

New Hampshire Department of Health and Human Services

**Public Hearing for NH's "*Substance Use Disorder Treatment and Recovery Access*"
Section 1115(a) Research and Demonstration Waiver**

**Public Forums: March 6, 2018, Manchester
March 13, 2018, Nashua**

Background

- ***New Hampshire is experiencing one of the most significant public health crises in its history***
 - Third highest overdose death rate in the country (39 per 100,000).
 - In 2016, 485 people died of overdose.
 - Between 2012 and 2016, the number of times emergency medical personnel administered Narcan more than tripled, from 877 to 2,793.
- ***Major impacts to communities and families***
 - Rate of NAS births per 1,000 live hospital births reached 24.4 per 1,000 in 2015.
 - In 2015, DHHS' Division for Children, Youth, and Families reported that it received 504 reports of children born drug-exposed, an increase of 37% from 2014.
- ***Alarming trends in youth substance use***
 - New Hampshire ranks in the top five (5) in the nation for binge drinking among 12-20 year olds.
 - In 2015-2016, 8.98% (95% CI: 7.32-10.96) of NH individuals aged 12-17 reported illicit drug use in the past month.
 - Estimated 3,000 youth indicated they needed but did not receive treatment for illicit drug in a specialty facility in the past year.



Waiver Request

- As part of its overall approach to addressing the substance use disorder crisis, the New Hampshire Department of Health and Human Services (DHHS) is applying for a Section 1115(a) Demonstration Waiver from the Centers for Medicare and Medicaid Services (CMS).
- This waiver will enable the Department to reimburse residential SUD treatment providers with more than 16 beds.
- The services proposed within the “Substance Use Disorder Treatment and Recovery Access” Waiver will include those that are in alignment with the existing substance use disorder delivery system for residential treatment and expand availability of services for individuals with co-occurring mental health disorders.
- The adolescent residential treatment program outlined in the waiver will begin operations on July 1, 2018.
- Expenditure authority is being requested for individuals who meet the criteria above who are either in fee-for-service or enrolled in Medicaid managed care.
- This Demonstration will further the objectives of Title XIX by increasing access to residential SUD treatment services for adults and adolescents in New Hampshire.
- DHHS will submit its “Substance Use Disorder Treatment and Recovery Access” Waiver application to CMS by April 9, 2018.



Current Substance Use Disorder System

Benefit Coverage:

- 1) **NH Health Protection Program-** Effective August 2014. These members are currently served through the Premium Assistance Program (PAP), receiving coverage on the exchange through commercial carriers. Each commercial carrier covers substance use disorder services, but scope of benefits vary.
- 2) **Medicaid-** Effective July 2016. Medicaid recipients in the state's fee-for-service plan or enrolled with managed care, are eligible to access SUD benefits listed below.

SUD Service Type	Description
Screening, by Behavioral Health practitioner	Screening for a substance use disorder
SBIRT	Screening, Brief Intervention, Referral to Treatment
Crisis Intervention	Crisis services provided in an office or community setting
Evaluation	Evaluation to determine the level of care and/or other services needed.
Medically Managed Withdrawal Management	Withdrawal management in a hospital setting, with or without rehabilitation therapy
Medically Monitored Withdrawal Management	Withdrawal management provided in an outpatient or residential setting
Opioid Treatment Program	Methadone or Buprenorphine treatment in a clinic setting
Office based Medication Assisted Treatment	Medication Assisted Treatment in a physician's office provided in conjunction with other substance use disorder counseling services.

SUD Service Type	Description
Outpatient Counseling	Individual, group, and/or family counseling for substance use disorders
Intensive Outpatient	Individual and group treatment and recovery support services provided at least 3 hours per day, 3 days per week.
Partial Hospitalization	Individual and group treatment and recovery support services for substance use disorder and co-occurring mental health disorders provided at least 20 hours per week.
Rehabilitative Services	Low, Medium, and High Intensity residential treatment provided by Comprehensive SUD Programs.
Recovery Support Services	Community based peer and non-peer recovery support services provided in a group or individual setting.
Case Management	Continuous Recovery Monitoring



Current Substance Use Disorder System

- DHHS' Bureau of Drug and Alcohol Services contracts with fifteen SUD treatment providers across the state to provide substance use disorder treatment and recovery services.
 - Covers those who are not Medicaid eligible or,
 - Commercial benefit plan leaves individual underinsured for the medically necessary level of care.
- SUD residential treatment facilities and insurance carriers in New Hampshire are required to provide services and treat patients in accordance with the current criteria adopted by ASAM (RSA 420-J:16, I and N.H. Admin. R. He-W 513.04(f)).
- Increasing number of individuals in emergency rooms in acute psychiatric crisis presenting with co-occurring substance use disorder.

Table 3. New Hampshire Hospital Waitlist as of March 5, 2018

NH Hospital Admitting Queue	Number of Children	Number of Adults
45	4	41



Adult Residential SUD

- New Hampshire is requesting that CMS waive Section 1905(a)(29)(B), 42 CFR 438.6(e), and 42 CFR 435.1010 to allow a waiver of the IMD exclusion for Medicaid-eligible individuals aged 21 to 64 receiving residential substance use disorder (SUD) treatment in an IMD for as long as is medically necessary.
- During the rollout 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 prior to the release of the CMS clarification on 42 CFR 438.6(e) in March of 2016.
 - Waiver allows the Department to come into compliance with the managed care reg. while continuing to provide payments to SUD providers that are classified as an IMD.
 - Potential for additional SUD residential programs to expand to >16 beds with waiver in place.
 - This is inclusive of inpatient mental health facilities serving individuals with co-occurring SUD.
 - All residential SUD programs must:
 - Be enrolled with Medicaid as a Comprehensive SUD Program,
 - Comply with He-W 513 rules for Comprehensive SUD Program,
 - Comply with He-P 807 for Residential Facilities, and
 - Utilize ASAM Criteria for determining appropriate level of care.



Current Substance Use Disorder System Adult Access

ASAM Level	Description	Waitlist as of February 2018
Level 3.5	Clinically Managed High-Intensity Residential Services for adults	28
Level 3.1	Clinically Managed Low-Intensity Residential Services	28

- NH DHHS has invested more than \$30M to enhance and expand service capacity in a full continuum of care to treat individuals with substance use disorder.
- Residential treatment access for substance use disorder continues to be limited:
 - 15 state funded entities
 - 18 licensed residential facilities (511 beds), of which 13 are enrolled as Medicaid providers (379 beds).



Adolescent Residential SUD

- New Hampshire is requesting that CMS expand the exception to the IMD exclusion in 42 CFR 441.11(c)(5) to the provider type Comprehensive SUD program to allow New Hampshire to claim federal financial participation (FFP) for individuals under 21 receiving residential substance use disorder treatment in these facilities.
 - Specifically NH is proposing that any facility serving adolescents with SUD will:
 - Be enrolled with Medicaid as a Comprehensive SUD Program,
 - Comply with He-W 513 rules for Comprehensive SUD Program,
 - Comply with He-P 807 for Residential Facilities, and
 - Utilize ASAM Criteria for determining appropriate level of care.



Current Substance Use Disorder System

Adolescent Access

- Currently no residential treatment programs specifically for youth in NH.
- HB 517 (2017) required the State to redevelop excess capacity at the existing Sununu Youth Services Center to allow for expansion to a 36-bed residential SUD treatment facility available for adolescents under 18 years old.



Adolescent Residential SUD

- *Sununu Youth Services Center SUD Program*
 - Designed as Comprehensive SUD Program
 - Providing low intensity and medium intensity residential services for adolescents in accordance with ASAM.
 - Providing services to adolescents with co-occurring mental health disorders.
 - 36 beds for adolescent SUD treatment
 - 16 beds available on July 1, 2018, additional 20 beds available on August 1, 2018 or 30 days following notification of waiver approval.



Budget Neutrality

- DHHS is working with the Department's actuary to develop a budget neutrality approach for its "Substance Use Disorder Treatment and Recovery Access" Waiver.



Evaluation

- DHHS will submit an evaluation design for its “Substance Use Disorder Treatment and Recovery Access” Waiver no later than 120 days after CMS approves the Waiver.
- The State will test the following research hypotheses through its “Substance Use Disorder Treatment and Recovery Access” Waiver:
 - Adult Medicaid recipients, ages 21 through 64, will have equal to or better access to SUD residential and hospital rehabilitation treatment services in New Hampshire.
 - Adolescent Medicaid recipients will have better access to SUD residential treatment services in New Hampshire.
 - Adult Medicaid recipients, ages 21 through 64, will have equal to or better access to acute inpatient hospital services for the treatment of MH and SUD co-occurring disorders when admitted for a primary SUD diagnosis.



Substance Use Disorder Treatment and Recovery Access Waiver Timeline

Post Draft 1115

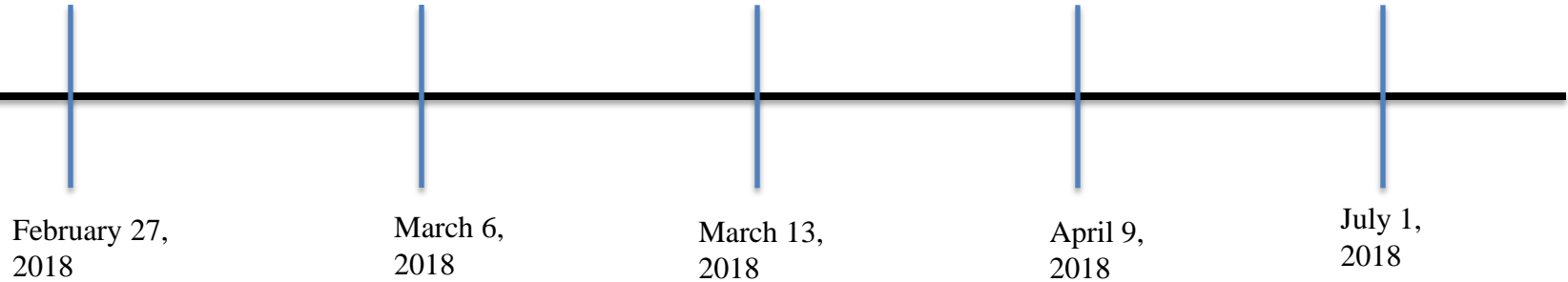
Waiver
Application for
Public
Comment

Convene Public
Hearing #1

Convene Public
Hearing #2

Submit Final
1115 Waiver
Application to
CMS

Begin Service
Implementation



Opportunities for Public Input – Public Hearings

- **Tuesday, March 6, 2018 – Manchester**

6:00 – 7:30pm

Manchester Health Department

1528 Elm Street

Manchester NH

Call-in option: To participate by phone, call in at 6:00 pm to:

1-866-470-8024

When prompted, use this code: 965 412 0884

Snow Date – Thursday, March 8, 2018, 6-7:30 pm, Manchester Health Department

- **Tuesday, March 13, 2018 – Nashua**

1:00 – 2:30pm

Harbor Homes – Partnership for Successful Living

77 Northeastern Blvd

Nashua, NH

Snow Date – Wednesday, March 14, 2018, 1-2:30 pm, Harbor Homes Partnership for Successful Living

- **MCAC Meeting: Monday, March 12, 2018**

10:00am – Noon

New Hampshire Hospital Association

125 Airport Rd

Concord, NH



Email or Mail

- Comments may be submitted by email to imdsudwaiver@dhhs.nh.gov or by regular mail to:
Ms. Leslie Melby, New Hampshire Department of Health and Human Services, 129 Pleasant Street, Concord, NH 03301
Attn: Substance Use Disorder Treatment and Recovery Access
Section 1115(a) Research and Demonstration Waiver

Current Draft Waiver Application

- The complete version of the current draft of the demonstration waiver application can be found at:
<https://www.dhhs.nh.gov/sud-imd/index.htm>



Web Site

- Notice, waiver documents, and information about the waiver are available on the DHHS web site at <https://www.dhhs.nh.gov/>
- To reach all stakeholders, non-electronic copies of all the aforementioned documents are available by contacting Leslie Melby at the Department at 603-271-9074.

Public Comments may be submitted until 12 noon (Eastern) on Friday, March 30, 2018.

