

**1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration**

<b>State</b>	<i>New Hampshire</i>
<b>Demonstration name</b>	<i>New Hampshire Substance Use Disorder (SUD) Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver</i>
<b>Approval period for section 1115 demonstration</b>	<i>07/10/2018 – 06/30/2023</i>
<b>SUD demonstration start date<sup>a</sup></b>	<i>July 10, 2018</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	<i>Enter SUD demonstration implementation date (MM/DD/YYYY). Same as above</i>
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<p><i>The goal of this demonstration is for NH to maintain critical access to opioid use disorder (OUD) and other substance use disorder (SUD) services and continue delivery system improvements for these services to provide more coordinated and comprehensive OUD/SUD treatment for Medicaid beneficiaries.</i></p> <p><i>During the demonstration, New Hampshire seeks to achieve the following:</i></p> <ol style="list-style-type: none"> <li><i>1. Increased rates of identification, initiation, and engagement in treatment.</i></li> <li><i>2. Increased adherence to and retention in treatment.</i></li> <li><i>3. Reductions in overdose deaths, particularly those due to opioids.</i></li> <li><i>4. Reduced utilization of emergency departments and inpatient hospital settings for treatment where utilization is preventable or medically appropriate through improved access to other continuum of care services.</i></li> <li><i>5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.</i></li> <li><i>6. Improved access to care for physical health conditions among Medicaid beneficiaries.</i></li> </ol>
<b>SUD demonstration year and quarter</b>	<i>DY3, Q4</i>
<b>Reporting period</b>	<b>1</b> <i>04/01/2021 – 06/30/2021</i>

<sup>a</sup> **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is

considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

**<sup>b</sup> Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

## 2. Executive summary

*The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.*

### Annual Summary

- Due to COVID-19, state fiscal year 2021 (which corresponds to Demonstration Year 3) was one of significant challenge and impacted SUD residential care utilization and service delivery. Safety measures and changes of operating procedures the facilities implemented to respond to the pandemic included reducing occupancy, requiring testing and/or quarantine, purchasing and distribution of PPE, and significant changes to dining.
- During this past demonstration year, there was an expansion of peer recovery support services in the community, expanded distribution of Naloxone to community providers, and continued operation of the Doorways Hub and Spoke system to facilitate individuals accessing treatment at all levels of care.
- On March 12, 2021, Pacific Health Policy Group (PHPG) was selected as the vendor to conduct the SUD Evaluation Implementation. The Governor and Executive Council approved a contract with PHPG to complete the Mid-Point Assessment and implement the Evaluation Design Plan effective 5/19/2021 through 12/30/2025.
- The State submitted an amendment to this Demonstration on August 21, 2020 related to the prospective adjustment to Budget Neutrality limits and corrective action thereto. CMS notified the State of the amendment approval and sent updated STC's on June 16, 2021, and the State sent a letter of STC acceptance on July 2, 2021.

### Quarterly Summary

- There was a 12% decrease in Emergency Department Utilization for SUD from 2020 Q3 to 2020 Q4. The decrease represents an absolute change of 299 services from the prior quarter and a 17% decrease in Inpatient Stays for SUD from 2020 Q3 to 2020 Q4.

- SUD providers, like most health care providers, pivoted quickly and successfully to telehealth at the start of the pandemic and continue to provide services to clients virtually even as the pandemic endures. As the intensity of the pandemic eased in the spring of 2021, Governor Christopher Sununu lifted the State of Emergency in New Hampshire in May. However, telehealth remained a valuable service delivery tool for many vulnerable populations. Therefore in June of 2021, Governor Sununu signed into law HB1623, which made telehealth a permanent part of the health delivery system.

**3. Narrative information on implementation, by milestone and reporting topic**

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services	X		
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		7, 9, 10, 11, 12	<ul style="list-style-type: none"> <li>• Measure 7: There was a 4% decrease in Early Intervention services from 2020 Q3 to 2020 Q4. The decrease represents an absolute change of four services from the prior quarter. The variance is not the desired directionality.</li> <li>• Measure 9: There was a 12% increase in Intensive Outpatient and Partial Hospitalization services from 2020 Q3 to 2020 Q4. The increase represents an absolute change of 167 services from the prior quarter. The variance is the desired directionality.</li> <li>• Measure 10: There was a 3% increase in Residential and Inpatient services from 2020 Q3 to 2020 Q4. The increase represents an absolute change of 42 services from the prior quarter. The variance is the desired directionality.</li> <li>• Measure 11: There was a 29% decrease in Withdrawal Management services from 2020 Q3 to 2020 Q4. The decrease represents an absolute change of 113 services from the prior quarter. The variance is not the desired directionality.</li> <li>• Measure 12: There was a 3% increase in Medication-Assisted Treatment services from 2020 Q3 to 2020 Q4. The increase represents an absolute change of 285 services from the prior quarter. The variance is the desired directionality.</li> </ul>
<b>2.2 Implementation update</b>			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)			<u><b>Annual</b></u> BDAS collaborated with MCOs and the Bureau of Program Quality (BPQ) on drafting the audit tool for the MCOs' SUD provider audits.
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
<b>3.2. Implementation update</b>			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			<u><b>Annual and Quarterly</b></u> <ul style="list-style-type: none"> <li>▪ Annual audit of SUD providers began in June. Questions regarding evidence based placement criteria were included in the audit tool.</li> <li>▪ Training on ASAM criteria was presented by the New Hampshire Alcohol and Drug Abuse Counselors Association in April.</li> <li>▪ BDAS worked with ASAM to add a requirement to the SUD treatment RFP that any agency that wishes to advertise that they provide an ASAM level of care must sign an agreement stating that they do indeed follow ASAM requirements.</li> <li>▪ BDAS continues to offer training and technical assistance regarding ASAM.</li> </ul>
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings			<u><b>Annual and Quarterly</b></u> As a part of the Substance Abuse Prevention and Treatment Block Grant, SAMHSA requires an annual Independent Peer Review. This review involves an independent review team monitoring that grant and contract compliance of a vendor. The Independent Peer Review was performed by Arkansas Foundation for Medical Care on an agency that offers a continuum of care, including residential treatment.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

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			The Department removed a prohibition from the MCO contract regarding MCOs requesting prior authorizations.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2			<p><b><u>Quarterly</u></b>                      BDAS will begin establishing a treatment focused community of practice (CoP) that will focus on placement criteria and ASAM. This is occurring in the next quarter.</p> <p><b><u>Annual</u></b></p> <ul style="list-style-type: none"> <li>▪ Audits of BDAS-funded agencies will continue into the next quarter.</li> <li>▪ We requested our technical assistance contractor to do a review of other States’ use of evidence based SUD specific patient placement and how they have improved its use.</li> </ul>



Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3  <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		
<b>4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			<u><b>Quarterly</b></u>  This quarter we worked with ASAM to add a requirement to the SUD treatment RFP that any agency that wishes to advertise that they provide an ASAM level of care must sign an agreement stating that they do indeed follow ASAM requirements. In addition, the Department clarified on the new RFP that Certified Recovery Support Workers that are working toward licensure are not permitted to lead client groups by themselves.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			<u><b>Annual</b></u>  Audits of BDAS funded providers requires agencies to provide resumes and licenses of staff members providing direct care.
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			<ul style="list-style-type: none"> <li>▪ Measure 23: There was a 12% decrease in Emergency Department Utilization for SUD from 2020 Q3 to 2020 Q4. The decrease represents an absolute change of 299 services from the prior quarter. The variance is the desired directionality.</li> <li>▪ Measure 24: There was a 17% decrease in Inpatient Stays for SUD from 2020 Q3 to 2020 Q4. The decrease represents an absolute change of 471 services from the prior quarter. The variance is the desired directionality.</li> </ul>
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			<p><b>Annual</b></p> <p>MCOs are required to meet certain network standards and when an area of the State does not have providers in that area, they must work to bring providers to it.</p>
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
<b>6.2 Implementation update</b>			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
<b>7.2 Implementation update</b>			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports			<b><u>Quarterly and Annual</u></b> There is a requirement in the RFP for upcoming treatment contracts for agencies to assist clients with transition plans. This was included in past contracts as well.
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>8.2 Implementation update</b>			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
How health IT is being used to treat effectively individuals identified with SUD			<p><b><u>Quarterly</u></b>                      As the intensity of the pandemic eased in the spring of 2021, Governor Christopher Sununu lifted the State of Emergency in New Hampshire in May. However, telehealth remained a valuable service delivery tool for many vulnerable populations. Therefore in June of 2021, Governor Sununu signed into law HB1623, which made telehealth a permanent part of the health delivery system.</p>
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD			<p><b><u>Quarterly</u></b>                      As the intensity of the pandemic eased in the spring of 2021, Governor Christopher Sununu lifted the State of Emergency in New Hampshire in May. However, telehealth remained a valuable service delivery tool for many vulnerable populations. Therefore in June of 2021, Governor Sununu signed into law HB1623, which made</p>
8.2.1.iii. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels			<p><b><u>Quarterly</u></b>                      As the intensity of the pandemic eased in the spring of 2021, Governor Christopher Sununu lifted the State of Emergency in New Hampshire in May. However, telehealth remained a valuable service delivery tool for many vulnerable populations. Therefore in June of 2021,</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Governor Sununu signed into law HB1623, which made telehealth a permanent part of the health delivery system.
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics			<p><b>Annual</b>                      42 CFR 431.428(a) 5 qualitative information related to grievances and appeals.</p> <p>July 1, 2020 – June 30, 2021 resulted in (17) grievances and (41) appeals related to the provision of Substance Use Disorder services.</p> <p><b>Grievances</b>                      The Department collects member qualitative data on the details surrounding member grievances. Grievance details include but are not limited to the individual filing the grievance, the party the grievance was against, a</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>summary, the action taken to resolve the grievance, and the date in which the grievance is resolved.</p> <p>In SFY 2021 there were 17 grievances filed related to SUD services. The majority of the grievances (n=10) were focused on Customer Service issues where the member was dissatisfied with how they were treated by the health plan, a provider, pharmacy technician, or non-emergent transportation call center representative. Potential issues ranged from available options for NEMT rides to Methadone clinics to disagreements about medication refills.</p> <p>One (1) grievance was focused on Access to Care issue from a member that was dissatisfied with Methadone Clinic’s change in hours related to COVID-19.</p> <p>Four (4) grievances were focused on Coverage and Benefit issues where the member was dissatisfied with the Health Plan. Potential issues ranged from prior authorization concerns to prescription refills for controlled substances.</p> <p>Two (2) grievances were related to the quality of care provided by outpatient providers. Both issues were related to dissatisfaction with the providers’ services to the patient.</p> <p>All grievances were acted upon with a variety of resolutions, which included provider training, provider peer-to-peer consultations, and escalations for further investigations. A high-level thematic analysis of</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>grievances did not result in identification of patterns that could indicate larger systemic issues.</p> <p><b><u>Appeals</u></b>                      The Department collects appeals data specific to services and outcomes of the appeals. Insight through qualitative data are provided when members file a grievance related to the appeals process or the outcome. Of the 41 appeals for SUD services in DY 2021, 4 grievances were potentially filed. The low number of potential grievances filed based on SUD coverage decisions could be an indicator that appeals are being processed correctly.</p> <p>Of the 41 appeals filed for SUD services, the outcome of 18 of the appeals was a reversed decision. A high rate of reversed appeals could indicate that coverage decisions were not initially determined in an accurate fashion. While further research would be needed to evaluate decision making criteria, the overall low number of appeals supports the theory that there are not systemic issues.</p> <p>Of the 41 appeals filed for SUD services, 13 were related to pharmacy coverage decisions. This information is consistent with appeals for non-SUD services where the greatest number of appeals are filed to dispute pharmacy coverage decisions. The similar comparison suggests there is not a system issue indicated by SUD appeals data.</p>



Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			At this time, there are no beneficiary satisfaction surveys that were conducted during the reporting year for this 1115 demonstration.
<b>9.2 Implementation update</b>			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

**4. Narrative information on other reporting topics**

Prompts	State has no update to report (Place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		<b><u>Annual and Quarterly</u></b> The State submitted an amendment to this Demonstration on August 21, 2020 related to the prospective adjustment to Budget Neutrality limits and corrective action thereto. CMS notified the State of the amendment approval and sent updated STC's on June 16, 2021, and the State sent a letter of STC acceptance on July 2 <sup>nd</sup> . CMS updated the budget neutrality workbook to reflect the adjusted targets on August 10 <sup>th</sup> and the State submitted the workbooks for Q3 and Q4 on September 10 <sup>th</sup> .
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompts	State has no update to report (Place an X)	State response
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		<p><b><u>Annual</u></b>                      Due directly to the PHE, one facility ceased operation and another cut its operations by 50%.</p> <p><b><u>Quarterly</u></b>                      A new operator took over the operations of the facility that closed. They obtained their licensure in April and began taking clients in July 2021.</p>
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	
11.2.3 The state is working on other initiatives related to SUD or OUD		<p><b><u>Quarterly</u></b>                      The process for in-depth opioid treatment providers audits has been designed and should be operational next quarter.</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompts	State has no update to report (Place an X)	State response
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)		These audits are for opioid treatment providers in the State, regardless of if they serve waiver members.
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		<p><b><u>Annual and Quarterly</u></b></p> <p>On March 12, 2021, Pacific Health Policy Group (PHPG) was selected as the vendor to conduct the SUD Evaluation Implementation. The Governor and Executive Council approved a contract with PHPG to complete the Mid-Point Assessment and implement the Evaluation Design Plan effective 5/19/2021 through 12/30/2025.</p>
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs		<p><b><u>Quarterly</u></b></p> <ul style="list-style-type: none"> <li>▪ May 21, 2021: an initial/introductory status call was held with the Medicaid Quality Program to discuss deliverables and timelines. Project management objectives and tools were discussed as well as identifying key stakeholders, communication plan and secure data exchange, data analytics plan, administration/budget, and plans for a kick-off meeting.</li> <li>▪ June 17, 2021: a project kick-off meeting was held with PHPG, Bureau of Program Quality, NH Medicaid, and the Bureau of Drug and Alcohol Services (BDAS). PHPG provided a presentation to introduce themselves and provide an SUD Demonstration Overview; Mid-Point Assessment requirements; 5-year demonstration requirements; and, identify the DHHS evaluation liaisons.</li> <li>▪ June 24, 2021: a status meeting was held with PHPG, Quality, Medicaid and BDAS to discuss the implementation plan progress on milestones; stakeholder</li> </ul>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompts	State has no update to report (Place an X)	State response	
		involvement for the Mid-Point Assessment; and, identifying key liaisons to provide needed documentation. <ul style="list-style-type: none"> <li>▪ Bi-Weekly Status meetings were scheduled with PHPG for the remainder of the demonstration.</li> </ul>	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		Deliverable	Due to CMS
		1. Mid-Point Assessment	12/31/2021
		2. DRAFT SUD Interim Evaluation Report	6/20/2022
		3. FINAL SUD Interim Evaluation Report	No later than 9/30/2022
		4. DRAFT SUD Summative Evaluation Report	12/30/2024
		5. FINAL SUD Summative Evaluation Report	No later than 3/28/2025
		6. FINAL & APPROVED SUD Summative Evaluation Report posted to the DHHS website	30 days after CMS Approval
<b>13. Other demonstration reporting</b>			
<b>13.1 General reporting requirements</b>			
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X		
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes		<b>Annual and Quarterly</b> The state accepted the changes to the STC’s related to the Budget Neutrality Amendment that CMS approved on June 16, 2021.	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X		
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompts	State has no update to report (Place an X)	State response
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	
<b>13.2 Post-award public forum</b>		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	X	
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		<p><b>Annual</b></p> <p>The use of Naloxone by EMS providers was down 30.1%                      Overdose deaths went down by 3.1% last year. New Hampshire is one of only 3 states where deaths actually went down.</p>

\*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

*Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

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*The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a "HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Adjusted, Uncertified, Unaudited HEDIS rates."*