

NH BUILDING CAPACITY FOR TRANSFORMATION

SECTION 1115 WAIVER DEMONSTRATION

SECTION 1115 QUARTERLY REPORT

Demonstration/Quarterly
Reporting Period:

DY2Q3 – July – September, 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 have begun work on their implementation plans submitted in July. Due to being in the first stages of implementation, trends have not yet been identified.

IDNs approach to implementation include; maximizing the existing behavioral health workforce by developing mid-level capacities such as Community Health Worker, Case Manager, Care Coordinators, and Peer Coaches.

IDNs have completed the Site Self Assessments which provide valuable baseline data to define priorities in terms of training, education and process reform. Recruitment of new staff and the formation of workgroups drive forward activities related to workflows, protocols and training needs in order to start operationalizing specific projects.

[SECTION 1115 QUARTERLY REPORT

IDN 7 has developed Basecamp, a working platform for sharing between IDN partners. This allows the region to collaborate and update partners on IDN work. Due to the size of the region, Basecamp provides a platform for partners to share their work, successes and struggles. Partners have access to a message board and document storage to enhance collaboration through sharing of information. In addition, IDN 7 has embedded a social worker into a middle school, provided a nurse practitioner to a residential treatment facility, consolidated care managers under one supervisor to provide broad coordination across departments, offered tuition reimbursement for 2 nurse practitioners seeking psychiatric nurse practitioner certification and expanded MAT services.

Six of the IDNs are collaborating to contract with Hunter College to assist with training and implementation of the Critical Time Intervention Model which is the core concept of the C1 project. The collaboration of the IDNs on the contracts provides the ability to share/reduce costs. Training has begun as well as a community of practice.

Additionally, six of the IDNs have completed the contract with UNH Health Law and policy to assist regions with the development of privacy consents that are compliant with 42 CFR Part 2. IDNs continue to work individually to develop privacy consent forms specific to their region.

All IDNs continue to work together to define fields for the Shared Care Plan which provides opportunities for efficiencies which will eliminate overlaps in services that will drive cost savings across all regions. The Shared Care Plan will be different from a treatment plan in that it will be person driven and focused on those areas of need the individuals want shared across provider partners.

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 IDNs 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

IDN 1 reports they recently have partnered with Counseling Associates, a new facility providing primary care, family practice, pediatrics, preventative health screenings, and care coordination.

IDN 4 reports that through shared training, education and network development, they hope that partners will begin to see cost savings. Additional project management capacity, finance support, Population Health/Data Analyst including acquisition of population health analytic software and funding for 3 community driven project directors were approved.

IDN5 reports the sharing of care coordinators within the E5 project. LRGH and HealthFirst are sharing a care coordinator with Riverbend. Riverbend will not bear the overhead but the individual will serve clients of both agencies resulting in clients receiving improved coordinated care.

IDN7 increased by one partner: North Country Serenity Center a peer recovery support agency. IDN 7 is the main coordinating entity for 4 other IDNs for the C1 project which is efficient and cost effective. Additionally, working with NH Training Institute to bring course offerings to the region could lead to savings related to training expenses.

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.

IDNs have begun the contracting process for the Shared Care Plan, Secure Message Exchange, Event Notification Service and Data Aggregator. Due to the complexity of data sharing, the process of contracting is inevitably impacted by the privacy and security issues regarding data sharing. The IDNs continue to work together through a Statewide HIT/Data Collections Subcommittee to identify business requirements for the first rollout of the Shared Care Plan which is scheduled in some regions for January 1, 2018. The MCOs have begun to work with the IDNs surrounding data needs. The IDNs continue to work together to determine specific data fields for the Shared Care Plan.

In addition, the IDNs have been working closely with UNH Health Law and Policy Institute for Health Policy and practice to drill down on the privacy issues and required legal documentation pertaining to 42 CFR Part 2.

[SECTION 1115 QUARTERLY REPORT

These sessions have 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.

IDN 4 has hired a Senior Data Analyst for Population Health

IDN 5 has begun the rollout of new privacy and consent documents to our network partners via a training surrounding the proper use of the forms and an education of 42 CFR Part 2 disclosures.

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.

IDN 1 reports they have hired QI Coaches and have begun to participate in B1 Knowledge Exchange, a bi-weekly meeting with providers to discuss next steps to implementation. They have developed a Social Determinates of Health workgroup and have formalized a pilot launch of the questionnaire. IDN 1 has awarded a project to the Perinatal Addiction Treatment Center to expand to a 3 day Intensive Outpatient Program, as well as, approved Wave 2 to Monadnock Family Services with support from Cheshire Medical Center Primary Care for bidirectional Integration with embedded primary care services.

IDN 5 reports the funding provided to Communities for Alcohol & drug Free Youth (CADY) will allow CADY will enhance work towards transitioning to an alternative payment model that will provide self-sustaining funds to continue to reduce the number of at-risk youth involved with the justice system or SUD population.

IDN 7 reports that 9/28/17 was the official ground-breaking ceremony for Friendship House, the only residential treatment facility in the region with 32 beds, 4 of which will be medical detoxification beds. The IDN Continues to work with Prescription Drug Awareness Project to act as a public service announcement which provides a visual demonstration of misuse of prescription drugs and information. Prescription bottles which will contain information on the severity of misuse, risks of misuse and proper disposal will be available at local businesses. In addition, the IDN continues to create a regionalized peer recovery coordinating agency

to assist in coordinating trainings, support peer recovery workers, and connect people to services.

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 co-sponsoring public forums surrounding SUD and mental health understanding. In addition, regions report an increase of Narcan distribution and training. However, the regions have yet to see a steady positive impact on opioid dependency rates according to the NH Drug Monitoring Initiative Monthly Drug Environment Reports. IDNs report minor improvement in some Counties with increases in other Counties. IDNs expect with the implementation of the SUD Expansion Projects will have a positive impact on the current opioid crisis.

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

SECTION 1115 QUARTERLY REPORT

Source: MMIS enrollment data as of 10/30/2017

IDN	IDN Attributed Population ¹	Newly Enrolled in Current Quarter ²	Disenrolled in Current Quarter ³	Current Enrollees: Year to Date ⁴
1	28,643	2,022	2,189	28,476
2	19,022	1,363	1,612	18,773
3	24,615	1,884	2,163	24,336
4	48,053	3,451	3,901	47,603
5	17,578	1,309	1,451	17,436
6	32,584	2,227	2,811	32,000
7	18,973	1,208	1,395	18,786
Total	189,468	13,464	15,522	187,410

Notes:

1. Attributed population includes 166,916 members from the 12/31/2016 Outcome Attribution who were attributed through claims and geography and continued to be Medicaid Eligible on 7/1/2017, and 22,552 members newly enrolled between 1/1/2017 and 7/1/2017 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 7/1/2017, and became eligible later in the quarter.
3. Disenrolled population includes members who moved out of state between 7/1/2017 and 9/30/2017.
4. Current population includes members who were Medicaid Eligible on 9/30/2017.

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 the IDNs are engaging include; hosting a Behavioral Health Conference, connecting through various social media platforms, continue participation in the Children's Behavioral Health Collaborative, participation in the Medicaid Innovation Accelerator program, publishing monthly newsletters, attending public health meeting and substance misuse prevention meetings, as well as conducting regional meetings. Several of the IDNs have launched region specific websites which provides information on current initiatives, employment opportunities

[SECTION 1115 QUARTERLY REPORT

and calendar of events. The websites are designed to engage partners, potential partners and the community. The Learning Collaborative website launched in August.

IDN 3 launched a national workforce recruitment campaign to include a Career Board, radio ads, social media platforms and sponsored ads on Craigslist and Indeed three weeks prior to the IDN 3 Career Fair which resulted in 40 resumes from individuals within as well as outside of NH.

The IDNs report a variety of activities which include; the launch of several IDN websites, bi-weekly E-news updates, full network meetings, DSRIP 101 Lunch and Learn, DSRIP 101 Road Show available to large organizations, and a Substance Misuse Awareness Forum held in Carroll County

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. IDNs move forward with contract negotiations for the Shared Care Plan, Secure Message Exchange, Event Notification Service, and Data Aggregator. Due to the complexity of data sharing, the process of contracting is inevitably impacted by the privacy and security issues regarding data sharing. DHHS, MCOs and the IDNs have initiated bi-weekly data meetings to discuss privacy issues and to develop a plan to move forward.

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.

With the Q/E September 2017 the prior quarter adjustments for date of service reporting are complete.

Approval of the CPE is still in process which may impact overall funding for the DSRIP waiver.

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 continue to have open 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. Once the Shared Care Plan and Data Aggregator have been initiated, reports generated from real-time data will be an effective tool for monitoring and quality assurance. DHHS and the IDNs have begun 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.

The DSRIP Evaluation Design was approved by CMS in September. A Request for Proposal for has been developed to secure a vendor to provide quantitative and qualitative measurement, including secondary administrative and electronic health data, stakeholder interviews and surveys as well as document review.

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.

- a) Summary of quarterly expenditures;
- b) NH Medicaid DSRIP MM;

Additional Information

STC Quarterly Operational Reports

XI. State Contacts

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

PLEASE NOTE: *****TO BE COMPLETED BY NH DHHS STAFF*****

NAME	TITLE	PHONE NUMBER	FAX NUMBER	MAILING ADDRESS
Kelley Capuchino	Senior Policy Analyst	603-271-9096		