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	*DY2Q1*
Reporting period	*07/01/2023 – 09/30/2023*

[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.

State collaboration efforts within DY1 -- with providers serving the target population with Medicaid, greatly informed the State's DY2 and DY3 implementation progress. It has resulted in a stronger vision for the pursuit of a robust array of community-based services to stabilize and retain individuals in the community, with plans to submit Medicaid State Plan amendments in DY2Q3 to add these services. These are in support of the State's submitted Community Reentry amendment (to this demonstration), the anticipated DY2Q4 creation of Certified Community Behavioral Health Clinics, the implementation of the 2021 CMS approved Supportive Housing benefit package for DY3Q1, the expansion of a statewide mobile crisis system service array in DY2Q3, and other Medicaid State Plan improvements to add new and much needed services intended to support recovery and skill development in DY3Q2. 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 vision for the Closed Loop Referral solution to support whole-person needs and optimize State efforts to address the need for emergency inpatient psychiatric treatment and the delivery of mobile crisis services. This functionality is anticipated to be implemented in DY3Q1. Additionally, new expectations for the State's managed care program, relative to the Demonstration's target population and the providers involved with delivering those services, have been developed and scheduled for implementation in DY3Q2. 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*		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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. The Care Coordination Initiative, inclusive of the event notification system and closed loop referral systems, and changes in the CMH system associated with the Managed Care program, are designed to provide better insight into utilization and access. These are in development with full implementation anticipated in DY3Q2. Additionally, the State has launched an initiative, Mission Zero, which will focus on all levels of care, utilization and access to the levels, and how they impact SMI IMD use. This is anticipated to be fully implemented in DY2Q4.
1.2.1.d	The program integrity requirements and compliance assurance process	*X*		
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			*The State submitted a new Administrative rule for approval relative to providers receiving State-designation of an SMI-IMD status (e.g., application process, review and oversight parameters).*
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: 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			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. The Care Coordination Initiative, inclusive of the event notification system and closed loop referral systems, is designed to provide better insight into discharge planning and to better support care transitions. These are in development with full implementation anticipated in DY3Q2. Additionally, the State has launched an initiative, Mission Zero, which will focus on all levels of care. This is anticipated to be fully implemented in DY2Q4.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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, which are part of the Care Coordination Initiative, 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. The State is also moving forward with implementation of its CMS approved Supportive Housing 1915i benefit, which will invite additional housing providers to the Medicaid provider population and enable more individuals to access supportive services critical to achieving community tenure. These are in development with full implementation anticipated in DY3Q2.
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 Care Coordination Initiative, inclusive of the event notification system and closed loop referral systems, and changes in the CMH system associated with the Managed Care program, are designed to reduce ED stays and use multidisciplinary teams to deliver critical services, such as crisis services. These are in development with full implementation anticipated in DY3Q2. Additionally, the State has launched an initiative, Mission Zero, which will focus on all levels of care, utilization and access to the levels, and how they impact SMI IMD use, as well as ED use. This is anticipated to be fully implemented in DY2Q4. Performance and quality strategies are also being incorporated into the Managed Care Program that are designed to increase community tenure and reduce ED utilization and hospital readmissions. These too are in development and anticipated for implementation in DY3Q2.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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. The Care Coordination Initiative, inclusive of the event notification system and closed loop referral systems, and changes in the CMH system associated with the Managed Care program, are designed to reduce ED stays and use multidisciplinary teams to deliver critical services, such as crisis services. These are in development with full implementation anticipated in DY3Q2. Additionally, the State has launched an initiative, Mission Zero, which will focus on all levels of care, utilization and access to the levels, and how they impact SMI IMD use, as well as ED use. This is anticipated to be fully implemented in DY2Q4. Performance and quality strategies are also being incorporated into the Managed Care Program that are designed to increase community tenure and reduce ED utilization and hospital readmissions. These too are in development and anticipated for implementation in DY3Q2.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). These changes are anticipated to be fully implemented in DY3Q2.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2.	*X*		The State currently has a SAMHSA planning grant for the development of Certified Community Behavioral Health Clinics; two of the NH's Community Mental Health Centers are strong contenders for first implementation in DY2Q4. This model strongly supports care coordination and transitions between care levels for both SUD and SMI target populations.

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.		*15, 16, 17*	Two of the three measures with a quarter-to-quarter change greater than 2 percent changed in the desired direction (15 and 17), an increase in Mental Health Services Utilization-Outpatient and an increase in Mental Health Services Utilization-Telehealth, indicating improved access for beneficiaries to receive these services. One of the three measures (16), for Mental Health Services Utilization-ED increased by 22.1%. The State is researching possible drivers of the increase in ED utilization for MH reasons. One suspected reason is increased awareness due to the State's promotional campaign associated with the 2022 launch of statewide mobile crisis services and its Rapid Response Access Point 24 hr hotline/text/chat availability, as well as the national implementation of 988. The State's contracted providers of the Access Point and 988 are utilizing triage protocols that, based on information exchanged with the individuals contacting the service, may result is better recognition of when an individual might be in urgent need of mental health treatment in a hospital setting vs. access to a mobile crisis team in approximately one hour.
3.2	**Implementation update**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 this DY. Additionally, through the Care Coordination Initiative, inclusive of the event notification system and closed loop referral systems, access to a broader array of assessment tools will be made readily available to all levels of community-based service providers, such as those used to assess suicidality. These are in development with full implementation anticipated in DY3Q2.
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 access to community-based care at all acuity levels, within the Request for Proposals for the next cycle of the Managed Care Program (ETA 9/1/24 implementation). The Care Coordination Initiative, inclusive of the event notification system and closed loop referral systems, is designed to provide better support better access to all levels of care, as well. These are in development with full implementation anticipated in DY3Q2. Additionally, the State has launched an initiative, Mission Zero, which will focus on all levels of care for SMI, including access to crisis stabilization centers. This is anticipated to be fully implemented in DY2Q4.

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.			The State currently has a SAMHSA planning grant for the development of Certified Community Behavioral Health Clinics; two of the NH's Community Mental Health Centers are strong contenders for first implementation in DY2Q4. This model strongly supports care coordination and transitions between care levels for both SUD and SMI target populations, inclusive of providing crisis services on a 24 hr basis, such as mobile crisis services. The Care Coordination Initiative, inclusive of the event notification system and closed loop referral systems, and changes in the CMH system associated with the Managed Care program, are designed to reduce ED stays and use multidisciplinary teams to deliver critical services, such as crisis services. These are in development with full implementation anticipated in DY3Q2. Additionally, the State has launched an initiative, Mission Zero, which will focus on all levels of care, utilization and access to the levels, and how they impact SMI IMD use, as well as ED use. This is anticipated to be fully implemented in DY2Q4. Performance and quality strategies are also being incorporated into the Managed Care Program that are designed to increase community tenure and reduce ED utilization and hospital readmissions. These too are in development and anticipated for implementation in DY3Q2.

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: 4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)			The State incorporated greater expectations, under its latest Managed Care procurement, for facilities and providers to have more responsibility and accountability for care coordination, including screenings in primary care settings for behavioral health needs, using a closed loop referral solution to connect individuals into treatment sooner. (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.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			The State incorporated greater expectations, under Managed Care, for facilities and providers to have more responsibility and accountability for care coordination and facilitating access to community-based care at all acuity levels, within the Request for Proposals for the next cycle of the Managed Care Program (ETA 9/1/24 implementation). The Care Coordination Initiative, inclusive of the event notification system and closed loop referral systems, is designed to provide better support better access to all levels of care, as well. These are in development with full implementation anticipated in DY3Q2. Additionally, the State has launched an initiative, Mission Zero, which will focus on all levels of care for SMI, including access to crisis stabilization centers. This is anticipated to be fully implemented in DY2Q4.
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*		
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: 5.2.1.a The three statements of assurance made in the state's health IT plan	*X*		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			The State incorporated greater expectations, under its latest Managed Care procurement, for facilities and providers to have more responsibility and accountability for care coordination, including using a closed loop referral solution to connect individuals new needed members of their care team, as well as to exchange information with the providers when appropriate. (ETA 9/1/24 implementation). In corresponding contractual arrangements with the community mental health centers, these centers will assume greater responsibility and accountability for care coordination on the common platforms of the closed loop referral solution and event notification system. 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. Additionally, some improvements/functionality and coding changes are being pursued in the State's MMIS to further support these activities.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.c	Electronic care plans and medical records			The State incorporated greater expectations, under its latest Managed Care procurement, for facilities and providers to have more responsibility and accountability for care coordination, including using a closed loop referral solution to connect individuals new needed members of their care team, as well as to exchange information with the providers when appropriate. (ETA 9/1/24 implementation). In corresponding contractual arrangements with the community mental health centers, these centers will assume greater responsibility and accountability for care coordination on the common platforms of the closed loop referral solution and event notification system – for shared functionality and use of electronic care plans.
5.2.1.d	Individual consent being electronically captured and made accessible to patients and all members of the care team			The State incorporated greater expectations, under its latest Managed Care procurement, for facilities and providers to have more responsibility and accountability for care coordination, including electronically capturing individual consent using a closed loop referral (ETA 9/1/24 implementation) and the event notification system. In corresponding contractual arrangements with the community mental health centers, these centers will similarly be asked to pursue consent capturing in these two platforms.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.			The State incorporated greater expectations, under its latest Managed Care procurement, for facilities and providers to have more responsibility and accountability for care coordination, including electronically available assessment and screening tools using the closed loop referral solution (ETA 7/1/24 implementation). In corresponding contractual arrangements with the community mental health centers, these centers will similarly be asked to pursue consent capturing in these two platforms.
5.2.1.f	Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care	*X*		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.g Alerting/analytics			The State incorporated greater expectations, under Managed Care, for facilities and providers to have more responsibility and accountability for care coordination and facilitating access to community-based care at all acuity levels, within the Request for Proposals for the next cycle of the Managed Care Program (ETA 9/1/24 implementation). The Care Coordination Initiative, inclusive of the event notification system and closed loop referral systems, is designed to provide better support better access to all levels of care, as well. These are in development with full implementation anticipated in DY3Q2. Additionally, the State has launched an initiative, Mission Zero, which will focus on all levels of care for SMI, including access to crisis stabilization centers and community-based treatment beds. This is anticipated to be fully implemented in DY2Q4. Both tools and the workflows developed for Mission Zero will leverage alerts and analytics that can be achieved through the new tools being developed. The State will leverage system level data analytics, obtained through the tools, to inform system improvement. This effort will also incorporate development of provider facing dashboarding resources, within the tools, to assist providers with analyzing their transactions through the new tools.
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.		The percentage of Medicaid beneficiaries with SMI was relatively similar to the previous PAAT, the prevalence of SMI went up slightly in central NH and decreased slightly in southwest NH. The total number of SMI beneficiaries has decreased due to the unwind. SED percentage change in the North country went down slightly. Most of the same trends as SMI. Decrease due to unwind for SED.
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	

Prompts	State has no update to report (place an X)	State response
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.		Due to data limitations, NH was not able to obtain licensing data for non-Medicaid providers. Per conversations with CMS, NH is only reporting Medicaid-enrolled providers at this time. Providers: Number of Medicaid-Enrolled Psychiatrists and Other Practitioners Who Are Authorized to Prescribe Psychiatric Medications Accepting New Medicaid Patients. Increase across all regions. The number of accepting all patients has increased across all regions. Treaters: Number of Medicaid-Enrolled Other Practitioners Certified or Licensed to Independently Treat Mental Illness. Increase across all regions. The number of accepting all patients has increased across all regions. IOP: one IOP program in central NH closed. PRTF: one opened in central NH. 12 new beds Inpatient: Number of Licensed Psychiatric Hospital Beds (Psychiatric Hospital + Psychiatric Units) remained the same in north country, slight decrease in central NH

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.		There is a patchwork of IT communications across the State. As is typical in the US health care system, the State's psychiatric hospital uses an EMR which can be accessed only by authorized State employees and not by private practitioners at CMHCs or in private practice. Similarly, CMHCs use a monitoring and reporting system that collects data from the CMHCs' claims processing databases for federal and State reporting, but MCOs have limited, if any, access to the CMHC database. The State has invested in technologies which bring together mental health practitioners in private practice across hospital systems, but this remains an ongoing and early area of investment. Anecdotally, this can complicate handoffs in care coordination where individuals transition between entire care/service delivery systems or between different levels of the same care/service delivery system.

Prompts		State has no update to report (place an X)	State response
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.		The State incorporated greater expectations, under Managed Care, for facilities and providers to have more responsibility and accountability for care coordination and facilitating access to community-based care at all acuity levels, within the Request for Proposals for the next cycle of the Managed Care Program (ETA 9/1/24 implementation). It will also remove CMHC MOE requirements they faced under contract with MCOs. These changes are anticipated to make resources more readily available to the CMHCs so that they can be better positioned to fully staff existing need for services. The Care Coordination Initiative, inclusive of the event notification system and closed loop referral systems, is designed to provide better support better access to all levels of care, as well. These are in development with full implementation anticipated in DY3Q2. Additionally, the State has launched an initiative, Mission Zero, which will focus on all levels of care for SMI, including access to crisis stabilization centers and community-based treatment beds. This is anticipated to be fully implemented in DY2Q4. Both tools, the Managed Care program changes applicable to the CMHCs, and the workflows developed for Mission Zero will leverage alerts and analytics that can be achieved through the new tools being developed. The State will leverage system level data analytics, obtained through the tools, to inform system improvement and to measure the effectiveness of the new approach with CMHCs relative to their own MOE targets formerly incorporated in their contracts with MCOs.
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		NH DHHS is exploring data sharing agreements with partner agencies to facilitate increased access to provider enrollment data.

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. NH DHHS issued an RFP for closed loop referral vendor to track beds in DY1; contract award is anticipated for DY2Q3 with major functional implementation for DY3Q1.

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: 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		The State has contracted with two CMHCs to create crisis stabilization centers as an additional component to the statewide mobile crisis system. The two are anticipated to begin providing services in DY2Q3 and will accept individuals from anywhere in the state. These are both going to be modeled on a 23-hr stabilization service with 24 hour staffed services. Through the closed loop referral solution being developed for DY3Q1, community stakeholders will have greater access and awareness of these services and improved coordination.

Prompts		State has no update to report (place an X)	State response
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 incorporated greater expectations, under Managed Care, for facilities and providers to have more responsibility and accountability for care coordination and facilitating access to community-based care at all acuity levels, within the Request for Proposals for the next cycle of the Managed Care Program (ETA 9/1/24 implementation). It will also remove CMHC MOE requirements they faced under contract with MCOs. These changes are anticipated to make resources more readily available to the CMHCs so that they can be better positioned to fully staff existing need for services. As part of this effort, the State is also pursuing modifying its existing service array to include new services that support recovery and skill development. The Care Coordination Initiative, inclusive of the event notification system and closed loop referral systems, is designed to provide better support and access to all levels of care, as well. These are in development with full implementation anticipated in DY3Q2. Additionally, the State has launched an initiative, Mission Zero, which will focus on all levels of care for SMI, including access to crisis stabilization centers and community-based treatment beds. This is anticipated to be fully implemented in DY2Q4. Both tools, the Managed Care program changes applicable to the CMHCs, and the workflows developed for Mission Zero will improve access to care and a broader array of services.

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 DY6 Q1
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 is reported in the attached budget neutrality report.

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 will be seeking Medicaid State Plan Amendments to incorporate new services, or open up existing services to additional populations, in DY2Q3 and DY2Q4. 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 should the State receive approval for its recently submitted Community Reentry amendment to this demonstration. 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 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.
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 in DY2Q4, the Community Reentry benefit, addition of crisis stabilization center services in DY2Q3, and expanded array of community-based services for SMI and SUD in DY2Q4 to support the demonstration's implementation plan.

Prompts	State has no update to report (place an X)	State response
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).		All are anticipated to promote access to and continuity of (delivering) the right care at the right time through strategies that improve care coordination, maximize resource availability, and better meet whole person needs than in the past. The intended effect of which is to reduce acuity and the need for acute inpatient care.
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)		The DY3Q2 implementation of the Managed Care program changes, particularly those that create expanded accountability for CMHCs to deliver care, will more directly resource the community mental health service array. The change incorporates a CMHC fee schedule for the capitated payment that will be made to the CMHCs and removes MOE related holds. It is anticipated that these changes will strengthen how the delivery system operates by enabling a more robust service array to be staffed.
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 was submitted to CMS on 9-7-23

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: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
	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 will be held on November 13, 2023 at the Medical Care Advisory Committee (MCAC).

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 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; the 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. 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:
The MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, and APM measures (#13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties, or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements

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