Medicaid Section 1115 Serious Mental Illness and Serious Emotional Disturbance Demonstrations Monitoring Report Template

Note: PRA Disclosure Statement to be added here

1. Title page for the state's serious mental illness and serious emotional disturbance (SMI/SED) demonstration or the SMI/SED component of the broader demonstration

This section collects information on the approval features of the state's section 1115 SMI/SED demonstration overall. The state completed this title page as part of its SMI/SED monitoring protocol. The state should complete this table using the corresponding information from its CMS-approved monitoring protocol and submit this as the title page of all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	*New Hampshire*
Demonstration name	*Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment Recovery and Access*
Approval period for section 1115 demonstration	*06/02/2022 – 06/30/2023*
SMI/SED demonstration start date[a]	*06/02/2022*
Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date[b]	*7/1/2022*
SMI/SED (or if broader demonstration, then SMI/SED-related) demonstration goals and objectives	*The goal of this demonstration is for the state to maintain critical access to (SUD), Serious Mental Illness (SMI), and Serious Emotional Disturbance (SED) services and continue delivery system improvements for these services to provide more coordinated and comprehensive SMI, SED, and SUD (including OUD) treatment for Medicaid beneficiaries. This demonstration will provide the state with authority to provide high-quality, clinically appropriate SMI, SED, and SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as an Institution for Mental Diseases (IMD). It will also build on the state's existing efforts to improve models of care focused on supporting individuals in the community and home, outside of institutions and strengthen a continuum of SMI, SED, and SUD services based on the American Society of Addiction Medicine (ASAM) criteria or other nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.*
SMI/SED demonstration year and quarter	*DY3Q3*
Reporting period	*01/01/2025-03/31/2025*

[a] **SMI/SED 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 SMI/SED demonstration approval. For example, if the state's STCs at the time of SMI/SED demonstration approval note that the SMI/SED demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SMI/SED demonstration. Note that the effective date is considered to be the first day the state may begin its SMI/SED

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 December 15, 2020, with an effective date of January 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 SMI/SED demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

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

The NH DHHS SUD-SMI-SED TRA demonstration extension was approved by CMS on July 16, 2024, and which includes a denture benefit for Medicaid beneficiaries in nursing homes as well as a tailored package of care coordination services to be provided during the 45-day period prior to release for inmates of a public institution within the NH Department of Correction's system of state prisons for individuals who are otherwise eligible and have a history of SUD or SMI. On January 1, 2025 the Community Reentry program launched in the NH State Prison System and Sununu Youth Services Center for qualifying youth. We have formed a solid collaboration with the Dept. of Corrections staff, and have implemented system and policy changes throughout both departments as well as with the Managed Care Organizations. We have received positive feedback to date from the incarcerated individuals who are looking forward to having a path forward with services, feeling like their needs are being heard and hopeful for the future.

The State continued its work to integrate and elevate technological solutions to more fully support the Health Information Technology and Care Coordination goals, within the Demonstration's implementation plan. The Care Coordination Initiative continues to focus on high priority needs for the target population, and the providers delivering these services. The Department selected a vendor for its vision of a closed loop referral system. Onboarding with that vendor took place in DY2Q4 and work on the priority needs for the target population underwent major workflow mapping, using existing Departmental staffing resources, to frontload the discovery work. Combined, this work is anticipated to expedite access to care and ongoing care coordination through use of these platforms. These efforts are resulting in greater collaboration across providers and systems that support individuals with SMI, improve access to services, and move the State further in its implementation plan for this demonstration.

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.	**Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)**			
1.1	**Metric trends**			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.	*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:	*X*		
	1.2.1.a The licensure or accreditation processes for participating hospitals and residential settings			
	1.2.1.b The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	*X*		
	1.2.1.c The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay	*X*		
	1.2.1.d The program integrity requirements and compliance assurance process	*X*		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.e	The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions	*X*		
1.2.1.f	Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings	*X*		
1.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.	*X*		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	**Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)**			
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 2.	*X*		
2.2	**Implementation update**			
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:			The Department is continuing its work with inpatient and community-based providers to develop new workflows to ensure community-based providers can more easily participate in care transitions. Work with vendors for onboarding the workflows into the Department's new HIT care coordination related platforms (event notification system and closed loop referral system) continues.
	2.2.1.a Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions			
	2.2.1.b Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers	*X*		
	2.2.1.c State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge	*X*		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.d	Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers)			The Department is actively working with two providers to develop crisis stabilization centers that can be used as a step down site from an ED visit, one of which has recently opened with a partial schedule.
2.2.1.e	Other state requirements/policies to improve care coordination and connections to community-based care			The Department's effort to coordinate care using technology solutions for closed loop referrals is being developed in a way to formalize standardized workflows for EDs and Designated Receiving Facilities to better plan for return to community based care.
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.	*X*		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)**			
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 3.		*13,14,17*	Metric 17 changed by more than 2% but not in the desired direction. Metrics 13 and 14 changed by more than 2% but had the goal of remaining consistent or stabilizing.
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.a State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay			The Department is working with providers to use the LOCUS tool for consistently assessing the level of care needed. Statewide adoption is not immediately anticipated.
	3.2.1.b Other state requirements/policies to improve access to a full continuum of care including crisis stabilization			The Department is actively working with two providers to develop crisis stabilization centers that can be used as a step down site from an ED visit, one of which has recently opened with a partial schedule.
3.2.2	The state expects to make other program changes that may affect metrics related to Milestone 3.	*X*		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	**Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)**				
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 4.			21	Metric 21 has increased in the desired direction by 2.1% from the prior period.
4.2	**Implementation update**				
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:				Effective September 1, 2024, new MCO contracts have additional responsibilities for care coordination, and new codes opened up with Medical providers to connect with specialty providers in Behavioral Health for patients with comorbidities and needing specialty services. The contracts also have new financial incentives for providers to facilitate annual Health Risk Assessments to ensure appropriate early identification of specialized program needs.
	4.2.1.a	Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)			
	4.2.1.b	Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	*X*		
	4.2.1.c	Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED			The Department is actively working with two providers to develop crisis stabilization centers that can be used as a step down site from an ED visit, one of which has recently opened with a partial schedule.
	4.2.1.d	Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people	*X*		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4.	*X*		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.	**SMI/SED health information technology (health IT)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.	*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:	*X*		
	5.2.1.a The three statements of assurance made in the state's health IT plan			
	5.2.1.b Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community-based supports	*X*		
	5.2.1.c Electronic care plans and medical records	*X*		
	5.2.1.d Individual consent being electronically captured and made accessible to patients and all members of the care team	*X*		
	5.2.1.e Intake, assessment and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem.	*X*		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.f	Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care	*X*		
5.2.1.g	Alerting/analytics	*X*		
5.2.1.h	Identity management	*X*		
5.2.2	The state expects to make other program changes that may affect metrics related to health IT.	*X*		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Other SMI/SED-related metrics**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SMI/SED-related metrics.	*X*		
6.2	**Implementation update**			
6.2.1	The state expects to make the following program changes that may affect other SMI/SED-related metrics.	*X*		

4. Narrative information on other reporting topics

Prompts		State has no update to report (place an X)	State response
7.	**Annual Assessment of Availability of Mental Health Services (Annual Availability Assessment)**		
7.1	**Description of changes to baseline conditions and practices**		
7.1.1	Describe and explain any changes in the mental health service needs of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of the Availability of Mental Health Services (for example, prevalence and distribution of SMI/SED). Recommended word count is 500 words or less.	*X*	
7.1.2	Describe and explain any changes to the organization of the state's Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	*X*	
7.1.3	Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of the Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services, outpatient and community-based services, crisis behavioral health services, and care coordination and care transition planning. Recommended word count is 500 words or less.	*X*	

Prompts		State has no update to report (place an X)	State response
7.1.4	Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Annual Availability Assessment compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	*X*	
7.1.5	Describe and explain whether any changes in the availability of mental health services have impacted the state's maintenance of effort (MOE) on funding outpatient community-based mental health services. Recommended word count is 500 words or less.	*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:	*X*	
	7.2.1.a The state's strategy to conduct annual assessments of the availability of mental health services across the state and updates on steps taken to increase availability		
	7.2.1.b Strategies to improve state tracking of availability of inpatient and crisis stabilization beds	*X*	

Prompts		State has no update to report (place an X)	State response
8.	**Maintenance of effort (MOE) on funding outpatient community-based mental health services**		
8.1	**MOE dollar amount**		
8.1.1	Provide as a dollar amount the level of state appropriations and local funding for outpatient community-based mental health services for the most recently completed state fiscal year.	*X*	
8.2	**Narrative information**		
8.2.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. The state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.	*X*	

Prompts		State has no update to report (place an X)	State response
9.	**SMI/SED financing plan**		
9.1	**Implementation update**		
9.1.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	*X*	
	9.1.1.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders		
	9.1.1.b Increase availability of ongoing community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model		The State had two Certified Community Behavioral Health Clinics approved, which started operations as of January 1, 2025, with one additional starting July 1, 2025. The State is exploring interest and capacity for additional CCBHCs to be added under the CCBHC Demonstration.

Prompts		State has no update to report (place an X)	State response
10.	**Budget neutrality**		
10.1	**Current status and analysis**		
10.1.1	Describe the current status of budget neutrality and an analysis of the budget neutrality to date. If the SMI/SED component is part of a broader demonstration, the state should provide an analysis of the SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole.		The State is below the budget neutrality cap for this reporting period
10.2	**Implementation update**		
10.2.1	The state expects to make other program changes that may affect budget neutrality.		Community reentry was approved as part of the 1115 extension on July 16, 2024. Budget neutrality will be reported for this initiative in future quarters.

Prompts		State has no update to report (place an X)	State response
11.	**SMI/SED-related demonstration operations and policy**		
11.1	**Considerations**		
11.1.1	The state should highlight significant SMI/SED (or if broader demonstration, then SMI/SED-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 SMI/SED demonstration's approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.		The State continued its effort to seek Medicaid State Plan Amendments to incorporate new services, or open up existing services to additional populations, in DY4Q1. These additions are to support Community Reentry related services post discharge from the NH Prison System in order to avoid an interruption of these services. The State received approval for its recently submitted Community Reentry amendment to this demonstration in July 2024. The balance of new services to be sought for inclusion in the State Plan are to support the certified community behavioral health clinic service array, which began on January 1, 2025, and to create a more comprehensive array of community-based services for SMI and SUD, consistent with the State's implementation plan for this demonstration. As of this report, community reentry has launched in all state prison facilities and has had positive feedback from inmates, MCO's, and DOC case managers. Stakeholder trainings, system modifications, quality control tracking of member days and appropriate enrollment spans.
11.2	**Implementation update**		
11.2.1	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*	
11.2.2	The state is working on other initiatives related to SMI/SED.	*X*	
11.2.3	The initiatives described above are related to the SMI/SED demonstration as described (The state should note similarities and differences from the SMI/SED demonstration).	*X*	

Prompts	State has no update to report (place an X)	State response
11.2.4 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.4.a How the delivery system operates under the demonstration (i.e., through the managed care system or fee for service)	*X*	
11.2.4.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	*X*	
11.2.4.c Partners involved in service delivery	*X*	
11.2.4.d The state Medicaid agency's Memorandum of Understanding (MOU) or other agreement with its mental health services agency	*X*	

Prompts		State has no update to report (place an X)	State response
12.	**SMI/SED demonstration evaluation update**		
12.1	**Narrative information**		
12.1.1	Provide updates on SMI/SED evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		The State is on track for evaluation purposes.
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.		The State is on track for evaluation purposes.
12.1.3	List anticipated evaluation-related deliverables related to this demonstration and their due dates.		The State's independent evaluator, Pacific Health Policy Group (PHPG) submitted a comprehensive final Evaluation Design Report which covers proposed design activities through 6/30/2029 as well as a final summative evaluation report. The state reviewed the report with key stakeholders and submitted to CMS in December 2024. PHPG also provided an SMI mid-point assessment which is being reviewed by key DHHS staff. CMS provided a letter of approval for the Summative report on 5/8/2025.

Prompts		State has no update to report (place an X)	State response
13.	**Other SMI/SED 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*	
	13.1.3.a The schedule for completing and submitting monitoring reports		
	13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	*X*	
13.1.4	The state identified current or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	*X*	
13.1.5	Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR 431.428(a)5.	*X*	

Prompts		State has no update to report (place an X)	State response
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 monitoring report.		The post award forum was held on November 18, 2024 at the Medical Care Advisory Committee (MCAC). We will report any further actions if any are needed..

Prompts		State has no update to report (place an X)	State response
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 SMI/SED (or if broader demonstration, then SMI/SED-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).		The Department's work to integrate and elevate technological solutions to more fully support the Health Information Technology and Care Coordination goals, within the Demonstration's implementation plan, continued to progress. Care Coordination Initiative is expanding use of the event notification system by hospitals in the state, and the closed loop referral solution is expected to have major elements implement for DY3Q1 and DY3Q2. Although there are not significant, documented outcomes of this work to report at this time, anecdotally the efforts are resulting in greater collaboration across providers and systems that support individuals with SMI, improve access to services, and move the State further in its implementation plan for this demonstration.

*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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