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	*DY1Q4*
Reporting period	*04/01/2023 – 06/30/2023.*

[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.

During DY1, the Department collaborated with the provider systems providing Medicaid and other additional services to the NH SMI population, in continued pursuit of a robust array of community-based services to stabilize and retain individuals in the community. The Department also formed a multi-agency, multi-disciplinary team to analyze IMD utilization data to identify factors potentially contributing to utilization, lengths of stays, readmissions and ED use. 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, including developing a more comprehensive procurement tool for the Closed Loop Referral solution. Additionally, the Department continued working with its NH Department of Corrections partners to design a community reentry program model for submittal to CMS for potential inclusion in this Demonstration, and developed new expectations for its managed care program relative to the Demonstration's target population and the providers involved with delivering those services. We have also implemented the denture benefit for Medicaid beneficiaries in nursing facilities.

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			*The State continues to review utilization on a monthly basis to examine levels and types of care that beneficiaries have access to and how these may impact IMD lengths of stay.*
	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 State incorporated greater expectations, under Managed Care, for facilities and providers to have more responsibility and accountability for care coordination and facilitating transitions to community-based care, within the Request for Proposals for the next cycle of the Managed Care Program (ETA 9/1/24 implementation). We also have policies in place for fee for service recipients whereas the IMD is responsible for pre discharge planning and care transitions*
	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			*The State is forming a multi-facility, multi-provider community of practice to support and advance shared learning and use of HIT related technologies that the State is implementing and sponsoring. These IT solutions will expand care team members' ability to share medical and SDoH related information, including housing situations and services needed, to better effectuate transitions to community based care.*
	2.2.1.c State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge			This policy was implemented through MCO contracts and NH DHHS policy

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 State incorporated greater expectations, under Managed Care, for facilities and providers to have more responsibility and accountability for care coordination and facilitating transitions to community-based care, within the Request for Proposals for the next cycle of the Managed Care Program (ETA 9/1/24 implementation). The State is also forming a multi-facility, multi-provider community of practice to support and advance shared learning and use of HIT related technologies that the State is implementing and sponsoring. These IT solutions will expand care team members' ability to share medical and SDoH related information, including housing situations and services needed, to better effectuate transitions to community based care. Combined, both of these strategies and approaches are also designed to prevent or decrease lengths of stay in EDs for beneficiaries with SMI or SED.*
2.2.1.e	Other state requirements/policies to improve care coordination and connections to community-based care			*The State is working to increase the use of peers across the behavioral health system and services provided within it, including increasing the number of Medicaid covered services that can be provided by peers, career ladder options, and types of facilities and sites in which they can be provided. These efforts are designed to improve connections to community-based care and other whole person service needs that contribute to improved tenure in the community (e.g., housing stability, social supports, food security, employment related engagement).*
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.	*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.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 State's community mental health center system will be fully onboarded to a uniform adult assessment tool (ANSA) soon; the last of 10 has recently committed to this transition. We anticipate this implementation in the next DY.*
	3.2.1.b Other state requirements/policies to improve access to a full continuum of care including crisis stabilization			*The State incorporated greater expectations, under Managed Care, for facilities and providers to have more responsibility and accountability for care coordination and facilitating transitions to community-based care, within the Request for Proposals for the next cycle of the Managed Care Program (ETA 9/1/24 implementation). In corresponding contractual arrangements with the community mental health centers, these centers will assume greater responsibility and accountability for the care coordination efforts, via a streamlined approach to remove barriers to timely transition, between the facilities and the centers. This approach is intended to improve access to the continuum of care and maximize resources available for crisis stabilization needs for both managed care recipients as well as fee for service.*

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.	*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:			*The State incorporated greater expectations, under Managed Care, for facilities and providers to have more responsibility and accountability for care coordination and facilitating transitions to community-based care, within the Request for Proposals for the next cycle of the Managed Care Program (ETA 9/1/24 implementation). In corresponding contractual arrangements with the community mental health centers, these centers will assume greater responsibility and accountability for early identification and engagement in treatment. These efforts may also include implementation of certified community behavioral health clinics to support integrated care in more regions in the state. This also applies for fee for service Medicaid beneficiaries*
	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	*X*		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.d	Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people	*X*		
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: 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		*The State has incorporated additional functional requirements in its Closed Loop Referral procurement to support assessment of the availability of mental health services across the state, which will also inform steps needed to increase availability. The capacity will enable the State to analyze the all-payer vs. Medicaid beneficiary experience across the system and identify differing experiences, utilization, and access to services.*

Prompts		State has no update to report (place an X)	State response
7.2.1.b	Strategies to improve state tracking of availability of inpatient and crisis stabilization beds		*The State has incorporated additional functional requirements in its Closed Loop Referral procurement to support assessment of the availability of mental health services across the state, which will also inform steps needed to increase availability. The capacity will enable the State to analyze the all-payer vs. Medicaid beneficiary experience across the system and identify differing experiences, utilization, and access to services. This effort will also allow the State to identify access and availability of inpatient and crisis stabilization services to support a real-time bed-tracking capacity and care traffic coordinator role for psychiatric inpatient and crisis needs.*

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	X	

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 anticipates being below the budget neutrality cap and will include the Dentures MEG in the reporting.
10.2	**Implementation update**		
10.2.1	The state expects to make other program changes that may affect budget neutrality.		The denture benefit has been approved and was implemented on 4/1/23. Dentures budget neutrality information will be reported in all future reports.

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.	X	
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.		Anticipated implementation of certified community behavioral health clinics.
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.		Final draft evaluation design submitted to CMS 3-21-2023 Dentures Amendment Draft Evaluation Design: PHPG and the State identified DHHS subject matter experts to participate in design development sessions. Project kick-off meetings began in July. Data Collection and Follow-up: The evaluation team received the MMIS data refresh for CY2022. Draft Evaluation Design Addendum for Removable Prosthodontic Coverage for Adults due DY6 Q1

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 7, 2022 at the Medical Care Advisory Committee (MCAC). No questions were captured and no actions were requested.

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 also formed a multi-agency, multi-disciplinary team to analyze IMD utilization data to identify factors potentially contributing to utilization, lengths of stays, readmissions and ED use. 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, including developing a more comprehensive procurement tool for the Closed Loop Referral solution. On April 1, the authority to provide removable dentures to nursing home residents through New Hampshire's existing Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment and Recovery Access (SUD-SMI-SED-TRA) Section 1115(a) Research and Demonstration Waiver. The addition of removable partial and/or full dentures as a covered dental service for Medicaid enrolled adults aged 21 and older who are residing in nursing facilities provides the opportunity to examine the effect of replacing missing teeth on beneficiary health outcomes and quality of life. Eligible beneficiaries may receive dentures once every five years or more frequently when deemed medically necessary. Repairs for existing dentures are covered when medically necessary.

*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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