



NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

**STRATEGIC VISION & OPERATIONAL EFFICIENCIES (SVOE)
Year 2 Quarter 4 Initiative Updates**

July 2023

Executive Summary

- 1. Shorter-term Initiative Progress:** (1) Critical Time Intervention (CTI) continues to serve 230-240 clients per month as the A&M team transitions its remaining analytics support to the DHHS data team. (2) The team has completed major milestones related to the IMD Waiver initiative as it prepares to shift focus to the new Community Reentry amendment to the demonstration.
- 2. Longer-term Initiative Progress:** (3) **The Developmental Disabilities (DD) Waiver Redesign initiative has successfully completed the major milestone related to the Go-Live of Direct Bill.** (4) With significant planning milestones accomplished as of the end of the current contract period, the MES Modernization initiative is focused on identifying opportunities for accelerating the pace to begin executing RFPs for the initial modules.
- 3. Contract Renewal Extension SFY 24 and 25:** Initiative teams are completing work plans that align with the scope of support and goals outlined in the contract extension for the next 2-year period with short-term initiatives focused on transition and longer-term initiatives focused on key implementation milestones.

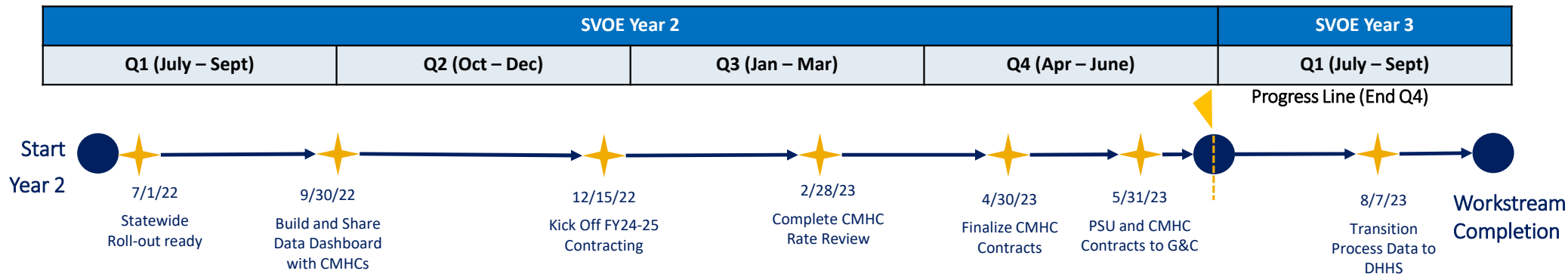
Initiative Update – Overview (CTI)

Status	Indicator
The team is focused on transitioning remaining CTI analytics support to DHHS for steady state.	●
Highlights	
<ol style="list-style-type: none"> 238 active clients as of the end of June 2023 (Q4), with referrals coming from all DRFs and NHH; 107 CTI graduates as of Q4. With the program at steady state related to staffing, referrals, and census, A&M is supporting the department in transitioning all initial data analytics to a long-term process, leveraging DHHS's data analytics team. 	

Current Priorities																																							
Quality	Partner with DHHS and PSU to address questions arising from CMHCs and NHH/DRFs, ensuring consistency with the design.																																						
Operations	Support the Director in assuming operational mastery of the CTI program, following the departure of the prior CTI Director.																																						
Data	Support the transition from multiple (Finance, Process, Performance) dashboards to one, managed by DHHS's data team.																																						
Performance Snapshot (Active Clients by Month)																																							
<table border="1"> <caption>Active Clients by Month</caption> <thead> <tr> <th>Month</th> <th>Active Clients</th> </tr> </thead> <tbody> <tr><td>Jan-22</td><td>10</td></tr> <tr><td>Feb-22</td><td>15</td></tr> <tr><td>Mar-22</td><td>25</td></tr> <tr><td>Apr-22</td><td>40</td></tr> <tr><td>May-22</td><td>50</td></tr> <tr><td>Jun-22</td><td>55</td></tr> <tr><td>Jul-22</td><td>75</td></tr> <tr><td>Aug-22</td><td>120</td></tr> <tr><td>Sep-22</td><td>150</td></tr> <tr><td>Oct-22</td><td>185</td></tr> <tr><td>Nov-22</td><td>200</td></tr> <tr><td>Dec-22</td><td>195</td></tr> <tr><td>Jan-23</td><td>205</td></tr> <tr><td>Feb-23</td><td>220</td></tr> <tr><td>Mar-23</td><td>240</td></tr> <tr><td>Apr-23</td><td>250</td></tr> <tr><td>May-23</td><td>245</td></tr> <tr><td>Jun-23</td><td>238</td></tr> </tbody> </table>		Month	Active Clients	Jan-22	10	Feb-22	15	Mar-22	25	Apr-22	40	May-22	50	Jun-22	55	Jul-22	75	Aug-22	120	Sep-22	150	Oct-22	185	Nov-22	200	Dec-22	195	Jan-23	205	Feb-23	220	Mar-23	240	Apr-23	250	May-23	245	Jun-23	238
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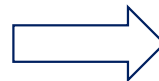
Initiative Update – Timeline (CTI)

Key
★ = Major Milestone



Year 2, Q4 Progress

- ✓ Documented workflows to support internal analytics function
- ✓ Completed FY24-25 CMHC and PSU contracting process
- ✓ Continued steady program growth



Year 3, end of Q1 Goals

- ❑ Transition **process data** analysis to the DHHS quality team by 8/7
- ❑ Support DHHS in identifying the most beneficial array of data points to be reported in Phoenix
- ❑ Fully transition operational support of CTI to the DHHS team

Initiative Update – Overview (IMD)

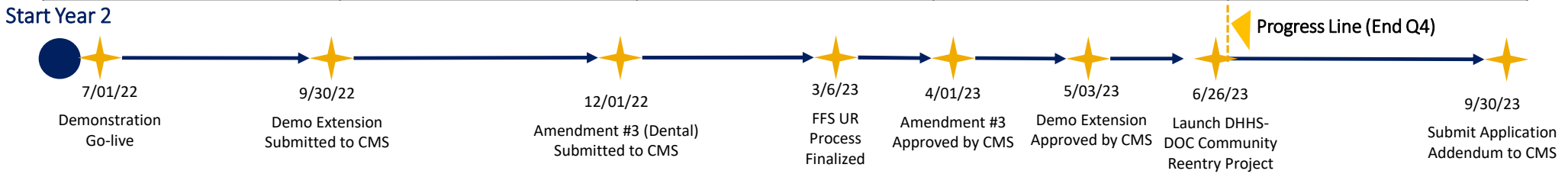
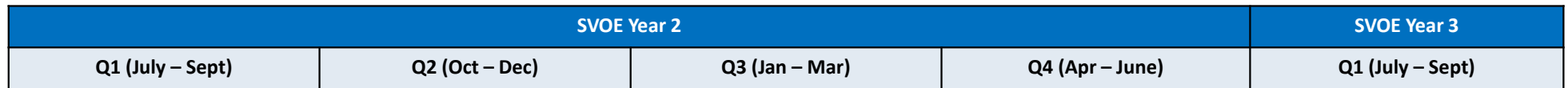
Status	Indicator
The workstream is focused on securing a full 5-year demonstration extension that includes a new Community Reentry component. Now that IMD reimbursement processes have matured, our focus will shift towards community reentry.	●
Highlights	
<ol style="list-style-type: none"> NH received CMS approval for the final SMI IMD monitoring protocols on June 15, 2023. CMS issued a 1-year demonstration extension preserving IMD reimbursement authority through June 30, 2024 (negotiation period for terms for the new community reentry component). NH officially launched a collaborative DHHS–DOC project team to support the new community reentry initiative. 	

Current Priorities	
Extension	Negotiate full 5-year demonstration extension, including authority for new community reentry component.
Implementation	Finalize remaining long-tail implementation milestones: 1) IMD admin rule and 2) IMD determination process.
Community Reentry	Submit application addendum to CMS with additional information on DHHS and DOC policies; prepare to negotiate terms of community reentry with CMS.

IMD Demonstration Patients Receiving Care at NHH and HH																											
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Initiative Update – Timeline (IMD)

Key
★ = Major Milestone



Q4 Progress

- ✓ Secured 1-Year IMD Demonstration Extension
- ✓ Finalized Demonstration Evaluation Design and Monitoring Protocols, Received CMS Approval
- ✓ Completed Public Comment Process for IMD Administrative Rule
- ✓ Launched DHHS-DOC community reentry project to support application for and eventual implementation of community reentry authority



Year 3, End of Q1 Goals

- Secure JLCAR Initial Approval and Hearing Date for Final Review of IMD Administrative Rule
- Implement IMD Determination Policy and Procedures to Proactively Identify and Monitor All IMDs
- Complete CMS Provider Availability Assessment Template of NH's Behavioral Health Providers
- Submit Community Reentry Application Addendum to CMS

Major milestones to-date completed



Initiative Update – Overview (DD Redesign)

Key Milestone Update: Centers for Medicare and Medicaid (CMS) Corrective Action Plan Compliance

The Bureau of Developmental Services (BDS) successfully met its Federal compliance date with regards to two Corrective Action Plans issued by CMS; (1) Conflict of Interest with the provision of Case Management and (2) provider direct billing. While ongoing work to ensure provider agency and service stabilization will continue through the transition, BDS in partnership with service providers, area agencies, stakeholders, A&M, Deloitte, and Meyers & Stauffer, developed significant internal operating infrastructure, supported development of provider operating structures, revised and released new rules (He-M 503, 504, 505) and updated roughly 18,000 service authorizations to ensure rendering providers could bill for delivered services and service coordination/case management was not in conflict.

On July 10th, service authorizations aligned with direct billing requirements went live in the MMIS billing system.


BDS will continue to monitor operations post-compliance transition and work in partnership with stakeholders to transition support needs.



Initiative Update – Overview (DD Redesign)

Status Overview	
Stakeholder Engagement	<p>The Bureau of Developmental Services (BDS) has continued stakeholder engagement efforts to better respond to transition support needs. Since April, BDS has continued:</p> <ul style="list-style-type: none"> • Holding regular meetings with area agencies multiple times each month, providers (three times a month), and service coordination organizations (weekly) to provide updates, training, and guidance on the CMS Compliance Initiatives Implementation. • Monthly work group sessions with the Advisory Committee, the Rates work group, and the Waiver work group. Additionally, BDS has met with stakeholders to review upcoming regulatory changes and explore stakeholder feedback to the proposed edits. • Updating the website with meeting materials, notes, and recordings and hosting virtual and in-person sessions with families throughout June in preparation for the July 1 compliance date.
Quality and Capacity	<p>BDS continued to keep focused on supporting readiness for the July 1 compliance with the federal corrective action plans through multiple meetings with Area Agencies, service providers and service coordination agencies. Specifically, BDS:</p> <ul style="list-style-type: none"> • Hosted bi-weekly meetings with Service Coordinators to present on updates and changes related to 7/1/23 compliance. • Hosted weekly meetings with Service Coordination Supervisors on updated and changes related to compliance. • Hosted a monthly meeting with service providers to present updates and changes to their role and responsibilities related to 7/1/23 compliance. In addition, BDS hosts bi-weekly Provider Office Hours to respond to targeted, provider specific questions. • Met bi-monthly with Area Agencies to support information sharing and readiness preparation for 7/1/23 compliance. • Launched a weekly, targeted provider cohort training program to support readiness for 7/1. <p>Additionally, cross department teams continued outreach to all developmental services providers to support Medicaid enrollment application submission; approximately 98% of known providers have submitted an application. BDS, with support from A&M, Deloitte and Conduent have worked to ensure Medicaid records accurately reflected enrolled, billing providers to support claiming activities. BDS went live with direct bill requirements effective 7/1 and is continuing to support service providers, area agencies, and service coordinators through the transition.</p>


Status



Initiative Update – Overview (DD Redesign)

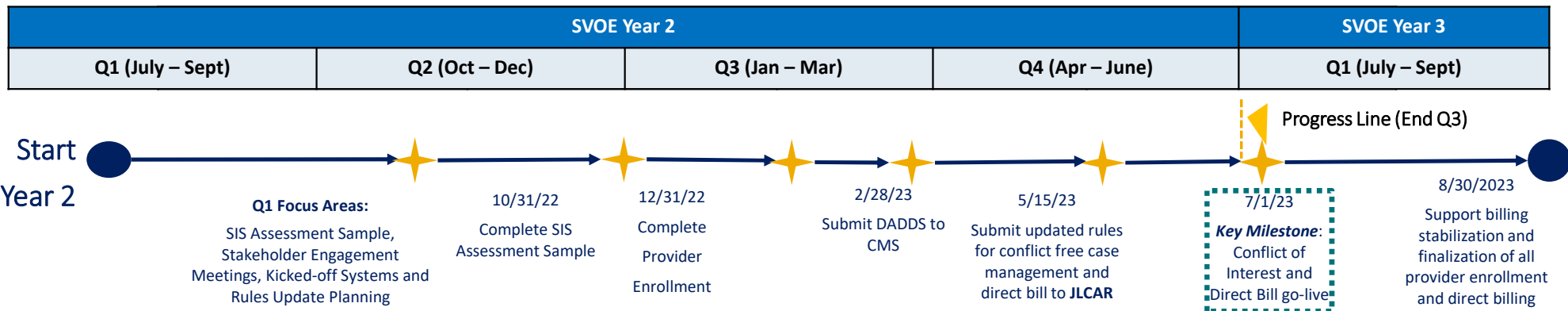
Status Overview	
Waiver Structure	BDS has drafted a waiver amendments for the In-Home Supports Waiver, Developmental Disabilities Waiver, and Acquired Brain Disorder Waiver focused on changes needed to support coming into compliance with the Corrective Action Plan - no services changes were included, BDS has continued work on a second planned amendment (est. Winter 2023) that will make updates to existing services, add new available services, and include a new reimbursement rate methodology. BDS has worked with stakeholders to finalize draft services to be included in the Developmental Disabilities Waiver.
Reimbursement Rates	BDS and Meyers & Stauffer (M&S) have been working closely with stakeholders to begin drafting the new service reimbursement rate methodology for future state. M&S has started with current services on the IHS, DD and ABD waiver before moving to rate development for new services that may be added in the future, with the goal of having final draft by the January 1, 2024, date as outlined in HB 2.
Intensive Treatment Services (ITS)	BDS continues meeting with Area Agencies and service providers to identify ability and interest in establishing additional in-state service capacity. BDS developed a project plan that will standardize ITS in NH, expand current provider capacity, recruit new providers to open homes in NH, and address macro issues impacting provision of quality services. BDS released a Request for Grant Awards to support and increase provider capacity development for ITS services in state, which will begin to be presented to the Governor and Executive Council later this summer and into the fall. In partnership with providers, BDS has assisted 6 individuals receiving services in moving back New Hampshire.
Policy	BDS has continued the rulemaking process with He-M 505 and He-M 503 moving to formal comment. A new provider rule, He-M 504 was enacted through emergency rule making to support health and safety requirements through the July 1 transition. A more robust version of He-M 504 will head to formal comment in August. 522 closed informal comment in June.

Status



Initiative Update – Timeline (DD Redesign)

Key
★ = Major Milestone



Q4 Progress

- ✓ He-M 503 finalization
- ✓ He-M 505 finalization
- ✓ Prior authorizations linked to rendering providers and updated for direct billing
- ✗ Provider enrollment application submissions (98% approx.)
- ✓ Stakeholder Engagement and Planning for Direct Bill



Year 3, End of Q1 Goals

- Provide ongoing, targeted support to service providers to ensure billing stability through Q1
- Submit He-M 504 and He-M 522 to JLCAR
- Continue to develop new service rate card
- Identify opportunities to grow and standardize PDMS
- Refine operating policies and procedures to improve system effectiveness and efficiencies



Initiative Update – Overview (MES)

The team is conducting a process improvement analysis and action-planning exercise to decrease the timeline between planning (APD and RFP drafting which has improved significantly) to execution (completing the various reviews and approvals necessary) to more efficiently finalize and launch module procurements; the SI module is the current focal point of this exercise.

Workstream	Progress	Status
Program Level	<ul style="list-style-type: none"> Finalizing revised program schedule. Completed a lessons learned effort to streamline the APD and RFP processes. 	●
Electronic Visit Verification	<ul style="list-style-type: none"> Development and testing continues toward targets. Provider demonstration completed. Misalignment between vendor schedules may impact pilot and/or go-live dates. 	●
Systems Integrator	<ul style="list-style-type: none"> Extended review period causing delay in RFP issuance. Monthly progress reports provided to CMS. 	●
Provider Management	<ul style="list-style-type: none"> APD submitted on 6/5/23. Awaiting CMS feedback on Provider APD due 8/5/23. 	●
Pharmacy Benefits Manager	<ul style="list-style-type: none"> APD development in progress and on time. Meetings with other state to gain their experience continue. 	●