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# ***Building Capacity for Transformation:*** **New Hampshire's DSRIP Waiver Program**

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**National Organization of State  
Health Offices of Rural Health  
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# Overview



# Key Challenges

Significant challenges remain in meeting the needs of individuals with mental health and substance use disorders (SUD). Expansion of Medicaid to newly-eligible adults and of SUD benefits is a significant opportunity, but also places new demands on already overtaxed providers, underscoring the need for transformation.

## Capacity Constraints

## 'Siloed' Behavioral and Physical Health

## Gaps During Care Transitions

### ❑ Long wait lists:

- 2 - 10 weeks for residential treatment
- 26 days for outpatient counseling
- 49 days for outpatient counseling with prescribing authority

### ❑ Limited SUD treatment options:

- In 2014, 92 percent of NH adults with alcohol dependence or abuse did not receive treatment, and four out of 13 public health regions had no residential SUD treatment programs
- 84% of NH adults with illicit drug dependent or abuse did not receive treatment

### ❑ Excess demand for beds:

- New Hampshire Hospital operates at 100% capacity
- 2 out of 3 people admitted to NHH spend more than a day waiting in the ER before a bed is available

### ❑ Limited integration:

- A 2015 review of physical and behavioral health integration in NH by Cherokee Health Systems found “while there are certainly pockets of innovation...overall there remains room for further advancement”

### ❑ Workforce shortage:

- The Cherokee analysis highlighted an acute shortage in the workforce necessary for integrated care, including behaviorists with skills to work in the primary care setting

### ❑ Lack of follow-up care:

- Between 2007 and 2012, the percent of patients hospitalized for a MH disorder who received follow-up care within 30 days of release deteriorated from 78.8 to 72.8%

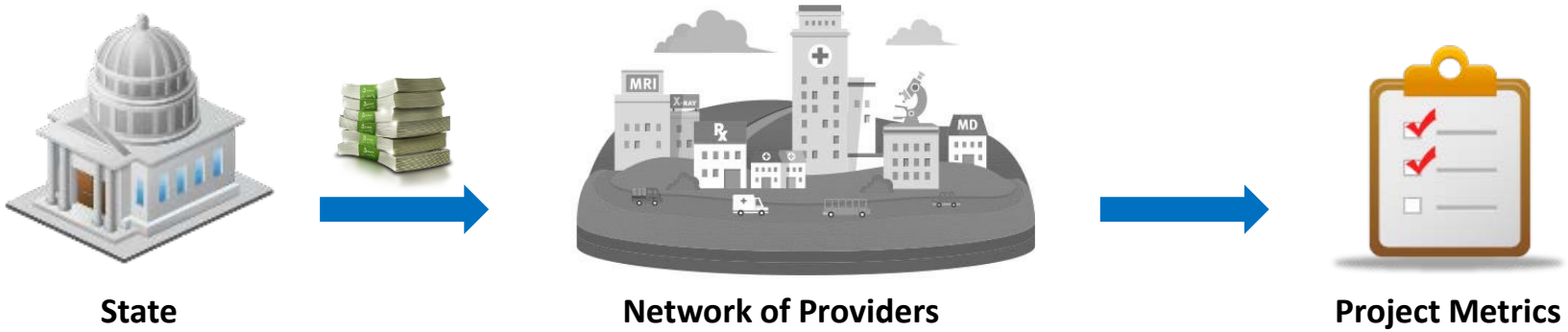
### ❑ Poor continuity:

- 48% of NH residents who leave a state correctional facility have parole revoked due to a substance use-related issue



# Delivery System Reform Incentive Program (DSRIP) Waivers: The Basics

Using a Medicaid 1115 waiver, States fund networks of providers who meet metrics demonstrating improved patient outcomes and promoting delivery system reform.



**DSRIP waivers are a key way to approach Medicaid delivery reform,  
among many other reform initiatives**



# Overview of New Hampshire's DSRIP Waiver Program: *Building Capacity For Transformation*

The waiver represents an unprecedented opportunity for New Hampshire to strengthen community-based mental health services, combat the opiate crisis, and drive delivery system reform.

## Key Driver of Transformation



**Integrated Delivery Networks** : Transformation will be driven by regionally-based networks of physical and behavioral health providers as well as social service organizations that can address social determinants of health

## Three Pathways

Improve care transitions

Promote integration of physical and behavioral health

Build mental health and substance use disorder treatment capacity

## Funding Features



Menu of mandatory and optional **community-driven projects**



Up to \$150 m over 5 years



Support for transition to **alternative payment models**



Funding for project planning and **capacity building**



Performance-based funding **distribution**



# Integrated Delivery Networks



# Integrated Delivery Networks (IDNs)

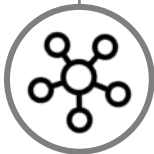


- New, regionally-based networks of providers called Integrated Delivery Networks ('IDNs') will drive system transformation by designing and implementing projects in a geographic region.
- IDNs will be organized into **7** regions throughout the State.
- Multiple IDNs may apply. It is anticipated that there will likely be 1 IDN in many areas of the state, but multiple IDNs may emerge in more heavily populated regions.

## Key Elements



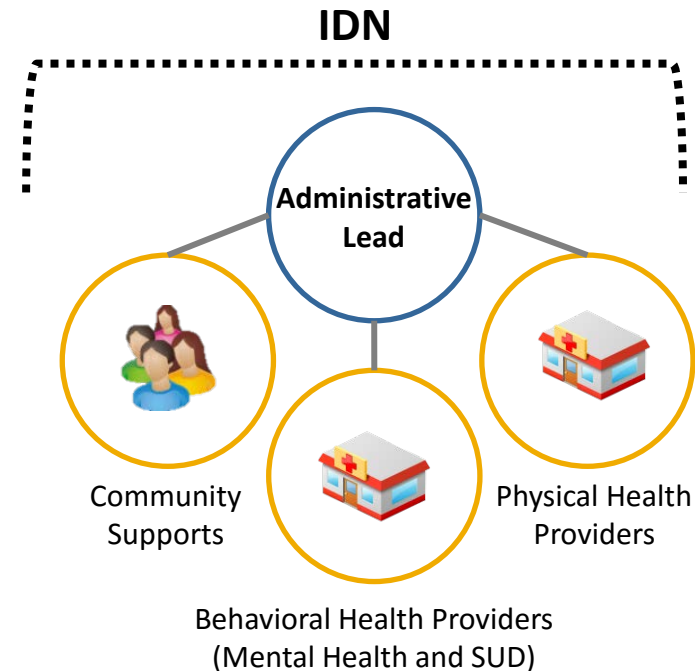
**Participating Partners:** Includes community-based social service organizations, hospitals, county facilities, physical health providers, and behavioral health providers (mental health and substance use).



**Structure:** Administrative lead serves as coordinating entity for network of partners in planning and implementing projects.



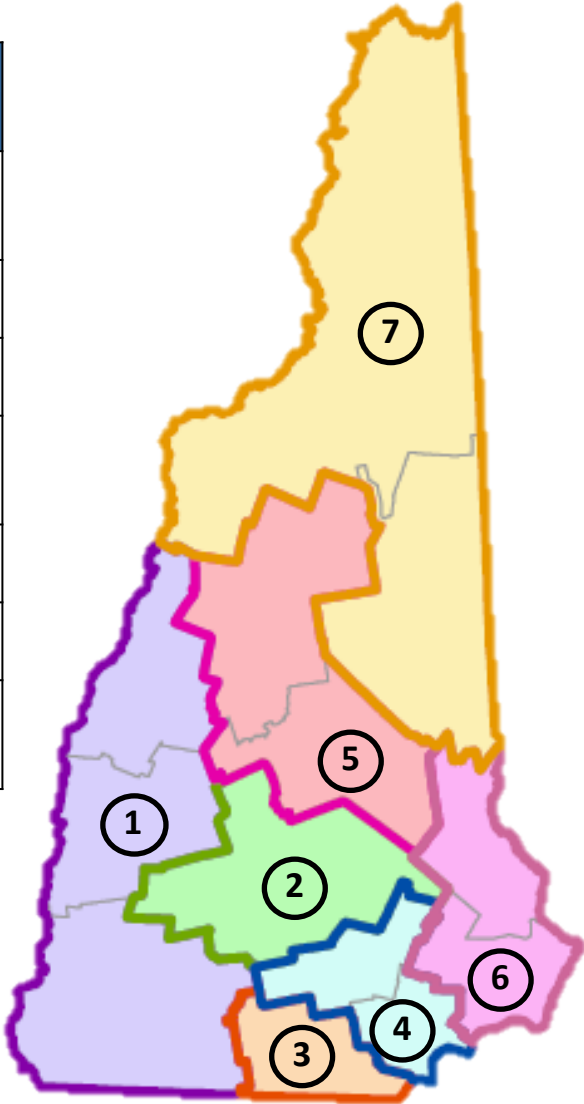
**Responsibilities:** Design and implement projects to build behavioral health capacity; promote integration; facilitate smooth transitions in care; and prepare for alternative payment models.





# IDNs Will be Organized into 7 Regions

Illustrative IDN	Regional Public Health Networks (RPHN) Included	# of Medicaid members
<b>1. Monadnock, Sullivan, Upper Valley</b>	Greater Monadnock, Greater Sullivan County, Upper Valley	21,550
<b>2. Capital</b>	Capital Area	15,520
<b>3. Nashua</b>	Greater Nashua	19,110
<b>4. Derry &amp; Manchester</b>	Greater Derry, Greater Manchester	34,900
<b>5. Central, Winnipesaukee</b>	Central NH, Winnipesaukee	15,230
<b>6. Seacoast &amp; Strafford</b>	Strafford County, Seacoast	25,440
<b>7. North Country &amp; Carroll</b>	North Country RHPN, Carroll County RHPN	15,300



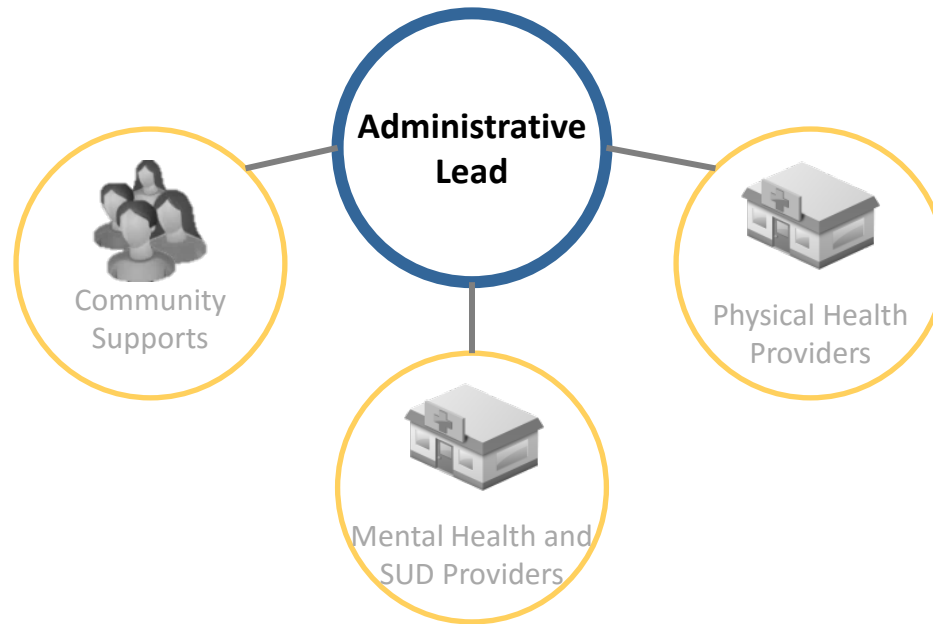
*Providers in each IDN region were encouraged to work together to form one IDN.*

Note: pending final approval by CMS and subject to change



# Administrative Lead: Responsibilities

Integrated Delivery Networks will be composed of an Administrative Lead and several partners



## Administrative Lead Responsibilities\*

- Organize consortium partners in geographic region
- Act as single point of accountability for DHHS
- Submit single application on behalf of IDN
- Implement IDN governance structure in accordance with DHHS parameters
- Receive funds from DHHS and distribute funds to partners
- Compile required reporting
- Collaborate with partners in IDN leadership and oversight
- Collaborate with IDN partners to manage performance against goals and metrics

*\*Partners may lead implementation efforts for specific projects*



# IDN Composition



## General Principles

- IDNs must include a broad range of organizations that can participate in required and optional projects
- IDNs must ensure they have a network of non-medical providers and medical providers that together represent the full spectrum of care that might be needed by an individual with a mental health or substance use disorder need



## Specific Requirements

### IDN partner networks must include :

- A substantial percentage of the **regional primary care practices** and facilities serving the Medicaid population
- A substantial percentage of the **regional SUD providers**, including recovery providers, serving the Medicaid population
- Representation from **Regional Public Health Networks**
- One or more Regional **Community Mental Health Centers**
- **Peer-based support** and/or **community health workers** from across the full spectrum of care
- One or more **hospitals**
- One or more **Federally Qualified Health Centers, Community Health Centers, or Rural Health Clinics**, if available
- Multiple **community-based organizations** that provide social and support services (transportation, housing, employment, community supports, legal assistance, etc.)
- **County organizations** representing nursing facilities and correctional systems



# Pathways and Projects



# Three Pathways to Delivery System Reform

IDNs will implement defined projects addressing the three pathways to delivery system reform:

## Build mental health and SUD treatment capacity

Projects will support mental health and substance use disorder treatment capacity and supplement existing workforce in all settings.

- Develop workforce initiatives and new treatment and intervention programs
- Implement alternative care delivery models (telemedicine, etc.)

## Improve care transitions

Projects will support beneficiaries transitioning from institutional settings to the community and within organizations in the community.

- Create incentives for IDNs to adopt evidence-based practices for the management of behavioral health patients during transitions
- Incentivize provider collaboration

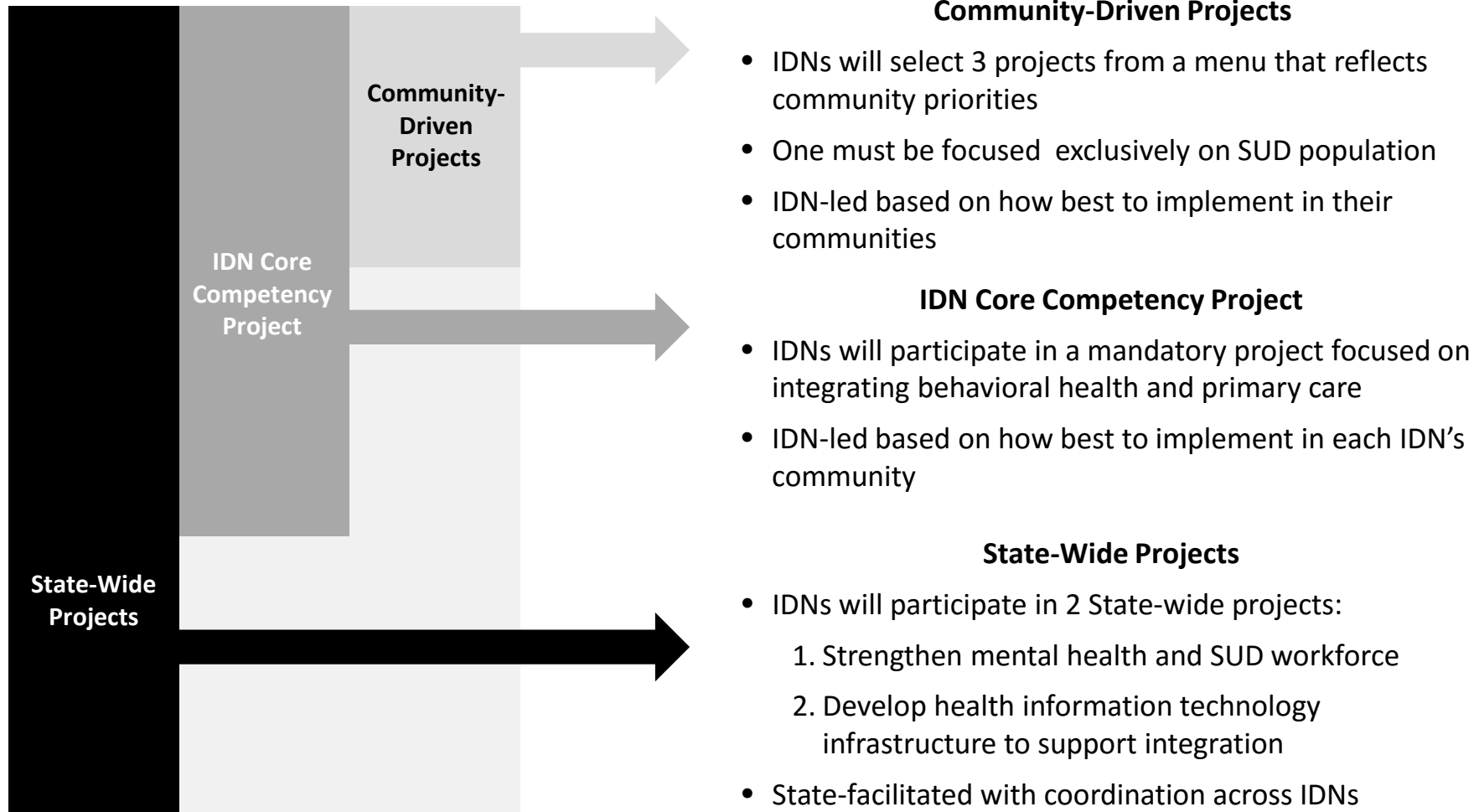
## Integrate physical and behavioral healthcare

Projects will promote provider integration and collaboration between primary care, behavioral health care and community services.

- Support physical and virtual integration in primary care and behavioral health settings
- Expand programs that foster collaboration among physical and behavioral health providers
- Promote integrated care delivery strategies that incorporate community-based social support providers



# Project Menu Structure



**Each IDN will implement the Core Competency Project.**



## **Integrated Healthcare**

- Primary care providers, mental health and SUD providers, and social services organizations will partner to:
  - Prevent, diagnose, treat and follow-up on both behavioral health and physical conditions
  - Refer patients to community and social support services
  - Address health behaviors and healthcare utilization
- Standards will include:
  - Core standardized assessments for depression, substance use, and medical conditions
  - Integrated electronic medical records and patient tracking tools
  - Health promotion and self-management support
  - Care management services
- NCQA accreditation is not required



# Community-Driven Project Menu

Each IDN will select three community-driven projects from a DHHS-defined menu.

## Care Transitions:

*Support beneficiaries with transitions from institutional settings to the community*

- Care Transition Teams
- Community Reentry Program for Justice-Involved Adults and Youth with Substance Use Disorders or Significant Behavioral Health Issues
- Supportive Housing Projects

## Capacity Building:

*Supplement existing workforce with additional staff and training*

- Medication Assisted Therapy of Substance Use Disorders
- Expansion of Peer Support Access, Capacity, and Utilization
- Expansion in intensive SUD Treatment Options, including partial hospital and residential care
- Multidisciplinary Nursing Home Behavioral Health Service Team

## Integration:

*Promote collaboration between primary care and behavioral health care*

- Wellness Program to address chronic disease risk factors for SMI/SED population
- School-Based Screening and Intervention
- Substance Use Treatment and Recovery Program for Adolescents and Young Adults
- Integrated Treatment for Co-Occurring Disorders
- Enhanced Care Coordination for High –Need Populations





# Financing



# Funding for the Transformation Waiver

## Key Funding Features:

- The transformation waiver provides up to \$150 million over 5 years.
  - State must meet statewide metrics in order to secure full funding beginning in 2018
  - State must keep per capita spending on Medicaid beneficiaries below projected levels over the five-year course of the waiver
- Up to 65% of Year 1 funding will be available for capacity building and planning.
- In Years 2-5, IDNs must earn payments by meeting metrics defined by DHHS and approved by CMS to secure full funding. Under the terms of New Hampshire’s agreement with the federal government, this is not a grant program.
- A share of the \$150 million will be used for administration, learning collaboratives, and other State-wide initiatives.

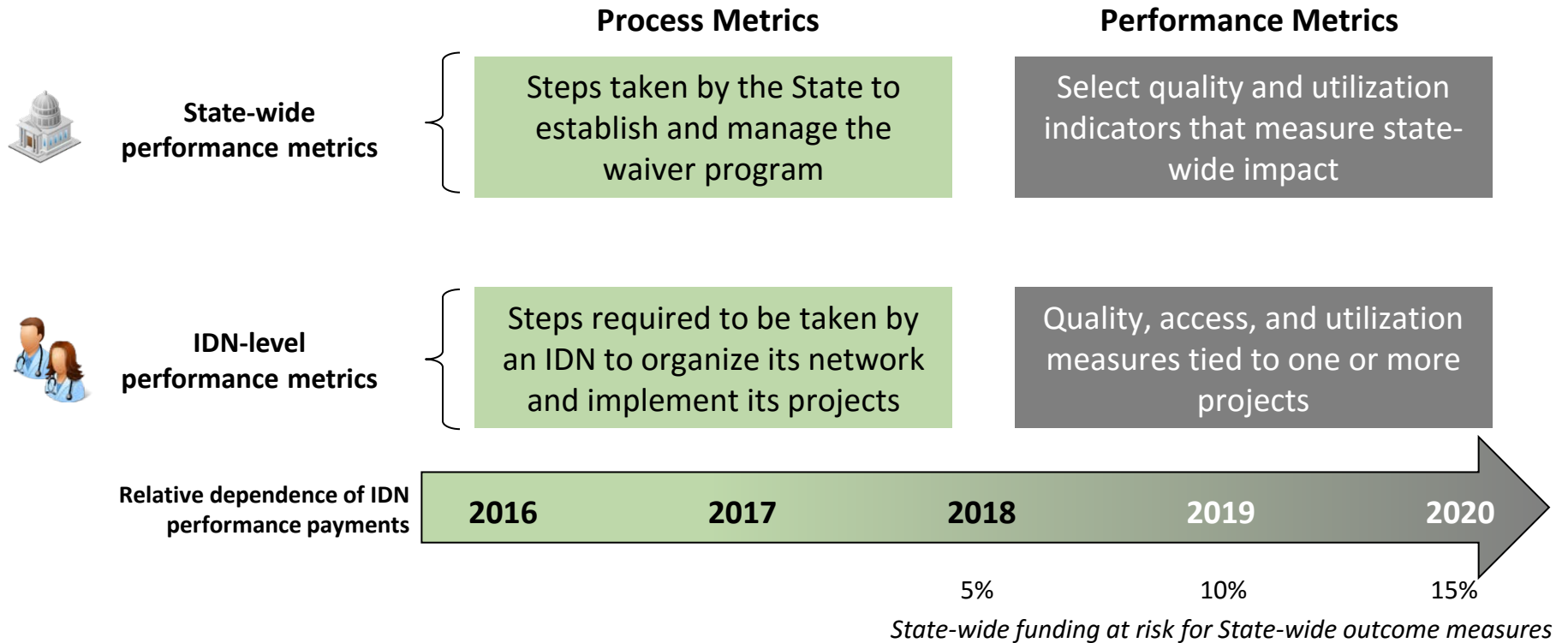
	2016 (Year 1)	2017 (Year 2)	2018 (Year 3)	2019 (Year 4)	2020 (Year 5)	Total Funding
<b>Capacity Building</b> (Up To 65% of Year 1 Funding)	\$19,500,000	n/a	n/a	n/a	n/a	<b>\$19,500,000</b>
<b>Other Funding</b> (IDN payments, administrative expenses, etc.)	\$10,500,000	\$30,000,000	\$30,000,000	\$30,000,000	\$30,000,000	<b>\$130,500,000</b>
<b>Percent at Risk for Performance</b>	0%	0%	5%	10%	15%	
<b>Dollar Amount at Risk for Performance</b>	(\$0)	(\$0)	(\$1,500,000)	(\$3,000,000)	(\$4,500,000)	

**TOTAL \$150,000,000**





# State-wide and IDN-level Metrics

- Performance metrics at the state- and IDN-levels will be used to monitor progress toward achieving the overall waiver vision. Payments from CMS to the state and from the state to IDNs will be contingent on meeting these performance metrics.
- Accountability shifts from process metrics to performance metrics over the course of the 5-year program.



# Examples of Potential Metrics

	Process Metrics	Performance Metrics
<p><b>State-wide Performance Metrics</b></p> 	<ul style="list-style-type: none"> <li>• Approval of IDNs and planning/capacity building grants</li> <li>• Approval of IDN Project Plans</li> <li>• Submission of CMS reports</li> <li>• Procurement of independent assessor and independent evaluator</li> <li>• Implementation of learning collaboratives</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in readmissions for any reason for individuals with co-occurring behavioral health issues</li> <li>• Use of core standardized assessment</li> <li>• Reduction in avoidable ED use for behavioral health population and general population</li> <li>• Reduction in ED waitlist length for inpatient behavioral health admissions</li> </ul>
<p><b>IDN-level Performance Metrics</b></p> 	<p><b>General IDN Metrics</b></p> <ul style="list-style-type: none"> <li>• Establishment of an IDN governance committee structure (clinical governance, financial, etc.)</li> <li>• Development and submission of IDN plan to transition to value-based payment models</li> </ul> <p><b>Project-Specific Metrics</b></p> <ul style="list-style-type: none"> <li>• Document baseline level of integration of primary care – behavioral health using SAMHSA <i>Levels of Integrated Healthcare</i></li> <li>• Establishment of standard core assessment framework and evidence based screening tools</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement in rate of follow-up after hospitalization for mental illness</li> <li>• Improvement in rate of screening for clinical depression using standardized tool</li> <li>• Improvement in rate of screening for substance use</li> <li>• Improvement in rate of smoking and tobacco cessation counseling visits for tobacco users</li> <li>• Reduction in wait time for substance use disorder treatment</li> </ul>



# Funding Allocations by Earning Category and Metric Type

Over the DSRIP period, funding shifts to emphasize Community-Driven Projects and performance measures.

Funding Allocation by Earning Category	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019	Year 5 2020
Design and Capacity Building Funds	65%	0%	0%	0%	0%
Approval of IDN Project Plan	35%	0%	0%	0%	0%
Statewide Projects	0%	50%	40%	30%	20%
Core Competency Project	0%	30%	30%	20%	20%
Community-Driven Projects	0%	20%	30%	50%	60%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Funding Allocation by Metric Type	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019	Year 5 2020
Process Metrics	100%	90%	75%	0%	0%
Performance Metrics	0%	10%	25%	100%	100%
	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Note: pending final approval by CMS and subject to change

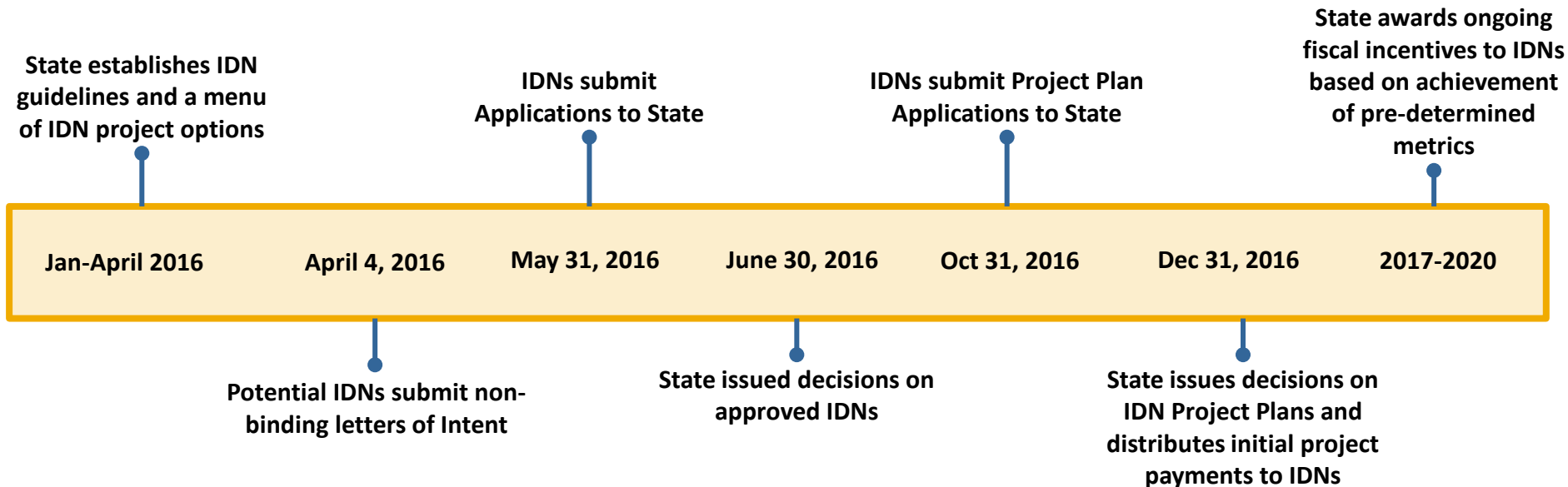


# Implementation of Integrated Delivery Networks



- IDN applications were due May 31, 2016
- Detailed DSRIP project plans are due by October 31, 2016
- Distribution of project funds is targeted for December 31, 2016

## Implementation Timeline



# Progress To Date

## DSRIP Implementation Has Required Months of Ongoing Preparation

<b>January 5:</b>	<b>Waiver Approval Issued</b>
<b>March 1:</b>	<b>NH Submits Draft Protocols to CMS</b>
<b>April 4:</b>	<b>14 Letters of Interest Received</b>
<b>May 31:</b>	<b>IDN Applications Submitted to the State</b>
<b>June 30:</b>	<b>7 IDN Applications Approved by DHHS</b>
<b>July 29:</b>	<b>CMS issues Approval of Last Protocol</b>
<b>August 24:</b>	<b>G&amp;C Approves 7 Contracts between DHHS and IDNs to permit disbursement of capacity building funds</b>
<b>Sept. and Oct.:</b>	<b>State will distribute data dictionary for metric reporting</b>



# Opportunities for Public Comment

Stakeholder input and engagement is critical to the success of the transformation waiver. It will be actively solicited at all stages of implementation.

**Selected Upcoming Opportunities for Input Below. DHHS will review all materials in light of public input for any potential changes concurrent with CMS approval:**

- March:** Opportunity to prepare and submit comments on the draft planning and funding protocols.
- April 1-April 15:** Opportunity to prepare and submit comments on the draft IDN application materials, including the application for selection to be an Administrative Lead and to apply for Project Design and Capacity Building Funds.
- July - August:** Opportunity to comment on the draft IDN Project Plan Template.

*In addition, DHHS will hold a series of public meetings with an independent review panel through early winter 2016 to review the recommendations regarding project plans submitted by the IDNs.*

**Comments and questions can be submitted at any time to [1115waiver@dhhs.state.nh.us](mailto:1115waiver@dhhs.state.nh.us)**

**For more information, please visit:**

<http://www.dhhs.nh.gov/section-1115-waiver/index.htm>





# FOR MORE INFORMATION

**Transformation DSRIP waiver webpage:**

**<http://www.dhhs.nh.gov/section-1115-waiver/index.htm>**

- Special Terms and Conditions of NH's DSRIP Waiver
- Funding and Mechanics Protocol
- DSRIP Planning Protocol
- Project Menu and Specification Guide

**Email: [1115waiver@dhhs.state.nh.us](mailto:1115waiver@dhhs.state.nh.us)**

