FIS 16-045
Additional Information

STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY

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Denis Goulet
Commissioner

March 15, 2016

Representative Neal M. Kurk
Chair, Fiscal Committee
Office of Legislative Budget Assistant
State House, Room 102
107 N. Main St.
Concord, NH 03301

Dear Mr. Chairman,

I regret I will not be able to attend the Fiscal Committee Meeting on March 18 where the Department of Information Technology (DoIT) will be requesting authorization to accept and expend a $120,000.00 Homeland Security Grant (FIS 16-045). DoIT staff will attend the meeting to answer any questions the committee may have. The purpose of this letter is to provide background on this item from my perspective.

This proposed investment maps directly to the State of New Hampshire Cybersecurity Strategy (page 11, Mitigation & Response, Incident Response Workshops & Exercises) that was approved by the Information Technology Council on October 28, 2015, so it is well aligned from that perspective.

These workshops and exercises are important because they help develop organizational "muscle memory" so that we all know what our roles-actions are, and are on the same page in the event of a cybersecurity incident. Should this item be approved, activities associated with this investment will be conducted in collaboration with the Department of Safety, Homeland Security and Emergency Management.

Your support is respectfully requested.

Sincerely,

Denis Goulet

Handout FIS 16-057

New Hampshire Building Capacity for Transformation Section 1115(a) Medicaid Demonstration

ATTACHMENT C: DSRIP PLANNING PROTOCOL

I. Preface

a. Delivery System Reform Incentive Payment Fund

On January 5, 2016, the Centers for Medicare and Medicaid Services (CMS) approved New Hampshire's request for expenditure authority to operate its section 1115(a) Medicaid demonstration (hereinafter "demonstration") entitled *Building Capacity for Transformation*, a Delivery System Reform Incentive Payment (DSRIP) program. Under the DSRIP demonstration program, the state will make performance-based funding available to regionally-based Integrated Delivery Networks (IDNs) that serve Medicaid beneficiaries, with the goal of transforming New Hampshire's behavioral health delivery system by strengthening community-based mental health and substance use services and combatting the opioid crisis. The demonstration is currently approved through December 31, 2020.

The Special Terms and Conditions (STCs) of the waiver set forth in detail the nature, character, and extent of federal involvement in the demonstration, the state's implementation of the expenditure authorities, and the state's obligations to CMS during the demonstration period.

b. DSRIP Planning Protocol

The requirements specified in the STCs are supplemented by the Quarterly Report Format (Attachment A), the DSHP Claiming Protocol (Attachment B), the DSRIP Planning Protocol (Attachment C), and the DSRIP Program Funding and Mechanics Protocol (Attachment D).

In accordance with STC 26, the DSRIP Planning Protocol (this attachment, Attachment C) describes the context, goals and objectives of the waiver in Section II; identifies a menu of delivery system improvement projects in Section III; specifies a set of project stages, milestones and metrics to be reported by IDNs in Section IV; details the requirements of the IDN Project Plans in Section V; and specifies a process to allow for potential IDN project plan modification in Section VI.

This version of the DSRIP Planning Protocol is approved as of [DATE]. In accordance with STC 26, the state may submit modifications to this protocol for CMS review and approval. Any changes approved by CMS will apply prospectively unless otherwise specified by CMS.

c. Supporting Project and Metrics Specification Guide

This attachment will be supplemented by a Project and Metrics Specification Guide developed by the state and approved by CMS. This Guide will assist IDNs in developing and implementing their projects and will be used in the state's review of the IDN Project Plans, described in Section V below. The Project and Metrics Specification Guide will also provide additional information on the stages, milestones and metrics described in Section IV below, including the data source for each measure, the measure steward for each metric (if applicable), and the methodology used to establish outcome goals and improvement targets, as described in the Program Funding and Mechanics Protocol (Attachment D).

II. Context, Goals and Objectives

a. New Hampshire Context

New Hampshire's *Building Capacity for Transformation* Section 1115 Demonstration Waiver aims to transform the way care is delivered to some of the most medically complex and costly Medicaid beneficiaries in the state as well as to individuals with undiagnosed or untreated behavioral health conditions. A number of factors make behavioral health transformation a priority of the state including the expansion of coverage through the New Hampshire Health Protection Program (NHHPP) to cover the new adult group, an estimated one in six of whom have extensive mental health or substance use needs. In addition, New Hampshire now covers substance use disorder (SUD) services for the NHHPP population, and the state is targeting g extension of the SUD benefit to the entire Medicaid population in state fiscal year 2017. Finally, the expansion of coverage for new populations and new services coincides with an epidemic of opioid abuse in the state and across New England.

The demand for mental health and substance abuse services is increasing, and the existing capacity is not well-positioned to deliver the comprehensive and integrated care that can most effectively address the needs of patients with behavioral health conditions or comorbid physical and behavioral health diagnoses. This demonstration responds to this pressing need to transform New Hampshire's behavioral health delivery system.

Under the demonstration, diverse sets of health and social service providers within regions across the state will create IDNs capable of implementing evidence-supported programs that address the needs of Medicaid beneficiaries with behavioral health conditions. The principle elements of these programs will include:

- Integrating physical and behavioral health to better address the full range of beneficiaries' needs;
- Expanding mental health and substance use disorder treatment capacity to address behavioral health needs in appropriate settings; and
- Reducing gaps in care during transitions across care settings through improved coordination for individuals with behavioral health conditions.

The population to be addressed by the demonstration includes Medicaid beneficiaries of all ages with, or at risk for, behavioral health conditions ranging from moderate depression and anxiety to substance use, to serious mental illness. While some of these conditions respond well to prevention strategies, early intervention and a short term course of treatment, others are serious chronic illnesses that require a long term recovery process often resulting in ongoing treatment and management.

b. Demonstration Goals and Objectives

The demonstration is aimed at achieving the following goals:

- Improve the health and well-being of Medicaid beneficiaries and other New Hampshire residents with behavioral health conditions through the implementation of evidence-supported programs coupled with access to appropriate community-based social support services to improve physical and behavioral health outcomes.

- Improve access to behavioral health care throughout all of NH's regions by:
    - Increasing community-based behavioral health service capacity through the education, recruitment and training of a professional, allied-health, and peer workforce with knowledge and skills to provide and coordinate the full continuum of substance use and mental health services,
    - Establishing robust technology solutions to support care planning and management and information sharing among providers and community based social support service agencies, and
    - Incentivizing the provision of high-need services, such as medication-assisted treatment for substance use disorders, peer support and recovery services.

- Foster the creation of IDNs that are built upon collaboration among partners including Federally Qualified Health Centers (FQHCs), Community Mental Health Centers (CMHCs), SUD clinics (including recovery providers), hospitals, independent primary care providers (PCPs), psychiatrists, psychologists and other behaviorists, medical specialists, county organizations such as nursing facilities and sheriffs), peer and family support counselors, and community-based social support agencies that serve the target

population in a region or regions. As described in detail in the Program Funding and Mechanics Protocol (Attachment D), IDNs must ensure they have a network of both medical and non-medical providers that together represent the full spectrum of care and related social services that might be needed by an individual with a mental health or substance use disorder in their geographic region (e.g., housing, food access, income support, transportation, employment services, and legal assistance).

- Reduce the rate of growth in the total cost care for Medicaid beneficiaries with behavioral health conditions by reducing avoidable admissions and readmissions for psychiatric and physical diagnoses and avoidable use of the Emergency Department (ED) through more effective use of community-based options.

To achieve these goals the IDNs will be charged with selecting and implementing specific evidence-supported projects and participating in statewide planning efforts. These projects are built around three enabling pathways: mental health and substance use disorder treatment capacity building, integration of physical and behavioral care, and improving transitions of care across settings. In addition the IDNs will engage in a phased transition to Alternative Payment Models (APMs). These four elements are embedded in the following demonstration objectives:

1. Increase the state's capacity to implement effective community based behavioral health prevention, treatment and recovery models that will reduce unnecessary use of inpatient and ED services, hospital readmissions, the cycling of justice-involved individuals between jail and the community due to untreated behavioral health conditions, and wait times for services.

2. Promote integration of physical and behavioral health providers in a manner that breaks down silos of care among primary care, SUD and mental health providers. The level of integration to be achieved will be based on existing standards being developed through the State Innovation Model (SIM) planning process and the SAMHSA-defined standards for *Levels of Integrated Healthcare*.

3. Enable coordinated care transitions for all members of the target population regardless of care setting (e.g. CMHC, primary care, inpatient hospital, corrections facility, SUD clinic, crisis stabilization unit). The objective is to ensure that the intensity level and duration of transition services are fully aligned with an individual's documented care plan, which will be based on an up-to-date, standard core comprehensive assessment.

4. Ensure IDNs participate in Alternative Payment Models (APMs) that move Medicaid payment from primarily volume-based to primarily value-based payment over the course of the demonstration period.

To achieve these objectives, each IDN will be required to build a care continuum with the capacity to meet the needs of Medicaid beneficiaries with behavioral health conditions (diagnosed and undiagnosed) and to implement projects to further the objectives and goals of the demonstration. Additional details on the projects that IDNs are expected to implement and related metrics are provided in Sections III and IV.

III. Project Protocols Menu

a. Overview of Project Categories

Each IDN will be required to implement six projects to address the needs of Medicaid beneficiaries with diagnosed and undiagnosed behavioral health conditions within the population it serves. These six projects will be spread across the following three categories:

- Statewide Projects (2 mandatory projects for all IDNs)
- Core Competency Project (1 mandatory project for all IDNs); and
- Community Driven Projects (IDNs select 3 projects among options)

For each project, the IDN will develop detailed plans and focused milestones as part of the IDN's Project Plan. As described in Section IV, project performance will be measured based on milestones and metrics that track: project planning/implementation progress; clinical quality and utilization indicators; and progress towards transition to Alternative Payment Models.

b. Description of Project Categories

1. Statewide Projects (Mandatory for all IDNs)

Each IDN will be required to implement two Statewide Projects that are designed to address the following critical elements of New Hampshire's vision for transformation: (1) a workforce that is equipped to provide high-quality, integrated care throughout the state and, (2) an HIT infrastructure that allows for the exchange of information among providers and supports a robust care management approach for beneficiaries with behavioral health conditions.

IDNs will be required to implement the following two Statewide Projects:

- **A1. Behavioral Health Work Force Capacity Development**
- **A2. Health Information Technology Planning and Development**

The effectiveness of these projects is dependent on active coordination across IDNs, and as such they will be supported by a state-wide planning effort that includes representatives from across New Hampshire. All IDNs will be required to participate in each of these projects through their respective collaborative statewide work groups with members drawn from across the mental health and substance use provider communities in each IDN, as well as those with expertise in HIT and other members who can bring relevant experience and knowledge. These work groups will be charged with identifying the workforce capacity and technology requirements to meet demonstration goals and with assessing the current gaps across the state and IDN regions. Using the work groups' findings, the IDNs will be required to develop regional approaches to closing the work force and technology gaps that impact the capacity for coordinated care management and information sharing; among medical, behavioral and social service providers. The work groups will assess the current state and develop a future state vision that incorporates strategies to efficiently implement statewide or regional technology and workforce solutions. IDNs must participate in these projects and fulfill state-specified requirements in order to be eligible for performance funding.

2. **Core Competency Project (Mandatory for all IDNs)**

Each IDN will be required to implement one Core Competency Project to ensure that behavioral health conditions are routinely and systematically addressed in the primary care setting and vice versa. Foundational to transformation efforts, IDNs are required to integrate mental health and substance use disorder services and primary care through the following Core Competency project:

- **B1. Integrated behavioral health and primary care**

  Primary care providers, behavioral health providers, and social services organizations will partner to implement an integrated care model that reflects the highest possible levels of collaboration/integration as defined within the SAMHSA Levels of Integrated Healthcare. The model will enable providers to collaborate to prevent and quickly detect, diagnose, treat and manage behavioral and medical conditions using standards of care that include:

  - Core standardized assessment framework that includes evidence based universal screening for depression and SBIRT
  - Health promotion and self-management support
  - Integrated electronic medical record

- Multi-disciplinary care teams that provide care management, care coordination and care transition support
- An electronic assessment, care planning and management tool that enables information sharing among providers

IDNs must participate in this project and fulfill state-specified requirements in order to be eligible for DSRIP incentive payments. Given the foundational nature of the project, IDNs are required to complete the process requirements for the project by no later than December 31, 2018.

3. **Community Driven Projects (IDNs can select among options).**

Each IDN is required to select a total of three community-driven projects from a Project Menu established by the state. The IDN Project Menu is broken down into three categories, and IDNs will select one project within each of the following categories: (1) Care Transition Projects designed to support beneficiaries with transitions from institutional settings into the community; (2) Capacity Building Projects designed to strengthen and expand workforce and program options; and (3) Integration Projects designed to integrate care for individuals with behavioral health conditions among primary care, behavioral health care and social service providers.

The IDN Community Driven Menu of projects gives IDNs the flexibility to undertake work reflective of community-specific priorities identified through a behavioral health needs assessment and community engagement. IDNs will be required to conduct a behavioral needs assessment as part of development of the IDN Project Plans described further in Section V. The menu of community-driven projects gives IDNs the flexibility to target key sub-populations; to change the way that care is provided in a variety of care delivery settings and at various stages of treatment and recovery for sub-populations; and to use a variety of approaches to change the way care is delivered. The goal is to employ these services across the state to ensure a full spectrum of care is accessible for individuals with active diagnoses and those who are undiagnosed or at risk.

1. **Care Transitions Projects:** Support beneficiaries with transitions from institutional setting to community
    - **C1. Care Transition Teams**
    - **C2. Community Reentry Program for Justice-Involved Individuals**
    - **C3. Nursing Home Transitions of Care**
    - **C4. Supportive Housing**

2. **Capacity Building Projects:** Expand availability and accessibility of evidence supported programs across the state and supplement existing workforce with additional staff and training
    - **D1. Medication Assisted Therapy (MAT)**
    - **D2. Mental Health First Aid for Medical Providers, Law Enforcement, and Social Services Providers**
    - **D3. Treatment Alternatives to Incarceration (CIT)**
    - **D4. Parachute Program for the Unserved**
    - **D5. Zero Suicide**
    - **D6. Community-Based Stabilization**
    - **D7. Coordinated Specialty Care for First Episode Psychosis**
    - **D8. Peer Support for Full Range of Behavioral Health Services/Community Health Worker Program**

3. **Integration Projects**: Promote collaboration between primary care and behavioral health care
    - **E1. InSHAPE Program**
    - **E2. School-Based Screening and Intervention**
    - **E3. Treatment Alternatives to Incarceration (Universal Screening)**
    - **E4. Early Childhood Prevention and Interventions**
    - **E5. Collaborative Care/IMPACT Model**
    - **E6. Integrated Dual Disorder Treatment**
    - **E7 Enhanced Care Coordination for High Risk/High Utilization- Multiple Chronic Condition Populations**

Table 1. Project Protocols Menu

#	PROJECT	DESCRIPTION
A. STATE-WIDE PROJECTS		*IDNs required to implement both projects*
A1	**BH Workforce Capacity Development**	Cross-IDN, statewide, workforce capacity planning, including: (1) gap analysis of professionals, allied professionals and peers; (2) regional workforce capacity targets; (3) training curricula; and (4) pipeline improvement plans. IDNs to use statewide planning work products to develop and implement IDN project.
A2	**Health Information Technology Planning and Development**	IDNs to participate in statewide HIT/E planning to: (1) develop requirements for electronic coordinated care management system and information sharing; (2) assess current state of technology use in care planning, management and tracking; (3) consider strategies to efficiently implement statewide or regional technology solutions; and (4) develop milestones for IDNs to demonstrate steps towards having a technology platform to share care coordination data across all IDN providers inclusive of social service providers..
B. CORE COMPETENCY PROJECTS		*IDNs required to implement this project*

#	PROJECT	DESCRIPTION
B1	**Integrated Behavioral Health and Primary Care**	Pediatric and adult behavioral health and primary care providers, working in concert with social services organizations, will implement a collaborative, integrated care model that reflects the highest feasible levels of collaboration/integration as defined within the SAHMSA Levels of Integrated Healthcare (e.g., Level 5 or 6). Primary care providers, behavioral health providers, and social services organizations will partner to: • Provide prevention, detection, accurate diagnosis, treatment, and follow-up of both behavioral health and physical conditions, and referral to community and social support services • Address health behaviors (including those contributing to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization Standards will include: • Use of a core standardized assessment framework, including universal evidence-supported screening for depression, substance use (e.g., PHQ2 & 9, SBIRT), and medical conditions , and a patient activation tool/measure (e.g., Patient Activation Measure, or PAM) • Integrated electronic medical records • Health promotion and self-management support • Use of multi-disciplinary care teams that provide care to the whole person through a 'no wrong door' model of care management and care coordination services including comprehensive transitional care from inpatient to other settings, patient monitoring and follow-up support services • An electronic care planning/tracking tool that can be shared among a patient's provider team inclusive of social support service providers
C. COMMUNITY-DRIVEN PROJECTS		*IDNs to select one project from the Care Transitions, Capacity Building, and Integration Categories*
C. Care Transitions		*IDNs to select one project from this category*
C1	**Care Transition Teams)**	Time limited care transition program with multi-disciplinary team that follows 'Critical Time Intervention' approach to provide care at staged levels of intensity to support SMI patients with transitions from an institutional setting back to the community.
C2	**Community Reentry Program for Justice-Involved Individuals**	Community reentry planning: a time-limited program for justice-involved populations transitioning back into the community including supports for substance use disorder, co-occurring disorders, and mental health service coordination with Department of Corrections Probation and Parole
C3	**Nursing Home Transitions of Care**	Early intervention by multi-disciplinary team identifies, assesses, treats and manages care for residents with behavioral health conditions using consulting psychiatrist to prevent unnecessary inpatient admissions, and provide smooth care transitions as necessary.
C4	**Supportive Housing**	IDNs will partner with community housing providers to develop transitional and/ or permanent supportive housing for high risk patients who, due to their physical or behavioral condition, have difficulty transitioning safely to the community or are in need of short term interventions to safely transition to the community.
D. Capacity Building		*IDNs to select one project from this category*
D1	**Medication Assisted Therapy (MAT)**	Implement evidence based program combining behavioral therapy and medications to treat SUD.

#	PROJECT	DESCRIPTION
D2	**Mental Health First Aid for Medical Providers, Law Enforcement, and Social Services Providers**	Adult public education program to train adults to assist individuals with mental health and SUD who are in crises through ALGEE process: Assess, Listen, Give reassurance, Encourage professional help; Encourage self-help;
D3	**Treatment Alternatives to Incarceration (Crisis Intervention Team)**	The Crisis Intervention Team (CIT) model provides police officers 40 hours of training provided by mental health clinicians, consumer and family advocates, and police trainers. Training includes: information on signs and symptoms of mental illnesses; mental health treatment; co-occurring disorders; legal issues; and de-escalation techniques. Information is presented in didactic, experiential and practical skills/scenario based training formats.
D4	**"Parachute Program"**	A comprehensive crisis response program centered around 24/7 Crisis Respite Centers that offer an alternative to hospitalization for people experiencing emotional crises, and are largely staffed by trained peers who themselves have had their own experiences with the mental health system. Mobile crisis teams are an important component of the model. This program will be expanded to underserved regions under the Demonstration to ensure accessibility to populations not currently served.
D5	**Zero Suicide**	Zero Suicide is a systemic approach that aims to improve quality through use of evidence based practices directed at suicide prevention. It aims to close gaps in care, provide training to systematically identify and assess suicide risk among people receiving care.
D6	**Community-Based Stabilization**	Community based medication assisted treatment withdrawal management and harm reduction service programs paired with mental health services for individuals with substance use disorders that are linked to treatment and care management services.
D7	**Coordinated Specialty Care for First Episode Psychosis**	Multi- disciplinary team with small client to staff ratio intervenes with individuals during or shortly after their first psychotic episode. The program is intense and time limited (2-3 years) using multi-disciplinary team members including peers and provides family support services.
D8	**Peer Support for Full Range of Behavioral Health Services/Community Health Worker Program**	Counselor with lived experience with mental health or substance use conditions and who is trained in the provision of peer recovery support services assists clients with recovery by recognizing and developing strengths, and setting goals.
E. Integration		*IDNs to select one project from this category*
E1	**InSHAPE Program**	Wellness program that brings together community organizations concerned with health, exercise and nutrition to provide participants with health mentors, fitness activities, nutrition counseling, smoking cessation support, medical support, etc.
E2	**School-based Screening/Intervention**	IDN-wide program planning for school based mental health and substance use screening and brief intervention. School based staff trained to identify at risk students and to handle low severity mental health and risky substance use. Development of referral to treatment protocols required.
E3	**Treatment Alternatives to Incarceration (Universal Screening)**	Evidence based depression and substance use screening and treatment for Medicaid eligible individuals entering the justice system with post-discharge follow up services through community re-entry program.
E4	**Early Childhood Prevention and Interventions**	Promote the wellness of young children ages birth to 8 by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. Prevention and intervention includes: improved screening activities; mental health consultation to early child care settings; promotion of family support; parent education; and evidence-based home visiting to support optimal social-emotional wellness.

#	PROJECT	DESCRIPTION
E5	**Collaborative Care/IMPACT Model**	Implement evidence-based depression care model based in primary care practices using depression care manager and consulting psychiatrist to support PCP in treatment of patients with mild to moderate depression and anxiety.
E6	**Integrated Dual Disorder Treatment (IDDT)**	An evidence based multi-disciplinary program combining SUD treatment and mental health treatment using 'stages of change/treatment' approach along with pharmacological and psychosocial therapies and holistic program supports
E7	**Enhanced Care Coordination for High Risk/High Utilizing Populations/Multiple Chronic Condition Populations**	Comprehensive care management services for high need populations including opioid addicted individuals, those with co-occurring intellectual disability and mental health conditions, and other identified high utilizing individuals with multiple chronic conditions and/or social factors that are barriers to improved well-being.

IV. Project Stages, Milestones, and Metrics

a. Stage :1 Capacity Building Elements Description, Progress Milestones, and Metrics

During DSRIP Year 1, IDNs will be accountable for the development, submission, and approval of an IDN Project Plan. As part of this Project Plan, in accordance with STC 28c, IDNs must identify 'Stage 1' process milestones for each project that will demonstrate progress against meeting project objectives during Years 2 and 3. Additional parameters and guidance related to these milestones will be reflected in the Project and Metrics Specification Guide and the IDN Project Plan template.

b. Stages 2 and 3: Project Utilization Milestones and System Transformation Utilization Milestones

The following project utilization and system transformation metrics will be used to measure IDN progress against meeting project goals and targeted levels of improvement against performance indicators. Section IV(c) of Attachment D goes into further detail on how these measures will be used to evaluate IDN performance.

Table 2. Project Metrics Menu

	Measure Name	Associated Projects	State-Wide Measure?
Workforce Capacity			
	Wait list in ED for inpatient BH admission	C1-4, D2, D4, D7, E7	x
	Wait times for intake and treatment for mental health	A1, D2, D4	
	Wait times for intake and treatment for SUD	A1	
	Expansion of workforce	A1	

	Measure Name	Associated Projects	State-Wide Measure?
Follow-up after ED visit or hospitalization			
	Follow-up after Emergency Department visit for alcohol and other drug dependence - within 30 days	A1, A2, B1, C1-2, D1, D6-8, E1-2, E7	
	Follow-up after Emergency Department visit for mental illness - within 30 days	A1, A2, B1, C1, D1-8, E2, E5, E7	
	Follow-up after hospitalization for mental illness – within 30 days	A1-2, B1, C1, D1-8, E1-2, E7	
	Follow-up after hospitalization for mental illness – within 7 days	A1-2, B1, C1, D1-8, E1-2, E7	
	Timely transmission of transition record (discharges from an inpatient facility to home/self-care or any other site of care)	A2, B1	
	EHR tracking of IOM social determinants	A2, B1	
Screening and Assessment			
	Percent of total population served who were assessed with appropriate standardized core assessment or screening tool(s) at appropriate intervals.	B1, D5, E4, E7	x
	Screening for clinical depression using standardized tool (whole population as indicated by assessment)	B1, D5, E3, E5, E6, E2	
	Screening for substance use including alcohol / SBIRT (whole population as indicated by assessment)	B1, D5, E3-4, E6, E7	
	Progress toward meeting criteria of B1 project (e.g. adoption of standardized assessment framework, universal screening, care management services, multi-disciplinary care teams, health promotion and self-management, full use of certified EHR, electronic care planning tools with information sharing capability etc.)	B1, E4	
Integration of Care			
	Progress along SAMHSA framework for Levels of Integrated Care	B1, E4	
	Integration of services addressing social determinants via selected community based organizations	A2, B1, C1-4, D2-3, D6, D8, E1-3, E7	
	Global score for selected general HEDIS measures for BH population (e.g., Diabetes Care)	B1, E1, E4, E7	
	Smoking and tobacco cessation counseling visit for tobacco users	B1, E1-2, E4, E7	
	Global score for USPSTF A & B recommendations for BH Population (e.g., cancer screening, aspirin, blood pressure, Hep B&C, intimate partner violence)	B1, E1-4, E7	
	Recommended well care visits for BH Population	A2, B1, E4	
	Smoking and tobacco cessation counseling visit for tobacco users	E1-2, E4 E7	
ED and Inpatient Utilization			
	Potentially preventable ED visits for BH population and total Population	A1-2, C4, B1, D1, D3-4, D5, 6, D8, E1-2, E6, E7	x
	Readmission to hospital for BH population for any cause at 30 days	B1, C1-4, E1, 4, 7	x
	Frequent BH ED visits for BH population	B1, D2, D4, D7, E6,	

	Measure Name	Associated Projects	State-Wide Measure?
		E7	

c. Stage 4 Alternative Payment Model Milestones

Pursuant to STC 44, the state must ensure IDNs participate in Alternative Payment Models (APMs) that move Medicaid payment from primarily volume-based to primarily value-based payment over the course of the demonstration period. Table 3 identifies the APM milestones for meeting this demonstration objective.

Table 3. APM Milestones Menu

Alternative Payment Model (APM) Milestones
Engage in periodic meetings with Managed Care Organizations to support planning for transition to APMs
Conduct IDN baseline assessment of current use of APMs among partners
Participate in development of statewide APM roadmap
Develop IDN-specific roadmap for transition towards APMs

V. Requirements for IDN Project Plans

Once IDNs have been selected though the process described in the Program Funding and Mechanics Protocol (Attachment D), IDNs will prepare and submit Project Plans. Generally, the Project Plan will provide a blueprint of the work that an IDN intends to undertake, explain how its work responds to community-specific needs and furthers the objectives of the demonstration, and provide details on its composition and governance structure. In order to be eligible to receive IDN incentive payments, an IDN must have an approved IDN Project Plan.

The state will develop and post a draft IDN Project Plan Template for public comment by [6/1/16], and issue a final version by [8/1/16]. IDNs may use their capacity building and project design funds to prepare their Project Plans. As they develop their Project Plans, they must solicit and incorporate community input to ensure they reflect the specific needs of the regions they are serving. After the Project Plans are submitted to the state, they will be reviewed by an independent assessor, as described in the Attachment D, and may be subject to additional review by CMS.

Each IDN Project Plan must include the following:

1. *IDN Mental Health and Substance Use (MHSU) Needs Assessment:* Each IDN must conduct and report on a needs assessment that includes:

- A demographic profile of the Medicaid and general population living in the IDN Service Region, including by race, ethnicity, age, income, and education level
- Prevalence rates of MHSU disorders among both the general and the Medicaid population including rates of serious mental illness, substance use (alcohol, tobacco, opioids), and, to the extent possible, undiagnosed conditions.
- An assessment of the gaps in care for the target population and sub populations, (e.g., age groups, opiate users, those with co-occurring (MH/SU) disorders including the developmentally disabled)
- Identification of the current community mental health and substance use resources available for beneficiaries living in an IDN's region across the care continuum, including during recovery
- Identification of current community-based social services organizations and resources that could provide social supports to beneficiaries with behavioral health conditions, including housing, homeless services, legal services, financial help, nutritional assistance, and job training or other employment services

2. *IDN Community Engagement:* In developing its Project Plan, the IDN must demonstrate that it has solicited and incorporated input from individual members of the target population, the broader community and organizations that serve the community, particularly those who serve the Medicaid population and those individuals and populations with mental health and substance use disorders. The Plan must also describe the process the IDN will follow to engage the public and how such engagement will continue throughout the demonstration period.

3. *IDN Composition:* The IDN Project Plan will describe the membership composition of the network. IDNs must include a range of organizations that can participate in required and optional projects. Together, these partners must represent the full spectrum of care and related social services that might be needed by an individual with a mental health or substance use condition. Partners will include CMHCs, primary care providers , substance use providers including recovery services, peer supports, hospitals, home care providers, nursing homes and community based social support service providers. Please refer to the Program Funding and Mechanics Protocol (Attachment D) for additional detail on specific IDN composition requirements.

4. *IDN Governance:* The IDN Project Plan will describe how the IDN shall ensure that the governance processes established in the organizational structure of the IDN provide for full participation of IDN partners in decision-making processes and that the IDN partners, including the administrative lead, are accountable to each other, with clearly defined mechanisms to facilitate decision-making. Each IDN must have

an organizational structure that enables accountability for the following domains: financial governance and funds allocation, clinical governance, data/information technology, community engagement and workforce capacity.

5. *Financial governance and funds allocation:* The IDN Project Plan must describe how decisions about the distribution of funds will be made, the roles and responsibilities of each partner in funds distribution, and how the IDN will develop an annual fund allocation plan. The plan should also include a proposed budget that includes allocations for central services support, IT, clinical projects, and workforce capacity.

6. *Clinical governance:* The IDN Project Plan must describe how and by whom standard clinical pathways will be developed and a description of strategies for monitoring and managing patient outcomes.

7. *Data/Information Technology:* The IDN Project Plan must provide a data governance plan and a plan to provide needed technology and data sharing capacity among partners and reporting and monitoring processes in alignment with state guidance.

8. *Workforce capacity:* The IDN Project Plan must develop a plan aligned with the Statewide Workforce project goals to increase the numbers and types of providers needed to provide rapid access and integrated treatment in mental health and substance use programs, support services and primary care.

9. *IDN Project Selection:* The IDN Project Plan must describe its rationale for selecting from among the community driven projects. The plan must describe how these projects align with the transformation waiver objectives and how they will transform care delivery within the IDN. IDNs should select projects principally based on the findings from the MHSU Needs Assessment and should consider opportunities for rapid deployment among other factors.

10. *Implementation Timeline and Project Milestones:* The IDN Project Plan must provide a timeline for implementation and completion of each project, in alignment with state parameters. In addition, in accordance with STC 28c, the IDN must identify milestones for each project that will demonstrate progress against meeting project objectives. Additional parameters and guidance related to these milestones will be included in the IDN Project Plan template.

11. *Project Outcomes:* In accordance with STC 28e, the IDN Project Plan must describe outcomes it expects to achieve in each of the four project stages, in alignment with metrics and parameters provided by the state.

12. *IDN Assets and Barriers to Goal Achievement*: Each IDN Project Plan must describe the assets that =the IDN brings to its delivery transformation program, and the challenges or barriers the IDN expects to confront in improving outcomes and lowering costs of care for the target population. The Plan must also address how the IDN will mitigate the impact of these challenges and what new capabilities will be required to be successful.

VI. Process for IDN Project Plan Modification

No more than once a year, IDNs may submit proposed modifications to an approved IDN Project Plan for state and CMS review. In certain extremely limited cases it may become evident that the methodology used to identify a performance goal and/or improvement target is no longer appropriate, or that unique circumstances/developments require the IDN to modify its original plan. As part of the Plan modification process, an IDN may seek to "reclaim" incentive funding that is unearned because unique circumstances led to the IDN's failure to achieve certain performance metrics for a given reporting period. As described in Section VII of Attachment D, funding amounts that are unearned will be available to the IDN for two immediate, subsequent reporting periods. Project Plan modifications may not decrease the scope of a project unless they also propose to decrease the project group's valuation, nor can they lower expectations for performance because it has proven more difficult than expected to meet a milestone.

Handout FIS 16-057

New Hampshire Building Capacity for Transformation Section 1115(a) Medicaid Demonstration

ATTACHMENT D: DSRIP PROGRAM FUNDING AND MECHANICS PROTOCOL

I. Preface

a) Delivery System Reform Incentive Payment Fund

On January 5, 2016, the Centers for Medicare and Medicaid Services (CMS) approved New Hampshire's request for expenditure authority to operate its section 1115(a) Medicaid demonstration (hereinafter "demonstration") entitled *Building Capacity for Transformation, a Delivery System Reform Incentive Payment (DSRIP) Program*. Under the DSRIP demonstration, the state will make performance-based funding available to regionally-based Integrated Delivery Networks (IDNs) that serve Medicaid beneficiaries with the goal of transforming the delivery system for beneficiaries with mental health conditions and/or substance use issues, including opiate abuse. This transformation will be supported by participation of IDNs in Alternative Payment Models (APMs) that move Medicaid payment from primarily volume-based to primarily value-based payment over the course of the demonstration period.

The Special Terms and Conditions (STCs) of the waiver set forth in detail the nature, character, and extent of federal involvement in the demonstration, the state's implementation of the expenditure authorities, and the state's obligations to CMS during the demonstration period.

Special Terms and Conditions (STC) 20 describes the general rules and requirements of the IDN Transformation Fund. The IDN Transformation Fund will be used to make payments to the IDNs that implement projects to further the objectives of the waiver and that meet milestones described in a state-approved IDN Project Plan.

STC 31 establishes the IDN Project Design and Capacity Building Fund which will be used by IDNs for pre-implementation activities. The dollar amount available for the IDN Project Design and Capacity Building Fund accounts for up to 65 percent of Year 1 demonstration funding, or up to $19.5 million. The IDN Project Design and Capacity Building Fund will be used by IDNs to develop specific and comprehensive IDN Project Plans and to begin to develop the capacity and tools required to implement these plans.

b) DSRIP Program Funding and Mechanics Protocol

The requirements specified in the STCs are supplemented by the Quarterly Report Format (Attachment A), the DSHP Claiming Protocol (Attachment B), the DSRIP Planning Protocol (Attachment C), and the DSRIP Program Funding and Mechanics Protocol (Attachment D).

In accordance with STC 27, the DSRIP Program Funding and Mechanics Protocol (this attachment, Attachment D) describes the structure of IDNs and how beneficiaries are attributed to IDNs in Section II; specifies the process by which organizations apply to create IDNs in Section III; provides an overview of projects, metrics, and metric targets in Section IV (see Attachment C for more detail); describes the incentive funding methodology in Section V; specifies reporting requirements in Section VI; identifies Statewide accountability metrics and the process by which unearned IDN funds are handled in Section VII; and describes a Demonstration Mid-Point Assessment in Section VIII.

This version of the DSRIP Planning Protocol is approved as of [DATE]. In accordance with STC 26, the state may submit modifications to this protocol for CMS review and approval. Any changes approved by CMS will apply prospectively unless otherwise specified by CMS.

c) Supporting Project and Metrics Specification Guide

This attachment will be supplemented by a Project and Metrics Specification Guide developed by the state. This Guide will assist IDNs in developing and implementing their projects and will be used in the state's review of the IDN Project Plans, described in Section III below. The Project and Metrics Specification Guide will also provide additional information on the stages, milestones and metrics described in Section V below.

II. Integrated Delivery Networks

a) Introduction

Under the demonstration, a broad array of health and social service providers within geographic regions across the state will create Integrated Delivery Networks (IDNs) capable of implementing evidence-supported programs that address the needs of Medicaid beneficiaries with behavioral health conditions. IDNs are the only entities that are eligible to receive incentive payments from the IDN Transformation Fund or the Design and Capacity Building Fund, as described in STC 21. An organization seeking to participate in the demonstration and receive incentive or design and capacity building payments must do so through an IDN.

IDN partners will include but not be limited to: Federally Qualified Health Centers (FQHCs), and/or Community Health Centers or Rural Health Centers where available within each defined region, Community Mental Health Centers (CMHCs), substance use disorder (SUD) providers

(including recovery providers), hospitals, independent primary care providers (PCPs), psychiatrists, psychologists and other behaviorists, medical specialists, county organizations representing nursing facilities and correctional systems, peer and family supports counselors, and community-based social support agencies who serve the target population in a region or regions.

b) IDN Service Regions

IDNs will be organized around seven Service Regions throughout the state. These Service Regions will include one or more of the thirteen Regional Public Health Networks (RPHN) in New Hampshire, as listed in the table below.

Service Region	RPHNs Included
1. Monadnock, Sullivan, Upper Valley	Greater Monadnock, Greater Sullivan County, Upper Valley
2. Capital	Capital Area
3. Nashua	Greater Nashua
4. Derry & Manchester	Greater Derry, Greater Manchester
5. Central, Winnipesaukee	Central New Hampshire, Winnipesaukee
6. Seacoast & Strafford	Strafford County, Seacoast
7. North Country & Carroll	North Country, Carroll County

More than one IDN can serve in a region, although providers and social service agencies are strongly encouraged to collaborate and build a single IDN per region when feasible, particularly for less populated regions. As described in detail in Section III, IDNs will be selected through an IDN application process. When evaluating applications, the state and Independent Assessor will consider the extent to which applicants have developed an efficient, collaborative approach to serving their region.

c) IDN Composition and Provider Participation Guidelines

Each IDN will consist of partner organizations and an administrative lead. As described in Section III, the diversity and expertise of participating providers and social service organizations will be important criteria in evaluating IDN applications. The IDN partners must together be able to provide the full spectrum of care and related social services that might be needed by an individual with a behavioral health condition. As such, at a minimum each Integrated Delivery Network must include:

- A significant percentage of the regional primary care practices and facilities, serving the majority of Medicaid beneficiaries
- A significant percentage of the regional substance use disorder (SUD) providers, including recovery providers, serving the majority of Medicaid beneficiaries
- 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 Centers where available within a defined region
- Multiple community-based organizations that provide social and support services reflective of the social determinants of health for a variety of populations, such as transportation, housing, employment services, financial assistance, childcare, veterans services, community supports, legal assistance, etc.
- County facilities, such nursing facilities and correctional institutions

Organizations are permitted to participate in multiple IDNs across the state. However, as part of its IDN Project Plan (described further in Section III and in Attachment C) it is incumbent upon each IDN to establish a clear business relationship among its participating organizations, including a joint budget and funding distribution plan that specifies in advance its methodology for distributing incentive funding to participating partner organizations, in accordance with STC 22.

d) *IDN Administrative Leads*

Each IDN must designate an administrative lead from among the partner organizations that constitute the IDN. The administrative lead will submit a single IDN application on behalf of the partner organizations, and serve as the single point of accountability to the state. Its responsibilities include serving as a coordinating entity for the partners in planning and implementing projects; receiving and distributing funds to IDN partners in accordance with the funding methodology (described in III(c) of the IDN project plan); collaborating with partners in IDN leadership and oversight; leading data and reporting responsibilities, and complying with all state and CMS reporting requirements.

The administrative lead can be any type of provider or organization that participates in the IDN, but it must, at a minimum, meet the following requirements:

- Demonstrate that it has the experience to coordinate transformation efforts in collaboration with partners in the Service Region.
- Show evidence of active working relationships, or the ability to establish such relationships, with diverse entities that will participate in the IDN, including social service organizations and community partners.
- Establish its ability to administer the financial responsibilities of an administrative lead such as by detailing prior experience using financial practices that allow for transparency and accountability and by demonstrating financial stability.
- Specify how it will comply with the IDN reporting requirements and obligations
- Provide consent for audit and oversight by the state and CMS.

e) DSRIP Beneficiary Attribution

The demonstration seeks to enable each IDN to improve care for Medicaid beneficiaries with diagnosed and undiagnosed behavioral health conditions in and around its Service Region. The state expects that every Medicaid beneficiary will be attributable to one, and only one, IDN. Attribution will be used for two primary purposes:

1. As a component of the formula used to determine the Maximum IDN Project Funding amount for each IDN, described in more detail in Section V
2. For measurement of IDN performance metrics

The principle of New Hampshire's attribution methodology is that beneficiaries should be attributed to IDNs based on where they currently receive their care, but it is not always possible to identify a beneficiary's current providers or they may not be using care. Accordingly, attribution of New Hampshire's eligible Medicaid beneficiaries will be driven by a hierarchical methodology that is based on three factors:

- The primary care physician (PCP) of record
- Use of behavioral health / substance use providers.
- Geographic criteria (when necessary)

Priority will be given to assigning beneficiaries based on their primary care and/or behavioral health providers. When it is not possible to make an assignment based on these factors alone, the algorithm will consider where the individual resides as follows:

- *Beneficiary lacks a provider.* If it is not possible to assign a beneficiary to an IDN based on a PCP or on utilization patterns for mental health and substance use services (e.g., if there is no assigned PCP and no record of using behavioral health services), the beneficiary will be attributed to an IDN based on the Service Region in which he or she resides.

- *Provider participates in multiple IDNs.* In cases where a beneficiary's primary care provider and behavioral health/substance use provider are participating in more than one IDN, the beneficiary will be attributed to an IDN based on the Service Region in which he or she resides.

- *Multiple IDNs serve the same region.* If a beneficiary cannot be attributed to an IDN because two or more IDNs are approved for a Service Region, the beneficiary will be attributed based on an alternative geographic factor, such as the hospital service area in which he/she resides.

Once preliminary attribution has been determined, the results will be shared with the Medicaid Managed Care Organizations (MCOs) for their enrolled members. The MCOs will be asked to review the attribution of their enrolled members, and make any necessary corrections, as practicable, based on more current beneficiary utilization information (e.g., more recent PCP assignment or behavioral health / substance use service use that occurred after the preliminary attribution data was run). The MCOs will then submit back to the state a recommended final attribution list, mapping each of their enrolled members as appropriate to a single IDN. The state will review the MCO recommendations and make modifications if needed to assure more accurate attribution, especially where there are multiple IDNs in a given Service Region. The opportunity for MCOs to provide input into the attribution process will ensure that the most recent member access patterns are taken into account in developing the attribution.

Once the attribution of beneficiaries to IDNs is finalized, the state will calculate the Maximum IDN Project Funding amount for each IDN for the 5-year demonstration period, as described in Section V. This valuation calculation will occur during Year 1 of the demonstration. Attribution may subsequently be updated periodically for the purposes of IDN performance measurement. However, Maximum IDN Project Funding will not be impacted by any updates to Attribution calculations.

For the purposes of collecting sufficient sample sizes for some performance metrics or to allow for risk sharing arrangements under alternative payment models in future years, IDNs may be aggregated into larger areas, or "zones." When zones are used as the unit of analysis for measuring progress toward milestones, any incentive funds earned will be distributed to individual IDNs based on their share of attributed Medicaid beneficiaries.

III. IDN Application and DSRIP Project Plan Guidelines and Approval Process

a) Introduction

The IDN formation process has four key steps:

1. Potential IDNs submit an IDN Application that describes the partner organizations and their ability to serve as an IDN; identifies the administrative lead for the IDN; and requests Project Design and Capacity Building Funds on behalf of the IDN.
2. The State approves or rejects IDN Applications and certifies approved IDNs, which are then eligible to receive Project Design and Capacity Building Funds.
3. Any approved IDN that receives Project Design and Capacity Building Funds must then develop and submit an IDN Project Plan for approval. The components of the IDN Project Plan are described in the DSRIP Planning Protocol (Attachment C) Section V.
4. The State and its contracted Independent Assessor evaluates and approves IDN Project Plans. IDNs with approved IDN Project Plans are then eligible to receive performance-based incentive payments.

The IDN Application and IDN Project Plan are both described in more detail below.

b) IDN Applications

In accordance with Section V of STCs, the state is required to develop an application that IDNs must complete to be certified as an IDN, which in turn allows the IDN to receive IDN Project Design and Capacity Building Funds. The state is required to review and approve or reject IDN applications and IDN Project Design and Capacity Building Funds by June 30, 2016.

An organization interested in serving as an administrative lead will submit an IDN Application on behalf of itself and participating partner organizations. The IDN Application will solicit information to assess whether: an applicant is qualified to serve as an administrative lead; the proposed IDN meets the composition standards outlined in Section II; and the IDN is eligible to receive Project Design and Capacity Building Funds.

The State will develop the IDN Application, reflecting input from stakeholders and the public. Required elements of the IDN Application shall include:

1. Preliminary list of participating organizations and their role in the IDN
2. Identification of IDN administrative lead and its qualifications
3. Description of stakeholder process to be used to solicit community input
4. High-level description of local behavioral health-specific needs
5. Explanation of why Project Design and Capacity Building Funds are needed and how they will be used to prepare IDN Project Plans and support the transformation goals of the demonstration

Multiple IDNs may apply. It is anticipated that there will likely be one IDN in many areas of the state, but multiple IDNs may emerge in more heavily populated regions.

c) IDN Project Plans

Once IDNs have been selected though the IDN Application process, organizations participating in the IDN will collaborate to prepare an IDN Project Plan. Generally, the Project Plan will provide a blueprint of the work that an IDN intends to undertake, explain how its work responds to community-specific needs and furthers the objectives of the demonstration, and provide details on its composition and governance structure. IDNs are required to engage community stakeholders as part of the development of the IDN Project Plan.

An IDN Project Plan template will be developed by the state and posted for public comment prior to finalization. Additional information on the key components of the IDN Project Plan can be found in the DSRIP Planning Protocol (Attachment C), Section V. According to a timeline to be developed by the state and consistent with the requirements in Section V of the STCs, IDNs are required to submit final IDN Project plans to the state for review. An independent assessor contracted by the state will review and evaluate submitted IDN Project Plans. The state will approve applications and IDN Transformation Fund payments for projects as early as November 1, 2016, but no later than December 31, 2016.

IV. Projects, Metrics, and Metric Targets

a) Overview of Projects

IDNs will design and implement six DSRIP projects, selected from the Project Protocols Menu described in the DSRIP Planning Protocol (Attachment C). IDNs must develop Project Plans based on these selected projects that are directly responsive to the needs and characteristics of the low-income communities that they serve and the transformation objectives furthered by this demonstration.

Projects described in the DSRIP Planning Protocol (Attachment C) are grouped into three categories: Statewide Projects, a Core Competency Project, and Community-Driven Projects. The IDN will be responsible for demonstrating progress against a distinct set of metrics for each project category group. As described in the DSRIP Planning Protocol (Attachment C), Section III, IDNs are required to implement: two Statewide Projects (Behavioral Health Work Force Capacity Development and Health Information Technology Planning and Development); one Core Competency Project (Integrated Behavioral Health and Primary Care); and three Community Driven Projects that reflect the particular priorities of the communities that they serve (one project from each Community Driven project sub-category).

b) Project Metrics

As part of the IDN Project Plan, which is further described in Attachment C Sections V, IDNs will develop detailed plans and identify milestones consistent with state requirements for each project. As described in Attachment C Section IV and in accordance with STC 24, project performance will be measured based on metrics that track: project planning/implementation progress (Stage 1), project utilization and system transformation metrics (Stage 2 and 3), and progress towards transition to Alternative Payment Models (Stage 4).

IDNs will report on these metrics in their semi-annual reports (described in Section VI) and will receive fiscal incentive payments from the IDN Transformation Fund if they meet performance metrics targets (based on the mechanism described in Section V).

c) *Stage 2 and 3 Performance Metric Goals and Improvement Targets*

IDNs must have a goal for each Stage 2 or 3 performance metric. The state will measure IDN improvement from a baseline towards these goals to evaluate whether or not the IDN has achieved the metric improvement target each semi-annual reporting period. Performance goals will be based on the $75^{th} - 100^{th}$ percentile of performance within the state, a comparable national benchmark, or an alternative method approved by the state and CMS. The state will set annual improvement targets for IDN metrics that reflect consistent annual progress towards closing the gap between the baseline performance of each IDN and the goal for each metric. Each IDN will have its own baseline starting point, based on historical data that will be established as soon as complete data is available for the baseline period, and will be used as the foundation to determine the gap to goal for the purpose of setting improvement targets. In cases where IDN baseline performance is at or exceeds the goal, an alternative methodology will be developed to set annual improvement targets. Additional detail on performance goals and improvement targets will be included in the Project and Metrics Specification Guide.

V. Incentive Funding Formula and Year 1 Design and Capacity Building Funds

a) Year 1 Funding

i. Capacity Building and Design Fund

In accordance with STC 31, during calendar year 2016, the State will provide payments to approved IDNs from a designated IDN Project Design and Capacity Building Fund. This funding can be used by approved IDNs to develop specific and comprehensive IDN Project Plans and to

begin to develop the technology, tools and human resources that will allow IDNs to build capacity and pursue demonstration goals in accordance with community-based priorities.

Payments from the IDN Project Design and Capacity Building Fund will total up to 65% of demonstration Year 1 funding from the IDN Transformation Fund.

As described in Section III, IDN Applications will require IDNs to describe in detail why planning and capacity building funds are being requested and how they will be used to prepare IDN Project Plans and support the transformation goals of the demonstration. Approved IDNs that receive Project Design and Capacity Building funding must submit an IDN Project Plan.

The IDN Project Design and Capacity Building Fund will be divided equally into the following two components and will be distributed among approved IDNs: 1) A fixed component, distributed equally among all approved IDNs and 2) A variable component that is distributed proportionately among IDNs based on their share of attributed Medicaid beneficiaries.

ii. Project Funding

The state will award the remaining 35% of Year 1 funding available for incentive payments from the IDN Transformation Fund (excluding state administrative expenses) to approved IDNs upon successful submission and state approval of an IDN Project Plan. Year 1 incentive payments will be allocated to IDNs based on each IDN's share of total attributed Medicaid beneficiaries.

b) Year 2-5 IDN Incentive Funding and Project Valuation

For years 2 through 5 of the demonstration, IDNs will continue to earn performance-based incentive funding by achieving or exceeding defined targets for individual process and outcome metrics. During Year 1 of the demonstration, the state will determine the maximum amount of performance-based incentive funding available to be earned by each IDN annually for Years 2-5 of the demonstration. This annual amount will be driven by the size of the IDN's attributed population (described in Section II) and be allocated across three project groups in proportion to the relative intensity of effort and benefit of each project group over the life of the 5-year demonstration. Each project will have associated process and outcome metrics that must be achieved for IDNs to earn funding associated with a project group in a given year.

The maximum amount of incentive funding for each IDN will be calculated based on the methodology described in (i) below. Once the overall maximum valuation is determined, the value for the individual metrics of the IDN Project Plan is determined based on the distribution method described in (ii) below. Project values are subject to monitoring by the state and CMS, and IDNs may receive less than their maximum available project valuation if they do not meet

their designated metrics and/or if statewide DSRIP funding is reduced because of the statewide penalty (described in Section VII(d) below).

i. Calculating Maximum IDN Project Valuation

The maximum amount of incentive funding that an IDN can earn will be a function of the projects that it implements, the value of those projects, and the size of its attributed population, calculated using a two-step process and described in further detail below:

Step 1: Assigning Project Group Weighting

Each IDN will be required to implement six projects from the Project Protocols Menu of the DSRIP Planning Protocol (Attachment C, Section III). Of these six projects, two will be the mandatory Statewide projects, one will be the mandatory Core Competency project, and three will be selected by the IDN from the menu of Community Driven projects (one from each Community Driven project sub-category).

As required in Section V of the STCs, the value of funding for each IDN project will be proportionate to its potential benefit to the health and health care of Medicaid beneficiaries. Since many projects within a project group are co-dependent and share similar metrics, the value of individual projects within a project group will be identical.

Each of the three project groups (Statewide, Core Competency, Community-Driven) is assigned a relative weighting as a percentage of total project funding available to be earned in a given DSRIP Year. The state will assign weightings at the project *group* level, based on value of the program outcomes to the demonstration goals and intensity of resources required to implement the projects within that group. Project groups will be valued relative to one another, as a percentage of the total project funding available within a given year. The percentage allocation to each project group will vary over time to reflect the relative intensity of effort and benefit of each project group over the life of the 5-year demonstration. Therefore, for example, meeting milestones associated with the two Statewide Projects will account for 50% of funding IDNs can earn in DSRIP Year 2, and 20% of funding in DSRIP Year 5. The table below provides the relative percentage weighting by project group by year.

Project Group	Year 2 (2017)	Year 3 (2018)	Year 4 (2019)	Year 5 (2020)
Statewide Projects	50%	40%	30%	20%
Core Competency Project	30%	30%	20%	20%
Community-Driven Projects	20%	30%	50%	60%

Step 2: Calculating Maximum IDN Project Funding

The maximum IDN incentive funding for each year for each project group is calculated by multiplying the total available statewide IDN incentive funding for that year by the weighting percentage of that project group and the proportion of total Medicaid beneficiaries attributed to the IDN (based on the attribution method described in Section II above), as shown below:

Maximum IDN Project Funding by Year for Each Project Group = [*Total Statewide IDN Transformation Funds available*] x [*Project Group Weight*] x [*% of Total Attributed Medicaid Beneficiaries*]

This same formula will be repeated for all project groups, and the sum of all three project group funding will equal the total maximum amount of financial incentive payments ("maximum IDN project funding") that the IDN could potentially earn based on performance.

Maximum IDN Project Funding by Year for an IDN = [*Maximum IDN Funding for Statewide Project Group*] + [*Maximum IDN Funding for Core Competency Project Group*] + [*Maximum IDN Funding for Community-Driven Project Group*]

The maximum IDN project funding represents the highest possible financial allocation that each IDN can receive for its menu of projects over the duration of its participation in the demonstration. IDNs may receive less than their individualized maximum allocation if they do not meet metrics and/ or if demonstration funding is reduced because of the statewide penalty (described in Section VII below).

ii. Earning Incentive Payments

As described above, Year 1 incentive funding from the IDN Transformation Fund will be awarded to approved IDNs upon successful submission and state approval of an IDN Project Plan. In years 2 through 5, each IDN will be able to receive incentive payments up to its Maximum IDN Project Funding amount by meeting or exceeding its designated performance metrics (as specified in each approved IDN Project Plan). Each project will have specific process metrics and/or performance metrics. However, as noted above, since many projects within a project group are co-dependent and have similar process metrics/performance metrics, overall project valuation will be determined based on meeting a standard set of process metrics and/or outcome metrics for each project group. The credit that an IDN receives for meeting a metric for a project group will be equally divided among all metrics in the project group.

As described in Section IV, the state will work with IDNs to establish milestones for each State 1 process measure and baseline performance for each Stage 2 and 3 measure. For Stage 2 and 3 measures, the state will identify annual improvement targets for process metrics and outcomes based on identified goals.

Each reporting period, IDNs will be scored on their performance towards achieving their designated metric targets. Scores for an IDN will be expressed as "meeting" or "not meeting" the process metric and/or outcome improvement target. The point value given for reaching a specified performance target/metric will be called an Achievement Value and will be assigned either a 0 or 1. If an IDN meets a process metric or outcome metric, it will receive an AV of 1 for that process metric/outcome metric in that reporting period. If the IDN does not meet its metric or performance target, it will receive an AV of 0 for that metric for that reporting period.

The Achievement Value (AV) for each metric will be summed to determine the Total Achievement Value (TAV) for the project group during any given reporting period. A Percentage Achievement Value (PAV) will then be calculated by dividing the TAV by the maximum available AV (the total number of metrics/metrics) for the reporting period in each project group. The PAV will reflect the percentage of metrics achieved by an IDN for each project group for a given reporting period, and be used to calculate how much of the project group's maximum available funding was earned by the IDN.

Example: An IDN is able to earn a maximum of $1,000,000 in the second payment period in Year 3 for Community-Driven Projects. If the IDN achieves four out of ten of the required milestones/metrics for Community-Driven Projects, the IDN would receive 40 percent of the $1,000,000 or $400,000.

As described in STC 24 and further detailed in Section IV of the DSRIP Planning Protocol (Attachment C), performance metrics and milestones will be organized into the following stages:

i) Stage 1: Project planning and progress milestones
ii) Stage 2: Project utilization milestones
iii) Stage 3: System transformation utilization milestones
iv) Stage 4: Alternative Payment Model milestones

In accordance with STC 27g, the state will shift funding over the duration of the waiver, from a focus on rewarding achievement of process (Stage 1) milestones in the early years of the waiver, to rewarding improvement on Stage 2, 3, and 4 performance metrics in the later years of the waiver. This timing of accountability for IDN performance on each metric will be specified further in the Project and Metrics Specification Guide and will be based on the following overall distribution pattern:

Percent of funding contingent on IDN performance, by milestone/metric type

Milestone/Metric Type	Year 2 (2017)	Year 3 (2018)	Year 4 (2019)	Year 5 (2020)
Stage 1 Process Metrics/Milestones	90%	75%	0%	0%
Stage 2, 3, 4 Performance Metrics/Milestones	10%	25%	100%	100%

VI. Reporting Requirements and Learning Collaboratives

Under STCs for the demonstration, both IDNs and the state must participate in a range of activities designed to ensure accountability for the demonstration funds being invested in New Hampshire, as well as to promote learning within New Hampshire and across the country from the work that is being done under the demonstration. These activities are detailed below.

a) Semi-Annual Reporting for IDN Project Achievement

Two times per year, IDNs seeking payment under the demonstration shall submit reports to the State using a standardized reporting form approved by the State and CMS. IDNs will use the document to report on their progress against the milestones and metrics described in their approved IDN Project Plans. Based on these reports, as well as data generated by the state on performance metrics, the state will calculate aggregate incentive payments in accordance with Section V and Section VII. The IDNs reports will be reviewed by the State and may be reviewed by CMS. Upon request, IDNs will provide back-up documentation and data in support of their progress. These reports will be due as indicated below after the end of each reporting period:

- For the reporting period encompassing January 1 through June 30 of each year: the semi-annual report and the corresponding request for payment must be submitted by an IDN to the State before July 31.
- For the reporting period encompassing July 1 through December 31 of each year: the semi-annual report and the corresponding request for payment must be submitted by an IDN to the State before January 31.

The state shall have 30 days after these reporting deadlines to review and approve or request additional information regarding the data reported for each milestone/metric and measure. If additional information is requested, the IDN shall respond to the request within 15 days and the State shall have an additional 15 days to review, approve, or deny the request for payment, based on the additional information provided. The state shall schedule the payment transaction for each IDN within 30 days following state approval of the IDN's semi-annual report.

b) State Activities

Throughout the demonstration, the State, and/or its designee, will oversee and monitor the activities of IDNs and submit regular reports to CMS. The State also will support IDNs in implementation by sponsoring learning collaboratives and providing guidance and support on the state's expectations and requirements. As it conducts these activities, the state will monitor the following:

- The speed and scale of progress made by each IDN towards meeting its milestones
- The specific activities that appear to be driving measureable change
- The key implementation challenges, including governance issues, associated with specific activities designed to drive improvement, and effective strategies for addressing them
- The need for any adjustments to the demonstration to maximize its effectiveness

Four types of State activities and reports are described further below:

i. Quarterly Operational Reports

In accordance with STC 41 and as outlined in Attachment A, the state will submit progress reports on a quarterly basis to CMS. The reports will present the state's analysis of the status of implementation; identify challenges and effective strategies for overcoming them; review available data on progress toward meeting metrics; and describe upcoming activities. This report will also include an Executive Summary which will be used by CMS, senior state officials and the public as a means of tracking the overall progress of the demonstration.

ii. Learning Collaborative

A Learning Collaborative will be sponsored by the State to support an environment of learning and sharing among IDNs through in-person and virtual meetings. Specifically, the LC will promote the exchange of strategies for effectively implementing projects and addressing operational, administrative and data challenges. The state also will use the LC to provide statewide updates on the demonstration, disseminate best practices, and gather feedback on where additional clarification of state expectations and requirements are needed. Depending on the number and type of projects chosen by IDNs, there may be multiple strains of the Learning Collaborative that allows similarly-situated IDNs to work together on specific challenges or projects.

iii. Web Site and Reporting Tool

The state will develop and regularly update a web site that provides information on the demonstration to participating IDNs, policymakers and members of the public. It will offer access to a centralized tool or system that tracks and disseminates information on the demonstration, participating IDNs, and projects. A key component of the tool will be a reporting feature that conveys key information on the status of demonstration progress for various audiences including that of the general public and CMS. The tool will deliver data that can 1) be easily interpreted by various stakeholders, 2) promote self-evaluation, and 3) promote the diffusion of effective intervention models.

iii. Program Evaluation

As described in STC 72 in Section X, the state will contract with an independent evaluator to evaluate the demonstration. The evaluator will be selected after a formal bidding process that will include consideration of the applicants' the qualifications, experience, neutrality, and proposed budget. . The evaluation will be completed by June 30, 2021.

VII. Statewide Performance and Unearned IDN Funding

a) *Accountability for State Performance*

As described in STC 35 in section V, the state will be accountable for demonstrating progress towards meeting the demonstration's objectives of building greater behavioral health capacity; better integrating physical and behavioral health; and improving care transitions. Funding for IDNs may be reduced in demonstration Years 3, 4, and 5 if the State fails to demonstrate progress on the four statewide metrics described below. If the four metrics are not met, then available IDN Transformation Funds will be reduced by the amount specified in STC 35 in Section V. The funding reductions will be applied proportionately to all IDNs based on their maximum IDN Project Funding amount.

A state-wide performance goal will be established for each of the following four metrics. The state will be accountable for achieving these goals by the end of the demonstration period, DSRIP Year 5. During DSRIP Years 3, 4, and 5, annual improvement from a baseline towards these goals will be used to evaluate whether or not the state-wide metric improvement target has been achieved. The state will establish baseline performance for each measure and identify annual improvement targets for these measures in the supplemental Project and Metrics Specification Guide.

Statewide Accountability Metrics

i. Readmission to Hospital for BH Population for Any Cause at 30 days
ii. Use of standardized core assessment framework (whole population)
iii. Potentially Preventable ER Visits for ambulatory sensitive conditions for BH Population and Total Population
iv. Wait list in ED for Inpatient BH admission

For metric ii (Use of standardized core assessment framework), the state will be accountable for demonstrating a statewide rate of 75% by the end of the demonstration period. For the remaining measures, the statewide goal to be achieved by the end of the demonstration period will be based on the 75th percentile of IDN performance levels during the baseline period.

b) *Unearned IDN Funding and the DSRIP Performance Pool*

IDNs will be permitted to "reclaim" incentive funding that is unearned because the IDN failed to achieve certain performance metrics for a given reporting period. Funding amounts that are unearned will be available to the IDN for two immediate, subsequent reporting periods. To "reclaim" the unearned incentive funds, an IDN must not only demonstrate that it has achieved the original process or outcome metric target, but that it has also achieved or exceeded its most recent target for the same metric. If an IDN is not able to reclaim the unearned incentive funding in the two immediate, subsequent reporting periods, the funds will be forfeited by the IDN and placed into a general DSRIP Performance Pool. The DSRIP Performance Pool will be used to the scope of the statewide DSRIP program or to reward IDNs whose performance substantively and consistently exceeds their targets. The State does not plan to withhold any amounts to subsidize this Performance Pool.

VIII. Demonstration Mid-Point Assessment

At the State's discretion, a mid-point assessment will be conducted in Demonstration Year 3. Based on qualitative and quantitative research and stakeholder and community input, the midpoint assessment will be used to systematically identify recommendations for improving individual IDNs and implementation of their Project Plans; state policies and procedures for oversight; and any other elements of the demonstration that may be hampering the effective and efficient use of funds and progress toward the demonstration's goals. If the State opts to conduct a mid-point assessment, IDNs will be required to participate in the mid-point assessment, and to adopt IDN-specific recommendations that emerge from the review. The state may withhold future IDN Transformation Fund incentive payments to an IDN if it fails to adopt recommended changes even if all other requirements for DSRIP payment are met. If the review identifies recommendations for change to the STCs (including attached protocols), the state will submit a request to CMS for changes on or before October 1, 2018.