



NEW HAMPSHIRE BUILDING CAPACITY FOR TRANSFORMATION

SECTION 1115(a) MEDICAID DEMONSTRATION WAIVER

What is an 1115 Waiver?

Section 1115 of the Social Security Act gives the US Secretary of Health and Human Services authority to approve experimental, pilot and demonstration projects that promote the objectives of the Medicaid and Children’s Health Insurance Program (CHIP) programs. The purpose of these demonstrations, which give states additional flexibility to design and improve programs, is to demonstrate and evaluate policy approaches such as:

- **Expanding eligibility**
- **Providing services not typically covered by Medicaid; or**
- **Using innovative service delivery systems that improve care, increase efficiency and reduce costs.**

The target population includes **Medicaid beneficiaries**.

Demonstrations must be **“budget neutral”** to the Federal government, which means that during the course of the project, Federal Medicaid expenditures will not be more than Federal spending without the waiver.

More than 100 waivers have been approved with some states granted more than one such waiver. More than 40 are currently active. More than 20 are pending.

Generally, these waivers are approved for an initial five-year period and can be extended for an additional 3 years.

What is the NH 1115 Waiver?

NH actually currently has two 1115 Waivers. The first is the **“NH Health Protection Program Premium Assistance”**- approved 3/02/2015 and expires on 12/31/2018. The second is **“Building Capacity for Transformation”**- approved 1/05/2016 and expires on 12/31/2020.

What is the NH Building Capacity for Transformation Waiver?

The overarching goals for this waiver are:

- **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 through improved care continue coordination or individuals with behavioral health issues.**

What is Delivery System Reform Incentive Payment (DSRIP)?

DSRIP funding will enable the state to make performance based funding to regionally-based **Integrated Delivery Networks (IDN's)** that furnish Medicaid services.

How much money is planned for the NH Building Capacity for Transformation Waiver?

Over 5 years, the waiver may provide **up to \$150,000,000** to support the objectives established in the agreement with the Federal government. Funding is based on achievements of established process and performance metrics. Funding is **NOT** guaranteed as targeted metrics must be met.

What is the timeline for the waiver?

1/05/2016- Waiver Approval

5/31/2016- IDN designation applications submitted

7/01/2016- IDN designations announced

10/31/2016- Regional IDN Project Plans submission

01/18/2017- Project Plan approval notification received

7/31/2017- Project Implementation Plan submission

10/18/2017- Project Implementation Plan approval notification received

07/01/17 to 12/31/17- Initial Implementation

Projected

12/31/2017- Regional IDN project teams will report on the initial six month implementation.

01/01/2018 to 12/31/2020- Continuing implementation of regional project plans and periodic progress reporting due to the NH Department of Health and Human Services.

Where are the regional Integrated Delivery Networks located and who are the designated lead organizations?

Region	Lead Organization
1. Monadnock, Sullivan, Upper Valley	Mary Hitchcock Memorial Hospital and Cheshire Medical Center
2. Capital Area	Capital Region Healthcare
3. Nashua	Southern NH Health
4. Derry, Manchester and Salem	Catholic Medical Center
5. Central and Winnepesaukee	Partnership For Public Health
6. Seacoast and Strafford	Strafford County
7. North Country and Carroll	North Country Health Consortium

What are the projects being implemented with each region?

All regions must implement two Statewide Projects including:

- Behavioral Health Workforce Capacity Development and,
- Health Information Technology (HIT) Infrastructure to Support Integration

All regions must implement Core Competency Project:

- Integrated Healthcare

Each region was able to select, based on the region’s community needs assessment, three community driven projects from a list of 12 possibilities. The following are the selected projects by region:

Region	Care Transition Teams	Community Reentry of Justice Involved Adults and Youth	Medication Assisted Treatment	Expansion of Intensive SUD Treatment Options	Integrated Treatment for Co-occurring Disorders	Enhanced Care Coordination for High-Need Populations
1.	X			X		X
2.		X	X			X
3.	X			X	X	
4.	X			X	X	
5.		X		X		X
6.	X			X		X
7.	X			X		X

What is Network4Health?

Network4Health (N4H) is a **43 partner integrated delivery network (IDN)** established as part of NH's 1115 Transformation Waiver. N4H serves **18 communities** surrounding Greater Manchester, Derry and Salem (IDN Region 4). The region has a **total population** of more than **320,000**. The **target population** to be served is estimated to be about **48,000** individuals. The Network4Health target population represents **more than 25% of the entire state Medicaid population**.

Catholic Medical Center serves as the lead agency. The **N4H Partnership Team** is the oversight body for the IDN and is composed of representatives of the CMC leadership team and one representative of each of the 43 partner organizations. The **N4H Steering Committee** is composed of **12 representative leaders** from the partner organizations and is responsible for guiding the day-to-day work of the network. The Steering Committee is the primary governing body for N4H and is directly accountable to the Partnership Team.

Who are the identified co-leads for the Network4Health six project teams?

Project	Co-Leads
Behavioral Health Workforce Capacity Development	Lisa Descheneau, MHCGM Tina Sharby, Easterseals NH
Health Information Technology (HIT) Infrastructure to Support Integration	Tom Della Flora, CMC Dr. Ivan Ip, CMC
Integrated Healthcare	Kris McCracken, MCHC Paul Mertzic, CMC
Care Transition Team	Vic Topo, Center for Life Management Susan Stearns, NAMI-NH
Expansion of Intensive SUD Treatment Options	Sandi Netto, Elliot Hospital Stephanie Bergeron, Serenity Place
Integrated Treatment for Co-Occurring Disorders	Bill Rider, MHCGM Celia Felsenberg, Center for Life Management

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