



NEW HAMPSHIRE  
**DHHS**  
DEPARTMENT OF  
**HEALTH & HUMAN SERVICES**

**STRATEGIC VISION & OPERATIONAL EFFICIENCIES (SVOE)  
Year 3 Quarter 2 Initiative Updates**


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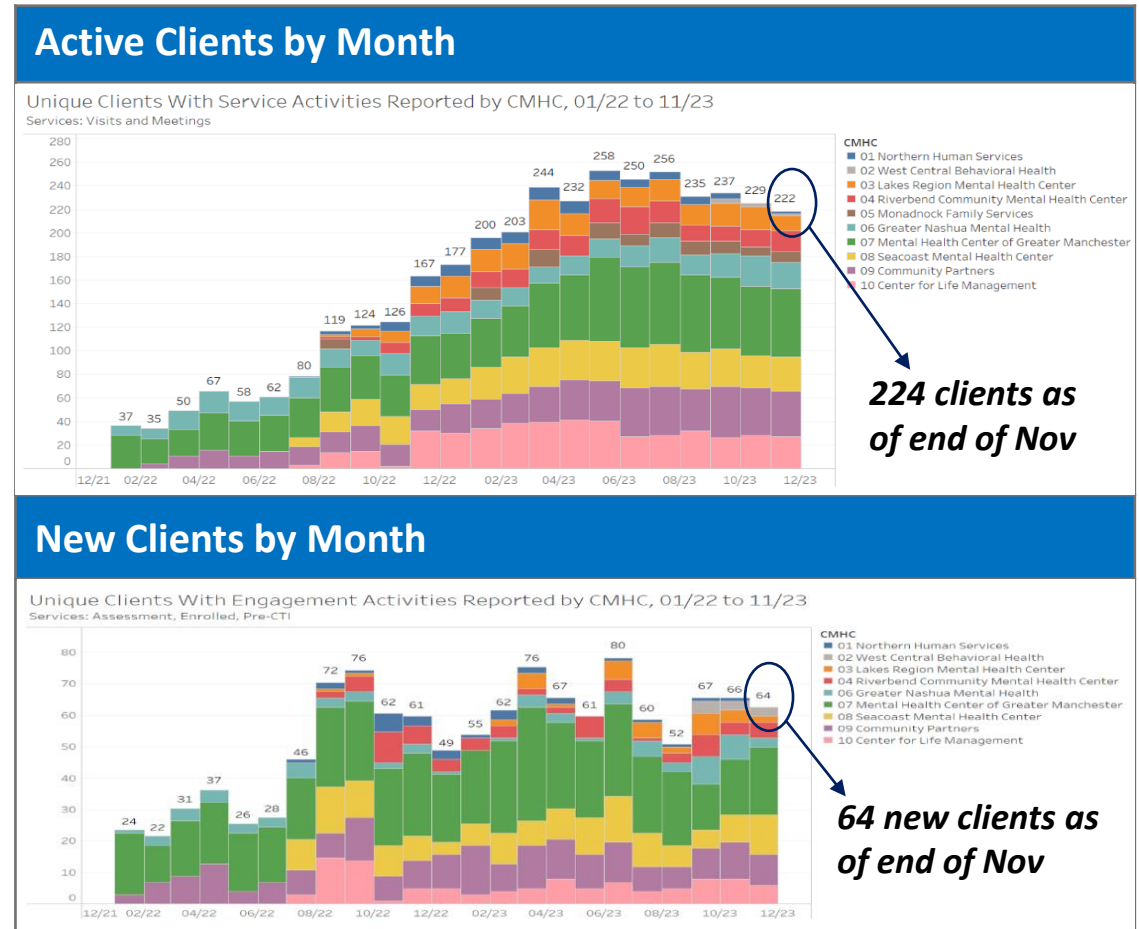
January 2024

# Executive Summary

- 1. Shorter-term Initiative Progress:** (1) Critical Time Intervention (CTI) initiative has successfully transitioned A&M support internally to the DHHS program team; DHHS is currently developing an internally-produced dashboard capturing key service recipient metrics. (2) The team has shifted focus to implementation planning for the Community Reentry Program having received positive feedback from CMS on the initial application and continues to provide IMD Waiver implementation support ranging from producing Length of Stay analytics to drafting guidance for providers related to complying with the waiver authority and admin rule.
- 2. Longer-term Initiative Progress:** (3) The Developmental Disabilities (DD) Waiver Redesign initiative team continues to produce operational and claims reimbursement dashboarding to monitor the system following the implementation of direct billing with providers; the team has also shifted to significant stakeholder engagement with the goal of establishing waiver modernization timelines and updated milestones in Q3. (4) The MES Modernization initiative has made significant progress with the internal review and preparation of the System Integrator module procurement efforts; several modules continue through the planning and design phases as detailed in the MES update section.
- 3. Initiative Update Sections:** Each section includes an overview of status by initiative and a timeline with key initiatives outlined; status key reads as follows: **On-track** ● **Behind Schedule** ● **At Risk** ●



# Initiative Update – Overview (CTI)

Status	Indicator
<p>The CTI initiative serves as an example of a contractor-supported initiative that has been transitioned internally to the DHHS team.</p>	
Highlights	
<p>DHHS program team manages the day-to-day of the program now as part of its broader behavioral health program portfolio and has rolled-out an internal dashboard to track program performance metrics. Highlights include:</p>	
<ol style="list-style-type: none"> <li><b>Active Clients:</b> 222 active clients as of the end of November 2023; 242 active clients reported by CMHCs as of January 2024.*</li> <li><b>Staffing:</b> 23.5/30 coaching positions filled with supervisor positions all filled.</li> <li><b>Data Validation:</b> Continuing to actively manage and review Phoenix data with CMHCs.</li> </ol>	



\*Phoenix dashboarding reports Active and New clients by CMHC (represented by color breakdown in the accompanied charts); data is reported on a monthly lag, so November figures are provided at the end of December. January figure cited above is cited by CMHCs and used for validation / comparison against the Phoenix report.

# Initiative Update – Timeline (CTI)

Key	
	= Milestone
	= Key Milestone

SVOE Year 2				SVOE Year 3
Q1 (July – Sept)	Q2 (Oct – Dec)	Q3 (Jan – Mar)	Q4 (Apr – June)	Q1 (July – Sept)



## Year 3, Q2 Progress


- ✓ Department is nearing completion of CTI dashboard, replicating the dashboarding previously provided by the A&M team.



## Year 2 Going Forward

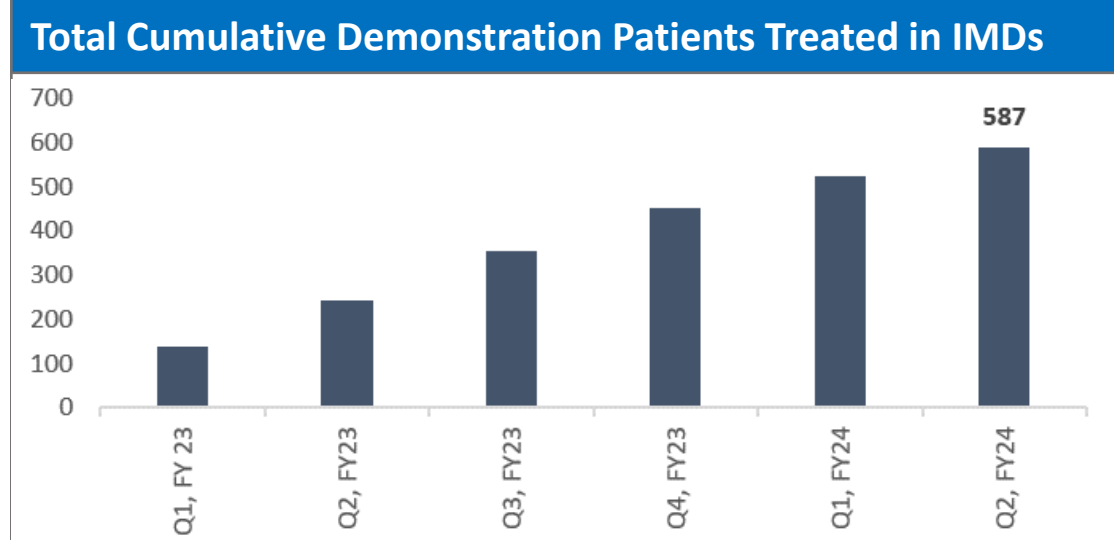
- A&M Team will continue to provide ad hoc consultative support and advisory as requested around long-term reimbursement strategies and potential expansion of the program.

# Initiative Update – Overview (IMD/CRE)

Status	Indicator
While awaiting formal CMS terms for the 5-year demonstration extension, A&M is leading cross-agency implementation planning efforts to support DHHS and DOC in operationalizing the new community reentry component once it is approved. A&M is continuing to provide technical support for IMD data and operational aspects, as appropriate.	

Highlights
<ol style="list-style-type: none"> <li><b>IMD:</b> NH has implemented the new IMD administrative rule; this rule codifies CMS requirements associated with Medicaid reimbursement for IMD stays under the demonstration.</li> <li><b>CRE:</b> NH has outlined the key milestones necessary for implementing the new community reentry program and submitted the draft implementation plan template to CMS.</li> <li><b>CRE:</b> NH has launched community reentry implementation planning workgroups focused on mapping out core IT systems changes and new case management processes.</li> </ol>

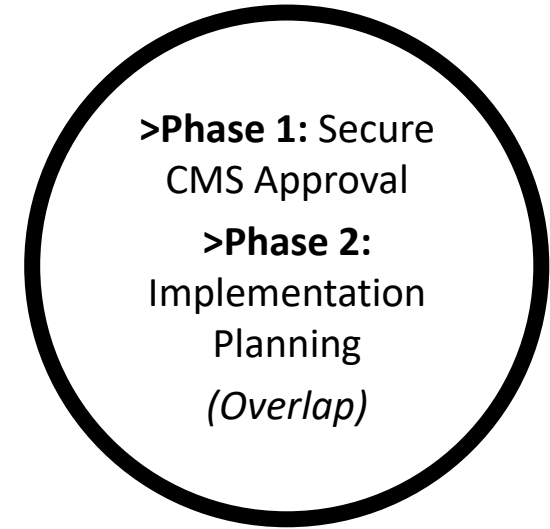
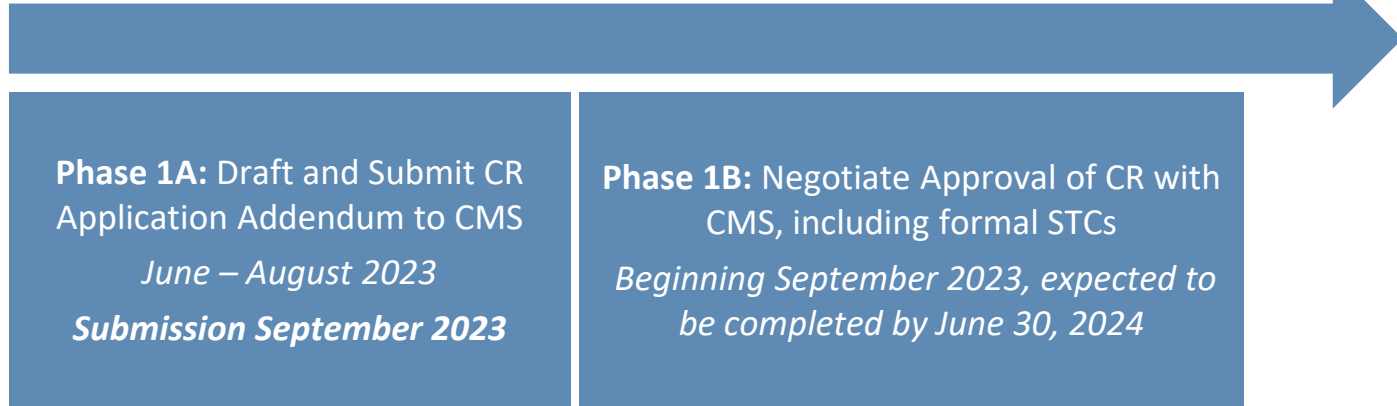
Top Priorities	
<b>Secure 1115 Demonstration Extension</b>	Negotiate 5-year demonstration extension, with a focus on the terms for the new community reentry component. <i>Note: CMS has indicated this will occur by 6/30/24</i>
<b>Plan for CRE Implementation</b>	Lead implementation planning efforts for community reentry to map out core requirements for IT systems changes and new case management processes, utilizing DHHS and DOC SME workgroups to inform planning.



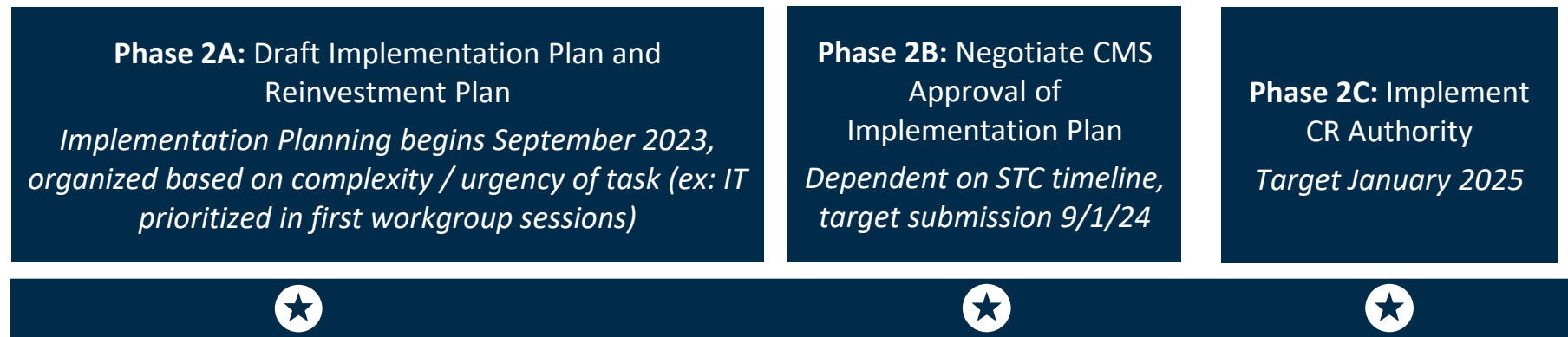


# Initiative Update – Overview of CRE Phases


## Objective #1: Secure CMS Approval for Demonstration Authority

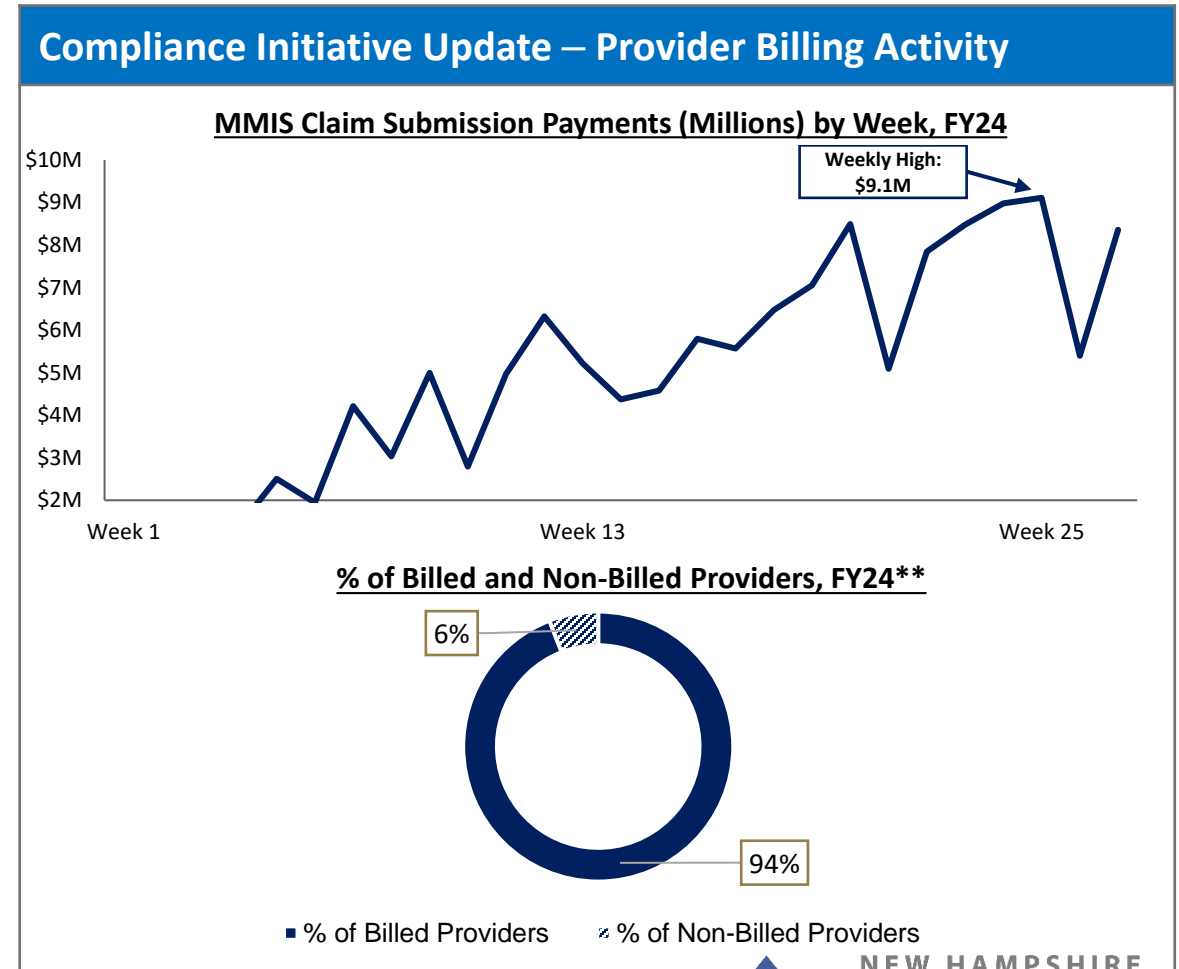


## Objective #2: Plan for Demonstration Implementation



# Initiative Update – Overview (DD Systems Innovation)

Status	Indicator
<p>Following a significant transition to provider direct billing resulting in full compliance with a CMS Corrective Action Plan, A&amp;M continues to support BDS in tracking the operational status and billing progress through a MMIS claims monitoring dashboard, providing tactical provider support and stakeholder strategy for the planned systems innovation work.</p>	
Highlights	
<ol style="list-style-type: none"> <li>Billing activity and payments have continued to increase week-over-week, with a current average weekly billing of <b>~\$8M</b>.</li> <li>As of 1/12/24, <b>94%</b> of “Billed Providers” with active service authorizations have billed at least one waiver service through the MMIS system and <b>47%</b> of all service authorizations have experienced provider billing.*</li> <li>The MMIS system has processed <b>\$133.2M</b>, while an additional <b>\$42.9M</b> was paid through manual invoice payments and DAADS payments to Area Agencies and two providers (due to a delay in the implementation of their new billing information technology system), resulting in <b>\$176.1M total payments</b> since 7/1/23.</li> </ol>	





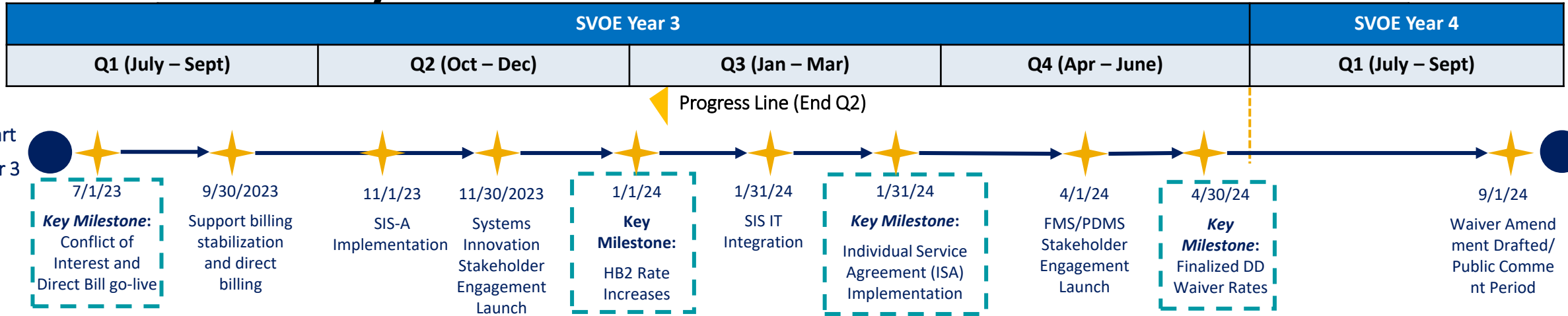
\*The total count of Service Authorizations were significantly increased in order to implement HB2 rate increases effective 1/1/2024. The percentage billed against figure will be significantly lower until providers bill in for newer authorizations beginning on or after January 1<sup>st</sup>, 2024.

\*\*Billed providers refer to those providers with active service authorizations that have billed at least one waiver service through the MMIS system



# Initiative Update – Timeline (DD Systems Innovation)

Key	
	= Milestone
	= Key Milestone



## Year 3, Q2 Progress

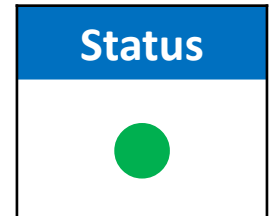
- ✓ Provided ongoing, targeted support to services providers to ensure billing stability through direct bill transition
- ✓ SIS-A implementation
- ✓ HB2 1/1/24 service rate increases
- ✓ Individual and Family Survey launched and Listening Sessions conducted
- ✓ Intensive Treatment Services Housing and Homelessness Initiative RGA recipients implemented project plans and home development
- ✓ He-M 503, 504, 505 adopted; Public hearing He-M 507 and 517 to JLCAR

## Year 3, End of Q3 Goals

- ❑ Area agency direct bill acceleration and repayment
- ❑ SIS-A referral process and launch of educational supports
- ❑ Stakeholder engagement in rate finalization
- ❑ Individual and Family feedback sessions sharing survey and listening session themes
- ❑ Identify opportunities to grow and standardize PDMS
- ❑ Development and expansion ITS homes to increase capacity
- ❑ He-M 507 and 517 JLCAR Finalization

# Initiative Update – Overview (DD Systems Innovation)

Status Overview	
<b>Waiver Structure</b>	Following completion of the rates for the Developmental Disabilities Waiver, BDS will be drafting a substantive waiver amendment. Due to requests to delay the rates initiative so that the focus continues on stabilization post direct billing transition, a new timeline for a waiver amendment has not yet been established. It is anticipated that this amendment will continue to request authority for existing services, residential habilitation services updates, and the new assessment informed reimbursement rate methodology. Also related to waiver structure and services, BDS has worked with stakeholders to draft and finalize future waiver services following the in-process rate finalization and testing of current waiver services.
<b>Reimbursement Rates</b>	Myers & Stauffer (M&S) continues to work closely with BDS to develop the new service reimbursement rate methodology for existing DD waiver services. Decisions remain pending for the IHS and ABD waivers related to utilization of alternative assessments normed for these populations, and so finalization of the rates for these waivers will follow the completion of DD Waiver rates. BDS successfully implemented the HB2 service rate increases effective January 1, 2024.
<b>Intensive Treatment Services (ITS)</b>	During this quarter, BDS has continued the execution of its ITS project plan, with a primary emphasis on enhancing bed capacity, securing funding for ITS provider training, and crafting valuable resources for external stakeholders. The Request for Grant Award (RGA) applications were approved by the Governor and Executive Council and the grant recipients have begun securing housing and making accessible renovations increasing in-state bed capacity by 114 statewide. BDS will post a Request for Proposal for the -ITS training vendor.
<b>Policy</b>	BDS has continued the rulemaking process by holding public hearings for He-M 507 and He-M 517. He-M 504 was adopted in November; He-M 503 and 505 were adopted in December.



# Initiative Update – Overview (MES)

Workstream	Progress
<b>Program Level</b>	<p>The initiative team continues to focus on coordination with DoIT, process improvement, and identifying resource needs as the Calendar Year '24 timeline calls for launching procurement efforts across the first three modules.</p> <ul style="list-style-type: none"><li>• <b>Coordination with DoIT:</b> Improved program schedule delays by implementing a new process for DoIT requirements, RFP, and security reviews; DoIT hired additional staff and is now allowing senior staff to focus on the long-term MES program activities.</li><li>• <b>Budget:</b> Biennium budget updates are underway; the program schedule may be re-baselined if future financial constraints are identified.</li><li>• <b>Program Delivery Preparedness:</b> DHHS addressing resource constraints for project/program managers and subject matter experts will better enable MES program success; additional vendor management oversight is needed to improve project outcomes.</li></ul>

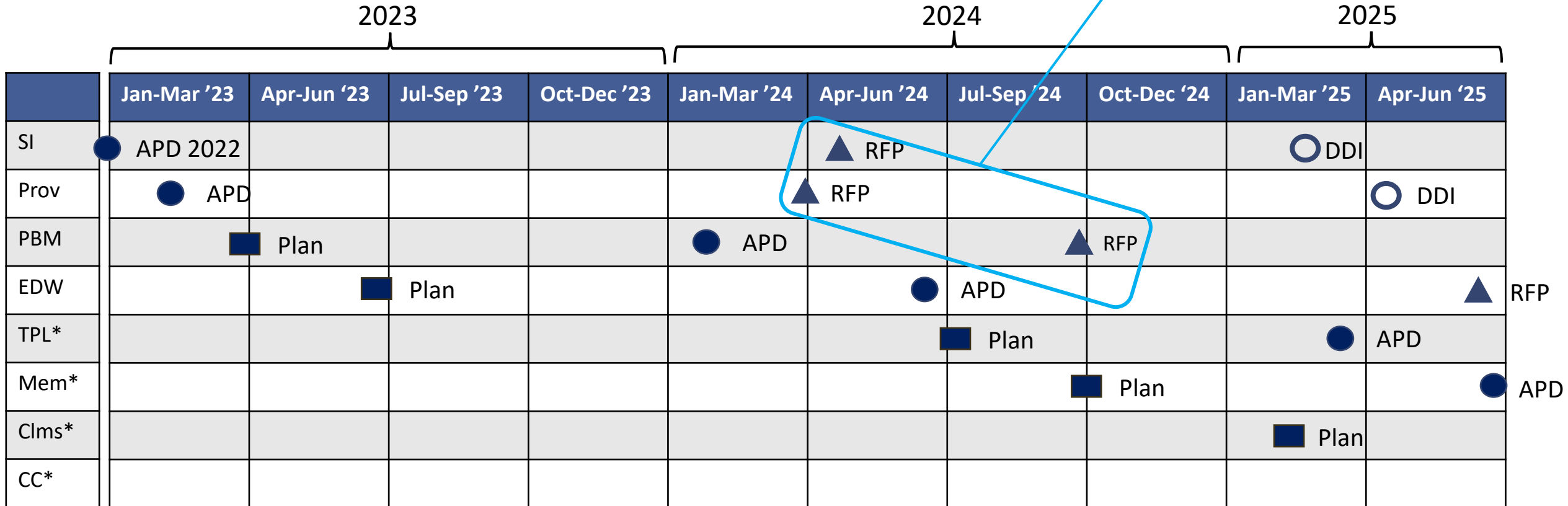
# Initiative Update – Workstream Overview (MES)

Workstream	Progress	Status
<b>Systems Integrator</b>	<ul style="list-style-type: none"> <li>DoIT requirements review completed, new streamlined process initiated.</li> <li>Security review in progress.</li> </ul>	●
<b>Provider Management</b>	<ul style="list-style-type: none"> <li>Requirements from the system integration request for proposal document are being merged into provider management requirements in preparation for the next steps in the procurement process.</li> <li>DoIT internal review will begin when this requirements merger is complete.</li> </ul>	●
<b>Pharmacy Benefits Management</b>	<ul style="list-style-type: none"> <li>RFP detailed requirements gathering effort is underway.</li> <li>APD internal review is complete.</li> <li>Next step is to schedule a discussion with Kentucky to learn about their streamlined single contract procurement and APD approach.</li> </ul>	●
<b>Center for Enterprise Data and Analytics (CEDA)</b>	<ul style="list-style-type: none"> <li>Team defined the high-level technical scope and is working on an overall deployment roadmap.</li> <li>Sub-teams are forming to define the scope for Program Integrity and MCO Encounters Processing.</li> </ul>	●

Workstreams captured above include the four modules comprising the focus of FY23 and FY24 planning and procurement efforts; planning for two additional modules kicks-off in FY24, although timelines have not yet been established as noted on the next slide.

# MES Initiative Timeline

*Highlight: Procurement efforts for 3 modules planned to occur in Calendar Year '24.*



Workstream Planning Begins  
  APD / Advanced Planning Document Complete  
  RFP / Request for Proposal Released to Vendors  
 DDI / Vendor Design Development and Implementation Begins  
  Vendor Solution Go-Live

SI = System Integrator   Prov = Provider   EDW = Enterprise Data Warehouse   TPL = Third Party Liability   Mem = Member   Clms = Claims   CC = Call Center

\* Timelines for these modules are tentative

