Work Group, and the Waiver Work Group. • Updating the website with meeting materials, notes, and recordings.
Quality and Capacity	<p>Since July, BDS transitioned focus from supporting readiness for July 1 to providing direct bill transition technical assistance to Area Agencies, service providers, and service coordination agencies.</p> <p>Specifically, BDS:</p> <ul style="list-style-type: none"> • Hosts monthly meetings with Service Coordinators and Service Providers to provide updates and progress on direct bill/post conversion. • Hosts weekly meetings with Service Coordination Supervisors to provide updates and progress on direct bill/post conversion. • Meets weekly with individual Service Coordination agencies to provide direct technical assistance with service authorizations post conversion. • BDS hosts bi-weekly Provider Office Hours to support questions and provide specific technical assistance. • Meets bi-weekly with Area Agencies to provide opportunities for BDS to give updates on direct bill and Q&A. • Completed the weekly provider readiness cohort trainings to support provider transition into direct bill.


Status





Initiative Update – Overview (DD Redesign)

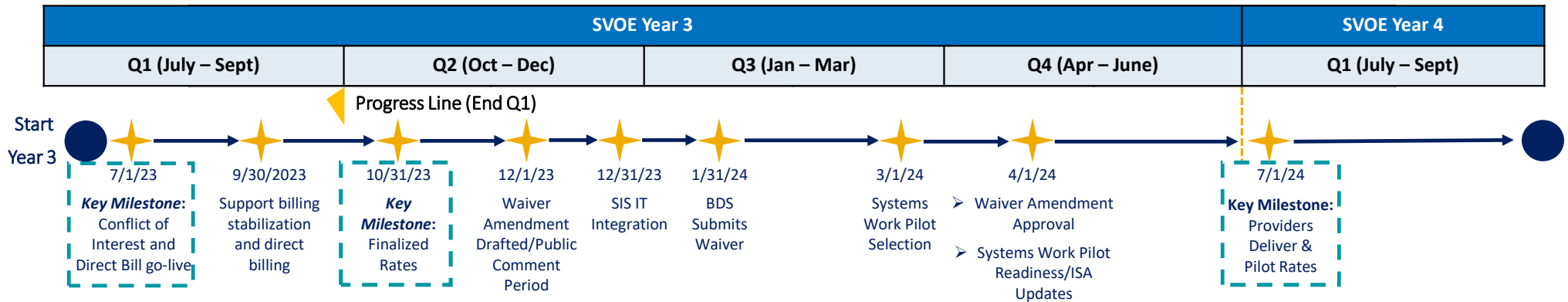
Status Overview	
Waiver Structure	Following waiver approval in September for providers direct billing and COI compliance, BDS will be drafting a substantive waiver amendment for the Developmental Disabilities Waiver in November. This amendment will be focused on authority for existing services, residential habilitation services updates/unbundling, and new reimbursement rate methodology. This amendment will be scheduled for public comment in December 2023 with final submission in January 2024. Also related to waiver structure and services, BDS has worked with stakeholders to finalize draft services that will be included in future waivers following rate finalization and testing of current waiver services.
Reimbursement Rates	BDS and Myers & Stauffer (M&S) have been working closely to develop the new service reimbursement rate methodology for existing DD waiver services. Pending decisions for the IHS and ABD waivers related to utilization of alternative assessments normed for these populations, finalization of the rates for these waivers is unlikely to occur until after the DD Waiver rates are complete. BDS has also confirmed the service rate increases associated with HB2 effective January 1, 2024.
Intensive Treatment Services (ITS)	During this quarter, BDS has continued the execution of its ITS project plan, with a primary emphasis on enhancing bed capacity, securing funding for ITS provider training, and crafting valuable resources for external stakeholders. The Request for Grant Awards (RGA) to bolster the expansion of ITS services have been submitted for consideration by the Governor and Executive Council in October. Pending approval, an estimated 114 additional beds will soon be in development. Furthermore, BDS intends to release another Request for Grant Awards (RGA) in the upcoming fall/winter of 2023, specifically geared towards supporting ITS training initiatives.
Policy	BDS has continued the rulemaking process with He-M 505 and He-M 503 moving to JLCAR. He-M 504 entered public comment in September and BDS will review feedback once it closes.

Status



Initiative Update – Timeline (DD Redesign)

Key	
	= Milestone
	= Key Milestone



Year 3, Q1 Progress

- ✓ Provided ongoing, targeted support to services providers to ensure billing stability through direct bill transition
- ✓ Intensive Treatment Services Housing and Homelessness Initiative RGA posted
- ✓ Received Waiver approval for Direct Billing and COI
- ✓ Submitted He-M 522 to JLCAR



Year 3, End of Q2 Goals

- Stakeholder engagement in rate finalization
- Finalize new service rate card
- Identify opportunities to grow and standardize PDMS
- Draft substantive waiver amendment for pilot/current services rates
- SIS Implementation
- Development and expansion ITS homes to increase capacity
- He-M 504, 503, and 505 JLCAR Finalization

Initiative Update – Overview (MES)

Status
●

Workstream	Progress	Status
Electronic Visit Verification	<ul style="list-style-type: none"> Project scope changes impacting Integration Testing delayed milestone delivery. Project launch has moved to March 2024 and communication is underway. 	●
Systems Integrator	<ul style="list-style-type: none"> Extended review period impacting delivery for RFP publishing. Mitigation underway for delayed review, DoIT is prioritizing RFP review in October. 	●
Provider Management	<ul style="list-style-type: none"> CMS funding request (APD) approved on 8/7/2023. Researching NASPO contract compliance and vendor solution updates. 	●
Pharmacy Benefits Manager	<ul style="list-style-type: none"> APD will be sent to CMS to begin the approval process in October. RFP activities will start once the APD is approved by CMS. 	●
Enterprise Business Intelligence	<ul style="list-style-type: none"> Team is making good progress developing high-level scope. APD development will start once the high-level scope is completed. 	●
Overall Process Improvement Efforts		
<p>The team completed a comprehensive process improvement study. Analysis findings and recommendations were approved by all stakeholders, and implementation is underway. Additionally, the team collaborated to develop a streamlined RFP review process that will be used going forward.</p>		