

*New Hampshire Substance Use Disorder Treatment and Recovery Access
Section 1115(a) Research and Demonstration Waiver*

Public Comment and Responses from NH DHHS

Comment #1 – How does this 1115 waiver tie into the IDNs and the other 1115 waiver?

Response #1 – The Department’s 1115 Delivery System Reform Incentive Program (DSRIP) waiver allows health care providers and community partners within a region to form relationships focused on transforming care. The DSRIP incentive funding also provides for prompt resources for combating the opioid crisis and strengthening the state's strained mental health delivery system. This waiver, the *New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver*, will compliment DSRIP efforts through increased in-state residential service capacity for Comprehensive SUD Treatment for adults and children. The Department expects that the waivers are in alignment to address New Hampshire’s opioid crisis and support efforts to implement a comprehensive and lasting response to this epidemic.

Comment #2 – We have been doing this for years, is there a chance we won’t get this waiver?

Response #2 – During the roll out of the SUD benefit for the Medicaid Expansion population, New Hampshire determined that residential SUD providers could not be classified as an IMD pursuant to 42 CFR 1009. This determination was made in 2015, prior to the release of CMS clarification of 42 CFR 438.6 (e) in March 2016. As a result, residential treatment providers were advised that SUD facilities with more than (16) sixteen beds would not be considered an IMD in New Hampshire. The waiver is necessary to address the compliance issue with 42 CFR 438.3 (e) identified by CMS on March 13, 2017 and to ensure that publicly-funded SUD residential treatment is clinically appropriate and that the provider capacity continues to expand to address the opioid epidemic. New Hampshire is working with our federal partners at CMS to ensure that the waiver is expedited.

Comment #3 – This is necessary for providers to support those with Medicaid. If we were limited to 15 or 16 beds, this not a viable business option; this is incredibly important for providers since nobody has less than 16 beds.

Response #3 – The Department concurs with this comment.

Comment #4 – How long is the waiver good for?

Response #4 – The Department has applied for a five year waiver.

Comment #5 – Does this cover Medicaid and non-Medicaid for both adults and children?

Response #5 – The waiver is specific to Medicaid, but by increasing capacity for Medicaid funded services, the Department is facilitating an opportunity for provides to receive payment through both public and private sources to increase overall capacity in the State.

Comment #6 – How does this work with in lieu of services in the managed care contracts?

Response #6 – The Department, with the authority granted through a waiver from CMS, does not need to exercise an in lieu of option in the managed care contracts since the authority waives the limitation on IMD service days for SUD treatment.

Comment #7 – Will this allow mental health services? Is the Department considering a mental health IMD waiver?

Response#7 – This demonstration authorizes FFP for covered/coverable Medicaid services provided to beneficiaries who are admitted to an IMD for the purpose of SUD treatment. The expenditure authority is not limited to the SUD-related treatments exclusively. If a participating SUD IMD provider renders mental health services to treat a beneficiary's co-occurring disorder, that would be allowable; as would primary care, pharmacy, or other covered Medicaid services provided to the beneficiary by the IMD or other Medicaid provider. However, FFP for covered Medicaid services provided to beneficiaries who are admitted to IMDs primarily for mental health treatment (or for any reason other than for SUD) are not included in the 1115 SUD demonstration option. The Department is exploring mental health options in collaboration with our CMS federal partners. The Department's web site provides a link to the November 1, 2017 CMS guidance for the waiver.

Comment #8: Does this mean if you are between 18 and 21 years of age the waiver does not apply to you?

Response #8: The Department's request is to allow a waiver for IMD exclusion for Medicaid eligible individuals 21 to 64, as well as those under 21, receiving residential substance use disorder (SUD) treatment in an IMD for as long as is medically necessary. HB 517 requires the State to develop a 36-bed residential SUD treatment facility available to adolescents under 18 years old. The waiver will include services that are in alignment with the existing substance use disorder delivery system for residential treatment and expand availability of services in the state of NH for adolescents.

Comment #9: Who are the providers per ASAM? Is this outlined here in NH?

Response #9: The ASAM criteria is the medical necessity criteria that is used to determine appropriate level of care for individuals with SUD. All SUD providers that meet provider and facility qualifications in He-W 513 must follow these criteria. Provider eligibility for SUD services is outlined in He-W 513.

Comment #10: Is there a need to have this capacity for children?

Response #10: HB517 directed the Department to redevelop excess capacity at Sununu Youth Services Center for a SUD residential program for adolescents <18 years of age. There are no residential programs for this population in NH and therefore few claims to assess any historical utilization. HB517 also required outpatient capacity development for this population and the Department will review the timeline for those services once residential services at the facility are available targeted to begin July 1, 2018.

Comment #11: What is the professional or hospital portion of the service? Is there facility type billing?

Response #11: Hospitals providing SUD services in accordance with He-W 513 are eligible service providers for the full array of benefits. Hospitals billing for SUD services would bill the DRG code as outlined in the rate spreadsheet available at <https://www.dhhs.nh.gov/ombp/sud/documents/sud-billable-services.pdf>

Comment #12: Is there a bed listing by provider type based on what is noted in the slide deck?

Response #12: The list of state funded treatment providers can be found on the Bureau of Drug and Alcohol Services treatment resource guide available at:

<https://www.dhhs.nh.gov/dcbcs/bdas/documents/resource-guide-treatment.pdf>. The list of licensed residential facilities can be selected by selecting “Residential Treatment and Rehab” as the license type in the search function available at:

<https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y'>

Comment #13: There is a “stigma” noted around the Sununu Youth Center that may keep some families from engaging in services. How will the Department address this since it is a service entirely separate from the Center?

Response #13: The Department has been very sensitive to the stigma concerns related to the population being served at Sununu Youth Services Center. Prior to designing the program, Department representatives met with youth at the facility to understand the needs for youth with SUD and built that feedback into the program design. To address this, the separate entry space for the SUD program is being constructed to reflect a rehabilitative environment and all programming is required to be delivered in accordance with clinically appropriate criteria. Additionally, specific program requirements regarding working with youth and families were built in the program design, specifically requiring alignment with the State Youth Treatment Strategic Plan available in Appendix G at:

<https://www.dhhs.nh.gov/business/rfp/documents/rfp-2018-bdas-11-resid.pdf>

Comment #14: How will telehealth for SUD services being considered as part of this waiver?

Response #14: This waiver does not consider telehealth SUD services.