

**1. New Hampshire’s Medicaid Section 1115(a) SUD Demonstration**

<b>State</b>	New Hampshire (NH)
<b>Demonstration Name</b>	New Hampshire Substance Use Disorder (SUD) Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver
<b>Approval Date</b>	July 10, 2018
<b>Approval Period</b>	July 10, 2018 – June 30, 2023
<b>SUD Demonstration Goals and Objectives</b>	<p>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.</p> <p>During the demonstration, NH seeks to achieve the following:</p> <ol style="list-style-type: none"> <li>1 . Increased rates of identification, initiation, and engagement in treatment.</li> <li>2. Increased adherence to and retention in treatment.</li> <li>3. Reductions in overdose deaths, particularly those due to opioids.</li> <li>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.</li> <li>5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.</li> <li>6. Improved access to care for physical health conditions among Medicaid beneficiaries.</li> </ol>

**2. Executive Summary**

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

**MARCH 2021 NH UPDATE:** On February 1, 2021 the Center for Medicare and Medicaid Services provided comments on NH’s Substance Use Disorder DY2Q1-DY3Q1 reports. As directed by CMS, New Hampshire is updating the executive summary of DY2Q1-Part B report. For ease of responding to CMS NH has included a table below that will crosswalk comments to New Hampshire responses.

<b>CMS Recommendation</b>	<b>Issue #</b>	<b>SUD monitoring report(s)</b>	<b>Metric(s) #</b>	<b>Issue</b>	<b>New Hampshire Response</b>
<b>#1 - Review data for certain metrics reported.</b>	1-1	SUD DY2Q2 and DY2Q3	7, 8, 9, 11	The counts reported for the demonstration in the SUD DY2Q3 monitoring report are the same as the counts reported for demonstration in the SUD DY2Q2 monitoring report.	The original data was incorrectly reported. DY2Q3-A has been revised with the correct totals and subpopulation totals for measure 7, 8, 9, and 11.
	1-2	SUD DY2Q3	7, 8, 9, 11	The reported sum for each subpopulation category (age group, dual-eligible status, and pregnancy status) is significantly different than the overall demonstration value for each month for these metrics.	Quality checks have been conducted to assure that reported subpopulation totals equal the total reported.
	1-3	SUD DY1Q4-DY3Q1	8	There is a break in the trend in the reported data for this metric between DY2Q1 and DY2Q2. The data reported for this metric in DY2Q2 and later quarters are substantially <u>higher</u> than the counts for this metric in the SUD DY2Q1 monitoring	The reported data is accurate. Prior to January 1, 2019, the New Hampshire Granite Advantage population (NH Medicaid Expansion) received services through the New Hampshire Premium Assistance Program (PAP) administered by

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				report and earlier quarters.	Qualified Health Plans available through the NH Commercial Marketplace. Beginning on January 1, 2019 the population transitioned to receiving services through traditional Medicaid Managed Care Organizations. A primary finding from the final evaluation of the NH PAP 1115 Demonstration was that, “[Qualified Health] Plans appeared to have struggled to manage the increased rates of mental health and chemical dependency issues among the Medicaid expansion population, resulting in lower utilization of mental health and chemical dependency services.” The increase in utilization of outpatient substance

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					use/misuse services is likely attributable to the Granite Advantage population transition to Medicaid Managed Care organizations that are better positioned to assure members receive mental health and chemical dependency services.
	1-4	SUD DY2Q1	8	The reported sum for pregnancy-status subpopulation category for Month 1 is larger than the overall demonstration count.	The original data was incorrectly reported. The DY2Q1-A report has been revised and resubmitted to CMS.
	1-5	SUD DY1Q4-DY3Q1	9	There is a break in the trend in the reported data for this metric between DY1Q4 and DY2Q1. The data reported for this metric in DY2Q1 and later quarters are substantially <u>lower</u> than the counts for this metric in the SUD DY1Q4 monitoring report.	The reported data is accurate. The increase in Intensive Outpatient and Partial Hospitalization Services between DY1Q4-DY2Q1 (CY 4/1/19 – 9/30/19) are likely attributable to changing utilization patterns of the Granite Advantage population

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					transitioning to standard managed care (see issue 1-3 above). The increasing trend beginning in DY1Q2 has continued in DY2Q2 and forward. Of note the last month of DY2Q4 is only 22 services less than the highest month in DY1Q4.
	1-6	SUD DY1Q4-DY3Q1	12	There is a break in the trend in the reported data for this metric between DY1Q4 and DY2Q1. The data reported for this metric in DY2Q1 and later quarters are substantially <u>higher</u> than the counts for this metric in the SUD DY1Q4 monitoring report.	The reported data is accurate. The substantial increase in Medication Assisted Treatment beginning are likely attributable to changing utilization patterns of the Granite Advantage population transitioning to standard managed care (see issue 1-3 above).
	1-7	SUD DY2Q1	23, 24	There is a break in the trend in the reported data for this metric between DY1Q4 and DY2Q1. The data reported for this metric in DY2Q1 and later quarters are substantially <u>lower</u> than the counts for this metric in the SUD	The original data was incorrectly reported. DY1Q4-A, DY2Q1-A, and DY2Q2-A reports have been updated with the correct data. Corrected data for measure 23 shows a steady increase in

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				DY1Q4 monitoring report.	<p>ED utilization until DY1Q4 (4/1/19-6/30/19) when the measure begins to decrease, which is the desired directionality outlined in the monitoring protocol goals.</p> <p>Corrected data for measure 24 shows a steady increase until DY1Q4 (4/1/19-6/30/19) when the trend levels out.</p> <p>Both variances in measure 23 and 24 are likely attributable to members transitioning from the Premium Assistance Program to Standard Medicaid Managed Care (see issue 1-3).</p>
	1-8	SUD DY2Q2	23, 24	It appears that the date of the measurements period was inadvertently entered as the denominator in the DY2Q2 report.	The original data was incorrectly reported. DY2Q2-A has been updated with the correct denominator for measure 23 and 24.
	1-9	SUD DY2Q3	24	Both the overall numerator and the 18-	The original data was incorrectly

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				64 subpopulation numerator for this metric increased 55 percent between month 1 and month 2, but there does not appear to be an exploration of this trend in the associated Part B report.	reported. DY1Q4-A, DY2Q1-A, and DY2Q2-A reports have been updated with the correct data. See issue 1-7 for further analysis of the trends for measure 24.
	1-10	SUD DY2Q2	32	The report noted a measurement period of 7/1/18-6/30/19, while as an established quality measure, the protocol alignment form noted that this should be reported with a calendar year measurement period (1/1/18-12/31/18). More broadly, we also have concerns that the data reported vary significantly from similar metrics reported elsewhere. The standard HEDIS measure reported by the state’s Medicaid population is approximately 80 percent <sup>1</sup> , while the adjusted measure reported here for the	The original data was incorrectly reported. The DY2Q2-A report has been revised and resubmitted to CMS. The revised data showed an increase of 4.3% from DY1 to DY2 which is the correct directionality in the monitoring protocols.

<sup>1</sup> For example, as reported at <https://medicaidquality.nh.gov/reports/adults-access-to-preventive-ambulatory-health-services-aap-1>

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				SUD population is only 0.5 percent.	
	1-11	SUD DY2Q1- DY2Q2	Q1 (Providers Utilization of the NH Prescription Drug Monitoring Program)	As this metric is a count, we would expect data only in the numerator column; however, in DY2Q1, data are in both the numerator and denominator columns, and in DY2Q2 only the denominator column has data. Additionally, the state entered data in DY2Q1 the Age 65+ subpopulation column which may have been entered in error.	DY2Q1-A has been revised to only include a numerator for Q1 and subpopulation data entered in error has been deleted. DY2Q2-A has been revised to only include a numerator for Q1 and subpopulation data entered in error has been deleted.
	1-12	SUD DY2Q3- DY2Q4	Q2 (Provider Utilization of "Prescriber Cards")	The monitoring protocol proposes this as a semi-annual metric; however this was reported in the DY2Q3 report with a 3-month measurement period and the Q4 report with a 6-month period, and the values do not necessarily line up, given the overlapping measurement periods indicated in these two reports. It is our understanding from the monitoring protocol that this was originally envisioned to be	DY2Q3-A report has been updated to accurately reflect the correct six month measurement period. Please note because of the implementation of the report card there is an overlap in the data periods in the DY2Q3-A and DY2Q4 reports. This issue is described in the DY2Q3-A reporting issue tab. In addition, New Hampshire corrected a data



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				reported on a semi-annual basis.	error in the DY2Q4 report for measure Q2.
<b>#3. Ensure all columns are filled out as expected.</b>	3	All	All	While the monitoring report generally was filled in as expected, across the period of review, certain reports had data missing in certain columns. As we prepare to better integrate and automate monitoring report submissions and review in PMDA, fields that are unexpectedly blank may trigger errors that would require resubmission.	New Hampshire will complete the monitoring report as directed by CMS.
<b>#4. Provide an update on when the state plans to report Metrics #26 and 27.</b>	4	SUD DY3Q2	26, 27	For Overdose Deaths (count) (Metric #26) and Overdose Deaths (rate) (Metric #27), New Hampshire noted in its approved monitoring protocol that the state was working to link Medicaid claims data with data from the Office of the Medical Examiner, and anticipated completing the linkage system by late 2019. In its next monitoring report, the state should provide an update on this issue in	New Hampshire anticipates DY1 data for measures 26 and 27 to be available for the DY3Q3-A report. The DY3Q2 report will include these details.

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				the “SUD reporting issues” tab, including a timeline for remediating the issue in column F (“Remediation plan and timeline for resolution”). Please also mark “Y” for these metrics in column K (“Reporting issue (Y/N)”) of the “SUD Metrics” tab.	
<b>#5 Provide a timeline for resolution on Metric #Q2.</b>	5-1	SUD DY3Q2	Q2	The SUD DY3Q1 monitoring report noted a reporting issue for Provider Utilization of the NH Prescription Drug Monitoring Program (PDMP) (Metric #Q2). We appreciate this information and request that in future reports, the state also provide an expected timeline for remediating this issue in Column F (“Remediation plan and timeline for resolution”).	New Hampshire assumes that CMS is referring to Metric #Q3. New Hampshire is currently establishing a contract with a vendor to produce a clinical alert system. New Hampshire anticipates the scope of the contract will be approved at the time of the DY3Q3-A report and plans to provide an updated timeline at that time. This updated is also provided in the DY3Q2-A report.
<b>#5 Please be mindful of the subpopulation</b>	5-2	All	Established Quality Measures	In the SUD DY2Q2 monitoring report, data were entered in the	Going forward New Hampshire will report Established

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reporting for established quality measures.				age-related subpopulation columns for certain established quality measures. As the measure stewards designate whether or which subpopulations should be reported for these metrics, we would ask that the state refrain from providing these additional break-outs as they are not specifically indicated in the technical specifications for these metrics.	Quality Measures as directed by CMS.

**During the reporting period, DY2 Q1, New Hampshire achieved the following implementation milestones:**

- CMS and the State agreed that there were not matters that warranted monitoring calls during this reporting period.

**During the reporting period, DY2 Q1, New Hampshire identified the following trends from the data:**

As approved by CMS at the 9/21/18 SUD monitoring call, New Hampshire will not analyze relevant trends until Demonstration Year 2, Quarter 1 data is available as indicated in the NH approved monitoring protocols, to assure that there is sufficient data to determine seasonality and common cause variation associated with the data (e.g., flu season impact).

**During the reporting period, DY2 Q1, New Hampshire made the following changes to the implementation plan:**

- N/A

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**3. New Hampshire’s Narrative Information on Implementation, by Reporting Topic**

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>1.2 Assessment of Need and Qualification for SUD Services</b>			
<b>1.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY2,Q1	N/A	As approved by CMS at the 9/21/18 SUD monitoring call, New Hampshire will not analyze relevant trends until Demonstration Year 2, Quarter 1 data is available as indicated in the NH approved monitoring protocols, to assure that there is sufficient data to determine seasonality and common cause variation associated with the data (e.g., flu season impact).
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no metric trends to report for this reporting topic.			
<b>1.2.2 Implementation Update</b>			
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or does New Hampshire expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?	DY2, Q1	N/A	
Are there any other anticipated program changes that may impact metrics related to assessment of	DY2, Q1	NA	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
need and qualification for SUD services? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			
<b>2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY2, Q1	N/A	As approved by CMS at the 9/21/18 SUD monitoring call, New Hampshire will not analyze relevant trends until Demonstration Year 2, Quarter 1 data is available as indicated in the NH approved monitoring protocols, to assure that there is sufficient data to determine seasonality and common cause variation associated with the data (e.g., flu season impact).
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no metric trends to report for this reporting topic.			
<b>2.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does New Hampshire expect to make any changes to: a. Planned activities to improve access to SUD treatment services across the continuum	DY2, Q1		

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
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)? b. 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 individuals in IMDs?			
Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.	DY2, Q1	N/A	
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.	DY2, Q1	N/A	As approved by CMS at the 9/21/18 SUD monitoring call, New Hampshire will not analyze relevant trends until Demonstration Year 2, Quarter 1 data is available as indicated in the NH approved monitoring protocols, to assure that there is sufficient data to determine seasonality and common cause variation associated with the data (e.g., flu season impact).
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire is reporting metrics related to Milestone 2, but has no metric trends to report for this reporting period.			
<input type="checkbox"/> New Hampshire is not reporting any metrics related to this reporting topic.			
<b>3.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does New Hampshire expect to make any changes to: <ul style="list-style-type: none"> <li>a. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria?</li> <li>b. Implementation of a utilization management approach to ensure:               <ul style="list-style-type: none"> <li>i. Beneficiaries have access to SUD services</li> </ul> </li> </ul>	DY2, Q1	N/A	



Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
at the appropriate level of care? ii. Interventions are appropriate for the diagnosis and level of care? iii. Use of independent process for reviewing placement in residential treatment settings?			
Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if New Hampshire is reporting such metrics)? If so, please describe these changes.	DY2, Q1	N/A	
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			
<b>4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services.	DY2, Q1	N/A	As approved by CMS at the 9/21/18 SUD monitoring call, New Hampshire will not analyze relevant trends until Demonstration Year 2, Quarter 1 data is available as indicated in the NH approved monitoring protocols, to assure that there is sufficient data to determine seasonality and common cause variation associated with the data (e.g., flu season impact).

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
Changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire is reporting metrics related to Milestone 3, but has no metrics to report for this reporting topic.			
<input type="checkbox"/> New Hampshire is not reporting any metrics related to this reporting topic.			
<b>4.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does New Hampshire expect to make any changes to: <ul style="list-style-type: none"> <li>a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards?</li> <li>b. State review process for residential treatment providers' compliance with qualifications standards?</li> <li>c. Availability of medication assisted treatment at residential treatment facilities, either on-site or</li> </ul>	DY2, Q1	N/A	At this time, neither the He-W 513 or He-A 300 rules have been updated as outlined. We intend to undertake this work in the coming year.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
through facilitated access to services off site?			
Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if New Hampshire is reporting such metrics)? If so, please describe these changes.	DY2, Q1	N/A	
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			
<b>5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY2, Q1	N/A	As approved by CMS at the 9/21/18 SUD monitoring call, New Hampshire will not analyze relevant trends until Demonstration Year 2, Quarter 1 data is available as indicated in the NH approved monitoring protocols, to assure that there is sufficient data to determine seasonality and common cause variation associated with the data (e.g., flu season impact).
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no metric trends to report for this reporting topic.			
<b>5.2.2 Implementation Update</b>			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does New Hampshire expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care?	DY2, Q1	N/A	At this time, neither the He-W 513 or He-A 300 rules have been updated as outlined. We intend to undertake this work in the coming year.
Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.	DY2, Q1	N/A	
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			
<b>6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -)	DY2, Q1	N/A	As approved by CMS at the 9/21/18 SUD monitoring call, New Hampshire will not analyze relevant trends until Demonstration Year 2, Quarter 1 data is available as indicated in the NH approved monitoring protocols, to assure that there is sufficient data to determine seasonality and common cause variation associated with the data (e.g., flu season impact).

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no metric trends to report for this reporting topic.			
<b>6.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does New Hampshire expect to make any changes to: <ul style="list-style-type: none"> <li>a. Implementation of opioid prescribing guidelines and other interventions related to the prevention of OUD?</li> <li>b. Expansion of coverage for and access to naloxone?</li> </ul>	DY2, Q1	N/A	At this time, neither the He-W 513 or He-A 300 rules have been updated as outlined. We intend to undertake this work in the coming year.
Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.	DY2, Q1	N/A	
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY2, Q1	N/A	As approved by CMS at the 9/21/18 SUD monitoring call, New Hampshire will not analyze relevant trends until Demonstration Year 2, Quarter 1 data is available as indicated in the NH approved monitoring protocols, to assure that there is sufficient data to determine seasonality and common cause variation associated with the data (e.g., flu season impact).
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no metric trends to report for this reporting topic.			
<b>7.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does New Hampshire expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?	DY2, Q1	N/A	
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions	DY2, Q1	N/A	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
between levels of care? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			
<b>8.2 SUD Health Information Technology (Health IT)</b>			
<b>8.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.	DY2, Q1	N/A	As approved by CMS at the 9/21/18 SUD monitoring call, New Hampshire will not analyze relevant trends until Demonstration Year 2, Quarter 1 data is available as indicated in the NH approved monitoring protocols, to assure that there is sufficient data to determine seasonality and common cause variation associated with the data (e.g., flu season impact).
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no metric trends to report for this reporting topic.			
<b>8.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does New Hampshire expect to make any changes to demonstrate: a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?	DY2, Q1	N/A	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<ul style="list-style-type: none"> <li>b. How health IT is being used to effectively treat individuals identified with SUD?</li> <li>c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</li> <li>d. Other aspects of New Hampshire’s plan to develop the health IT infrastructure/capabilities at New Hampshire, delivery system, health plan/MCO, and individual provider levels?</li> <li>e. Other aspects of New Hampshire’s health IT implementation milestones?</li> <li>f. The timeline for achieving health IT implementation milestones?</li> <li>g. Planned activities to increase use and functionality of New Hampshire’s prescription drug monitoring program?</li> </ul>			



Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if New Hampshire is reporting such metrics)? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			
<b>9.2 Other SUD-Related Metrics</b>			
<b>9.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.	DY2, Q1	N/A	As approved by CMS at the 9/21/18 SUD monitoring call, New Hampshire will not analyze relevant trends until Demonstration Year 2, Quarter 1 data is available as indicated in the NH approved monitoring protocols, to assure that there is sufficient data to determine seasonality and common cause variation associated with the data (e.g., flu season impact).
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no metric trends to report for this reporting topic.			
<b>9.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.	DY2, Q1	N/A	
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>10.2 Budget Neutrality</b>			
<b>10.2.1 Current status and analysis</b>			
Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, New Hampshire should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.	DY2, Q1	N/A	The State is currently reviewing its budget neutrality and will submit the analysis separately at a later date.
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no metric trends to report for this reporting topic.			
<b>10.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.	DY2, Q1	N/A	
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			
<b>11.1 SUD-Related Demonstration Operations and Policy</b>			
<b>11.1.1 Considerations</b>			
Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration	DY2, Q1	N/A	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<p>operations or policy considerations that could positively or negatively impact 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>			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no related considerations to report for this reporting topic.			
<b>11.1.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does New Hampshire expect to make any changes to:</p>	DY2, Q1	N/A	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)? b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)? c. Partners involved in service delivery?			
Has New Hampshire experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has New Hampshire noted any performance issues with contracted entities?	DY2, Q1	N/A	
What other initiatives is New Hampshire working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they	DY2, Q1	N/A	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary						
similar to or different from the SUD demonstration?									
<i>[Add rows as needed]</i>									
<input type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.									
<b>12.1 SUD Demonstration Evaluation Update</b>									
<b>12.1.1 Narrative Information</b>									
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. See report template instructions for more details.	DY2, Q1	N/A	<ul style="list-style-type: none"> <li>▪ The Department is now awaiting on planning related to applying for an 1115 Waiver for an IMD exclusion for adults with serious mental illness.</li> <li>▪ Pending this waiver application, DHHS will complete an Request for Proposal (RFP) for the evaluation design and implementation as well as the implementation of the 1115 SUD evaluation plan.</li> </ul>						
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.	DY2, Q1	N/A							
List anticipated evaluation-related deliverables related to this demonstration and their due dates.	DY2, Q1	N/A	The following are anticipated evaluation-related deliverables related to this demonstration and their due dates: <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Deliverable</th> <th style="width: 20%;">Due Date</th> <th style="width: 20%;">Submission Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Deliverable	Due Date	Submission Date			
Deliverable	Due Date	Submission Date							

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary		
			1. DRAFT SUD Interim Evaluation Report	6/20/22	
			2. FINAL SUD Interim Evaluation Report	No later than 9/30/22	
			3. DRAFT SUD Summative Evaluation Report	12/30/24	
			4. FINAL SUD Summative Evaluation Report	No later than 3/28/25	
			5. FINAL & APPROVED SUD Summative Evaluation Report posted to the DHHS website	30 days after CMS Approval	
<i>[Add rows as needed]</i>					
<input type="checkbox"/> New Hampshire has no SUD demonstration evaluation updates to report for this reporting topic.					
<b>13.1 Other Demonstration Reporting</b>					
<b>13.1.1 General Reporting Requirements</b>					
Have there been any changes in New Hampshire’s implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?	DY2, Q1	N/A			
Does New Hampshire foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on	DY2, Q1	N/A			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
expected or upcoming implementation changes?			
Compared to the details outlined in the STCs and the monitoring protocol, has New Hampshire formally requested any changes or does New Hampshire expect to formally request any changes to: a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?	DY2, Q1	N/A	
Has New Hampshire identified any real or anticipated issues for submitting timely post-approval demonstration deliverables, including a plan for remediation?	DY2, Q1	N/A	
<i>[Add rows as needed]</i>			
<input type="checkbox"/> New Hampshire has no updates on general reporting requirements to report for this reporting topic.			
<b>13.1.2 Post Award Public Forum</b>			
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)	DY2, Q1	N/A	The annual post-award forum will be on 12/9/19 at MCAC.

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
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.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> There was no post-award public forum held during this reporting period; and, this is not an annual report so New Hampshire has no post-award public forum update to report for this reporting topic.			
<b>14.1 Notable State Achievements and/or Innovations</b>			
<b>14.1 Narrative Information</b>			
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	DY2, Q1	N/A	



Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
innovation in quantifiable terms, e.g., number of impacted beneficiaries.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> New Hampshire has no notable achievements or innovations to report for this reporting topic.			