

# NH BUILDING CAPACITY FOR TRANSFORMATION

## SECTION 1115 WAIVER DEMONSTRATION

### SECTION 1115 QUARTERLY REPORT

Demonstration/Quarterly  
Reporting Period: Y2Q2 – March – June 2017

#### I. Present information describing the goal of the demonstration, what it does, and the status of key dates of approval/operation.

The goals of this DSRIP demonstration are; to build behavioral health care capacity; promote integration of physical and behavioral health care and improve care transitions that are implicated by behavioral health care needs. The demonstration seeks to achieve these goals by providing funding to providers for organizing themselves into regional networks of providers that can address the full spectrum of needs with which someone with behavioral health care needs may present.

#### II. Integrated Delivery Network (IDN) Attribution and Delivery System Reform Information

##### 1: Trends and any issues related to care, quality of care, care integration and health outcomes.

All IDNs continue to drill down on specific activities for the implementations plans that address the goals and objectives established in their regional project plans which are due July 31, 2017. Due to this early infrastructure building and planning phase, trends have not yet been identified.

IDN's continue to work collaboratively with their regional partners engaging hundreds of participants in as many strategic and planning meetings this reporting period.

HIT

Implementation Plans

Workforce Strategic Plan

Boot Camp

CTI training

In addition, IDNs continue to engage partners in developing the implementation plans including timelines, milestones, progress checkpoints, evaluation metrics and budgets.

Six of the IDNs have collaborated to contract to complete a baseline assessment of behavioral health and primary care organizations to assess the level of integration. In addition, they have contracted with UNH Health Law and Policy to assist regions with the development of privacy consents that are compliant with 42 CFR Part 2. Five regions have joined together to contract with Hunter College to assist with training and implementation of the Critical Time Intervention Model which is the core of the C1 project. The collaboration of the IDNs on the contracts provided the ability to share/reduce costs.

In addition, the further development of a Statewide Workforce and HIT Taskforce will provide opportunities for efficiencies which will eliminate overlaps in services that will drive cost savings across all regions.

Region 7 received a collaborative proposal of 5 providers to collaborate with other partners in Carroll County to create a ready workforce to address complex behavioral health and substance use in the region, enhance care coordination through adding staff capacity, increase the number of MAT providers in the region, improve behavioral health access, and address community outreach and education. In addition the regional community mental health center will partner to create a primary care office within the Berlin location to treat SMI, SPMI, and dually diagnosed patients.

**2: Any changes, issues or anticipated changes in population attributed to the IDNs, including changes to attribution methodologies.**

The IDNs have reported that there are no significant changes to their attributed population. Membership across the IDNs has remained consistent. Throughout the evolution of the project, the IDNs continue to identify their individual staffing needs as projects continue to evolve. The Opioid crisis continues to be a significant issue within each of our IDN's as does the availability of adequate workforce to respond to the needs of NH Medicaid recipients.

**3: Information about each regional IDN, including the number and type of service providers, leader provider and cost-savings realized through IDN development and maturation.**

See attached: IDN-leads

See attached: All projects by IDN by Provider 2017-08-23

**4: Information about the state's Health IT ecosystem, including improvements to governance, financing, policy/legal issues, business operations and bi-directional data sharing with IDNs.**

The Statewide HIT Taskforce has continued to refine the Statewide Implementation Plan. The Taskforce has continued to review vendor demonstrations related to both the shared care plan and data aggregator. The IDNs have voted to engage with CMT for a statewide shared care plan and event notification vendor. The Taskforce continues to review vendors for the data aggregator. The IDNs are working to determine specific data needs prior to choosing a data aggregator vendor and have determined that streamlining the data collection process and enable a statewide central location for the data to be pushed to from each agency which will reduce costs. The IDNs continue to review the legal rulings related to the statutory prohibition of a centralized repository for storing patient data.

In addition, the IDNs have been working closely with UNH Health Law and Policy Institute for Health Policy and Practice to drill down the privacy issues and required legal documentation pertaining to 42 CFR Part 2. These sessions allowed the IDNs to hone the understanding of the movement of health information between member agencies as the patient accesses various services which will assist the IDNs in refining protocols and processes surrounding data sharing agreements and

necessary consents from clients.

**5: Information about integration and coordination between service providers, including bi-directional integrated delivery of physical, behavioral health services, SUD services, transitional care and alignment of care.**

IDNs report continued improvement in integration and coordination between service providers. By comparing the current state of the providers against the designation requirements, the IDNs have noted continued movement in addressing workforce training and staffing needs by identifying gaps and defining steps and resource needed within each IDN as well as Statewide. In order to enhance efforts in coordination and collaboration through networks, a clear and shared understanding of importance of the core competency project is paramount to success. IDN7 reports a CMHC and a FQHC are working to co-locate services. In addition, 2 hospitals, a health center, a family resource center and a home health agency is working toward coordinated services.

Please refer to See attached: All projects by IDN by Provider 2017-08-23 project B1

**6: Information about specific SUD-related health outcomes including opioid and other SUD-dependency rates, opioid and other SUD-related overdoses and death - and trend rates related to Hepatitis C and HIV acquisition.**

IDNs report no new trends related to SUD outcomes as well as trend rates for Hepatitis C and HIV acquisition. Statewide data points to the validity of the reality of an opioid epidemic which strengthens the need for the DSRIP transformation waiver. Fentanyl continues to be linked to deadly overdoses. IDNs also recognize the larger impact of all substances, including alcohol. IDNs report cosponsoring public forums surrounding SUD and mental health understanding. In addition, regions report an increase of Narcan distribution and training. IDNs are engaging DHHS and the Medicaid MCOs in discussions to inform data driven implementation plans.

### III. Attribution Counts for Quarter and Year to Date

Please complete the following table that outlines all attribution activity under the demonstration. The state should indicate “N/A” where appropriate. If there was no activity under a particular enrollment category, the state should indicate that by “0”.

Note: Enrollment counts should be unique enrollee counts by *each* regional IDN, not member months

#### DSRIP CY 2017 Q2 - Quarterly Enrollment Changes

Source: MMIS enrollment data as of 5/18/2017 & 7/11/2017

IDN	IDN Attributed Population <sup>1</sup>	Newly Enrolled in Current Quarter	Disenrolled in Current Quarter <sup>2</sup>	Current Enrollees: Year to Date <sup>3</sup>
1	28,849	1,699	2,335	28,213
2	19,167	1,243	1,729	18,681
3	24,927	1,707	2,356	24,278
4	48,594	2,961	4,341	47,214
5	17,677	1,133	1,606	17,204
6	32,953	1,984	2,920	32,017
7	19,320	1,044	1,709	18,655
<b>Total</b>	<b>191,487</b>	<b>11,771</b>	<b>16,996</b>	<b>186,262</b>

#### Notes:

1. Attributed population includes 177,104 members from the 12/31/2016 Outcome Attribution who were attributed through claims and geography and continued to be Medicaid Eligible on 4/1/2017, and 14,383 members newly enrolled between 1/1/2017 and 4/1/2017 who were attributed through geography only.
2. Newly Enrolled population includes members who were attributed on 12/31/2016, but were not eligible as of 4/1/2017, and became eligible later in the quarter.
3. Disenrolled population includes members who moved out of state between 4/1/2017 and 6/30/2017.
3. Current population includes members who were Medicaid Eligible on 6/30/2017.

### IV. Outreach/Innovation Activities to Assure Access

Summarize marketing, outreach, or advocacy activities to potential eligible and/or promising practices for the current quarter to assure access for demonstration participants or potential eligibles.

All IDNs are fully engaged in efforts towards engaging the community and gathering continual input from providers, partners and potential demonstration participants. A variety of outreach activities directly targeted to outreach and information exchange have been implemented in each IDN. Current initiatives cited that IDNs are engaging include hosting a Behavioral Health Conference, connecting through various social media platforms, continued participation in the Children's Behavioral Health Collaborative, participation in the Medicaid Innovation Accelerator program, hosting town hall meetings, publishing monthly newsletters, attending public health meeting and substance misuse prevention meetings, as well as conducting regional meetings. IDNs continue to use information identified in needs assessments and gap analysis to determine where targeted outreach is needed and continually engaging with other regional partners to ensure that information about the demonstration project is disseminated throughout the state. The Learning Collaborative Website is scheduled to go live in August. In addition, many of the IDNs are working to develop individual IDN specific websites.

## **V. Operational/Policy/Systems/Fiscal Developments/Issues**

A status update that identifies all other significant program developments/issues/problems that have occurred in the current quarter or are anticipated to occur in the near future that affect health care delivery, including but not limited to program development, quality of care, approval and contracting with new plans, health plan contract compliance and financial performance relevant to the demonstration, fiscal issues, systems issues, and pertinent legislative or litigation activity.

The IDNs continue to formalize their governance and operating structures, policy and procedures as well as focusing on data needs for the Shared Care Plan and Data Aggregator. In addition, 6 of the IDNs attended a 4 part Privacy Bootcamp series related to 42 CFR Part 2. This bootcamp combined training and knowledge with application of learned policies in IDN group activity sessions for half of each meeting. IDN's identified part 2 providers within their regions, identified part 2 data, and began drafting workflows for working with recipients receiving SUD services, IDN's bring the knowledge and skills training back to their provider partners and continue to develop the requisite policies and procedures to support meaningful integration across the region and the state.

## **VI. Financial/Budget Neutrality Development/Issues**

Identify all significant development/issues/problems with financial accounting, budget neutrality, and CMS 64 and budget neutrality reporting for the current quarter. Identify the state's actions to address these issues.

## **VII. Consumer Issues**

A summary of the types of complaints or problems consumers identified about the program or grievances in the current quarter. Include any trends

discovered, the resolution of complaints or grievances, and any actions taken or to be taken to prevent other occurrences.

No complaints or problems have been identified. Several IDNs reported the need to implement a process for collecting this information moving forward as well as the development of a process for reviewing and responding to complaints or problems. Consumers identified the need for supportive housing through engagement via advisory groups, surveys and focus groups.

## VIII. Quality Assurance/Monitoring Activity

Identify any quality assurance/monitoring activity or any other quality of care findings and issues in current quarter.

The IDNs have opened dialogue with one another on current screening tools used to monitor quality assurance. One IDN's quality assurance efforts include spot audits of partner collected data against claims/utilization data which have proven ineffective due to the age of the data. DHHS and the IDNs have begun to open dialogue with the Medicaid MCOs surrounding data. This collaboration will drive decisions regarding data collection as well as quality assurance and monitoring activities

## IX. Demonstration Evaluation

Discuss progress of evaluation plan and planning, evaluation activities, and interim findings.

Evaluation plan is under review with CMS during this reporting quarter.

## X. Enclosures/Attachments



Identify by title the budget neutrality monitoring tables and any other attachments along with a brief description of what information the document contains.

IDN-leads
All projects by IDN by Provider 2017-08-23
Member Months

### Additional Information

#### STC Quarterly Operational Reports

a) Summary of quarterly expenditures;

	4/1/2017	5/1/2017	6/1/2017	Grand Total
1115 WAIVER STAFF ADMINISTRATIVE SERVICES	\$9	\$61	\$16,432	\$16,432
NH IDN CONTRACT SVCS	\$122,382	\$99,821	\$313,445	\$535,648
<b>Grand Total</b>	<b>\$122,391</b>	<b>\$99,882</b>	<b>\$329,927</b>	<b>\$552,201</b>

### XI. State Contacts

Identify the individual(s) by name, title, phone, fax, and address that CMS may contact should any questions arise.

NAME	TITLE	PHONE NUMBER	FAX NUMBER	MAILING ADDRESS
Kelley Capuchino	Senior Policy Analyst	603-271-9096		129 Pleasant Street Concord NH03301
Deborah Fournier	Medicaid Director	603-271-9434		Same as above
Carolyn Richards	Business Systems Administrator	603-271-9439		Same as above

The state of New Hampshire certifies that the member month calculation provided with this quarterly report are accurate.