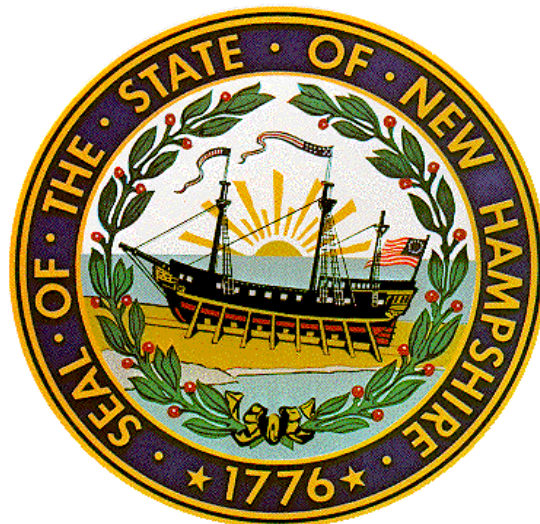


**New Hampshire Building Capacity for Transformation  
Delivery System Reform Incentive Payment (DSRIP)  
Waiver**

**1115 Research and Demonstration Waiver  
Project Number 11-W-00301/1**

**Amendment Request  
October 26, 2018**

**New Hampshire Department of Health and Human Services**



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## **Introduction**

Through the Building Capacity for Transformation, a Delivery System Reform Incentive Payment (DSRIP) program (hereinafter “DSRIP Demonstration”) 1115(a) demonstration, New Hampshire aims to greatly improve access to and the quality of behavioral health services by establishing regionally-based Integrated Delivery Networks (IDNs) that are coalitions of behavioral health and other health care and community providers working collaboratively to develop a sustainable integrated behavioral and physical health care delivery system in New Hampshire.

In New Hampshire, the demand for mental health and substance use disorder services is increasing. New Hampshire is experiencing one of the most significant public health crises in its history. The striking escalation of opiate use and opioid misuse over the last five years is impacting individuals, families, and communities throughout the state. Current provider capacity has not been well positioned to deliver the comprehensive and integrated care that can most effectively address the needs of New Hampshire residents with severe behavioral health or comorbid physical and behavioral health problems.

New Hampshire seeks to transform its behavioral health delivery system by:

- Integrating physical and behavioral health to better address the full range of beneficiaries’ needs;
- Expanding provider capacity to address behavioral health needs, inclusive of substance use disorder, in appropriate settings; and
- Reducing gaps in care during transitions through improved care coordination for individuals with behavioral health issues.

The waiver addresses these goals by:

- Enhancing and expanding existing programs;
- Creating new programs that support New Hampshire’s overall health care reform goals; and
- Coordinating new and existing programs in order to focus holistically on the needs of the people we serve.

## **Purpose, Goals, and Objectives**

### *Statement of Purpose*

The NH Department of Health and Human Services is seeking federal authority to amend the New Hampshire Building Capacity for Transformation 1115(a) Medicaid Demonstration Waiver (Project Number 11-W-00301/1) as follows:

- 1.) Substitute three Designated State Health Programs (DSHPs), to be effective upon the date of approval of this amendment by CMS, for the Governor's Commission on Drug & Alcohol Abuse, Prevention and Treatment and Recovery DSHP (11-W-00301/1, Attachment B, Section VII, G, page 61).
- 2.) The three DSHPs for substitution are the Peer Support Services Program, Mobile Crisis Team/Apartments Program, and Behavioral Health Crisis Treatment Center (see Attachment I).

### *Effect on Recipients and Public Process*

Recipients will not be affected by this amendment.

The State initiated the public comment period on March 29, 2018 and continued through the October 25, 2018. The Department received no comments from the public during this time and therefore, there were no comments to address.

The Department in accordance with 59 Fed. Reg. 49249 (September 27, 1994), VII, State Notice Procedures, used a commission or other similar process, where meetings are open to members of the public, in the development of the proposal which afforded an interested party the opportunity to learn about and comment on the contents of the proposal. On March 29, 2018, the Department emailed information to interested stakeholders (including providers associated with the waiver implementation), posted on the Department's web site, notified MCAC leadership, and provided for public input on the waiver amendment request as part of the scheduled agenda. The Department presented the waiver amendment details, including the DSHP substitutions, at the April 9, 2018 Medicaid Care Advisory Committee (MCAC) meeting (see MCAC agenda at <https://www.dhhs.nh.gov/ombp/documents/mcac-agenda-040918.pdf> <https://www.dhhs.nh.gov/ombp/documents/mcac-agenda-040918.pdf>).

The MCAC meeting is open to the public and members of the public are able to comment on the waiver (presentation and notice link from March 2018 is <https://www.dhhs.nh.gov/section-1115-waiver/index.htm>). On the Department's waiver web site page, the Department also posted the waiver amendment request as submitted to CMS on October 26, 2018 at <https://www.dhhs.nh.gov/section-1115-waiver/index.htm>. This submission details the addition of the Behavioral Health Crisis Treatment Center DSHP.

The public has had multiple opportunities to provide comment and feedback. Even with these efforts, the Department has received no public feedback or questions specific to the DSHP substitutions noted in the waiver amendment request.

The Department's initial presentation to MCAC is substantially the same to that provided in the public notice process. The Department, as part of the public process initiated in April, indicated that it would be considering additional programs with CMS for potential DSHP substitution.

Pursuant to the provisions of the Americans with Disabilities Act, any person that required special accommodations to participate in the MCAC meeting was asked to advise the agency at least 7 days before the meeting by contacting Leslie Melby, NH Department of Health and Human Services at 603-271-9074 or [leslie.melby@dhhs.nh.gov](mailto:leslie.melby@dhhs.nh.gov).

## *Goals and Objectives*

The objective of this amendment is to come into compliance with Special Terms and Conditions (STC) #58 and maintain the opportunity for DSHP financing levels consistent with the demonstration waiver.

The state proposes to:

- Amend Attachment B to: 1.) modify Table A to include the three DSHPs noted above, 2.) change Section VII to list the three DSHPs noted above with an effective date of approval of this amendment, 3.) end date the Governor's Commission on Drug & Alcohol Abuse, Prevention and Treatment and Recovery December 31, 2018 in Section VII, and 4.) add Peer Support Services as DSHP "H," 5.) add Mobile Crisis Team/Apartments Program as DSHP "I," and 6.) add Behavioral Health Crisis Treatment Center as DSHP "J."
- Amend STC 58, Chart B, to include the three DSHPs noted above and end date the Governor's Commission on Drug & Alcohol Abuse, Prevention and Treatment and Recovery December 1, 2018.

## *Federal Waiver and Expenditure Authorities*

The State is not requesting any changes to the current waiver authorities or expenditure authorities authorized. The current approved waiver authorities and expenditure authorities are included in the Special Terms and Conditions on the Department's web site (<https://www.dhhs.nh.gov/>) noted below: <https://www.dhhs.nh.gov/section-1115-waiver/documents/approval-protocols.pdf>.

## *Historical Overview*

On January 5, 2016, the Centers for Medicare and Medicaid Services (CMS) approved New Hampshire's request for expenditure authority to operate a section 1115(a) Medicaid demonstration entitled Building Capacity for Transformation, a Delivery System Reform Incentive Payment (DSRIP) program (hereinafter "DSRIP Demonstration"). The NH DSRIP Demonstration aims to transform the way physical and behavioral health care are delivered to Medicaid beneficiaries with behavioral health disorders, and/or substance use disorders (SUDs) and/or substance misuse (hereinafter "behavioral health

disorders”). Specifically, the DSRIP Demonstration will work to improve health care quality, population health, and reduce avoidable hospital use, while lowering health care costs.

Under the DSRIP Demonstration, the state makes performance-based funding available to seven regionally-based Integrated Delivery Networks (IDNs) that serve Medicaid beneficiaries with behavioral health needs. The IDNs will: (1) deliver integrated physical and behavioral health care that better addresses the full range of individuals’ needs, (2) expand capacity to address emerging and ongoing behavioral health needs in an appropriate setting, and (3) reduce gaps in care during transitions across care settings by improving coordination across providers and linking Medicaid beneficiaries with community supports. The demonstration is approved through December 31, 2020.

Through the course of the demonstration period, each IDN is required to implement six projects to address the needs of Medicaid beneficiaries with behavioral health disorders. For each project, IDNs have developed detailed plans and focused milestones. Project performance is measured by IDNs based on milestones and metrics that track project planning, implementation progress, clinical quality and utilization indicators, and progress toward transition to Alternative Payment Models (APMs).

In the 2017 NH DSRIP Annual Report, the Department reported out the following key milestones:

- Approximately \$4.6 million has been distributed to partners to enhance direct care.
- IDNs have selected a Statewide Shared Care Plan and Event Notification Service vendor.
- 350 organizations have participated in the planning phase of the transformation.
- IDNs have engaged 63 partners to expand SUD treatment options to include MAT.
- IDNs have engaged 88 partners to integrate treatment for co-occurring disorders or enhanced care.
- IDNs will move 173 participating providers along the SAMHSA Framework of coordinated care.

### *Evaluation Design*

The State will not be modifying the evaluation based on this amendment.

### *Budget Neutrality*

The State is required to provide an estimate of the expected increase or decrease in annual enrollment, and in annual aggregate expenditures, including historic enrollment or budgetary data, if applicable. This includes a financial analysis of any changes to the demonstration requested by the State in its amendment request. There will be no changes in budget neutrality as a result of this amendment.

**ATTACHMENT I**

**DESIGNATED STATE HEALTH PROGRAMS  
FOR AMENDMENT**



**Agency**

New Hampshire Department of Health and Human Services

**State Budget Reference (unless noted)**

Bureau of Mental Health Services

**Program Name**

Peer Support Services

**Program Code**

05-95-92-922010-4118

**Program Description (Expand on current description to identify specific service descriptions)**

Peer support agencies provide help to people with mental illness who are 18 years of age or older and who identify themselves as a recipient, a former recipient, or a person who is at significant risk of becoming a recipient of publicly funded mental health services. There are centers in each of the 10 community mental health regions in the State.

**Comparable Service or Program Under Medicaid**

N/A

**Non-Medical Services Included**

Services include, but are not limited to: face-to-face and telephone peer support; outreach; monthly educational events; activities that promote self-advocacy; wellness training; after hours warm line; crisis respite (24 hours, short term, non-medical crisis program).

**Process for Identifying Cost of Non-Medical Services**

N/A as no services provided by the peer support agencies are in the Medicaid State Plan.

**Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)**

Individuals who self-identify as having a mental illness.

**Age of Eligible Individuals Covered Under this Program**

Adults 18+

**Number of Clients served - FFY most current\***

1,924 (SFY 2017)

**What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)**

State Funded Block Grant

**Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?**

N/A

**Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)**

Offline vouchers

**Most current\* Budget for Programs Identify sources and type of funding (Federal/State/Local)**

\$1,229,368 State General Funds

**Most current\* Expenditures (Gross: Federal/State/Local)**

\$1,189,098

**"Matched Amount (Federal Amount)"**

No funds are currently matched.

**"MOE Amount (Amount required for State to draw down Federal grant money)"**

N/A

**Unmatched Amount including MOE**

\$1,229,368

**If used as MOE, which Federal Grant**

Not applicable

**Source of DSHP Funding**

State General Funds

**Agency**

New Hampshire Department of Health and Human Services

**State Budget Reference (unless noted)**

Bureau of Mental Health Services

**Program Name**

Mobile Crisis Team/Apartments Program

**Program Code**

05-95-92-922010-4117

**Program Description (Expand on current description to identify specific service descriptions)**

Mobile crisis teams consist of clinicians and peer support specialists who are available 24/7 to respond to individuals experiencing an acute mental health crisis. The programs work with community services providers to maintain individuals in their communities when possible. The programs are required to have crisis apartments available for short-term stays as needed. There are three programs in areas of the State that have the highest number of individuals who are in need of such services.

**Comparable Service or Program Under Medicaid**

Mental health services

**Non-Medical Services Included**

Staffing, crisis apartments, peer support

**Process for Identifying Cost of Non-Medical Services**

Non-Medicaid reimbursable services required to maintain the programs.

**Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)**

Individuals seeking acute mental health services regardless of insurance coverage.

**Age of Eligible Individuals Covered Under this Program**

Adults 18+

**Number of Clients served - FFY most current\***

3,341 (SFY 2017)

**What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)**

State Funded Block Grant

**Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?**

N/A

**Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)**

Offline vouchers

**Most current\* Budget for Programs Identify sources and type of funding (Federal/State/Local)**

\$4,057,178 State General Funds

**Most current\* Expenditures (Gross: Federal/State/Local)**

\$2,811,026

**"Matched Amount (Federal Amount)"**

No funds are currently matched.

**"MOE Amount (Amount required for State to draw down Federal grant money)"**

\$1,826,873

**Unmatched Amount including MOE**

\$4,057,178

**If used as MOE, which Federal Grant**

SAMHSA Mental Health Block Grant

**Source of DSHP Funding**

State General Funds

**Agency**

New Hampshire Department of Health and Human Services

**State Budget Reference (unless noted)**

Bureau of Mental Health Services

**Program Name**

Behavioral Health Crisis Treatment Center

**Program Code**

05-95-92-922010-4117 Program Support

**Program Description (Expand on current description to identify specific service descriptions)**

The Behavioral Health Crisis Treatment Center (BHCTC) is a treatment site that provides 24/7 intensive, short term stabilization treatment services for individuals experiencing a mental health crisis, including those with co-occurring substance use disorder. The BHCTC accepts individuals for treatment on a voluntary basis who walk-in, are transported by first responders, or as a stepdown treatment site post emergency department visit or inpatient psychiatric treatment site. The BHCTC delivers an array of services to de-escalate and stabilize individuals at the intensity and for the duration necessary to quickly and successfully discharge, via specific after care plans, the individual back into the community or to a step-down treatment site.

**Comparable Service or Program Under Medicaid**

Mental health services

**Non-Medical Services Included**

Staffing, peer support

**Process for Identifying Cost of Non-Medical Services**

Non-Medicaid reimbursable services required to maintain the programs.

**Eligibility (e.g. groups and income, including approx. proportion of adults under 200% FPL)**

Individuals seeking acute mental health services regardless of insurance coverage.

**Age of Eligible Individuals Covered Under this Program**

Adults 18+

**Number of Clients served - FFY most current\***

**What Delivery System is Utilized? (e.g. capitated managed care, FFS, block grant, PCCM)**

Capitated managed care, FFS

**Is Service also in the Demo? If so, how will you ensure billing for costs is not duplicated?**

N/A

**Method of Payment (e.g. Offline - vouchers & warrants, Online - MMIS, other?)**

Offline vouchers

**Most current\* Budget for Programs Identify sources and type of funding (Federal/State/Local)**

\$1,538,647 State General Funds

**Most current\* Expenditures (Gross: Federal/State/Local)**

\$0

**"Matched Amount (Federal Amount)"**

No funds are currently matched.

**"MOE Amount (Amount required for State to draw down Federal grant money)"**

\$0

**Unmatched Amount including MOE**

\$0

**If used as MOE, which Federal Grant**

SAMHSA Mental Health Block Grant

**Source of DSHP Funding**

State General Funds