State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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JEFFREY A. MEYERS
COMMISSIONER

March 8, 2016

The Honorable Neal M. Kurk, Chairman
Fiscal Committee of the General Court, and

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Approved by Fiscal Committee — Date 4/15/16

REQUESTED ACTION

On January 5, 2016, the Centers for Medicare & Medicaid Services (CMS) approved New Hampshire's Building Capacity 1115 Transformation Waiver. Under the transformation waiver, CMS will provide the State with up to $30 million in funding each year for five calendar years. There are two distinct federal funding streams associated with the waiver, a federal reimbursement for Designated State Health Programs (DSHP) and a federal reimbursement for Delivery System Reform Incentive Payments (DSRIP).

DSHP funds consist of new federal matching funds received on existing state health related programs. Under the waiver approval, DSHP funds will be disbursed to fund new DSRIP reform projects. The DSRIP payments will go to regional networks of health care and social service providers. Through these regional networks, New Hampshire will transform its behavioral health delivery system by: expanding provider capacity to address behavioral health needs; integrating physical and behavioral health; and reducing gaps in care transitions.

While the waiver is approved for a 5 calendar year period through December 31, 2020, the fiscal actions below request approval for the Department to claim costs associated with the waiver's implementation for SFY16 and SFY17 only. The three (3) actions, in summary, request the authority to accept and expend additional federal revenues and to transfer existing funds to serve as the non-federal match as required by the waiver.

Action #1) Pursuant to the provisions of RSA 14:30-a, VI, Additional Revenues, authorize the Department of Health and Human Services to accept and expend federal Designated State Health Program (DSHP) funds related to the New Hampshire Building Capacity For Transformation 1115 Waiver program in the amount of $7,460,754 for SFY 2016 and $14,921,509 for SFY 2017, **retroactive** to January 5, 2016, through June 30, 2017, and further authorize the funds to be allocated as noted in Appendix A.

Action #2) Upon authorization of Action #1) above, pursuant to the provisions of Chapter 276:143, Laws of 2015, and RSA 14:30-a-VI, further authorize the Department of Health and Human Services to transfer general funds and agency funds in the amounts of $6,628,814 and $831,940 respectively for a combined total of $7,460,754 in SFY2016 and $13,257,629 and $1,663,880 respectively for a combined total of $14,921,509 in SFY 2017, from the accounts listed below into a new accounting unit called the Integrated Delivery Network (IDN) Fund pursuant to the requirements set forth on the special terms and conditions of the New Hampshire Building Capacity For Transformation 1115 Waiver program and authorize such fund to be non-lapsing. The accounts transferred are noted in Appendix A.

Action #3) Upon authorization of Action #1) and #2) above, pursuant to the provisions of RSA 14:30-a, VI, Additional Revenues, authorize the Department of Health and Human Services to accept and expend federal Delivery System Reform Incentive Payment (DSRIP) funds related to the New Hampshire Building Capacity For Transformation 1115 Waiver program in the amount of $7,460,754 for SFY 2016 and $14,921,509 for SFY 2017, **retroactive** to January 5, 2016, through June 30, 2017, and further authorize the funds to be allocated as noted in Appendix A.

EXPLANATION

This request is **retroactive** to January 5, 2016, the date of approval of the New Hampshire Building Capacity for Transformation 1115 Wavier from the Centers for Medicare and Medicaid Services (CMS), in order to enable the State, through the Department, to claim costs associated with the waiver's implementation. The waiver is approved for a 5 year calendar period through December 31, 2020, and provides access to $30 million per year in funding over that 5 year period. This request, however, is limited to SFY 2016 and 2017. The Department will seek to place the funding for SFYs 2018 and 2019 in the next biennial operating budget.

The demand for mental health and substance use disorder services in New Hampshire is increasing. Current behavioral health provider capacity is not well positioned to deliver the comprehensive and integrated care that can most effectively address the needs of New Hampshire residents with severe behavioral health or comorbid physical and behavioral health problems. A number of factors make behavioral health transformation a priority of the State, including the enactment of 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 disorder needs; the extension of substance use disorder (SUD) benefits to the entire Medicaid population in State fiscal year 2017, and the need to address the epidemic of opioid abuse in the State.

New Hampshire seeks to transform its behavioral health delivery system through:

- Integrating physical and behavioral health to better address the full range of beneficiaries' needs;
- Expanding provider capacity to address behavioral health needs in appropriate settings; and
- Reducing gaps in care during transitions (from treatment back into the community) through improved care coordination for individuals with behavioral health issues.

The waiver approved for New Hampshire is called a Delivery Reform Incentive Payment or DSRIP Waiver because federal funding is being provided for incentive payments for the reform of New Hampshire's Medicaid delivery system. This approval is in the form of a waiver because in granting this new expenditure authority, CMS is waiving existing requirements concerning State spending that is traditionally eligible for federal Medicaid matching funds.

The State will use the integrated delivery networks (IDNs) as a vehicle to build relationships between behavioral health providers and other health care and community service providers that are necessary to achieve the State's vision for the behavioral health system in New Hampshire. That vision consists of increasing integration across providers and community social service agencies, expanding provider capacity and developing new expertise and improving care transitions. The IDNs will also focus on the establishment of financial and governance relationships among providers and investments in information technology (IT) systems that enable data exchanges to promote integrated care.

The IDNs will consist of individual providers that will form coalitions and be evaluated by project performance metrics—collectively as a single IDN. The lead applicant for each coalition will be responsible for coordinating between providers within the IDN to achieve metrics associated with the chosen projects.

The 1115 Waiver requires approval for three (3) distinct operational components, of which this fiscal request seeks authorization for:

1) CMS has granted authority for DHHS to receive federal matching funds for costs not otherwise matched. Under the Special Terms and Conditions, it limits the type of expenditures where new federal dollars can be claimed. These expenses under the Waiver are referred to as Designated State Health Programs (DSHP).

Designated State Health Programs (DSHP)	12 month Allowable Expense	FFP 50.0%
1. Community Mental Health Center Emergency Services	$1,507,000	$753,500
2. Adult Assertive Community Treatment (ACT) Teams	$2,475,000	$1,237,500
3. Children Assertive Community Treatment (ACT) Teams	$280,000	$140,000
4. Family Planning Program	$795,000	$397,500
5. Tobacco Prevention	$125,000	$62,500
6. Immunization Program	$486,000	$243,000
7. Governor's Commission on Drug & Alcohol Abuse, Prevention and Treatment and Recovery	$3,327,761	$1,663,881
8. County Nursing Home Medicaid Services	$20,847,257	$10,423,629
Totals	**$29,843,018**	**$14,921,509**

Under Requested Action #1) the Department seeks authority to accept new federal DSHP funds for expenses which are currently budgeted as 100% non-federal funds (primarily general funds) in the Department's Operating Budget for both SFY 16 and 17. (The amounts above represent an example of a one year claiming period.)

2) With the additional DHSP federal funds received under 1) above, it results in a reduction of the non-federal (primarily general fund) demand for these programs. Therefore, under Requested Action #2) the Department seeks authority to transfer these non-federal funds into a new accounting unit called the Integrated Delivery Network (IDN) Fund and be used as the State share for the Delivery System Reform Incentive Payments required under the 1115 Waiver.

3) The IDN Fund will serve as the vehicle for Delivery System Reform Incentive payments (DSRIP) to be expended from an account for the 50% federal match that can be claimed. The DSRIP expenses will enable the Department to make performance-based funding available to regionally-based Integrated Delivery Networks (IDNs) that furnish Medicaid services. IDN payments are not direct reimbursement for expenditures for services. Rather, payments from the IDN fund are intended to support IDNs and their participating providers for integrating behavioral and physical health, expanding provider capacity and reducing gaps in care during transitions. Under Requested Action #3) the Department seeks authority to accept and expend these new DSRIP federal funds.

In accordance with the CMS approval under the Special Terms and Conditions dated January 5, 2016, waiver funds cannot supplant State general funds.

Area served: Statewide

Source of funds: 50% federal revenue from CMS.

In the event that these Federal Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,

Jeffrey A. Meyers
Commissioner

APPENDIX A

The accounts below consolidate all 3 fiscal requested actions by fiscal year. The increases represent the additional federal funds expected to be received under the waiver and the decreases represent the transfer of non-federal funds to be used as the match required under the waiver.

SFY 2016

05-95-092-920010-5945 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: BEHAVIORAL HEALTH DIV OF DIV OF BEHAVIORAL HEALTH, CMH PROGRAM SUPPORT

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2016				
000-408147	Federal Funds	$3,262,072	$0	$3,262,072
000-405208	Federal Funds (DSHP)	$0	$1,065,500	$1,065,500
009-407150	Agency Income	$4,000	$0	$4,000
009-407079	Agency Income	$24,000	$0	$24,000
	General Fund	$16,822,927	($1,065,500)	$15,757,427
Total Revenue		**$20,112,999**		**$20,112,999**
010	Personal Services-Perm	$699,474		$699,474
018	Overtime	$419		$419
020	Current Expenses	$9,769		$9,769
021	Food Institutions	$1,412		$1,412
022	Rents-Leases Other	$2,677		$2,677
026	Organizational Dues	$9,529		$9,529
030	Equipment New/Replacement	$780		$780
039	Telecommunications	$3,025		$3,025
041	Audit Fund Set Aside	$472		$472
042	Additional Fringe Benefits	$15,000		$15,000
060	Benefits	$327,602		$327,602
066	Employee training	$212		$212
067	Training of Providers	$10,000		$10,000
070	In-State Travel	$8,423		$8,423
080	Out-Of-State Travel	$672		$672
102	Contracts for Program Services	$12,609,527		$12,609,527
103	Contracts for Op Services	$6,414,006		$6,414,006
Total Expense		**$20,112,999**		**$20,112,999**

05-95-90-902010-5608 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMM & HEALTH SERV, TOBACCO PREVENTION FEDERAL

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2016				
000-403754	Federal Funds	$1,127,661	$0	$1,127,661
000-405208	Federal Funds (DSHP)	$0	$31,250	$31,250
	General Fund	$125,000	($31,250)	$93,750
Total Revenue		**$1,252,661**		**$1,252,661**
10	Personal Services-Perm	340,785		340,785
18	Overtime	1		1
20	Current Expenses	9,908		9,908
26	Organizational Dues	1,000		1,000
30	Equipment New/Replacement	1,907		1,907
39	Telecommunications	2,000		2,000
41	Audit Fund Set Aside	$992		$992
42	Additional Fringe Benefits	$29,979		$29,979
46	Consultants	$1		$1
60	Benefits	$144,254		$144,254
66	Employee training	$1,000		$1,000
70	In-State Travel	$2,000		$2,000
72	Grants Federal	181		181
80	Out-Of-State Travel	7,500		7,500
102	Contracts for Program Services	$711,153		$711,153
Total Expense		**$1,252,661**		**$1,252,661**

05-95-90-902010-5530 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMM & HEALTH SERV, FAMILY PLANNING PROGRAM

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2016				
000-404700	Federal Funds	$850,179	$0	$850,179
000-405208	Federal Funds (DSHP)	$0	$198,750	$198,750
	General Fund	$808,723	($198,750)	$609,973
Total Revenue		**$1,658,902**		**$1,658,902**
10	Personal Services-Perm	$102,802		$102,802
18	Overtime	$1		$1
20	Current Expenses	$2,353		$2,353
26	Organizational Dues	$750		$750
30	Equipment New/Replacement	$950		$950
39	Telecommunications	$1,000		$1,000
41	Audit Fund Set Aside	$785		$785
42	Additional Fringe Benefits	$4,415		$4,415
46	Consultants	$5,000		$5,000
50	Personal Services Temp	$1		$1
60	Benefits	$54,499		$54,499
66	Employee training	$1,000		$1,000
70	In-State Travel	$1,000		$1,000
80	Out-Of-State Travel	$9,300		$9,300
102	Contracts for Program Services	$1,475,046		$1,475,046
Total Expense		**$1,658,902**		**$1,658,902**

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: DIVISION OF PUBLIC HEALTH, BUR INFECTIOUS DISEASE CONTROL, IMMUNIZATION PROGRAM

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2016				
000-404706	Federal Funds	$2,102,457	$0	$2,102,457
000-405208	Federal Funds (DSHP)	$0	$121,500	$121,500
	General Fund	$486,195	($121,500)	$364,695
Total Revenue		**$2,588,652**		**$2,588,652**
10	Personal Services-Perm	$765,069		$765,069
18	Overtime	$1,000		$1,000
20	Current Expenses	$59,003		$59,003
26	Organizational Dues	$1,500		$1,500
30	Equipment New/Replacement	$6,600		$6,600
39	Telecommunications	$7,000		$7,000
41	Audit Fund Set Aside	$1,850		$1,850
42	Additional Fringe Benefits	$60,432		$60,432
46	Consultants	$100		$100
50	Personal Services Temp	$27,878		$27,878
60	Benefits	$434,530		$434,530
66	Employee training	$500		$500
70	In-State Travel	$10,000		$10,000
80	Out-Of-State Travel	$16,600		$16,600
102	Contracts for Program Services	$548,494		$548,494
103	Contracts for Op Services	$87,500		$87,500
513	Vaccine Purchases	$483,106		$483,106
548	Reagents	$77,490		$77,490
Total Expense		**$2,588,652**		**$2,588,652**

05-95-49-491510-2989 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS:DIV OF COMM BASED CARE SVC, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2016				
000-405208	Federal Funds (DSHP)	$0	$831,940	$831,940
009-407079	Agency Income	$3,187,757	($831,940)	$2,355,817
	General Fund	$1,214,386	$0	$1,214,386
Total Revenue		**$4,402,143**		**$4,402,143**
102	Contracts for Program Services	$4,402,143		$4,402,143
Total Expense		**$4,402,143**		**$4,402,143**

05-95-48-481510-5942 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: ELDERLY - ADULT SERVICES, LTC ELDERLY SERVICES, LTC COUNTY PARTICIPATION

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2016				
000-407362	Federal Funds	$191,382,723	$0	$191,382,723
000-405208	Federal Funds (DSHP)	$0	$5,211,814	$5,211,814
005-40xxxx	Private Local Funds	$136,121,647	$0	$136,121,647
007-402241	Agency Income	$37,754,603	$0	$37,754,603
	General Fund	$17,182,833	($5,211,814)	$11,971,019
Total Revenue		**$382,441,806**		**$382,441,806**
40	Indirect Costs	$128,395		$128,395
41	Audit Fund Set Aside	$196,053		$196,053
504	Nursing Home Payments	$196,368,058		$196,368,058
505	Mid-Level Care Expense	$9,420,380		$9,420,380
506	Home Support Waiver Services	$36,733,873		$36,733,873
514	Proshare	$53,119,326		$53,119,326
516	Medicaid Quality Incentive	$75,509,206		$75,509,206
529	Home Health Care Waiver Serv	10,966,515		10,966,515
	Total Expense	**$382,441,806**		**$382,441,806**

TOTAL SFY2016 (From Accounts Above)			
Federal Funds (DSHP)	$198,725,092	$7,460,754	$206,185,846
Agency Income	$40,970,360	($831,940)	$40,138,420
Private Local Funds	$136,121,647		$136,121,647
General Fund	$36,640,064	($6,628,814)	$30,011,250
Total Revenue	**$412,457,163**	**$0**	**$412,457,163**
Total Expense	**$412,457,163**	**$0**	**$412,457,163**

05-095-047-470010-52010000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS POLICY, IDN FUND

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2016				
000-401861	Federal Funds (DSRIP)	$0	$7,460,754	$7,460,754
	General Fund	$0	$7,460,754	$7,460,754
Total Revenue		**$0**	**$14,921,508**	**$14,921,508**
41	Audit Fund Set Aside	$0	$7,461	$7,461
70	In State Travel	$0	$1,000	$1,000
80	Out of State Travel	$0	$5,000	$5,000
102	Contracts for Program Services	$0	$14,908,047	$14,908,047
Total Expense		**$0**	**$14,921,508**	**$14,921,508**

SFY 2017

005-95-092-920010-5945 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: BEHAVIORAL HEALTH DIV OF DIV OF BEHAVIORAL HEALTH, CMH PROGRAM SUPPORT

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2017				
000-408147	Federal Funds	$387,201	$0	$387,201
000-405208	Federal Funds (DSHP)	$0	$2,131,000	$2,131,000
009-407150	Agency Income	$4,000	$0	$4,000
009-407079	Agency Income	$24,000	$0	$24,000
	General Fund	$14,480,490	($2,131,000)	$12,349,490
Total Revenue		**$14,895,691**		**$14,895,691**
10	Personal Services-Perm	$706,108		$706,108
18	Overtime	$419		$419
20	Current Expenses	$9,769		$9,769
21	Food Institutions	$1,412		$1,412
22	Rents-Leases Other	$2,731		$2,731
26	Organizational Dues	$9,529		$9,529
30	Equipment New/Replacement	$780		$780
39	Telecommunications	$3,025		$3,025
41	Audit Fund Set Aside	$481		$481
42	Additional Fringe Benefits	$15,000		$15,000
60	Benefits	$340,205		$340,205
66	Employee training	$212		$212
67	Training of Providers	$10,000		$10,000
70	In-State Travel	$8,423		$8,423
80	Out-Of-State Travel	$672		$672
102	Contracts for Program Services	$13,786,925		$13,786,925
Total Expense		**$14,895,691**		**$14,895,691**

05-95-90-902010-5608 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMM & HEALTH SERV, TOBACCO PREVENTION FEDERAL

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2017				
000-403754	Federal Funds	$996,404	$0	$996,404
000-405208	Federal Funds (DSHP)	$0	$62,500	$62,500
	General Fund	$125,000	($62,500)	$62,500
Total Revenue		**$1,121,404**		**$1,121,404**
10	Personal Services-Perm	343,291		343,291
18	Overtime	1		1
20	Current Expenses	8,600		8,600
26	Organizational Dues	1,000		1,000
30	Equipment New/Replacement	550		550
39	Telecommunications	2,000		2,000
41	Audit Fund Set Aside	$1,000		$1,000
42	Additional Fringe Benefits	$30,519		$30,519
46	Consultants	$1		$1
60	Benefits	$148,942		$148,942
66	Employee training	$1,000		$1,000
70	In-State Travel	$2,000		$2,000
80	Out-Of-State Travel	7,500		7,500
102	Contracts for Program Services	$575,000		$575,000
Total Expense		**$1,121,404**		**1,121,404**

05-95-90-902010-5530 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMM & HEALTH SERV, FAMILY PLANNING PROGRAM

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2017				
000-404700	Federal Funds	$723,846	$0	$723,846
000-405208	Federal Funds (DSHP)	$0	$397,500	$397,500
	General Fund	$794,740	($397,500)	$397,240
Total Revenue		**$1,518,586**		**$1,518,586**
10	Personal Services-Perm	$102,803		$102,803
18	Overtime	$1		$1
20	Current Expenses	$2,000		$2,000
26	Organizational Dues	$750		$750
30	Equipment New/Replacement	$950		$950
39	Telecommunications	$1,000		$1,000
41	Audit Fund Set Aside	$785		$785
42	Additional Fringe Benefits	$4,266		$4,266
46	Consultants	$5,000		$5,000
50	Personal Services Temp	$1		$1
60	Benefits	$56,406		$56,406
66	Employee training	$1,000		$1,000
70	In-State Travel	$1,000		$1,000
80	Out-Of-State Travel	$9,300		$9,300
102	Contracts for Program Services	$1,333,324		$1,333,324
Total Expense		**$1,518,586**		**$1,518,586**

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: DIVISION OF PUBLIC HEALTH, BUR INFECTIOUS DISEASE CONTROL, IMMUNIZATION PROGRAM

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2017				
000-404706	Federal Funds	$1,888,144	$0	$1,888,144
000-405208	Federal Funds (DSHP)	$0	$243,000	$243,000
	General Fund	$486,195	($243,000)	$243,195
Total Revenue		**$2,374,339**		**$2,374,339**
10	Personal Services-Perm	$775,498		$775,498
18	Overtime	$1,000		$1,000
20	Current Expenses	$55,000		$55,000
26	Organizational Dues	$1,500		$1,500
30	Equipment New/Replacement	$2,850		$2,850
39	Telecommunications	$7,000		$7,000
41	Audit Fund Set Aside	$1,874		$1,874
42	Additional Fringe Benefits	$64,645		$64,645
46	Consultants	$100		$100
50	Personal Services Temp	$27,878		$27,878
60	Benefits	$452,699		$452,699
66	Employee training	$500		$500
70	In-State Travel	$10,000		$10,000
80	Out-Of-State Travel	$16,600		$16,600
102	Contracts for Program Services	$414,000		$414,000
103	Contracts for Op Services	$93,400		$93,400
513	Vaccine Purchases	$392,795		$392,795
548	Reagents	$57,000		$57,000
Total Expense		**$2,374,339**		**$2,374,339**

05-95-49-491510-2989 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS:DIV OF COMM BASED CARE SVC, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2017				
000-405208	Federal Funds (DSHP)	$0	$1,663,880	$1,663,880
009-407079	Agency Income	$3,283,390	($1,663,880)	$1,619,510
	General Fund	$123,136	$0	$123,136
Total Revenue		**$3,406,526**		**$3,406,526**
102	Contracts for Program Services	$3,406,526		$3,406,526
Total Expense		**$3,406,526**		**$3,406,526**

05-95-48-481510-5942 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: ELDERLY - ADULT SERVICES, LTC ELDERLY SERVICES, LTC COUNTY PARTICIPATION

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2017				
000-407362	Federal Funds	$190,052,528	$0	$190,052,528
000-405208	Federal Funds (DSHP)	$0	$10,423,629	$10,423,629
005-40xxxx	Private Local Funds	$137,856,046	$0	$137,856,046
007-402241	Agency Income	$38,132,149	$0	$38,132,149
	General Fund	$13,732,149	($10,423,629)	$3,308,520
Total Revenue		**$379,772,872**		**$379,772,872**
40	Indirect Costs	$128,395		$128,395
41	Audit Fund Set Aside	$203,791		$203,791
504	Nursing Home Payments	$192,452,700		$192,452,700
505	Mid-Level Care Expense	$9,514,583		$9,514,583
506	Home Support Waiver Services	$37,089,545		$37,089,545
514	Proshare	$55,176,092		$55,176,092
516	Medicaid Quality Incentive	$76,264,298		$76,264,298
529	Home Health Care Waiver Serv	$8,943,468		$8,943,468
Total Expense		**$379,772,872**		**$379,772,872**

TOTAL SFY2017 (From Accounts Above)

Federal Funds (DSHP)	$194,048,123	$14,921,509	$208,969,632
Agency Income	$41,443,539	($1,663,880)	$39,779,659
Private Local Funds	$137,856,046	$0	$137,856,046
General Fund	$29,741,710	($13,257,629)	$16,484,081
Total Revenue	**$403,089,418**	**$0**	**$403,089,418**
Total Expense	**$403,089,418**	**$0**	**$403,089,418**

05-095-047-470010-52010000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS POLICY, IDN FUND

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
SFY 2017				
000-401861	Federal Funds (DSRIP)	$0	$14,921,509	$14,921,509
	General Fund	$0	$14,921,509	$14,921,509
Total Revenue		**$0**	**$29,843,018**	**$29,843,018**
41	Audit Fund Set Aside	$0	$14,922	$14,922
70	In State Travel	$0	$1,000	$1,000
80	Out of State Travel	$0	$5,000	$5,000
102	Contracts for Program Services	$0	$29,822,096	$29,822,096
Total Expense		**$0**	**$29,843,018**	**$29,843,018**

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

March 2016

Agenda

- Overview
- Integrated Delivery Networks
- Pathways and Projects
- Financing
- Planning for Alternative Payment Models
- From Concept to Reality: A Provider Example
- Next Steps and Opportunities for Input

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

- **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

'Siloed' Behavioral and Physical Health

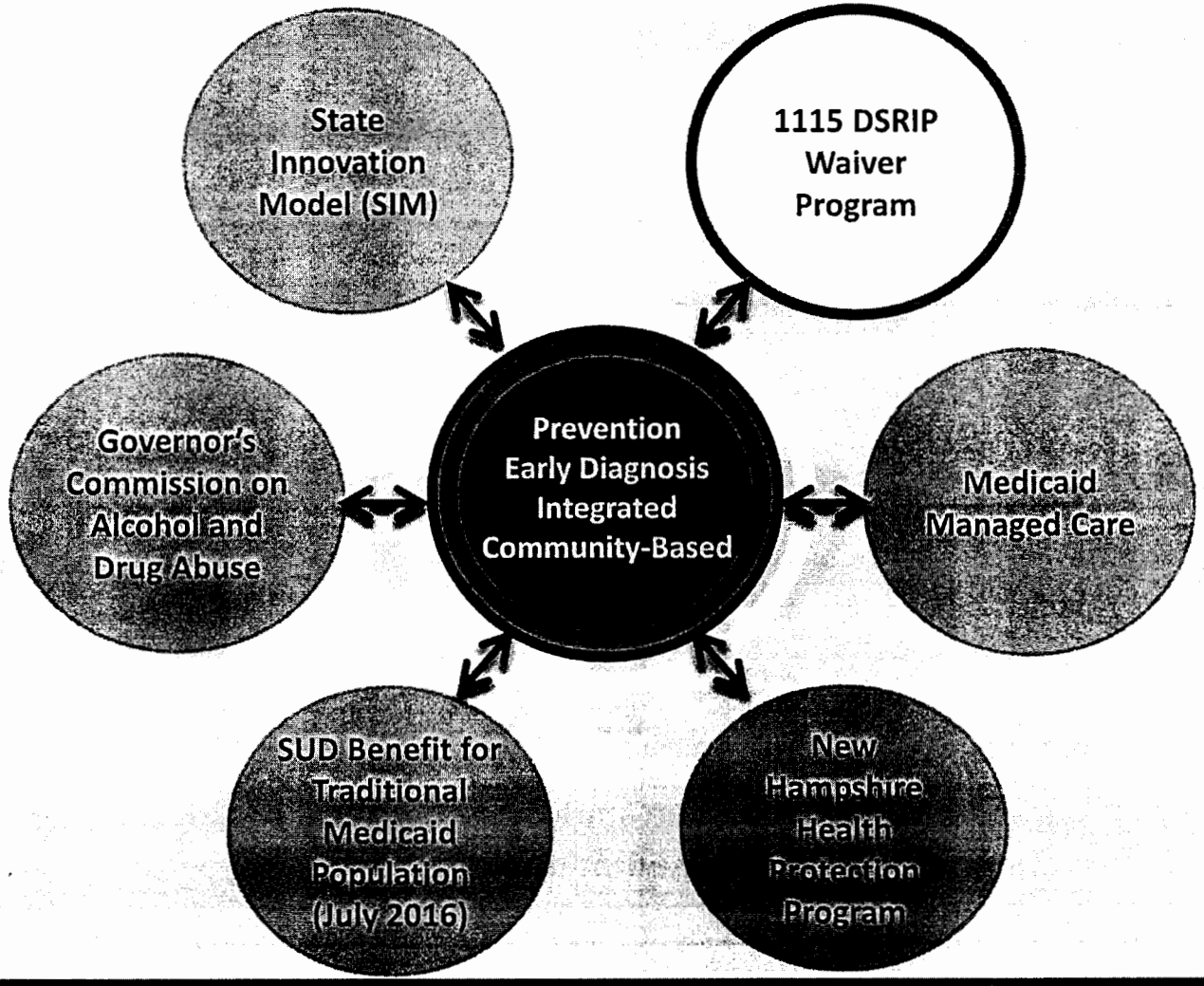
- **Limited integration:**
  - A 2015 review of physical and behavioral health integration in NH by Cherokee Health Systems found "while there are certainly pockets of innovation...overall there remains room for further advancement"
- **Workforce shortage:**
  - The Cherokee analysis highlighted an acute shortage in the workforce necessary for integrated care, including behaviorists with skills to work in the primary care setting

Gaps During Care Transitions

- **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

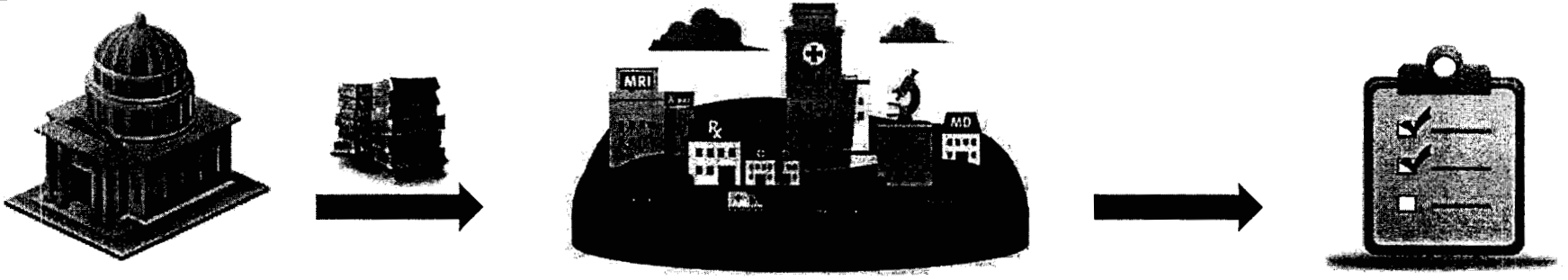
Vision for Behavioral Health Reform in New Hampshire

New Hampshire's goal is prevention, early diagnosis, and high quality, integrated care provided in the community whenever possible for mental health conditions, opiate abuse, and other substance use disorders (SUD).



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.



State | Network of Providers | Project Metrics

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

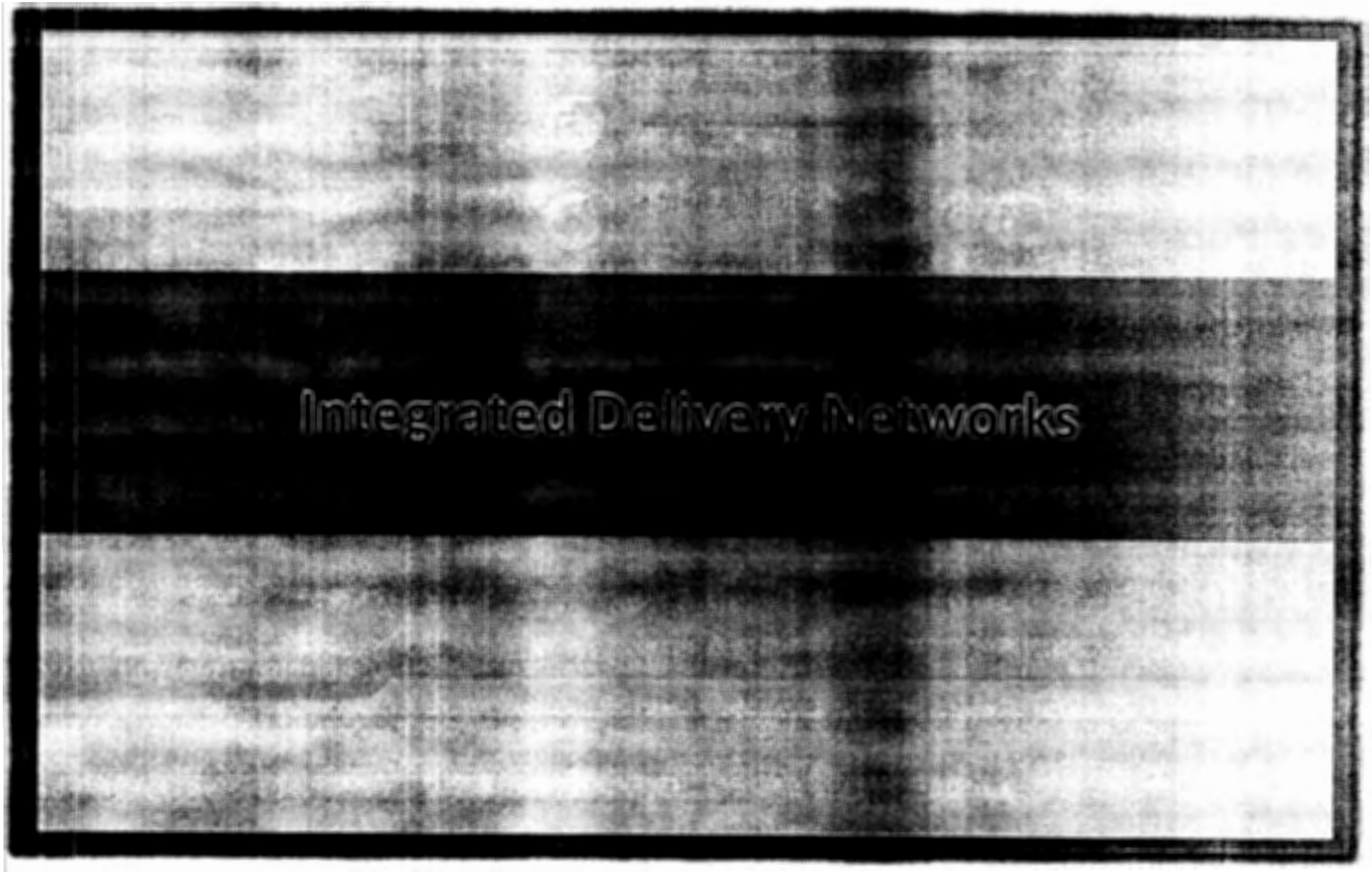
- Integrated Delivery Networks: Transformation will be driven by regionally-based networks of physical and behavioral health providers as well as social service organizations that can address social determinants of health

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
- $150 million in incentive payments 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)

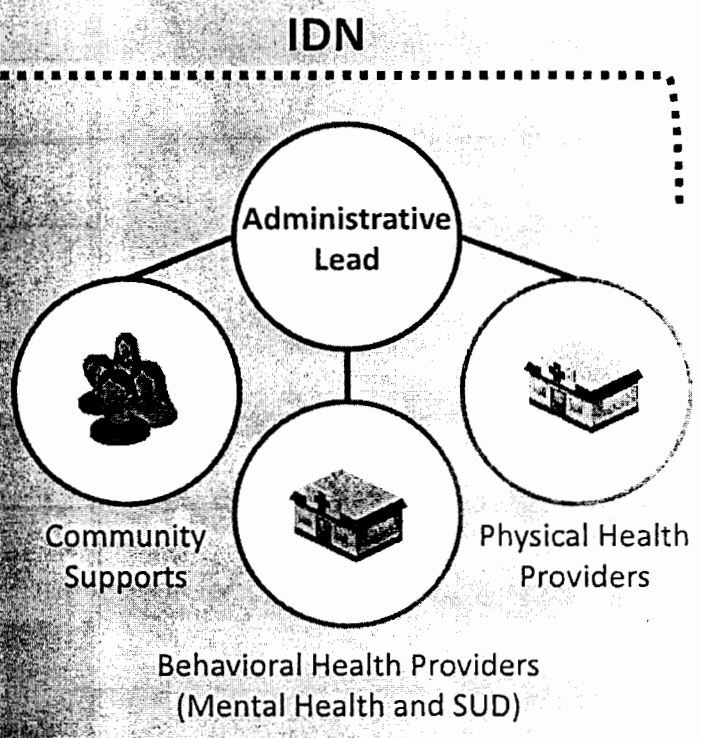
- New, regionally-based networks of providers called Integrated Delivery Networks ('IDNs') will drive system transformation by designing and implementing projects in a geographic region.
- IDNs will be organized into **7** regions throughout the State.
- Multiple IDNs may apply. It is anticipated that 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.

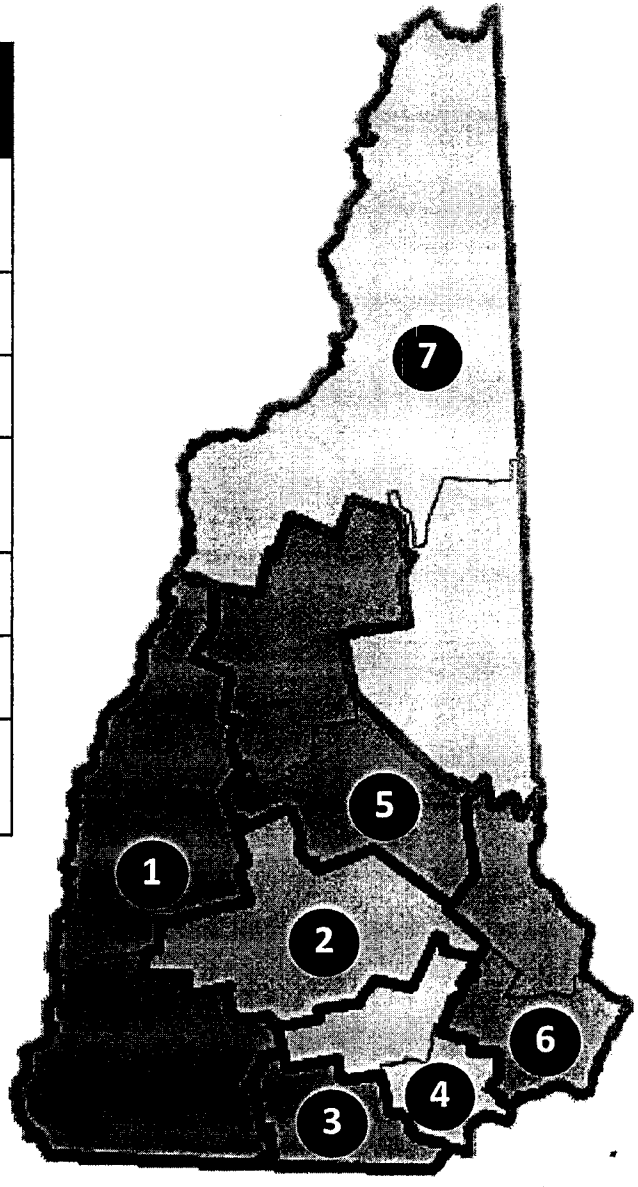
Responsibilities: Design and implement projects to build behavioral health capacity; promote integration; facilitate smooth transitions in care; and prepare for alternative payment models.



Note: pending final approval by CMS and subject to change

IDNs Will be Organized into 7 Regions

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

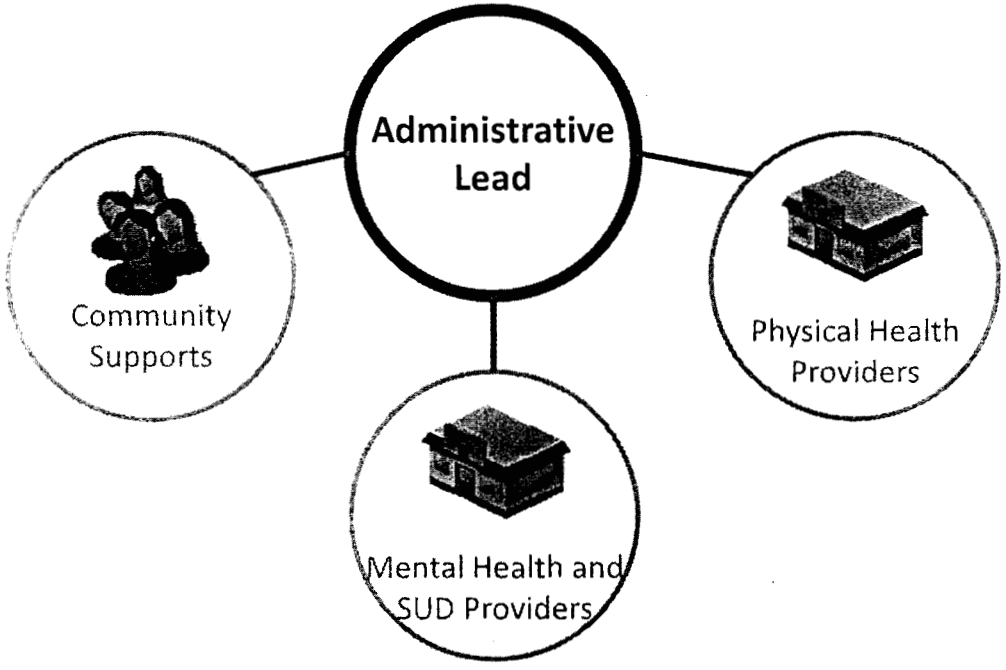


Providers in each IDN region are encouraged to work together to form one IDN, particularly in less populated parts of the State.

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 DSRIP
- Submit single application on behalf of IDN
- Implement IDN governance structure in accordance with DSRIP parameters
- Receive funds from DHHS and distribute funds to partners
- Complete required reporting
- Collaborate with partners in IDN leadership and oversight
- Collaborate with IDN partners to manage performance against goals and metrics

*Partnership and implementation details to be worked out

Note: pending final approval by CMS and subject to change

Administrative Lead: Qualifications

Key Takeaway: Administrative Leads are not required to be a specific provider type (*e.g.*, hospital or Community Mental Health Center). Any entity/organization meeting the criteria can act as an Administrative Lead.

Organizational Qualifications

Administrative Leads must demonstrate capabilities to lead transformation efforts, including:

- Experience collaborating with partners in the Service Region
- Active working relationships, or the ability to establish working relationships, with diverse entities that will participate in the IDN, including social service organizations and community providers
- Ability to comply with IDN reporting requirements and obligations
- Willingness to provide consent for audit and oversight by the State and CMS

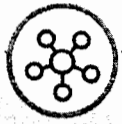
Financial Stability

Administrative Leads must demonstrate financial stability and prior experience using financial practices that allow for transparency and accountability in accordance with State requirements.

Note: pending final approval by CMS and subject to change

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

Note: pending final approval by CMS and subject to change

IDN Governance

General Principles

- **Participatory:** Partners have active roles in decision-making processes
- **Accountable:** Administrative Lead and partners are accountable to each other with clearly defined mechanisms to facilitate decision-making
- **Flexible:** Within parameters established by DHHS, each IDN can implement a governance structure that works best for it

Specific Requirements

Each IDN must have in place an approach to the following:

- **Financial governance,** including how decisions about the distribution of funds will be made, the roles and responsibilities of each partner, and project budget development
- **Clinical governance,** including standard clinical pathways development and strategies for monitoring and managing patient outcomes
- **Data/IT governance,** including data sharing among partners and reporting and monitoring processes
- **Community/consumer engagement,** including a description of the steps taken to engage the community in the development and implementation of the IDN

Note: pending final approval by CMS and subject to change

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

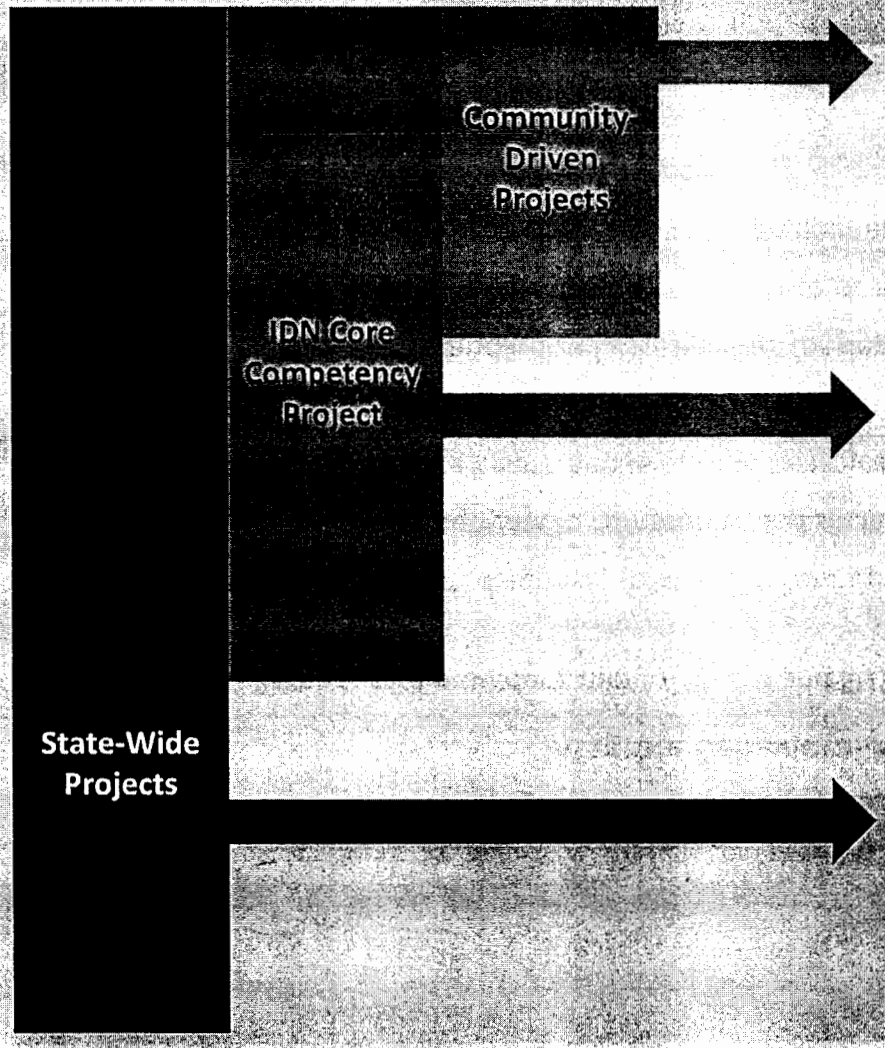
Integrate physical and behavioral healthcare

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

Note: pending fi[illegible]pproval by CMS and subject to change

Project Menu Structure



Community-Driven Projects

- IDNs will select 3 projects from a menu that reflects community priorities
- IDN-led based on how best to implement in their communities

IDN Core Competency Project

- IDNs will participate in a mandatory project focused on integrating behavioral health and primary care
- IDN-led based on how best to implement in each IDN's community

State-Wide Projects

- IDNs will participate in 2 State-wide projects:
  1. Strengthen mental health and SUD workforce
  2. Develop health information technology infrastructure to support integration
- State-facilitated with coordination across IDNs

Note: pending final approval by CMS and subject to change

Core Competency Project

Each IDN will implement the Core Competency Project.

Integrate Behavioral Health and Primary Care

- 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

Note: pending final approval by CMS and subject to change

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 Individuals
- County Nursing Home Transitions
- Supportive Housing Projects

Capacity Building:
Supplement existing workforce with additional staff and training

- Medication Assisted Therapy
- Mental Health First Aid
- Treatment Alternatives to Incarceration (CIT Model)
- Parachute Program
- Zero Suicide
- Community-Based Stabilization
- Coordinated Specialty Care for First Episode Psychosis
- Peer Support for Behavioral Health Services

Integration:
Promote collaboration between primary care and behavioral health care

- InSHAPE Program
- School-Based Screening and Intervention
- Early Childhood Prevention
- Collaborative Care/IMPACT Model
- Integrated Dual Disorder Treatment
- Enhanced Care Coordination for High Risk, High Utilizing, and Chronic Condition Populations

Note: pending final approval by CMS and subject to change

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
Capacity Building (Up To 65% of Year 1 Funding)	$19,500,000	n/a	n/a	n/a	n/a	$19,500,000
Other Funding (IDN payments, administrative expenses, etc.)	$10,500,000	$30,000,000	$30,000,000	$30,000,000	$30,000,000	$130,500,000
Percent at Risk for Performance	0%	0%	5%	10%	15%	
Dollar Amount at Risk for Performance	($0)	($0)	($1,500,000)	($3,000,000)	($4,500,000)	
					TOTAL	$150,000,000

Note: pending final approval by CMS and subject to change

IDN Funding and the Attribution of Beneficiaries

- **Each IDN will have an "attributed" population of members**
- **Members may only be attributed to one IDN**

Attributed populations will drive quality measurement and IDN payment distribution:

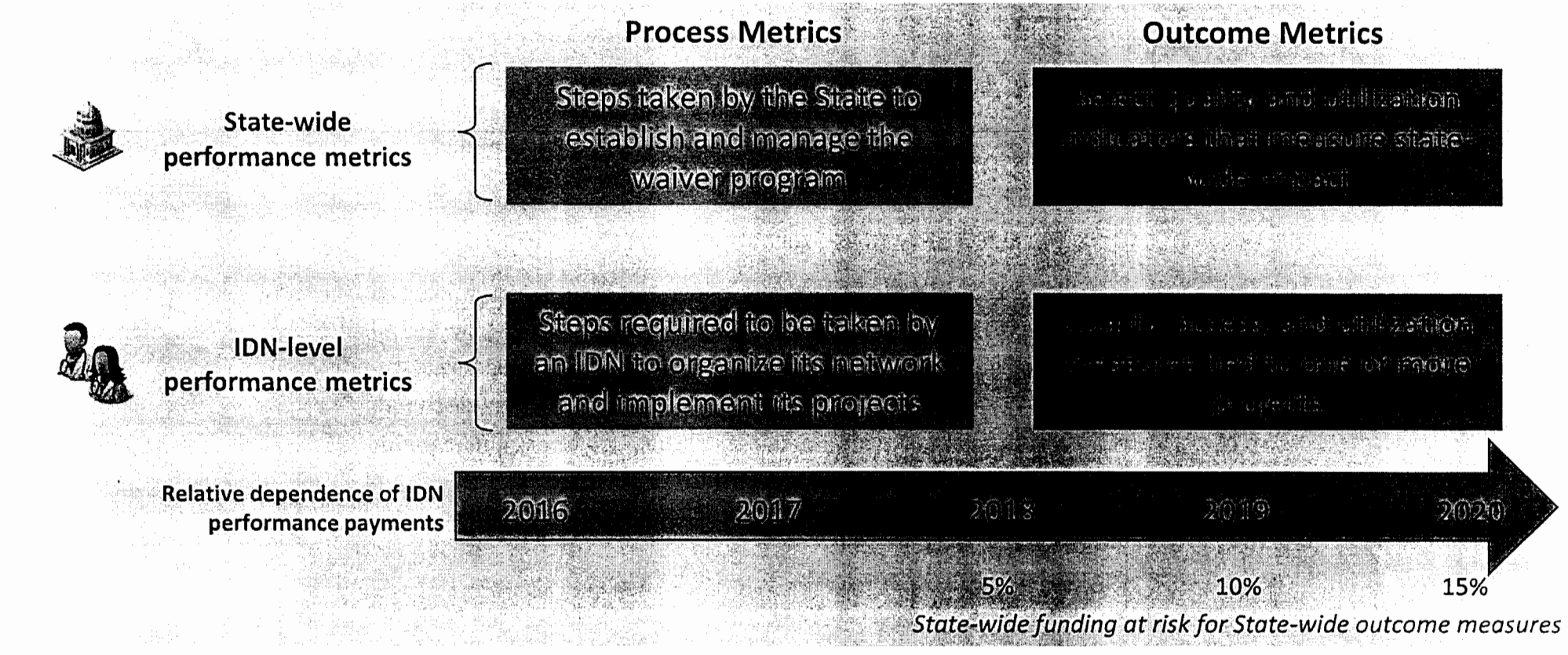
- The amount of funding that an IDN can earn will be determined by:
  - The projects that it implements
  - The value of those projects (according to a schedule established by DHHS)
  - The size of its attributed population
  - The IDN's performance on metrics
- Attribution of Medicaid beneficiaries will be based on the following factors:
  - Primary care provider
  - Behavioral health provider
  - Service Region of primary residence
- If there is more than one IDN in a region and a beneficiary's provider(s) works with more than one IDN, the beneficiary will be attributed based on the hospital service area in which s/he resides.

For some quality metrics and risk sharing under alternative payment models in future years, IDNs will be aggregated into larger "zones".

Note: pending final approval by CMS and subject to change

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 outcome metrics over the course of the 5-year program.



Note: pending final approval by CMS and subject to change

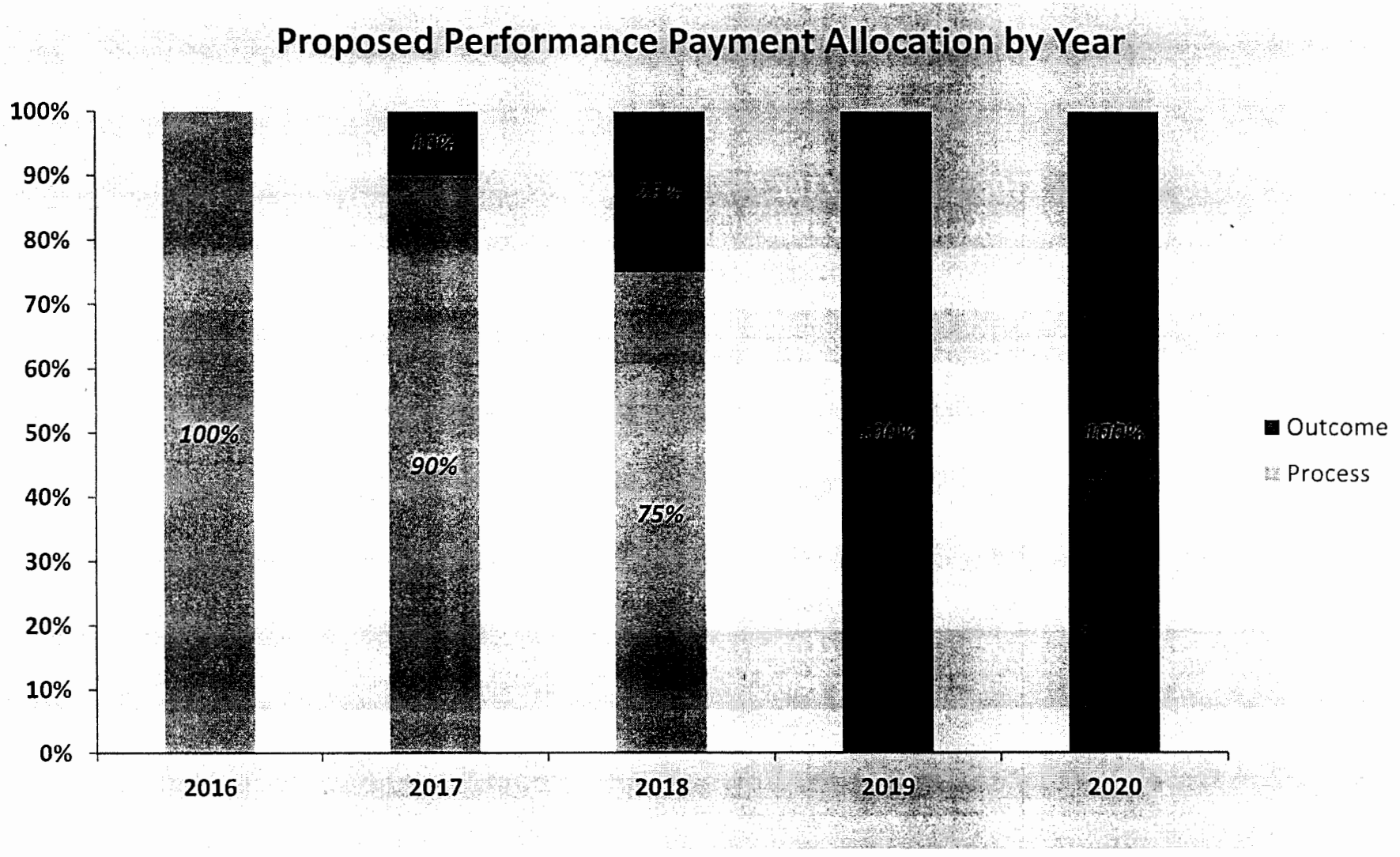
Examples of Potential Metrics

	Process Metrics	Outcome Metrics
State-wide Performance Metrics 	• Approval of IDNs and planning/capacity building grants • Approval of IDN Project Plans • Submission of CMS reports • Procurement of independent assessor and independent evaluator • Implementation of learning collaboratives	• Reduction in readmissions for any reason for individuals with co-occurring behavioral health issues • Use of core standardized assessment • Reduction in avoidable ED use for behavioral health population and general population • Reduction in ED waitlist length for inpatient behavioral health admissions
IDN-level Performance Metrics 	**General IDN Metrics** • Establishment of an IDN governance committee structure (clinical governance, financial, etc.) • Development and submission of IDN plan to transition to value-based payment models **Project-Specific Metrics** • Document baseline level of integration of primary care – behavioral health using SAMHSA *Levels of Integrated Healthcare* • Establishment of standard core assessment framework and evidence based screening tools	• Improvement in rate of follow-up after hospitalization for mental illness • Improvement in rate of screening for clinical depression using standardized tool • Improvement in rate of screening for substance use • Improvement in rate of smoking and tobacco cessation counseling visits for tobacco users • Reduction in wait time for substance use disorder treatment

Note: pending final approval by CMS and subject to change

How IDNs Earn Performance Payments by Year

As Accountability Shifts from Process to Outcomes (Proposed)



Note: pending final approval by CMS and subject to change

Funding Allocations by Earning Category and Metric Type

Over the DSRIP period, funding shifts to emphasize Community-Driven Projects and outcome 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%
Total	100%	100%	100%	100%	100%

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%
Outcome Metrics	0%	10%	25%	100%	100%
Total	100%	100%	100%	100%	100%

Note: pending final approval by CMS and subject to change

Preparing for Alternative Payment Models

Preparing for Alternative Payment Models

Goals and Requirements

1. The State must develop a plan for sustaining the DSRIP investments beyond the life of the waiver and for moving at least 50 % of payments to Medicaid providers into **"alternative payment models" (APMs)**

2. The definition of APMs is evolving. It generally refers to paying providers based on improving outcomes through prevention and effective treatment, not based on volume.

3. Key elements of APMs include use of risk-sharing to establish provider incentives to contain costs, robust quality metrics to ensure high-quality care, and re-allocation of saved funds to areas of need.

Preparations for APMs

- Prior to July 1, 2017, New Hampshire must submit a roadmap to CMS outlining how it will modify its Medicaid managed care contracts to reflect the impact of the DSRIP waiver and make progress toward the APM goal.
- IDNs are expected to make preparations for APMs, such as by engaging with the state and managed care organizations to plan for APMs.

Note: pending final approval by CMS and subject to change

Driving Towards Alternative Payment Methodologies

Under DSRIP, New Hampshire's funding model will shift from planning support to performance payments to long-term sustainability. At the conclusion of the waiver, IDNs will have data and experience to support engagement with value-based models.

2016: Project Planning and Capacity Building Funding

- Up to 65% of Year 1 funding: DN project planning activities + early capacity building activities
- Remaining Year 1 IDN payments tied to successful approval of IDN Project Plan, detailing selected approach and 5-year implementation plan

2017-2020: Ongoing Performance Payments

- Supports ongoing partnership and program capacity development, e.g.:
  - Program staff and training
  - Investments in tools needed
- Disbursed based on performance metrics
- Metrics initially focus on process and shift to outcomes over time.

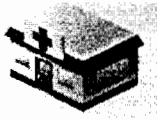
2020 and Beyond: Value-Based Contracting

- Funding transitions to value-based contracting with public/private payers
- Effective care models may be sustained through Medicaid reimbursement for services or through provider/plan investment in non-Medicaid reimbursable services.

Note: pending final approval by CMS and subject to change

From Concept to Reality: A Provider Example

From Concept to Reality: Pinetree CMHC



Pinetree Health is a Community Mental Health Center in a non-metropolitan part of New Hampshire, serving ~5,000 total clients, including 1,600 Medicaid beneficiaries (1,200 SMI). In recent years, Pinetree has struggled financially and has faced severe workforce shortages. Pinetree has a close relationship with the large local hospital system but referrals patterns are inconsistent.

Pinetree Activities by Key Timeline Phase

Jan – June 2016

- Determine IDN participation
- Participate in stakeholder engagement
- Provide comments on draft planning and funding protocols
- Engage in conversations with other providers in proposed IDN to discuss:
  - Community gaps in mental health and SUD svc
  - Preliminary list of priority projects
  - Potential IDN structure, including which organization should act as Administrative Lead
  - IDN application preparation (due 5/31/16)

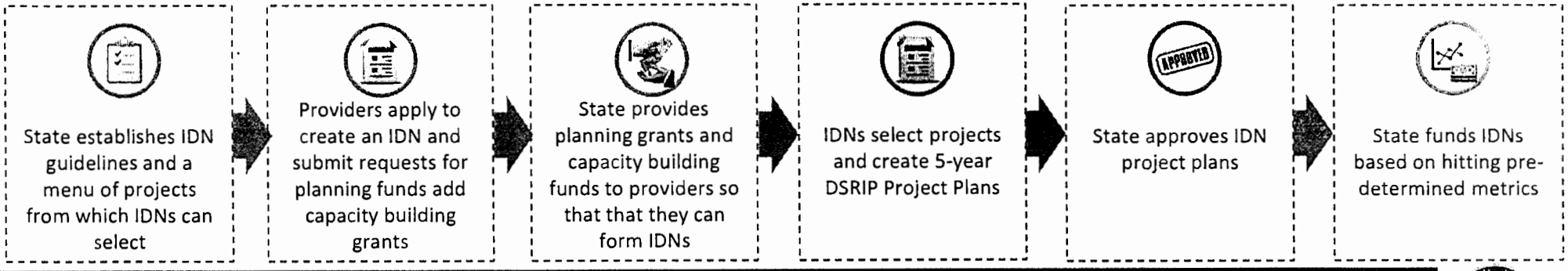
July-Sept 2016

- Receive and begin to use planning and capacity building funds
- Engage administrative and front-line staff
- Participate in community needs assessment
- Agree on project list and governance process with IDN partners
- Contribute to development of IDN Project Plan application

November 2016

- Receive project-specific funding
- Begin to implement projects and assist the IDN in pursuing its goals
- Recruit and hire new staff
- Continue to engage stakeholders and the community in designing and implementing projects
- Prepare to report on metrics and contribute to helping the IDN meets its objectives and reporting obligations

Overview of DSRIP Process:



Note: pending final approval by CMS and subject to change

Next Steps

Immediate Next Steps

Upcoming Dates of Importance

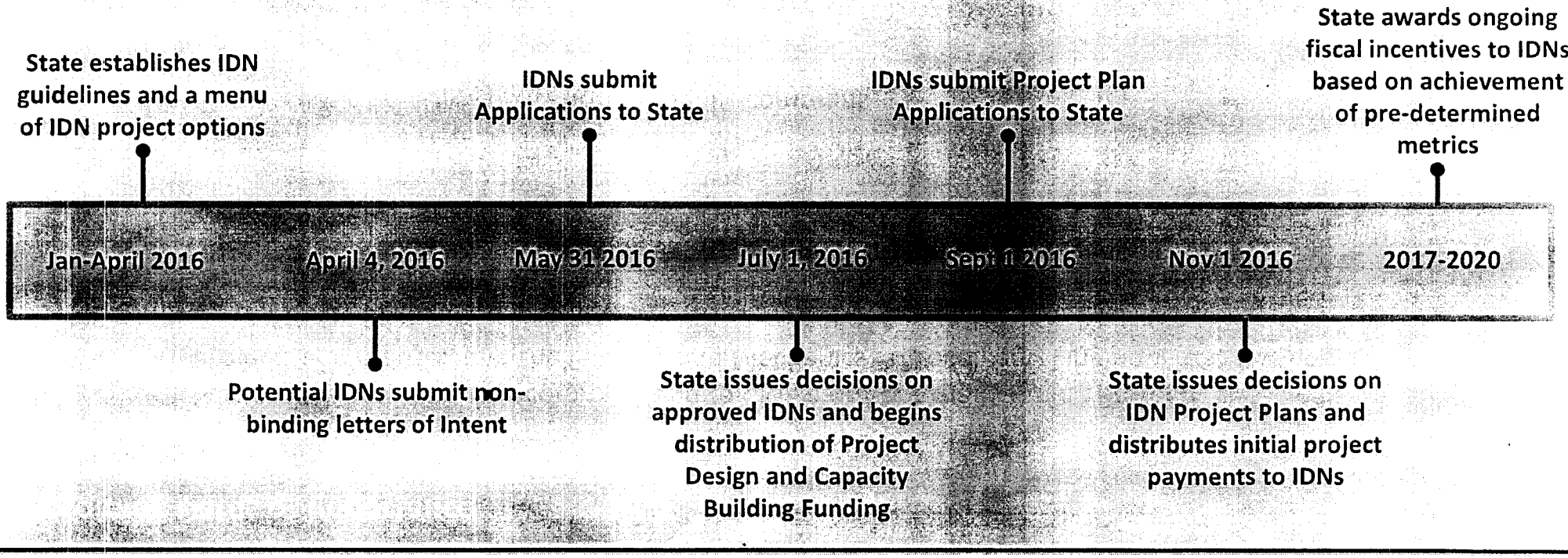
- **3/01/16:**
  - State submitted for public comment and to CMS a draft of the Planning Protocol, detailing allowable projects and metrics, and the Funding and Mechanics Protocol, detailing how funds will be distributed
- **3/04/16:**
  - State issues request for non-binding Letters of Intent (LOI) from organizations interested in applying to serve as Administrative Lead
- **3/31/16**
  - State issues draft IDN Application for public comment
- **4/04/16**
  - Non-binding LOIs due from interested organizations
- **4/30/16**
  - IDN Application materials released
- **5/31/16**
  - IDN Applications due
- **7/01/16**
  - State announces approved IDNs and begins distributing planning and capacity building funds

Note: pending final approval by CMS and subject to change

Implementation of Integrated Delivery Networks

- IDN applications are due May 31, 2016
- IDNs applications approved by June 30, 2016
- Detailed DSRIP project plans are due by September 1, 2016
- Distribution of project funds is targeted for Nov 1, 2016

Target Implementation Timeline



Note: pending final approval by CMS and subject to change

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 1-July 15:	Opportunity to comment on the draft IDN Project Plan Template.
Summer and Fall of 2016:	Opportunity to comment on the proposed project plans of individual IDNs.

In addition, DHHS will hold a series of stakeholder meetings through March and April of 2016 to generate discussion and input from stakeholders on the early design phases of the transformation waiver.

Comments and questions can be submitted at any time to 1115waiver@dhhs.state.nh.us

For more information, please visit:

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

Note: pending final approval by CMS and subject to change

IDN Building Blocks

Non-Binding Letter of Intent	IDN Application (including request for Design/Capacity Building)	IDN Project Plan
Due: April 4, 2016	**Due: May 31, 2016**	**Due: September 1, 2016**
• Potential IDNs submit non-binding Letters of Intent • Provides DHHS with early indication of organizations interested in establishing an IDN and any regional gaps	• Administrative Lead submits an IDN Application on behalf of itself and participating organizations. • Includes request for Project Design and Capacity Building funds • Provides information needed by DHHS to assess whether an IDN meets composition requirements; certify Administrative Lead; and evaluate requests for project design and capacity building funds • **Funding announced: June 30, 2016**	• Once IDNs have been selected, IDN partners collaborate from June-September 2016 to identify community needs, select projects and create an implementation plan • Serves as a planning vehicle for IDN partners • Provides CMS, DHHS, and community members insight into the work that will be conducted by each IDN and how it will help the state to meet the objectives of the transformation waiver • Plans must be posted for public comment and will be reviewed by an independent evaluator prior to approval by DHHS • **Funding announced: November 1, 2016**
Must include: • Name of potential administrative lead and key contact information • Preliminary information on potential IDN partners	**Must include:** • Description of partner organizations and approach to implementing projects • Descriptions of Administrative Lead's qualifications and capabilities • High-level description of local behavioral health-specific needs • Explanation of why planning and capacity building funds are needed and how they will be used to support the transformation goals of the waiver	**Must include:** • Identification of specific community needs, target populations, and selected projects • Detailed description of approach to implementing projects • Description of key risks and mitigation factors • Description of governance structure, funds flow, and other IDN organizational design elements

Note: pending final approval by CMS and subject to change

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
- Draft Funding and Mechanics Protocol
- Draft DSRIP Planning Protocol
- Request for Non-Binding Letters of Intent
- Schedule of Stakeholder Engagement Meetings

Email: 1115waiver@dhhs.state.nh.us