



NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

**STRATEGIC VISION & OPERATIONAL EFFICIENCIES (SVOE)
Year 3 Quarter 4 Initiative Updates**


July 2024

Executive Summary

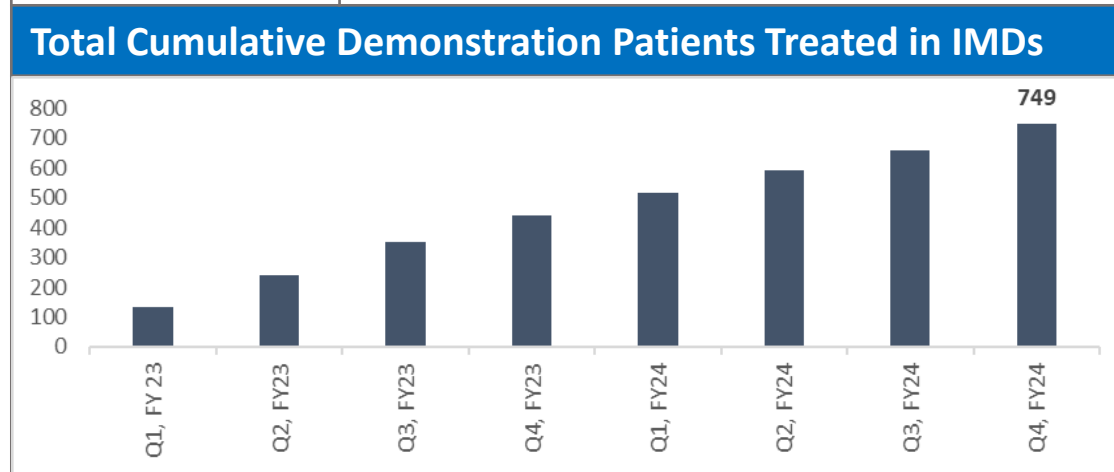
- 1. IMD Demonstration:** Tracking towards CMS approval of the 5-year waiver extension which now includes a Community Reentry Demonstration for which the team has outlined an implementation plan with a January 2025 Go-Live; target approval date has been extended per CMS to 7/30/24.
- 2. Developmental Disabilities System Strengthening:** Continuing to conduct extensive stakeholder engagement across the system to inform the go-forward system strengthening strategy as the team continues to monitor provider and Area Agency billing post direct bill go-live; beginning to look towards additional rate and system-related milestones in FY25 (Year 4 of the SVOE Contract).
- 3. MES Modernization Support:** Preparing for a next phase in the initiative with the initial two procurements – System Integrator (posted June 7th) and Staff Augmentation; progress continues with subsequent module planning and outlining staffing requirements to support a more implementation-heavy phase of the project.

Initiative Update Sections: Each section includes an overview of status by initiative and a timeline with key initiatives outlined; status key reads as follows: **On-track** ● **Behind Schedule** ● **At Risk** ●



Initiative Update – Overview (IMD/CRE)

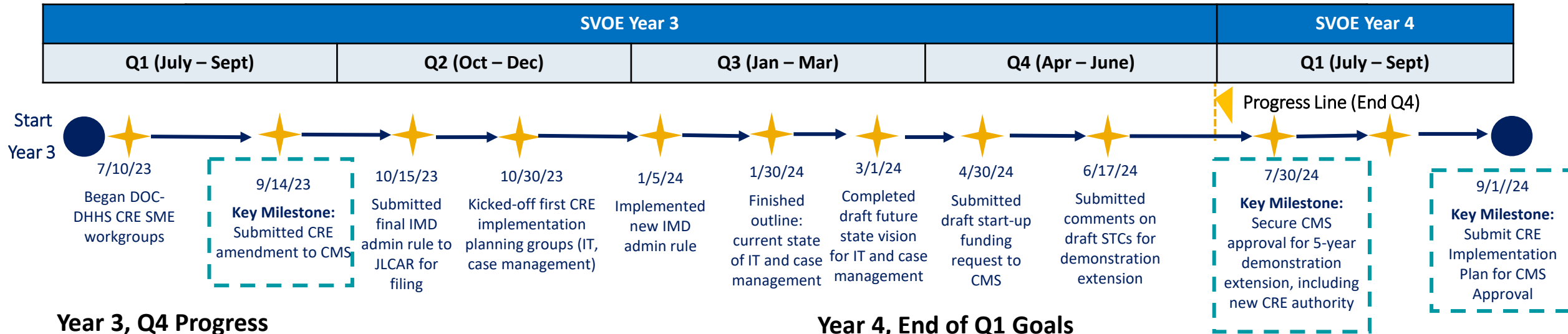
Status	Indicator
NH entered the final stages of negotiation with CMS to extend the 1115 demonstration and secure authority for the new community reentry component; implementation planning efforts continue in parallel to negotiations.	
Highlights	
<ol style="list-style-type: none"> Securing CRE Authority: NH has completed the initial review of the terms for the new community reentry component and submitted comments for further discussion with CMS. Initiation of Tech Changes: DHHS has launched weekly JAD sessions to implement the outlined systems changes Financial: NH has launched a financial workgroup to outline the specifics of ongoing demonstration funding, staffing support, and the CMS mandated reinvestment plan. Medicaid Pharmacy Reimbursement: DHHS is partnering with DOC on both Medicaid enrollment of DOC pharmacies and establishing billing processes. 	

Top Priorities	
Secure 1115 Demonstration Extension	Negotiate 5-year demonstration extension, with a focus on the terms for the new community reentry component. <i>Note: CMS has extended the temporary demonstration extension to 7/31/2024 to provide an additional 30 days for finalizing the new terms and conditions.</i>
Plan for CRE Implementation	Manage design and deployment of MMIS and New HEIGHTS eligibility system changes, continue implementing processes to facilitate Medicaid reimbursement for eligible medications, and document all implementation requirements in the official CMS format.



Initiative Update – Timeline (IMD/CRE)

Key	
	= Milestone
	= Key Milestone



Year 3, Q4 Progress

- ✓ Calculated start-up funds necessary to implement community reentry program and submitted ask to CMS
- ✓ Completed draft QRTP implementation plan to authorize federal match for QRTPs that qualify as IMDs
- ✓ Submitted comments on ext. terms and conditions to CMS
- ✓ Finalized documentation for technology system changes for MMIS and New HEIGHTS to facilitate reimbursement for select Medicaid services under community reentry



Year 4, End of Q1 Goals

- Finalize terms and conditions for demonstration extension to include new community reentry authority
- Complete implementation plan document for community reentry and submit to CMS for negotiation
- Submit draft CRE reinvestment plan to CMS for review
- Launch DOC provider enrollment process and billing software changes to facilitate Medicaid reimbursement for eligible pharmaceutical drugs under the demonstration

IMD / CRE: Institution for Mental Disease / Community Re-Entry for justice involved beneficiaries
 JLCAR: Joint Legislative Committee on Administrative Rules
 QRTP: Qualified Residential Treatment Provider
 STC: Special Terms and Conditions (CMS approval and guidelines)

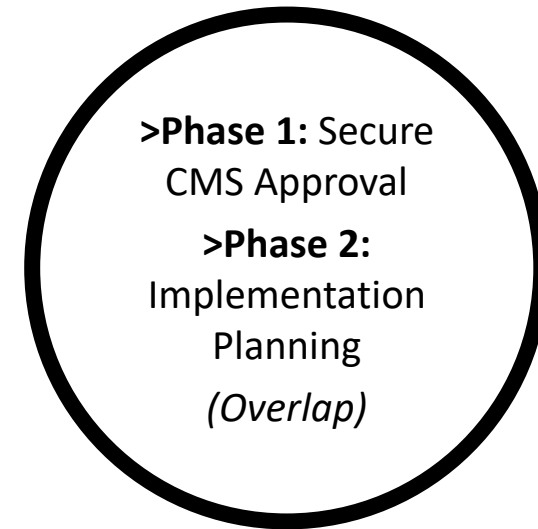
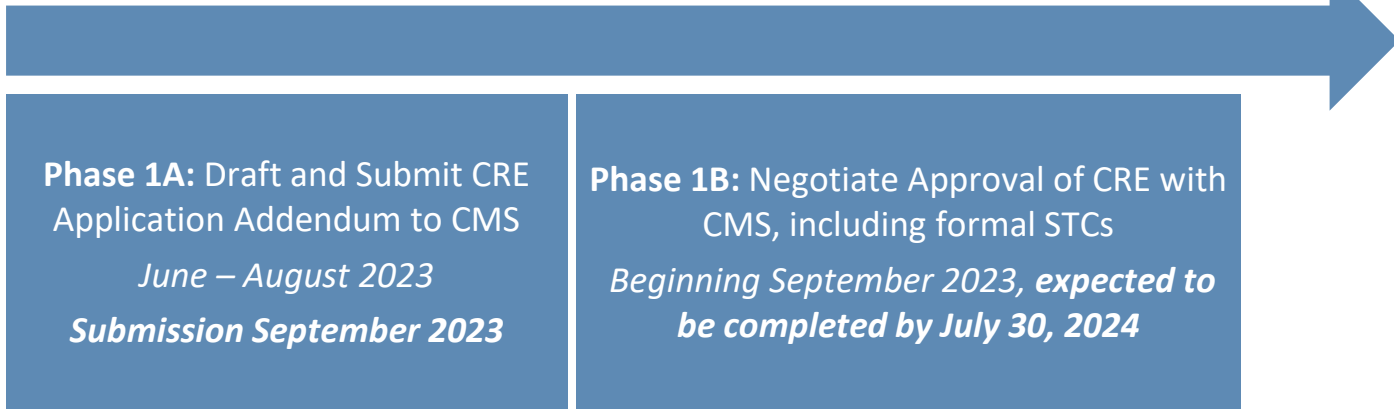
DHHS: Department of Health and Human services
 DOC: Department of Corrections
 CMS: Center for Medicare and Medicaid Services

PMO: Project Management Office
 IT: Information Technology
 SME: Subject Matter Expert

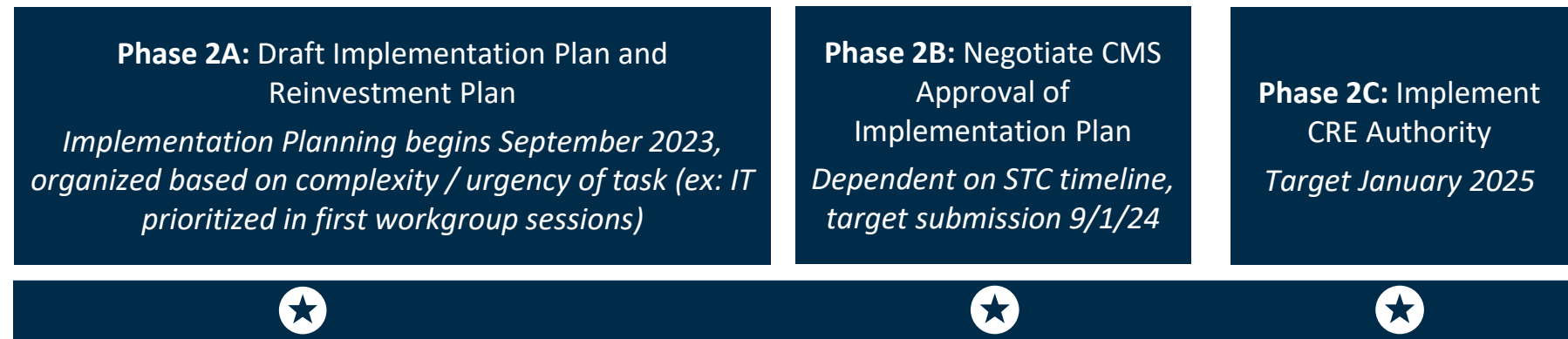


Initiative Update – Overview of CRE Phases


Objective #1: Secure CMS Approval for Demonstration Authority

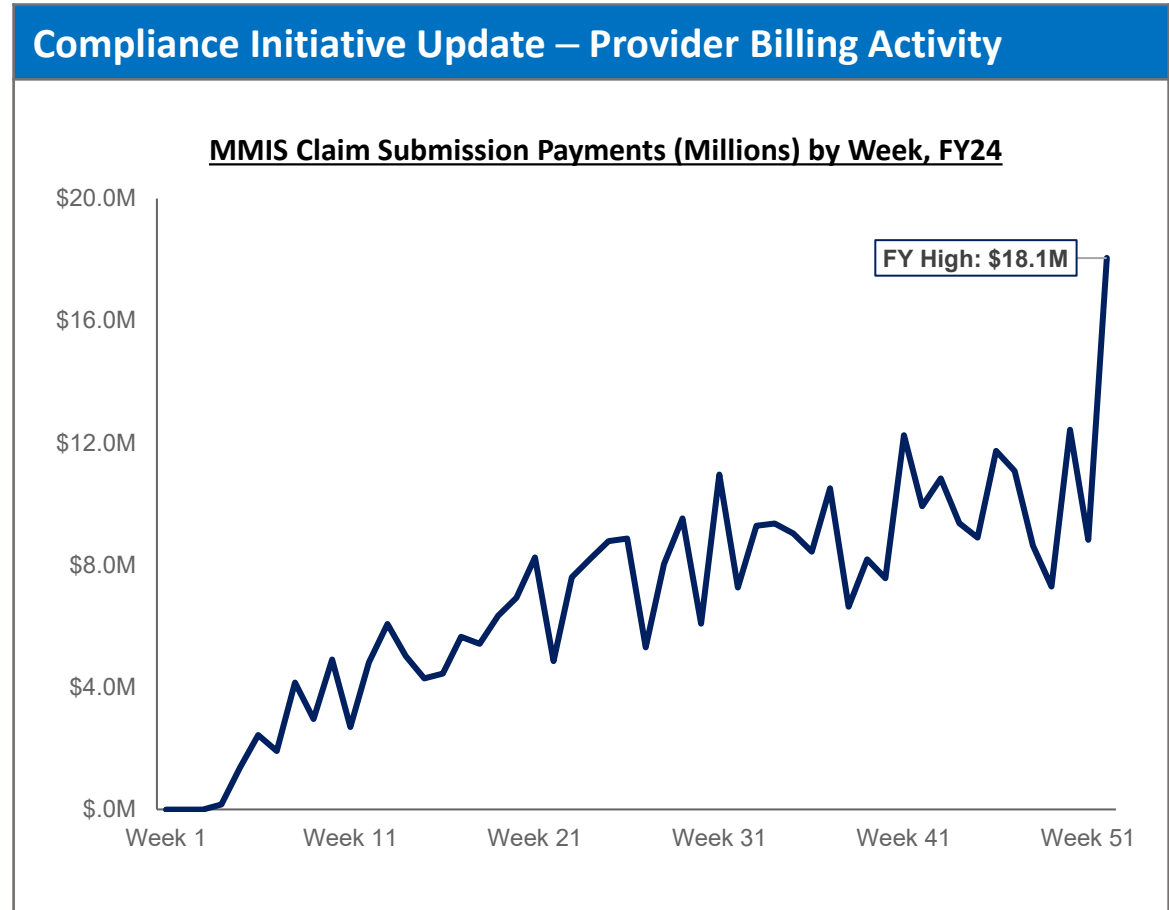


Objective #2: Plan for Demonstration Implementation



Initiative Update – Overview DD Systems Strengthening

Status	Indicator
<p>Following a significant transition to provider direct billing and conflict free case management resulting in full compliance with a CMS Corrective Action Plan, BDS continues tracking the operational status and billing progress through a MMIS claims monitoring dashboard, providing tactical provider support and stakeholder strategy for the planned systems strengthening work.</p>	
Highlights	
<ol style="list-style-type: none"> Billing activity and payments have generally increased over the course of the fiscal year. The final billing cycle of FY24 the system processed \$18.1M in MMIS paid claims, which is the highest of any week in the fiscal year As of 6/28/24, 86% of providers with active service authorizations have billed at least one waiver service through the MMIS system and 77% of all service authorizations have experienced provider billing. The MMIS system has processed \$361.7M, while an additional \$33.6M was paid through manual invoice payments* and DAADS payments to Area Agencies and five providers (due to a delay in the implementation of their new billing information technology system), resulting in <u>\$395.3M total payments for FY24, which is an increase of \$6.7M from FY23 (\$388.6M).</u> 	

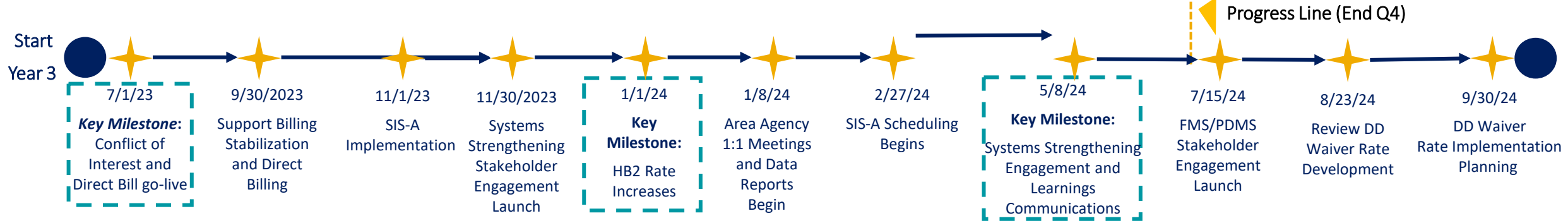


* Repayments against Manual Invoice Payments have been reduced from the total manual payment amount.

Key	
	= Milestone
	= Key Milestone

Initiative Update – Timeline (DD Systems Strengthening)

SVOE Year 3				SVOE Year 4	
Q1 (July – Sept)	Q2 (Oct – Dec)	Q3 (Jan – Mar)	Q4 (Apr – June)	Q1 (July – Sept)	



Year 3, Q4 Progress

- ✓ Ongoing, targeted assistance to service providers and service coordinators
- ✓ Reoccurring 1:1 meetings with Area Agencies to review service authorizations, revenue, and workload efficiencies
- ✓ Weekly claims data reports generated for Area Agencies
- ✓ Area Agency DAADS billing shifted to claims-based methodology for ABD and IHS Waivers
- ✓ Service provider, service coordinator, and Area Agencies stakeholder engagement completed
- ✓ Key priorities/learnings identified through stakeholder engagement sessions shared
- ✓ Intensive Treatment Services Housing and Homelessness Initiative RGA recipients opened 3 homes and acquired 14 homes this quarter
- ✓ PDMS Vendor identified to guide and advise on strengthening PDMS services in Q1, FY25
- ✓ He-M 507 and 517 both were approved and adopted and 506 and 518 sent to JLCAR



Year 4, Q1 Goals

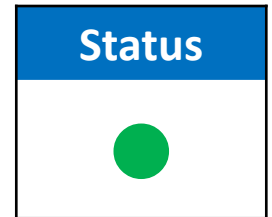
- ❑ Area Agency DAADS billing shift to claims-based methodology for DD waiver
- ❑ Launch targeted time-limited listening sessions, focus groups and new Intake and Eligibility meeting series
- ❑ Finalization of DD Waiver Rates and fiscal impact analysis to guide biennium budget development
- ❑ Begin Cost Reporting process for providers and Area Agencies
- ❑ Intensive Treatment Services Housing and Homelessness Initiative RGA recipients home openings and expansions continue
- ❑ DD Waiver rate implementation planning and timeline development
- ❑ He-M 506 and 518 to be finalized and adopted

SIS-A: Supports Intensity Scale for Adults
 FMS/PDMS: Fiscal Management Services/Participant Directed & Managed Services
 RGA: Request for Grant Application



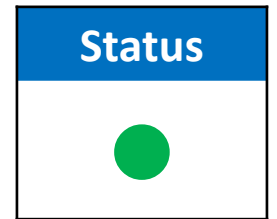
Initiative Update – Timeline (DD Systems Strengthening)

Status Overview	
Stakeholder Engagement	<p>The Bureau of Developmental Services (BDS) has continued stakeholder engagement efforts to respond to direct billing transition support and stabilization as well as engage in the broader system strengthening goals. This quarter, BDS:</p> <ul style="list-style-type: none"> • Hosted monthly meetings with the Communications Committee and the Rates Work Group to share information, engage in feedback, understand experiences and develop effective support and engagement strategies. • Attended the Quality Council to engage on focus areas and share information. • Analyzed responses from stakeholder engagement and shared identified key priorities and learnings through BDS listserv and community partners. • Hosted DHHS Leadership community webinar to share key priorities and learnings from stakeholder engagement to guide next steps on system strengthening efforts. • Updated the website with a dedicated individual and family webpage for easier access to information, resources, and meeting materials.
Quality and Capacity	<p>BDS continues to provide technical assistance to Area Agencies, service providers, and service coordination agencies. Specifically, BDS:</p> <ul style="list-style-type: none"> • Hosted monthly meetings with Service Coordinators and Service Providers to provide updates and progress on direct billing. • Hosted bi-weekly meetings with Service Coordination Supervisors to provide updates and progress on provider direct billing. • Met weekly with individual Service Coordination agencies to provide direct technical assistance with service authorizations post conversion. • Hosted bi-weekly Provider Office Hours to support questions and provide specific technical assistance. • Met monthly with Area Agencies individually to review revenue status, provide customized technical assistance and strategize workload efficiencies. • Uploaded weekly claims data reports (via secure transfer site) for Area Agencies as an interim support to their billing system implementation.



Initiative Update – Timeline (DD Systems Strengthening)

Status Overview	
Waiver Structure	Following completion of the rates for the Developmental Disabilities Waiver, BDS will be drafting a substantive waiver amendment. Due to continued focus on stabilization post direct billing transition and requests to delay the rates initiative, a waiver amendment is projected to begin in mid-FY25 to request authority for the new assessment informed reimbursement rate methodology. Also related to waiver structure and services, BDS has worked with stakeholders to draft and finalize future waiver services which will follow the in-process rate finalization and testing of current waiver services.
Reimbursement Rates	The Rate Work Group has been focused on providing feedback to support the development of a future SIS-A exceptions process. This engagement was supported through monthly meetings and guided by national practices and experiences. Following this engagement, the focus shifted at the end of the quarter to the development of a cost report template for all providers. In the first quarter of FY25, Rate Work Group will be engaged in a review of the draft DD waiver rates. Fiscal impact analysis related to the DD waiver rate development is also planned to guide the budget development for the biennium followed by a phased DD waiver rate implementation plan will follow. Rate development for the IHS and ABD waivers will follow.
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 and selecting vendors for future ITS provider training. Through the nine ITS grant recipients, a total of three providers have opened or expanded homes this quarter and fourteen homes have been acquired YTD.
Policy	BDS has continued the rulemaking process through the approval and adoption of He-M 507 and 517 both were approved. He-M 506 and 518 are being prepared for JLCAR. Additional rulemaking to support the implementation of assessment informed rates is anticipated in the upcoming fiscal year.



BDS: Bureau of Developmental Services
 SIS-A: Supports Intensity Scale – Adult
 YTD- Year to Date
 IHS: In-home Supports

ITS: Intensive Treatment Services
 ABD: Acquired Brain Disorder



Initiative Update – Overview (MES)

Workstream	Progress
<p>Program Level</p>	<p>The MES team has shifted their immediate focus to developing material for a Staff Augmentation RFP while continuing to assist on project coordination with DoIT, and process improvement. These are critical focus areas as the 2024 Calendar Year timeline calls for launching procurement efforts across System Integration (SI), Provider Management, and Pharmacy Benefits Management (PBM).</p> <p>Staff Augmentation</p> <ul style="list-style-type: none"> Identified as a critical need in April, A&M is preparing RFP and APD materials. The schedule is tight to achieve the goal to have a vendor in when DDI begins for SI (April 2025). <p>Coordination with DoIT:</p> <ul style="list-style-type: none"> Updated review process has made the reviews more efficient. Changes within DoIT may make scheduling more difficult until staff is identified to fill vacated roles. <p>Program Delivery Preparedness:</p> <ul style="list-style-type: none"> Sprint planning is being utilized with the Center for Enterprise and Data Analytics (CEDA) project and proving to be efficient in developing monthly tasks and moving the workstream forward. A&M created a guide to review the program execution strategy with a plan to complete an assessment next quarter, although this may be deferred due to DHHS staff constraints.

Initiative Update – Workstream Overview (MES)

Workstream	Progress	Status
Systems Integrator	<ul style="list-style-type: none"> RFP posted to vendors on 6/7/24, submissions due 7/16/24. Unexpected changes to scoring rubric caused a delay of 6 weeks. Security (Exhibit K) review in progress. 	●
Provider Management	<ul style="list-style-type: none"> Completed DoIT internal review. Finalized Project Charter. Engaged NASPO to align process expectation. 	●
Pharmacy Benefits Management	<ul style="list-style-type: none"> Submitted APD to CMS 6/19; received confirmation of receipt 6/20. Requirements gathering has stalled due to PBM PM providing support to EVV. 	●
Center for Enterprise Data and Analytics (CEDA)	<ul style="list-style-type: none"> Developed working RFP document. Advance Planning Document in development; first sections are being completed. 	●
Staff Augmentation	<ul style="list-style-type: none"> Completed Project charter (5/6) and Project Request Form (PRF) (5/8). Initial Request for Proposal (RFP) reviewed with DHHS on 6/14. Initial APD draft to be completed late June/Early July. Funding for this project has not yet been confirmed. 	●

Workstreams captured above include the four modules comprising the focus of SFY24 and SFY25 planning and procurement efforts.

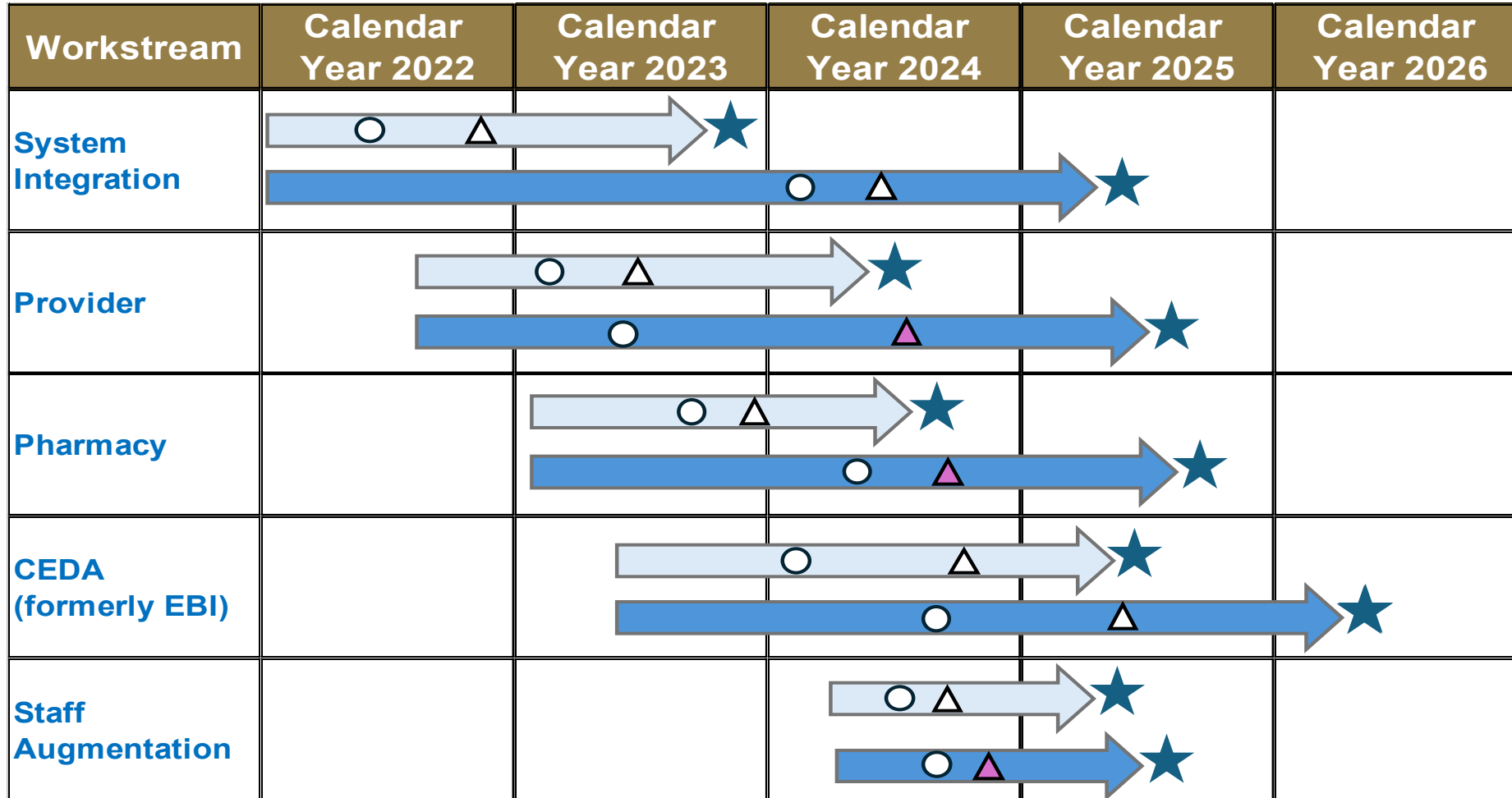
CMS: Centers for Medicare and Medicaid Services
RFP: Request for Proposal
NASPO: National Association of State Procurement Officers

DoIT: Department of Information Technology
APD: Advance Planning Document



MES Projected Timeline

Addressing the staff shortage in the near term through Staff Augmentation process will prevent further schedule slippage.



Issues & Risks

- Multiple delays impacted the System Integration schedule.
- Resource shortage delays continue to impact other projects.
- Developed a strategy to assess and refine the process to execute projects according to plan; staffing constraints have delayed initiation of this assessment.
- Planning for the new projects submitted in the biennium budget will begin, pending resource availability and overall prioritization.

