

*New Hampshire Substance Use Disorder Treatment and Recovery Access
Section 1115(a) Research and Demonstration Waiver
Public Comment and Responses from NH DHHS
Federal Comment Period
April 26, 2018 – May 26, 2018*

Comment #1 – New Hampshire should create a plan to reinvest any funds that the state currently spends on residential services that it would save when such residential services are eligible for federal matching funds under the waiver to support building additional provider organizational capacity and defray the one-time costs new and existing substance user providers must incur to start participating in Medicaid,

Response #1 – Thank you for this suggestion and the State will continue to explore opportunities to fill gaps in services. It is important to note that the Department’s 1115 Delivery System Reform Incentive Program (DSRIP) waiver incentive funding allows health care providers and community partners within a region to form relationships focused on transforming care. The DSRIP incentive funding 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 complement 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 – The State’s application fails to demonstrate the need for residential placements for SUD for longer than 15 days for individuals ages 21-64.

Response #2 – 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*. ASAM criteria does not apply time limits to treatment stays.

Comment #3 – The State has not demonstrated a need for the 36 beds for children in the data provided in its application.

Response #3 -- HB 517 directed the Department to redevelop excess capacity at Sununu Youth Services Center for a SUD residential program for adolescents <18 years of age which equates to a 36 bed facility. There are no residential programs for this population in NH and therefore few claims to assess any historical utilization, but there is adequate budget trending to demonstrate the need for in-state residential capacity at a 36 bed limit. HB 517 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.

Comment #4 – The State has not explained why community based substance abuse services cannot meet the needs of this population.

Response #4 – ASAM residential programs, operating within ASAM clinical standards, are clearly recognized as community based substance use disorder treatment services.

Comment #5 – The application does not demonstrate how the State will incorporate a regular utilization review in this process to ensure that the facility is being used appropriately.

Response #5 – The Department, as part of the state monitoring protocols for the waiver, will monitor and report out on lengths of stay. All New Hampshire based substance use disorder treatment programs must comply with ASAM standards and are subject to regular clinical and facility audits.

Comment #6 – We believe the State’s capacity to provide intensive outpatient options, particularly for complex youth is insufficient.

Response #6 – The Department continues to explore opportunities to increase capacity for a full continuum of care for all people. For children and adolescents with complex behavioral needs, the Department is submitting to CMS a 1915(i) State Plan Amendment to provide for wrap around services. Please note that the State funds a contract specifically for outpatient services for youth, and HB 517 also requires outpatient capacity development for this

population at the Sununu Youth Services Center SUD program. The Department will review the timeline for on-boarding outpatient services once residential services sited at the Sununu Center are available.

Comment #7 -- As CMS considers the state's application, we urge CMS and the state to work together to ensure that treatment provider assessments for all addiction treatment services, levels of care, and length-of-stay recommendations, as well as methods of residential treatment provider qualification, are performed by an independent third party that has the necessary competencies to use the current edition of The ASAM Criteria (or such other evidence-based patient placement assessment tools and nationally-recognized program standards, as applicable).

Response #7 – The State has multiple layers of checks and balances with ASAM compliance currently. This includes: 1) Monthly audits conducted by licensed alcohol and drug counselors, as trained in the most recent edition of ASAM, for clinical appropriateness for clients seen at all state treatment facilities; and 2) Facility licensing standards and compliance checks within ASAM guidelines. In addition, the State's RSA 420-J:17 requires that both providers and payers comply with ASAM in making medical necessity determinations. The State also funds a third party regional access point vendor responsible for screening, assessment, and referral to appropriate levels of care using the ASAM guidelines for standards of care.

Comment #8 -- We write to express our strong support for the State of New Hampshire's Section 1115 Waiver Amendment request, which seeks an exemption from the Institutions of Mental Diseases (IMD) exclusion for Medicaid-eligible individuals aged 21-64 receiving residential substance use disorder treatment for as long as medically necessary. The waiver also asks the Centers for Medicare and Medicaid Services to expand the exception to the IMD exclusion to the provider type Comprehensive SUD program to allow New Hampshire to claim federal financial participation for individuals under 21 receiving residential substance use disorder treatment in these facilities for as long as is medically necessary. We believe both provisions of this exemption will help to increase access to critical treatment services in our state.

Response #8 – The State concurs that this exemption will help increase access to critical treatment services in our State.

Comment #9 -- We encourage the specific inclusion of provisions related to HIV counseling and education for individuals being treated for SUD in order to promote awareness and prevention of the disease. We also encourage HIV testing for patients at intake, consistent with ASAM and CDC guidelines, so that those individuals living with HIV may be connected with care and treatment.

Response #9 -- The Department currently requires specific provisions related to HIV counseling and education for individuals being treated for substance use disorder through contracts with all state-funded substance use disorder providers. The contract language is being added to updated facilities licensing rules to require this of all residential treatment substance use disorder providers; this includes HIV testing for patients at intake, connections to care and treatment, and client education opportunities to promote awareness and prevention of the disease.