

**1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration**

<b>State</b>	<i>New Hampshire</i>
<b>Demonstration name</b>	<i>New Hampshire Substance Use Disorder (SUD) Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver</i>
<b>Approval period for section 1115 demonstration</b>	<i>07/10/2018 – 06/30/2023</i>
<b>SUD demonstration start date<sup>a</sup></b>	<i>July 10, 2018</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	<i>Approximately July 26, 2018</i>
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<p><i>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.</i></p> <p><i>During the demonstration, New Hampshire seeks to achieve the following:</i></p> <ol style="list-style-type: none"> <li><i>1. Increased rates of identification, initiation, and engagement in treatment.</i></li> <li><i>2. Increased adherence to and retention in treatment.</i></li> <li><i>3. Reductions in overdose deaths, particularly those due to opioids.</i></li> <li><i>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.</i></li> <li><i>5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.</i></li> <li><i>6. Improved access to care for physical health conditions among Medicaid beneficiaries.</i></li> </ol>
<b>SUD demonstration year and quarter</b>	<i>DY3, Q1</i>
<b>Reporting period</b>	<i>07/01/2020 – 09/30/2020</i>

<sup>a</sup> **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is

considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

**<sup>b</sup> Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

## 2. Executive summary

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

- *Governor Christopher Sununu signed into law in July an omnibus bill passed by the NH Legislature in June that made payment parity for telehealth services (including SUD services) permanent after initially being implemented under the Governor’s Emergency Executive Order due to the Public Health Emergency.*
- *NH continues to distribute Naloxone to less traditional locations through a variety of sources and venues.*
- *NH began work to implement a closed loop referral system that will eventually roll out across the system of care and is beginning with a focus on SUD providers.*

**3. Narrative information on implementation, by milestone and reporting topic**

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services	X		
<b>1.2 Implementation update</b>			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		<i>*EXAMPLE: The state is expanding the clinical criteria to include X diagnoses</i>
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		<i>*EXAMPLE: The state projects an x% increase in beneficiaries with a SUD diagnosis due to an increase in the FPL limits which will be effective on X date.</i>
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	X		
<b>2.2 Implementation update</b>			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum 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)			<i>Governor Christopher Sununu signed into law in July an omnibus bill passed by the NH Legislature in June that made payment parity for telehealth services (including SUD services) permanent after initially being implemented under the Governor’s Emergency Executive Order due to the Public Health Emergency.</i>
2.2.1.ii. 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 individual IMDs	X		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
<b>3.2. Implementation update</b>			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			<i>NH continues to offer training opportunities and access to the ASAM Continuum tool.  NH is working with the MCOs to develop an audit process for Medicaid enrolled SUD treatment providers.</i>
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings			<i>See 3.2.1.i</i>
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3  <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		
<b>4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			<i>See 3.2.1.i above.</i>
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
<b>5.2 Implementation update</b>			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
<b>6.2 Implementation update</b>			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		
6.2.1.ii. Expansion of coverage for and access to naloxone			<i>The State continues to distribute Naloxone to less traditional locations, including but not limited to:</i>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<ul style="list-style-type: none"> <li>• 1,004 purchased State Targeted Response (STR) naloxone kits to be distributed in fall/winter of 2020 (The STR grant program ended 4/30/2020, and these are the remaining kits).</li> <li>• State Opioid Response (SOR) funded naloxone kits distributed through Doorways (Note that the SOR grant is ongoing).</li> <li>• Naloxone kits to distributed to first responders for use in communities through NH Project First grant funded by SAMHSA</li> </ul>
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
<b>7.2 Implementation update</b>			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			



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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics		N/A	<i>In DY3, Q1 the use of the PDMP continues to fluctuate as expected with a new program. Since the start of the waiver, quarterly usage has fluctuated between 150,000 to 205,434 searches. The Department will continue to monitor usage as the program stabilizes.</i>
<b>8.2 Implementation update</b>			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			<i>NH began work to implement a closed loop referral system that will eventually roll out across the system of care and is beginning with a focus on SUD providers and the NH Doorways access points. At this time, while Medicaid beneficiaries are included in the roll out, there are no Medicaid funds being used for the implementation.</i>
How health IT is being used to treat effectively individuals identified with SUD			
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD			See 8.2.1 above.
8.2.1.iii. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		
8.2.1.v. The timeline for achieving health IT implementation milestones	X		
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		
<b>9.2 Implementation update</b>			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

**4. Narrative information on other reporting topics**

Prompts	State has no update to report (Place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.		<p><i>The budget neutrality workbook for this quarter will be submitted the week of December 14<sup>th</sup> as the State needs additional time to review the data for the quarter.</i></p> <p><i>The State submitted an amendment to this Demonstration on August 21<sup>st</sup> related to the prospective adjustment to Budget Neutrality limits and corrective action thereto. The State is now awaiting CMS' action on the amendment that is subject to CMS's internal decision processes.</i></p>

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Prompts	State has no update to report (Place an X)	State response
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect 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.		<i>COVID-19 continues to have a significant impact on all aspects of SUD treatment. Including, but not limited to timely access to and provision of services.</i>
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.iii. Partners involved in service delivery	X	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	X	

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Prompts	State has no update to report (Place an X)	State response											
11.2.3 The state is working on other initiatives related to SUD or OUD		<i>NH continues to utilize state funds, Block Grant, State Opioid Response, and discretionary grant funding to support a broad range of prevention, intervention, treatment and recovery activities.</i>											
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)		<i>As examples, Block Grant funds are used to provide SUD treatment services to individuals who could not otherwise afford these (i.e., not Medicaid eligible/enrolled, without insurance, unable to self-pay) and SOR funds are utilized to pay for room and board for Medicaid clients in residential SUD treatment facilities.</i>											
<b>12. SUD demonstration evaluation update</b>													
<b>12.1 Narrative information</b>													
12.1.1 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. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		<i>The RFP-2021-DMS-01-SUBST will be released on 12/4/20. RFP submission are due back to the Department by 1/19/2021. The release of this RFP had been delayed by the need to procure high-priority COVID-19 contracts.</i>											
12.1.2 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	X												
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		<table border="1"> <thead> <tr> <th data-bbox="1119 1117 1675 1154">Deliverable</th> <th data-bbox="1675 1117 1906 1154">Due Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="1119 1154 1675 1192">1. DRAFT SUD Interim Evaluation Report</td> <td data-bbox="1675 1154 1906 1192">6/20/2022</td> </tr> <tr> <td data-bbox="1119 1192 1675 1256">2. FINAL SUD Interim Evaluation Report</td> <td data-bbox="1675 1192 1906 1256">No later than 9/30/2022</td> </tr> <tr> <td data-bbox="1119 1256 1675 1321">3. DRAFT SUD Summative Evaluation Report</td> <td data-bbox="1675 1256 1906 1321">12/30/2024</td> </tr> <tr> <td data-bbox="1119 1321 1675 1386">4. FINAL SUD Summative Evaluation Report</td> <td data-bbox="1675 1321 1906 1386">No later than 3/28/2025</td> </tr> </tbody> </table>		Deliverable	Due Date	1. DRAFT SUD Interim Evaluation Report	6/20/2022	2. FINAL SUD Interim Evaluation Report	No later than 9/30/2022	3. DRAFT SUD Summative Evaluation Report	12/30/2024	4. FINAL SUD Summative Evaluation Report	No later than 3/28/2025
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		3. DRAFT SUD Summative Evaluation Report	12/30/2024										
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Prompts	State has no update to report (Place an X)	State response	
		5. FINAL & APPROVED SUD Summative Evaluation Report posted to the DHHS website	30 days after CMS Approval
<b>13. Other demonstration reporting</b>			
<b>13.1 General reporting requirements</b>			
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X		
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X		
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X		
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X		
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X		
<b>13.2 Post-award public forum</b>			
13.2.2 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) 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.	X		

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<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
14.1.1 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 innovation in quantifiable terms, e.g., number of impacted beneficiaries.	X	

\*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

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