

**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.*

### **During the reporting period, DY1 Q3, New Hampshire achieved the following implementation milestones:**

- Conducted monitoring call with CMS per STC requirements.
- Submitted revised SUD Treatment and Recovery Access Evaluation Design, revised SUD Metrics Workbook and a revised SUD Monitoring Protocol Template.
- New Hampshire will be working with our actuarial firm, Milliman to potentially amend budget neutrality based on additional rate changes as a result of this legislative session.

### **During the reporting period, DY1 Q3, 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, 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, DY1 Q3, New Hampshire made the following changes to the implementation plan:**

- N/A

**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.	DY,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, 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 checked="" 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?	DY1, Q1	N/A	
Are there any other anticipated program changes that may impact metrics related to assessment of need and qualification for SUD	DY1, Q1	NA	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
services? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" 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.	DY1, 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, 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 of care for Medicaid beneficiaries (e.g. outpatient	DY1, Q1		

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
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.	DY1, Q1	N/A	
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			
<b>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.2.1 Metric Trends</b>			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
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.	DY1, 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, 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 at the appropriate level of care?</li> </ul> </li> </ul>	DY, Q1	N/A	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
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.	DY1, Q1	N/A	
<i>[Add rows as needed]</i>			
<input checked="" 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. Changes (+ or -) greater than two percent should be described.	DY1, 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, 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 3, but has no metrics to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<input checked="" 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 through facilitated access to services off site?</li> </ul>	DY1, Q1	N/A	
Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-	DY1, Q1	N/A	



Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
specific program standards to set provider qualifications for residential treatment facilities (if New Hampshire is reporting such metrics)? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" 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.	DY1, 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, 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>			
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	DY1, Q1	N/A	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care?			
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.	DY1, Q1	N/A	
<i>[Add rows as needed]</i>			
<input checked="" 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 -) greater than two percent should be described.	DY1, 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, 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>6.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan,	DY1, Q1	N/A	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
have there been any changes or does New Hampshire expect to make any changes to: a. Implementation of opioid prescribing guidelines and other interventions related to the prevention of OUD? b. Expansion of coverage for and access to naloxone?			
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.	DY1, Q1	N/A	
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			
<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.	DY1, 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, 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
<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?	DY1, Q1	N/A	
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.	DY1, Q1	N/A	
<i>[Add rows as needed]</i>			
<input checked="" 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	DY1, 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, to assure that there is

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
qualification for SUD services. Changes (+ or -) greater than two percent should be described.			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: <ol style="list-style-type: none"> <li>a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?</li> <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</li> </ol>	DY1, Q1	N/A	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
infrastructure/capabilities at New Hampshire, delivery system, health plan/MCO, and individual provider levels? e. Other aspects of New Hampshire’s health IT implementation milestones? f. The timeline for achieving health IT implementation milestones? g. Planned activities to increase use and functionality of New Hampshire’s prescription drug monitoring program?			
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 checked="" 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	DY1, 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, to assure that there is

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			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.	DY1, Q1	N/A	
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> New Hampshire has no implementation updates to report for this reporting topic.			
<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.	DY1, Q1	N/A	
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> New Hampshire has no metric trends to report for this reporting topic.			

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>10.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.	DY1, Q1	N/A	There may be additional rate changes as a result of this legislative session
<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 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.	DY1, Q1	N/A	



Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> New Hampshire has no related considerations to report for this reporting topic.			
<b>11.1.2 Implementation Update</b>			
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: <ul style="list-style-type: none"> <li>a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?</li> <li>b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)?</li> <li>c. Partners involved in service delivery?</li> </ul>	DY1, Q1	N/A	
Has New Hampshire experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private	DY1, Q1	N/A	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
sector providers)? Has New Hampshire noted any performance issues with contracted entities?			
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 similar to or different from the SUD demonstration?	DY1, Q1	N/A	
<i>[Add rows as needed]</i>			
<input checked="" 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.	DY1, Q1	N/A	<ul style="list-style-type: none"> <li>▪ On February 21, 2019, New Hampshire received written feedback and comments from CMS on the Draft Evaluation Design that was submitted on 12/19/18. CMS concluded that the evaluation design was generally responsive to the requirements specified in the STCs and the Evaluation TA document. They further identified areas in which New Hampshire should make revisions or provided clarification.</li> <li>▪ As noted in STC 36, CMS anticipated receiving NH’s revised evaluation design draft within 60 days after receipt of these comments (4/22/19).</li> <li>▪ During Q3, New Hampshire worked closely with its independent evaluation vendor, Pacific Health Policy Group (PHPG), to revise the Draft Evaluation Design per CMS recommendations.</li> </ul>
Provide status updates on deliverables related to the demonstration evaluation and	DY1, Q1	N/A	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary																								
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.																											
List anticipated evaluation-related deliverables related to this demonstration and their due dates.	DY1, Q1	N/A	<p>The following are anticipated evaluation-related deliverables related to this demonstration and their due dates:</p> <table border="1" data-bbox="978 740 2028 1287"> <thead> <tr> <th data-bbox="978 740 1514 776">Deliverable</th> <th data-bbox="1514 740 1766 776">Due Date</th> <th data-bbox="1766 740 2028 776">Submission Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="978 776 1514 813">1. REVISED SUD Evaluation Design</td> <td data-bbox="1514 776 1766 813">4/22/19</td> <td data-bbox="1766 776 2028 813"></td> </tr> <tr> <td data-bbox="978 813 1514 922">2. FINAL &amp; APPROVED Evaluation Design posted to the DHHS website @ <a href="https://www.dhhs.nh.gov/">https://www.dhhs.nh.gov/</a></td> <td data-bbox="1514 813 1766 922">30 days after CMS approval</td> <td data-bbox="1766 813 2028 922"></td> </tr> <tr> <td data-bbox="978 922 1514 959">3. DRAFT SUD Interim Evaluation Report</td> <td data-bbox="1514 922 1766 959">6/20/22</td> <td data-bbox="1766 922 2028 959"></td> </tr> <tr> <td data-bbox="978 959 1514 1032">4. FINAL SUD Interim Evaluation Report</td> <td data-bbox="1514 959 1766 1032">No later than 9/30/22</td> <td data-bbox="1766 959 2028 1032"></td> </tr> <tr> <td data-bbox="978 1032 1514 1105">5. DRAFT SUD Summative Evaluation Report</td> <td data-bbox="1514 1032 1766 1105">12/30/24</td> <td data-bbox="1766 1032 2028 1105"></td> </tr> <tr> <td data-bbox="978 1105 1514 1179">6. FINAL SUD Summative Evaluation Report</td> <td data-bbox="1514 1105 1766 1179">No later than 3/28/25</td> <td data-bbox="1766 1105 2028 1179"></td> </tr> <tr> <td data-bbox="978 1179 1514 1287">7. FINAL &amp; APPROVED SUD Summative Evaluation Report posted to the DHHS website</td> <td data-bbox="1514 1179 1766 1287">30 days after CMS Approval</td> <td data-bbox="1766 1179 2028 1287"></td> </tr> </tbody> </table>	Deliverable	Due Date	Submission Date	1. REVISED SUD Evaluation Design	4/22/19		2. FINAL & APPROVED Evaluation Design posted to the DHHS website @ <a href="https://www.dhhs.nh.gov/">https://www.dhhs.nh.gov/</a>	30 days after CMS approval		3. DRAFT SUD Interim Evaluation Report	6/20/22		4. FINAL SUD Interim Evaluation Report	No later than 9/30/22		5. DRAFT SUD Summative Evaluation Report	12/30/24		6. FINAL SUD Summative Evaluation Report	No later than 3/28/25		7. FINAL & APPROVED SUD Summative Evaluation Report posted to the DHHS website	30 days after CMS Approval	
Deliverable	Due Date	Submission Date																									
1. REVISED SUD Evaluation Design	4/22/19																										
2. FINAL & APPROVED Evaluation Design posted to the DHHS website @ <a href="https://www.dhhs.nh.gov/">https://www.dhhs.nh.gov/</a>	30 days after CMS approval																										
3. DRAFT SUD Interim Evaluation Report	6/20/22																										
4. FINAL SUD Interim Evaluation Report	No later than 9/30/22																										
5. DRAFT SUD Summative Evaluation Report	12/30/24																										
6. FINAL SUD Summative Evaluation Report	No later than 3/28/25																										
7. 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>																											

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
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?	DY1, Q1	N/A	
Does New Hampshire foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?	DY1, Q1	N/A	
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?	DY1, Q1	N/A	<ul style="list-style-type: none"> <li>▪ On February 21, 2019, New Hampshire received written feedback and comments from CMS on the Monitoring Protocols submitted on 12/19/18.</li> <li>▪ CMS provided an overview of NH’s SUD monitoring protocol and compared them against the STCs as well as the CMS-provided monitoring protocol guidance. Overall, NH’s protocols were responsive to the requirements specified in the STCs and CMS’ guidance, but there were some opportunities for improvement as noted in the CMS-recommended modifications.</li> <li>▪ During Q3, New Hampshire incorporated the recommendations for modifications and revised the report template to facilitate standardized review and analysis of monitoring data submitted across all states with 1115 SUD demonstrations.</li> </ul>
Has New Hampshire identified any real or anticipated issues for submitting timely post-approval	DY1, Q1	N/A	

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
demonstration deliverables, including a plan for remediation?			
<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) 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.	DY1, Q1	N/A	
<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	DY1, Q1	N/A	

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