

**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>Enter SUD demonstration implementation date (MM/DD/YYYY). Same as above</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>DY4, Q1</i>
<b>Reporting period</b>	<b>1</b> <i>07/01/2021 – 09/30/2021</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.*

- The State submitted an SMI Amendment on September 3, 2021 to this waiver to include SMI inpatient treatment facilities in the IMD exclusion. If approved, the seriously mentally ill will be part of the target population.
- The Evaluator, Pacific Health Policy Group, collaborated with DHHS, BDAS, Medicaid stakeholders, SUD treatment providers, and general stakeholders to finalize the SUD Mid-Point Assessment methodology. The following stakeholder sessions were offered:
  - August 16, 2021:** 2:00-3:00 pm – BDAS, SUD Treatment Providers
  - August 31, 2021:** 12:00 – 1:00 pm – Medicaid, Managed Care Advisory Boards, and General Stakeholders
  - September 1, 2021:** 5:00 – 6:00 pm – Medicaid, Managed Care Advisory Boards, and General StakeholdersIn addition, PHPG offered attendees the option to submit input via email, phone, or with a 1:1 meeting through September 15, 2021.
- The post-award forum was held at MCAC on Sept 13, 2021 and the presentation was posted on the DHHS website following the meeting.

**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		
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		The State submitted an SMI Amendment on September 3, 2021 to this waiver to include SMI inpatient treatment facilities in the IMD exclusion. If approved, the seriously mentally ill will be part of the target population.
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			The State submitted an SMI Amendment on September 3, 2021 to this waiver to include SMI inpatient treatment facilities in the IMD exclusion. If approved, clinical criteria for SMI will also qualify a beneficiary for the demonstration.
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		7, 9, 10, 11, 12	<ul style="list-style-type: none"> <li>• Measure 7: Early Intervention - The monthly rolling six month average showed <u>increases</u> greater than 2% in 2021 Quarter 1 when compared to 2020 Quarter 4. The increases are likely attributable to the inclusion of NH specific SUD benefit codes that weren't previously included.</li> <li>• Measure 9: Intensive Outpatient/Partial Hospitalization Services - The monthly rolling six month average showed increases greater than 2% in 2021 Quarter 1 when compared to 2020 Quarter 4. Increases in Intensive Outpatient and Partial Hospitalization Services are the desired directionality.</li> <li>• Measure 10: Residential and Inpatient Services - The monthly rolling six month average showed mostly <u>decreases</u> greater than 2% in 2021 Quarter 1 when compared to 2020 Quarter 4. New Hampshire identified codes in the CMS specification that were including NH services that were not residential treatment for SUD. Starting in this data period those services were</li> </ul>

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			<p>excluded from the current quarter data and are the likely driver of the decrease in utilization.</p> <ul style="list-style-type: none"> <li>Measure 11: Withdrawal Management - The monthly rolling six month average showed mostly <u>decreases</u> greater than 2% in 2021 Quarter 1 when compared to 2020 Quarter 4. While decreases in withdrawal management is not the desired directionality, the overall numbers are small. Measure 12: Medication Assisted Treatment - The monthly rolling six month average showed increases greater than 2% in 2021 Quarter 1 when compared to 2020 Quarter 4. Increases in MAT Services are the desired directionality.</li> </ul>
<b>2.2 Implementation update</b>			
<p>2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>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)</p>	X		Continuing to work with the MCOs and DHHS Bureau of Program Quality (BPQ) on the implementation of a regular audit of all Medicaid contracted providers.
<p>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-</p>	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
assisted treatment services provided to individual IMDs			
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			Continued audits of BDAS funded providers (who are also Medicaid contracted providers).  Through the New Hampshire Alcohol and Drug Abuse Counselors Association (NHADACA), funded a training on addiction and recovery in July 2021 that included how to assess appropriate resources for treating substance use disorders.
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			Continued audits of BDAS funded providers (who are also Medicaid contracted providers).  Through NHADACA, funded a training on addiction and recovery that included how to assess appropriate resources for treating substance use disorders.
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			Reviewed and scored vendors’ proposals for funding residential treatment programs. Proposals included vendors’ (redacted) samples of ASAM-based assessments and treatment plans. In August seven vendors were selected to provide various ASAM levels of residential treatment or transitional living (Four more vendors were selected to provide outpatient treatment).
4.2.1.ii. Review process for residential treatment providers’ compliance with qualifications.			Continued auditing of providers.
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			Audit included sections on providers’ ability to refer clients to MAT services when appropriate.
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		23, 24	<ul style="list-style-type: none"> <li>• Measure 23 – Emergency Department Utilization for SUD - The monthly rolling six month average showed <u>decreases</u> greater than 2% in 2021 Quarter 1 when compared to 2020 Quarter 4. Decreases for Emergency Department Utilization for SUD services is the desired directionality.</li> <li>• Measure 24 – Inpatient Stays for SUD - The monthly rolling six month average showed <u>decreases</u> greater than 2% in 2021 Quarter 1 when compared to 2020 Quarter 4. The decreases are likely attributable to new CMS reporting specifications that exclude residential treatment services from the performance measure.</li> </ul>
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			The state intends to complete an analysis of strengths and gaps in the SUD system overall, which will include Medicaid services.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<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	X		
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			In the next quarter, we will begin work on updating the 300 Rules to be in line with best practices and the 800 Rules (residential treatment facility Rules overseen by the Health Facility Licensing Unit) Rules will include additional oversight of outpatient treatment facilities, which will help support

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			beneficiaries transitioning from residential treatment program to community-based services.
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>			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		
<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	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			Telehealth continues to be a valuable resource for patients seeking SUD treatment and support who struggle with geographic or other barriers and might otherwise be unable to attend treatment.
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	X		

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.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		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT			The State submitted an SMI Amendment on September 3, 2021 to this waiver to include SMI inpatient treatment facilities in the IMD exclusion. If approved, the amendment will require program changes to the health IT plan.
<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>		

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Prompts	State has no update to report (Place an X)	State response
<p>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>		<p>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, and the State sent a letter of STC acceptance on July 2<sup>nd</sup>. CMS updated the budget neutrality workbook to reflect the adjusted targets on August 10<sup>th</sup> and the State submitted the workbooks for Q3 and Q4 on September 10<sup>th</sup>. The workbook for Q1 DY4 is submitted along with this monitoring report.</p>
<p><b>10.2 Implementation update</b></p>		
<p>10.2.1 The state expects to make other program changes that may affect budget neutrality</p>		<p>If the SMI Amendment is approved, it will also be subject to budget neutrality.</p>
<p><b>11. SUD-related demonstration operations and policy</b></p>		
<p><b>11.1 Considerations</b></p>		
<p>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.</p>	<p>X</p>	
<p><b>11.2 Implementation update</b></p>		
<p>11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p>	<p>X</p>	

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Prompts	State has no update to report (Place an X)	State response
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)		
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		
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	X	
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	
<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.		<p><b>SUD Mid-Point Assessment:</b> PHPG collaborated with DHHS, BDAS, Medicaid stakeholders, SUD treatment providers, and general stakeholders to finalize the SUD Mid-Point Assessment methodology. The following stakeholder sessions were offered:</p> <p><b>August 16, 2021:</b> 2:00-3:00 pm – BDAS, SUD Treatment Providers</p> <p><b>August 31, 2021:</b> 12:00 – 1:00 pm – Medicaid, Managed Care Advisory Boards, and General Stakeholders</p> <p><b>September 1, 2021:</b> 5:00 – 6:00 pm – Medicaid, Managed Care Advisory Boards, and General Stakeholders</p>

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Prompts	State has no update to report (Place an X)	State response
		<p>In addition, PHPG offered attendees the option to submit input via email, phone, or with a 1:1 meeting through September 15, 2021. PHPG performed the following mid-point assessment activities to identify trends in performance and policy issues, as well as successes and potential barriers to progress:</p> <ul style="list-style-type: none"> <li>– Analysis of SUD treatment program rules, audit tools, provider and MCO contracts, administrative rules, and program requirements</li> <li>– Review of training and technical assistance (TA) topics and where available, participant feedback</li> <li>– Qualitative analysis of de-identified feedback from consumer interviews conducted during Independent Peer Reviews of residential providers in 2019 and 2021</li> <li>– Interviews and discussions with Medicaid, BDAS and Prescription Drug Monitoring Program staff</li> <li>– Analysis of CMS-required SUD Monitoring Protocol metrics and monitoring reports</li> <li>– Development of mid-point assessment findings and a draft report</li> </ul> <p><b>SUD Demonstration Evaluation Design:</b></p> <ul style="list-style-type: none"> <li>– PHPG developed a Data Analytic Plan and Tracking Tool. The Data Analytic Plan and Tracking Tool provides an overview of the data elements required to support the design and to track the results for each measure over the evaluation period.</li> <li>– PHPG worked with DHHS to create an inventory of SUD treatment providers for potential involvement in the qualitative portion of the evaluation.</li> </ul>
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		<p><b><u>SUD Mid-Point Assessment Report Updates</u></b></p> <p><input checked="" type="checkbox"/> Timelines are being met</p>

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Prompts	State has no update to report (Place an X)	State response														
anticipated barriers in achieving the goals and timeframes agreed to in the STCs		<input type="checkbox"/> Real/Anticipated barriers  <b><u>Draft SUD Interim Evaluation Report Updates</u></b> <input checked="" type="checkbox"/> Timelines are being met <input type="checkbox"/> Real/Anticipated barriers														
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 613 1612 651">Deliverable</th> <th data-bbox="1612 613 1896 651">Due to CMS</th> </tr> </thead> <tbody> <tr> <td data-bbox="1119 651 1612 683">1. Mid-Point Assessment Report</td> <td data-bbox="1612 651 1896 683">12/31/2021</td> </tr> <tr> <td data-bbox="1119 683 1612 743">2. DRAFT SUD Interim Evaluation Report</td> <td data-bbox="1612 683 1896 743">6/20/2022</td> </tr> <tr> <td data-bbox="1119 743 1612 813">3. FINAL SUD Interim Evaluation Report</td> <td data-bbox="1612 743 1896 813">TBD upon CMS review</td> </tr> <tr> <td data-bbox="1119 813 1612 878">4. DRAFT SUD Summative Evaluation Report</td> <td data-bbox="1612 813 1896 878">12/30/2024</td> </tr> <tr> <td data-bbox="1119 878 1612 943">5. FINAL SUD Summative Evaluation Report</td> <td data-bbox="1612 878 1896 943">TBD upon CMS review</td> </tr> <tr> <td data-bbox="1119 943 1612 1036">6. FINAL &amp; APPROVED SUD Summative Evaluation Report posted to the DHHS website</td> <td data-bbox="1612 943 1896 1036">30 days after CMS Approval</td> </tr> </tbody> </table>	Deliverable	Due to CMS	1. Mid-Point Assessment Report	12/31/2021	2. DRAFT SUD Interim Evaluation Report	6/20/2022	3. FINAL SUD Interim Evaluation Report	TBD upon CMS review	4. DRAFT SUD Summative Evaluation Report	12/30/2024	5. FINAL SUD Summative Evaluation Report	TBD upon CMS review	6. FINAL & APPROVED SUD Summative Evaluation Report posted to the DHHS website	30 days after CMS Approval
Deliverable	Due to CMS															
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6. 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		If the SMI Amendment is approved, Mental health data and information will be included in the monitoring reports based on updated STCs.														



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Prompts	State has no update to report (Place an X)	State response
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		If the SMI Amendment is approved, Mental health data and information will be included in the monitoring reports based on updated STCs.
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.		The post-award forum was held at MCAC on Sept 13, 2021 and the presentation was posted on the DHHS website following the meeting.
<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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