



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

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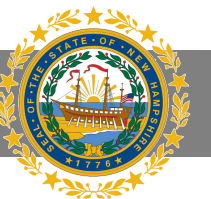
**PUBLIC HEARING FOR:  
SUBSTANCE USE DISORDER TREATMENT AND RECOVERY ACCESS SECTION 1115(a)  
RESEARCH AND DEMONSTRATION WAIVER**

**AMENDMENT #2 REQUEST  
MENTAL HEALTH SERVICES FOR MEDICAID BENEFICIARIES WITH SERIOUS MENTAL ILLNESS**

Public Forums:	August 9, 2021	Concord
	August 11, 2021	Nashua
	August 16, 2021	Concord

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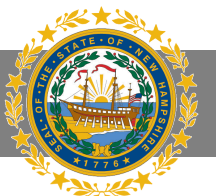
## New Hampshire has observed an increasing number of individuals who present in hospital EDs in mental health crisis.

- The State has observed an increasing number of individuals who present in hospital Emergency Departments (EDs) in mental health crisis causing the demand for inpatient psychiatric bed capacity to exceed the supply.
- This has resulted in psychiatric boarding in EDs, long wait times for treatment, and a substantial wait list for admission to New Hampshire Hospital (NHH).
- While the ED wait list had fallen to virtually zero as of April 2020, it unfortunately returned to previous heights as a result of the exacerbation of mental health symptoms during the Public Health Emergency (PHE)<sup>1</sup>.
- The psychiatric boarding crisis came to a head in the case of *Jane Doe v. The Commissioner of the New Hampshire Department of Health and Human Services*. A State Supreme Court opinion in that case issued on May 11, 2021<sup>2</sup> requires that the State hold probable cause hearings for mental health patients within three days of completion of an Involuntary Emergency Admission (IEA) certificate regardless of any wait list or ED boarding status.
- In response, Governor Sununu signed Executive Order 2021-09 on May 13, 2021<sup>3</sup>, requiring NH Department of Health and Human Services (DHHS) to adopt emergency rules and expand the number of available beds and other resources available to State residents in crisis. DHHS continues to adopt emergency rules and seek enactment of legislation to comply with the court order. These actions only serve to reinforce the need for this amendment.

<sup>1</sup> Vahratian A, Blumberg SJ, Terlizzi EP, Schiller JS. Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:490–494. DOI: <http://dx.doi.org/10.15585/mmwr.mm7013e2>

<sup>2</sup> *Jane Doe v. The Commissioner of the New Hampshire Department of Health and Human Services*, May 11, 2021, <https://www.courts.state.nh.us/supreme/opinions/2021/2021022JaneDoe.pdf>

<sup>3</sup> Executive Order 2021-09, May 13, 2021, <https://www.governor.nh.gov/sites/g/files/ehbemt336/files/documents/2021-09.pdf>



# Comprehensive Strategy to Address Psychiatric Boarding in NH

Amendment is part of NH's strategy to address ED boarding and increase inpatient and community-based capacity.



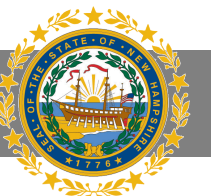
**Expanding Community-based Settings / Step-down Capacity**



**Increasing & Decentralizing Inpatient Capacity**  
*through this amendment*



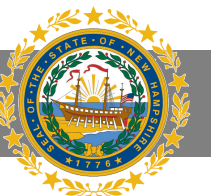
**Reducing Readmissions**



# Demonstration Request

## NH DHHS is applying for an amendment to its Section 1115(a) Demonstration.

- As part of its overall approach to addressing the increase in Emergency Department boarding and to support the comprehensive, integrated continuum of mental health treatments and care available in the state, the NH Department of Health and Human Services (DHHS) is applying for an amendment to its Section 1115(a) Demonstration from the Centers for Medicare and Medicaid Services (CMS).
- This amendment will enable DHHS to claim federal reimbursement for payment of services provided to Medicaid beneficiaries ages 21-64 receiving short-term inpatient psychiatric treatment or short-term residential mental health treatment in an Institution for Mental Disease (IMD).
- Specifically, New Hampshire is requesting that:
  - CMS waive Section 1905(a)(30)(B) of the Social Security Act (commonly known as the “IMD Exclusion Rule”), 42 CFR 438.6(e), and 42 CFR 435.1010 to allow reimbursement for Medicaid beneficiaries ages 21-64 receiving short-term inpatient psychiatric treatment or short-term residential mental health treatment in IMDs; and
  - Expenditure authority be applied to individuals who meet the criteria above who are either covered as Medicaid fee-for-service or enrolled in Medicaid managed care.
- The services proposed within this amendment include those that are in alignment with the existing mental health delivery system for inpatient psychiatric and residential mental health treatment and are not intended to reduce or replace services provided in less restrictive settings.

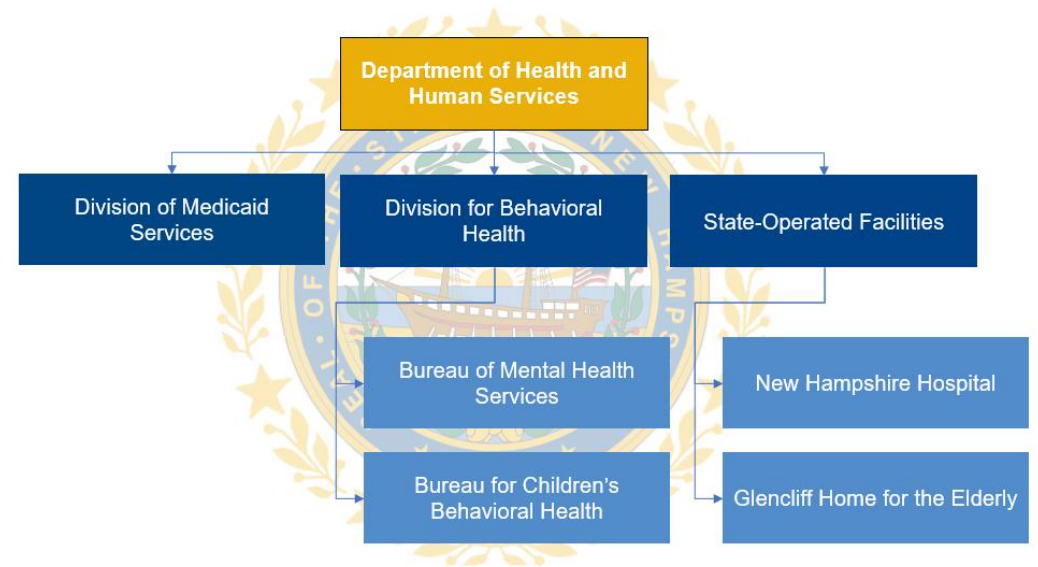


# Current Mental Health System

The New Hampshire Department of Health and Human Services (DHHS), and through its contracted provider organizations, provided mental health services to 12,420 youth and 28,196 adults in SFY 2020.

- Approximately 91% of the youth served met the criteria for serious emotional disturbance (SED) and 51% of the adults served met the criteria for Serious Mental Illness (SMI).
- The following facilities operated by New Hampshire meet the regulatory definition of an Institution for Mental Disease (IMD):
  - One psychiatric hospital serving adults, New Hampshire Hospital (NHH), with 187 beds; and
  - One nursing facility primarily serving the elderly, Glenclyff Home for the Elderly, with 115 beds.
- The following facility operated by a private sector provider meets the regulatory definition of an IMD:
  - One hospital primarily serving youth, Hampstead Hospital, with 76 beds.
- New Hampshire also contracts with a regional network of ten (10) community mental health centers (CMHCs) as well as various professionals licensed in mental health to ensure a complete continuum of care for its residents.

## Simplified Organizational Structure



# Budget Neutrality

NH DHHS worked with its actuarial partners at Milliman to project budget neutrality limits for this amendment.

## Projected Annual Budget Neutrality Expenditures

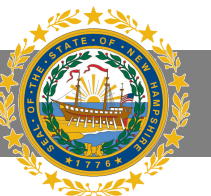
- \$10,259,104 in SFY23 (final year of demonstration)
- Achievable based on NH DHHS assessment

## Estimated Federal Share

- \$4,396,873 in SFY23
- Based on reimbursement for stays > 15 days and ≤ 60 days

## Other Expected Benefits

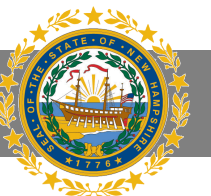
- Creates financially viable opportunity for private sector providers to enhance access to short-term inpatient treatment in NH
- Favorable economic benefits from reduced psychiatric boarding in EDs



**NH DHHS will submit a draft evaluation design no later than 180 days after CMS approves this amendment application.**

The State will test the following research hypotheses through this amendment:

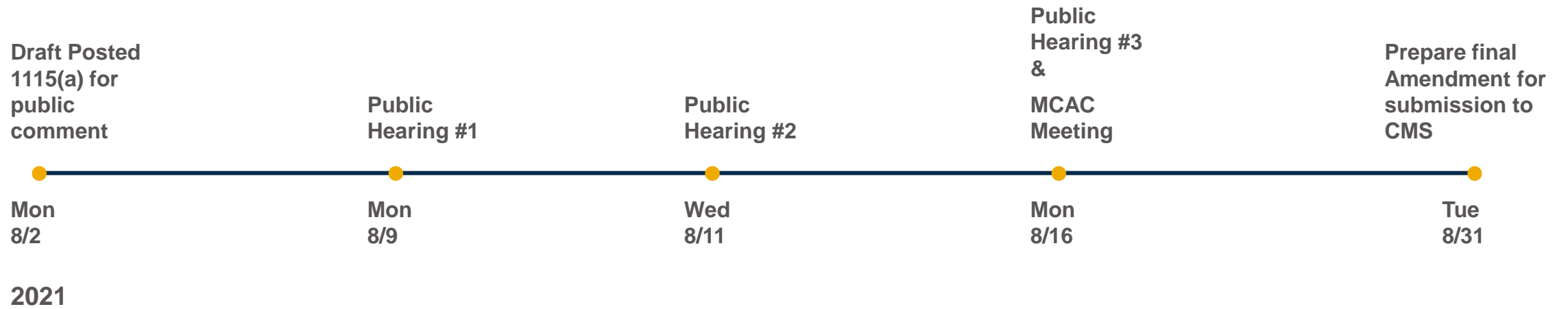
1. The SMI amendment will result in reductions in utilization and length of stay in EDs among Medicaid beneficiaries with SMI while awaiting mental health treatment.
2. The amendment will result in reductions in preventable readmissions to acute care hospitals and residential settings.
3. The amendment will result in improved availability of crisis stabilization services throughout the state.
4. Access of beneficiaries with SMI to community-based services to address their chronic mental health care needs will improve under the amendment, including through increased integration of primary and behavioral health care.
5. The amendment will result in improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.





# Timeline

The timeline for this amendment application is outlined below.



# Opportunities for Public Input | Public Hearings

DHHS will offer three opportunities for public hearing and include the amendment on the upcoming MCAC meeting agenda.

## **Public Hearing #1**

**Monday, August 9, 2021 – Concord**

5:30 - 7:00 pm

Fred H. Brown Building Auditorium

129 Pleasant Street

Concord, NH 03301

**Call-In option:** To participate by phone, call in at 5:30 pm to 1 (646) 558-8656

When prompted, use this code: 280862#

## **Public Hearing #2**

**Wednesday, August 11, 2021 – Nashua**

6:00 - 7:30 pm

Harbor Homes – Partnership for Successful Living

77 Northeastern Boulevard

Nashua, NH 03062

**Call-In option:** To participate by phone, call in at 6:00 pm to 1 (646) 558-8656

When prompted, use this code: 371154#

## **Public Hearing #3**

**Monday, August 16, 2021 – Concord**

5:30 - 7:00 pm

Fred H. Brown Building Auditorium

129 Pleasant Street

Concord, NH 03301

**Call-In option:** To participate by phone, call in at 5:30 pm to 1 (646) 558-8656

When prompted, use this code: 280862#

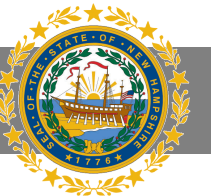
## **MCAC Meeting**

**Monday, August 16, 2021 – Concord**

Fred H. Brown Building Auditorium

129 Pleasant Street

Concord, NH 03301

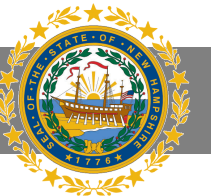


## Opportunities for Public Input | Email or Mail

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Public comment can also be sent to the following email and / or physical addresses.

- Email: [IMDSMIAmendment@DHHS.NH.Gov](mailto:IMDSMIAmendment@DHHS.NH.Gov)
- Mail: John Poirier  
NH Department of Health and Human Services  
Attn: SUD-TRA Demonstration Amendment #2  
129 Pleasant Street  
Concord NH 03301

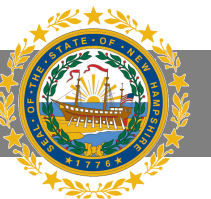


# Draft Amendment Application

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The current draft of the amendment and other supporting materials can be found online.

- The proposed amendment to the SUD-TRA Research and Demonstration Waiver is available for public review at: <https://www.dhhs.nh.gov/ombp/medicaid/documents/smi-demo-amendment-draft.pdf>.
- Relevant CMS guidance is available at: <https://www.medicare.gov/federal-policy-guidance/downloads/smd18011.pdf>.
- Other notices, demonstration documents, and information about the demonstration are available on the DHHS website at: <https://www.dhhs.nh.gov>.



## Contact Information

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To reach all stakeholders, please use the following contact information.

- Non-electronic copies of all aforementioned documents are available by contacting John Poirier at (603) 271-9628.

Public Comment may be submitted until 4:30 p.m. (Eastern) on Tuesday, August 31, 2021.

