

“New Hampshire Building Capacity for Transformation 1115 Medicaid Waiver
and
Potential Roles for Public Health Networks

Frequently Asked Questions – September 2016

What is the New Hampshire Building Capacity for Transformation 1115 Medicaid Waiver?

New Hampshire has received approval from the Centers for Medicare & Medicaid Services (CMS) for a Section 1115(a) Medicaid waiver, known as a Delivery System Reform Incentive Program (DSRIP) or “Building Capacity for Transformation” Waiver. This waiver will allow the State to invest \$150 million over the next five years to transform the State’s behavioral health delivery system to help improve care and slow long-term growth in health care costs. The goal of this statewide effort is to better support people on Medicaid by transforming the behavioral health care system (mental health and substance misuse) by building capacity, integrating care and smoothing transitions in care. More background information and supporting documents can be found on the state health department website at <http://www.dhhs.nh.gov/section-1115-waiver/>

What are Integrated Delivery Networks?

System transformation efforts will be led at the regional level by networks of providers, or Integrated Delivery Networks (IDNs), that will design and implement projects in a defined geographic region. IDNs are expected to be made up of multiple community-based social service and support organizations, hospitals, county facilities, physical health providers, and behavioral health providers, who will partner to design and implement projects to build behavioral health capacity, promote integration of primary care and behavioral health, facilitate smooth transitions in care, and prepare for alternative payment models.

IDNs will be required to implement six (6) projects from a 3-part menu. Each IDN is mandated to implement a healthcare work force capacity and health information technology development project. Each IDN must also deliver a core competency project focused on alignment of medical, behavioral, and social services in an integrated model. Each IDN can then select three community-specific projects from a project menu approved by CMS that includes projects focused on improving care transitions, capacity building, and integration of primary care and behavioral health care.

Is there a role for Regional Public Health Networks in the IDNs?

Yes, at minimum each IDN must include representation from Regional Public Health Networks. Additionally, many of the organizational stakeholders in the IDNs are also partnering organizations comprising the Regional Public Health Network membership.

Is there a geographic relationship between the IDN regions and the Regional Public Health Network regions?

Yes, the Transformation Waiver plan proposes that IDNs be organized into 7 service regions throughout the state. The proposed regions are comprised of public health network regions. In two instances, the proposed IDN regions are constituted by a single public health network region (Capital Area, Greater Nashua). In the other five instances, the proposed IDN regions are comprised of a combination of two or three public health network regions. The geographic combinations are considered necessary to result in sufficient minimum populations of Medicaid members attributed to each region. All of the proposed IDN regions are currently projected to have an attributed population of at least 15,000 Medicaid members.

What is an Administrative Lead for an Integrated Delivery Network?

Each IDN will have an Administrative Lead that will serve as the coordinating entity for the IDN's partner network in planning and implementing projects. Administrative Leads are not required to be a specific provider type, and it is expected that any entity or organization that meets certain criteria can apply to serve as an Administrative Lead. Criteria include demonstrated capabilities to lead transformation efforts, collaborative experience and active working relationships with partners in the region, financial stability and financial practices that allow for transparency and accountability in accordance with State requirements. A more complete description of the criteria and responsibilities of an Administrative Lead can be found on the state health department website at: <http://www.dhhs.nh.gov/section-1115-waiver/>. To find out who the administrative lead is in your region see: <http://www.dhhs.nh.gov/section-1115-waiver/documents/idn-leads.pdf>

Can a Regional Public Health Network serve in the Administrative Lead role?

Some organizations that currently serve as the lead coordinating entity and fiscal agent for Regional Public Health Networks may be well positioned to also serve as an IDN Administrative Lead. In particular, organizations that have a strong history of collaborative working relationships with key health care provider organizations in their region - including hospital systems, community health centers, and community mental health centers – and can demonstrate sufficient financial stability may be candidates for the Administrative Lead role. Coordinating entities for Regional Public Health Networks that are interested in serving in the Administrative Lead role will need to be able to demonstrate the commitment and support of key partnering health care provider organizations. Two RPHNs will be serving as the administrative lead for their region: the Lakes Region Partnership for Public Health and the North Country Health Consortium.

Are there other ways that Regional Public Health Networks can be involved in the IDNs and Transformation Waiver efforts?

Yes, many public health functions to assure the conditions in which people can be healthy contribute to the near term goals of the Transformation Waiver of capacity building, integration and improved care transitions. Public health's role in improving the health of populations is also closely connected to achieving the companion long term goals of improving the patient care experience and reducing costs (also commonly known as the Triple Aim¹). Examples of how public health contributes to achieving these goals include:

- Surveillance and epidemiologic studies to identify patterns of disease and underlying causes;
- Community health assessments; collection and dissemination of population health data / indicators; facilitating identification of community health improvement priorities
- Community-wide health education, health promotion and disease prevention;
- Screening and early intervention activities;
- Assuring access and linking individuals to care; enrollment and navigation assistance; health literacy education;
- Building capacity for and linkage to community-based supports and services;
- Improving community conditions to facilitate healthy lifestyle choices including physical activity, nutrition and substance misuse prevention;
- Addressing other social determinants of health, including behavioral health, such as poverty, housing, transportation, violence, and early childhood experiences;
- Leadership and policy to decrease health disparities;
- Emergency/disaster preparedness and response for vulnerable and special populations.

The strength of partnerships between health care providers and community and public health organizations is likely to be an important factor affecting the outcomes achieved by each IDN and the state overall.

Is there a relationship between the Transformation Waiver and the Community Health Assessment and Improvement Planning work of the Regional Public Health Networks?

Yes, all of the Regional Public Health Networks are tasked with developing and implementing Community Health Improvement Plans based on identified community needs and priorities. All of these plans include strategies for addressing substance misuse and several also include priorities and

¹ <http://content.healthaffairs.org/content/27/3/759.full>

strategies for improving mental health access and capacity. These assessments and plans can directly inform the IDN assessment and plan development activities that will need to be completed by October 31, 2016.

Is there a relationship between the Transformation Waiver and the Continuum of Care Assessment and Planning work of the Regional Public Health Networks?

Yes, in addition to the broader community health improvement initiatives of the Regional Public Health Networks, all networks are also working to develop an improved Continuum of Care for individuals, families and communities experiencing problems with alcohol and drug use, including addiction. The goal of this effort is highly related to the Transformation Waiver, which is to build an effective Continuum of Care that fully integrates prevention, intervention, treatment and recovery support services and includes a network of organizations, agencies and community members that provide a wide spectrum of strategies and services. An important aspect of this work is to develop communication and coordination mechanisms that assure integration with primary health care and behavioral health care. Current activities of the Regional Public Health Networks to assess capacity and gaps in the current Continuum of Care and to develop plans for improvement in each region should not only directly inform the upcoming IDN assessment and planning activities, but can also provide a foundation for the system transformation work related to capacity, integration and care transitions in the area of substance misuse prevention, intervention, treatment and recovery.