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

The Centers for Medicare & Medicaid Services (CMS) customized the Monitoring Report Template (Version 3.0) to support the New Hampshire's retrospective reporting of monitoring data for its section 1115 serious mental illness and serious emotional disturbance (SMI/SED) demonstration. The state should use this customized template to report on retrospective metric trends as requested in the Monitoring Report Instructions (p. 17 of Version 3.0). This template was customized for retrospective reporting in the following ways:

- *Added footnote C to the title page in section 1*
- *The prompts in section 3 that requested implementation updates were removed.*
- *Section 4 (Narrative information on other reporting topics) has been removed entirely.*

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

The state should complete this title page at the beginning of a demonstration and submit as the title page for 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 and Recovery Access*
Approval period for section 1115 demonstration	*07/10/2018 – 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]	*07/01/2022*
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[c]	*SMI/SED DY1Q1 – SMI/SED DY1Q4*
Reporting period[c]	*07/01/2022 – 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.

[c] **SMI/SED demonstration year and quarter, and reporting period.** The demonstration year, quarter, and calendar dates associated with the monitoring reports in which the metric trends would have been reported according to the reporting schedule in the state's approved monitoring protocol. For example, if the state's first monitoring report after monitoring protocol approval is its SMI/SED DY2Q2 monitoring report, the retrospective reporting period is considered SMI/SED DY1Q1 through SMI/SED DY2Q1.

2. Executive summary

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

The State implemented the SMI Amendment, approved by CMS on 6/2/2022, which included SMI inpatient treatment facilities in the IMD exclusion. In support of the expanded demonstration authority, the services of the NH Rapid Response Access Point, which began in January 2022, combined with the July 2022 988 implementation, increased attention and access to these critical services that help individuals navigate their mental health or substance misuse related crisis. This expanded engagement in the community is expected to result in improved identification of individuals needing Community Mental Health services and to reduce the need for individuals with SMI experiencing psychiatric crises and frequenting emergency departments, and rising to the acute level requisite with inpatient level of care.

Throughout this reporting period, DHHS continued its efforts to advance care coordination for the SMI population through the use of health information technology. In May 2022, DHHS contracted for an event notification system technology to use with its provider community; all Community Mental Health Centers in NH, as well as New Hampshire Hospital, onboarded to the technology. Closed loop referral technology was also being pursued via an APD submitted to CMS and the planning of a Request for Proposal (RFP). The RFP was issued and then later cancelled in June 2023, with plans to reissue to include a broader vision for care coordination – in large part due to the SMI Amendment and need to expedite transition from acute level of care in IMDs to lower level community based treatment. Together, these will support improved coordination and transitions between levels of care for SMI involved beneficiaries, and is expected to increase timely discharges from higher levels of care and prompt return to community based services for individuals with SMI. The DHHS expanded HIT related vision shift to care coordination includes engagement with the Managed Care Organizations and supports for individual provider levels.

During this reporting period, PHPG provided an orientation to the SMI Amendment Evaluation Design requirements for State subject matter experts (SMEs) and facilitated several evaluation design meetings. The evaluation team reviewed existing data sources and met with the State's Data Analytics Director to discuss potential metrics and refine the design. A draft SMI evaluation design was created and submitted to CMS.

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		
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		
3. Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)			
3.1. Metric trends			
3.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.		13, 14, 15, 16, 17, 18	Metric 13 decreased in DY1 Q2 and DY1 Q4, and increased in DY1 Q3. Metric 14 remained steady in DY1 Q2, and increased slightly in DY1 Q3 and DY1 Q4. Metric 15 increased by 2.5% and 6.1% in the desired direction in DY1 Q2 and DY1 Q3 respectively, and decreased in DY1 Q4. Metric 16 changed little in DY1 Q2, increased in DY1 Q3, and decreased 14.6% in the desired direction in DY1 Q4. Metric 17 decreased in DY1 Q2 and DY1 Q4, and increased by 5.3% in the desired direction in DY1 Q3. Metric 18 changed little in DY1 Q2, increased by 4.4% in the desired direction in DY1 Q3, and decreased in DY1 Q4.
4. Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)			
4.1. Metric trends			
4.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.		21	Metric 21 changed little in DY1 Q2, increased 2.1% in the desired direction in DY1 Q3, and decreased in DY1 Q4.

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)			
5.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.	X		
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 two 2 percent related to other SMI/SED-related metrics.	X		

*The state should remove all example text from the table prior to submission.

Note: Licensee and state 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 of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

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