

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

State	<i>New Hampshire</i>
Demonstration name	<i>New Hampshire Substance Use Disorder (SUD) Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver</i>
Approval period for section 1115 demonstration	<i>07/10/2018 – 06/30/2023</i>
SUD demonstration start date^a	<i>July 10, 2018</i>
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	<i>Enter SUD demonstration implementation date (MM/DD/YYYY).</i>
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<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"> <i>1. Increased rates of identification, initiation, and engagement in treatment.</i> <i>2. Increased adherence to and retention in treatment.</i> <i>3. Reductions in overdose deaths, particularly those due to opioids.</i> <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> <i>5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.</i> <i>6. Improved access to care for physical health conditions among Medicaid beneficiaries.</i>
SUD demonstration year and quarter	<i>DY3, Q3</i>
Reporting period	<i>1 01/01/2021 – 03/31/2021</i>

^a **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.

^b 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.

- On 1/1/2021, New Hampshire implemented a 3.1% increase to all Medicaid codes, including those for SUD treatment.
- Bureau of Drug and Alcohol Services (BDAS) provided training to clinicians at Headrest (an inpatient residential facility) on how to better utilize the ASAM Continuum assessment tool. BDAS also worked with ASAM and the DHHS legal department on adding a requirement to the Substance Use Disorder Treatment and Recovery Support Services RFP around contractors advertising ASAM levels of care only if they are actually meeting the treatment requirements for those levels of care.
- New Hampshire has a number of existing initiatives as well as several in the planning process. Perhaps the most notable of these at this time is the development and implementation of a statewide mobile crisis response team serving individuals in crisis related to mental health and/or SUD.

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
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
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		
1.2 Implementation update			
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		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1		8, 9, 10, 11, 12	New Hampshire saw increasing trends of the utilization of SUD services in DY3Q1 (QE 09/30/20) from the prior quarter. In most instances these measures had experienced a decrease in utilization in the prior quarter (DY2Q4) which is likely an impact of the public health emergency. <ul style="list-style-type: none"> • Metric 8 – Outpatient Services – 3% increase; • Metric 9 – Intensive Outpatient / Partial Hospitalization Services – 9.1% increase; • Metric 10 – Residential Inpatient Services – 4.9% increase; • Metric 11 – Withdrawal Management – 12.5% increase; and • Metric 12 – MAT Services – 7.1% increase. The state has no concerns at this time as increases in the utilization of SUD services is the desired outcome of the waiver.
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> 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 			With the influx of additional block grant funding, DHHS is evaluating the most efficient uses of these funds, including developing infrastructure and workforce as well as technology based options. These projects are expected to benefit all individuals with SUD in New Hampshire, including the Medicaid population.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
intensive residential and inpatient settings, medically supervised withdrawal management)			
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			On 1/1/2021, NH implemented a 3.1% increase to all Medicaid providers, including those for SUD treatment.
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
3.2. Implementation update			
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			New Hampshire continues to offer on-going training and technical assistance to providers to ensure that these goals are met.
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			During the reporting period, New Hampshire continued to work with our MCOs to develop an audit tool. This tool is currently being piloted.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
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		
4.2 Implementation update			
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			Bureau of Drug and Alcohol Services (BDAS) provided training to clinicians at Headrest (an inpatient residential facility) on how to better utilize the ASAM Continuum assessment tool. BDAS also worked with ASAM and the DHHS legal department on adding a requirement to the Substance Use Disorder Treatment and Recovery Support Services RFP around contractors advertising ASAM levels of care only if they are actually meeting the treatment requirements for those levels of care.
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		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			
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		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5		23	New Hampshire saw a 7.2% increase in Emergency Department visits for SUD per 1,000 members months from DY2Q4 (QE 06/30/20) to DY3Q1 (QE 09/30/20). While the increase of .3 ED visits for SUD per 1,000 member months is not the desired directionality, the rate is similar to rates that occurred prior to the public health emergency. It is also not unusual to see an increase in ED visits the first quarter of the calendar year and the pandemic may have had an impact on ED utilization as well during this reporting period. New Hampshire will continue to monitor the rate to determine if utilization will stabilize to the level prior to the public health emergency.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2 Implementation update			
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	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
7.2 Implementation update			
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		
8. SUD health information technology (health IT)			
8.1 Metric trends			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

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		Q1	In DY3, Q2 (QE 12/31/20) the use of the PDMP increased 3.5% from the prior quarter. 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.
8.2 Implementation update			
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	X		
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	X		
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		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
9. Other SUD-related metrics			
9.1 Metric trends			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics		24	New Hampshire saw a 4.2% increase in Inpatient Stays for SUD per 1,000 members months from DY2Q4 (QE 06/30/20) to DY3Q1 (QE 09/30/20). While the increase of .2 Inpatient stays for SUD per 1,000 member months is not the desired directionality, the rate is similar to rates that occurred prior to the public health emergency. It is also not unusual to see an increase in SUD inpatient stays the first quarter of the calendar year and the pandemic may have had an impact on SUD inpatient stays during this reporting period. New Hampshire will continue to monitor the rate to determine if utilization will stabilize to the level prior to the public health emergency.
9.2 Implementation update			
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
10. Budget neutrality		
10.1 Current status and analysis		
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.		The State submitted an amendment to this Demonstration on August 21, 2020 related to the prospective adjustment to Budget Neutrality limits and corrective action thereto. CMS notified the State of the amendment approval and sent updated STC's on June 16, 2021. The next quarterly monitoring report will have further details.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
11. SUD-related demonstration operations and policy		
11.1 Considerations		
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.	X	
11.2 Implementation update		
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	

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

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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	
11.2.3 The state is working on other initiatives related to SUD or OUD		New Hampshire has a number of existing initiatives as well as several in the planning process. Perhaps the most notable of these at this time is the development and implementation of a statewide mobile crisis response team serving individuals in crisis related to mental health and/or SUD.
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)	X	<i>See above</i>
12. SUD demonstration evaluation update		
12.1 Narrative information		
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.		<ul style="list-style-type: none"> ▪ On January 5, 2021, RFP-2021-DMS-01-SUBST was published to the NH DHHS website at https://www.dhhs.nh.gov/business/rfp/documents/rfp-2021-dms-01-subst.pdf ▪ A total of eight (8) Requests for Proposals were submitted to the Department by February 16, 2021. ▪ A team of five (5) individuals met with the DHHS Contracts and Procurement Unit to review the 8 technical and cost proposals. ▪ On 3/12/21, Pacific Health Policy Group (PHPG) was selected as the highest scoring vendor to conduct the SUD Evaluation Implementation.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompts	State has no update to report (Place an X)	State response	
		As of 3/31/2021, activities continue but are not yet finalized for a signed contract agreement with Westport Healthcare Management, Inc., dba Pacific Health Policy Group.	
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	Given the significant delay in the posting the evaluation RFP due to COVID-related work, the Department requested an extension for due date for the Mid-Point Assessment to 12/31/2021. This request was approved by CMS on 1/28/2021 and updated in the PMDA.	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		Deliverable	
		Due Date	
		1. Mid-Point Assessment	12/31/2021
		2. DRAFT SUD Interim Evaluation Report	6/20/2022
		3. FINAL SUD Interim Evaluation Report	No later than 9/30/2022
		4. DRAFT SUD Summative Evaluation Report	12/30/2024
5. FINAL SUD Summative Evaluation Report	No later than 3/28/2025		
6. FINAL & APPROVED SUD Summative Evaluation Report posted to the DHHS website	30 days after CMS Approval		
13. Other demonstration reporting			
13.1 General reporting requirements			
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:	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0
 New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver

Prompts	State has no update to report (Place an X)	State response
13.1.3.i. The schedule for completing and submitting monitoring reports		
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	
13.2 Post-award public forum		
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.	N/A	
14. Notable state achievements and/or innovations		
14.1 Narrative information		
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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