



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

---

**STRATEGIC VISION & OPERATIONAL EFFICIENCIES (SVOE)  
INITIATIVE UPDATES**

February 2022

## Executive Summary

1. **SVOE:** All initiatives are currently on-track, associated risks identified to date with mitigating strategies.
2. **Shorter-term Initiative Progress:** (1) Critical Time Intervention (CTI) launched in January in partnership with four CMHCs; planning continues for the broader launch across all 10 CMHCs in July. (2) The IMD Waiver amendment application is awaiting CMS approval; the team has shifted to operationalizing key areas of the workplan required for the July 1st implementation date.
3. **Longer-term Initiative Progress:** (3) The Developmental Disabilities Redesign initiative has increased focus on stakeholder meetings to ensure adequate communication across the network of providers, Area Agencies, advocates and participants; the team has made significant progress with the Waiver Workgroup and Steering Committee and continues aligning the Department's various technology projects with the DD services strategy. (4) The MMIS Modernization initiative team has begun drafting the procurement strategy of bundling modules while continuing requirements development, particularly for System Integration and EVV.



## Initiative Update – Progress (CTI)

**Summary:** The CTI program successfully launched with four “Pilot CMHCs” in January. The team is collecting preliminary data, addressing expected early-stage challenges, and preparing for the broader program launch with all 10 CMHCs in July.

### Overall Status



#	Task	Milestones	Progress	Status
1.	<b>Contracting</b>	<ul style="list-style-type: none"> <li>Submitted July Cohort contracts to QC</li> <li>Developed CTI PMPM rate</li> <li>Continued monitoring existing contracts</li> </ul>	<ul style="list-style-type: none"> <li>Refined existing scope of work and developed new payment terms for the Cohort 2 contracts (i.e., for all 10 CMHCs).</li> <li>Developed, vetted, and adopted new CTI PMPM rate for Cohort 2 contracts.</li> </ul>	
2.	<b>Program Overview</b>	<ul style="list-style-type: none"> <li>Secured additional funding for CTI program</li> <li>Developed marketing materials</li> <li>Begun developing relationships with CTI programs in other states</li> <li>Begun planning for July kickoff</li> </ul>	<ul style="list-style-type: none"> <li>Secured new funding after PMPM rate in SFY23 increased expected costs.</li> <li>Developed marketing materials for both potential CTI clients (brochure) and for potential partners / community resources (one-pager).</li> <li>Proactively engaged with CTI programs in other states to share lessons learned and best practices with one another.</li> </ul>	
3.	<b>Program Implementation (Cohort 1)</b>	<ul style="list-style-type: none"> <li>Launched program on 1.3.22</li> <li>Held Pilot CMHC kickoff on 1.28.22</li> <li>Scheduled Community of Practice</li> <li>Completed Training for CTI staff</li> <li>Held regular check-ins with DRFs / CMHCs</li> </ul>	<ul style="list-style-type: none"> <li>Went live on 1.3.22; as of 1.28.22, 13 referrals made and 7 clients active.</li> <li>Regularly scheduled meetings in place to share lessons among CTI staff, check in with DRF discharge management, and engage CMHC leadership.</li> <li>Completed training for existing CTI staff, with additional training set for new staff coming online in near future.</li> </ul>	
4.	<b>Program Planning (Cohort 2)</b>	<ul style="list-style-type: none"> <li>Outlined plan for onboarding Cohort 2</li> <li>Collected feedback from CMHCs on early implementation successes / challenges</li> </ul>	<ul style="list-style-type: none"> <li>Conducted ideation sessions to map out Cohort 2 onboarding.</li> <li>Solicited feedback from Cohort 1 CMHCs to make refinements to future CTI program implementation.</li> </ul>	
5.	<b>CTI Data</b>	<ul style="list-style-type: none"> <li>Developed interim reporting to monitor performance.</li> <li>Outlined financial reporting with Finance team</li> <li>Outlined program reporting with PQ/DA team</li> </ul>	<ul style="list-style-type: none"> <li>Developed interim report form for Cohort 1 to complete each week, to give program team line of sight into referrals and enrollment.</li> <li>Outlined regular financial reporting needs with Finance team.</li> <li>Outlined regular program data needs with PQ/DA team.</li> </ul>	



## Initiative Update – Risks and Dependencies (CTI)

**Summary:** Current risks and mitigation strategies are summarized below.

#	Task	Risk	Mitigation Strategy
1.	<b>Contracting</b>	<ul style="list-style-type: none"> <li>Limited bandwidth available in Contracting Unit may elongate contract approval timeline</li> </ul>	<ul style="list-style-type: none"> <li>Begun contracting for Cohort 2 in December 2021</li> <li>Proactively manage review process with CU contacts</li> </ul>
2.	<b>Program Overview</b>	<ul style="list-style-type: none"> <li>Development of CTI “brand” and additional marketing materials may require material investment in time</li> </ul>	<ul style="list-style-type: none"> <li>Engage PIO and other resources as needed early and often</li> </ul>
3.	<b>Program Implementation (Cohort 1)</b>	<ul style="list-style-type: none"> <li>Initial referrals may be less than anticipated or not enough to support CTI staffing levels</li> <li>Workforce challenges may inhibit CMHCs’ ability to staff CTI workers</li> </ul>	<ul style="list-style-type: none"> <li>Collect interim referral and enrollment data via weekly form</li> <li>Engage DRFs to identify and solve for referral bottlenecks or confusion on CTI eligibility</li> <li>Agencies allowed to offer sign-on bonuses to attract workforce</li> </ul>
4.	<b>Program Planning (Cohort 2)</b>	<ul style="list-style-type: none"> <li>Near-term implementation and long-term strategic planning needs require substantial bandwidth and effective project management</li> </ul>	<ul style="list-style-type: none"> <li>Maintain and regularly curate project workplan that enables line of sight into future program needs</li> <li>Engage Cohort 2 early and often to maximize dialogue and runway ahead of July launch</li> </ul>
5.	<b>CTI Data</b>	<ul style="list-style-type: none"> <li>Initial data submitted by CMHCs may be incomplete as CMHCs implement new Phoenix reporting requirements</li> </ul>	<ul style="list-style-type: none"> <li>Receive CMHC test data as soon as possible</li> <li>Establish reliable, scalable data pipeline for long-term data capture and analysis</li> </ul>



## Initiative Update – Progress (IMD Waiver)

**Summary:** The team has submitted the application for the SMI Amendment to the SUD-TRA Demonstration, which CMS is currently reviewing. CMS is guiding toward approval in March / April 2022, and the team continues to build out a project plan for implementation by July 1, 2022.

Overall Status



#	Task	Milestones	Progress	Status
1.	<b>Application Submission</b>	<ul style="list-style-type: none"> <li>Submitted application for the SMI Amendment following public comment period</li> </ul>	<ul style="list-style-type: none"> <li>Submitted application to CMS on 9/3/21</li> <li>Received CMS Notice of Completeness on 9/16/21</li> </ul>	
2.	<b>Workplan Development</b>	<ul style="list-style-type: none"> <li>Drafted initial workplan with tasks to support July 2022 implementation</li> <li>Conducted meetings with subject matter experts to refine tasks</li> <li>Reviewed draft project plan holistically with select SMEs and DHHS leadership</li> </ul>	<ul style="list-style-type: none"> <li>January / February focus will be putting in place a tracking process vs. the project plan</li> <li>Tracking process will include regular cadenced of project management check-ins with key SME resources calibrated to each workstream (e.g., bi-weekly, monthly, quarterly)</li> </ul>	
3.	<b>CMS Approval</b>	<ul style="list-style-type: none"> <li>Submitted revised version of Implementation Plan</li> <li>Conferred with CMS regarding updated timeline</li> </ul>	<ul style="list-style-type: none"> <li>Submitted revised Implementation Plan to CMS on 12/30/21</li> <li>Ongoing support for engagement with CMS, specifically in response to second round of feedback re: Implementation Plan received on 1/11/22</li> <li>CMS acknowledged no further feedback on Provider Availability template; scheduled meeting on Budget Neutrality workbook for 1/27/22</li> </ul>	
4.	<b>Waiver Renewal</b>	<ul style="list-style-type: none"> <li>Application needs to be submitted by 12/31/22</li> </ul>	<ul style="list-style-type: none"> <li>A&amp;M recommends beginning to plan for the renewal application (of the SUD-SMI Demonstration) around March 2022, with an increased focus by SMEs and leadership beginning in July 2022</li> <li>In the 11/29/21 TA call, CMS referenced the need for a robust HIT Plan related to the SUD portion of demonstration (e.g., PDMP) upon renewal</li> </ul>	
5.	<b>Implementation</b>	<ul style="list-style-type: none"> <li>SMI Amendment is targeted to become effective on 7/1/22</li> </ul>	<ul style="list-style-type: none"> <li>DHHS leadership sees minimal impact from the shift in CMS' approval timeline (March / April 2022) relative to demonstration effective date of 7/1/22</li> </ul>	



## Initiative Update – Risks and Dependencies (IMD Waiver)

**Summary:** Current risks and mitigation strategies are summarized below.

#	Task	Risk	Mitigation Strategy
1.	<b>Application Submission</b>	<ul style="list-style-type: none"> <li>None to report – submitted to CMS</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
2.	<b>Workplan Development</b>	<ul style="list-style-type: none"> <li>Some assumptions that impact parts of the project plan need to be validated through CMS TA</li> </ul>	<ul style="list-style-type: none"> <li>Schedule TA following response to CMS' current round of feedback</li> </ul>
3.	<b>CMS Approval</b>	<ul style="list-style-type: none"> <li>Potential for federal government shutdown (2/18/22 federal budget deadline)</li> <li>CMS and OMB clearance capacity given ongoing Public Health Emergency</li> </ul>	<ul style="list-style-type: none"> <li>Continue communication with CMS to respond to questions and other feedback in a timely manner</li> <li>Monitor for potential impact or delays in the development of new private sector IMD capacity</li> </ul>
4.	<b>Waiver Renewal</b>	<ul style="list-style-type: none"> <li>Significant focus and planning will be required to update the SUD demonstration information and submit a complete renewal application</li> </ul>	<ul style="list-style-type: none"> <li>Assign additional A&amp;M resources for support if necessary</li> </ul>
5.	<b>Implementation</b>	<ul style="list-style-type: none"> <li>New IMDs impacted by requirements that continue to evolve through dialogue with CMS (e.g., admin rules)</li> <li>Ability to implement changes to capitated rates on-time if approval is delayed beyond March / April 2022</li> </ul>	<ul style="list-style-type: none"> <li>Ensure timely updates for DHHS senior leadership involved in discussions with potential new IMD operators</li> <li>Emphasize with CMS the need for timely approval based on dependencies around 7/1/22 effective date, e.g., MMIS reconfiguration, G&amp;C approval of MCO contract amendments, etc.</li> </ul>



## Initiative Update – Progress (DD)

**Summary:** Initiative workplan is tracking four key tasks and associated milestones; progress and efforts to date have focused on early stakeholder engagement and alignment with the MMIS and other technology projects.

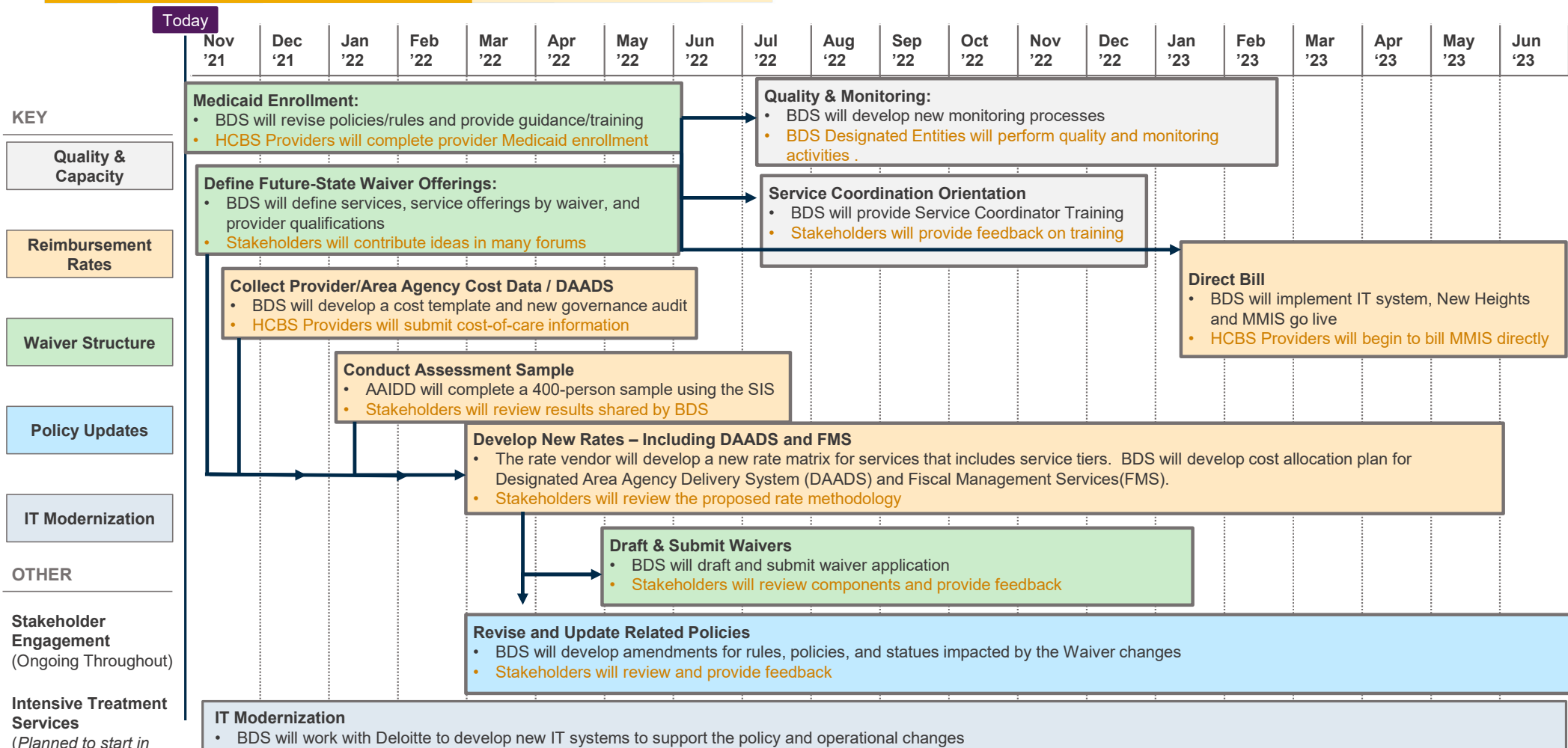
Overall Status
●

#	Task	Milestones	Progress	Status
1.	<b>Waiver Redesign</b>	<ul style="list-style-type: none"> <li>Completed review of NH waiver services, definitions and requirements</li> <li>Completed review of peer state waiver services</li> <li>Establishing workforce stabilization ad hoc workgroup</li> </ul>	<ul style="list-style-type: none"> <li>Continued communication with stakeholders using education materials* to outline overall initiative timelines and work streams</li> <li>Incorporating feedback from workgroup into our approach</li> <li>Stakeholder workgroup prioritizing services in preparation to move into drafting waiver definitions</li> </ul>	●
2.	<b>Rate Development</b>	<ul style="list-style-type: none"> <li>Rate Setting Vendor approved by G&amp;C</li> <li>Conducted initial kick-off meeting with BDS, A&amp;M and rate setter complete</li> </ul>	<ul style="list-style-type: none"> <li>Shared materials with workgroup on assessment tools and processes to prepare for next steps</li> <li>Continued discussion with assessment vendor on timing and tool refinements underway</li> <li>Rate vendor to be introduced to workgroup at February meeting</li> </ul>	●
3.	<b>IT Modernization</b>	<ul style="list-style-type: none"> <li>Held whiteboarding session with BDS, A&amp;M and Deloitte to review current and future IT process changes</li> <li>Deloitte has submitted a revised scope of work to accommodate the SA and PA processes to streamline processing</li> </ul>	<ul style="list-style-type: none"> <li>Development underway for intake and eligibility functionality in CY 2022</li> <li>Service Agreement and Prior Authorization process to be mapped in Spring '22 for development in CY 2023</li> </ul>	●
4.	<b>ITS Capacity Development</b>	<ul style="list-style-type: none"> <li>Started drafting a work plan to address ITS capacity development</li> <li>Conducted outreach with Area Agencies to begin identifying capacity needs</li> </ul>	<ul style="list-style-type: none"> <li>Identification of a potential vendor to support capacity development identified</li> <li>Prioritization for transition plan development established</li> </ul>	●

\*Screen shot on subsequent slide provides a draft view of summary-level timelines and work streams associated with the overall initiative



# Timeline Overview



*Note: The Conflict of Interest (COI)/Corrective Action Plan (CAP) Work Groups have been restructured to align with the overall Bureau of Developmental Services (BDS) System Work. BDS has used inputs from the COI/CAP Revised Timelines to finalize expected activities.*

**Living Document Last Updated: Fall 2021**



## Initiative Update – Risks and Dependencies (DD)

**Summary:** Current risks and mitigation strategies are summarized below.

#	Task	Risk	Mitigation Strategy
1.	<b>Waiver Redesign</b>	<ul style="list-style-type: none"> <li>Stakeholder concern around BDS approach to modernizing services through the waiver redesign (particularly among Area Agencies)</li> </ul>	<ul style="list-style-type: none"> <li>Continue stakeholder engagement through the WG structures, website, townhalls and meetings with Area Agencies</li> <li>Increase public engagement and education sessions focusing change on opportunity to add new options and support families</li> <li>Communicate commitment to hold services constant for current waiver participants to reduce concerns of families of lost care/supports</li> </ul>
2.	<b>Rate Development</b>	<ul style="list-style-type: none"> <li>Delays in RFP closure and assessment data collection (vendor) may impact implementation planning and IT development</li> <li>Stakeholders were not initially supportive of planned assessment</li> </ul>	<ul style="list-style-type: none"> <li>Utilize project management to reduce delays and ensure items continue to move forward</li> <li>Coordinate with the assessment vendor to shorten timelines</li> <li>Provide additional stakeholder education to mitigate concerns over use of standardized tool and proposed process</li> </ul>
3.	<b>IT Modernization</b>	<ul style="list-style-type: none"> <li>Work scheduled prior to initiative launch requires reconsideration and prioritization to avoid development bottlenecks</li> <li>IT infrastructure managed by the Area Agencies could disrupt service billing and delivery for participants</li> </ul>	<ul style="list-style-type: none"> <li>Hold monthly coordination meetings between vendors (in process). The team continues process mapping together in additional working sessions. Deloitte has submitted a revised scope to account for additional process changes</li> <li>Identified contingency solutions to support AA operations and is coordinating with Deloitte on additional resources to support stability in billing</li> <li>Meeting planned to communicate IT vision with Area Agencies</li> </ul>
4.	<b>ITS Capacity Development</b>	<ul style="list-style-type: none"> <li>Growing pressure from Federal partners to establish actionable plans to transition people back from out-of-state placements or find alternative settings has increased</li> </ul>	<ul style="list-style-type: none"> <li>Prioritization of ITS workstream to establish additional capacity with AAs &amp; vendors</li> <li>Communicating to Federal partners steps being actioned and future plan</li> </ul>
5.	<b>Operations</b>	<ul style="list-style-type: none"> <li>The timing of decisions for plans in Case Management across DHHS programs requires alignment with the CAP and other work efforts underway</li> <li>Area Agencies continue to question strategy changes perceived as impacting the role or scope of AA services or process control</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate with SET to determine overarching plan and timeline to reduce impact to redesign work</li> <li>Work with individuals, families and private providers by providing additional education on the systems work and seek their input on design and development to empower their buy-in to change</li> <li>Clarification on anticipated future scope of AA work developed and is being shared with AAs for feedback. Quarterly meetings with project team and AA executives being established to promote better communication and coordination.</li> </ul>



## Initiative Update – Overview (MMIS)

### Project Mission

The Department has initiated this program to replace the legacy platforms associated with Medicaid services with a modern, modular system that is certifiable by CMS for delivering Medicaid services to DHHS providers and clients. The following features associated with this program are: Claims processing and management services, Third Party Liability (TPL), Financial Management, Fiscal Intermediary, Prior Authorization, Pharmacy Benefits Management, Provider Management, Member Management, Encounter Processing, Program Integrity/Fraud, Waste and Abuse, Enterprise Business Intelligence, Developmental Disabilities and System Integrator (SI).

### MMIS Core Team Accomplishments

1. Completed 435 System Integration (SI) requirements (61%) to support RFP
2. Developed answers to questions received from Electronic Visit Verification RFP
3. Developed a procurement strategy and timeline to complete MES replacement. We will discuss these deliverables with the Steering Committee on 2/3/22
4. APDs - EVV, A&M APPROVED
5. Governance Committee formation and process

### Core Team Work - in Progress and Upcoming

1. SI APD – Draft the SI APD to seek CMS enhanced funding
2. Continue working on the detailed SI requirements
3. Begin working on the strategy to make changes to the legacy MMIS as part of onboarding new MES modules
4. EVV RFP – Score RFP responses
5. Develop the overall MES architecture

### Risks

1. If we cannot validate SI requirements at a more rapid pace, then the proposed timeline will be in jeopardy.
  - a) Mitigation: Review the process and streamline to allow a more rapid review of proposed requirements, while maintaining the rigor. The streamlined process will be used for future module procurements
2. Lack of resources and legislative demands on existing staff may have a large negative impact on our ability to follow the multi-year procurement timeline we developed.
  - a) Mitigation: The MES Team is actively interviewing applicants for BSA 1, BSA 2, Assistant MMIS Director, and System Dev Specialist roles

### Decisions Needed / Next Steps

1. G&C official understanding of our reasoning to pursue Provider functionality while extending PBM sole source contract with Magellan
2. Procurement Strategy - need decision on bundling multiple modules into one procurement, governance committee still discussing
3. Demonstrations for System Integrator to be scheduled February / March

