NH BUILDING CAPACITY FOR TRANSFORMATION SECTION 1115 WAIVER DEMONSTRATION

SECTION 1115 ANNUAL REPORT

Demonstration/Annual Report Including Reporting Period: January 1, 2016 through March 1, 3017

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.

The seven regionally-based Integrated Delivery Networks (IDNs) of physical and behavioral health providers, as well as social service organizations that address the social determinants of health will continue their work toward transformation. Additionally, the IDNs have identified the need for the development of a confidential information system for efficient flow of information among providers as well as education and training of the workforce in order to improve recruitment, retention and ongoing training.

Each IDN has participating providers which include; community-based social service organizations, hospitals, county facilities, physical health providers and behavioral health providers including mental health and substance use disorder treatment providers. The IDNs are requested to include a broad range of organizations that can participate in the required and optional projects. Moreover, IDNs must ensure they have a network of non-medical providers as well as medical providers that together represent the full spectrum of care that may be needed by an individual with a mental health or substance use order. Each IDN has an administrative lead that serves as the coordinating entity for the network of partners in planning and implementing projects as the sole point of

accountability for the State.

IDNs will continue to implement defined projects from a project menu that reflects the three pathways to delivery system reform by: building behavioral health capacity; integrating physical and behavioral healthcare; and improving care transitions.

Quarterly Summary: Key dates of Approval/Operation:

1/6/17 – All Partner Meeting – Open Public Meeting for all IDN Partners focused on regional updated and development of project implementation plans.

1/9/17 – Frisbie Hospital Team – Partner Discussion with Executives & Operations.

1/10/17 – Listening Tour – IDN Partner Meeting for IDN 1

1/10/17 – Families First Team – Partner Discussion

1/20/17 – D3 Workgroup – Project implementation planning

1/23/17 – C1 Workgroup – Project implementation planning

1/24/17 – Community Partners – Partner Discussion – CMHC Operations

1/25/17 – Advisory Council Kick-off Meeting

1/26/17 – Exeter Hospital – Partner Discussion – Hospital/Medical Operations

2/1/17 – Prev., Treatment & Recovery Roundtable – Strafford Country Continuum of Care Updates and Coordination.

2/2/17 – Seacoast Mental Health Center – Partner Discussion CMHC Operations

2/3/17 – D3 Workgroup – Project implementation planning

2/4/17 – Alliance for Community Transportation – Annual meeting for monthly Regional Coordinating Council of transportation providers (agency/volunteer/private)

2/7/17 – Strafford County CAP – Annual Meeting

2/9/17 – Wentworth Douglass Hospital System – Partner Discussion – Behavioral Health and Primary Care Integration

2/10/17 – NH Healthy Families – MCO staff & IDN leads met regarding collaboration

2/13/17 – Portsmouth Hospital Partner Discussion – Hospital & Primary Care Integration

2/16/17 – C1 Workgroup – Project implementation planning

2/17/17 – D3 Workgroup – Project implementation planning

2/21/17 – All Partner Meeting – Open Public Meeting for all IDN partners focused on information exchange needs & barriers around network

2/21/17 – Goodwin Health Center – Partner Discussion – FQHC with MAT Operations & Integration

2/22/17 – Seacoast Community Mental Health – Partner Discussion – CMHC with MAT Operations

3/2/17 – Lamprey Health Center – Partner Discussion – FQHC with Behavioral Health Operations & Integration

3/3/17 – Lamprey Health Center – Partner Discussion – continuation of operations and integration

3/3/17 – Strafford County Legislative Delegation – Executive Committee – Status update on IDN initiative including brief review of early legislative barriers

3/3/17 – C1 Workgroup – Project implementation planning

3/3/17 – D3 Workgroup – Project implementation planning

3/15/17 – C1 Workgroup – Project Implementation planning

3/16/17 – One Sky Area Agency – Partner Discussion –Integrations with Developmental Disability Services

3/20/17 – Goodwin Health Center – Strafford County Delegation Legislative Breakfast

3/22/17 – Social Determinants Workgroup – Kick-Off meeting to outline and recruit scope & deliverables for regional Social Determinants Workgroup

3/23/17 – IDN7 Quarterly Meeting

3/24/17 – Strafford County PHAC Meeting – Reviewed opportunities for collaboration between IDN & PHN initiatives, especially related to the social determinates

3/29/17 – CHI/UNH Learning Collaborative – CHI Behavioral Health In-Person Learning Session at UNH Law

3/29/17 – C1 Workgroup – Project Implementation Planning

3/30/17 – D3 Workgroup – Project Implementation planning; collective impact assessment

3/30/17 – Dover School Community Coalition – Schools Can't Do It Alone community organizing event

3/30/17 – Professional Development – R6 IDN Staff at Psychiatric Mental Health in Primary Care Across the Lifespan conference

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.

IDNs in all regions indicate that it is too early to identify trends. The IDNs continue to collaborate with their participating providers to identify the areas of integrated care that need additional evaluation. Through the continued involvement on the Statewide Workforce and HIT Taskforce, all IDNs have identified the importance of how their projects intersect with workforce and HIT priorities. All IDNs are currently focusing on the continued development of the integrated care teams as well as focusing on improving literacy around the core concepts of integration.

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 while one IDN has indicated a minor decline in attribution. Membership across the IDNs has remained consistent. Throughout the evolution of the project, a various number of agency staff have been identified as project supervisors. The IDNs continue to identify their individual staffing needs as projects continue to grow and evolve.

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 Documents

As potential new participating partners are identified while project planning continues, administrative staffing hours have been expanded. In addition, agencies that are not currently members of the IDNs have participated in discussions and have been accessed as consultants as it pertains to their expertise. One IDN indicates receipt of in-kind contributions have been provided by several network providers to assist in the implementation of regional projects.

All IDNs report that it is too early to realize any cost savings but expect that through continued collaboration and information sharing across all IDNs this will generate savings as projects mature. In addition, the further development of a Statewide Workforce and HIT Taskforce will provide opportunities for efficiencies which will eliminate overlaps in services will drive cost savings across all regions.

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 participating IDNs continue to identify the HIT infrastructure and its needs in order to provide a centralized repository for the successful sharing of coordinated care plans to assist with integrating behavioral health care in managing transitions to and from partners without EHRs as expected. Initial reviews of the results of the HIT gap assessment have identified a great variability in partner capacity for HIT. The IDNs have identified that many of the smaller social service organizations that address the social determinates of health currently do not use electronic health records.

IDNs continue to review the legal rulings related to the statutory prohibition of a centralized repository for storing patient data.

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 resources 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. IDN6 reported that one of several efforts to develop a model for expansion have been addressed by embedding primary health providers within mental health agencies to improve access to coordinated care through information sharing as well as bi-directional integrated delivery of services. Successful models will be shared to stand up systems across the state. IDNs continue to collaborate on aligning the priorities identified in the Workforce Taskforce and the HIT Taskforce.

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. At this time it is too early for local data to be generated. However, 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 which the IDNs also recognize the larger impact of all substances, including alcohol. As care coordination expands and integration of care is achieved, it is expected that future quarterly reports will represent more localized SUD related health outcomes. Hepatitis C and HIB trend rates are collected at the state level, and how IDNs plan to build these assessments into their data collection is still in development. IDNs are engaging DHHS and Medicaid MCOs in discussions to inform data driven implementation plans.

III. Attribution Counts for Quarter and Year to Date

PLEASE NOTE: TO BE COMPLETED BY NH DHHS STAFF

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

IDN	IDN Attributed Population[1]	Newly Enrolled in Current Quarter	Disenrolled in Current Quarter[2]	Current Enrollees: Year to Date[3]
1	29,077	2,368	2,367	29,080
2	19,381	1,678	1,650	19,406
3	25,189	2,256	2,294	25,151
4	48,949	4,153	4,056	49,065
5	17,640	1,765	1,556	17,841
6	33,324	2,872	2,971	33,228
7	19,473	1,572	1,594	19,438
Total	**193,033**	**16,664**	**16,488**	**193,209**

Notes:

1. Attributed population includes 192,223 members from the 12/31/2016 Outcome Attribution who were attributed through claims and geography and continued to be Medicaid Eligible on 1/1/2017, and 810 members newly enrolled on 1/1/2017 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 1/1/2017, and became eligible later in the quarter.
3. Disenrolled population includes members who moved out of state between 1/1/2017 and 3/31/2017.
3. Current population includes members who were Medicaid Eligible on 3/31/2017.

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 in include participation in the Children's Behavioral Health Collaborative, participation in the Medicaid Innovation Accelerator program, hosting town hall meetings, publishing a monthly newsletter, attending public health meetings and substance misuse prevention meetings, as well as conducting regional meetings. IDNs are using 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.

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.

IDNs have continued to work on project plan development, solidifying governance structures, completing Workforce Taskforce and HIT Taskforce deliverables and Outcomes Measurement and Data Reporting.

Few issues were identified by IDNs. One IDN noted that they continue to research an appropriate common software system for the purposes of shared care plans. The development of the DSRIP Administrative Leadership Coalition provides the opportunity for information sharing, collaborating on projects and assisting one another with an open forum of questions and answers. Several IDNs identified engagement with managed care organizations as a developing process with some conversations with payers having already taken place or been scheduled. There are continued conversations around managing patient consent and adhering to confidentiality procedures while also allowing for patient information sharing. Each IDN has regional needs and expectations that can occasionally be challenging to reconcile with a collective solution particularly around issues related to consent/privacy.

Only one region reported a complaint from a partner who had not been involved in the All Partner Meetings. The complaint surrounded the need for the community health center to hire behavioral health staff to be involved in the ongoing projects. The appropriate staff have been brought on as participants in the ongoing projects for that region.

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.

New Hampshire does not have any identified budget neutrality issues. The mechanism for tracking budget neutrality in accordance with the STC's is in place. DSHP spending is below projected and is something the state would like to discuss with CMS. The state would like to discuss consideration of adding DSHP programs while staying within the approved budgeted amount. This approach will allow us to account for delays in contracting, hiring, vacancies, etc. that impact the draw on funds in our DSHP contracts.

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.

IX. Demonstration Evaluation

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

Comments returned by CMS – pending DHHS review in this 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.

DY1 Q2 DSRIP EXPENSE REPORT

NH Medicaid DSRIP MM 2016 through Q1 -2017

XI. State Contacts

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

PLEASE NOTE:

NAME	TITLE	PHONE NUMBER	FAX NUMBER	MAILING ADDRESS
Deborah Fournier	Medicaid Director	603-271-9434	03301	129 Pleasant Street Concord NH
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