

**New Hampshire Building Capacity for Transformation
Delivery System Reform Incentive Payment (DSRIP)
Waiver**

**1115 Research and Demonstration Waiver
Project Number 11-W-00301/1**

**Amendment Request
October 26, 2018**

New Hampshire Department of Health and Human Services



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Introduction

Through the Building Capacity for Transformation, a Delivery System Reform Incentive Payment (DSRIP) program (hereinafter “DSRIP Demonstration”) 1115(a) demonstration, New Hampshire aims to greatly improve access to and the quality of behavioral health services by establishing regionally-based Integrated Delivery Networks (IDNs) that are coalitions of behavioral health and other health care and community providers working collaboratively to develop a sustainable integrated behavioral and physical health care delivery system in New Hampshire.

In New Hampshire, the demand for mental health and substance use disorder services is increasing. New Hampshire is experiencing one of the most significant public health crises in its history. The striking escalation of opiate use and opioid misuse over the last five years is impacting individuals, families, and communities throughout the state. Current provider capacity has not been well positioned to deliver the comprehensive and integrated care that can most effectively address the needs of New Hampshire residents with severe behavioral health or comorbid physical and behavioral health problems.

New Hampshire seeks to transform its behavioral health delivery system by:

- Integrating physical and behavioral health to better address the full range of beneficiaries’ needs;
- Expanding provider capacity to address behavioral health needs, inclusive of substance use disorder, in appropriate settings; and
- Reducing gaps in care during transitions through improved care coordination for individuals with behavioral health issues.

The waiver addresses these goals by:

- Enhancing and expanding existing programs;
- Creating new programs that support New Hampshire’s overall health care reform goals; and
- Coordinating new and existing programs in order to focus holistically on the needs of the people we serve.

Purpose, Goals, and Objectives

Statement of Purpose

The NH Department of Health and Human Services is seeking federal authority to amend the New Hampshire Building Capacity for Transformation 1115(a) Medicaid Demonstration Waiver (Project Number 11-W-00301/1) as follows:

- 1.) Substitute three Designated State Health Programs (DSHPs), to be effective upon the date of approval of this amendment by CMS, for the Governor's Commission on Drug & Alcohol Abuse, Prevention and Treatment and Recovery DSHP (11-W-00301/1, Attachment B, Section VII, G, page 61).
- 2.) The three DSHPs for substitution are the Peer Support Services Program, Mobile Crisis Team/Apartments Program, and Behavioral Health Crisis Treatment Center (see Attachment I).

Effect on Recipients and Public Process

Recipients will not be affected by this amendment.

The State is submitting this amendment to CMS in accordance with STCs #7 and #15 and State Notice Procedures set forth in 59 Fed. Reg. 49249 (September 27, 1994). The State, after review of the public notice process with CMS on March 26, 2018, posted a notice to solicit public input prior to the submission of this amendment request to CMS. The Department emailed the meeting information to individuals and organizations from the interested parties list that was created during the development of the initial waiver application and has been updated regularly thereafter. The meeting notice was posted on the Department's web site. The State asked for input on this amendment request from members of the state's Medical Care Advisory Committee (MCAC) and the public at large, including providers engaged in the DSRIP waiver efforts, at the April 9, 2018 public MCAC meeting. During the meeting, the Department provided a description of the amendment request and the meeting was used to seek and obtain input on the amendment request. The Department clarified that there was no impact on recipients, was to come into compliance with STCs, and provided a historical overview and update on the waiver as part of the 2017 Annual Report.

Pursuant to the provisions of the Americans with Disabilities Act, any person that required special accommodations to participate in the MCAC meeting was asked to advise the agency at least 7 days before the meeting by contacting Leslie Melby, NH Department of Health and Human Services at 603-271-9074 or leslie.melby@dhhs.nh.gov.

Goals and Objectives

The objective of this amendment is to come into compliance with Special Terms and Conditions (STC) #58 and maintain the opportunity for DSHP financing levels consistent with the demonstration waiver.

The state proposes to:

- Amend Attachment B to: 1.) modify Table A to include the three DSHPs noted above, 2.) change Section VII to list the three DSHPs noted above with an effective date of approval of this amendment, 3.) end date the Governor’s Commission on Drug & Alcohol Abuse, Prevention and Treatment and Recovery December 31, 2018 in Section VII, and 4.) add Peer Support Services as DSHP “H,” 5.) add Mobile Crisis Team/Apartments Program as DSHP “I,” and 6.) add Behavioral Health Crisis Treatment Center as DSHP “J.”
- Amend STC 58, Chart B, to include the three DSHPs noted above and end date the Governor’s Commission on Drug & Alcohol Abuse, Prevention and Treatment and Recovery December 1, 2018.

Federal Waiver and Expenditure Authorities

The State is not requesting any changes to the current waiver authorities or expenditure authorities authorized. The current approved waiver authorities and expenditure authorities are included in the Special Terms and Conditions on the Department’s web site (<https://www.dhhs.nh.gov/>) noted below: <https://www.dhhs.nh.gov/section-1115-waiver/documents/pr-2016-01-05-transformation-waiver-approval.pdf>

Historical Overview

On January 5, 2016, the Centers for Medicare and Medicaid Services (CMS) approved New Hampshire’s request for expenditure authority to operate a section 1115(a) Medicaid demonstration entitled Building Capacity for Transformation, a Delivery System Reform Incentive Payment (DSRIP) program (hereinafter “DSRIP Demonstration”). The NH DSRIP Demonstration aims to transform the way physical and behavioral health care are delivered to Medicaid beneficiaries with behavioral health disorders, and/or substance use disorders (SUDs) and/or substance misuse (hereinafter “behavioral health disorders”). Specifically, the DSRIP Demonstration will work to improve health care quality, population health, and reduce avoidable hospital use, while lowering health care costs.

Under the DSRIP Demonstration, the state makes performance-based funding available to seven regionally-based Integrated Delivery Networks (IDNs) that serve Medicaid beneficiaries with behavioral health needs. The IDNs will: (1) deliver integrated physical and behavioral health care that better addresses the full range of individuals’ needs, (2) expand capacity to address emerging and ongoing behavioral health needs in an appropriate setting, and (3) reduce gaps in care during transitions across care settings by improving coordination across providers and linking Medicaid beneficiaries with community supports. The demonstration is approved through December 31, 2020.

Through the course of the demonstration period, each IDN is required to implement six projects to address the needs of Medicaid beneficiaries with behavioral health disorders. For each project, IDNs have developed detailed plans and focused milestones. Project performance is measured by IDNs based

on milestones and metrics that track project planning, implementation progress, clinical quality and utilization indicators, and progress toward transition to Alternative Payment Models (APMs).

In the 2017 NH DSRIP Annual Report, the Department reported out the following key milestones:

- Approximately \$4.6 million has been distributed to partners to enhance direct care.
- IDNs have selected a Statewide Shared Care Plan and Event Notification Service vendor.
- 350 organizations have participated in the planning phase of the transformation.
- IDNs have engaged 63 partners to expand SUD treatment options to include MAT.
- IDNs have engaged 88 partners to integrate treatment for co-occurring disorders or enhanced care.
- IDNs will move 173 participating providers along the SAMHSA Framework of coordinated care.

Evaluation Design

The State will not be modifying the evaluation based on this amendment.

Budget Neutrality

The State is required to provide an estimate of the expected increase or decrease in annual enrollment, and in annual aggregate expenditures, including historic enrollment or budgetary data, if applicable. This includes a financial analysis of any changes to the demonstration requested by the State in its amendment request. There will be no changes in budget neutrality as a result of this amendment.

ATTACHMENT I

**DESIGNATED STATE HEALTH PROGRAMS
FOR AMENDMENT**

Agency

New Hampshire Department of Health and Human Services

State Budget Reference (unless noted)

Bureau of Mental Health Services

Program Name

Peer Support Services

Program Code

05-95-92-922010-4118

Program Description (Expand on current description to identify specific service descriptions)

Peer support agencies provide help to people with mental illness who are 18 years of age or older and who identify themselves as a recipient, a former recipient, or a person who is at significant risk of becoming a recipient of publicly funded mental health services. There are centers in each of the 10 community mental health regions in the State.

Comparable Service or Program Under Medicaid

N/A

Non-Medical Services Included

Services include, but are not limited to: face-to-face and telephone peer support; outreach; monthly educational events; activities that promote self-advocacy; wellness training; after hours warm line; crisis respite (24 hours, short term, non-medical crisis program).

Process for Identifying Cost of Non-Medical Services

N/A as no services provided by the peer support agencies are in the Medicaid State Plan.

Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)

Individuals who self-identify as having a mental illness.

Age of Eligible Individuals Covered Under this Program

Adults 18+

Number of Clients served - FFY most current*

1,924 (SFY 2017)

What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)

State Funded Block Grant

Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?

N/A

Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)

Offline vouchers

Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)

\$1,229,368 State General Funds

Most current* Expenditures (Gross: Federal/State/Local)

\$1,189,098

"Matched Amount (Federal Amount)"

No funds are currently matched.

"MOE Amount (Amount required for State to draw down Federal grant money)"

N/A

Unmatched Amount including MOE

\$1,229,368

If used as MOE, which Federal Grant

Not applicable

Source of DSHP Funding

State General Funds

Agency

New Hampshire Department of Health and Human Services

State Budget Reference (unless noted)

Bureau of Mental Health Services

Program Name

Mobile Crisis Team/Apartments Program

Program Code

05-95-92-922010-4117

Program Description (Expand on current description to identify specific service descriptions)

Mobile crisis teams consist of clinicians and peer support specialists who are available 24/7 to respond to individuals experiencing an acute mental health crisis. The programs work with community services providers to maintain individuals in their communities when possible. The programs are required to have crisis apartments available for short-term stays as needed. There are three programs in areas of the State that have the highest number of individuals who are in need of such services.

Comparable Service or Program Under Medicaid

Mental health services

Non-Medical Services Included

Staffing, crisis apartments, peer support

Process for Identifying Cost of Non-Medical Services

Non-Medicaid reimbursable services required to maintain the programs.

Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)

Individuals seeking acute mental health services regardless of insurance coverage.

Age of Eligible Individuals Covered Under this Program

Adults 18+

Number of Clients served - FFY most current*

3,341 (SFY 2017)

What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)

State Funded Block Grant

Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?

N/A

Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)

Offline vouchers

Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)

\$4,057,178 State General Funds

Most current* Expenditures (Gross: Federal/State/Local)

\$2,811,026

"Matched Amount (Federal Amount)"

No funds are currently matched.

"MOE Amount (Amount required for State to draw down Federal grant money)"

\$1,826,873

Unmatched Amount including MOE

\$4,057,178

If used as MOE, which Federal Grant

SAMHSA Mental Health Block Grant

Source of DSHP Funding

State General Funds

Agency

New Hampshire Department of Health and Human Services

State Budget Reference (unless noted)

Bureau of Mental Health Services

Program Name

Behavioral Health Crisis Treatment Center

Program Code

05-95-92-922010-4117 Program Support

Program Description (Expand on current description to identify specific service descriptions)

The Behavioral Health Crisis Treatment Center (BHCTC) is a treatment site that provides 24/7 intensive, short term stabilization treatment services for individuals experiencing a mental health crisis, including those with co-occurring substance use disorder. The BHCTC accepts individuals for treatment on a voluntary basis who walk-in, are transported by first responders, or as a stepdown treatment site post emergency department visit or inpatient psychiatric treatment site. The BHCTC delivers an array of services to de-escalate and stabilize individuals at the intensity and for the duration necessary to quickly and successfully discharge, via specific after care plans, the individual back into the community or to a step-down treatment site.

Comparable Service or Program Under Medicaid

Mental health services

Non-Medical Services Included

Staffing, peer support

Process for Identifying Cost of Non-Medical Services

Non-Medicaid reimbursable services required to maintain the programs.

Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)

Individuals seeking acute mental health services regardless of insurance coverage.

Age of Eligible Individuals Covered Under this Program

Adults 18+

Number of Clients served - FFY most current*

What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)

Capitated managed care, FFS

Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?

N/A

Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)

Offline vouchers

Most current* Budget for Programs Identify sources and type of funding (Federal/State/Local)

\$1,538,647 State General Funds

Most current* Expenditures (Gross: Federal/State/Local)

\$0

"Matched Amount (Federal Amount)"

No funds are currently matched.

"MOE Amount (Amount required for State to draw down Federal grant money)"

\$0

Unmatched Amount including MOE

\$0

If used as MOE, which Federal Grant

SAMHSA Mental Health Block Grant

Source of DSHP Funding

State General Funds