LEGISLATIVE COMMITTEE MINUTES

SB36

Bill as Introduced

SB 36-FN - AS INTRODUCED

2023 SESSION

23-0895
05/10

SENATE BILL ***36-FN***

AN ACT relative to systems of care for healthy aging.

SPONSORS: Sen. Gannon, Dist 23; Sen. Watters, Dist 4; Sen. D'Allesandro, Dist 20; Sen. Avard, Dist 12; Sen. Bradley, Dist 3; Sen. Ricciardi, Dist 9; Sen. Carson, Dist 14; Sen. Rosenwald, Dist 13; Sen. Whitley, Dist 15; Sen. Ward, Dist 8; Sen. Pearl, Dist 17; Sen. Perkins Kwoka, Dist 21; Rep. Hobson, Rock. 14

COMMITTEE: Health and Human Services

ANALYSIS

This bill expands the state's systems of care for healthy aging, increases access to home and community based services, and expands the role of the office of the long-term care ombudsman.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

23-0895
05/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Three

AN ACT relative to systems of care for healthy aging.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Statement of Findings. The general court hereby finds that:

I. The state of New Hampshire is ranked as having one of the fastest growing number of older adults in the country.

II. As the number of older adults increases, the need for long-term care will increase.

III. Pursuant to the federal Older Americans Act, New Hampshire is required to promote the development and implementation of comprehensive, coordinated, statewide systems of long-term services and supports that is responsive to the needs and preferences of older individuals and their family caregivers.

IV. The federal Americans with Disabilities Act prohibits unnecessary institutionalization of individuals with disabilities.

V. RSA 151-E was established to provide Medicaid eligible elderly and chronically ill adults with a continuum of long-term care options.

VI. Despite these federal and state mandates, historically there has been a lack of investment in our state's system and programs for older adults and adults with disabilities.

VII. The failure to invest in our home and community-based programs and systems has resulted in a lack of a comprehensive, coordinated system of care. As a result, many older adults and adults with disabilities have to receive their long-term care in an institution despite their preference to remain healthy in their homes.

VIII. Rebalancing New Hampshire's systems to expand more home and community-based options will reduce the cost of providing services and allow our state to serve more people.

2 New Subdivision; Long-Term Care; System of Care for Healthy Aging. Amend RSA 151-E by inserting after section 21 the following new subdivision:

System of Care For Healthy Aging

151-E:22 Purposes. The purposes of this subdivision are to:

I. Build upon existing infrastructure to establish comprehensive and coordinated systems of care to ensure that older adults and adults with disabilities have access to and timely delivery of supports and services and to ensure that they have a meaningful range of options.

II. Reduce the cost of providing long-term care by expanding the availability of less costly home and community-based services.

III. Require the department of health and human services to expand and improve access to home and community-based services for older adults and adults with disabilities in alignment with

New Hampshire's state plan on aging, the federal Older Americans Act, Americans with Disabilities Act, and Medicaid law.

151-E:23 Statement of Policy. It is the policy of New Hampshire to establish and implement comprehensive and coordinated systems of care that promotes healthy aging and enables older adults and adults with disabilities to have a meaningful choice in care options, including the ability to receive the care they need in their homes and communities.

151-E:24 Definitions. In this subdivision:

I. "Disability" means a physical or mental impairment that substantially limits one or more major life activities.

II. "Home and community-based services" means a range of medical and supportive services provided to persons in their own homes or other community-based settings including, but not limited to, adult day programs, and assisted living.

III. "Long-term services and supports" means a variety of services provided in both facilities and community-based settings designed to meet a person's health or personal care needs to help them live as independently and safely as possible when they can no longer perform everyday activities on their own.

IV. "Older adult" means an individual who is 60 years of age or older.

V. "Systems of care" means:

(a) A comprehensive and coordinated delivery system for the provision of long-term services and supports to New Hampshire's older adults and adults with disabilities.

(b) Systems of care is intended to provide services to all older adults and adults with disabilities who require long-term services and supports.

(c) The system of care shall have the following characteristics:

(1) A comprehensive array of long-term services and supports including, but not limited to, personal care, homemaker services, transportation, meal delivery or preparation, emergency response systems, adult day care, and family caregiver support to enable older adults and adults with disabilities to remain independent and in the setting of their choice.

(2) An absence of significant gaps in services and barriers to services.

(3) Sufficient administrative capacity to ensure quality service delivery.

(4) Services that are consumer-driven, community-based, and culturally and linguistically competent.

(5) Transparent, with information made available and known to consumers, providers, and payers.

(6) A funding system that supports a full range of service options.

(7) A performance measurement system for accountability, monitoring and reporting of system quality, access and cost.

151-E:25 Duties of Commissioner of the Department of Health and Human Services. The commissioner of the department of health and human services shall:

I. Modify the policies and practices of the department of health and human services necessary to implement this section, including advocating for necessary changes to statutes, administrative rules, appropriations, and department policy and practice.

II. Coordinate the plans and activities of the commissioner with the bureau of elderly and adult services, the bureau of family assistance and division of long-term supports and services to implement the systems of care and reduce duplication of efforts across divisions and bureaus within the department.

III. On an annual basis, publicly release the revised rates for home and community-based waiver services consistent with the rate setting requirements set forth in RSA 126-A:18-a.

IV. Ensure the department's state budget request for all home and community-based waiver programs for adults are adjusted annually, at a minimum, to align with the current Centers for Medicare and Medicaid Services' home health agency market basket index.

V. Treat any unspent funds allocated to the Choices for Independence Program as non-lapsing.

VI. Increase capacity to provide long-term services and supports, including building the capacity of the long-term services and supports workforce.

VII. Maximize federal funding for home and community-based services through Medicaid waivers and state plan amendments.

VIII. Enhance the performance measures and waiver assurances included in the Choices for Independence waiver to improve quality and oversight of vendors.

IX. Operationalize and adequately fund a robust presumptive eligibility process for home and community-based waiver services, including a mechanism for third party participation.

X. Improve functionality of NH EASY system for individuals applying for services and provide additional trainings for professionals who frequently assist people applying for services and develop associated performance metrics.

XI. Ensure applications for Medicaid long-term services are user friendly and processed in a timely manner and develop performance metrics to measure these attributes.

XII Maintain an online portal for providers, case managers, navigators and other long-term care service providers to enable them to easily identify and access available long-term care services and supports for older adults and adults with disabilities. The portal functions required by this section may be assigned to an entity that has responsibilities in addition to those required by this section. The portal shall contain the following information:

(a) A current list of home and community-based care waiver service providers accepting new clients, including links to websites and contact telephone numbers, organized by region that is updated on a weekly basis.

(b) Non-Medicaid resources to support the cost of home and community-based services.

(c) Referral information for legal service organizations.

(d) Guidance regarding family navigation of hospital discharge protocols and options.

XIII. Create a public facing online dashboard to track home and community-based waiver services data, including, but not limited to, results of any performance measurement assessments, waiver services authorized but not paid, current wait times for receiving waiver services and the number of people from institutionalized care into the community.

151-E:26 Expansion of ServiceLink. The department shall:

I. Create a new navigator program in each ServiceLink office to provide support and assistance to persons in short and long-term institutional settings to transition into community-based settings, including but not limited to, assistance with completing Medicaid applications.

II. Increase staffing to enable expanded capacity to provide long-term care counseling services for adults, including but not limited to, educating consumers about available community-based resources for long-term services and supports, assistance with completing Medicaid applications and conducting assessments for presumptive eligibility.

III. The department shall establish performance metrics for ServiceLink offices to assess each office's ability to provide the services contained in this section.

IV. On a biennial basis, the department shall perform a financial review to determine whether ServiceLink offices are receiving sufficient funding to maintain their operations and make legislative budget requests if additional funding is warranted.

151-E:27 Office of Long-Term Care Ombudsman Positions Established.

I. The department of health and human services shall add 3 additional regional ombudsman positions to the office of long-term care ombudsman responsible for receiving, identifying, investigating, and resolving complaints or problems made by, or on behalf of individuals receiving home and community-based services through the Choices for Independence Program.

II. The department of health and human services shall add a new full-time deputy long-term care ombudsman to oversee and supervise the home and community-based investigations conducted by the regional ombudsman.

III. The department shall add a new full-time staff person to the office of long-term care ombudsman to assist with performing intake for individuals reporting complaints or problems or on behalf of individuals applying for or receiving home and community-based services through the Choices for Independence Program or Older Americans Act.

IV. The department shall direct to the office of long-term care ombudsman the resources necessary to establish an online reporting system to track and monitor complaints and problems experienced by individuals applying for or receiving home and community-based services through the Choices for Independence Program or Older Americans Act.

V. The department shall create a new classified position known as the long-term systems of care director within the office of long-term care ombudsman. The director of long-term systems of care shall develop strategies to improve the well-being of older adults and adults with disabilities and their families; promote coordination across state agencies; identify cost-savings, opportunities to increase efficiency, improve options for service delivery and effectiveness; and assist with the implementation of this section.

VI. In addition to the requirements contained in RSA 161-F:17, the long-term systems of care director shall report annually to the commissioner of health and human services, the governor, the state commission on aging and the health and human services oversight committee. The report shall provide detailed information regarding the status of the implementation of this section.

3 Department Staffing. The commissioner of health and human services shall fill classified positions necessary to implement the system of care for healthy aging established in section 2 of this act, including additional staffing to perform rate setting, streamlining of application process, creation and maintenance of public facing dashboard and online portal for providers, updating of performance measures and other required activities.

4 Long-Term Care; Presumptive Eligibility. RSA 151-E:18 is repealed and reenacted to read as follows:

151-E:18 Presumptive Eligibility.

I. The commissioner of the department shall address the disparity between the date services are available for individuals seeking home and community-based services as an alternative to nursing home care, by establishing a presumptive eligibility program for individuals who choose to receive services in a less restrictive setting.

II. The presumptive eligibility program shall authorize medical assistance for up to 90 days for individuals with pending applications following a presumptive eligibility process.

III. The expedited medical and financial assessment shall be completed within 14 business days of the filing of a Medicaid application.

IV. Presumptive eligibility shall begin on the date the department determines that the individual likely meets the eligibility standards and ends on the date eligibility is determined.

V. The commissioner of the department shall designate appropriate entities to act as qualified providers to assist screening individuals for presumptive eligibility including but not limited to, ServiceLink, hospital, rehabilitation, nursing facility and assisted living discharge planners, and Choices for Independence Program case managers.

VI. The Medicaid applicant shall acknowledge in writing the uncertainty of continuing services covered beyond the presumptive eligibility period.

VII. The commissioner of the department shall ensure that adequate funding is allocated to support implementation of the presumptive eligibility program.

VIII. If necessary, the commissioner of the department shall seek approval of the presumptive eligibility program from the Center for Medicare and Medicaid Services.

IX. The commissioner of the department shall adopt rules, pursuant to RSA 541-A relative to the process to determine presumptive eligibility within 90 days after the passage of this section, including the following:

(a) A process to determine presumptive eligibility.

(b) A definition of a qualified provider.

(c) Content and format of forms required under this section.

5 New Paragraph; Long-Term Care; Accurate Cost Estimates. Amend RSA 151-E:16 by inserting after paragraph II the following new paragraph:

III. Medicaid waiver program rates shall be adjusted each biennium, based at a minimum, upon the Centers for Medicare and Medicaid Services Market Basket index rate.

6 Personal Care Services; Definition of Personal Care Services Provider. Amend RSA 161-I:2, XII(c) to read as follows:

(c) Is not:

(1) The eligible consumer's legally responsible relative, except as authorized pursuant to RSA 161-I:3-a;

(2) The eligible consumer's legal guardian, ***except as authorized pursuant to RSA 161-I:3-a***;

(3) The eligible consumer's representative; or

(4) A person granted power of attorney by the eligible consumer, ***except as authorized pursuant to RSA 161-I:3-a.***

7 Personal Care Services; Authorization of Legally Responsible Relative. Amend RSA 161-I:3-a to read as follows:

161-I:3-a Authorization of Legally Responsible Relative, ***Guardian, or Person Granted Power of Attorney***. The department may authorize reimbursement to a legally responsible relative, ***a guardian, or a person granted power of attorney by the eligible consumer*** who provides personal care to an eligible consumer with special health care needs residing at home. Such reimbursement shall occur only when the department determines that the needs of the eligible consumer, the unavailability of appropriate providers or suitable alternative care services, and cost efficiencies make utilization of a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer*** for the provision of such services necessary and appropriate. Reimbursement shall be limited to care that is medically necessary due to specific health needs and shall not be made for care generally expected and provided by a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer***. The department shall not authorize reimbursement to a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer*** until a plan and rules adopted pursuant to RSA 541-

A, are reviewed and approved by the oversight committee on health and human services, established in RSA 126-A:13.

8 New Section; Personal Care Services; Financial Eligibility for Adult Home and Community-based Care Waiver Programs. Amend RSA 167 by inserting after section 4-e by the following new section:

167:4-f Financial Eligibility.

I. Financial eligibility for Medicaid adult home and community-based waiver programs shall include the following resource limits:

(a) For married individuals, revert to the standard in place prior to the passage of the federal Affordable Care Act, so that only the resources in the name of the applicant, and not the resources in the name of the applicant's spouse are counted for purposes of determining Medicaid resource eligibility; and

(b) For single individuals, establish a resource limit of $15,000.

II. If necessary, the commissioner of the department shall seek approval from the appropriate federal oversight agency.

9 Office of the Long-Term Care Ombudsman; Office Established. Amend RSA 161-F:10 to read as follows:

161-F:10 Office Established. There is hereby established the office of the long-term care ombudsman to be administratively attached to the department of health and human services under RSA 21-G:10 or administered through contract with an independent non-profit agency under the oversight of the department of health and human services. The office shall be responsible for receiving, identifying, investigating, and resolving complaints or problems made by, or on behalf of, elderly residents of facilities ***and individuals receiving home and community-based services through the Choices for Independence program or Older Americans Act,*** that relate to the health, safety, welfare, and rights of residents. The office shall investigate the administrative acts and omissions of any ***licensed provider,*** facility or government agency, as defined in RSA 161-F:11, [~~V and VI~~] ***VI and V,*** and shall represent the interests of [~~residents~~] ***adults receiving licensed long-term care services*** in the development and implementation of public policy, rules, and laws affecting [~~residents of long-term care facilities~~] ***recipients of licensed long-term care services.***

10 Office of the Long-Term Care Ombudsman. Amend RSA 161-F:11 is repealed and reenacted to read as follows:

161-F:11 Definitions. In this subdivision:

I. "Act" means any action of any individual, licensed provider, facility, or government agency including any failure or refusal to act by such individual, licensed provider, facility, or government agency.

II. "Administrator" means any person who is charged with the general administration or supervision of a licensed provider organization or facility whether or not such person has an

ownership interest and whether or not such person's functions and duties are shared with one or more other persons.

III. "Complaint" means a problem, concern, issue, or situation identified or received by the office that is made by, or on behalf of, individuals or residents that may adversely affect the health, safety, welfare and rights of individuals or residents, including the appointment and activities of legal representatives, providers of long-term care services, public agencies, and health and social services agencies.

IV. "Facility" means any residential facility or institution, whether public or private, offering health or health related services, personal care assistance or protective oversight for older adults or adults with disabilities and which is subject to regulation, visitation, inspection, or supervision by any government agency. Facilities include, but are not limited to, nursing homes, skilled nursing homes, extended care facilities, convalescent homes, homes for the aged, veterans' homes, assisted living facilities, and any other residential care facility providing care for older adults or adults with disabilities licensed or certified under RSA 151.

V. "Government agency" means any department, division, office, bureau, board, commission, authority, or any other agency or instrumentality created by any county or municipality or by the state, or to which the state is a party, which is responsible for the regulation, inspection, visitation, or supervision of facilities or which provides services to residents of facilities.

VI. "Legal representative" means any individual, duly appointed or designated in the manner required by law to act on behalf of another individual, including:

(a) An attorney.

(b) A guardian or conservator.

(c) An agent acting pursuant to a power of attorney.

VII. "Licensed provider" means any organization, whether public or private, offering health or health related services, personal care assistance or protective oversight for through the Choices for Independence Program or the Older Americans Act, and which is subject to regulation, visitation, inspection, or supervision by any government agency. Licensed providers include, but are not limited to, home care agencies, personal care agencies, adult day programs, and any other organization providing home and community based long term services and supports care for older adults or adults with disabilities licensed or certified under RSA 151.

VIII. "Long-term care ombudsman" means the person who is the administrator and chief executive officer of the office.

IX. "Long-term care ombudsman representative" means any employee or volunteer who is designated by the long-term care ombudsman to represent, or act on behalf of, the office.

X. "Office" means the office of the long-term care ombudsman, established by RSA 161-F:10.

XI. "Resident" means any person 60 years of age or older who resides in a facility as defined in RSA 161-F:1.

11 Powers and Duties of the Long-Term Care Ombudsman. Amend RSA 161-F:13 - 161-F:15 to read as follows:

161-F:13 Powers and Duties.

I. The long-term care ombudsman shall:

(a) Investigate any act, omission, practice, policy or procedure of any individual, ***licensed provider,*** facility, or government agency that may adversely affect the health, safety, welfare, or civil or human rights of[~~:~~

~~(1)~~] Any [~~elderly~~] ***individual receiving home and community-based services as part of the Choices for Independence program or Older Americans Act from a licensed provider or*** resident of a facility[~~; or~~

~~(2) Any non-elderly resident of a facility where such investigation shall:~~

~~(A) Benefit elderly residents of that facility or facilities generally; and~~

~~(B) Not significantly diminish the long-term care ombudsman's ability to investigate complaints regarding elderly residents of facilities~~].

(b) Represent the interests of residents ***and individuals receiving home and community-based services*** before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of residents.

(c) Establish an advisory committee, which shall include ***individuals receiving home and community-based services or*** residents and their legal representatives, older persons, providers of services, representatives of government agencies and representatives of community organizations serving older people, which shall meet quarterly in order to provide consultation to the long-term care ombudsman in planning and operating this subdivision.

(d) Provide information as appropriate to facilities, other agencies, and the public regarding the problems and concerns of ***individuals receiving services through the Choices for Independence Program or the Older Americans Act from licensed providers*** or residents of facilities.

(e) Inform ***individuals receiving services through the Choices for Independence Program or the Older Americans Act, facility*** residents, family members, and others acting on behalf of ***individuals receiving services through the Choices for Independence Program or the Older Americans Act or facility*** residents how to access the assistance and services of the office and the services and assistance of other providers or agencies, including legal services.

(f) Ensure regular and timely access to and response from the office.

(g) Comment on, facilitate public comment on, and recommend changes to existing or proposed laws, rules, regulations and other governmental policies and actions that affect the health, safety, welfare, and rights of ***individuals receiving services through the Choices for Independence Program or the Older Americans Act and facility*** residents.

(h) Provide technical support for the development of resident and family councils to protect the well-being and rights of ***individuals receiving services through the Choices for Independence Program or the Older Americans Act and facility*** residents.

(i) Provide for education and training of the long-term care ombudsman office staff and volunteers.

(j) Educate facilities, agencies, and staff members concerning the rights and welfare of ***individuals receiving services through the Choices for Independence Program or the Older Americans Act and facility*** residents.

(k) Promote and support development of citizen organizations to participate in the ombudsman program.

II. The files maintained by the office shall be confidential and shall not be disclosed unless such disclosure is authorized by law or required by court order. Nothing in this paragraph shall be construed to prohibit the disclosure of information gathered in any investigation to any interested party as may be necessary to resolve the complaint.

III. The long-term care ombudsman shall adopt rules, pursuant to RSA 541-A, to ensure the efficient conduct of the business, duties, and general administration of the office and to assure compliance with the requirements of the Older Americans Act, as set forth in 42 U.S.C. 3058f-3058g.

161-F:14 Access to Facilities, Residents, and Records.

I. In the course of an investigation, the representative of the office shall:

(a) Make the necessary inquiries and obtain such information as he or she deems necessary.

(b) Enter and inspect the premises of a ***licensed provider organization,*** facility, or government agency and inspect there any books, files, medical records, or other records that pertain to residents, subject to RSA 161-F:14, II.

(c) Conduct private interviews with ***individuals receiving services through the Choices for Independence Program or the Older Americans Act,*** residents, staff members, and others deemed appropriate to the investigation and who consent to such interviews.

II. The representative of the office shall first seek to obtain the written permission of the ***individual receiving services through the Choices for Independence Program or the Older Americans Act,*** resident, or the resident's legal representative to inspect any books, files, medical records, or other records which pertain to the resident. If the representative of the office cannot obtain such permission because a resident is unable to provide such permission and has no legal representative or the investigation pertains to the acts or omissions of the legal representative, the long-term care ombudsman representative shall, upon written determination of the long-term care ombudsman that such circumstances exist, inspect any books, files, medical records, or other records which pertain to that resident. The written determination shall be provided to the person in charge of the ***licensed provider organization or the*** facility. The representative of the office shall

maintain the confidentiality of all books, files, medical records, or other records inspected under the provisions of this paragraph except as they may pertain to the resolution of the ongoing investigation.

III. In an investigation, the representatives of the office shall have the authority to apply to the superior court for an order authorizing entry when an administrator of a facility refuses such representative entry as provided in subparagraph I(b) or paragraph II.

IV. Authorized representatives of the office with proper identification shall have access to ***individuals receiving services through the Choices for Independence Program or the Older Americans Act or*** residents of a facility to:

(a) Visit, talk with, and make personal, social, and other appropriate services available.

(b) Inform them of their rights and entitlements and corresponding obligations under federal and state law by distribution of educational materials, discussion in groups, or discussion with individual residents.

(c) Engage in other methods of assisting, advising, and representing residents or clients to extend to them the full enjoyment of their rights.

161-F:15 Retaliation Prohibited; Penalty.

I. No discriminatory, disciplinary, or retaliatory action shall be taken against any officer or employee of a ***licensed provider organization,*** facility or government agency by such ***licensed provider organization,*** facility or government agency; nor against ***any individuals receiving services through the Choices for Independence Program or the Older Americans Act or*** resident of a facility; nor against any legal representative or family member of any ***individual or facility*** resident; nor against any volunteer for any communication by such volunteer with the office or for any information given or disclosed by him or her in good faith to aid the office in carrying out its duties and responsibilities.

II. No person shall interfere with the long-term care ombudsman or with representatives of the office in the performance of their official duties.

III. Any person who knowingly or willfully violates the provisions of this section shall be guilty of a misdemeanor.

12 Review; Reports Required. Amend RSA 161-F:17 to read as follows:

161-F:17 Review; Reports Required.

I. The long-term care ombudsman shall establish and maintain a statewide reporting system to collect and analyze data relating to complaints and conditions ***of individuals receiving services through the Choices for Independence Program or the Older Americans Act or*** in facilities for the purpose of identifying and resolving individual and systemic complaints, problems and issues and for the purpose of developing reports as required pursuant to this section.

II. The office shall file a report of the activities of the ombudsman program and the ombudsman activities concerning complaints and conditions ***of individuals receiving services***

through the Choices for Independence Program or the Older Americans Act and in facilities and the protection of the rights of ***individuals receiving services through the Choices for Independence Program or the Older Americans Act and*** residents of the facilities with the commissioner of health and human services, the governor, the general court, ***the oversight committee on health and human services, the commission on aging,*** and the public within 120 days following the end of each federal fiscal year.

13 Effective Date. This act shall take effect July 1, 2023.

LBA
23-0895
1/6/23

SB 36-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to systems of care for healthy aging.

FISCAL IMPACT:

Due to time constraints, the Office of Legislative Budget Assistant is unable to provide a fiscal note for this bill, **as introduced**, at this time. When completed, the fiscal note will be forwarded to the Senate Clerk's Office.

AGENCIES CONTACTED:

Department of Health and Human Services and Judicial Council

LBA
23-0895
Revised 1/19/23

SB 36-FN FISCAL NOTE
AS INTRODUCED

AN ACT relative to systems of care for healthy aging.

FISCAL IMPACT: [X] State [ ] County [ ] Local [ ] None

	Estimated Increase / (Decrease)			
STATE:	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
Appropriation	$0	$0	$0	$0
Revenue	$0	$0	$0	$0
Expenditures	$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Funding Source:	[X] General [ ] Education [ ] Highway [X] Other - Federal matching funds			

METHODOLOGY:

This bill makes the following statutory changes relative to a system of care for healthy aging:

1. Creates a system of care for healthy aging to coordinate available services;
2. Expands ServiceLink by creating a new navigator program and allowing for additional staffing;
3. Expands the scope of the Office of the Long-Term Care Ombudsman to include oversight of home- and community-based services;
4. Creates new positions within the Office of the Long-Term Care Ombudsman;
5. Creates a presumptive eligibility process for home- and community-based care;
6. Requires that the Department update rates for home- and community-based services to align with the Centers for Medicare and Medicaid Services (CMS) market basket index rate;
7. Allows guardians and persons granted power of attorney to serve as paid caregivers to individuals receiving personal care services; and
8. Makes several changes to how financial eligibility for home-and community-based services under Medicaid are determined, including increasing the resource limit and reverting spousal impoverishment rules to the standard in place before passage of the federal Affordable Care Act.

The Department of Health and Human Services anticipates that these changes will have the following fiscal impacts:

System of Care for Healthy Aging

As noted above, the bill creates a system of care for healthy aging. The Department states that the proposed online portal for providers, case managers, and navigators will require significant systems changes. The Department expects the online portal to have a significant indeterminable cost for FY 2024. The Department expects to be able to utilize federal Medicaid matching funds for most of the systems changes, therefore the proposed online portal will also have a significant indeterminable increase to state revenue. The Department expects the costs to be 50 percent federal funds and 50 percent state funds.

ServiceLink Expansion

The bill requires that ServiceLink create a navigator program for long-term care and increase staffing to: (1) expand capacity and provide assistance with educating consumers about community based resources for long-term care, (2) assist with completing Medicaid applications, and (3) conduct assessments for presumptive eligibility. The Department expects that this expansion will require 46 full-time equivalent staff. The Department estimates the cost of 46 full time equivalent staff to be approximately $3.2 million per year.

The Department intends to seek CMS approval for Medicaid administrative claiming for ServiceLink staff. Subject to CMS approval the Department may receive an indeterminable increase in federal matching funds for the portion of ServiceLink staff that can be used for Medicaid administrative claiming. The percentage of the cost that will be covered by federal funds and state funds will likely depend on time studies of ServiceLink contract staff.

The bill requires the Department establish performance metrics for ServiceLink offices and implement processes for monitoring offices based on those metrics. The Department expects this will require two-full time staff: one Program Specialist IV (Labor grade 25, Step 5), and one Program Specialist III (Labor Grade 23, Step 5). The Program Specialist IV will be a ServiceLink Program Coordinator, and will be assigned to coordinate the expanded navigator program. The Program Specialist III will be in charge of monitoring performance metrics. The Department estimates the cost of a Program Specialist III to be $91,000 for FY 2024, $93,000 for FY 2025, and $96,000 for FY 2026. The Department estimates the cost of a Program Specialist

IV to be $97,000 for FY 2024, $99,000 for FY 2025, and $102,000 for FY 2026. The cost of the new positions will be eligible for federal matching funds, and costs will be 50 percent federal and 50 percent state.

Office of Long Term Care Ombudsman

The Department expects the expansion of the office of long term ombudsman to require the hiring of three Ombudsmen, one Supervisor V to serve as the Deputy Long-Term Care Ombudsman, one Program Assistant III to serve as the intake specialist for the office of long term care ombudsmen, and one Administrator I to serve as the director of long term systems of care. The Department estimates the cost of the additional staff to be $572,000 for FY 2024, $582,000 for FY 2025, and $600,000 for FY 2026.

The bill requires the office of long-term care ombudsman to make systems changes to allow for tracking of complaints and investigations related to Choices For Independence (CFI) or Older Americans Act services. The Department expects the system changes to result in an indeterminable increase in state expenditures for FY 2024. The Department does not expect the system changes to have a fiscal impact beyond FY 2024.

The percentage of the cost that will be covered by federal funds and state funds will likely depend on time studies of long term care ombudsman staff.

Presumptive Eligibility

The bill requires that the Department create a system of presumptive eligibility for home- and community-based services under Medicaid. To implement presumptive eligibility, the Department would need to obtain approval for an 1115 demonstration waiver from CMS. To obtain a 1115 demonstration waiver the Department would need to demonstrate that presumptive eligibility is cost neutral, therefore the Department expects presumptive eligibility to have $0 or minimal fiscal impact on state revenues and expenditures if CMS approves a 1115 waiver. If CMS does not approve an 1115 waiver the Department assumes that presumptive eligibility would not be implemented.

CMS Market Basket

The bill requires that the Department increase Choices for Independence (CFI) rates by at least the percentage indicated in the CMS Market Basket each year. The Department expects there to be a significant indeterminable increase in state expenditures and revenues as a result of this change. Currently, the CFI rates are based on an approved methodology in accordance with the CFI 1915(c) waiver. The current rate methodology differs from the proposed legislation in two ways: 1) the current methodology updates rates biennially; and 2) the current methodology is subject to budget limitations.

Under the existing methodology, the CFI rates after being adjusted for the CMS Market Basket may be adjusted again if:

1) Necessary to comply with budget neutrality requirements;
2) The legislature sets the CFI rate increase through legislation; or
3) The total estimated expenditures need to be aligned with the legislative appropriation.

The bill does not allow the Department to adjust CFI rates to comply with budget neutrality or align expenditures with the legislative appropriations. The Department states that if the CFI rates are always adjusted according to the Market Basket without additional appropriation, the CFI program could run out of funding. The projected CMS Market Basket index for home health agencies is projected to be 3.8 percent for FY 2024, an additional 3.0 percent for FY 2025, and an additional 2.8 percent for FY 2026. Any increased costs would be covered by 50 percent federal funds and 50 percent state funds.

Allowing Powers of Attorney and Guardians to Serve as Personal Care Providers

The bill allows legal guardians and persons granted power of attorney over an individual to serve as paid personal care provider of that individual. The Department does not expect this change to affect state revenues or expenditures, because it does not affect the number of people eligible for services or the amount that will be paid for those services, only who may be paid to provide those services.

Financial Eligibility Changes

The proposed legislation increases the resource limit for home- and community-based services under Medicaid waivers to $15,000. The Department expects this change to have a moderate indeterminable increase to state expenditures. The proposed change is subject to CMS approval.

The Department assumes if CMS does not approve of the resource limit increase, it will not be implemented.

The bill requires the Department include resources in the name of the applicant only and not the applicant's spouse in determining eligibility for home- and community-based services under a waiver. As with the change above, the Department expects this will have a moderate indeterminable increase to state expenditures. The proposed change is subject to CMS approval. Again, the Department assumes that if CMS does not approve of the change to resource rules, the proposal will not be implemented.

Any increased costs from these sections will be covered by 50 percent federal funds and 50 percent state funds.

AGENCIES CONTACTED:

Department of Health and Human Services

SB 36-FN - AS AMENDED BY THE SENATE

03/16/2023 1015s

2023 SESSION

23-0895
05/10

SENATE BILL ***36-FN***

AN ACT relative to systems of care for healthy aging.

SPONSORS: Sen. Gannon, Dist 23; Sen. Watters, Dist 4; Sen. D'Allesandro, Dist 20; Sen. Avard, Dist 12; Sen. Bradley, Dist 3; Sen. Ricciardi, Dist 9; Sen. Carson, Dist 14; Sen. Rosenwald, Dist 13; Sen. Whitley, Dist 15; Sen. Ward, Dist 8; Sen. Pearl, Dist 17; Sen. Perkins Kwoka, Dist 21; Rep. Hobson, Rock. 14

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill expands the state's systems of care for healthy aging, increases access to home and community based services, establishes person-centered counseling programs through aging and disability resource centers, and makes appropriations to the department of health and human services for these purposes.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Three

AN ACT relative to systems of care for healthy aging.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Statement of Findings. The general court hereby finds that:

I. The state of New Hampshire is ranked as having one of the fastest growing number of older adults in the country.

II. As the number of older adults increases, the need for long-term care will increase.

III. Pursuant to the federal Older Americans Act, New Hampshire is required to promote the development and implementation of comprehensive, coordinated, statewide system of long-term services and supports that is responsive to the needs and preferences of older individuals and their family caregivers.

IV. The federal Americans with Disabilities Act prohibits unnecessary institutionalization of individuals with disabilities.

V. RSA 151-E was established to provide Medicaid eligible elderly and chronically ill adults with a continuum of long-term care options.

VI. Despite these federal and state mandates, historically there has been a lack of investment in our state's system and programs for older adults and adults with disabilities.

VII. Rebalancing New Hampshire's systems to expand more home and community-based options will reduce the cost of providing services and allow our state to serve more people.

2 New Subdivision; Long-Term Care; System of Care for Healthy Aging. Amend RSA 151-E by inserting after section 21 the following new subdivision:

System of Care For Healthy Aging

151-E:22 Purposes. The purposes of this subdivision are to:

I. Build upon existing infrastructure to establish a comprehensive and coordinated system of care to ensure that older adults and adults with disabilities have access to and timely delivery of supports and services and to ensure that they have a meaningful range of options.

II. Reduce the cost of providing long-term care by expanding the availability of less costly home and community-based services.

III. Require the department of health and human services to expand and improve access to home and community-based services for older adults and adults with disabilities in alignment with New Hampshire's state plan on aging, the federal Older Americans Act, Americans with Disabilities Act, and Medicaid law.

IV. The system of care referenced in this subdivision is meant to streamline access to long-term care supports and services and not intended to expand eligibility for any current Medicaid

programs, including long-term care Medicaid or any home and community-based Medicaid waiver programs.

151-E:23 Statement of Policy. It is the policy of New Hampshire to establish and implement a comprehensive and coordinated system of care that promotes healthy aging and enables older adults and adults with disabilities to have a meaningful choice in care options, including the ability to receive the care they need in their homes and communities.

151-E:24 Definitions. In this subdivision:

I. "Disability" means a physical or mental impairment that substantially limits one or more major life activities.

II. "Home and community-based services" means a range of medical and supportive services provided to persons in their own homes or other community-based settings including, but not limited to, adult day programs, and assisted living.

III. "Long-term services and supports" means a variety of services provided in both facilities and community-based settings designed to meet a person's health or personal care needs to help them live as independently and safely as possible when they can no longer perform everyday activities on their own.

IV. "Older adult" means an individual who is 60 years of age or older.

V. "System of care" means:

(a) A comprehensive and coordinated delivery system for the provision of long-term services and supports to New Hampshire's older adults and adults with disabilities.

(b) The system of care is intended to provide services to all older adults and adults with disabilities who require long-term services and supports.

(c) The system of care shall have the following characteristics:

(1) A comprehensive array of long-term services and supports including, but not limited to, personal care, homemaker services, transportation, meal delivery or preparation, emergency response systems, adult day care, and family caregiver support to enable older adults and adults with disabilities to remain independent and in the setting of their choice.

(2) An absence of significant gaps in services and barriers to services.

(3) Sufficient administrative capacity to ensure quality service delivery.

(4) Services that are consumer-driven, community-based, and culturally and linguistically competent.

(5) Transparent, with information made available and known to consumers, providers, and payers.

(6) A funding system that supports a full range of service options.

(7) A performance measurement system for accountability, monitoring and reporting of system quality, access and cost.

151-E:25 Duties of Commissioner of the Department of Health and Human Services. The commissioner of the department of health and human services shall:

I. Modify the policies and practices of the department of health and human services necessary to implement this subdivision, to the extent possible within existing statutory and budget constraints.

II. Coordinate the plans and activities of the commissioner with the bureau of elderly and adult services, the bureau of family assistance and division of long-term supports and services to implement the system of care and reduce duplication of efforts across divisions and bureaus within the department.

III. Develop a plan for full establishment and maintenance of a system of care. Such plan shall be reviewed annually and amended or modified as needed. It shall include sufficient detail to allow compliance with the reporting requirements of RSA 151-E:27 as applicable and shall address at least the following elements:

(a) System capacity, including workforce sufficiency.

(b) Federal funding participation, including but not limited to, Medicaid waivers and plan amendments.

(c) Changes to statutes, administrative rules, and structure of appropriations, and department policy, practice and structure.

(d) Projections of cost savings from increased service effectiveness and reductions in costly forms of care and use of such savings to close existing gaps in long term care services.

(e) Recommended modifications to law, practice, and policy to prepare for and accommodate the participation of privately funded service providers in the system of care.

(f) Changes to rates for the Choices for Independence program in accordance with section 1902(a)(30)(A) of the Social Security Act and requirements for Medicaid home and community-based waiver programs under section 1915(c).

IV. Beginning no later than January 1, 2025, begin adjusting rates for the Choices for Independence waiver consistent with the rate study, assuming funds are available. Any unspent funds allocated to the Choices for Independence program shall be non-lapsing and shall be used for service provision for the Choices For Independence program.

V. On or before September 30, 2024, submit a waiver request to the Centers for Medicare and Medicaid services or implement an alternative method to establish a robust presumptive eligibility process for Medicaid home and community-based waiver services, including a mechanism for third party participation.

VI. Improve functionality of the NH EASY system for individuals applying for services and provide additional trainings for professionals who frequently assist people applying for services and develop associated performance metrics.

VII. Ensure applications for Medicaid long-term services are user friendly and processed in a timely manner and develop performance metrics to measure these attributes.

VIII. On or before June 30, 2025, maintain an online portal for providers, case managers, navigators and other long-term care service providers to enable them to easily identify and access available long-term care services and supports for older adults and adults with disabilities. The portal functions required by this section may be assigned to an entity that has responsibilities in addition to those required by this section. The portal shall contain the following information:

(a) A current list of home and community-based care waiver service providers accepting new clients, including links to websites and contact telephone numbers, organized by region that is updated on a weekly basis.

(b) Non-Medicaid resources to support the cost of home and community-based services.

(c) Referral information for legal service organizations.

(d) Guidance regarding family navigation of hospital discharge protocols and options.

IX. On or before June 30, 2025, create a public facing online dashboard to track home and community-based waiver services data, including, but not limited to, results of any performance measurement assessments, waiver services authorized but not paid, current wait times for receiving waiver services and the number of people from institutionalized care into the community.

151-E:26 Person-Centered Counseling Program. The department shall:

I. Create a new person-centered counseling program in each contracted aging and disability resource center (ADRC) to provide support and assistance to persons living at home or in short or long-term institutional settings, including hospitals, to transition into community-based settings. The program shall include referrals and support to access, at a minimum, but not limited to: assistance with completing Medicaid applications, discharge planning, referrals and access to Title III-B and Title XX services and programs, referrals and access to community-based services, housing, and other supports and services to meet the needs of the individual and their family. These services shall not replace or duplicate targeted case management services described in RSA 151-E:17.

II. Increase operational capacity in each ADRC to enable the provision of person-centered counseling services for adults, including but not limited to, educating consumers about available community-based resources for long-term services and supports, assistance with completing Medicaid applications, and assistance with the transition to access such services.

III. Establish performance metrics for each contracted information and referral resource center to assess each office's ability to provide the services contained in this section.

151-E:27 System of Care Implementation and Reporting Requirements.

I. When preparing the biennial budget for the Choices for Independence program, the department shall prepare data showing the amount program provider rates would be increased to be in alignment with the rate plan as completed by the department.

II. The department shall review and propose rates for the Choices for Independence program in accordance with section 1902 (a)(30)(A) of the Social Security Act and requirements for Medicaid home and community based waiver programs under section 1915(c). The department shall provide a report to the house health, human services and elderly affairs committee and senate health and human services committee, the house finance committee, the senate finance committee and the joint legislative committee on health and human services established in RSA 126-A:13 on or before July 1, 2024. The focus of the rate study is to promote efficiency, economy, quality of care and access to services within New Hampshire's Choices for Independence program. The rate study shall establish reimbursement methodologies utilizing the U.S. Centers for Medicare and Medicaid Services Market Basket Index as an inflation benchmark for rate-setting purposes. The department shall seek input from Choices For Independence beneficiaries, providers, and other stakeholders in regard to access to Choices For Independence services in future rate setting processes. Information regarding access to services shall be publicly documented and shall be considered in the subsequent rate-setting process.

III. On a biennial basis, the department shall perform a financial review to determine whether ADRC offices are receiving sufficient funding to maintain their operations and make legislative budget requests if additional funding is warranted.

IV. Beginning November 1, 2023, and annually thereafter, the department shall report to the governor, the state commission on aging established in RSA 19-P:1 and the joint legislative committee on health and human services established in RSA 126-A:13. The report shall provide detailed information regarding the status of the implementation of this subdivision.

V. Beginning in 2024, the report shall address the following:

(a) The total cost of Medicaid long-term care services and Choices for Independence program services.

(b) The extent to which the state's long-term care support and services systems are consistent with a system of care.

(c) A description of any actual or planned changes in department policy or practice or developments external to the departments that will affect implementation of a system of care.

(d) Any other available information relevant to progress toward full implementation of a system of care.

(e) The result of pilots regarding access with the counties.

(f) A review of options to enhance the system of care.

(g) Presumptive eligibility findings and recommendations for next steps.

(h) The status of changes to the NH Easy application system and any additional enhancements needed.

(i) The status of reimbursement rates and rate study.

VI. Beginning in 2025, the report shall also address the following:

(a) Identification of those actions which will be required to maximize federal and private insurance funding participation in the system of care, along with target dates for completion.

(b) Identification of changes to statutes, administrative rules, policies, practices, and managed care and provider contracts which will be necessary to fully implement the system of care.

(c) Identification of significant gaps in the array of long-term care supports and services for older adults and adults with disabilities, along with a description of plans to close those gaps.

VII. Beginning in 2026, the report shall also address the following:

(a) Projections of future demand for services in the system of care.

(b) Identification of shortfalls in workforce sufficiency affecting full implementation of the system of care and plans for addressing those shortfalls.

(c) Identification of specific plan amendments and other changes to the Medicaid system required for full implementation of the system of care and plans for making those changes.

(d) Numbers of older adults and adults with disabilities waiting services in various categories.

VIII. Beginning in 2027, the report shall also address the following:

(a) Detailed statistical information regarding older adults and adults with disabilities serviced, along with demographic characteristics, service need and provision, involvement in service systems, service funding sources, and placement or other site of service provision.

(b) Financial information, including but not limited to measures of cost-effectiveness, comparisons with other states with regard to levels of funding from federal, state, local, and private sources, and cost savings resulting from service coordination and effectiveness.

(c) An assessment of any influences external to the department of health and human services, including configuration of the private long-term care health care system, which may be affecting establishment of the system of care.

3 Appropriations; Department of Health and Human Services; System of Care for Healthy Aging.

I. For the purpose of developing a plan to establish and maintain the system of care for healthy aging as described in RSA 151-E:25, III, a sum not to exceed $50,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services. The appropriation shall be nonlapsing and may be used to engage outside qualified and experienced vendors to assist in the production of the plan. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

II. For the purpose of developing and implementing the online portal, dashboard, and data collection systems described in RSA 151-E:25, VIII and IX, a sum not to exceed $100,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human

services. The appropriation shall be nonlapsing and may be used to engage outside qualified and experienced vendors to assist in the production of the dashboard and data collection. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

III. For the purpose of enabling the department to complete the reporting requirements described in RSA 151-E:27, a sum not to exceed $150,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services. The appropriation shall be nonlapsing and may be used to engage outside qualified and experienced vendors to assist in the production of reports in 2024 and 2025. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

4 Appropriation; Department of Health and Human Services; Person-Centered Counseling Program. The sum of $1,197,600 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services for the purpose of funding the person-centered counseling program established in RSA 151-E:26. Said funds shall be nonlapsing. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend any federal funds available for the purposes of the counseling program without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

5 System of Care and Peer-Centered Counseling; Staffing; Classified Positions Established.

I. The following classified positions are established in the department of health and human services to support the person-centered counseling program established in RSA 151-E:26:

(a) Program Specialist III (Labor Grade 23, Step 5); and

(b) Program Specialist IV (Labor Grade 25, Step 5).

II. The sum of $190,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services for the purpose of funding the positions established in paragraph I. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

III. The commissioner of health and human services, to the extent possible, shall fill available vacant classified positions as necessary to implement the system of care for healthy aging established in section 2 of this act, including additional staffing to perform rate setting, streamlining

of application process, creation and maintenance of public facing dashboard and online portal for providers, updating of performance measures and other required activities.

6 Personal Care Services; Definition of Personal Care Services Provider. Amend RSA 161-I:2, XII to read as follows:

XII. "Personal care services provider" means a person who:

(a) Is selected by:

(1) The eligible consumer;

(2) The eligible consumer's legal guardian;

(3) The eligible consumer's representative; or

(4) A person granted power of attorney by the eligible consumer; and

(b) Is employed by a home health agency or other qualified agency to provide personal care services; and

(c) Is not:

(1) The eligible consumer's legally responsible relative, except as authorized pursuant to RSA 161-I:3-a;

(2) The eligible consumer's legal guardian, ***except as authorized pursuant to RSA 161-I:3-a***;

(3) The eligible consumer's representative; or

(4) A person granted power of attorney by the eligible consumer, ***except as authorized pursuant to RSA 161-I:3-a.***

7 Personal Care Services; Authorization of Legally Responsible Relative. Amend RSA 161-I:3-a to read as follows:

161-I:3-a Authorization of Legally Responsible Relative, ***Guardian, or Person Granted Power of Attorney.*** The department may authorize reimbursement to a legally responsible relative, ***a guardian, or a person granted power of attorney by the eligible consumer,*** who provides personal care to an eligible consumer with special health care needs residing at home. Such reimbursement shall occur only when the department determines that the needs of the eligible consumer, the unavailability of appropriate providers or suitable alternative care services, and cost efficiencies make utilization of a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer,*** for the provision of such services necessary and appropriate. Reimbursement shall be limited to care that is medically necessary due to specific health needs and shall not be made for care generally expected and provided by a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer.*** The department shall not authorize reimbursement to a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer,*** until a plan and rules adopted pursuant to RSA 541-A, are reviewed and approved by the oversight committee on health and human services, established in RSA 126-A:13.

8 Long-Term Care; Information and Referral. Amend RSA 151-E:5 to read as follows:

151-E:5 Information and Referral. The department shall establish a system of community-based [~~information and referral~~] ***aging and disability*** resource centers that provide information and referral services to [~~elderly and chronically ill adults~~] ***older adults and adults with disabilities.*** The [~~information and referral~~] ***aging and disability resource center*** network established under this section shall not be used for the purpose of political advocacy, but may inform and educate the general court regarding the extent of services available as well as the unmet needs in the community.

9 New Section; Personal Care Services; Financial Eligibility for Adult Home and Community-based Care Waiver Programs. Amend RSA 167 by inserting after section 4-e by the following new section:

167:4-f Financial Eligibility.

I. Financial eligibility for Medicaid adult home and community-based waiver programs shall include the following resource limits:

(a) For married individuals, revert to the standard in place prior to the passage of the federal Affordable Care Act, so that only the resources in the name of the applicant, and not the resources in the name of the applicant's spouse are counted for purposes of determining Medicaid resource eligibility; and

(b) For single individuals, establish a resource disregard of $6,000, which would have an effective resource limit of $7,500.

II. Department of Health and Human Services; Resource Disregard Enhancement Authority; Rulemaking. Pursuant to RSA 161:4-a, the department of health and human services shall enter into rulemaking, subject to the Centers for Medicare and Medicaid Services (CMS) approval as necessary, to revert the resource standard for married persons prior to the passage of the Affordable Care Act and increase the resource disregard to a maximum of $6,000 for individuals seeking nursing facility services or home and community based care under state waivers established under section 1915(c) of the Social Security Act.

10 Department of Health and Human Services; Eligibility for Assistance. Amend RSA 167:4, I(b) to read as follows:

(b) ***To the extent permissible under federal law,*** in the case of an applicant for public assistance or medical assistance who has made an assignment or transfer of assets to an individual for less than fair market value within [~~60~~] ***36*** months, or ***for up to 60 months if deemed necessary by the department based upon case specific information or extenuating circumstances, or*** in the case of transfers of real estate, or transfers of assets to a trust or portions of a trust that are treated as assets disposed of by the individual within [~~60~~] ***36*** months, ***or for up to 60 months if deemed necessary by the department based upon case specific information or extenuating circumstances,*** immediately preceding the date of application or while the application

is pending, or in the case of a recipient of public assistance or medical assistance who makes such an assignment or transfer while in receipt of the assistance, the assistance sought shall only be granted or continue to be granted in accordance with rules establishing restrictions and eligibility criteria for such cases as adopted by the commissioner of the department of health and human services under RSA 541-A, subject to applicable federal regulations and waiver approval, if any, and review by the oversight committee on health and human services, established in RSA 126-A:13. The oversight committee on health and human services shall make a report to the legislative fiscal committee which shall have final approval authority.

11 Effective Date. This act shall take effect July 1, 2023.

LBA
23-0895
Revised 1/19/23

SB 36-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to systems of care for healthy aging.

FISCAL IMPACT: [X] State [ ] County [ ] Local [ ] None

	Estimated Increase / (Decrease)			
STATE:	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
Appropriation	$0	$0	$0	$0
Revenue	$0	$0	$0	$0
Expenditures	$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Funding Source:	[X] General [ ] Education [ ] Highway [X] Other - Federal matching funds			

METHODOLOGY:

This bill makes the following statutory changes relative to a system of care for healthy aging:

1. Creates a system of care for healthy aging to coordinate available services;
2. Expands ServiceLink by creating a new navigator program and allowing for additional staffing;
3. Expands the scope of the Office of the Long-Term Care Ombudsman to include oversight of home- and community-based services;
4. Creates new positions within the Office of the Long-Term Care Ombudsman;
5. Creates a presumptive eligibility process for home- and community-based care;
6. Requires that the Department update rates for home- and community-based services to align with the Centers for Medicare and Medicaid Services (CMS) market basket index rate;
7. Allows guardians and persons granted power of attorney to serve as paid caregivers to individuals receiving personal care services; and
8. Makes several changes to how financial eligibility for home-and community-based services under Medicaid are determined, including increasing the resource limit and reverting spousal impoverishment rules to the standard in place before passage of the federal Affordable Care Act.

The Department of Health and Human Services anticipates that these changes will have the following fiscal impacts:

System of Care for Healthy Aging

As noted above, the bill creates a system of care for healthy aging. The Department states that the proposed online portal for providers, case managers, and navigators will require significant systems changes. The Department expects the online portal to have a significant indeterminable cost for FY 2024. The Department expects to be able to utilize federal Medicaid matching funds for most of the systems changes, therefore the proposed online portal will also have a significant indeterminable increase to state revenue. The Department expects the costs to be 50 percent federal funds and 50 percent state funds.

ServiceLink Expansion

The bill requires that ServiceLink create a navigator program for long-term care and increase staffing to: (1) expand capacity and provide assistance with educating consumers about community based resources for long-term care, (2) assist with completing Medicaid applications, and (3) conduct assessments for presumptive eligibility. The Department expects that this expansion will require 46 full-time equivalent staff. The Department estimates the cost of 46 full time equivalent staff to be approximately $3.2 million per year.

The Department intends to seek CMS approval for Medicaid administrative claiming for ServiceLink staff. Subject to CMS approval the Department may receive an indeterminable increase in federal matching funds for the portion of ServiceLink staff that can be used for Medicaid administrative claiming. The percentage of the cost that will be covered by federal funds and state funds will likely depend on time studies of ServiceLink contract staff.

The bill requires the Department establish performance metrics for ServiceLink offices and implement processes for monitoring offices based on those metrics. The Department expects this will require two-full time staff: one Program Specialist IV (Labor grade 25, Step 5), and one Program Specialist III (Labor Grade 23, Step 5). The Program Specialist IV will be a ServiceLink Program Coordinator, and will be assigned to coordinate the expanded navigator program. The Program Specialist III will be in charge of monitoring performance metrics. The Department estimates the cost of a Program Specialist III to be $91,000 for FY 2024, $93,000 for FY 2025, and $96,000 for FY 2026. The Department estimates the cost of a Program Specialist IV to be $97,000 for FY 2024, $99,000 for FY 2025, and $102,000 for FY 2026. The cost of the new positions will be eligible for federal matching funds, and costs will be 50 percent federal and 50 percent state.

Office of Long Term Care Ombudsman

The Department expects the expansion of the office of long term ombudsman to require the hiring of three Ombudsmen, one Supervisor V to serve as the Deputy Long-Term Care Ombudsman, one Program Assistant III to serve as the intake specialist for the office of long term care ombudsmen, and one Administrator I to serve as the director of long term systems of care. The Department estimates the cost of the additional staff to be $572,000 for FY 2024, $582,000 for FY 2025, and $600,000 for FY 2026.

The bill requires the office of long-term care ombudsman to make systems changes to allow for tracking of complaints and investigations related to Choices For Independence (CFI) or Older Americans Act services. The Department expects the system changes to result in an indeterminable increase in state expenditures for FY 2024. The Department does not expect the system changes to have a fiscal impact beyond FY 2024.

The percentage of the cost that will be covered by federal funds and state funds will likely depend on time studies of long term care ombudsman staff.

Presumptive Eligibility

The bill requires that the Department create a system of presumptive eligibility for home- and community-based services under Medicaid. To implement presumptive eligibility, the Department would need to obtain approval for an 1115 demonstration waiver from CMS. To obtain a 1115 demonstration waiver the Department would need to demonstrate that presumptive eligibility is cost neutral, therefore the Department expects presumptive eligibility to have $0 or minimal fiscal impact on state revenues and expenditures if CMS approves a 1115 waiver. If CMS does not approve an 1115 waiver the Department assumes that presumptive eligibility would not be implemented.

CMS Market Basket

The bill requires that the Department increase Choices for Independence (CFI) rates by at least the percentage indicated in the CMS Market Basket each year. The Department expects there to be a significant indeterminable increase in state expenditures and revenues as a result of this change. Currently, the CFI rates are based on an approved methodology in accordance with the CFI 1915(c) waiver. The current rate methodology differs from the proposed legislation in two ways: 1) the current methodology updates rates biennially; and 2) the current methodology is subject to budget limitations.

Under the existing methodology, the CFI rates after being adjusted for the CMS Market Basket may be adjusted again if:

1) Necessary to comply with budget neutrality requirements;
2) The legislature sets the CFI rate increase through legislation; or
3) The total estimated expenditures need to be aligned with the legislative appropriation.

The bill does not allow the Department to adjust CFI rates to comply with budget neutrality or align expenditures with the legislative appropriations. The Department states that if the CFI rates are always adjusted according to the Market Basket without additional appropriation, the CFI program could run out of funding. The projected CMS Market Basket index for home health agencies is projected to be 3.8 percent for FY 2024, an additional 3.0 percent for FY 2025, and an additional 2.8 percent for FY 2026. Any increased costs would be covered by 50 percent federal funds and 50 percent state funds.

Allowing Powers of Attorney and Guardians to Serve as Personal Care Providers

The bill allows legal guardians and persons granted power of attorney over an individual to serve as paid personal care provider of that individual. The Department does not expect this change to affect state revenues or expenditures, because it does not affect the number of people eligible for services or the amount that will be paid for those services, only who may be paid to provide those services.

Financial Eligibility Changes

The proposed legislation increases the resource limit for home- and community-based services under Medicaid waivers to $15,000. The Department expects this change to have a moderate indeterminable increase to state expenditures. The proposed change is subject to CMS approval. The Department assumes if CMS does not approve of the resource limit increase, it will not be implemented.

The bill requires the Department include resources in the name of the applicant only and not the applicant's spouse in determining eligibility for home- and community-based services under a waiver. As with the change above, the Department expects this will have a moderate indeterminable increase to state expenditures. The proposed change is subject to CMS approval. Again, the Department assumes that if CMS does not approve of the change to resource rules, the proposal will not be implemented.

Any increased costs from these sections will be covered by 50 percent federal funds and 50 percent state funds.

AGENCIES CONTACTED:

Department of Health and Human Services

SB 36-FN - AS AMENDED BY THE SENATE

03/16/2023 1015s

2023 SESSION

23-0895
05/10

SENATE BILL ***36-FN***

AN ACT relative to systems of care for healthy aging.

SPONSORS: Sen. Gannon, Dist 23; Sen. Watters, Dist 4; Sen. D'Allesandro, Dist 20; Sen. Avard, Dist 12; Sen. Bradley, Dist 3; Sen. Ricciardi, Dist 9; Sen. Carson, Dist 14; Sen. Rosenwald, Dist 13; Sen. Whitley, Dist 15; Sen. Ward, Dist 8; Sen. Pearl, Dist 17; Sen. Perkins Kwoka, Dist 21; Rep. Hobson, Rock. 14

COMMITTEE: Health and Human Services OTP/A 3-2

AMENDED ANALYSIS

This bill expands the state's systems of care for healthy aging, increases access to home and community based services, establishes person-centered counseling programs through aging and disability resource centers, and makes appropriations to the department of health and human services for these purposes.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Three

AN ACT relative to systems of care for healthy aging.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Statement of Findings. The general court hereby finds that:

I. The state of New Hampshire is ranked as having one of the fastest growing number of older adults in the country.

II. As the number of older adults increases, the need for long-term care will increase.

III. Pursuant to the federal Older Americans Act, New Hampshire is required to promote the development and implementation of comprehensive, coordinated, statewide system of long-term services and supports that is responsive to the needs and preferences of older individuals and their family caregivers.

IV. The federal Americans with Disabilities Act prohibits unnecessary institutionalization of individuals with disabilities.

V. RSA 151-E was established to provide Medicaid eligible elderly and chronically ill adults with a continuum of long-term care options.

VI. Despite these federal and state mandates, historically there has been a lack of investment in our state's system and programs for older adults and adults with disabilities.

VII. Rebalancing New Hampshire's systems to expand more home and community-based options will reduce the cost of providing services and allow our state to serve more people.

2 New Subdivision; Long-Term Care; System of Care for Healthy Aging. Amend RSA 151-E by inserting after section 21 the following new subdivision:

System of Care For Healthy Aging

151-E:22 Purposes. The purposes of this subdivision are to:

I. Build upon existing infrastructure to establish a comprehensive and coordinated system of care to ensure that older adults and adults with disabilities have access to and timely delivery of supports and services and to ensure that they have a meaningful range of options.

II. Reduce the cost of providing long-term care by expanding the availability of less costly home and community-based services.

III. Require the department of health and human services to expand and improve access to home and community-based services for older adults and adults with disabilities in alignment with New Hampshire's state plan on aging, the federal Older Americans Act, Americans with Disabilities Act, and Medicaid law.

IV. The system of care referenced in this subdivision is meant to streamline access to long-term care supports and services and not intended to expand eligibility for any current Medicaid

programs, including long-term care Medicaid or any home and community-based Medicaid waiver programs.

151-E:23 Statement of Policy. It is the policy of New Hampshire to establish and implement a comprehensive and coordinated system of care that promotes healthy aging and enables older adults and adults with disabilities to have a meaningful choice in care options, including the ability to receive the care they need in their homes and communities.

151-E:24 Definitions. In this subdivision:

I. "Disability" means a physical or mental impairment that substantially limits one or more major life activities.

II. "Home and community-based services" means a range of medical and supportive services provided to persons in their own homes or other community-based settings including, but not limited to, adult day programs, and assisted living.

III. "Long-term services and supports" means a variety of services provided in both facilities and community-based settings designed to meet a person's health or personal care needs to help them live as independently and safely as possible when they can no longer perform everyday activities on their own.

IV. "Older adult" means an individual who is 60 years of age or older.

V. "System of care" means:

(a) A comprehensive and coordinated delivery system for the provision of long-term services and supports to New Hampshire's older adults and adults with disabilities.

(b) The system of care is intended to provide services to all older adults and adults with disabilities who require long-term services and supports.

(c) The system of care shall have the following characteristics:

(1) A comprehensive array of long-term services and supports including, but not limited to, personal care, homemaker services, transportation, meal delivery or preparation, emergency response systems, adult day care, and family caregiver support to enable older adults and adults with disabilities to remain independent and in the setting of their choice.

(2) An absence of significant gaps in services and barriers to services.

(3) Sufficient administrative capacity to ensure quality service delivery.

(4) Services that are consumer-driven, community-based, and culturally and linguistically competent.

(5) Transparent, with information made available and known to consumers, providers, and payers.

(6) A funding system that supports a full range of service options.

(7) A performance measurement system for accountability, monitoring and reporting of system quality, access and cost.

151-E:25 Duties of Commissioner of the Department of Health and Human Services. The commissioner of the department of health and human services shall:

I. Modify the policies and practices of the department of health and human services necessary to implement this subdivision, to the extent possible within existing statutory and budget constraints.

II. Coordinate the plans and activities of the commissioner with the bureau of elderly and adult services, the bureau of family assistance and division of long-term supports and services to implement the system of care and reduce duplication of efforts across divisions and bureaus within the department.

III. Develop a plan for full establishment and maintenance of a system of care. Such plan shall be reviewed annually and amended or modified as needed. It shall include sufficient detail to allow compliance with the reporting requirements of RSA 151-E:27 as applicable and shall address at least the following elements:

(a) System capacity, including workforce sufficiency.

(b) Federal funding participation, including but not limited to, Medicaid waivers and plan amendments.

(c) Changes to statutes, administrative rules, and structure of appropriations, and department policy, practice and structure.

(d) Projections of cost savings from increased service effectiveness and reductions in costly forms of care and use of such savings to close existing gaps in long term care services.

(e) Recommended modifications to law, practice, and policy to prepare for and accommodate the participation of privately funded service providers in the system of care.

(f) Changes to rates for the Choices for Independence program in accordance with section 1902(a)(30)(A) of the Social Security Act and requirements for Medicaid home and community-based waiver programs under section 1915(c).

IV. Beginning no later than January 1, 2025, begin adjusting rates for the Choices for Independence waiver consistent with the rate study, assuming funds are available. Any unspent funds allocated to the Choices for Independence program shall be non-lapsing and shall be used for service provision for the Choices For Independence program.

V. On or before September 30, 2024, submit a waiver request to the Centers for Medicare and Medicaid services or implement an alternative method to establish a robust presumptive eligibility process for Medicaid home and community-based waiver services, including a mechanism for third party participation.

VI. Improve functionality of the NH EASY system for individuals applying for services and provide additional trainings for professionals who frequently assist people applying for services and develop associated performance metrics.

VII. Ensure applications for Medicaid long-term services are user friendly and processed in a timely manner and develop performance metrics to measure these attributes.

VIII. On or before June 30, 2025, maintain an online portal for providers, case managers, navigators and other long-term care service providers to enable them to easily identify and access available long-term care services and supports for older adults and adults with disabilities. The portal functions required by this section may be assigned to an entity that has responsibilities in addition to those required by this section. The portal shall contain the following information:

(a) A current list of home and community-based care waiver service providers accepting new clients, including links to websites and contact telephone numbers, organized by region that is updated on a weekly basis.

(b) Non-Medicaid resources to support the cost of home and community-based services.

(c) Referral information for legal service organizations.

(d) Guidance regarding family navigation of hospital discharge protocols and options.

IX. On or before June 30, 2025, create a public facing online dashboard to track home and community-based waiver services data, including, but not limited to, results of any performance measurement assessments, waiver services authorized but not paid, current wait times for receiving waiver services and the number of people from institutionalized care into the community.

151-E:26 Person-Centered Counseling Program. The department shall:

I. Create a new person-centered counseling program in each contracted aging and disability resource center (ADRC) to provide support and assistance to persons living at home or in short or long-term institutional settings, including hospitals, to transition into community-based settings. The program shall include referrals and support to access, at a minimum, but not limited to: assistance with completing Medicaid applications, discharge planning, referrals and access to Title III-B and Title XX services and programs, referrals and access to community-based services, housing, and other supports and services to meet the needs of the individual and their family. These services shall not replace or duplicate targeted case management services described in RSA 151-E:17.

II. Increase operational capacity in each ADRC to enable the provision of person-centered counseling services for adults, including but not limited to, educating consumers about available community-based resources for long-term services and supports, assistance with completing Medicaid applications, and assistance with the transition to access such services.

III. Establish performance metrics for each contracted information and referral resource center to assess each office's ability to provide the services contained in this section.

151-E:27 System of Care Implementation and Reporting Requirements.

I. When preparing the biennial budget for the Choices for Independence program, the department shall prepare data showing the amount program provider rates would be increased to be in alignment with the rate plan as completed by the department.

II. The department shall review and propose rates for the Choices for Independence program in accordance with section 1902 (a)(30)(A) of the Social Security Act and requirements for Medicaid home and community based waiver programs under section 1915(c). The department shall provide a report to the house health, human services and elderly affairs committee and senate health and human services committee, the house finance committee, the senate finance committee and the joint legislative committee on health and human services established in RSA 126-A:13 on or before July 1, 2024. The focus of the rate study is to promote efficiency, economy, quality of care and access to services within New Hampshire's Choices for Independence program. The rate study shall establish reimbursement methodologies utilizing the U.S. Centers for Medicare and Medicaid Services Market Basket Index as an inflation benchmark for rate-setting purposes. The department shall seek input from Choices For Independence beneficiaries, providers, and other stakeholders in regard to access to Choices For Independence services in future rate setting processes. Information regarding access to services shall be publicly documented and shall be considered in the subsequent rate-setting process.

III. On a biennial basis, the department shall perform a financial review to determine whether ADRC offices are receiving sufficient funding to maintain their operations and make legislative budget requests if additional funding is warranted.

IV. Beginning November 1, 2023, and annually thereafter, the department shall report to the governor, the state commission on aging established in RSA 19-P:1 and the joint legislative committee on health and human services established in RSA 126-A:13. The report shall provide detailed information regarding the status of the implementation of this subdivision.

V. Beginning in 2024, the report shall address the following:

(a) The total cost of Medicaid long-term care services and Choices for Independence program services.

(b) The extent to which the state's long-term care support and services systems are consistent with a system of care.

(c) A description of any actual or planned changes in department policy or practice or developments external to the departments that will affect implementation of a system of care.

(d) Any other available information relevant to progress toward full implementation of a system of care.

(e) The result of pilots regarding access with the counties.

(f) A review of options to enhance the system of care.

(g) Presumptive eligibility findings and recommendations for next steps.

(h) The status of changes to the NH Easy application system and any additional enhancements needed.

(i) The status of reimbursement rates and rate study.

VI. Beginning in 2025, the report shall also address the following:

(a) Identification of those actions which will be required to maximize federal and private insurance funding participation in the system of care, along with target dates for completion.

(b) Identification of changes to statutes, administrative rules, policies, practices, and managed care and provider contracts which will be necessary to fully implement the system of care.

(c) Identification of significant gaps in the array of long-term care supports and services for older adults and adults with disabilities, along with a description of plans to close those gaps.

VII. Beginning in 2026, the report shall also address the following:

(a) Projections of future demand for services in the system of care.

(b) Identification of shortfalls in workforce sufficiency affecting full implementation of the system of care and plans for addressing those shortfalls.

(c) Identification of specific plan amendments and other changes to the Medicaid system required for full implementation of the system of care and plans for making those changes.

(d) Numbers of older adults and adults with disabilities waiting services in various categories.

VIII. Beginning in 2027, the report shall also address the following:

(a) Detailed statistical information regarding older adults and adults with disabilities serviced, along with demographic characteristics, service need and provision, involvement in service systems, service funding sources, and placement or other site of service provision.

(b) Financial information, including but not limited to measures of cost-effectiveness, comparisons with other states with regard to levels of funding from federal, state, local, and private sources, and cost savings resulting from service coordination and effectiveness.

(c) An assessment of any influences external to the department of health and human services, including configuration of the private long-term care health care system, which may be affecting establishment of the system of care.

3 Appropriations; Department of Health and Human Services; System of Care for Healthy Aging.

I. For the purpose of developing a plan to establish and maintain the system of care for healthy aging as described in RSA 151-E:25, III, a sum not to exceed $50,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services. The appropriation shall be nonlapsing and may be used to engage outside qualified and experienced vendors to assist in the production of the plan. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

II. For the purpose of developing and implementing the online portal, dashboard, and data collection systems described in RSA 151-E:25, VIII and IX, a sum not to exceed $100,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human

services. The appropriation shall be nonlapsing and may be used to engage outside qualified and experienced vendors to assist in the production of the dashboard and data collection. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

III. For the purpose of enabling the department to complete the reporting requirements described in RSA 151-E:27, a sum not to exceed $150,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services. The appropriation shall be nonlapsing and may be used to engage outside qualified and experienced vendors to assist in the production of reports in 2024 and 2025. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

4 Appropriation; Department of Health and Human Services; Person-Centered Counseling Program. The sum of $1,197,600 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services for the purpose of funding the person-centered counseling program established in RSA 151-E:26. Said funds shall be nonlapsing. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend any federal funds available for the purposes of the counseling program without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

5 System of Care and Peer-Centered Counseling; Staffing; Classified Positions Established.

I. The following classified positions are established in the department of health and human services to support the person-centered counseling program established in RSA 151-E:26:

(a) Program Specialist III (Labor Grade 23, Step 5); and

(b) Program Specialist IV (Labor Grade 25, Step 5).

II. The sum of $190,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services for the purpose of funding the positions established in paragraph I. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

III. The commissioner of health and human services, to the extent possible, shall fill available vacant classified positions as necessary to implement the system of care for healthy aging established in section 2 of this act, including additional staffing to perform rate setting, streamlining

of application process, creation and maintenance of public facing dashboard and online portal for providers, updating of performance measures and other required activities.

6 Personal Care Services; Definition of Personal Care Services Provider. Amend RSA 161-I:2, XII to read as follows:

XII. "Personal care services provider" means a person who:

(a) Is selected by:

(1) The eligible consumer;

(2) The eligible consumer's legal guardian;

(3) The eligible consumer's representative; or

(4) A person granted power of attorney by the eligible consumer; and

(b) Is employed by a home health agency or other qualified agency to provide personal care services; and

(c) Is not:

(1) The eligible consumer's legally responsible relative, except as authorized pursuant to RSA 161-I:3-a;

(2) The eligible consumer's legal guardian, ***except as authorized pursuant to RSA 161-I:3-a***;

(3) The eligible consumer's representative; or

(4) A person granted power of attorney by the eligible consumer, ***except as authorized pursuant to RSA 161-I:3-a***.

7 Personal Care Services; Authorization of Legally Responsible Relative. Amend RSA 161-I:3-a to read as follows:

161-I:3-a Authorization of Legally Responsible Relative, ***Guardian, or Person Granted Power of Attorney***. The department may authorize reimbursement to a legally responsible relative, ***a guardian, or a person granted power of attorney by the eligible consumer,*** who provides personal care to an eligible consumer with special health care needs residing at home. Such reimbursement shall occur only when the department determines that the needs of the eligible consumer, the unavailability of appropriate providers or suitable alternative care services, and cost efficiencies make utilization of a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer,*** for the provision of such services necessary and appropriate. Reimbursement shall be limited to care that is medically necessary due to specific health needs and shall not be made for care generally expected and provided by a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer***. The department shall not authorize reimbursement to a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer,*** until a plan and rules adopted pursuant to RSA 541-A, are reviewed and approved by the oversight committee on health and human services, established in RSA 126-A:13.

8 Long-Term Care; Information and Referral. Amend RSA 151-E:5 to read as follows:

151-E:5 Information and Referral. The department shall establish a system of community-based [~~information and referral~~] ***aging and disability*** resource centers that provide information and referral services to [~~elderly and chronically ill adults~~] ***older adults and adults with disabilities***. The [~~information and referral~~] ***aging and disability resource center*** network established under this section shall not be used for the purpose of political advocacy, but may inform and educate the general court regarding the extent of services available as well as the unmet needs in the community.

9 New Section; Personal Care Services; Financial Eligibility for Adult Home and Community-based Care Waiver Programs. Amend RSA 167 by inserting after section 4-e by the following new section:

167:4-f Financial Eligibility.

I. Financial eligibility for Medicaid adult home and community-based waiver programs shall include the following resource limits:

(a) For married individuals, revert to the standard in place prior to the passage of the federal Affordable Care Act, so that only the resources in the name of the applicant, and not the resources in the name of the applicant's spouse are counted for purposes of determining Medicaid resource eligibility; and

(b) For single individuals, establish a resource disregard of $6,000, which would have an effective resource limit of $7,500.

II. Department of Health and Human Services; Resource Disregard Enhancement Authority; Rulemaking. Pursuant to RSA 161:4-a, the department of health and human services shall enter into rulemaking, subject to the Centers for Medicare and Medicaid Services (CMS) approval as necessary, to revert the resource standard for married persons prior to the passage of the Affordable Care Act and increase the resource disregard to a maximum of $6,000 for individuals seeking nursing facility services or home and community based care under state waivers established under section 1915(c) of the Social Security Act.

10 Department of Health and Human Services; Eligibility for Assistance. Amend RSA 167:4, I(b) to read as follows:

(b) ***To the extent permissible under federal law,*** in the case of an applicant for public assistance or medical assistance who has made an assignment or transfer of assets to an individual for less than fair market value within [~~60~~] ***36*** months, or ***for up to 60 months if deemed necessary by the department based upon case specific information or extenuating circumstances, or*** in the case of transfers of real estate, or transfers of assets to a trust or portions of a trust that are treated as assets disposed of by the individual within [~~60~~] ***36*** months, ***or for up to 60 months if deemed necessary by the department based upon case specific information or extenuating circumstances,*** immediately preceding the date of application or while the application

is pending, or in the case of a recipient of public assistance or medical assistance who makes such an assignment or transfer while in receipt of the assistance, the assistance sought shall only be granted or continue to be granted in accordance with rules establishing restrictions and eligibility criteria for such cases as adopted by the commissioner of the department of health and human services under RSA 541-A, subject to applicable federal regulations and waiver approval, if any, and review by the oversight committee on health and human services, established in RSA 126-A:13. The oversight committee on health and human services shall make a report to the legislative fiscal committee which shall have final approval authority.

11 Effective Date. This act shall take effect July 1, 2023.

LBA
23-0895
Revised 1/19/23

SB 36-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to systems of care for healthy aging.

FISCAL IMPACT: [X] State [ ] County [ ] Local [ ] None

	Estimated Increase / (Decrease)			
STATE:	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
Appropriation	$0	$0	$0	$0
Revenue	$0	$0	$0	$0
Expenditures	$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Funding Source:	[X] General [ ] Education [ ] Highway [X] Other - Federal matching funds			

METHODOLOGY:

This bill makes the following statutory changes relative to a system of care for healthy aging:

1. Creates a system of care for healthy aging to coordinate available services;
2. Expands ServiceLink by creating a new navigator program and allowing for additional staffing;
3. Expands the scope of the Office of the Long-Term Care Ombudsman to include oversight of home- and community-based services;
4. Creates new positions within the Office of the Long-Term Care Ombudsman;
5. Creates a presumptive eligibility process for home- and community-based care;
6. Requires that the Department update rates for home- and community-based services to align with the Centers for Medicare and Medicaid Services (CMS) market basket index rate;
7. Allows guardians and persons granted power of attorney to serve as paid caregivers to individuals receiving personal care services; and
8. Makes several changes to how financial eligibility for home-and community-based services under Medicaid are determined, including increasing the resource limit and reverting spousal impoverishment rules to the standard in place before passage of the federal Affordable Care Act.

The Department of Health and Human Services anticipates that these changes will have the following fiscal impacts:

System of Care for Healthy Aging

As noted above, the bill creates a system of care for healthy aging. The Department states that the proposed online portal for providers, case managers, and navigators will require significant systems changes. The Department expects the online portal to have a significant indeterminable cost for FY 2024. The Department expects to be able to utilize federal Medicaid matching funds for most of the systems changes, therefore the proposed online portal will also have a significant indeterminable increase to state revenue. The Department expects the costs to be 50 percent federal funds and 50 percent state funds.

ServiceLink Expansion

The bill requires that ServiceLink create a navigator program for long-term care and increase staffing to: (1) expand capacity and provide assistance with educating consumers about community based resources for long-term care, (2) assist with completing Medicaid applications, and (3) conduct assessments for presumptive eligibility. The Department expects that this expansion will require 46 full-time equivalent staff. The Department estimates the cost of 46 full time equivalent staff to be approximately $3.2 million per year.

The Department intends to seek CMS approval for Medicaid administrative claiming for ServiceLink staff. Subject to CMS approval the Department may receive an indeterminable increase in federal matching funds for the portion of ServiceLink staff that can be used for Medicaid administrative claiming. The percentage of the cost that will be covered by federal funds and state funds will likely depend on time studies of ServiceLink contract staff.

The bill requires the Department establish performance metrics for ServiceLink offices and implement processes for monitoring offices based on those metrics. The Department expects this will require two-full time staff: one Program Specialist IV (Labor grade 25, Step 5), and one Program Specialist III (Labor Grade 23, Step 5). The Program Specialist IV will be a ServiceLink Program Coordinator, and will be assigned to coordinate the expanded navigator program. The Program Specialist III will be in charge of monitoring performance metrics. The Department estimates the cost of a Program Specialist III to be $91,000 for FY 2024, $93,000 for FY 2025, and $96,000 for FY 2026. The Department estimates the cost of a Program Specialist IV to be $97,000 for FY 2024, $99,000 for FY 2025, and $102,000 for FY 2026. The cost of the new positions will be eligible for federal matching funds, and costs will be 50 percent federal and 50 percent state.

Office of Long Term Care Ombudsman

The Department expects the expansion of the office of long term ombudsman to require the hiring of three Ombudsmen, one Supervisor V to serve as the Deputy Long-Term Care Ombudsman, one Program Assistant III to serve as the intake specialist for the office of long term care ombudsmen, and one Administrator I to serve as the director of long term systems of care. The Department estimates the cost of the additional staff to be $572,000 for FY 2024, $582,000 for FY 2025, and $600,000 for FY 2026.

The bill requires the office of long-term care ombudsman to make systems changes to allow for tracking of complaints and investigations related to Choices For Independence (CFI) or Older Americans Act services. The Department expects the system changes to result in an indeterminable increase in state expenditures for FY 2024. The Department does not expect the system changes to have a fiscal impact beyond FY 2024.

The percentage of the cost that will be covered by federal funds and state funds will likely depend on time studies of long term care ombudsman staff.

Presumptive Eligibility

The bill requires that the Department create a system of presumptive eligibility for home- and community-based services under Medicaid. To implement presumptive eligibility, the Department would need to obtain approval for an 1115 demonstration waiver from CMS. To obtain a 1115 demonstration waiver the Department would need to demonstrate that presumptive eligibility is cost neutral, therefore the Department expects presumptive eligibility to have $0 or minimal fiscal impact on state revenues and expenditures if CMS approves a 1115 waiver. If CMS does not approve an 1115 waiver the Department assumes that presumptive eligibility would not be implemented.

CMS Market Basket

The bill requires that the Department increase Choices for Independence (CFI) rates by at least the percentage indicated in the CMS Market Basket each year. The Department expects there to be a significant indeterminable increase in state expenditures and revenues as a result of this change. Currently, the CFI rates are based on an approved methodology in accordance with the CFI 1915(c) waiver. The current rate methodology differs from the proposed legislation in two ways: 1) the current methodology updates rates biennially; and 2) the current methodology is subject to budget limitations.

Under the existing methodology, the CFI rates after being adjusted for the CMS Market Basket may be adjusted again if:

1) Necessary to comply with budget neutrality requirements;
2) The legislature sets the CFI rate increase through legislation; or
3) The total estimated expenditures need to be aligned with the legislative appropriation.

The bill does not allow the Department to adjust CFI rates to comply with budget neutrality or align expenditures with the legislative appropriations. The Department states that if the CFI rates are always adjusted according to the Market Basket without additional appropriation, the CFI program could run out of funding. The projected CMS Market Basket index for home health agencies is projected to be 3.8 percent for FY 2024, an additional 3.0 percent for FY 2025, and an additional 2.8 percent for FY 2026. Any increased costs would be covered by 50 percent federal funds and 50 percent state funds.

Allowing Powers of Attorney and Guardians to Serve as Personal Care Providers

The bill allows legal guardians and persons granted power of attorney over an individual to serve as paid personal care provider of that individual. The Department does not expect this change to affect state revenues or expenditures, because it does not affect the number of people eligible for services or the amount that will be paid for those services, only who may be paid to provide those services.

Financial Eligibility Changes

The proposed legislation increases the resource limit for home- and community-based services under Medicaid waivers to $15,000. The Department expects this change to have a moderate indeterminable increase to state expenditures. The proposed change is subject to CMS approval. The Department assumes if CMS does not approve of the resource limit increase, it will not be implemented.

The bill requires the Department include resources in the name of the applicant only and not the applicant's spouse in determining eligibility for home- and community-based services under a waiver. As with the change above, the Department expects this will have a moderate indeterminable increase to state expenditures. The proposed change is subject to CMS approval. Again, the Department assumes that if CMS does not approve of the change to resource rules, the proposal will not be implemented.

Any increased costs from these sections will be covered by 50 percent federal funds and 50 percent state funds.

AGENCIES CONTACTED:

Department of Health and Human Services

Amendments

Sen. Birdsell, Dist 19
February 23, 2023
2023-0673s
05/07

3-2

Amendment to SB 36-FN

Amend the bill by replacing all after the enacting clause with the following:

1 Department of Health and Human Services; Eligibility for Assistance. Amend RSA 167:4, I(b) to read as follows:

(b) ***To the extent permissible under federal law,*** in the case of an applicant for public assistance or medical assistance who has made an assignment or transfer of assets to an individual for less than fair market value within [~~60~~] ***36*** months, or ***for up to 60 months if deemed necessary by the department based upon case specific information or extenuating circumstances, or*** in the case of transfers of real estate, or transfers of assets to a trust or portions of a trust that are treated as assets disposed of by the individual within [~~60~~] ***36*** months, ***or for up to 60 months if deemed necessary by the department based upon case specific information or extenuating circumstances,*** immediately preceding the date of application or while the application is pending, or in the case of a recipient of public assistance or medical assistance who makes such an assignment or transfer while in receipt of the assistance, the assistance sought shall only be granted or continue to be granted in accordance with rules establishing restrictions and eligibility criteria for such cases as adopted by the commissioner of the department of health and human services under RSA 541-A, subject to applicable federal regulations and waiver approval, if any, and review by the oversight committee on health and human services, established in RSA 126-A:13. The oversight committee on health and human services shall make a report to the legislative fiscal committee which shall have final approval authority.

2 Department of Health and Human Services; Medicaid Program; Medicaid Long-Term Care Eligibility Pilot. The commissioner of the department of health and human services shall, if necessary, seek approval from the federal Centers for Medicare and Medicaid Services (CMS) to implement a pilot to expedite Medicaid long-term care eligibility. The purpose of the pilot shall be to promote timely access to home and community based services (HCBS) by refining and improving the application process for financial and clinical eligibility so that access to HCBS services is more accessible to the individual, caregiver, and family. The department of health and human services shall implement the pilot at state designated access points. Notwithstanding RSA 14:30-a, the department may accept and expend any federal funds available for the purposes of this section without prior approval of the fiscal committee of the general court. The department shall begin the pilot on January 1, 2024. The department shall provide a report to the house health, human services

and elderly affairs committee and the senate health and human services committee by January 1, 2025 regarding the pilot.

3 Personal Care Services; Definition of Personal Care Services Provider. Amend RSA 161-I:2, XII to read as follows:

XII. "Personal care services provider" means a person who:

(a) Is selected by:

(1) The eligible consumer;

(2) The eligible consumer's legal guardian;

(3) The eligible consumer's representative; or

(4) A person granted power of attorney by the eligible consumer; and

(b) Is employed by a home health agency or other qualified agency to provide personal care services; and

(c) Is not:

(1) The eligible consumer's legally responsible relative, except as authorized pursuant to RSA 161-I:3-a;

(2) The eligible consumer's legal guardian, ***except as authorized pursuant to RSA 161-I:3-a***;

(3) The eligible consumer's representative; or

(4) A person granted power of attorney by the eligible consumer, ***except as authorized pursuant to RSA 161-I:3-a***.

4 Personal Care Services; Authorization of Legally Responsible Relative. Amend RSA 161-I:3-a to read as follows:

161-I:3-a Authorization of Legally Responsible Relative, ***Guardian, or Person Granted Power of Attorney***. The department may authorize reimbursement to a legally responsible relative, ***a guardian, or a person granted power of attorney by the eligible consumer,*** who provides personal care to an eligible consumer with special health care needs residing at home. Such reimbursement shall occur only when the department determines that the needs of the eligible consumer, the unavailability of appropriate providers or suitable alternative care services, and cost efficiencies make utilization of a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer,*** for the provision of such services necessary and appropriate. Reimbursement shall be limited to care that is medically necessary due to specific health needs and shall not be made for care generally expected and provided by a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer.*** The department shall not authorize reimbursement to a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer,*** until a plan and rules adopted pursuant to RSA 541-A, are reviewed and approved by the oversight committee on health and human services, established in RSA 126-A:13.

PROVIDED

5 Long-Term Care; Information and Referral. Amend RSA 151-E:5 to read as follows:

151-E:5 Information and Referral. The department shall establish a system of community-based [~~information and referral~~] ***aging and disability*** resource centers that provide information and referral services to [~~elderly and chronically ill adults~~] ***older adults and adults with disabilities.*** The [~~information and referral~~] ***aging and disability resource center*** network established under this section shall not be used for the purpose of political advocacy, but may inform and educate the general court regarding the extent of services available as well as the unmet needs in the community.

6 Long-Term Care; Person-Centered Counseling Program. Amend RSA 151-E by inserting after section 21 the following new section:

151-E:22 Person-Centered Counseling Program. The department shall:

I. Create a new person-centered counseling program in each contracted aging and disability resource centers (ADRC) to provide support and assistance to persons living at home or in short or long-term institutional settings, including hospitals, to transition into community-based settings. The program shall include referrals and support to access, at a minimum, but not limited to: assistance with completing Medicaid applications, referrals and access to Title III-B and Title XX services and programs, referrals and access to community-based services, housing, and other supports and services to meet the needs of the individual and their family.

II. Increase operational capacity in each ADRC to enable the provision of person-centered counseling services for adults, including but not limited to, educating consumers about available community-based resources for long-term services and supports, assistance with completing Medicaid applications, and assistance with the transition to access such services.

III. Establish performance metrics for each contracted information and referral resource center to assess each office's ability to provide the services contained in this section.

7 Appropriation; Department of Health and Human Services; Person-Centered Counseling Program. The sum of $598,800 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services for the purpose of funding the person-centered counseling program established in RSA 151-E:22. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend any federal funds available for the purposes of the counseling program without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

8 Department of Health and Human Services; Classified Positions Established.

I. The following classified positions are established in the department of health and human services to support the person-centered counseling program established in RSA 151-E:22:

(a) Program Specialist III (Labor Grade 23, Step 5); and

(b) Program Specialist IV (Labor Grade 25, Step 5).

II. The sum of $190,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services for the purpose of funding the positions as required in paragraph I of this section. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

9 Choices for Independence (CFI) Waiver; Rate Review. During the biennium ending June 30, 2025, the department of health and human services shall implement rate increases for the choices for independence (CFI) waiver in accordance with SB 86 of the 2023 regular legislative session. In addition, the department shall review and propose rates for the CFI program in accordance with section 1902 (a)(30)(A) of the Social Security Act and in accordance with the requirements under the 1915(c) Medicaid HCBS waiver program and provide a report to the house health, human services and elderly affairs committee and senate health and human services committee on or before July 1, 2024. The focus of the rate study is to promote efficiency, economy, and quality of care within New Hampshire's CFI waiver program.

10 Department of Health and Human Services; Resource Disregard Enhancement Authority; Rulemaking. Pursuant to RSA 161:4-a, the department of health and human services shall enter into rulemaking, subject to the Centers for Medicare and Medicaid Services (CMS) approval as necessary, to increase the resource disregard to a maximum of $3,500 for individuals seeking nursing facility services or home and community based care under state waivers established under section 1915(c) of the Social Security Act.

11 Department of Health and Human Services; Report. The department of health and human services shall provide a status report to the house health, human services and elderly affairs and the senate health and human services committees by January 1, 2024, regarding the status of implementation of the changes outlined in this act. On January 1 of each year thereafter, the department shall provide an annual progress report to the committees regarding the ongoing impact of the changes outlined in this act.

12 Effective Date. This act shall take effect July 1, 2023.

UNAPPROVED

2023-0673s

AMENDED ANALYSIS

This bill:

I. Revises the look-back period for medical assistance eligibility;

II. Establishes a pilot to expedite Medicaid long-term care eligibility;

III. Expands reimbursement eligibility for certain personal home care service providers;

IV. Renames the aging and disability resource center network for older adults and adults with disabilities;

V. Establishes a person-centered counseling program in the department of health and human services and makes an appropriation to the department this purpose;

VI. Directs the department of health and human services to conduct a rate review of the choices for independence program;

VII. Directs the department of health and human services to adopt rules increasing the resource disregard for purposes of determining eligibility for certain long-term care; and

VIII. Directs the department of health and human services to submit an annual report to the legislature regarding implementation the policies and programs outlined in the act.

UNAPPROVED

Health and Human Services
March 8, 2023
2023-0861s
05/07

Amendment to SB 36-FN

Amend the bill by replacing all after the enacting clause with the following:

1 Department of Health and Human Services; Eligibility for Assistance. Amend RSA 167:4, I(b) to read as follows:

(b) ***To the extent permissible under federal law,*** in the case of an applicant for public assistance or medical assistance who has made an assignment or transfer of assets to an individual for less than fair market value within [~~60~~] ***36*** months, or ***for up to 60 months if deemed necessary by the department based upon case specific information or extenuating circumstances, or*** in the case of transfers of real estate, or transfers of assets to a trust or portions of a trust that are treated as assets disposed of by the individual within [~~60~~] ***36*** months, ***or for up to 60 months if deemed necessary by the department based upon case specific information or extenuating circumstances,*** immediately preceding the date of application or while the application is pending, or in the case of a recipient of public assistance or medical assistance who makes such an assignment or transfer while in receipt of the assistance, the assistance sought shall only be granted or continue to be granted in accordance with rules establishing restrictions and eligibility criteria for such cases as adopted by the commissioner of the department of health and human services under RSA 541-A, subject to applicable federal regulations and waiver approval, if any, and review by the oversight committee on health and human services, established in RSA 126-A:13. The oversight committee on health and human services shall make a report to the legislative fiscal committee which shall have final approval authority.

2 Department of Health and Human Services; Medicaid Program; Medicaid Long-Term Care Eligibility Pilot. The commissioner of the department of health and human services shall, if necessary, seek approval from the federal Centers for Medicare and Medicaid Services (CMS) to implement a pilot to expedite Medicaid long-term care eligibility. The purpose of the pilot shall be to promote timely access to home and community based services (HCBS) by refining and improving the application process for financial and clinical eligibility so that access to HCBS services is more accessible to the individual, caregiver, and family. The department of health and human services shall implement the pilot at state designated access points. Notwithstanding RSA 14:30-a, the department may accept and expend any federal funds available for the purposes of this section without prior approval of the fiscal committee of the general court. The department shall begin the pilot on January 1, 2024. The department shall provide a report to the house health, human services

and elderly affairs committee and the senate health and human services committee by January 1, 2025 regarding the pilot.

3 Personal Care Services; Definition of Personal Care Services Provider. Amend RSA 161-I:2, XII to read as follows:

XII. "Personal care services provider" means a person who:

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(1) The eligible consumer;

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(c) Is not:

(1) The eligible consumer's legally responsible relative, except as authorized pursuant to RSA 161-I:3-a;

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161-I:3-a Authorization of Legally Responsible Relative, ***Guardian, or Person Granted Power of Attorney.*** The department may authorize reimbursement to a legally responsible relative, ***a guardian, or a person granted power of attorney by the eligible consumer,*** who provides personal care to an eligible consumer with special health care needs residing at home. Such reimbursement shall occur only when the department determines that the needs of the eligible consumer, the unavailability of appropriate providers or suitable alternative care services, and cost efficiencies make utilization of a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer,*** for the provision of such services necessary and appropriate. Reimbursement shall be limited to care that is medically necessary due to specific health needs and shall not be made for care generally expected and provided by a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer.*** The department shall not authorize reimbursement to a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer,*** until a plan and rules adopted pursuant to RSA 541-A, are reviewed and approved by the oversight committee on health and human services, established in RSA 126-A:13.

5 Long-Term Care; Information and Referral. Amend RSA 151-E:5 to read as follows:

151-E:5 Information and Referral. The department shall establish a system of community-based [~~information and referral~~] ***aging and disability*** resource centers that provide information and referral services to [~~elderly and chronically ill adults~~] ***older adults and adults with disabilities.*** The [~~information and referral~~] ***aging and disability resource center*** network established under this section shall not be used for the purpose of political advocacy, but may inform and educate the general court regarding the extent of services available as well as the unmet needs in the community.

6 Long-Term Care; Person-Centered Counseling Program. Amend RSA 151-E by inserting after section 21 the following new section:

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I. Create a new person-centered counseling program in each contracted aging and disability resource centers (ADRC) to provide support and assistance to persons living at home or in short or long-term institutional settings, including hospitals, to transition into community-based settings. The program shall include referrals and support to access, at a minimum, but not limited to: assistance with completing Medicaid applications, referrals and access to Title III-B and Title XX services and programs, referrals and access to community-based services, housing, and other supports and services to meet the needs of the individual and their family.

II. Increase operational capacity in each ADRC to enable the provision of person-centered counseling services for adults, including but not limited to, educating consumers about available community-based resources for long-term services and supports, assistance with completing Medicaid applications, and assistance with the transition to access such services.

III. Establish performance metrics for each contracted information and referral resource center to assess each office's ability to provide the services contained in this section.

7 Appropriation; Department of Health and Human Services; Person-Centered Counseling Program. The sum of $598,800 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services for the purpose of funding the person-centered counseling program established in RSA 151-E:22. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend any federal funds available for the purposes of the counseling program without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

8 Department of Health and Human Services; Classified Positions Established.

I. The following classified positions are established in the department of health and human services to support the person-centered counseling program established in RSA 151-E:22:

(a) Program Specialist III (Labor Grade 23, Step 5); and

(b) Program Specialist IV (Labor Grade 25, Step 5).

II. The sum of $190,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services for the purpose of funding the positions as required in paragraph I of this section. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

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10 Department of Health and Human Services; Resource Disregard Enhancement Authority; Rulemaking. Pursuant to RSA 161:4-a, the department of health and human services shall enter into rulemaking, subject to the Centers for Medicare and Medicaid Services (CMS) approval as necessary, to increase the resource disregard to a maximum of $3,500 for individuals seeking nursing facility services or home and community based care under state waivers established under section 1915(c) of the Social Security Act.

11 Department of Health and Human Services; Report. The department of health and human services shall provide a status report to the house health, human services and elderly affairs and the senate health and human services committees by January 1, 2024, regarding the status of implementation of the changes outlined in this act. On January 1 of each year thereafter, the department shall provide an annual progress report to the committees regarding the ongoing impact of the changes outlined in this act.

12 Effective Date. This act shall take effect July 1, 2023.

2023-0861s

AMENDED ANALYSIS

This bill:

I. Revises the look-back period for medical assistance eligibility;

II. Establishes a pilot to expedite Medicaid long-term care eligibility;

III. Expands reimbursement eligibility for certain personal home care service providers;

IV. Renames the aging and disability resource center network for older adults and adults with disabilities;

V. Establishes a person-centered counseling program in the department of health and human services and makes an appropriation to the department this purpose;

VI. Directs the department of health and human services to conduct a rate review of the choices for independence program;

VII. Directs the department of health and human services to adopt rules increasing the resource disregard for purposes of determining eligibility for certain long-term care; and

VIII. Directs the department of health and human services to submit an annual report to the legislature regarding implementation the policies and programs outlined in the act.

Sen. Birdsell, Dist 19
Sen. Bradley, Dist 3
Sen. Whitley, Dist 15
Sen. Gannon, Dist 23
March 15, 2023
2023-1015s
05/10

Floor Amendment to SB 36-FN

Amend the bill by replacing all after the enacting clause with the following:

1 Statement of Findings. The general court hereby finds that:

I. The state of New Hampshire is ranked as having one of the fastest growing number of older adults in the country.

II. As the number of older adults increases, the need for long-term care will increase.

III. Pursuant to the federal Older Americans Act, New Hampshire is required to promote the development and implementation of comprehensive, coordinated, statewide system of long-term services and supports that is responsive to the needs and preferences of older individuals and their family caregivers.

IV. The federal Americans with Disabilities Act prohibits unnecessary institutionalization of individuals with disabilities.

V. RSA 151-E was established to provide Medicaid eligible elderly and chronically ill adults with a continuum of long-term care options.

VI. Despite these federal and state mandates, historically there has been a lack of investment in our state's system and programs for older adults and adults with disabilities.

VII. Rebalancing New Hampshire's systems to expand more home and community-based options will reduce the cost of providing services and allow our state to serve more people.

2 New Subdivision; Long-Term Care; System of Care for Healthy Aging. Amend RSA 151-E by inserting after section 21 the following new subdivision:

System of Care For Healthy Aging

151-E:22 Purposes. The purposes of this subdivision are to:

I. Build upon existing infrastructure to establish a comprehensive and coordinated system of care to ensure that older adults and adults with disabilities have access to and timely delivery of supports and services and to ensure that they have a meaningful range of options.

II. Reduce the cost of providing long-term care by expanding the availability of less costly home and community-based services.

III. Require the department of health and human services to expand and improve access to home and community-based services for older adults and adults with disabilities in alignment with

New Hampshire's state plan on aging, the federal Older Americans Act, Americans with Disabilities Act, and Medicaid law.

IV. The system of care referenced in this subdivision is meant to streamline access to long-term care supports and services and not intended to expand eligibility for any current Medicaid programs, including long-term care Medicaid or any home and community-based Medicaid waiver programs.

151-E:23 Statement of Policy. It is the policy of New Hampshire to establish and implement a comprehensive and coordinated system of care that promotes healthy aging and enables older adults and adults with disabilities to have a meaningful choice in care options, including the ability to receive the care they need in their homes and communities.

151-E:24 Definitions. In this subdivision:

I. "Disability" means a physical or mental impairment that substantially limits one or more major life activities.

II. "Home and community-based services" means a range of medical and supportive services provided to persons in their own homes or other community-based settings including, but not limited to, adult day programs, and assisted living.

III. "Long-term services and supports" means a variety of services provided in both facilities and community-based settings designed to meet a person's health or personal care needs to help them live as independently and safely as possible when they can no longer perform everyday activities on their own.

IV. "Older adult" means an individual who is 60 years of age or older.

V. "System of care" means:

(a) A comprehensive and coordinated delivery system for the provision of long-term services and supports to New Hampshire's older adults and adults with disabilities.

(b) The system of care is intended to provide services to all older adults and adults with disabilities who require long-term services and supports.

(c) The system of care shall have the following characteristics:

(1) A comprehensive array of long-term services and supports including, but not limited to, personal care, homemaker services, transportation, meal delivery or preparation, emergency response systems, adult day care, and family caregiver support to enable older adults and adults with disabilities to remain independent and in the setting of their choice.

(2) An absence of significant gaps in services and barriers to services.

(3) Sufficient administrative capacity to ensure quality service delivery.

(4) Services that are consumer-driven, community-based, and culturally and linguistically competent.

(5) Transparent, with information made available and known to consumers, providers, and payers.

(6) A funding system that supports a full range of service options.

(7) A performance measurement system for accountability, monitoring and reporting of system quality, access and cost.

151-E:25 Duties of Commissioner of the Department of Health and Human Services. The commissioner of the department of health and human services shall:

I. Modify the policies and practices of the department of health and human services necessary to implement this subdivision, to the extent possible within existing statutory and budget constraints.

II. Coordinate the plans and activities of the commissioner with the bureau of elderly and adult services, the bureau of family assistance and division of long-term supports and services to implement the system of care and reduce duplication of efforts across divisions and bureaus within the department.

III. Develop a plan for full establishment and maintenance of a system of care. Such plan shall be reviewed annually and amended or modified as needed. It shall include sufficient detail to allow compliance with the reporting requirements of RSA 151-E:27 as applicable and shall address at least the following elements:

(a) System capacity, including workforce sufficiency.

(b) Federal funding participation, including but not limited to, Medicaid waivers and plan amendments.

(c) Changes to statutes, administrative rules, and structure of appropriations, and department policy, practice and structure.

(d) Projections of cost savings from increased service effectiveness and reductions in costly forms of care and use of such savings to close existing gaps in long term care services.

(e) Recommended modifications to law, practice, and policy to prepare for and accommodate the participation of privately funded service providers in the system of care.

(f) Changes to rates for the Choices for Independence program in accordance with section 1902(a)(30)(A) of the Social Security Act and requirements for Medicaid home and community-based waiver programs under section 1915(c).

IV. Beginning no later than January 1, 2025, begin adjusting rates for the Choices for Independence waiver consistent with the rate study, assuming funds are available. Any unspent funds allocated to the Choices for Independence program shall be non-lapsing and shall be used for service provision for the Choices For Independence program.

V. On or before September 30, 2024, submit a waiver request to the Centers for Medicare and Medicaid services or implement an alternative method to establish a robust presumptive eligibility process for Medicaid home and community-based waiver services, including a mechanism for third party participation.

VI. Improve functionality of the NH EASY system for individuals applying for services and provide additional trainings for professionals who frequently assist people applying for services and develop associated performance metrics.

VII. Ensure applications for Medicaid long-term services are user friendly and processed in a timely manner and develop performance metrics to measure these attributes.

VIII. On or before June 30, 2025, maintain an online portal for providers, case managers, navigators and other long-term care service providers to enable them to easily identify and access available long-term care services and supports for older adults and adults with disabilities. The portal functions required by this section may be assigned to an entity that has responsibilities in addition to those required by this section. The portal shall contain the following information:

(a) A current list of home and community-based care waiver service providers accepting new clients, including links to websites and contact telephone numbers, organized by region that is updated on a weekly basis.

(b) Non-Medicaid resources to support the cost of home and community-based services.

(c) Referral information for legal service organizations.

(d) Guidance regarding family navigation of hospital discharge protocols and options.

IX. On or before June 30, 2025, create a public facing online dashboard to track home and community-based waiver services data, including, but not limited to, results of any performance measurement assessments, waiver services authorized but not paid, current wait times for receiving waiver services and the number of people from institutionalized care into the community.

151-E:26 Person-Centered Counseling Program. The department shall:

I. Create a new person-centered counseling program in each contracted aging and disability resource center (ADRC) to provide support and assistance to persons living at home or in short or long-term institutional settings, including hospitals, to transition into community-based settings. The program shall include referrals and support to access, at a minimum, but not limited to: assistance with completing Medicaid applications, discharge planning, referrals and access to Title III-B and Title XX services and programs, referrals and access to community-based services, housing, and other supports and services to meet the needs of the individual and their family. These services shall not replace or duplicate targeted case management services described in RSA 151-E:17.

II. Increase operational capacity in each ADRC to enable the provision of person-centered counseling services for adults, including but not limited to, educating consumers about available community-based resources for long-term services and supports, assistance with completing Medicaid applications, and assistance with the transition to access such services.

III. Establish performance metrics for each contracted information and referral resource center to assess each office's ability to provide the services contained in this section.

151-E:27 System of Care Implementation and Reporting Requirements.

I. When preparing the biennial budget for the Choices for Independence program, the department shall prepare data showing the amount program provider rates would be increased to be in alignment with the rate plan as completed by the department.

II. The department shall review and propose rates for the Choices for Independence program in accordance with section 1902 (a)(30)(A) of the Social Security Act and requirements for Medicaid home and community based waiver programs under section 1915(c). The department shall provide a report to the house health, human services and elderly affairs committee and senate health and human services committee, the house finance committee, the senate finance committee and the joint legislative committee on health and human services established in RSA 126-A:13 on or before July 1, 2024. The focus of the rate study is to promote efficiency, economy, quality of care and access to services within New Hampshire's Choices for Independence program. The rate study shall establish reimbursement methodologies utilizing the U.S. Centers for Medicare and Medicaid Services Market Basket Index as an inflation benchmark for rate-setting purposes. The department shall seek input from Choices For Independence beneficiaries, providers, and other stakeholders in regard to access to Choices For Independence services in future rate setting processes. Information regarding access to services shall be publicly documented and shall be considered in the subsequent rate-setting process.

III. On a biennial basis, the department shall perform a financial review to determine whether ADRC offices are receiving sufficient funding to maintain their operations and make legislative budget requests if additional funding is warranted.

IV. Beginning November 1, 2023, and annually thereafter, the department shall report to the governor, the state commission on aging established in RSA 19-P:1 and the joint legislative committee on health and human services established in RSA 126-A:13. The report shall provide detailed information regarding the status of the implementation of this subdivision.

V. Beginning in 2024, the report shall address the following:

(a) The total cost of Medicaid long-term care services and Choices for Independence program services.

(b) The extent to which the state's long-term care support and services systems are consistent with a system of care.

(c) A description of any actual or planned changes in department policy or practice or developments external to the departments that will affect implementation of a system of care.

(d) Any other available information relevant to progress toward full implementation of a system of care.

(e) The result of pilots regarding access with the counties.

(f) A review of options to enhance the system of care.

(g) Presumptive eligibility findings and recommendations for next steps.

(h) The status of changes to the NH Easy application system and any additional enhancements needed.

(i) The status of reimbursement rates and rate study.

VI. Beginning in 2025, the report shall also address the following:

(a) Identification of those actions which will be required to maximize federal and private insurance funding participation in the system of care, along with target dates for completion.

(b) Identification of changes to statutes, administrative rules, policies, practices, and managed care and provider contracts which will be necessary to fully implement the system of care.

(c) Identification of significant gaps in the array of long-term care supports and services for older adults and adults with disabilities, along with a description of plans to close those gaps.

VII. Beginning in 2026, the report shall also address the following:

(a) Projections of future demand for services in the system of care.

(b) Identification of shortfalls in workforce sufficiency affecting full implementation of the system of care and plans for addressing those shortfalls.

(c) Identification of specific plan amendments and other changes to the Medicaid system required for full implementation of the system of care and plans for making those changes.

(d) Numbers of older adults and adults with disabilities waiting services in various categories.

VIII. Beginning in 2027, the report shall also address the following:

(a) Detailed statistical information regarding older adults and adults with disabilities serviced, along with demographic characteristics, service need and provision, involvement in service systems, service funding sources, and placement or other site of service provision.

(b) Financial information, including but not limited to measures of cost-effectiveness, comparisons with other states with regard to levels of funding from federal, state, local, and private sources, and cost savings resulting from service coordination and effectiveness.

(c) An assessment of any influences external to the department of health and human services, including configuration of the private long-term care health care system, which may be affecting establishment of the system of care.

3 Appropriations; Department of Health and Human Services; System of Care for Healthy Aging.

I. For the purpose of developing a plan to establish and maintain the system of care for healthy aging as described in RSA 151-E:25, III, a sum not to exceed $50,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services. The appropriation shall be nonlapsing and may be used to engage outside qualified and experienced vendors to assist in the production of the plan. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval

of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

II. For the purpose of developing and implementing the online portal, dashboard, and data collection systems described in RSA 151-E:25, VIII and IX, a sum not to exceed $100,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services. The appropriation shall be nonlapsing and may be used to engage outside qualified and experienced vendors to assist in the production of the dashboard and data collection. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

III. For the purpose of enabling the department to complete the reporting requirements described in RSA 151-E:27, a sum not to exceed $150,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services. The appropriation shall be nonlapsing and may be used to engage outside qualified and experienced vendors to assist in the production of reports in 2024 and 2025. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

4 Appropriation; Department of Health and Human Services; Person-Centered Counseling Program. The sum of $1,197,600 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services for the purpose of funding the person-centered counseling program established in RSA 151-E:26. Said funds shall be nonlapsing. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend any federal funds available for the purposes of the counseling program without prior approval of the fiscal committee of the general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

5 System of Care and Peer-Centered Counseling; Staffing; Classified Positions Established.

I. The following classified positions are established in the department of health and human services to support the person-centered counseling program established in RSA 151-E:26:

(a) Program Specialist III (Labor Grade 23, Step 5); and

(b) Program Specialist IV (Labor Grade 25, Step 5).

II. The sum of $190,000 for the biennium ending June 30, 2025, is hereby appropriated to the department of health and human services for the purpose of funding the positions established in paragraph I. In addition to the appropriation and notwithstanding RSA 14:30-a, the department may accept and expend matching federal funds without prior approval of the fiscal committee of the

general court. The governor is authorized to draw a warrant for the general fund portion of said sum out of any money in the treasury not otherwise appropriated.

III. The commissioner of health and human services, to the extent possible, shall fill available vacant classified positions as necessary to implement the system of care for healthy aging established in section 2 of this act, including additional staffing to perform rate setting, streamlining of application process, creation and maintenance of public facing dashboard and online portal for providers, updating of performance measures and other required activities.

6 Personal Care Services; Definition of Personal Care Services Provider. Amend RSA 161-I:2, XII to read as follows:

XII. "Personal care services provider" means a person who:

(a) Is selected by:

(1) The eligible consumer;

(2) The eligible consumer's legal guardian;

(3) The eligible consumer's representative; or

(4) A person granted power of attorney by the eligible consumer; and

(b) Is employed by a home health agency or other qualified agency to provide personal care services; and

(c) Is not:

(1) The eligible consumer's legal responsible relative, except as authorized pursuant to RSA 161-I:3-a;

(2) The eligible consumer's legal guardian, ***except as authorized pursuant to RSA 161-I:3-a***;

(3) The eligible consumer's representative; or

(4) A person granted power of attorney by the eligible consumer, ***except as authorized pursuant to RSA 161-I:3-a.***

7 Personal Care Services; Authorization of Legally Responsible Relative. Amend RSA 161-I:3-a to read as follows:

161-I:3-a Authorization of Legally Responsible Relative, ***Guardian, or Person Granted Power of Attorney.*** The department may authorize reimbursement to a legally responsible relative, ***a guardian, or a person granted power of attorney by the eligible consumer,*** who provides personal care to an eligible consumer with special health care needs residing at home. Such reimbursement shall occur only when the department determines that the needs of the eligible consumer, the unavailability of appropriate providers or suitable alternative care services, and cost efficiencies make utilization of a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer,*** for the provision of such services necessary and appropriate. Reimbursement shall be limited to care that is medically necessary due to specific health needs and shall not be made for care generally expected and provided by a legally responsible relative,

guardian, or person granted power of attorney by the eligible consumer. The department shall not authorize reimbursement to a legally responsible relative, ***guardian, or person granted power of attorney by the eligible consumer,*** until a plan and rules adopted pursuant to RSA 541-A, are reviewed and approved by the oversight committee on health and human services, established in RSA 126-A:13.

8 Long-Term Care; Information and Referral. Amend RSA 151-E:5 to read as follows:

151-E:5 Information and Referral. The department shall establish a system of community-based [~~information and referral~~] ***aging and disability*** resource centers that provide information and referral services to [~~elderly and chronically ill adults~~] ***older adults and adults with disabilities***. The [~~information and referral~~] ***aging and disability resource center*** network established under this section shall not be used for the purpose of political advocacy, but may inform and educate the general court regarding the extent of services available as well as the unmet needs in the community.

9 New Section; Personal Care Services; Financial Eligibility for Adult Home and Community-based Care Waiver Programs. Amend RSA 167 by inserting after section 4-e by the following new section:

167:4-f Financial Eligibility.

I. Financial eligibility for Medicaid adult home and community-based waiver programs shall include the following resource limits:

(a) For married individuals, revert to the standard in place prior to the passage of the federal Affordable Care Act, so that only the resources in the name of the applicant, and not the resources in the name of the applicant's spouse are counted for purposes of determining Medicaid resource eligibility; and

(b) For single individuals, establish a resource disregard of $6,000, which would have an effective resource limit of $7,500.

II. Department of Health and Human Services; Resource Disregard Enhancement Authority; Rulemaking. Pursuant to RSA 161:4-a, the department of health and human services shall enter into rulemaking, subject to the Centers for Medicare and Medicaid Services (CMS) approval as necessary, to revert the resource standard for married persons prior to the passage of the Affordable Care Act and increase the resource disregard to a maximum of $6,000 for individuals seeking nursing facility services or home and community based care under state waivers established under section 1915(c) of the Social Security Act.

10 Department of Health and Human Services; Eligibility for Assistance. Amend RSA 167:4, I(b) to read as follows:

(b) ***To the extent permissible under federal law,*** in the case of an applicant for public assistance or medical assistance who has made an assignment or transfer of assets to an individual for less than fair market value within [~~60~~] ***36*** months, or ***for up to 60 months if deemed***

necessary by the department based upon case specific information or extenuating circumstances, or in the case of transfers of real estate, or transfers of assets to a trust or portions of a trust that are treated as assets disposed of by the individual within [~~60~~] ***36*** months, ***or for up to 60 months if deemed necessary by the department based upon case specific information or extenuating circumstances,*** immediately preceding the date of application or while the application is pending, or in the case of a recipient of public assistance or medical assistance who makes such an assignment or transfer while in receipt of the assistance, the assistance sought shall only be granted or continue to be granted in accordance with rules establishing restrictions and eligibility criteria for such cases as adopted by the commissioner of the department of health and human services under RSA 541-A, subject to applicable federal regulations and waiver approval, if any, and review by the oversight committee on health and human services, established in RSA 126-A:13. The oversight committee on health and human services shall make a report to the legislative fiscal committee which shall have final approval authority.

11 Effective Date. This act shall take effect July 1, 2023.

2023-1015s

AMENDED ANALYSIS

This bill expands the state's systems of care for healthy aging, increases access to home and community based services, establishes person-centered counseling programs through aging and disability resource centers, and makes appropriations to the department of health and human services for these purposes.

Committee Minutes

SENATE CALENDAR NOTICE
Health and Human Services

Sen Regina Birdsell, Chair
Sen Kevin Avard, Vice Chair
Sen Jeb Bradley, Member
Sen Rebecca Whitley, Member
Sen Suzanne Prentiss, Member

Date: January 11, 2023

HEARINGS

Wednesday	01/18/2023
(Day)	(Date)

Health and Human Services	Legislative Office Building 101	9:00 a.m.
(Name of Committee)	(Place)	(Time)

9:00 a.m.	**SB 32-FN**	relative to the opioid abatement trust fund.
9:15 a.m.	**SB 35**	relative to RSV vaccine administration.
9:30 a.m.	**SB 36-FN**	relative to systems of care for healthy aging.
9:45 a.m.	**SB 34-FN**	relative to the controlled drug prescription health and safety program.
10:00 a.m.	**SB 30**	relative to membership of the New Hampshire council on developmental disabilities.

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

SB 32-FN

Sen. Rosenwald	Sen. Gannon	Sen. Soucy	Rep. Nordgren
Rep. Rochefort	Rep. Tellez	Rep. Telerski	Rep. J. Murphy

SB 35

Sen. Rosenwald	Sen. Fenton	Sen. Perkins Kwoka	Sen. Gannon
Rep. Merchant	Rep. Rochefort		

SB 36-FN

Sen. Gannon	Sen. Watters	Sen. D'Allesandro	Sen. Avard
Sen. Bradley	Sen. Ricciardi	Sen. Carson	Sen. Rosenwald
Sen. Whitley	Sen. Ward	Sen. Pearl	Sen. Perkins Kwoka
Rep. Hobson			

SB 34-FN

Sen. Gray	Sen. Bradley	Sen. Birdsell	Sen. Avard

SB 30

Sen. Whitley	Sen. Prentiss	Sen. Rosenwald	Sen. Chandley
Sen. D'Allesandro	Sen. Perkins Kwoka	Sen. Gannon	Sen. Watters
Sen. Altschiller	Sen. Fenton	Sen. Soucy	Rep. Grossman
Rep. Cornell	Rep. Staub		

Cameron Lapine 271-2104

Regina Birdsell
Chairman

Senate Health and Human Services Committee

Cameron Lapine 271-2104

SB 36-FN, relative to systems of care for healthy aging.

Hearing Date: January 18, 2023

Time Opened: 10:02 a.m. **Time Closed:** 11:48 a.m.

Members of the Committee Present: Senators Birdsell, Avard, Bradley, Whitley and Prentiss

Members of the Committee Absent: None

Bill Analysis: This bill expands the state's systems of care for healthy aging, increases access to home and community based services, and expands the role of the office of the long-term care ombudsman.

Sponsors:

Sen. Gannon	Sen. Watters	Sen. D'Allesandro
Sen. Avard	Sen. Bradley	Sen. Ricciardi
Sen. Carson	Sen. Rosenwald	Sen. Whitley
Sen. Ward	Sen. Pearl	Sen. Perkins Kwoka
Rep. Hobson		

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Who supports the bill: In total, **103** individuals signed in in support of SB 36-FN. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Who opposes the bill: In total, **2** individuals signed in in opposition to SB 36-FN. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Who is neutral on the bill: In total, **2** individuals signed in as neutral on SB 36-FN. The full sign in sheets are available upon request to the Legislative Aide, Cameron Lapine (cameron.lapine@leg.state.nh.us).

Summary of testimony presented in support:

Senator Bill Gannon

Senate District 23

- Senator Gannon said that most people will need services at some point as they age. He said that he wants to stay in his own home as he ages. He said that people need access to community-based services.
- Sen. Gannon said that between the American Rescue Plan Act of 2021(ARPA) and the Inflation Reduction Act of 2022 (IRA), the federal government made $924,000,000 available to New Hampshire but the State was only able to receive $724,000,000 because the necessary infrastructure was not in place to receive nearly $200,000,000.
- Sen. Gannon said that the federal funding should be available for the next eight years and he would like to get every cent available for New Hampshire.
- Sen. Gannon said that it is 80% less expensive to keep someone in their home, compared to nursing home care. He said that SB 36-FN would cost $310,000 and receive $220,000,000 in federal funding.
- Sen. Gannon said that New Hampshire would receive the federal funding if there were appropriate staff together.
- Sen. Gannon said there are people who want to be hawkish about federal monies. He said he was not an expert on that topic.
- Senator Avard said he was sympathetic to the goals of SB 36-FN. He asked, once federal funding runs out, how much money New Hampshire would be responsible for.
    - Sen. Gannon said that ARPA funds are available for the next four years and IRA funds for the next eight. He said that others will be able to answer more specifically on the costs. He said that the current costs to cover the staff associated with SB 36-FN would be $310,000.
- Sen. Avard said that he was worried about the federal government micromanaging New Hampshire policies. He asked if SB 36-FN opened the door to federal involvement.
    - Sen. Gannon said that there is always a stick where there is a carrot. He said that there will be some type of restrictions or stipulations to the federal funding. He said that other testifiers could say more about the specifics.
- Senator Prentiss described her personal experience with her 90-year-old mother moving to New Hampshire. She asked if the $310,000 cost was per year or over the lifetime of the funding.
    - Sen. Gannon said that it was a per year figure, which would need to take into account wage increases and such.
- Senator Whitley said that she was thinking of the community-based systems of care in other areas. She said that it has been shown in children's mental health that community-based care leads to better outcomes and saves money compared to hospital-based care. She said that it feels like aged care is the final frontier for community-based systems of care.
    - Sen. Gannon said that he would expect similar savings for community-based aged care. He said that there is a 6,000% return on investment, based on the amount of federal money available.
- Sen. Prentiss said that there is a period of time now to build out services, find cost savings, and not leave money on the table. She said it can be worked on at a future point in time how to make the program resilient.

- Senator Birdsell asked how much SB 36-FN would cost, as there was no fiscal note prepared.
    - Sen. Gannon said that the $310,000 figure he cited was based on the five staff positions needed for SB 36-FN, plus additional costs for IT development.
- Senator Bradley asked if the positions Sen. Gannon described were included in the text of SB 36-FN.
    - Sen. Gannon said they were not but it worked out to $300,000 for staff plus $10,000 for software development.

Amy Moore and Keith Kuenning

Ascentria and Waypoint

- Ms. Moore said that while SB 36-FN is exciting, it is important to recognize that the aged care system is in crisis. She said that Ascentria serves 400 clients across the state and has never seen the system so bad. She said that people are dying because they cannot access care and are being found days later.
- Ms. Moore said that the New Hampshire Fiscal Policy Institute (NHFPI) conducted a report and found that the Choices for Independence (CFI) system has been underfunded by $150,000,000 since 2011 and that has led to people being turned away from care.
- Ms. Moore said that Ascentria serves people from the ages of 18 to 102, and most of their census is under the age of 70. She said that hospitals are overrun because they cannot discharge patients to home-based care.
- Ms. Moore said that ARAP funds have allowed home-care agencies to invest in mentoring and pay closer to reasonable wages. She said that her daughter can make more money babysitting than Ms. Moore's agency can afford to pay someone for performing home-care.
- Sen. Whitley asked for insights on how the system got to this point.
    - Ms. Moore said that rate setting rules have been suspended each year, meaning that reimbursement rates have not changed significantly in many years. She said that the state has not invested small amounts along the way, leading to a crisis. She said that CFI is cheaper than a nursing home.
- Mr. Kuenning said that Waypoint serves about 200 individuals and has stopped taking referrals because they cannot find staff for the pay offered. He said the majority of people that they have hired recently have been family members. He said that Waypoint will decide in July if they can continue to offer a home-care program.
- Mr. Kuenning said that Waypoint raises $500,000 per year to keep the program afloat.
- Mr. Kuenning said that CFI is a filter between hospitals and nursing facilities. He said that there is an entire ward at Dartmouth-Hitchcock that cannot be discharged because there is no home-care available.
- Mr. Kuenning described the CFI system as rearranging the deckchairs on the Titanic as it struck the iceberg.

- Sen. Bradley asked how the language on Page 3, Lines 10-14 will change what is currently in law.
    - Ms. Moore said that they are asking for the State to honor what is written. She said that the rules keep getting suspended and rates are not being addressed. She said that the rates need to be raised to make up for the neglect of the system.
- Sen. Bradley asked if what Ms. Moore said is reflect on Page 3, Lines 13 and 14.
    - Ms. Moore said that it was.
- Sen. Bradley asked how far under the Centers for Medicare and Medicaid Services (CMS) Market Basket index are New Hampshire's current reimbursement rates.
    - Ms. Moore said that the NHFPI report spoke to that but she did not have the specific amount.
    - Mr. Kuenning said that he was unsure as well.
- Sen. Bradley asked, for Ms. Moore's agency alone, what the costs would be to move from the current CFI rate to a Medicaid Title XX Social Service Block Grant funding rate.
    - Ms. Moore said that she was unsure but it would not be cheap to do. She said that the system has been neglected for many years. She said that a $4 or $5 per hour raise would be a lot but it is needed when McDonald's is hiring at $14 per hour. She said that Ascentria is paying $11.50 or $12 per hour at this time. She said that they stopped hiring people for more than 29 hours per week because they could not afford to pay them insurance as full-time employees.
- Ms. Moore said that there are people who want to do the work but the home-care agencies need the money to be able to pay them reasonably.
- Ms. Moore said that some home-care workers are receiving state assistance because they are not making enough money despite working.

Jessica Eskeland

Senior Public Policy Manager, Alzheimer's Association

- Ms. Eskeland said that in 2020, 26,000 people in New Hampshire lived with Alzheimer's and there were 58,000 caregivers providing unpaid care. She said those numbers are projected to increase 23% by 2025.
- Ms. Eskeland said that she supports the expansion of financial eligibility for CFI.
- Ms. Eskeland said that, because of the duration of Alzheimer's and the high cost of care, many people will eventually require Medicaid to pay for their care. She said that expanding eligibility will mean that more people can access care.
- Ms. Eskeland said that the CFI system is complex. She said more people want to access care but find the process difficult.
- Ms. Eskeland said that expanding ServiceLink will allow for more staffing to help connect people with services.
- Ms. Eskeland said that she supports adjusting the reimbursement rates each year with the CMS Market Basket index in an effort to attract and retain a robust workforce.

Christina Fitzpatrick

State Director, AARP NH

- Ms. Fitzpatrick said that the current system is designed and weighted towards supporting long-term care facilities.
- Ms. Fitzpatrick said that home-based care costs less than a nursing home.
- Ms. Fitzpatrick said that New Hampshire spends 14% of public dollars designated for long-term care on home and community-based care, making New Hampshire 50th in the nation. She said that the average spending in New England is 36% and the national average is 45%.
- Ms. Fitzpatrick said that more strides need to be made towards balance.
- Sen. Whitley said that the 14% figure particularly struck her. She said that the system seems off-balance. She asked how the system got to where it is today.
    - Ms. Fitzpatrick said that nursing homes are better set up to take part in the in-take process because they can absorb the costs of waiting for someone to receive Medicaid eligibility while still receiving care. She said that smaller healthcare agencies cannot do that. She said that nursing homes are also better organized to handle the various, divided services that are available.

Jill Martin

- Ms. Martin is an AARP volunteer from Dover. She is also the caregiver for her 92-year-old mother.
- Ms. Martin said that she took part in the Senior Leadership Program and did a final team project where her team developed over 100 questions related to aged care and aged care services and found the system is very complex.
- Ms. Martin encouraged the Committee to establish coordinated systems of care of the elderly.

Cheryl Steinberg

Justice in Aging Project, New Hampshire Legal Assistance

- Ms. Steinberg said that people prefer to remain in their homes to receive care as they age.
- Ms. Steinberg said that New Hampshire is the 2nd oldest state and is getting older. She said that the capacity to care for that population is already not there and is only going to get worse.
- Ms. Steinberg said that she worked with NHFPI on determining the costs of the system. She said that those findings are incorporated into the legislative findings of SB 36-FN.

- Ms. Steinberg said that SB 36-FN is based on the system of care of children's behavioral health. She said that the language is inserted in RSA 151-E, the Long-Term Care statute, but the intention is to have it operated as its own independent statute. She said that SB 36-FN has eight new sections and amendments to five pieces of existing statute.
- Ms. Steinberg said that SB 36-FN includes findings, a statement of policy, definitions, duties of the Department of Health and Human Services, expansion of ServiceLink, and five new staff positions in the Office of the Long-Term Care Ombudsman and the Department.
- Ms. Steinberg said that SB 36-FN amends the presumptive eligibility for Medicaid eligibility to allow for expedited processing of applications for CFI services. She said that people do not receive care if they cannot afford it while waiting for Medicaid approval. Ms. Steinberg said that similar provisions were enacted in 2008 but never fully implemented and have been suspended for the last two bienniums.
- Ms. Steinberg said that SB 36-FN adds language to RSA 151-E:16 to align with the CMS Market Basket index. She said that when a married couple would apply for Medicaid coverage, only the assets of the person applying were considered. She said that the Patient Protection and Affordable Care Act changed that process but SB 36-FN would return to the more streamlined previous system.
- Ms. Steinberg said that SB 36-FN also amends RSA 161-F to amend the duties of the Long-Term Care Ombudsman to also include home and community-based care.
- Ms. Steinberg said that she had heard of a person who had to wait a year and a half to receive approval of Medicaid eligibility.
- Sen. Avard asked why presumptive eligibility was suspended, and how presumptive eligibility works.
    - Ms. Steinberg said that Medicaid can look back 90 days for determining eligibility. She said that the Department has asked to suspend the presumptive eligibility rules. She said that the General Court ultimately did not want the money to be spent on expanding presumptive eligibility.
- Sen. Avard asked if it was the Department or the General Court that suspended the presumptive eligibility.
    - Ms. Steinberg said that the General Court ultimately did the suspending, as it is in statute.
- Sen. Avard asked if the Department had requested the General Court to suspend the presumptive eligibility.
    - Ms. Steinberg said that that was her understanding.
- Sen. Avard asked what the effects were of suspending presumptive eligibility.
    - Ms. Steinberg said that more people were waiting longer to receive Medicaid coverage.
- Sen. Avard asked how many people were affected by the increased wait.
    - Ms. Steinberg said that she was not certain but believed it was many people. She said that nearly all people who apply for Medicaid eligibility meet the criteria of being low-income with no extensive resources or assets. She said that a lot of people clearly meet the criteria but have to go through the full approval process.
- Sen. Avard asked what specifically SB 36-FN did in regard to presumptive eligibility.
    - Ms. Steinberg said that it uses existing statute but with new language. She

said that the Department has been using a 25 day turnaround time but CMS has said that that is too long of a timeframe. She said that SB 36-FN reduces that window to 14 days.

Mark LaCroix

- Mr. LaCroix is from Concord but grew up in Berlin.
- Mr. LaCroix said that as his father got older it became more difficult for him to take the stairs to his condo so Mr. LaCroix and his siblings reached out to ServiceLink for assistance with getting his father a stairlift. He said that it took two months for ServiceLink to responded, only for ServiceLink to say that they had no assistance available.
- Mr. LaCroix said that agencies like to talk about the technical aspects of bills but he wanted to discuss the personal aspects.

Doug McNutt

State Commission on Aging

- Mr. McNutt said that the median length of time for determining Medicaid eligibility is 45 days. He said that some people wait significantly longer. He said that if people cannot supply a specific piece of information on their application, the application can be closed entirely, which can add months to the process. He said that he spoke with a hospital discharge professional who said that even she cannot always be sure she has all the correct documents.
- Mr. McNutt said that presumptive eligibility is very important. He said that if someone applies for Medicaid coverage on Day One of a nursing home stay, and they then wait three months for approval, the nursing home will be paid for those three months. He said that no home-care agency can take someone on as a client and then wait for that eligibility to process.
- Mr. McNutt said that he would be careful about saying that SB 36-FN would save the State money. He said that he could not say that the State would be spending less money in five years' time. He said that it is more accurate to describe it was "spending less more money later".
- Mr. McNutt referenced a chart from the NHFPI report showing the gap between New Hampshire CFI rates and the CMS Market Basket index rates. He said that the gap was $153,000,000 between 2011 and 2021.
- Mr. McNutt said that the Department has asked for increased funding for CFI in their Governor's Budget request. He thinks that is important.
- Mr. McNutt said that he is a Baby Boomer and part of the aging population.
- Mr. McNutt said that they can limit the number of people going into nursing homes by increasing the number of non-nursing home options available. He said that this is important for not needing to build new nursing facilities over time.
- Sen. Bradley asked if the changes made in the 2021 budget cycle increased the

State's CFI spending from $55,000,000 to $72,000,000. He asked if the CMS Market Basket index gap referenced in the NHFPI report is the difference between $72,000,000 and $97,000,000.

- Mr. McNuttt said that he believed those numbers were correct. He said that a handful of services received significant increases in funding in 2021 but those were mostly concentrated on adult day care and personal services. He said most of the CFI programs received a 5% increase in 2021.

Polly Campion and Rebecca Sky

State Commission on Aging

- Ms. Campion said that as people age, they become less visible. She said that older adults fade into the background.
- Ms. Campion said that the Commission recognizes that New Hampshire is an aging state. She said that it is important to ensure that all citizens have the opportunity to thrive as they age.
- Ms. Campion said that the Commission has been engaged in learning about systems of care for older adults. She said that they found five clear points:
  - Most older adults prefer to age in their communities;
  - Most older adults don't plan ahead;
  - There is a complex quilt of services;
  - Information and options for counseling are difficult to find; and
  - Agencies that provide services are understaffed and underfunded.
- Ms. Campion said that in 2021, 32% of direct care providers received one or more forms of public assistance, such as the Supplemental Nutrition Assistance Program or Medicaid.
- Ms. Campion said that it is a goal of the Commission to develop and advance strategies to expand choices. She said that SB 36-FN would increase progress in closing the gaps but would not meet all needs.
- Ms. Campion referenced her written testimony. She said that it is projected that by 2050, 7% of New Hampshire's population will be "old old" – 85 years old or more.
- Ms. Campion said that the Commission voted to endorse SB 36-FN.
- Ms. Sky, the Executive Director of the Commission, said that the idea of using presumptive eligibility is a mechanism for putting CFI funding on-par with the Medicaid nursing facility program. She said that nursing homes can receive retroactive payments, which explains the hospital-to-nursing home pipeline. She said that without a similar system, home-based services are bypassed.
- Ms. Sky said that the Commission is having a taskforce meeting on February 13th to discuss presumptive eligibility and will hear from national experts. She said that the risk from presumptive eligibility is not what it is initially perceived.

Alex Koutroubus

NH Health Care Association and Meals On Wheels NH

- Mr. Koutroubus said that the Health Care Association submitted written testimony.
- Mr. Koutroubus said that SB 36-FN does not directly impact nursing home but because it impacts healthy aging it is important for nursing homes to weigh in. He said that they are generally supportive of the aims of SB 36-FN. He said that other states that have grown their home and community-based care systems have not shrunk their nursing home caseloads.
- Mr. Koutroubus said there is a demand for home-based care but nursing homes are already hanging on by a thread. He said that there is a need to invest in skilled nursing facilities.
- Mr. Koutroubus suggested a minor change to the statement of purpose in SB 36-FN.
- Mr. Koutroubus said that in the Fiscal Year ending June of 2022, the ten home delivery agencies in New Hampshire distributed 1.8 million meals. He said that not all of those are Medicaid funded and CFI is a home-delivered benefit. He said that the pay is $8.11 per meal, with a 50/50 match on cost.
- Mr. Koutroubus said that the Strafford County Meals on Wheels organization said that CFI meals are 16% of their population and pay 22% of their revenue.

Summary of testimony presented in opposition:

Carolyn Virtue

Granite Case Management

- Ms. Virtue said that she was concerned that different issues were getting blended together.
- Ms. Virtue said that long-term care systems and systems for healthy aging are very different.
- Ms. Virtue said that SB 36-FN adds systems for healthy aging to the long-term care statute, which is designed to serve people with needs.
- Ms. Virtue said that the State should not take the healthy population over the age of 60 and add them to an already overburdened system. She said that she had no problem with addressing the needs of the CFI waiver process but it was foolish to add healthy elders to that population.
- Ms. Virtue said that SB 36-FN would add 269,000 people to the population served at a minimum because the Census does not report on citizens over 60, only those over 65. She said that she is concerned about lowering the age for being a senior citizen to 60, rather than raising it higher than 65. She said that many people are remaining working members of society beyond age 65.
- Ms. Virtue said that she remembered when the Department requested the creation of ServiceLink and the Department said it would be self-funding. She said that ServiceLink is not self-funded and is also not codified in statute. She said that she does not know why it is a good idea to codify ServiceLink in statute now.
- Ms. Virtue said she was not sure why SB 36-FN leaves out case management. She

said that statute currently says that services should be provided by independent case management organizations. She said that the ServiceLink language in SB 36-FN is not consistent with that statute.

- Ms. Virtue said that there are other providers similar to ServiceLink. She asked why ServiceLink should be singled out in statute. She said that the market should be allowed to prevail.
- Ms. Virtue said that she has many concerns about SB 36-FN and was only able to see the bill on the Friday prior to the hearing. She said that there are a lot of words in SB 36-FN and words have meaning.
- Ms. Virtue said that if a new system is going to be created it should be its own chapter of statute and not added to the long-term care statute. She said that if the healthy gaining population is added to the statute, money will be taken from CFI. She urged the Committee to protect the funding lines between CFI, nursing homes, and healthy aging.
- Ms. Virtue asked, by creating a new category of Medicaid eligibility based on age, what would happen if they all had to be added to a Medicaid Managed Care Origination (MCO). She said that she believed the CMS website says that if an eligibility category is created, it cannot be limited. She said that is people aged 60 and older are added to an MCO, assuming they were added to the lowest cost category, the cost would be $435.25 per person, per month for a cost of $117,203,938.
- Ms. Virtue said that more study was needed.

Neutral Information Presented:

Wendi Aultman and Melissa Hardy

Bureau Chief, Bureau of Elderly and Adult Services; Director, Division of Long-Term Supports and Services, Department of Health and Human Services

- Ms. Aultman said that the Department is working on the fiscal note and it should be available shortly.
- Ms. Aultman said that the Bureau administers the Older Americans Act of 1965 and social services block grants.
- Sen. Whitley said that the aged care system has been degrading for a number of years. She asked for the Department's thoughts on not requesting funding for presumptive eligibility.
    - Ms. Aultman said that the Department has requested some funding for presumptive eligibility. She said that the Department takes General Funds unless CMS specifically allows for the covering of CFI services. She said that the Department seeks to operationalize something for a federal match or else they would need 100% General Funds.
- Sen. Whitley asked if the Department has pursued CMS approval for matching funds.
    - Ms. Aultman said that the Department has not looked in to applying for an 1115 waiver. She said that some states have done so, but New Hampshire

has not. She said that the Department requested General Funds in 2019 but did not receive those funds.

- Sen. Bradley asked if the Department had requested a rate increase for CFI in their Governor's Budget request.
    - Ms. Aultman said that that is included in their prioritized needs. She said that she believes they ran the numbers for a 3% increase.
    - Sen. Bradley asked if the fiscal note would reflect that.
    - Ms. Aultman said that she believed it would.
- Sen. Bradley asked if the fiscal note would separate out the costs of CFI and the costs for healthy aging.
    - Ms. Aultman said that the fiscal note would address the costs by section of SB 36-FN as written. She said that she would bring some of the comments heard in testimony back to the Department.
    - Sen. Bradley said that he wanted to see a cost breakdown between CFI and health aging.
- Ms. Aultman said that based on the Department's review of SB 36-FN, they are not looking to expand CFI eligibility to anyone who would not currently be eligible. She said that CFI serves people 18 years of age and older with a disability or older adults.
- Ms. Aultman said that every state has an aging and disability services center and ServiceLink is the New Hampshire center. She said that they look for the program to address the need for assistance, outreach, and education before more costly care is needed, including Medicare counseling, caregiver supports, and long-term care support options.
- Sen. Avard asked about someone waiting a year and half for Medicaid eligibility. He asked what caused such a delay and if SB 36-FN would fix it.
    - Ms. Aultman said that the vision would be that assistance would streamline the process. She said that having more people available to help prepare an application would increase successfully applications. She said that a year and a half wait is an outlier. She said that in some cases there can be resources or a transfer of assets and property that can delay or penalize someone as they spend down their money in order to qualify.
- Sen. Avard asked how SB 36-FN would impact independent case management.
    - Ms. Aultman said that, as she read SB 36-FN, the provisions of Medicaid case management did not come to mind. She said that it is not written in SB 36-FN but the role of case management is part of the system of access. She said that part of ServiceLink's role is to engage with people before eligibility and supporting them as they become eligible.
- Sen. Avard asked if there were other organizations like ServiceLink that could provide those services.
    - Ms. Aultman said that, like 2-1-1, the Department works with navigation programs to assist people with phone counseling, etc. She said that most of that work is not long-term care related but, more so, about helping people ensure their eligibility. She said that SB 36-FN proposes additional resources for the Department to require home-based visits from ServiceLink. She said that is different from other navigation programs.
- Sen. Avard expressed a concern about over-bloating government. He asked about lowering the age to 60 for healthy adults, as well as a suggested price tag of over

$100,000,000.

- Ms. Aultman said that she did not interpret SB 36-FN in that way. She said that the Department would need more discussion on those comments.

cml
Date Hearing Report completed: January 23, 2023

Speakers

Senate Health & Human Services Committee
SIGN-IN SHEET

Date: Wednesday January 18th, 2023 **Time:** 9:30 a.m.

SB 36-FN AN ACT relative to relative to systems of care for healthy aging.

Name/Representing *(please print neatly)*

	Support	Neutral	Oppose	Speaking?	Yes	No
X Sen Bill Gannon	☒	☐	☐		☒	☐
Alex Koutroubas / NAHCA / MOW NH	☒	☐	☐		☒	☐
Heidi Kroll / Life Coping	☒	☐	☐		☐	☒
[illegible]	☐	☐	☐		☐	☐
Vanessa Blais	☑	☐	☐		☐	☐
Sarah Sadowski Self	☑	☐	☐		☐	☑
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐
	☐	☐	☐		☐	☐

Senate Health & Human Services Committee
SIGN-IN SHEET

Date: Wednesday January 18th, 2023 **Time:** 9:30 a.m.

SB 36-FN AN ACT relative to relative to systems of care for healthy aging.

Name/Representing *(please print neatly)*

	Support	Neutral	Oppose	Speaking?	Yes	No
Senator Rebecca Perkins Kwoka (SD 11)	☑	☐	☐		☐	☑
Senator David Watters (SD 4)	☑	☐	☐		☐	☑
Amy Moore / Ascentria	☑	☐	☐		☑	☐
Keith Kuenning ~~Borja Alvarez de Toledo~~ / Waypoint	☑	☐	☐		☑	☐
~~Marisa Hardy~~ (DHHS)	☐	☑ provide information vaguely	☐		☒	☐
Sen. Delaney AARP	☑	☐	☐		☐	☐
Sandy Rose AARP volunteer	☑	☐	☐		☐	☐
Harry Tuthill	☑	☐	☐		☐	☑
Sharon Monroe	☑	☐	☐		☐	☑
Nancy Hachi	☑	☐	☐		☐	☐
Jess Eskeland, Alzheimers assoc	☑	☐	☐		☑	☐
Mary Roberge	☒	☐	☐		☐	☐
Karen Ulmer Dorsch	☑	☐	☐		☐	☐

Senate Health & Human Services Committee
SIGN-IN SHEET

Date: Wednesday January 18th, 2023 **Time:** 9:30 a.m.

SB 36-FN AN ACT relative to relative to systems of care for healthy aging.

Name/Representing *(please print neatly)*

	Support	Neutral	Oppose	Speaking?	Yes	No
T. M Izzo	☒	☐	☐		☐	☒
Christina Fitzpatrick	☒	☐	☐		☒	☐
Jill Martin	☒	☐	☐		☒	☐
Paul Munetza NH Hospital Assoc	☒	☐	☐		☐	☒
Cheryl Steinberg	☒	☐	☐		☒	☐
Marc LaCroix	☒	☐	☐		☒	☐
Jill Martin	☒	☐	☐		☒	☐
Polly Campion NHSCOA	☒	☐	☐		☒	☐
Doug McNutt	☒	☐	☐		☒	☐
Christina Fitzpatrick AARP	☒	☐	☐		☒	☐
Heather Carroll NHAHA	☒	☐	☐		☐	☒
Carolyn Vitello GCM	☐	☐	☒		☒	☐
	☐	☐	☐		☐	☐

Senate Remote Testify

Health and Human Services Committee Testify List for Bill SB36 on 2023-01-

Support: 75 Oppose: 0

Name	Title	Representing	Position
Rosenwald, Cindy	An Elected Official	SD 13	Support
Weber, Representative Lucy	An Elected Official	Cheshire 01--Surry and Walpole	Support
Ward, Senator Ruth	An Elected Official	SD8	Support
McLeod, Martha	A Member of the Public	Myself	Support
Carson, Senator Sharon	An Elected Official	Myself	Support
Cotton, Bev	A Member of the Public	Myself	Support
Monroe, Sharon	A Member of the Public	Myself	Support
Spike, Barbara	A Member of the Public	Myself	Support
Hoey, Kathlee	A Member of the Public	Myself	Support
Trought, Elizabeth A	A Member of the Public	Myself	Support
Oranch, Sheila	A Member of the Public	Myself	Support
Desrosiers, Roger	A Member of the Public	Myself	Support
Berner, Roberta	A Member of the Public	Myself	Support
Tentarelli, Liz	A Member of the Public	Myself	Support
Clark, Martha	A Member of the Public	Myself	Support
perencevich, ruth	A Member of the Public	Myself	Support
Lincoln, Mary	A Member of the Public	Myself	Support
Smith, Maja	A Member of the Public	Myself	Support
rtier, Merry	A Member of the Public	Myself	Support
Goegel, Kate	A Member of the Public	Myself	Support
Lewandowski, Jean	A Member of the Public	Myself	Support
Gorhan, Jessica	A Member of the Public	Myself	Support
Garber, Marcia	A Member of the Public	Myself	Support
Spielman, Kathy Sue	A Member of the Public	Myself	Support
Goegel, John	A Member of the Public	Myself	Support
Hatcher, Phil	A Member of the Public	Myself	Support
Richman, Susan	A Member of the Public	Myself	Support
Rasmussen, Elissa	A Member of the Public	Myself	Support
Grophear, Judith	A Member of the Public	Myself	Support
Istel, Claudia	A Member of the Public	Myself	Support
Racusin, Sharon	A Member of the Public	Myself	Support
Throop, Rebecca	A Member of the Public	Myself	Support
Sellarole, Jana	A Member of the Public	Myself	Support
LaFleur, Martha	A Member of the Public	Myself	Support
Scarponi, Ellen	A Member of the Public	Myself	Support
Butler, Ed	A Member of the Public	Myself	Support
Ruka, Sue	A Member of the Public	Myself	Support
Cook, Celeste	A Member of the Public	Myself	Support
Cook, David	A Member of the Public	Myself	Support
Crocker, Richard	A Member of the Public	Myself	Support
Ullrich, Madeline	A Member of the Public	Myself	Support
lewton, Jay	A Member of the Public	Myself	Support
leeley, Stacey	A Member of the Public	Myself	Support
Scribner, Lois	A Member of the Public	Myself	Support
Gilcris, Betty	A Member of the Public	Myself	Support
Hunt, Janet	A Member of the Public	Myself	Support
Cote, Lois	A Member of the Public	Myself	Support

Dubois, Jillian	A Member of the Public	Myself	Support
Martin, Jill	A Member of the Public	Myself	Support
Ruka, Sandra	A Member of the Public	Myself	Support
Cemuda, Mercedes	State Agency Staff	Elderly and Disabled	Support
Baird, Cathryn	A Member of the Public	Myself	Supp
Boutin, Carole	A Member of the Public	Myself	Supp
Cauble, John Michael	A Member of the Public	Myself	Support
Seifert, Bernadette	A Member of the Public	Myself	Support
Solsky Stevens, Lisabritt	A Member of the Public	Easterseals NH	Support
Dorner, Nancy	A Member of the Public	Myself	Support
Raymond, Lori	A Member of the Public	Myself	Support
Kutz, David	A Member of the Public	Myself	Support
conforti-adams, carol	A Member of the Public	Myself carol conforti-adams	Support
Moore, Susan	A Member of the Public	Myself	Support
Lacroix, Mary	A Member of the Public	Myself	Support
Donnelly, Ryan	A Member of the Public	Granite State Independent Living	Support
Altilio, Iris	A Member of the Public	Myself	Support
Chapdelaine, Guy	A Member of the Public	Myself	Support
Jones, Jeffrey	A Member of the Public	Myself	Support
Perrotta, Delores	A Member of the Public	Myself	Support
Hayes, Randy	A Member of the Public	Myself	Support
Todgham, Beth	A Member of the Public	Myself	Support
Wade, Kim	A Member of the Public	Myself	Support
Spencer, Louise	A Member of the Public	Myself	Support
Merritt, Kristen	A Member of the Public	Myself	Support
Stoddard, Kristine	A Lobbyist	Bi-State Primary Care Association	Support
Rosenberg, Karen	A Lobbyist	Disability Rights Center-NH	Support
Davidson, Richard	A Member of the Public	Myself	Support

Testimony

Cameron Lapine

From: Michael J. Cohen <michael@mjchealthsolutions.com>
Sent: Sunday, January 15, 2023 5:16 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: Support SB 36-FN

Caution! This message was sent from outside your organization.

Honorable Committee Members,

As an older adult, a former Executive Director of NAMI NH and someone who has aging relatives I know the advantage of receiving care in a home setting as compared to an institution. For people with disabilities having families and friends near provides even greater quality to their life, especially as they age. SB 36-FN will offer the state and aging adults with disabilities expanded additional options for home and community based care services. This bill will also help reduce expensive institutional services, older adults will not languish in those institutions and a better job in providing comprehensive coordinated care in the community will be supported. I strongly recommend that you wholeheartedly support this bill. Doing so will be best for NH, best for people with disabilities and best for families. Everyone wins. Support SB 36. Thank you.

Respectfully,

Michael J. Cohen
4 Upper Flanders Rd.
Amherst NH 03031
603.496.1657
michael@mjchealthsolutions.com

Cameron Lapine

From: Jean Lewandowski <jlewando@hotmail.com>
Sent: Monday, January 16, 2023 12:06 PM
To: Regina Birdsell; Kevin Avard; Jeb.bradley@leg.state.nh; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Cc: John Lewandowski

Subject: SB36

Caution! This message was sent from outside your organization.

I am sending this testimony in support of SB36, which will come before your committee this Wednesday. My husband and I are both in our mid-70s, in good health, and living independently. Right now, we are very satisfied with the access we have to health care, but we're also aware that even without unforeseen circumstances, there is a good likelihood we will need a bit more support within the next decade of our life. Just like everyone else, we want to "age in place" in our home and community, but the way Medicaid is funded now in NH is exactly backward from what's needed to make this happen.

New Hampshire's Long-Term Systems of Support (LTSS) prioritizes facility-based care, the most expensive setting for all populations in need of support. We spend only 14% of funds for home and community-based care compared to the 45% average nationally. The 2022 New Hampshire State budget for Medicaid (the largest payor) for LTTS allocated about $110,000 for facility-based care per enrollee and about $20,000 for home and community-based care per enrollee. This lopsided use of our public funds does nothing to promote reasonable choice for us and undermines what we and our families want.

Every one of us is ageing—if we're lucky! Senate Bill 36—System of Care for Healthy Aging—will help us each as individuals and all of us as citizens of NH. It addresses not only the broad issues, but many of the operational details needed to move toward making ageing in place a reality. The result will be more comprehensive services—personal care, homemaker services, transportation, meal delivery, emergency response systems, adult day services, family caregiver support, and other types of LTSS--that are already known to help people with developmental disabilities live fulfilling lives in our communities. The cost of LTSS will be reduced by expanding the availability of a less costly community-based services, while helping build inclusive communities that welcome and benefit from people of all ages and abilities.

I look forward to hearing from you about this important bill.

Jean Lewandowski
Nashua

Cameron Lapine

rom: Sharon Monroe <monroenh@gmail.com>
ent: Monday, January 16, 2023 3:32 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: Please support SB36-FN

Caution! This message was sent from outside your organization.

Good afternoon Senate Health and Human Services Committee Members,

As I have watched my parents age and struggle with living independently for as long as possible, I believe support and passage of the measures in this bill are urgently needed and long overdue.

It is much more cost efficient and healthier for those to remain in their homes while still obtaining and affording the care that they deserve and need. Right now the options are extremely limited and as a State we need to make it a priority to expand choices for care for not only the elderly but those with disabilities. Unfortunately we will all need assistance at some point in our lives!

Thank you for your work on this bill and I do hope you will support its passage!

Sincerely,

Sharon Monroe
5 Oakmont Dr., Concord, NH 03301
603-228-6311
monroenh@aol.com

NEW HAMPSHIRE
HEALTH CARE ASSOCIATION

January 17, 2023

MEMORANDUM

TO: Senate Health & Human Services Committee
FROM: Brendan Williams
RE: SB 36

In solidarity with home and community-based services (HCBS), we generally support the aims of SB 36, without getting into all the facets of a very comprehensive bill. This is true even though *our* membership involvement with Medicaid is almost entirely nursing home care, the Cedarcrest Center for Children with Disabilities, and some nominal assisted living participation (given the very poor assisted living state payments).

Evidence from states that have led in supporting robust HCBS shows such support need not come at the detriment of facility-based care.

Consider Oregon – by all accounts the leader in "rebalancing."[1] Today their Medicaid rate sheet shows a home care worker makes no less than $16.67 an hour, but a nursing home also gets a daily Medicaid base rate ($458.45) over *twice* the New Hampshire average rate ($224.02).[2]

In Washington, the average appropriated nursing home rate is $319.82,[3] and a home care worker makes no less than $17.24 an hour.[4]

That higher nursing home rates have accompanied strong support for home care is not surprising. Beyond the fact that policymakers in these two states did not rob Peter to pay Paul, nursing home reimbursement is acuity-based, so it stands to reason that the longer prospective nursing home residents are served at home the higher their acuity will be upon their entering nursing home care, thus contributing to higher rates. Conversely, to care for those who could be cared for at home would be *extremely* detrimental to a nursing home's case-mix index scores and, accordingly, its finances. That is true here in New Hampshire too.

Nor has nursing home care demand disappeared in Oregon or Washington.

In 2001, Washington voters launched a major expansion of home care through passage of Initiative 775. The growth in state-paid home care clients has been exponential.

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[1] "Oregon continues to be a bellwether for reform and innovation in long-term services and supports (LTSS) in the United States." Jeff Luck et al., *The State of Nursing Facilities in Oregon, state fiscal year 2021* 7, OR. STATE U. (Sept. 2022), https://health.oregonstate.edu/sites/health.oregonstate.edu/files/skilled-nursing-facilities/pdf/2021-oregon-nursing-facilities-report.pdf.

[2] *See* http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf.

[3] *See* Wash. Ch. 297, Laws of 2022 § 204(1)(a).

[4] *See* State of Washington Collective Bargaining Agreement with the Service Employees International Union, Local 775 (July 1, 2021-June 30, 2023), Appendix A. Accessible at https://seiu775.org/wp-content/uploads/2021/07/State-of-Washington-2021-2023-CBA.pdf.

However, that increase has not corresponded with a commensurate decrease in nursing home residents, if we compare numbers before the March 2020 COVID-19 federal lockdown of nursing homes, coupled with workforce shortages, caused a large decline in nursing home occupancy nationally. In Washington, the number of state-paid nursing home residents dropped 5% between July 2015 and February 2020, while the number of state-paid home care clients grew 14 percent.[5] Since then, the pandemic decline in Washington nursing home occupancy cannot be presumed to be permanent, as the consequences, as is true here,[6] have been very difficult for the whole care continuum.[7]

These examples suggest caution should be exercised not to oversell the cost savings of home care vis-à-vis nursing home care (moreover, the SB 36 entitlement would kick in at "60 years of age or older" as opposed to 65+ for nursing home care). Instead, home care should be sold on its own merits – not through apples-and-oranges comparisons – as a matter of consumer choice and honoring the dedication of caregivers long devalued.

Thus, I would strike the sentence that reads: "Rebalancing New Hampshire's systems to expand more home and community-based options will reduce the cost of providing services and allow our state to serve more people." We also must keep in mind that the care settings are *interdependent* and *not mutually exclusive* – in Oregon nursing homes, for example, "The large majority of discharges (69%) were to community settings, including home as well as community-based long-term care facilities."[8]

In close, we always try to boost HCBS awareness. Like nursing homes, HCBS has seen the worst of this pandemic.[9] As I wrote in a *Concord Monitor* op-ed recently, "Our long-term care system, including home and community-based settings also struggling with workforce needs, is on the brink of disaster if we continue unchecked on this trajectory."[10] SB 36 in its broad strokes is consistent with our advocacy.

Please feel free to contact me with questions at bwilliams@nhhca.org, or via my cell phone at (360) 791-3979. Thank you for your service.

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[5]*See* Wash. St. Caseload Forecast Council, https://www.cfc.wa.gov/HumanServices_LTC_HCS_Total.htm. The Council updates its data and projections quarterly.

[6]*See* Adam Drapcho, *Health Care Workforce Shortages at Catastrophic Levels*, BUS. NH MAG. (Nov. 10, 2022). I am aware of two county homes alone with wait lists of 138 and 115 prospective residents last Friday.

[7]*See* Sarah Wolf, *Nursing home staff shortage a 'crisis' in Clark County, Washington*, COLUMBIAN (Jan. 9, 2023, 7:36 AM) ("A lack of skilled staff at nursing homes and adult family homes is creating a situation in which local hospitals are filled with people who should be discharged to a skilled nursing facility or long-term care home but can't find a bed.", https://www.columbian.com/news/2023/jan/08/nursing-home-staff-shortage-a-crisis-in-clark-county/.; Kate Walters, *Washington hospitals say financial situation remains dire as viruses surge*, KUOW (Dec. 14, 2022) (citing "the continued issues of discharging patients who no longer need hospital care to places like nursing homes."), https://www.kuow.org/stories/washington-hospitals-say-financial-situation-remains-dire-as-viruses-surge.

[8]*See* Luck et al., *supra* note 1, at page 4.

[9]*See* H. Stephen Kaye & Joseph Caldwell, *Excess Deaths Of Medicaid Home And Community-Based Services Recipients During COVID-19*, HEALTH AFFAIRS (Jan. 2023) ("For younger recipients, excess mortality was 7.4 times that of other community-dwelling Medicaid beneficiaries and 26.6 times that of the general population. As a proportion of expected mortality, excess mortality rates for older recipients and nursing home residents were comparable.").

[10]Brendan Williams, *The brink of disaster*, CONCORD MON. (Jan. 10, 2023).

Cameron Lapine

From: Lois Cote <lcote06@outlook.com>
Sent: Tuesday, January 17, 2023 11:35 AM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: SB36

Caution! This message was sent from outside your organization.

To the Health and Human Services Committee:

I write as a strong supporter of SB36, and development and implementation in New Hampshire of Systems of Care for Healthy Aging.

Having come to live in NH in 1947 at age 11 months, I consider myself a lifelong resident. As a single-income household since divorcing in my 20's, I was never able to afford long-term care insurance. Currently I live alone in Manchester, in an apartment that I've resided in since 2000, when I moved in to care for my aging, widowed father who had developed dementia and was losing his sight.

I do not have children, and have no relatives in this area. Currently my health is good, and I managed so far to avoid Covid infection, having been very careful, because I didn't want to burden others if I became

However, eventually I will need help physically, and possibly need financial support for this care as well. In the 8 years since I retired, my rent has increased over 55%, and we are all well aware of the inflationary pressure in every other aspect of our financial lives. This and last year's Social Security increases have helped, but my savings through my 403B plan have become depleted faster than I anticipated, due to expenses and stock market activity.
I don't see my finances improving.

There is no doubt that home-based healthcare services and supports are my preference, and the preference of my peer-age friends as well. These types of services are far less expensive than institutional settings like for-profit nursing homes, or even county facilities. For the home model to succeed, however, we urgently need to address the lack of affordable housing across the state, including for the care provider workforce. And to attract people to this work, a living wage must be offered. I am hoping that all of this will be included in the plan for Systems of Care for Healthy Aging when you pass this bill into law.

Thank you.

Sincerely,
Lois Cote
Manchester

Sent from Mail for Windows

Cameron Lapine

From: Mercedes Cernuda <mcernuda@nhcare-c.org>
Sent: Tuesday, January 17, 2023 12:12 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: Hearing Details: 9:30 am , SB36 on 1/18/2023 - I Support this Bill

Caution! This message was sent from outside your organization.

Dear Health and Human Services Committee:

As a CFI Care Coordinator for NH Care Collaborative since October, 2018; I support this bill as there is a NEED in NH for Healthy Aging in regards to the System of Care for Healthy Aging; I'm not only a CFI Care Coordinator; I also secured services via the CFI Program for my elderly parents; in 2011 for my elderly Dad, and in 2014 for my elderly Mom; until Dad passed in January of 2012, and Mom passed in July of 2018 at home. My parents never wanted to consider Skilled Nursing Home and this program enabled them remain stable at home, getting the care that they needed as they aged as they had wished, independently without being a burden to their adult children; just the same I was very involved in their care and stayed home (4) years to take care of my beloved mother and did as much as I possibly could for my Dad while still working; however, without the CFI Program, this would not have been possible and thus would have been a hardship on our family.

Respectfully,

Mercedes Cernuda
Care Coordinator
Choices for Independence Program
NH Care Collaborative
25 Roxbury St. Suite 106
Keene, NH 03431
Office: 603-352-7707
Cell: 603-313-8426
Fax: 603-679-1246
Toll Free: 1-866-826-2340
mcernuda@nhcare-c.org
https://nhcare-c.org/

We are in the process of rebranding our name from **Monadnock Collaborative** to **NH Care Collaborative**. Please note that my email address has been changed. I will still get your email even if you used the previous address for a short time. Please be patient with us as we move through this transition and our company rebranding.
Thank you

COVID-19 ATTENTION: Visit the NH.GOV website for the latest COVID-19 information, resources, and guidance. Click here: https://www.nh.gov/covid19/ for tips and resources.

STATEMENT OF CONFIDENTIALITY: This message may contain information that is privileged and confidential and is intended for the exclusive use of the individual(s) to whom it is addressed. If you received this message in error, please contact the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation.

Cameron Lapine

om: Nancy Dorner <nedorner@yahoo.com>
_ent: Tuesday, January 17, 2023 1:00 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: SB 36

Good afternoon Senators Birdsell, Avard Bradley, Whitley and Prentiss;

I am writing to express my support of SB 36.

As a member of the Steering Committee of the Alliance for Healthy Aging and its Advocacy Work Group for 2 years, the need for a systems of care for healthy aging in NH has become clear to me. I have learned about and listened to numerous cases of how inadequate home and community based services (HCBS) have resulted in older adults having to leave their homes. Investing in the recommendations that SB 36 outlines will allow older adults choice regarding where they age and, in the long run, will save money.

I hope that you all will consider supporting SB 36.

Sincerely yours,
Nancy E. Dorner, Bristol, NH resident

easterseals
New Hampshire

17 January 2023

Senator Regina Birdsell, Chair

Senate Health and Human Services Committee

RE: SB 36

Dear Chairwoman Birdsell and members of the Committee:

I am writing today on behalf of Easterseals NH in support of SB 36 proposing innovations to the current long-term care system to promote healthy aging in New Hampshire. I regret not being present for the public hearing, I have an unavoidable conflict.

Easterseals NH provides programming and services for individuals who experience disabilities from early childhood through end of life. Germain to this bill, Easterseals provides home health services and adult medical day services, funded through the Choices for Independence (CFI) Waiver as well as operates the local Manchester Service Link.

The Choices of Independence Waiver is in desperate need of investment and capacity building to meet the needs of the growing population of seniors in New Hampshire. There is a decades old structural deficit in the state CFI budget for which the recent 3% Medicaid rate increases do little to correct. The underfunding and well documented impacts of the pandemic on staffing have created an urgency to provide remedies that enable providers like Easterseals to hire the necessary staff and pay them a livable wage in order to continue to provide the life sustaining community-based care most seniors prefer. The data are irrefutable that investment in community-based care prolongs community tenure thus delaying the need and expense for nursing facility level of care.

Easterseals data for just our home health services reveals that 13% of clients do not receive all the care for which they are authorized for want of staffing. Of the 15,467 hours of service authorized each month, we are only able to provide 13,442 for lack of staffing. In FY22, 28% of program discharges were for inability to provide staff to render the care. This is unsustainable and unfair to the seniors who rely on Easterseals and other like providers to keep them safe and healthy as they age.

SB 36 is an ambitious and necessary start to rebuilding our home and community-based care infrastructure.

I would be happy to discuss this further.

Sincerely Yours,

/s/

Lisabritt Solsky Stevens

Chief Gov't Relations & Compliance Officer, Easterseals NH

555 Auburn Street • Manchester, NH 03103 • 603.623.8863
easterseals.com/nh

Cameron Lapine

From: Shellie Lemelin <shellielemelin@gmail.com>
Sent: Tuesday, January 17, 2023 4:21 PM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: Community base care ,...

Caution! This message was sent from outside your organization.

Hello my name is Shellie Lemelin of Dover, NH.

Please sponsor this bill. I have been on hcbc for many may years. I have cereal palsy and have lived in my apartment successfully with the support of community base care..I want to continue to do so..
I am very active in my city of Dover, NH and would like to continue to be an important part of my community I am on the recreational advisory board. I was told I have good ideas and a lot to offer. So with that being said..if the community base care would stop. I would be at risk of opting to go in a facility...I am not ready for that .
Please support me and people like me to help me to continue to being a contributing member of my community. Thank you .
Shellie Lemelin
Dover, NH

GRANITE STATE HOME HEALTH & HOSPICE ASSOCIATION

January 17, 2023

The Honorable Senator Regina Birdsell
Chairwoman
Senate Health & Human Service Committee
State House
Concord, NH 03301

RE: SB 36, systems of care for healthy aging

Senator Birdsell and Members of the Committee:

The Granite State Home Health & Hospice Association, which advocates for home health and hospice providers and the people they serve, supports Senate Bill 36. Many Association members – from small, privately-owned home care agencies to traditional Visiting Nurse Associations and large social service agencies -- provide personal care, nursing services and homemaking to vulnerable individuals in the Choices for Independence (CFI) program. Home care is the foundation of CFI.

SB 36 offers important steps to stabilize a long-term services and supports system that is currently in crisis. We support all the elements of the bill, including adding resources for ServiceLink, requiring rate increases consistent with the Medicare Home Health Market Basket Index, establishing presumptive eligibility for CFI, and creation of an ombudsmen program. **However, these steps are not enough to save a program that so many people desperately need.**

The Choices for Independence program has been underfunded for years and requires an infusion of cash to save it. Reimbursement rates are too low for agencies to recruit and retain caregivers, not to mention cover the cost of mileage to and from client homes, training, supervision, payroll taxes, workers' compensation insurance, benefits, and electronic visit verification (which will be mandatory in late 2023.) Home care agencies lose money on CFI; many can no longer afford to remain in the provider network.

CFI enrollees are not receiving the care they need to live safely in their homes. In an analysis of DHHS data for SFY 2022 CFI authorizations versus claims paid, our Association determined that, on average, CFI clients did not receive about 40% of their authorized services. That means people are going without assistance getting in and out of bed, changing their clothes, bathing, being reminded to take medications, having a sanitary living space and groceries in the fridge. It's important to keep in mind that CFI enrollees are medically eligible for nursing home level of care, yet they may go days without a CFI visit.

An affiliate of the Home Care, Hospice & Palliative Care Alliance of New Hampshire
Eight Green Street, #2 Concord, New Hampshire 03301 • 603-225-5597 • Fax 603-225-5817
www.homecarenh.org

I would like to highlight several sections of SB 36:

- **Page 2, lines 24-27** The list of CFI services should include "skilled nursing care" and "home health aide services." We believe this was an oversight.

- **Page 3, lines 10-11** This section requires DHHS to comply with RSA 126-A:18-a related to Medicaid home health rate setting—a law that has been on the books for 25 years. Unfortunately, past Legislatures suspended the law or related rule or DHHS simply ignored its obligation. Uniform compliance with this law could have prompted reimbursement rates that kept pace with rising costs and prevented New Hampshire's current CFI crisis. The Association applauds the sponsors for including this section in SB 36.

- **Page 5, lines 29-32** The Association requests that licensed "hospice agencies" be added to list of qualified entities that screen individuals for CFI presumptive eligibility. Hospice social workers frequently help patients and family caregivers apply for CFI to obtain personal care and homemaker services for a dying patient. The CFI application process is burdensome and the turnaround time for eligibility determination is so long that most patients die before they receive their services. Some families don't even bother to apply because the process is more than they can bear in their circumstances. Presumptive eligibility by the hospice agency could ease the burden and speed eligibility. We also request the addition of a section to this bill that might expedite the delivery of CFI services to hospice patients.

- **Page 6, lines 11-12** The Association requests two clarifications in this section. CFI rates should be adjusted **annually** as part of the biennial budgeting process. This would be consistent with the process that the Centers for Medicare & Medicaid Services (CMS) uses to adjust Medicare home health rates and would better keep pace with inflation. This section should specify that the minimum adjustment would be the **CMS Medicare *Home Health* Market Basket Index**. (CMS has provider-specific indices.) This rate has historically been about 2-3% each year and is published annually in the *Federal Register.*

There is a crucial element missing from SB 36 – closing the CFI structural rate gap. CFI rates need to be rebased so they are comparable to NH's current rates for the Title IIIB and XX program, Medicare costs for similar services, and market rates. According to a recent report from the NH Fiscal Policy Institute, CFI has been underfunded by over $153 million since 2011. The gap in 2021 was about $25 million. Unless this rate gap is addressed in the FY 24-25 budget process, SB 36 will not have a meaningful impact on improving the system of care for New Hampshire's low-income, vulnerable adults.

The Association and its members are committed to a robust Choices for Independence program that helps older adults and people with disabilities remain as independent as possible in their homes. We stand ready to assist with data, suggestions, and even ride-along visits to help the Committee understand the severity of the CFI crisis and pass legislation that makes significant improvements in home and community-based care.

Thank you for all your efforts on this critical topic.

Sincerely,

Gina Balkus
Chief Executive Officer

cc: Senate HHS Committee Members

AARP New Hampshire

45 South Main Street | Concord, NH 03301
1-866-542-8168 (toll free) | Fax:1-603-224-6211
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facebook.com/nh

January 18, 2023

Senator Regina Birdsell, Chair
Senate Health and Human Services Committee
107 North Main Street., Room 302
Concord, NH 03301

RE: AARP New Hampshire, Testimony in Support of Systems of Care for Healthy Aging, Senate Bill 36

Dear Chairperson Birdsell and Committee Members:

AARP appreciates the opportunity to submit testimony to the Committee in support of Senate Bill 36, Systems of Care for Healthy Aging, and we thank you for your support on the issues most important to older residents in the Granite State. AARP is a nonpartisan, nonprofit organization and the state's largest advocacy organization focused on the interests of the Granite State's 50-plus population. We have nearly 210,000 members across the state, the great majority of whom vote each year.

New Hampshire is growing older. According to a recent University of New Hampshire study, the ranks of adults in their 50s, 60s, and 70s has expanded substantially over the past 15 years, reflecting the aging of the state's large baby boomer population. New Hampshire's age structure has significant long-term policy implications. One important consideration for policymakers is that the number of older adults will increase rapidly in the next two decades. Many will need long-term care.

AARP is fighting for Granite Staters and all older Americans to have high-quality, affordable options when it comes to long-term care—especially care at home. After a lifetime of hard work and contributing to our society, older people deserve to live with independence, security, and dignity.

Upwards of 90 percent of Americans prefer to age in their homes if health allows it. This helps people maintain connections with friends, loved ones, and communities, plus it costs significantly less.

While policy makers in Concord talk about New Hampshire's long-term care "system," it is not a system at all. It's a fragmented hodgepodge of different services that are underfunded, uncoordinated, and have a heavy bias toward providing care in nursing homes. In fact, only 14 percent of government spending for long-term care services currently goes toward care in the community. That puts New Hampshire 50th on AARP's Long-Term Care Scorecard.

We need a true high-functioning system that enables people to age in their homes when the level of care they need allows it. It should provide a range of services, from help with daily activities such as grocery shopping and bathing, to visits from a nurse to higher levels of care as health deteriorates. Right now, we have an opportunity to fix our failing system before the State falls further into crisis. SB 36, Systems of Care for Healthy Aging Bill would make great strides toward creating a system of long-term services and supports in New Hampshire that provides a greater variety of options for receiving care at home.

The bill provides a road map for rebalancing our system to serve more individuals in less costly and preferred community alternatives. Important components of the bill include increasing the rates paid for such services and expediting access to Medicaid funding in home care.

In addition, the bill contains important elements that would make it easier to obtain timely information about service availability, make applications more user friendly, provide assistance so that individuals and their families can find the services they need, and ensure a robust system for investigating and resolving complaints involving individuals receiving long-term care services.

Right now, we have an opportunity to fix our failing system before the State falls further into crisis, and leaves thousands of older adults across the State without adequate care. On behalf of our nearly 210,000 members in New Hampshire, AARP strongly urges the Heath and Human Services Committee to favorably report out Senate Bill 36. Thank you.

Respectfully submitted,

Christina FitzPatrick
AARP New Hampshire
State Director
cftzpatrick@aarp.org

Data included in this testimony is from:
https://www.healthyagingpoll.org/reports-more/report/older-adults-preparedness-age-place
https://www.aarp.org/research/topics/community/info-2021/2021-home-community-preferences.html
https://carsey.unh.edu/publication/nh-demographic-trends
https://www.longtermscorecard.org/

NHAHA
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

January 18, 2023

Senator Regina Birdsell, Chair
Senate Health and Human Services Committee
107 North Main Street., Room 302
Concord, NH 03301

Re: SB 36 – Relative to Systems of Care for Healthy Aging

Dear Senator Birdsell and Members of the Committee:

On behalf of the New Hampshire Alliance for Healthy Aging, a statewide coalition of stakeholders focused on the health and well-being in New Hampshire, I am submitting this testimony in support of SB 36, a bill seeking to establish comprehensive and coordinated delivery systems to provide long-term services and supports to older adults and adults with disabilities. Given that New Hampshire is the second "oldest" state in the country, it is critically important that Granite Staters have a meaningful choice in options for receiving long-term care services and supports as they age.

When asked, people overwhelmingly express the desire to remain in their homes as they age. Despite this preference, New Hampshire does not have adequate systems in place to meet the need. In addition, our state's complicated long-term care funding system has the unintended consequence of creating financial incentives to provide institutional care, even though home-based care is much less costly.[1]

The pandemic highlighted the need to expand home and community-based services. While nursing facilities made extraordinary efforts to keep their residents safe, at the height of the pandemic, over 80% of COVID-19 related deaths in New Hampshire were residents residing in long-term care facilities. In addition, many residents were required to remain isolated in their rooms and prohibited from visiting with family, causing them extreme distress and depression. The pandemic showed us that the best way to keep people safe and healthy, is to keep them in their own homes.

[1] NH Fiscal Policy Institute, Long-Term Services and Supports in New Hampshire: A Review of the State's Medicaid Funding for Older Adults and Adults with Physical Disabilities" (July 18, 2022) at https://nhfpi.org/resource/long-term-services-and-supports-in-new-hampshire-a-review-of-the-states-medicaid-funding-for-older-adults-and-adults-with-physical-disabilities.

Due to long-standing funding and administrative inadequacies in our state's long-term care delivery system, older Granite Staters and those with disabilities are currently waiting months or even years to receive the services they need in order to stay in their homes and live healthy lives. This results in many people unnecessarily ending up in nursing homes despite their preference to remain at home.

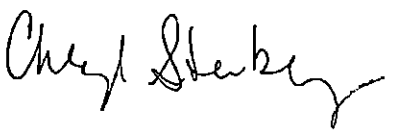
SB 36 is an attempt to help rebalance our state's long-term care delivery systems and provide meaningful choices to people as to where they can live and receive their care. The bill includes a framework for developing comprehensive and coordinated systems of care for older people and adults with disabilities. Key components include:

- Improved mechanisms to expedite eligibility for Medicaid-funded services and broaden pool of people who can be reimbursed as caregivers.
- Securing adequate rates for providers to build and maintain workforce.
- Increasing ServiceLink's capacity to assist consumers in long-term care options and to help them transition from institutional care to the community.
- Expanding the role of the NH Office of Long-Term Care Ombudsman to receive and investigate complaints from people receiving home and community-based services.
- Creating a Long-Term Systems of Care Director position to assist with implementation and to report on progress of the new systems of care.

We need to act now to rebalance our system to ensure that all Granite Staters have meaningful options to long-term care and are able to remain safe in their homes. I urge the Committee to vote Ought to Pass on SB 36.

If you have any questions or would like to discuss this matter further, please feel free to contact Cheryl Steinberg at 603-206-2210 or csteinberg@nhla.org.

Very truly yours,



Cheryl S. Steinberg, Esq.
Director, Justice in Aging Project
New Hampshire Legal Assistance

alzheimer's association®

Alzheimer's Association MA/NH Chapter • 15 Constitution Dr Suite 1G • , Bedford, NH 03110

January 18, 2023

The Honorable Regina Birdsell
Chairwoman, Senate Health and Human Services

The Honorable Kevin Avard
Vice-Chairman, Senate Health and Human Services

Dear Chairwoman Birdsell, Vice-Chairman Avard and Members of the Committee:

Thank you for the opportunity to submit testimony in support of SB 36, an act relative to systems of care for healthy aging. On behalf of the Granite Staters living with or caring for someone with Alzheimer's disease, I respectfully urge you to support this important legislation.

As of 2020, there were an estimated 26,000 Granite Staters living with Alzheimer's disease in New Hampshire. By 2025, this number is expected to increase by 23%, to 32,000 individuals living with this disease. In addition, there are an estimated 58,000 family caregivers providing unpaid care for these individuals. Based on these numbers, it is more important than ever that we're addressing Alzheimer's disease and related dementias, and responding to the needs of New Hampshire residents and their families in need of care and support.

Medicaid

The duration of Alzheimer's disease, combined with the high cost of nursing home care, means that most people with Alzheimer's will ultimately need help from Medicaid. Medicaid is the primary payer of long-term services and supports that most people with dementia rely on for daily support.

The average per-person Medicaid spending for seniors with Alzheimer's and other dementias is 23 times greater than average per-person Medicaid spending across all seniors without dementia.

In 2019, Medicaid spent an estimated $49 billion caring for people with Alzheimer's and other dementias across the country, and by 2050, Medicaid spending on people with Alzheimer's is estimated to total $194 billion, which is a 278% increase from today (in 2020 dollars).

The Alzheimer's Association supports the expansion of financial eligibility for Medicaid adult home and community-based waiver programs included in SB 36. By expanding financial eligibility, more individuals living with Alzheimer's can get access to services that help them stay in their homes and communities, which honors their wishes and represents a cost savings in the long run, as they are able to delay or avoid the need for institutionalized care.

Presumptive Eligibility

Financial eligibility for Medicaid can be very complex, and individuals seeking to access services, either directly for themselves or people they are assisting, report long waits for documentation and approval, and difficulty finding the right information or methods for applying for Medicaid. State data shows that the median processing time for Medicaid application approval in October 2021 was 36 days for nursing facilities and 45 days for Choices for Independence waiver services. These long delays mean people may not receive critically needed services. As such, we support expansion of presumptive eligibility.

Expansion of ServiceLink

We also support the expansion of ServiceLink, particularly as it pertains to services and guidance provided to persons in short and long-term institutional settings to transition into community-based settings. We know that for so many individuals and caregivers, navigating available services, determining eligibility, and accessing support can be difficult. Individuals living with Alzheimer's, as well as their caregivers, will greatly benefit from increased staffing to expand ServiceLink's capacity to provide long-term care counseling services for adults. We applaud all efforts toward educating consumers about available community-based resources for long-term services and supports, assistance with completing Medicaid applications and conducting assessments for presumptive eligibility.

Bolstering availability of these services will allow more Granite Staters struggling with Alzheimer's disease to enjoy more independence and empower them to make their own decisions about where they age.

Biennial Rates Readjustment

Furthermore, we very much support the provision of the bill stipulating that Medicaid waiver program rates shall be adjusted each biennium, based at a minimum, upon the Centers for Medicare and Medicaid Services Market Basket index rate. By ensuring that these rates are consistently assessed and, when needed, adjusted, this bill stands to ensure that long-term care facilities are able to attract and retain a robust workforce, and that individuals choosing to receive care in their homes are able to do so. A robust workforce is critical to delivering a high quality of care to those living with Alzheimer's or other dementia.

Direct Care Workforce

As the population of older adults continues to grow, there will be an increased demand for home and community-based services, which also means an increased demand for paid caregivers, also known as direct care workers. Direct care workers include home health aides, nursing assistants, and personal care aides.

Direct care workers help to shape the daily lives of persons with dementia and assist with all aspects of physical care for those with dementia. However, many direct care workers are leaving the occupation due to low wages, poor benefits, and limited career advancement opportunities.

It is estimated that over the next decade, the direct care workforce will be the largest growing occupation in the country. The United States Bureau of Labor Statistics estimates that there will be 7.8 million direct care job openings between 2016 to 2026, but 2.8 million will leave this workforce for other jobs and 1.4 million new positions will be created due to rising demand. However, the pool of potential workers to fill these positions, which are usually women ages 25 to 64, is only expected to grow one percent in this time frame.

Granite Staters living with Alzheimer's or other dementia and their families deserve access to the services they need and the ability to make their own decisions about their care. Passage of this bill would go a long way towards advancing this goal, and the Association is pleased to support it.

Thank you,

Jessica Eskeland
Senior Public Policy Manager
Alzheimer's Association MA/NH Chapter
(603) 568-9357

Testimony

SB 36

Senate Health and Human Services Committee

Chair Birdsell and members of the committee, my name is Doug McNutt and I am here today to testify in favor of SB 36 relative to systems of care for healthy aging. This bill is intended to create a more coordinated and effective system of care, building on what is currently in place. I am currently a member of the New Hampshire State Commission on Aging and have over 30 years of experience with the New Hampshire system of long-term care for aging adults.

This legislation is necessary because of more than a decade of flat funding and the increasing needs of elders and adults with physical disabilities for home care. This legislation seeks to address the ability to get care in a timely fashion, to address the needs of people who are in crisis and need to get supports in order to stay at home.

According to CMS report NH spends less money on Home Care than most states even if you include spending for Developmental services which is almost entirely non institutional. Based on 2019 Federal Fiscal Year numbers, New Hampshire spent 47% of Medicaid long term care spending on Home and Community-Based care compared to a national average of 59%. This is also less than our neighboring states of Maine and Vermont which are at 63.8% and 68.2% respectively.

In the State Budget year 2021funding for each enrollee in home care totaled $18,997 while for nursing homes funding from all sources was $98,111. This is not to suggest that nursing homes are paid too much, but that services for recipients eligible for nursing home services receiving care at home should be reimbursed at a higher level.

Granite staters have trouble accessing services due to the application process. This is because of the complexity of the process and the length of time it takes. The median length is 45 days, but due to the complexities of producing financial and legal documents there can be delays which result in application taking longer than 45 days. This is too long for families in crisis and needing care for their loved ones. Even professionals find the process to be difficult to navigate.

According to a recent Foundation for Healthy Communities report approximately 20% of residents were unable to be discharged due to an incomplete Medicaid application or because they were awaiting a Medicaid determination. The result of this is that people are stuck in the highest level of care when they don't need to be.

The legislature did make some significant increases to some home care services in the Choices for Independence (CFI) program services in the last biennium. However, prior to that most CFI services had been level funded for more than a decade. That is while the number of people on the program actually increased. As a result, the rates paid under CFI did not keep up with inflation of the numbers of recipients and there is a shortage of home care services available to

those who need them. For those who are receiving services under the Choices for Independence Program (CFI) they are receiving less of the services they have been authorized to receive.

There are a number of needs with regard to the CFI program that are addressed by this bill. One is the need to create a reimbursement method that keeps up with inflation and another is the need to streamline the eligibility process so that people can access home care in a timely manner.

Doug McNutt

Mcnuttdoug8@gmail.com

603-496-3060

Data included in this testimony is from: Long Term Services and Supports in New Hampshire: A Review of the State's Medicaid Funding for Older Adults and Adults with Physical Disabilities New Hampshire Fiscal Policy Institute, July 2022 https://nhfpi.org/resource/long-term-services-and-supports-in-new-hampshire-a-review-of-the-states-medicaid-funding-for-older-adults-and-adults-with-physical-disabilities/

NEW HAMPSHIRE
HEALTH CARE ASSOCIATION

January 17, 2023

MEMORANDUM

TO: Senate Health & Human Services Committee
FROM: Brendan Williams
RE: SB 36

In solidarity with home and community-based services (HCBS), we generally support the aims of SB 36, without getting into all the facets of a very comprehensive bill. This is true even though *our* membership involvement with Medicaid is almost entirely nursing home care, the Cedarcrest Center for Children with Disabilities, and some nominal assisted living participation (given the very poor assisted living state payments).

Evidence from states that have led in supporting robust HCBS shows such support need not come at the detriment of facility-based care.

Consider Oregon – by all accounts the leader in "rebalancing."[1] Today their Medicaid rate sheet shows a home care worker makes no less than $16.67 an hour, but a nursing home also gets a daily Medicaid base rate ($458.45) over *twice* the New Hampshire average rate ($224.02).[2]

In Washington, the average appropriated nursing home rate is $319.82,[3] and a home care worker makes no less than $17.24 an hour.[4]

That higher nursing home rates have accompanied strong support for home care is not surprising. Beyond the fact that policymakers in these two states did not rob Peter to pay Paul, nursing home reimbursement is acuity-based, so it stands to reason that the longer prospective nursing home residents are served at home the higher their acuity will be upon their entering nursing home care, thus contributing to higher rates. Conversely, to care for those who could be cared for at home would be *extremely* detrimental to a nursing home's case-mix index scores and, accordingly, its finances. That is true here in New Hampshire too.

Nor has nursing home care demand disappeared in Oregon or Washington.

In 2001, Washington voters launched a major expansion of home care through passage of Initiative 775. The growth in state-paid home care clients has been exponential.

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[1] "Oregon continues to be a bellwether for reform and innovation in long-term services and supports (LTSS) in the United States." Jeff Luck et al., *The State of Nursing Facilities in Oregon, state fiscal year 2021* 7, OR. STATE U. (Sept. 2022), https://health.oregonstate.edu/sites/health.oregonstate.edu/files/skilled-nursing-facilities/pdf/2021-oregon-nursing-facilities-report.pdf.

[2] *See* http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf.

[3] *See* Wash. Ch. 297, Laws of 2022 § 204(1)(a).

[4] *See* State of Washington Collective Bargaining Agreement with the Service Employees International Union, Local 775 (July 1, 2021-June 30, 2023), Appendix A. Accessible at https://seiu775.org/wp-content/uploads/2021/07/State-of-Washington-2021-2023-CBA.pdf.

NEW HAMPSHIRE
HEALTH CARE ASSOCIATION

9/1/22 Snapshot of Nursing Home Staffing Crisis

Hillsborough County Nursing Home

Wait List: 135 prospective residents
Nursing Vacancies: 73 (57 FTEs)
All Open Positions: 108

Maplewood Nursing Home

Wait List: 110 prospective residents
Nursing Vacancies: "50% nursing positions open, still around 67% LNA vacancies"
Housekeeping, Laundry & Kitchen Vacancies: 30-40%

ST. JOSEPH RESIDENCE
Sisters of the Presentation of Mary
495 Mammoth Road, Manchester, NH 03104-5494
Tel: 603-668-6011 Fax: 603-644-1276

Managed by New Hampshire Catholic Charities
Skilled Rehabilitation and Long Term Nursing Care Services

Associate Commissioner Christine Santaniello
Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

August 26, 2022

Dear Christine:

St. Joseph Residence, a managed home of Catholic Charities of New Hampshire, supports the request of the New Hampshire Health Care Association for ARP Act funding to address the crisis facing our state's nursing homes.

We appreciate the state's past assistance through CARES Act funds. However, since last year's disbursement of grants under the COVID-19 Impact Long Term Care Program, our needs have not abated.
I have six nursing positions open. We are spending over $15,000+ a month on staffing agencies, even after significant wage increases for our own permanent workers. This is unsustainable. Our food costs are up over 10%, compared to this point last year.

We are aware that most states have provided exceptional Medicaid rate increases and/or ARP Act assistance to their nursing homes as the sector tries to recover from the consequences of the COVID-19 pandemic. We would respectfully ask New Hampshire to do the same. As you are well aware, our State of New Hampshire continues to be in the top five of the highest aging populations in the country. Those that reside in our homes deserve the dignity to be well taken care of.

Our residents have given the best of their lives to the communities that they worked and lived in. It is our responsibility to care for those that, without question, gave to us. We ask that you consider this to be a priority in good conscientious. The State of New Hampshire has a wonderful reputation for taking excellent care to those that reside in our homes. They are in our homes because they need this care. In order to continue providing this, we, now more than ever, need the assistance through the CARE Act funds. Thank you for this consideration.

Sincerely,

Marlene Makowski, NHA

Marlene J. Makowski, NHA
Administrator
St. Joseph Residence

New Hampshire
Catholic Charities

SAINT TERESA REHABILITATION AND NURSING CENTER
BISHOP PRIMEAU SENIOR LIVING COMMUNITY
519 Bridge Street, Manchester, NH 03104-5396
T: 603-668-2373 • F: 603-668-0059 • Apartments: 603-668-7703

August 29, 2022

Associate Commissioner Christine Santaniello
Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

Dear Christine:

St. Teresa Rehabilitation and Nursing Center supports the request of the New Hampshire Health Care Association for ARP Act funding to address the crisis facing our state's nursing homes.

We appreciate the state's past assistance through CARES Act funds. However, since last year's disbursement of grants under the COVID-19 Impact Long Term Care Program, our needs have not abated.

Our occupancy (39) is averaging only 76%, and we are incurring a YTD loss of $285,040. This is largely due to workforce challenges, although inflation in the cost of goods is also a factor. We have 25 FTE nursing positions open. We are spending over $77,100 a month on staffing agencies, even after significant wage increases for our own permanent workers. This is unsustainable and difficult for me to manage the rehab center. I often fear the possibilities of a closure. Our food costs are up 52% compared to this point last year. And let's not forget the nursing supplies and briefs at over $10k per month and continuing to climb.

We are aware that most states have provided exceptional Medicaid rate increases and/or ARP Act assistance to their nursing homes as the sector tries to recover from the consequences of the COVID-19 pandemic. We would respectfully ask New Hampshire to do the same. We've had COVID-19 outbreaks and the costs of testing several times per week is expensive.

Thank you for taking the time to read my letter. I hope you can be a supporter of the elders of New Hampshire in need of a place to live and receive care when their families can no longer do so.

Thank you,

Cathy Sturk, Administrator

St. Vincent de Paul Rehabilitation and Nursing Center
29 Providence Avenue
Berlin, NH 03570-3130
T: 603-752-1820
F: 603-752-7149
stvincentrehabcenter.org

CATHOLIC CHARITIES
NEW HAMPSHIRE
Moving Lives Forward

Friday, August 26, 2022

Associate Commissioner Christine Santaniello
Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

Dear Christine:

St. Vincent de Paul Rehabilitation and Nursing Center is in strong support of the request of the New Hampshire Health Care Association for ARP Act funding to address the crisis facing our state's nursing homes.

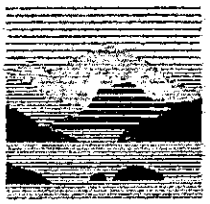
We appreciate the state's past assistance through CARES Act funds. However, since last year's disbursement of grants under the COVID-19 Impact Long Term Care Program, our needs have increased.

Our occupancy is averaging only 83%, we have a wait list of 8 prospective residents, and we are incurring an average monthly loss of over $30,000. This is largely due to workforce challenges, although inflation in the cost of goods is also a factor. We have 20 FTE nursing positions open. We are spending over $160,000 a month on staffing agencies, even after significant wage increases for our own permanent workers. This is unsustainable. Our food costs are up 21% compared to this point last year.

We are aware that most states have provided exceptional Medicaid rate increases and/or ARP Act assistance to their nursing homes as the sector tries to recover from the consequences of the COVID-19 pandemic. We would respectfully ask New Hampshire to do the same.

Kindly,

Jeffrey Lacroix NHA, MLA, FACHCA
Administrator
St Vincent de Paul Rehab and Nursing
29 Providence Ave
Berlin, NH 03570
(Direct Line) (603) 935-4730
(Main Line) 603-752-1820



GOLDEN VIEW
HEALTH CARE CENTER

August 29, 2022

Associate Commissioner Christine Santaniello
Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

Dear Associate Commissioner:

Golden View Health Care Center, a NH independent not-for-profit, supports the request of the New Hampshire Health Care Association for ARP Act funding to address the crisis facing our state's nursing homes.

We appreciate the state's past assistance through CARES Act funds. However, since last year's disbursement of grants under the COVID-19 Impact Long Term Care Program, our needs have not abated.

Our occupancy is averaging in the low 70% and we are incurring severe monthly losses. This is largely due to workforce challenges, although inflation in the cost of goods is also a factor. We have 15 FTE nursing positions, in addition to dining and environmental services positions open which directly have an impact on the residents and our ability to meet infection control standards. We are spending over $63,000.00 a month on staffing agencies, despite every attempt to recruit and retain workers including significant wage increases for our own permanent workers, a newly implement LPN Apprenticeship Program, a pre-apprenticeship program, awarding several scholarships to our employees for career advancement and spending a significant amount of money to recruit and sponsor foreign workers. This is unsustainable. Our food costs are up 25% compared to this point last year and our energy costs are up more than that.

We are aware that most states have provided exceptional Medicaid rate increases and/or ARP Act assistance to their nursing homes as the sector tries to recover from the consequences of the COVID-19 pandemic. We would respectfully ask New Hampshire to do the same.

Respectfully Submitted,

Rosemary Simino

Rosemary Simino, LNHA
Administrator

19 NH ROUTE 104, MEREDITH, NEW HAMPSHIRE 03253 • (603) 279-8111 • fax (603) 677-4154

A NH Community-Based Not-for-Profit Health Care Center

New Hampshire
State Commission on Aging

I 36: An Act Relative to Systems of Care for Healthy Aging
Senate Health & Human Services Committee
Wednesday, January 17, 2023

Good morning, Chair Birdsell and Members of the Committee,

My name is Polly Campion, and I am here in support of SB 36, an Act relative to Systems of Care for Healthy Aging. I am a retired registered nurse and former legislator from Etna. I am here as the immediate past chair of the NH State Commission on Aging. With me is Rebecca Sky, the Executive Director of the Commission on Aging. The establishment of the Commission recognizes that we live in a demographically aging state that could benefit from forward thinking public policy and initiatives that ensure we all have the opportunity to thrive as we age.

Over the past two years, the Commission has been deeply engaged in learning about our current systems of care for older adults. What has become abundantly clear is that:

1. Most older adults would choose to age in their community, preferably in their own home
2. Most of us do not plan ahead, but rather, act in response to a crisis (e.g., fall)
3. A crazy quilt of services exists that would serve to enable older adults to age at home
4. Information/options counseling is hard to find
5. Agencies are understaffed and underfunded

You have heard from Doug McNutt about the study he and Phil Sletten authored for the NH Policy Institute that reviewed the state's Medicaid funding for older adults and adults with disabilities. They presented their findings to the commission.

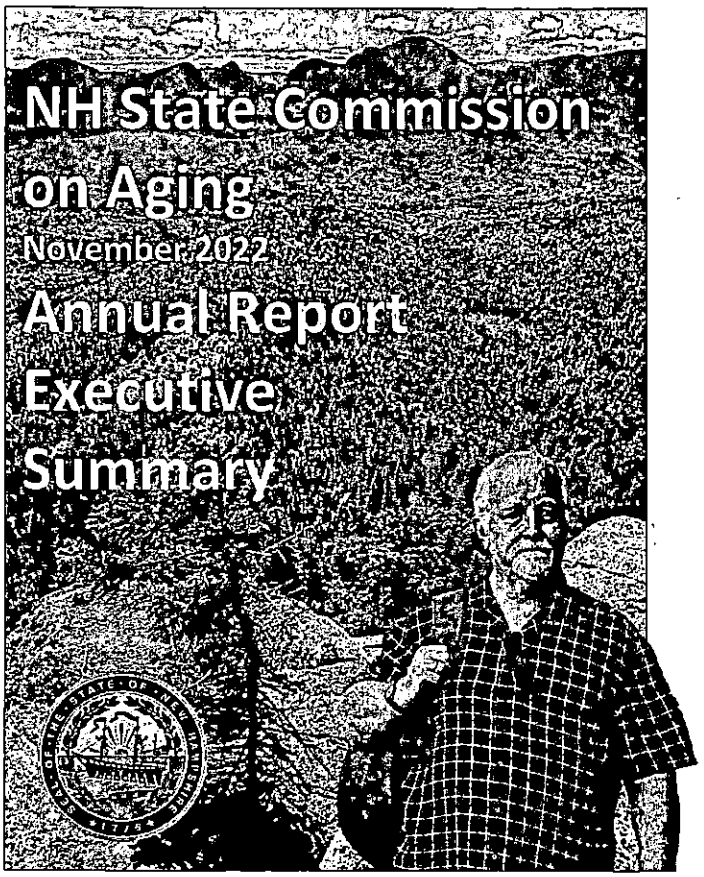
One of the Commission's strategic objectives is to develop and advance strategies to improve people's ability to age in the communities of their choice. Were SB 36 to be implemented, it would represent great progress in that direction, even while not accomplishing all that needs to be done.

I have distributed the Executive Summary of the Commission's Annual Report from 2022. Please 1st look on the backside of the last page of the summary – specifically the graph that tracks among other things the growth of the 85+ population through 2050. The NH Office of Strategic Initiatives projects that the 85+ population of NH in 2050 will be almost 7% of our state's population.* This growth is why we need to address our system of care now. We are already past due on rebalancing our system of care and modernizing how we fund home and community-based services.

Turning to the first page, you will see that the first of three broad recommendations to the Governor and General Court is to strengthen our long-term services and supports system of care. We have been involved in the formulation of this piece of legislation. At our monthly Commission meeting last Monday, the Commission members present voted unanimously to endorse SB 36 conceptually. There was a single abstention, our member from DHHS, Wendi Aultman.

Thank you for time and consideration of this important piece of legislation. We are happy to answer any questions.

*NH OSI 2050 projections for 85+ is 104,301 people or 6.94% of NH's expected population.



INTRODUCTION

Older Granite-Staters both in and out of the workforce add to the value of our economy and especially our communities and families. As we live longer healthier lives, we extend our working years, remain engaged in civic activities longer, and are caregivers to loved ones. Investing across generations and thoughtful shaping of public policy can help grow this opportunity for our state. Each of us ages differently. Regardless of our needs, the resources for living well should be there for all of us as we grow older. An older median-aged society can add value to all our lives. The agenda below envisions a future where older Granite Staters are not only able to meet their basic needs as they age but are also respected and engaged fully in society.

SUMMARY RECOMMENDATIONS

Recommendations for the Governor and State Legislature:

The New Hampshire Commission on Aging has three overarching recommendations for the Governor and the General Court:

1. **STRENGTHEN OUR LONG-TERM SERVICES & SUPPORTS SYSTEM OF CARE**
2. **GROW THE DIRECT CARE WORKFORCE**
3. **ADVANCE AGE FRIENDLY POLICIES, SYSTEMS AND ENVIRONMENTS**

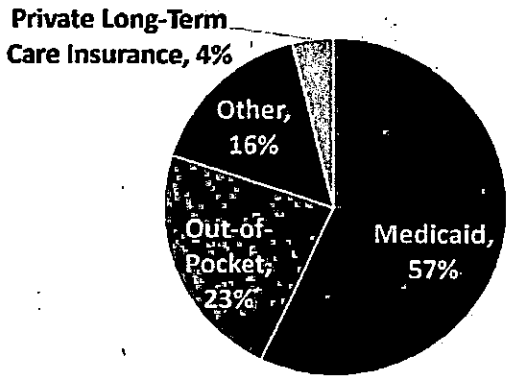
Our experiences since the onset of COVID-19 have exposed both the strengths and weaknesses of the status quo. At this watershed moment, we have an opportunity to pivot – to make changes towards better solutions. Governmental policies and investments ideally recognize that not every person ages in the same way. What follows encapsulates the findings of the Commission on Aging from the previous year, and names actions related to policy changes and funding that can improve what it means to age in the Granite State.

RECOMMENDATIONS

1. STRENGTHEN OUR LONG-TERM SERVICES & SUPPORTS SYSTEM OF CARE

While not all of us will require long-term services and supports during our lifetime, most of us will. Long-term services and supports (LTSS) help individuals with their personal care needs (e.g., nutrition, bathing, and dressing), daily living needs (e.g., housework, meal preparation, and grocery shopping), and some basic medical needs. Findings of the Commission this year suggest that most often people do not plan for this future need and seek services in crisis situations, such as after a fall. Both the public and professionals who are tasked with aiding the public experience challenges identifying and navigating appropriate services and application processes. Investing in our State's ServiceLink network to grow its capacity as an information repository and navigation support is investing in our future selves.

Long-term services and supports can be delivered within nursing facilities or home and community-based settings. Most of these services are provided by unpaid caregivers – relatives and friends. Excluding the services of unpaid caregivers, Medicaid is the primary payer for these services. The chart to the right was developed from 2019 AARP data representing total national LTSS spending. "Other" consists of private health insurance and other public and private sources, such as the Veterans Health Administration, state and local programs, and donations.



LTSS comprise a major and growing portion of the New Hampshire Medicaid budget. The cost of long-term services and supports varies greatly depending on where the services are provided. According to one estimate, in 2021, the median annual cost of care in New Hampshire provided in a nursing facility was $131,400 vs. $74,360 for a home health aide providing 8 hours of care 5 days a week in a home. Median cost in an adult day setting was $22,100. State budget appropriations per Medicaid nursing facility enrollee were approximately $110,000 in fiscal year 2022. Appropriations per enrollee in the Medicaid Choices for Independence Program, which provides care in homes and in the community, were closer to $20,000.

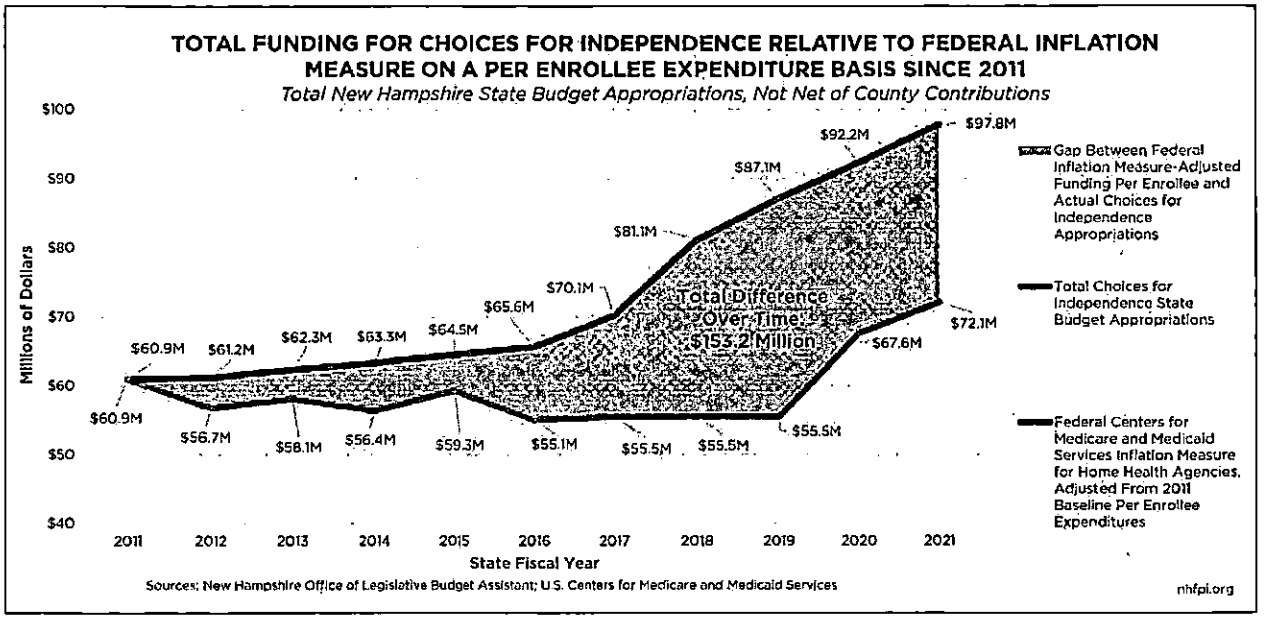


The Future of Aging is Now

"As a nation we are no longer preparing for an historic demographic shift—we are, in fact, deeply immersed in the opportunities, challenges, realities and necessities of a society with a rapidly growing number of older adults."

-US Aging

New Hampshire's current LTSS system of care relies heavily on facility-based care, the most expensive setting for care. Medicaid rate setting mechanisms and payment timing that vary between the Nursing Facility Program and the Choices for Independence Program play a role. Further, the Medicaid Choices for Independence Program rates have not kept up with inflation. (See NHFPI Report).



New Hampshire's *home and community-based spending* as a percent of all LTSS spending for older people and adults with physical disabilities was 14 percent in 2016 - *50th in the country.* The average in the United States is 45 percent. And yet most of us desire to stay at home for as long as possible as we age. **By investing in programs and services that aim to keep people in their homes longer, we improve quality of life while avoiding unnecessary spending.** An update to our systems of care is needed. Home and community-based care is not only preferred by most of us as we age, but also more cost-effective as many do not need 24/7 care.

Our system of care should be considered vital infrastructure and assessed for adequacy. It should enable all people in New Hampshire to have access to services and supports that enables aging with dignity and autonomy. The following recommended changes in policy support independence, choice, and cost-effectiveness:

A. Create a LTSS System of Care Structure:

- Base structure on Statute 135-F Children's Mental Health System of Care updating RSA 151-e.
- Establish an advisory council to collect data on effectiveness of system of care.
- Establish a section of the budget to track costs and savings for policy changes.

B. Improve Access to Home and Community Based Services:

- Increase investments in the ServiceLink network to improve its capacity to help people to better understand and navigate resources. Set standards of services with reportable metrics.

- Fund a ServiceLink Public Awareness Campaign.
- Ease Choices for Independence application process and implement presumptive eligibility.
- Improve access to durable medical goods through contract strategies.

C. Amend Choices for Independence (CFI) Medicaid Waiver Program reimbursement rates:

- Reset rates to better align with current costs. Establish in statute a mechanism to keep rates responsive to inflation.
- Consider adjustments to rates for services where there is a provider gap in the state (e.g., better supporting CFI in assisted living settings can keep more people in a lower level of care longer).

D. Invest in retaining and growing the direct care workforce:

- Policies that serve to strengthen this essential workforce are needed, as there is no system of care without an adequate workforce. See next section for recommendations.

In addition:

- Collaborate with counties to develop equitable solutions enabling LTSS to be increasingly provided in homes and communities.
- Support pilots that model alternative ways to deliver LTSS. Prioritize pilots that seek to support people to live in lower level of care environments. Seek to replicate existing small-scale tests like Sunrise Towers in Laconia and grow adult day programs across the state across the state.
- Expand efforts to layer services over existing housing, for example the Support and Services at Home (SASH) model. Establish cluster care reimbursement options for home and community-based care.
- Support the implementation of the New Hampshire State Plan on Aging which plans for the execution of core programs of the Older Americans Act - foundational elements of a LTSS system of care. Support the NH DHHS BEAS's prioritized need budget request to maintain all nutrition programs reimbursement rates with the parity that was achieved via use of American Rescue Plan Act funds.
- Explore options to support legal guardians of Medicaid eligible individuals to be paid to provide approved personal care services.

By investing in programs and services that aim to keep people in their homes longer, we improve quality of life while avoiding unnecessary spending.



2. GROW THE DIRECT CARE WORKFORCE



Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating; some perform basic clinical tasks. Direct care workers include personal care aides, home health aides, licensed nursing assistants, nurses and other caregivers. The decades' long struggle to maintain this workforce was exacerbated to crisis levels by the COVID-19 pandemic. Prior to the pandemic the growing number of older adults, increased longevity, untenable low wages for caregivers, and shrinking number of people in the "working age" cohort made this issue a brewing storm. The pandemic increased workplace stress and caused burnout, among other issues. This left an inadequate workforce resulting in a large increase in unmet needs and adverse health outcomes among older adults.

Some long-term care facilities are closing beds and some, like the Friendship Manor in New Ipswich, even their doors. According to Gary Cahoon, the co-owner, "It's 100% staffing. We can't hire enough staff to keep going." In October 2022, Hillsborough County nursing home had 140 people on their waiting list to become residents yet 40 to 50 beds unoccupied, entirely because of lack of staffing. In a 2022 survey of home care agencies sixteen agencies reported turning away potential clients due to staffing. One agency commented, "We decline an average of 35 new clients per month. Many of our existing clients only receive partial services because we don't have the staff to cover all their hours." Families clearly are struggling to find placements in facilities or find enough qualified, direct care workers to cover the hours of needed support in their homes. All this has far-reaching consequences.

Care infrastructure, for which direct care workers are the backbone, is critical for the economic wellbeing of this state. Care jobs are job enabling jobs. Having access to a paid direct care worker for a loved one's care can help people avoid making the tough choice between employment to support one's family or providing that necessary care. The availability of care workers is integral to maximizing workforce participation and building a healthy, resilient economy. Direct care workers are essential workers.

One part of stabilizing the direct care workforce is ensuring that workers are financially secure themselves. In 2020 in New Hampshire, 32% of direct care workers accessed some form of public assistance (such as food and nutrition assistance, Medicaid, cash assistance). Investments supporting the direct care workforce could decrease public assistance expenditures, stimulate consumer spending and job growth, reduce costly turnover, and save health care costs. In 2020, the median personal earnings of home care workers in New Hampshire were $16,300.

What is the shortage in New Hampshire? Data from NH Department of Employment Security indicates an overall decrease of 10% in the long-term care workforce and 17% specifically within the skilled nursing workforce from 2015 to 2021. By 2028, it is estimated that we will need approximately 24,400 more direct care workers than we currently have. This is a challenge, especially given the high turnover rate. Turnover destroys continuity of care and is expensive – for employers who need to continually invest in recruitment and training efforts and to consumers whose health may experience setbacks from disruptions in care. We need this workforce to be available, stabilized, and qualified. Direct care workers typically spend more time with an individual than any other member of a support team. They can avert costly life changing events and sometimes make the difference between life and death. Growing the direct care workforce is one of the most critical tasks facing our state.

A. *Amend Choices for Independence Medicaid Waiver Program Reimbursement Rates.*

Establish in statute a mechanism to keep rates aligned with the CMS Market Basket for Home Health Agency Costs which is a measure of input prices changes over time.

B. *Reduce Licensing and Regulatory Barriers.*

Ensure requirements are the least restrictive necessary to ensure public safety, accelerate the processing of license applications, seize opportunities for interstate compacts, & support across-state-line licensure.

C. *Expand Tuition Assistance and Support Programs to Assist a Broad Array of Potential Healthcare Students and to Support Professionals Continuing their Education and Expanding their Career Options.*

Current opportunities for tuition assistance target select roles working in select settings (typically non-profits) and are not available to a broad range of healthcare roles. Expand this option to direct care workers.

D. *Increase the Workforce by Cultivating Interest and Training Opportunities Among Our Increasingly Diverse Youth.*

Cultivate interest in healthcare careers among diverse communities using marketing strategies that are culturally relevant. Engage our youth in programs and supports in schools to expose them to careers in this area and provide them with foundational skills and tools. Develop career counseling/coaching and support models that extend through the first year of employment. What's working already and worth building upon are Career and Technical Education programs, Extended Learning Opportunity programs, NH Career Academy, Work-based Learning programs such as WorkI, and NH Needs Caregivers.

E. *Expand, Train and Market Apprenticeship and Mentorship Opportunities.*

Develop formal partnerships with employers and businesses, providing and supporting comprehensive training for mentors, incentivizing employers to take on apprentices, encouraging clinicians and others to serve as mentors. Build on the work of the Community College System of NH.

F. *Develop and Implement a Comprehensive Strategic Campaign that Elevates the Social Value of the Career and Supports Direct Care Workers.*

Build on existing initiatives such as Stay, Work and Play and others to build direct care work and health care as a lifelong career opportunity. Work to gather input from existing workers in the field.

G. *Create a Centralized New Hampshire Workforce Organization.*

Create a coordinating entity to maintain and implement a long-term vision and set of strategies to strengthen the workforce. Key tasks include building collaboration, data collection, and developing coordinated responses to funding and other opportunities.

H. *Increase Affordable Housing, Transportation Alternatives, and Access to Childcare.*

For many, the low wages of these essential workers may never be tenable unless we improve affordable housing stock, transportation options, and access to affordable childcare. Another strategy is to increase the opportunity for financial security by increasing monthly childcare support for single mothers and decreasing state aid income restrictions for workers in high demand jobs.

3. ADVANCE AGE FRIENDLY POLICIES, SYSTEMS, AND ENVIRONMENTS



Policies, systems, and environments supported by state government ideally reflect the community being served. As New Hampshire's population ages, it is time to advance policies and practices that make it possible for all of us to have the opportunity to thrive and be valued while growing older in New Hampshire.

People on average are living longer and healthier lives than previously. The increase in our disability-free years equates to an increase in our potential productive years and is referred to as the "longevity dividend." The sum of all economic activity driven by the contributions and needs of Americans aged 50 and older is referred to as the "longevity economy." However, the gains to our economy and our communities from the longevity economy cannot be fully realized without purposeful action. Adopting more flexible age norms in relation to family structure, work, retirement, and civic engagement will optimize social and economic benefits to our state. Health, education, employment, and community infrastructure and engagement are areas to target. Innovative technology needs to be more readily available and integrated into our daily living. Attending to inequalities over the life course is increasingly important as people live longer. Disadvantage unfortunately accumulates over a lifetime

Transportation and housing continue to be the top two issues raised when the Commission engages the public. These also rose to the top in the extensive surveying conducted prior to the creation of the last State Plan on Aging. Transportation alternatives which historically have been limited in New Hampshire, face many additional new challenges because of the effects of the COVID-19 pandemic. Small- to mid-sized housing built using universal design principles works for many of us. More housing inventory is good, but so are strategies that make the most of current housing. Policies and programs that create affordable, accessible housing options and meaningful transportation options are good public policy for people of all ages.





Senior programs/centers and long-term care facilities, disproportionately impacted by COVID-19, remain active in pandemic phases of response, recovery, and planning for the future simultaneously. All have changed operations in response, seeking to balance infection control with maintaining quality of life. Rallying behind quality programs/centers and long-term facilities is critical to avoid closures. Equally important is supporting development of new, high caliber options. This is a unique and critical moment in time to attend to the resiliency of these organizations.

A. *Transportation Policy*



- Support investment into an assessment of transportation needs of older adults, veterans, and people living with disabilities. Use findings to guide future planning and investments.

B. *Housing Policy*

- Address housing instability by adopting innovative housing policies and pilot programs that increase affordable, accessible housing options for older adults and work force, preferably together. A Housing Champion Certification Program could assist towns to achieve the housing they desire.
- Expand efforts to layer services over existing housing.

C. *Civic Engagement*

- Acknowledge that New Hampshire's population is aging and the need by all of us to confront ageist perceptions and their social, economic, and political impact upon NH.
- Recommend use of American Rescue Plan Act funds to remedy the impacts of the COVID-19 virus on older adults, provide direct relief, and stimulate local longevity economies by providing opportunities for older adults to participate in their local communities in safe, meaningful ways.
- Expand Right-to-Know statutes to allow public bodies to achieve a quorum with members participating either in-person or via remote means. Hybrid meetings with remote access have improved the level of engagement of older adults in the political process.
- Amend the statute that defines the Commission on Aging (Chapter 19:P) to improve the operations of the Commission.

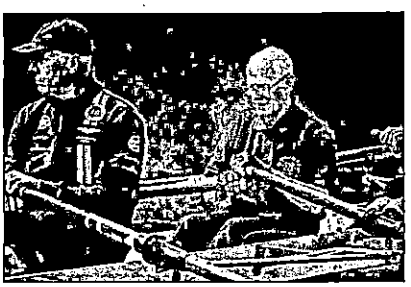
D. *Technology Infrastructure, Growth, and Utilization*



- Support expansion of high-speed broadband, telehealth public policies, and investment into technology goods and services which support healthy aging and later-life living. The goal of investments should increase availability, affordability, in-home hardware support, and general education on use. Specific funding opportunities are needed for senior programs to support purchase of technology to address social isolation: to provide access to those that don't have technology, to provide training for people to use their own technology at home.
- Promote actions that better connect UNH, Dartmouth College and other institutions of higher education with the needs of older adults in our state. Support interactions that enable researchers both within New Hampshire and beyond to participate in developing technologies, innovations, and workforce to expand the role of tech in making our towns and cities more age-friendly and experiments that apply these innovations in real world scenarios.

- Challenge the private sector to engage with New Hampshire communities to bring the benefits of emerging technologies to the aid of older adults in our state. Specifically, support pilot projects with partners in the health care sector that use New Hampshire communities as manageable ecosystems for trials of new technologies and learning around effective uses. Reach beyond our state borders to find health care partners who can benefit from small scale pilot programs and potentially see New Hampshire as a state to expand their operations.

E. Age-friendly Community Action



- Promote interactions within regions, towns, organizations, and service providers with a goal of moving towards age-friendly communities improving livability for people of all ages and local economies which leverage the opportunity of the "longevity economy".

F. Senior Programming/Centers and Skilled Nursing Facilities

- Invest in initiatives that work to retain quality long term care organizations in our state.
- Establish a statewide long-term care facility council to give voice to older adult and family concerns. Engage in activities supporting resident rights, resident centered care, and caregiver visitation.
- Provide resources to community senior centers/programs.

BACKGROUND

The Commission on Aging was established in 2019 through a legislative process to advise the Governor and the General Court on policy and planning related to aging. The establishment of the Commission recognizes that we live in a demographically aging state that could benefit from forward thinking public policy and initiatives that ensure we can all have the opportunity to thrive as we age.

The Commission completed a strategic planning process over the summer of 2020 developing a three-year plan that outlines four strategic priorities as avenues for investigation for the Commission. Four task forces were formed in alignment with the strategic priorities:

- Develop and advance strategies to improve people's ability to age in the communities of their choice
- Catalyze New Hampshire towards being an age-friendly state
- Engage leaders regarding the emerging needs of older adults during the COVID-19 epidemic
- Develop Commission infrastructure to support operational success

The full report captures the observations and learning that occurred during this past year's Commission and Task Force meetings, bringing forward recommendations for the Governor and Legislature to consider. These were approved by the membership of the Commission at the October 2022 meeting of the Commission.

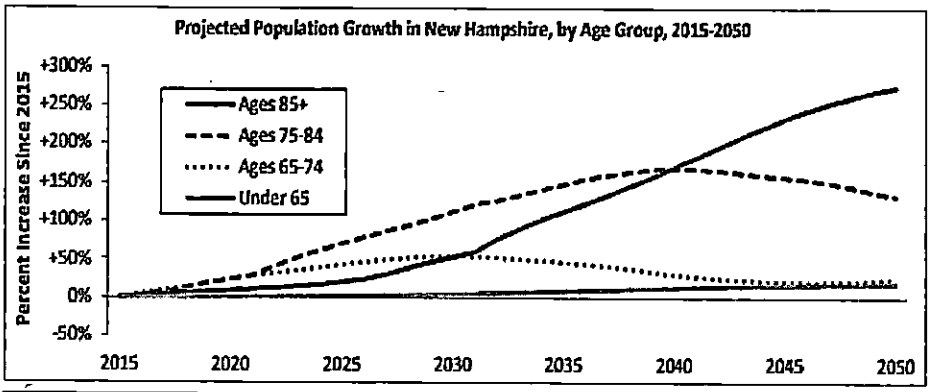
DEMOGRAPHIC DATA

2020 Census Snapshot – Percentages of New Hampshire's Total Population

From demographer Ken Johnson, PhD presentation, May 2022 to Commission on Aging

Ages 55-64	Ages 65-74	Ages 75-84	Ages 85+	Total
16 %	11 %	5.%	2 %	34%

The largest *percentage* of older adults in the state is in northern New Hampshire; the largest *number* is in southern New Hampshire. Just 33% of New Hampshire residents over the age of 25 were born in New Hampshire.



Graph from AARP Across the States 2018: Profile of Long-Term Services and Supports in NH Currently in New Hampshire, one out of every five of us is over the age of 60. There is much work to be done to prepare our state to flourish during the demographic shift we are experiencing.

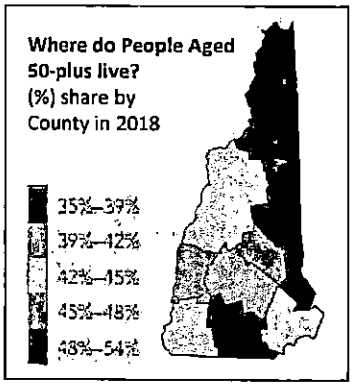


Image from AARP Longevity Economy State Profiles: NH. Oct.2020

QUESTIONS?

Rebecca Sky, Executive Director
New Hampshire State Commission on Aging
Rebecca.L.Sky@nhcoa.nh.gov
603-271-0527



NEW HAMPSHIRE
FISCAL
POLICY
INSTITUTE

LONG-TERM SERVICES AND SUPPORTS IN NEW HAMPSHIRE:

A REVIEW OF THE STATE'S MEDICAID FUNDING FOR OLDER ADULTS AND ADULTS WITH PHYSICAL DISABILITIES

PRESENTED BY PHIL SLETTEN, NHFPI RESEARCH DIRECTOR

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

OCTOBER 12, 2022

NHFPI REPORT EXAMINING KEY MEDICAID SERVICES IN NEW HAMPSHIRE

- *Long-Term Services and Supports in New Hampshire: A Review of the State's Medicaid Funding for Older Adults and Adults with Physical Disabilities*
- Published online at www.nhfpi.org
- Designed to serve as an overview of Medicaid-funded long-term services and supports in New Hampshire, examine investments in both home and community-based services and institutional care, and enhance understanding of the challenges facing these Medicaid services
- Focused on older adults and adults with physical disabilities; some findings may also be relevant to services for individuals with developmental disabilities or acquired brain disorders

LONG-TERM SERVICES AND SUPPORTS (LTSS) AND MEDICAID FUNDING IN NEW HAMPSHIRE

TWO KEY FORMS OF MEDICAID LTSS

Institutional Care from Nursing Facilities

- Funded through "traditional" Medicaid
- Provides 24-hour care for key purposes, including monitoring, restorative nursing or rehabilitative care, certain medication administration requirements, or assistance with certain daily activities

Home and Community-Based Services (HCBS)

- For older adults and adults with physical disabilities, provided through a Medicaid waiver program named Choices for Independence (CFI)
- Provided to eligible adults who are also clinically in need of care at the level provided in a nursing facility
- Other Medicaid waivers for individuals with intellectual or developmental disabilities and acquired brain disorders

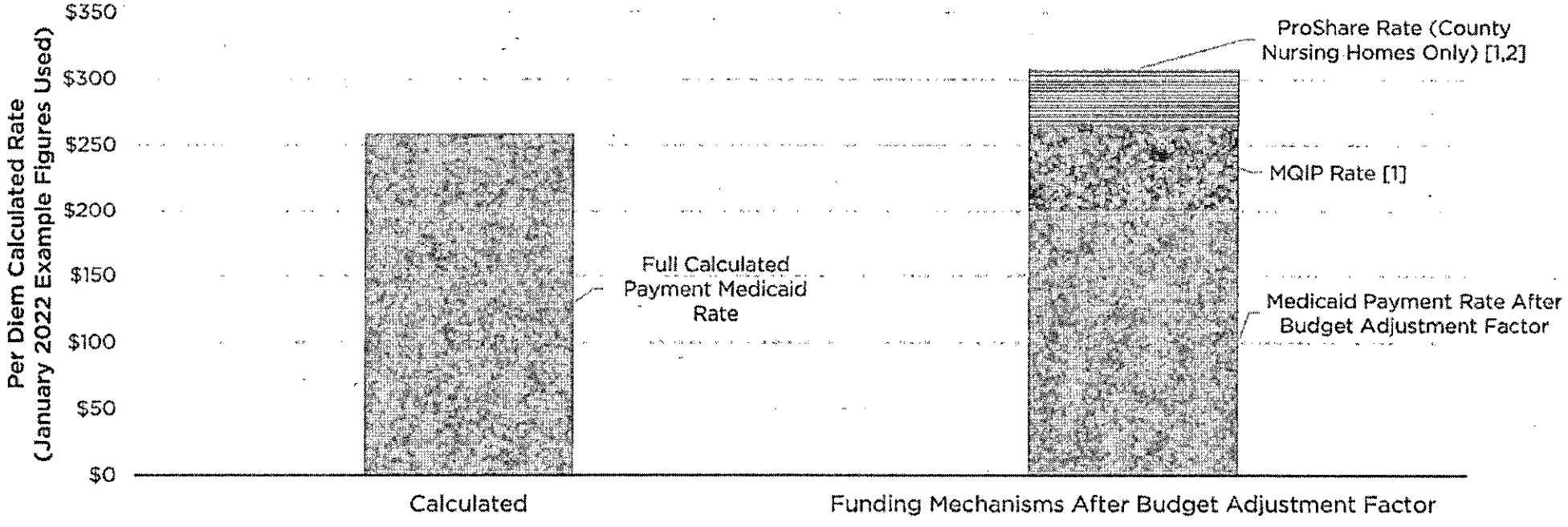
FUNDING FOR NURSING FACILITIES

- Funding calculated based on cost reports, accounting for patient enrollment and acuity
- Key cost components, including certain facility and capital costs, accounted for in per diem reimbursements specifically for each facility, with regular updates to patient acuity data
- U.S. Centers for Medicare and Medicaid Services (CMS) calculates the CMS Market Basket for Skilled Nursing Facility input costs, used for inflation adjustment estimates
- Appropriations reduced by a budget adjustment factor, 23.62 percent reduction from calculated costs in State rule
- Budget adjustment factor offset by other payments, including Medicaid Quality Incentive Payment (MQIP) and, for county nursing homes, Proportionate Share Payments (Proshare)
- Both MQIP and ProShare paid in part by nursing facilities, with matching federal Medicaid funds increasing total amounts paid

EXAMPLE OF NH MEDICAID FUNDING STRUCTURE FOR NURSING FACILITIES

NEW HAMPSHIRE CALCULATED AND ACTUAL STATE FUNDING MECHANISMS FOR NURSING FACILITIES

Example Figures for Illustrative Purposes Only, Includes Funds Sourced from Nursing Facilities



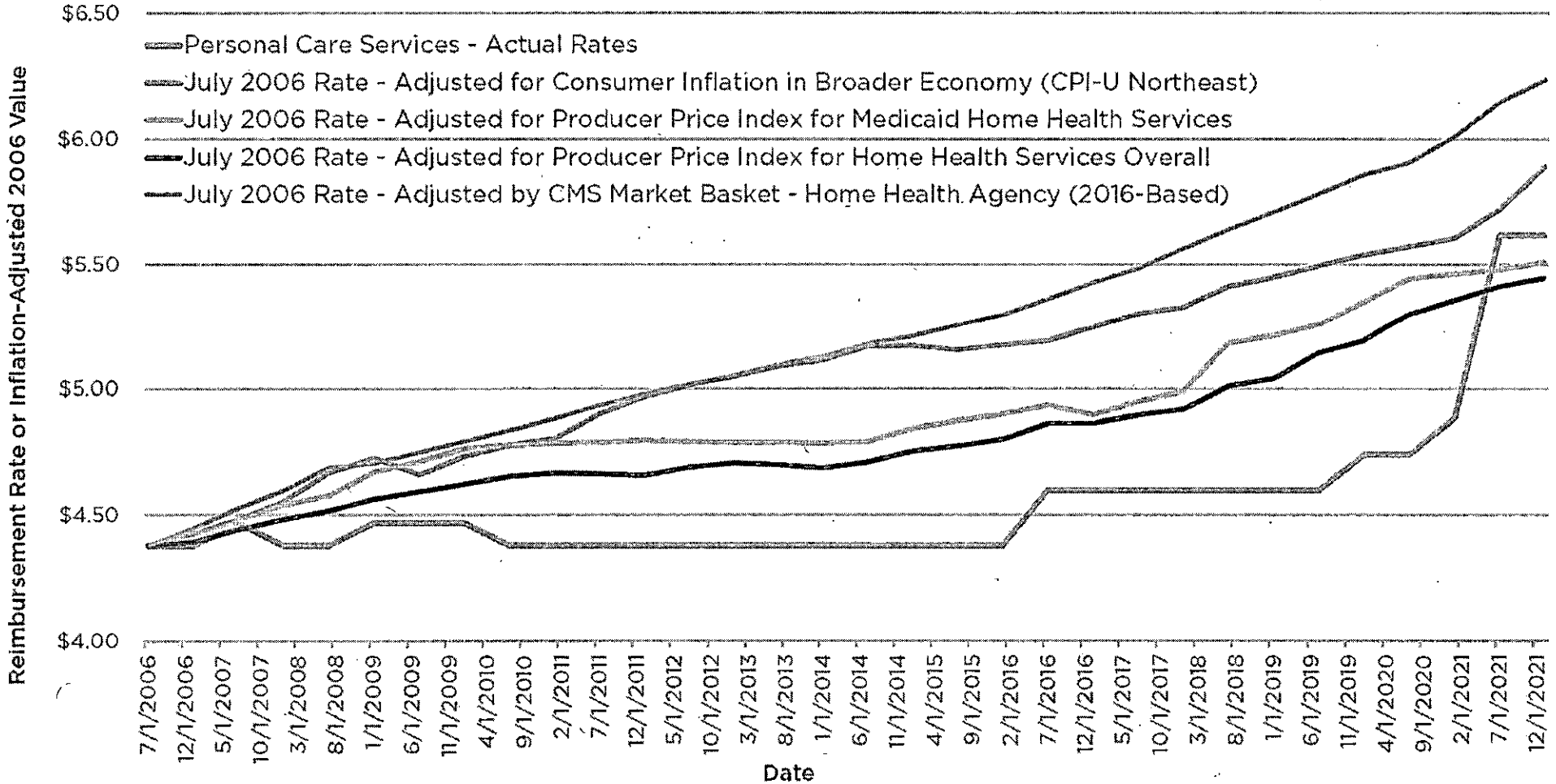
Notes: [1] MQIP and ProShare are funded in part by nursing facilities that support matching federal Medicaid funds.
[2] ProShare rates based in part on certified costs, rather than a per diem rate. This graphical representation is based on a historical relationship between total MQIP and ProShare funding and available MQIP per diem rates.
Source: New Hampshire Department of Health and Human Services

CHOICES FOR INDEPENDENCE (CFI) MEDICAID WAIVER FUNDING STRUCTURE

- Based on set, fee-for-service reimbursement rates for certain eligible services delivered by providers
- Reimbursement rates dependent on State Budget funding, typically set for longer periods to fixed dollar amounts rather than automatically updated
- No cost reporting structure similar to the reporting required from nursing facilities to inform reimbursements
- Of the ten most commonly authorized CFI services funded in State Fiscal Year 2018, nine fell behind the CMS Market Basket for Home Health Agencies inflation measure from July 2006 to January 2022

SOME CFI REIMBURSEMENT RATES BOOSTED SIGNIFICANTLY IN MOST RECENT BUDGET

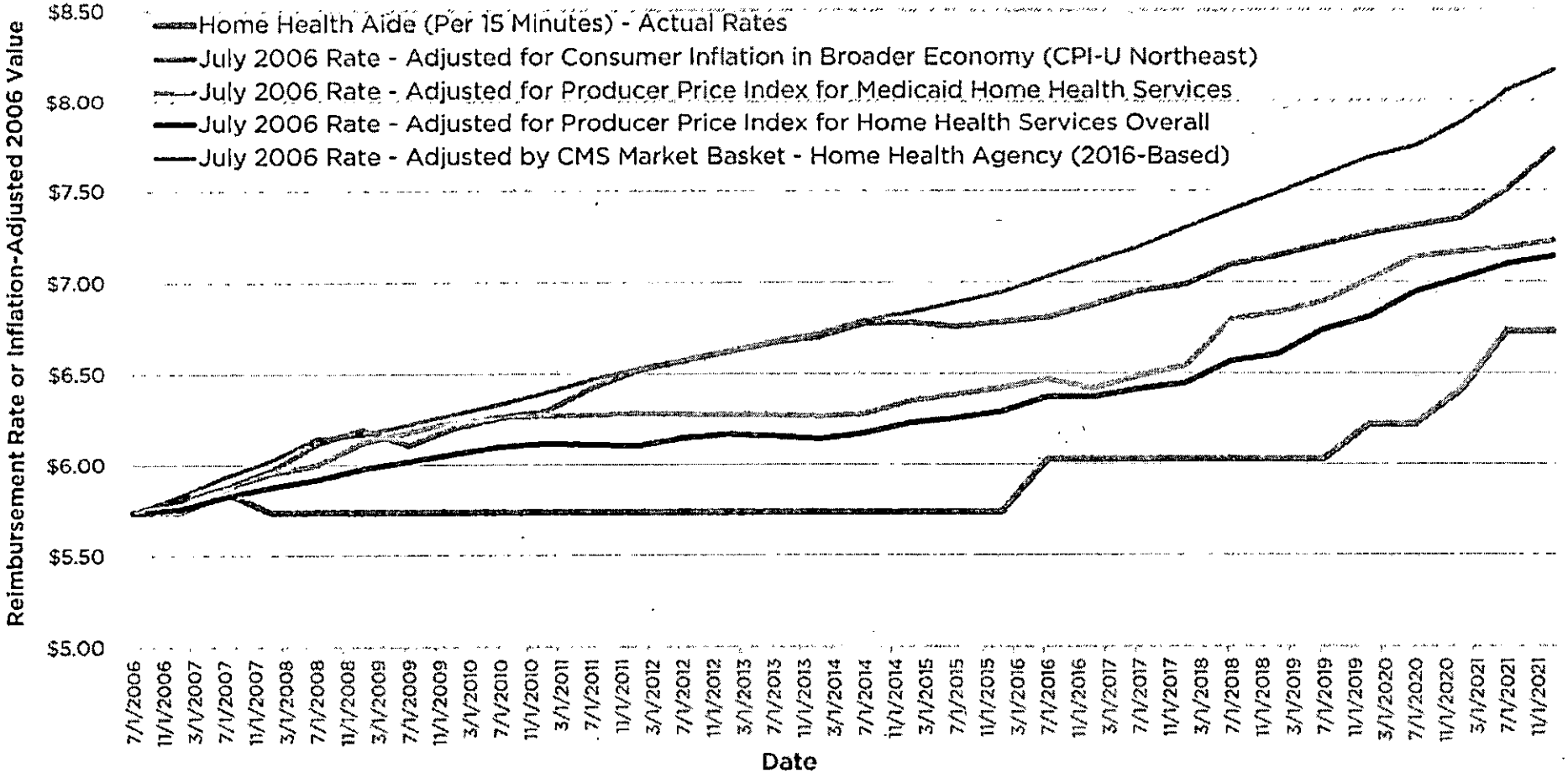
NEW HAMPSHIRE MEDICAID REIMBURSEMENT RATES RELATIVE TO INFLATION
CFI - PERSONAL CARE SERVICES (AGENCY AND CONSUMER-DIRECTED)



Sources: New Hampshire Department of Health and Human Services;
U.S. Bureau of Labor Statistics; U.S. Centers for Medicare and Medicaid Services

OTHER CFI REIMBURSEMENT RATES HAVE FALLEN SIGNIFICANTLY BEHIND INFLATION

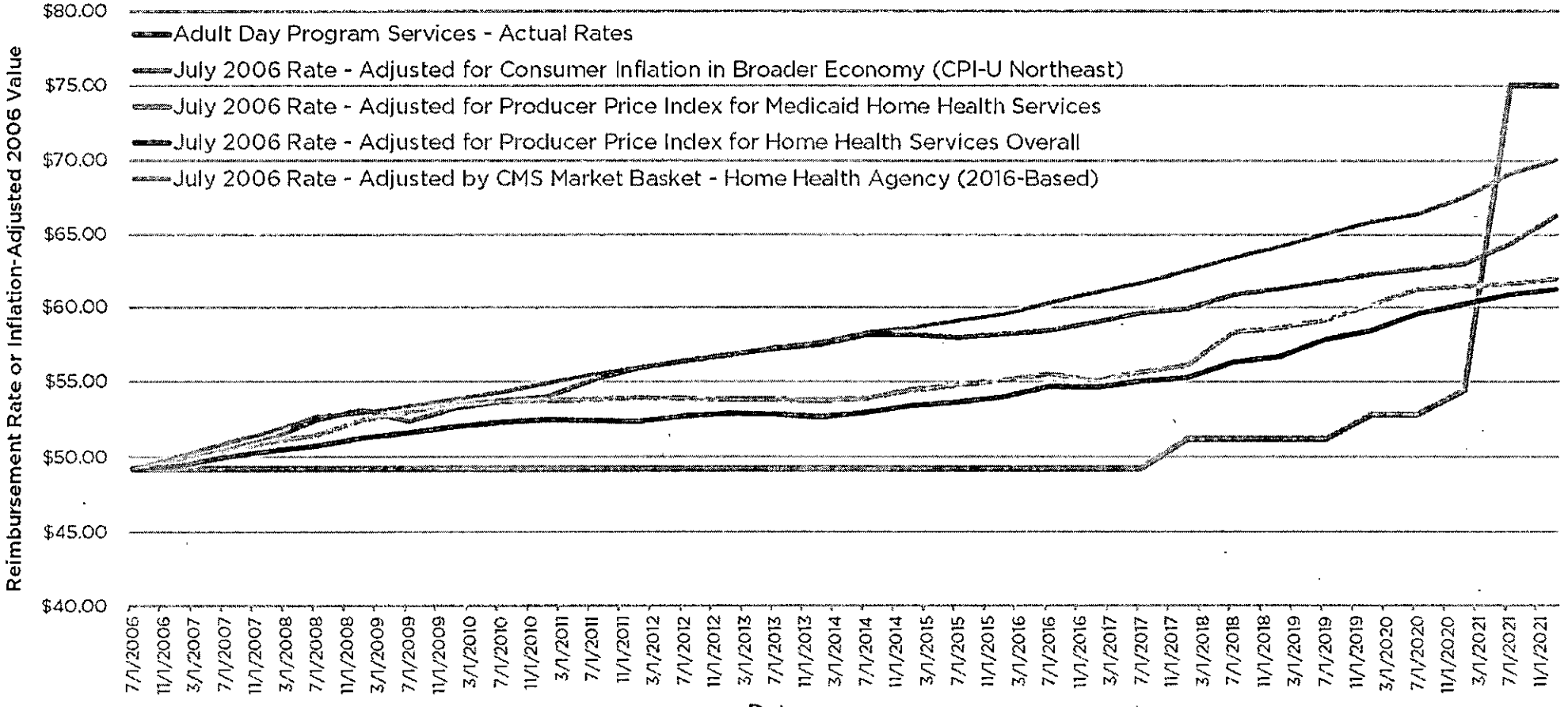
NEW HAMPSHIRE MEDICAID REIMBURSEMENT RATES RELATIVE TO INFLATION
CFI - HOME HEALTH AIDE (15 MINUTE UNITS)



Sources: New Hampshire Department of Health and Human Services;
U.S. Bureau of Labor Statistics; U.S. Centers for Medicare and Medicaid Services

RECENT ADULT MEDICAL DAY RATE BOOST REACHED INFLATION BENCHMARKS

NEW HAMPSHIRE MEDICAID REIMBURSEMENT RATES RELATIVE TO INFLATION
CFI - ADULT MEDICAL DAY SERVICES (ADULT MEDICAL DAY CARE)

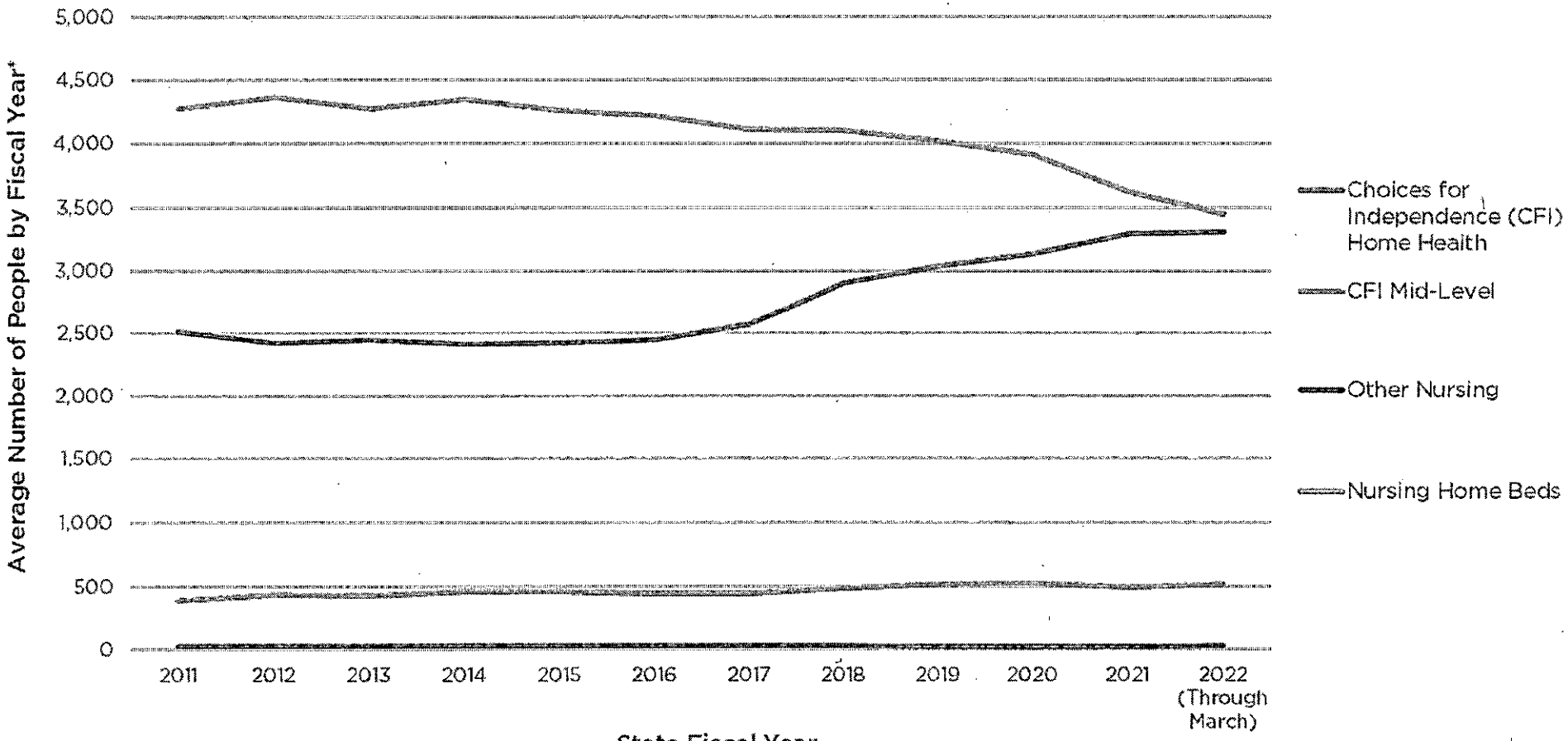


Sources: New Hampshire Department of Health and Human Services; U.S. Bureau of Labor Statistics; U.S. Centers for Medicare and Medicaid Services

MEDICAID LTSS ENROLLMENT AND APPLICATION PROCESSES

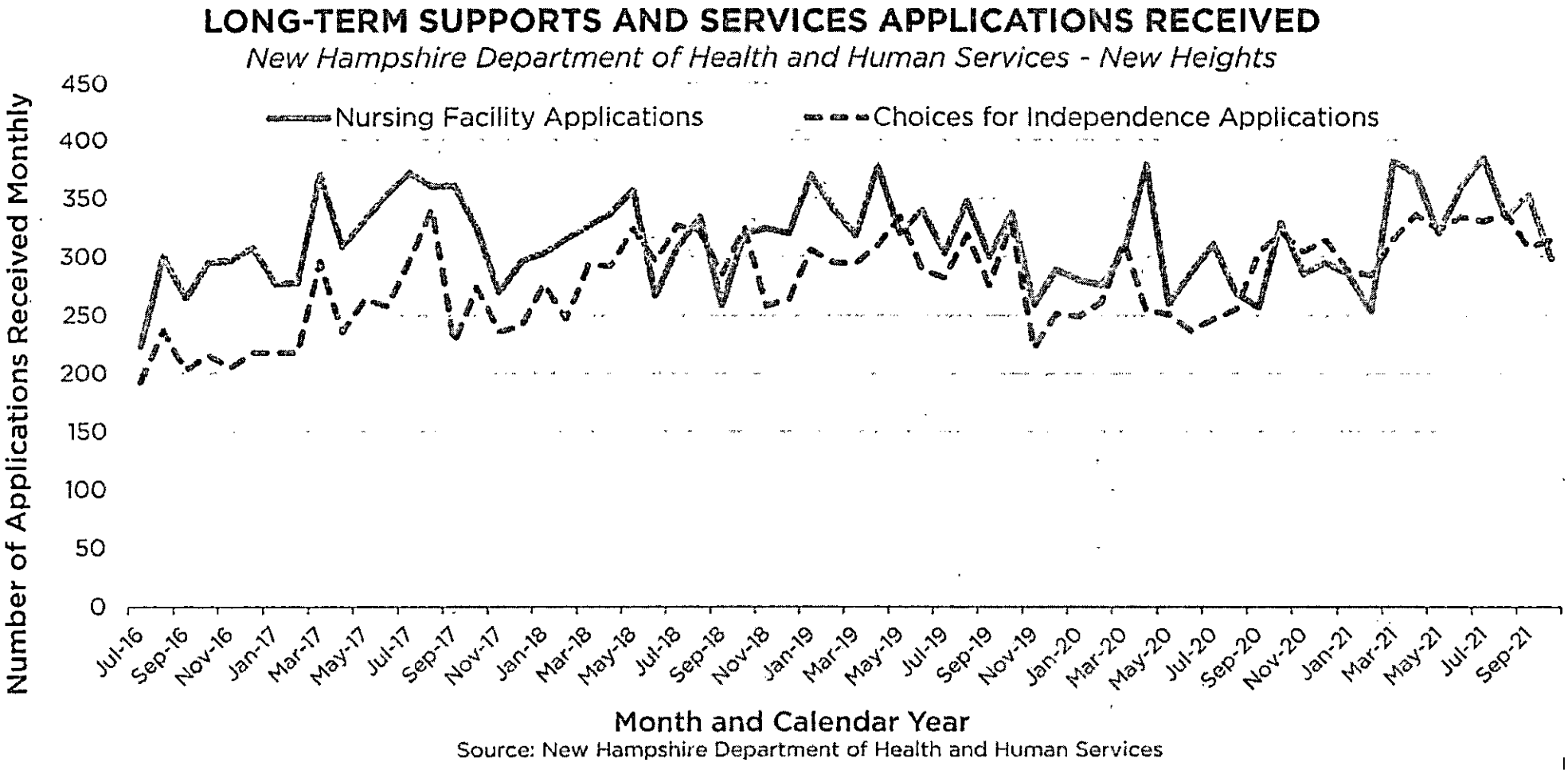
NURSING FACILITY ENROLLMENT DECLINES, CFI ENROLLMENT INCREASES OVER TIME

ENROLLMENT IN NEW HAMPSHIRE MEDICAID NURSING CARE BY TYPE



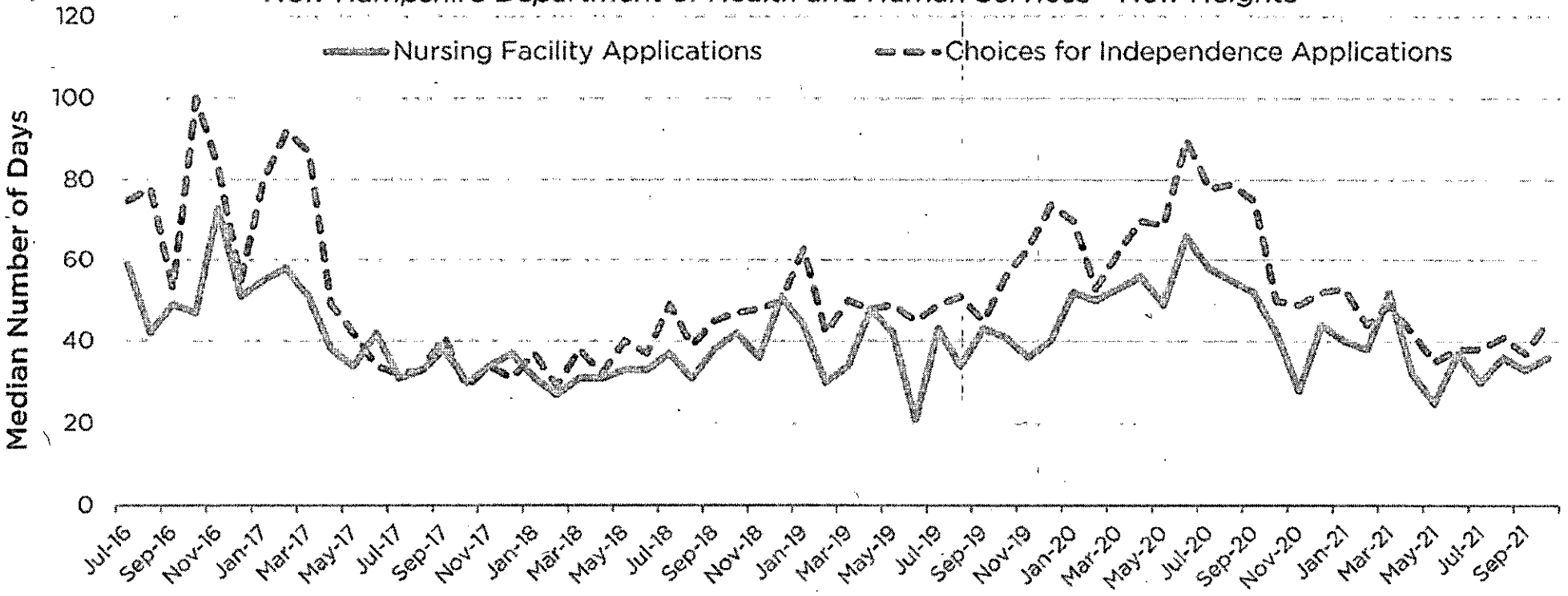
*Note: Annual average based on the 12-month of average of rolling three-month averages.
Source: New Hampshire Department of Health and Human Services Operating Statistics Dashboard, April 22, 2022

APPLICATIONS FOR LTSS NURSING FACILITY AND CFI HAVE REMAINED FAIRLY STEADY



MEDICAID LTSS APPLICATION PROCESSING TIMES CAN BE SIGNIFICANT

APPLICATIONS CYCLE PROCESSING TIME
MEDIAN DAYS FROM APPLICATION RECEIPT TO OUTCOME
New Hampshire Department of Health and Human Services - New Heights



Month and Calendar Year

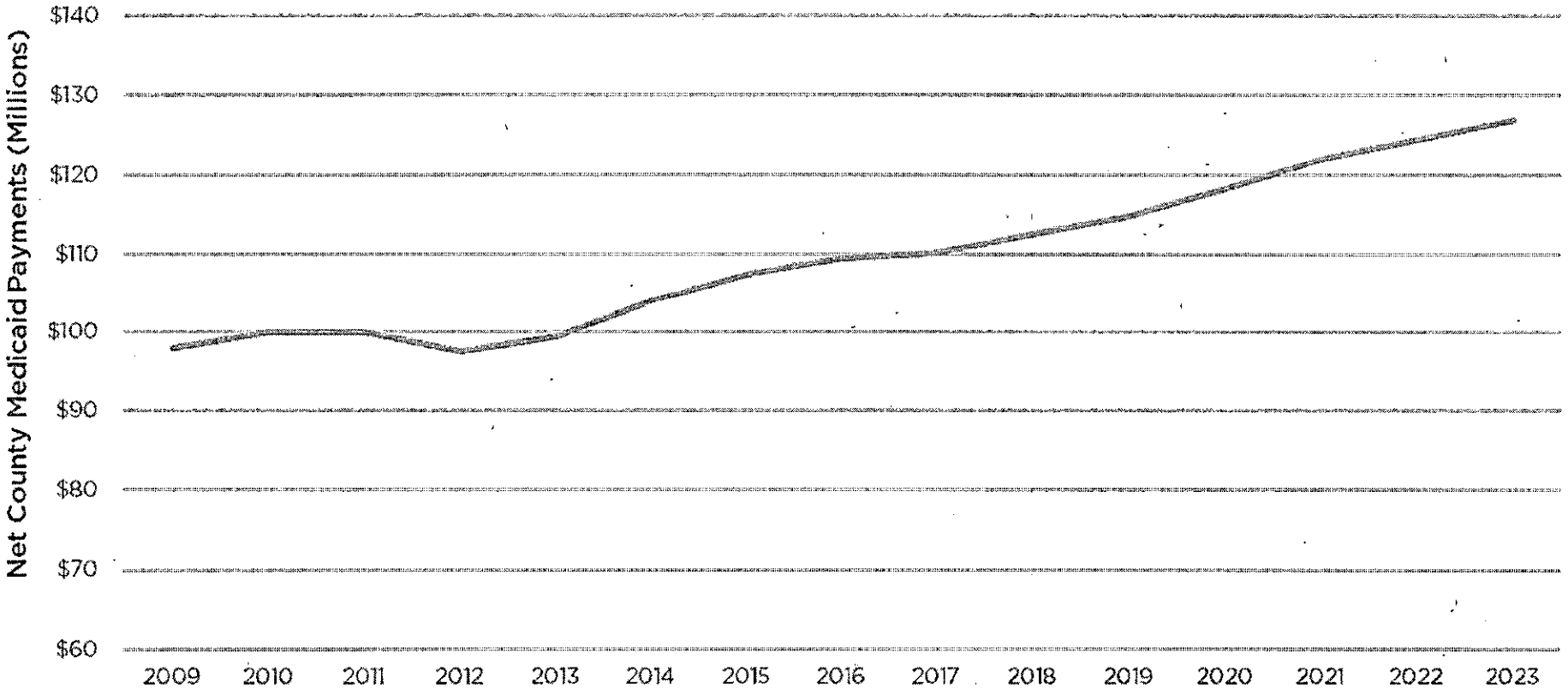
Source: New Hampshire Department of Health and Human Services

MEDICAID LTSS PUBLIC APPROPRIATIONS OVER TIME

NURSING FACILITIES AND COUNTIES CONTRIBUTE TO STATE BUDGET FUNDING

MEDICAID PAYMENTS FROM COUNTIES FOR LONG-TERM CARE SERVICES

*Payments to the State of New Hampshire, Including Nursing Home, CFI, and ProShare Payments**

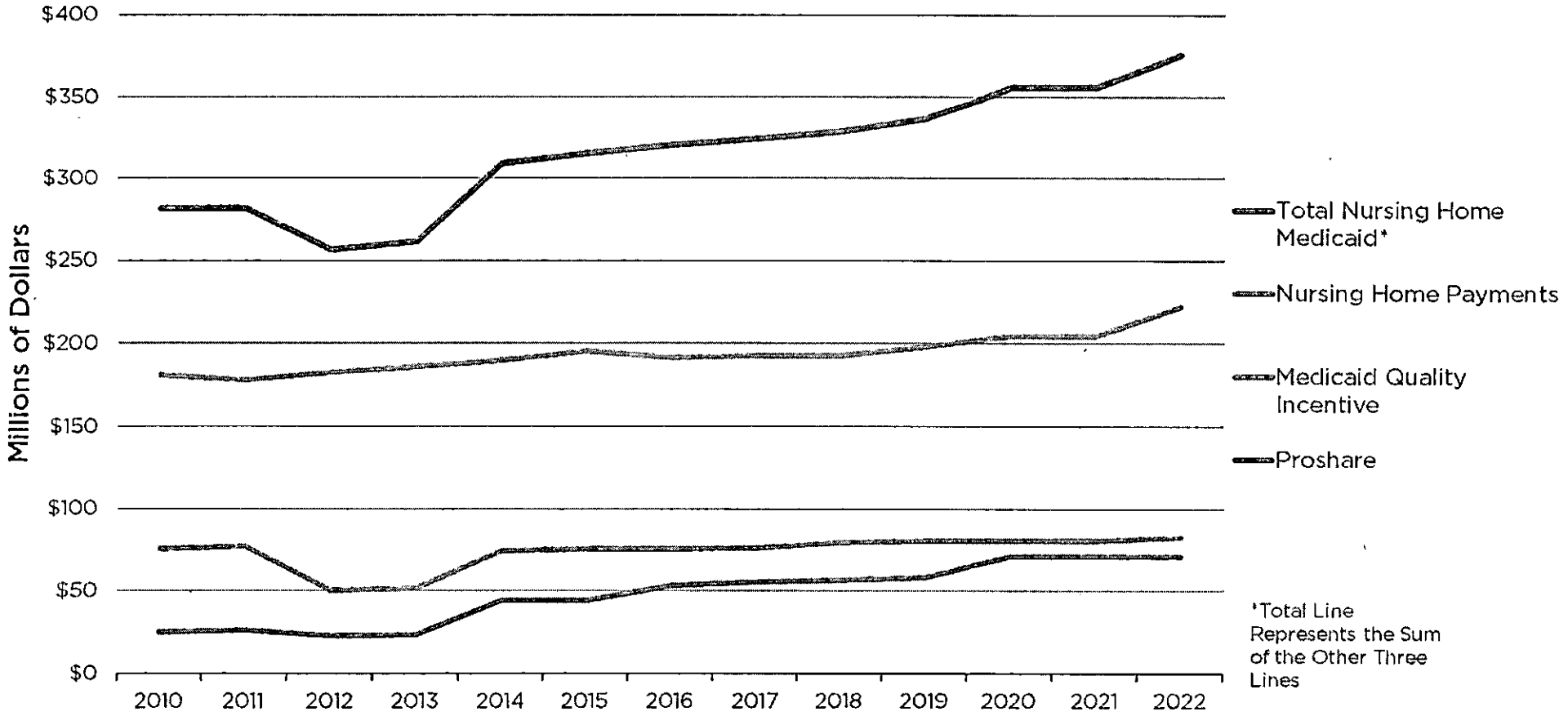


*Note: MQIP payments not included.

Sources: New Hampshire Department of Health and Human Services; New Hampshire State Budgets and Trailer Bills

FUNDING INCREASES TO NURSING FACILITIES, PARTICULARLY PROSHARE

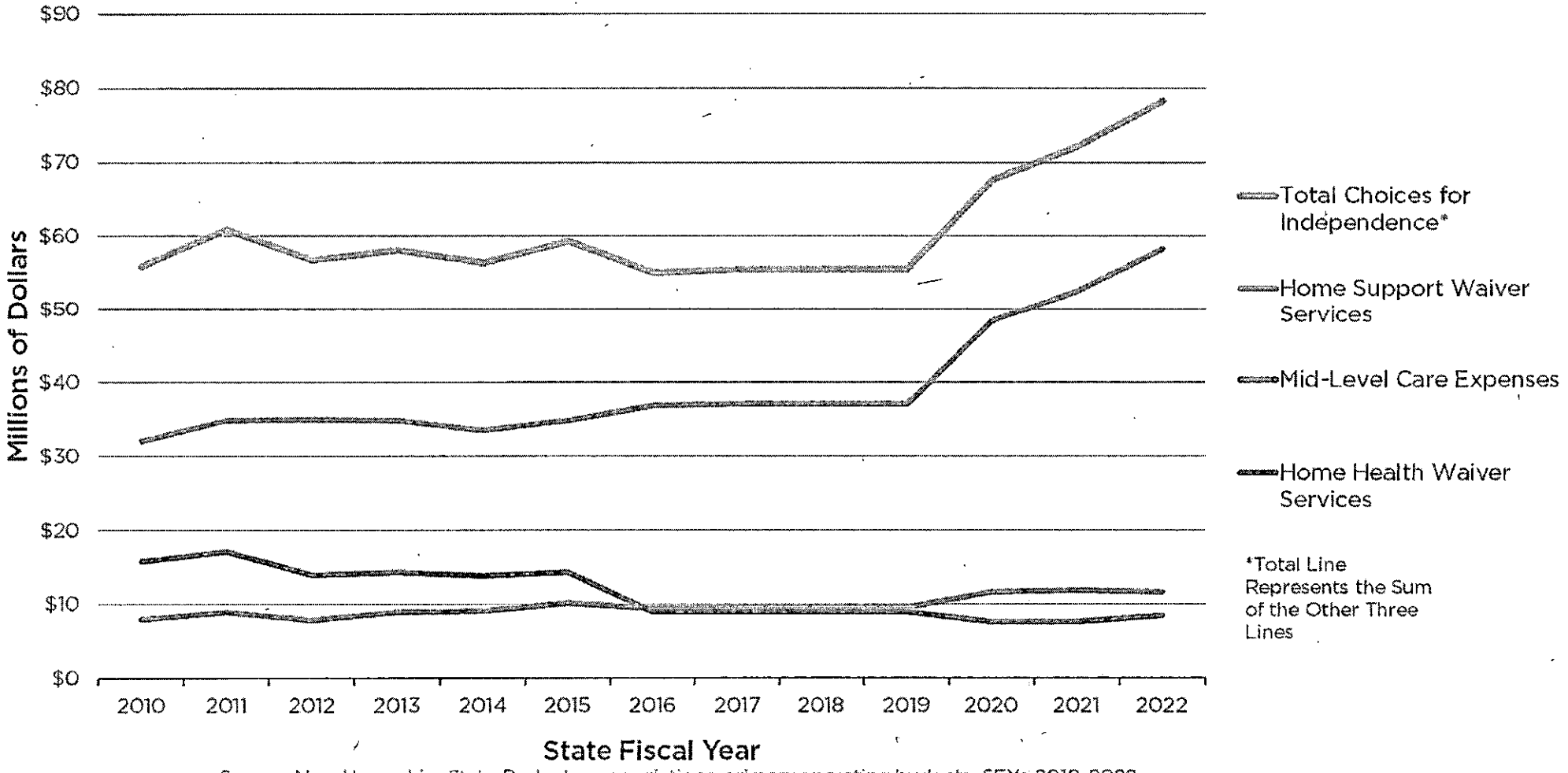
NEW HAMPSHIRE STATE BUDGET APPROPRIATIONS FOR NURSING FACILITIES



Source: New Hampshire State Budget appropriations, primary operating budgets, SFYs 2010-2022

CFI FUNDING TOTALS LOWER, RECENT INCREASES AFTER FLAT-FUNDED YEARS

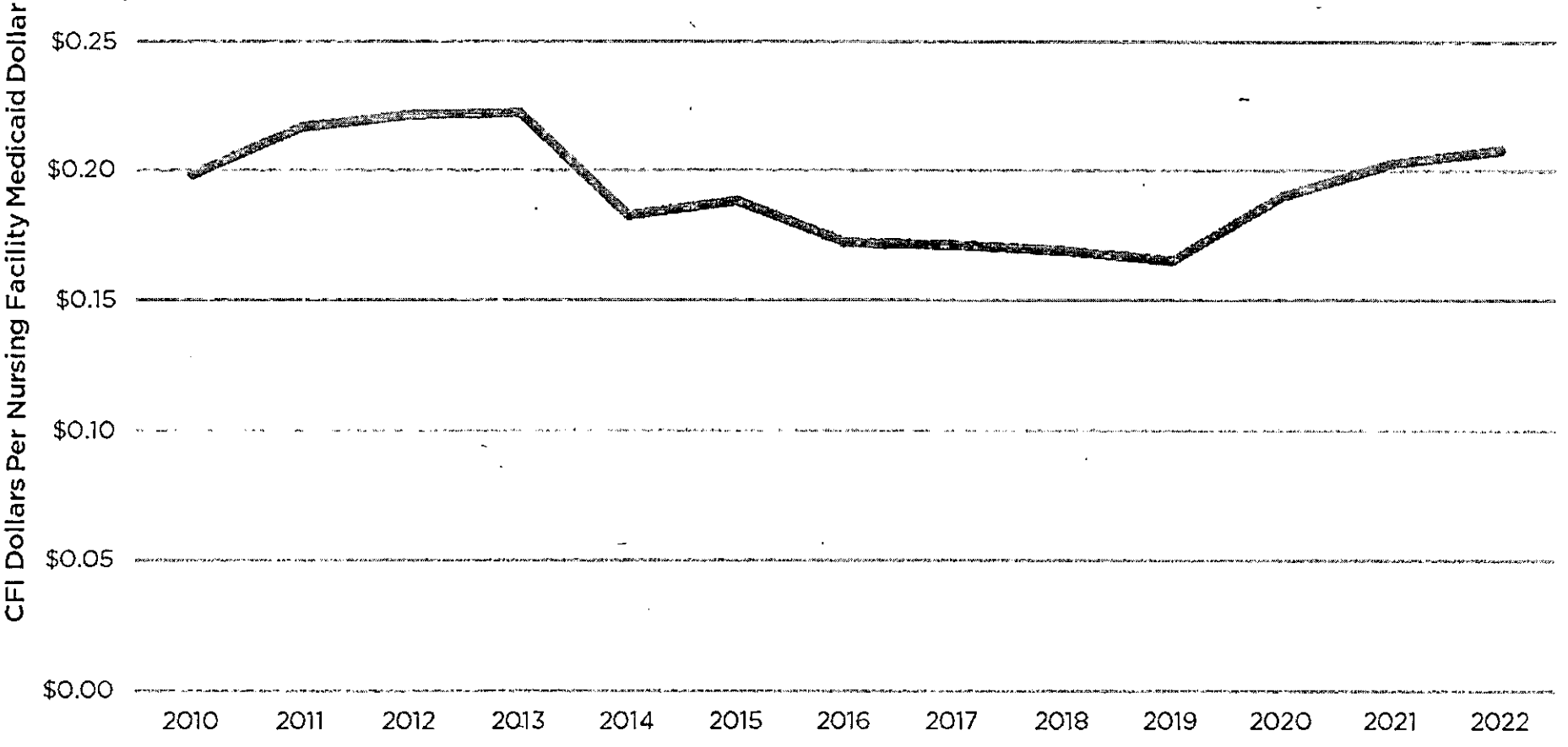
NEW HAMPSHIRE STATE BUDGET APPROPRIATIONS FOR CFI WAIVER SERVICES



Source: New Hampshire State Budget appropriations, primary operating budgets, SFYs 2010-2022

CFI FUNDING ABOUT ONE-FIFTH OF FUNDING FOR NURSING FACILITIES IN TOTAL

FUNDING FOR CFI MEDICAID WAIVER SERVICES RELATIVE TO MEDICAID NURSING FACILITY SERVICES IN STATE BUDGET APPROPRIATIONS

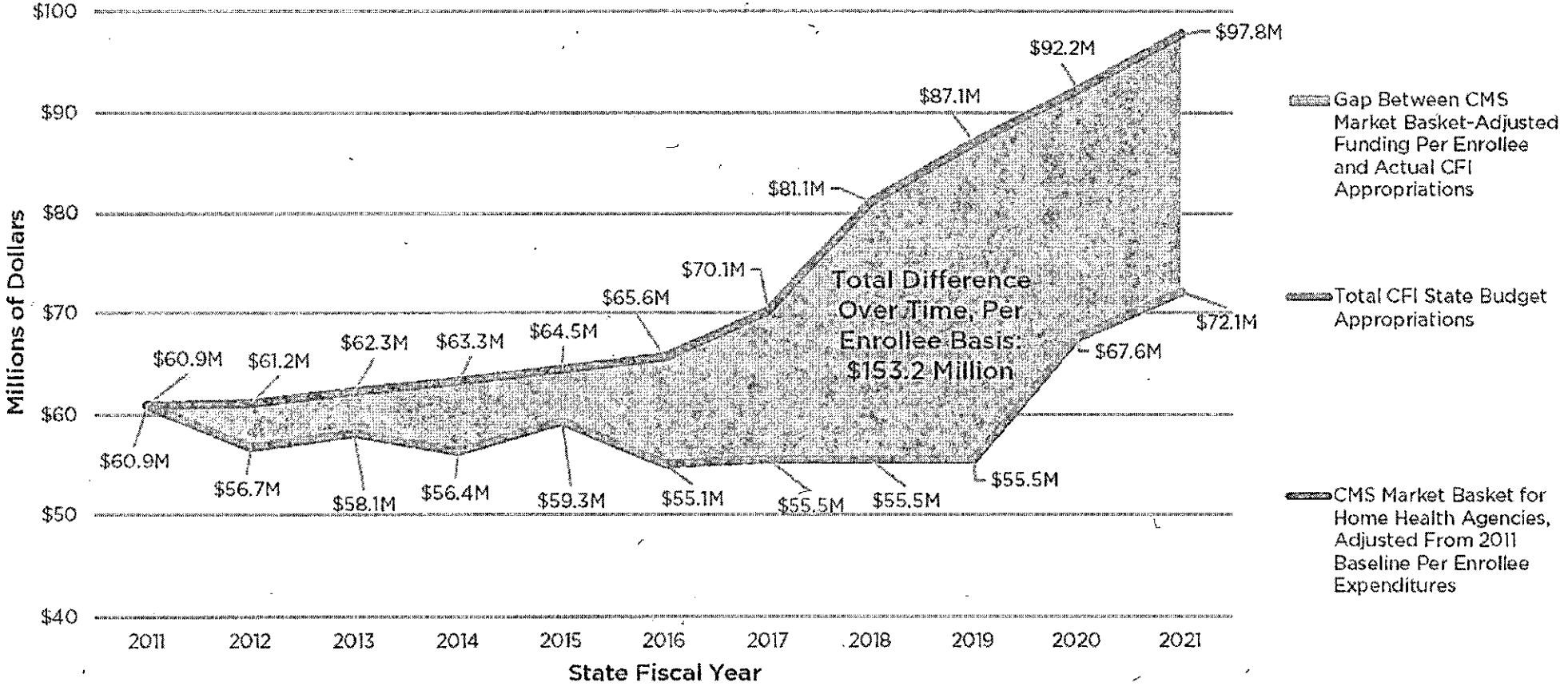


Source: New Hampshire Office of Legislative Budget Assistant

ADJUSTING FOR INFLATION AND ENROLLMENT, CFI FUNDING FALLS SHORT

TOTAL FUNDING FOR CHOICES FOR INDEPENDENCE RELATIVE TO FEDERAL INFLATION MEASURE ON A PER ENROLLEE EXPENDITURE BASIS SINCE 2011

Total New Hampshire State Budget Appropriations, Not Net of County Contributions

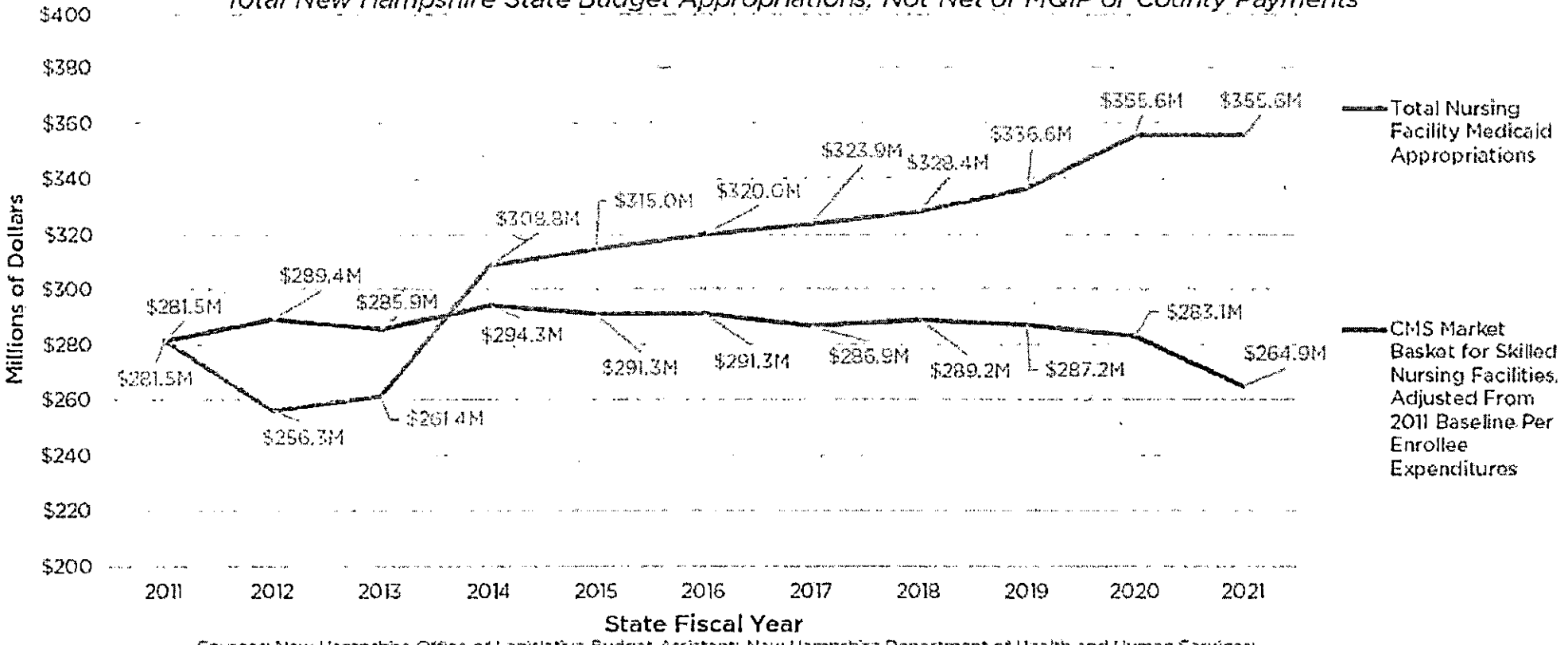


Sources: New Hampshire Office of Legislative Budget Assistant; U.S. Centers for Medicare and Medicaid Services

NURSING FACILITY COST REPORTING LIKELY IMPROVED FUNDING RELATIVE TO COST

FUNDING FOR NURSING FACILITY MEDICAID SERVICES, ACTUAL AND RELATIVE TO FEDERAL INFLATION MEASURE ON A PER ENROLLEE EXPENDITURE BASIS

Total New Hampshire State Budget Appropriations, Not Net of MQIP or County Payments

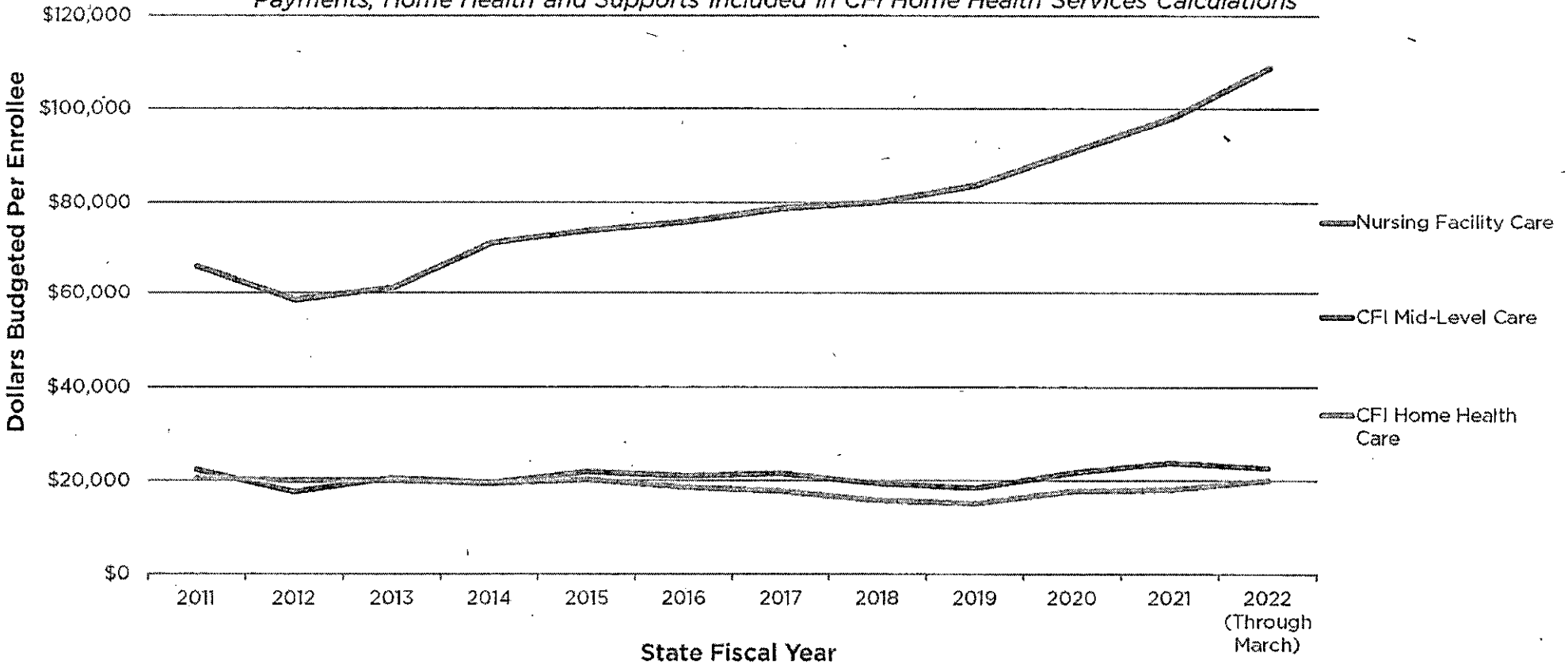


Sources: New Hampshire Office of Legislative Budget Assistant; New Hampshire Department of Health and Human Services; U.S. Centers for Medicare and Medicaid Services

STATE BUDGET APPROPRIATIONS PER ENROLLEE LOWER FOR CFI SERVICES

NEW HAMPSHIRE BUDGETED APPROPRIATIONS FOR MEDICAID SERVICE TYPES PER CAPITA, BASED ON ACTUAL AVERAGE FISCAL YEAR ENROLLMENT

Nursing Facility Payments Include Nursing Home, Medicaid Quality Incentive, and ProShare Payments, Home Health and Supports Included in CFI Home Health Services Calculations



Note: "Other Nursing Services" excluded. The annual average enrollment in "Other Nursing Services" in SFY 2021 was 22 people.
Sources: New Hampshire Department of Health and Human Services Operating Statistics Dashboard; Office of Legislative Budget Assistant

NATIONAL TRENDS IN MEDICAID LTSS EXPENDITURES

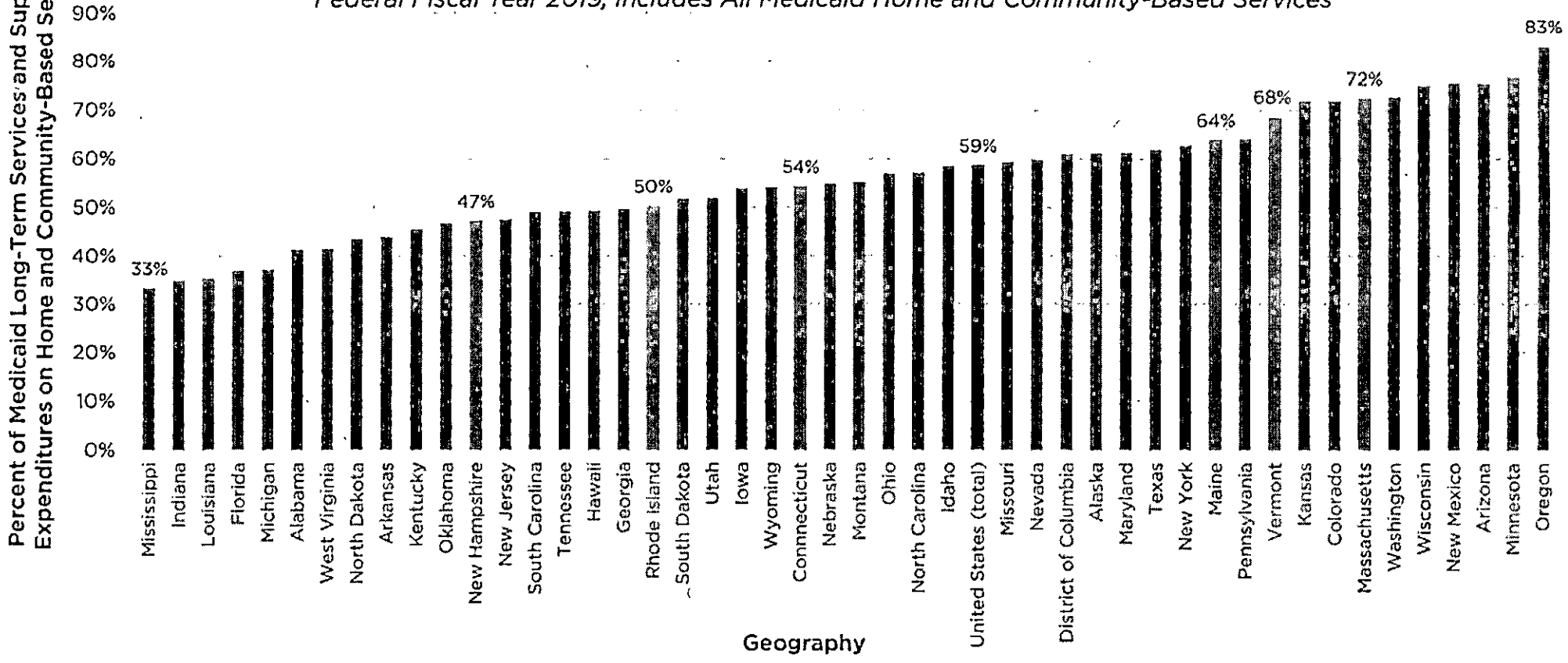
NEW HAMPSHIRE DEVOTES RELATIVELY LESS MEDICAID LTSS FUNDING TO HCBS

- Nationally, Medicaid HCBS expenditures, including all HCBS services such as services for individuals with developmental disabilities and acquired brain disorders, have risen as a percentage of Medicaid LTSS expenditures over three decades
- Analysis of Federal Fiscal Years 2013 to 2016 expenditures showed growth in key HCBS waiver spending of 5.9 percent annually, while annual rate was 5.1 percent in New Hampshire
- Over same period, annual compound growth rate for waivers nationally serving older adults and people with physical disabilities was 5.5 percent, but was -0.5 percent for CFI in NH
- New Hampshire had lowest Medicaid HCBS spending as a percentage of LTSS expenditures for older people and adults with physical disabilities of any state except Kentucky in 2016

NH SPENDS A SMALLER SHARE OF MEDICAID LTSS ON HCBS THAN NEIGHBORS

ALL HOME AND COMMUNITY-BASED SERVICES AS A PERCENTAGE OF ALL MEDICAID LONG-TERM SERVICES AND SUPPORTS EXPENDITURES BY STATE

Federal Fiscal Year 2019, Includes All Medicaid Home and Community-Based Services

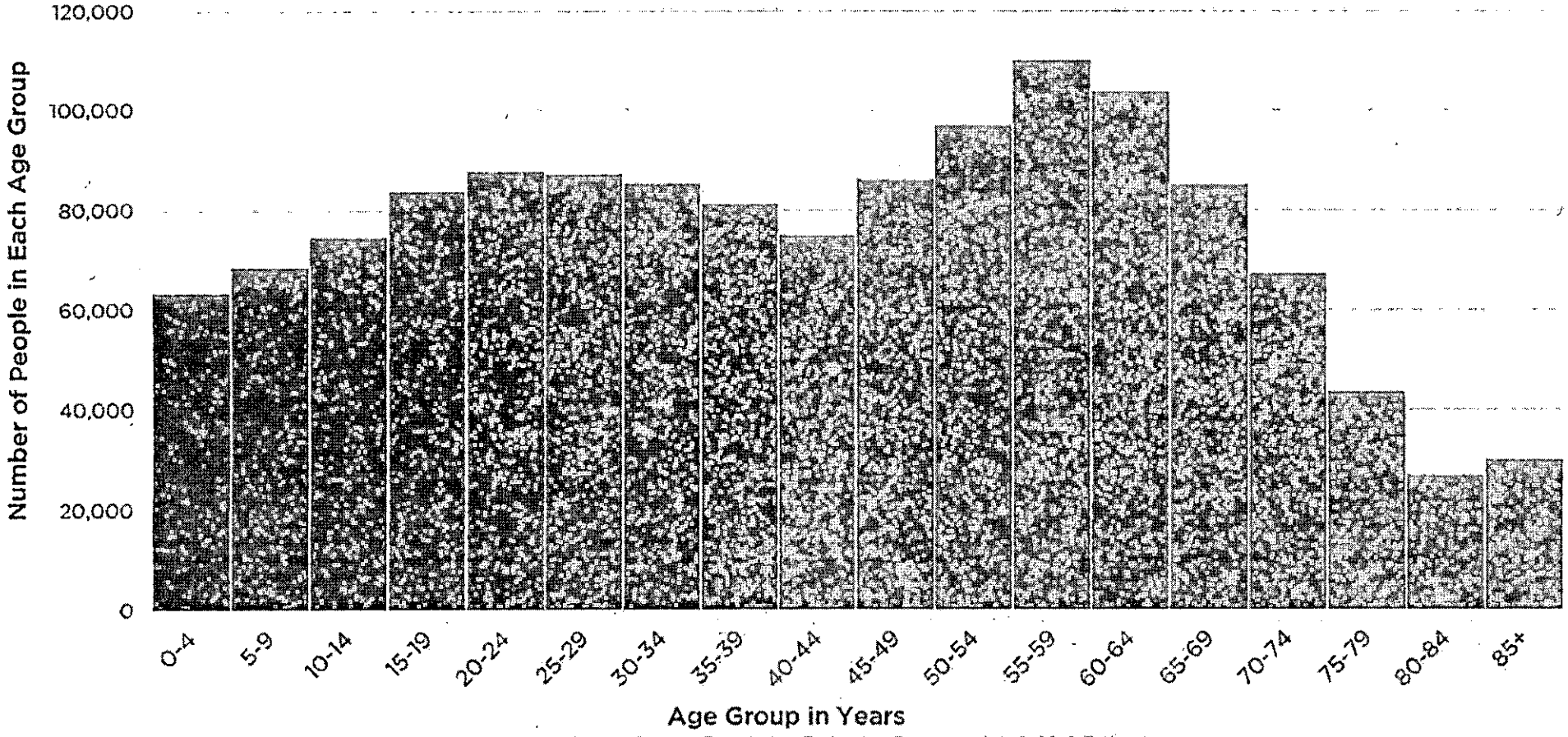


Note: Data not available for all states. States not shown here had no data available for federal fiscal year 2019.
Source: Centers for Medicare and Medicaid Services, Medicaid Long Term Services and Supports Annual Expenditures Report, December 9, 2021

CURRENT AND FUTURE NEED FOR LTSS IN NEW HAMPSHIRE

DEMOGRAPHICS SUGGEST MORE PEOPLE ENTERING TRADITIONAL RETIREMENT AGES

NEW HAMPSHIRE POPULATION BY AGE, 2019

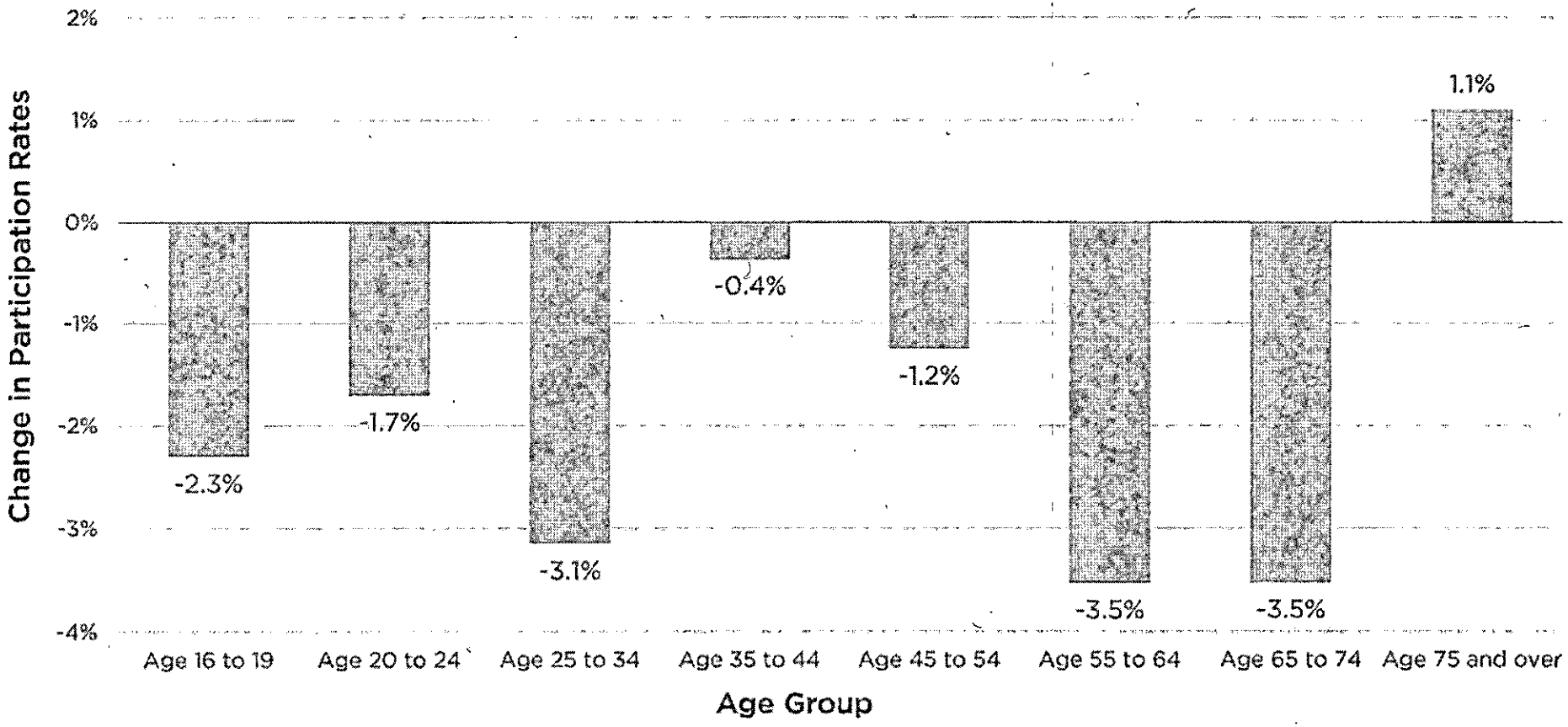


Source: U.S. Census Bureau Population Estimates Program, July 1, 2019 Estimates

PANDEMIC IMPACTS HAVE PROMPTED SOME WORKERS TO LEAVE THE LABOR FORCE

CHANGE IN LABOR FORCE PARTICIPATION RATES BY AGE

New Hampshire, Change from 2019 to 2021

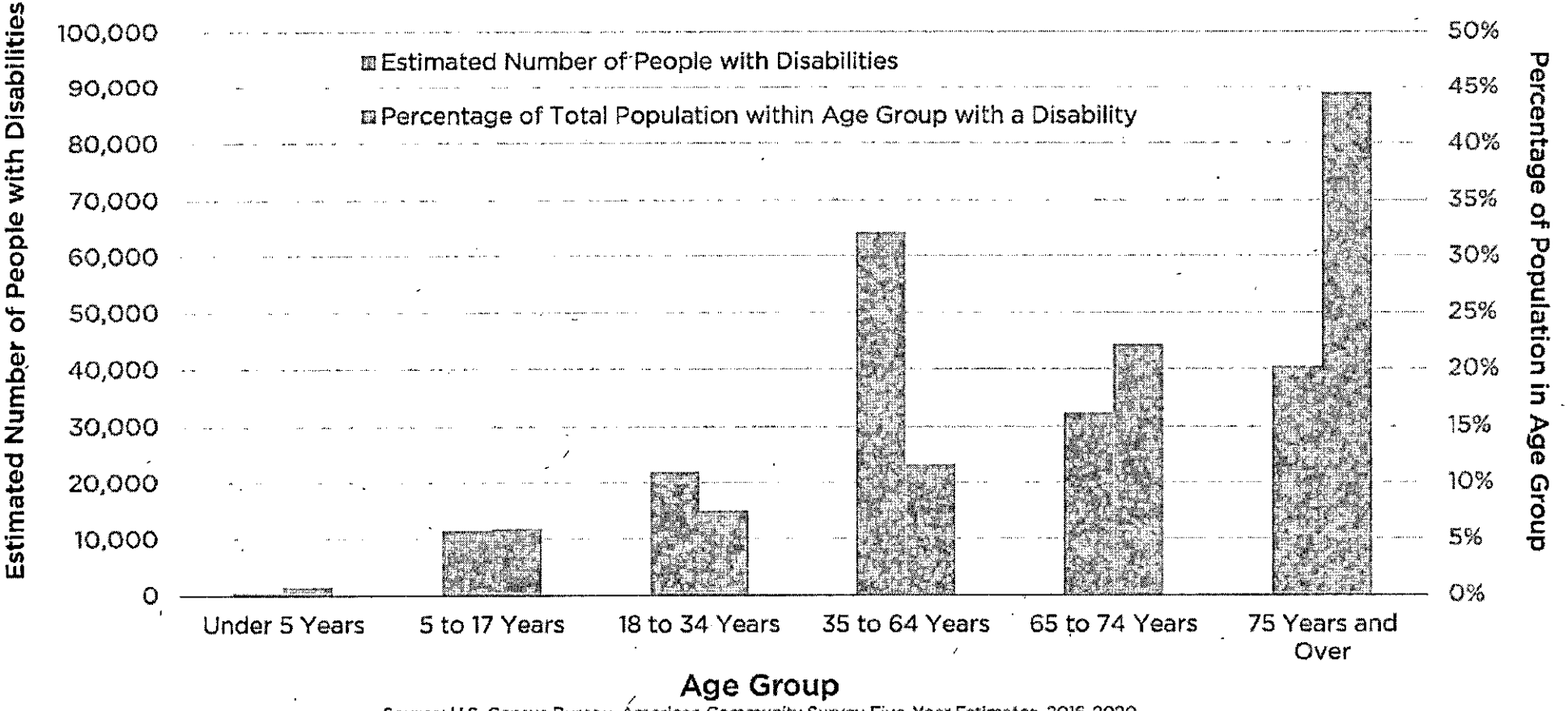


Source: New Hampshire Employment Security

OLDER ADULTS MORE LIKELY TO EXPERIENCE SOME FORM OF DISABILITY

NEW HAMPSHIRE INDIVIDUALS WITH DISABILITIES BY AGE GROUP

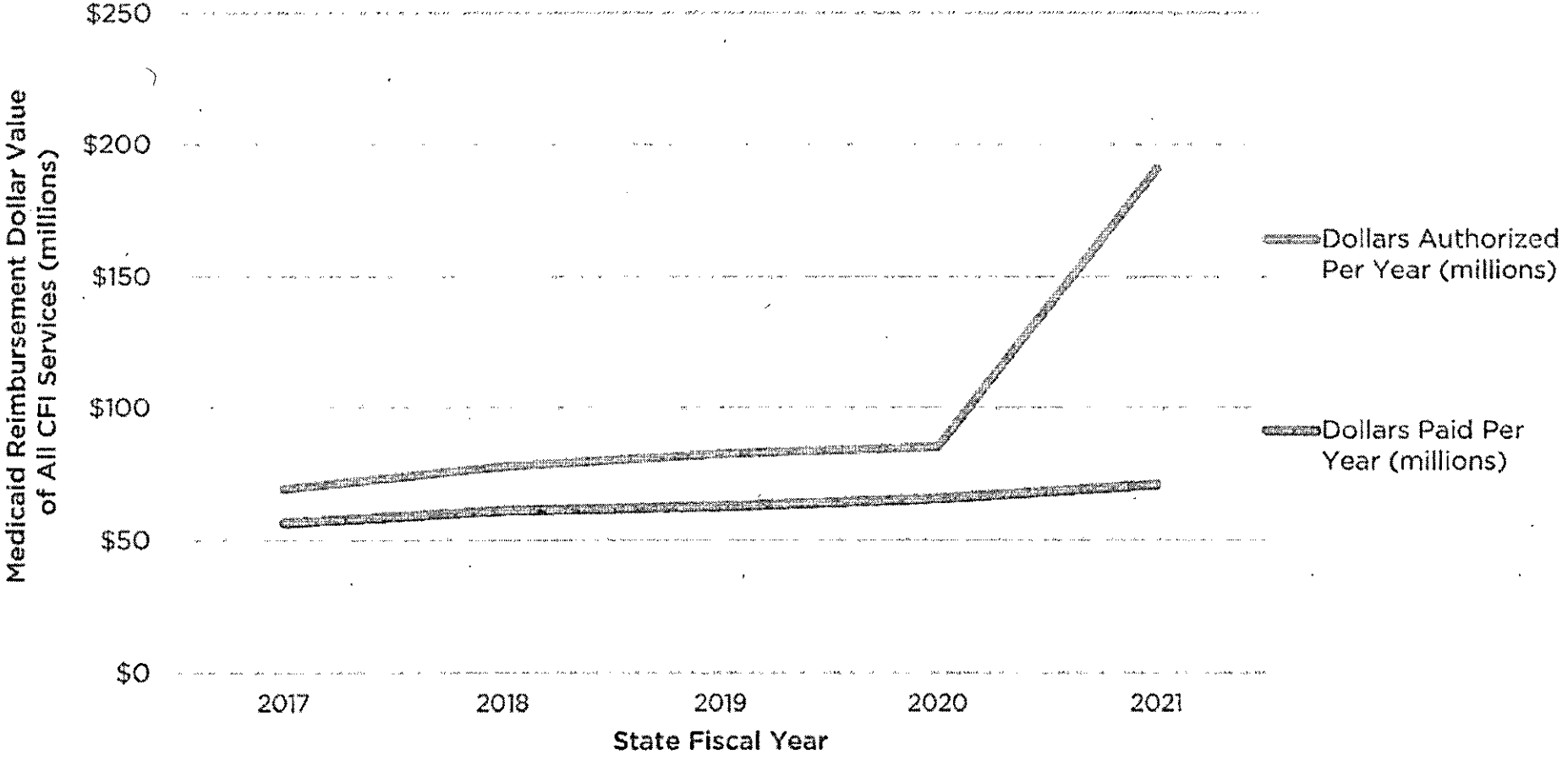
U.S. Census Bureau Survey Data, 2016-2020



Source: U.S. Census Bureau, American Community Survey Five-Year Estimates, 2016-2020

PROGRAM CHANGES MAY HAVE REVEALED MORE CURRENT NEED FOR CFI SERVICES

NEW HAMPSHIRE CFI WAIVER SERVICES FUNDING, TOTAL SERVICES DOLLAR VALUE AUTHORIZED AND PAID BY YEAR



Source: New Hampshire Department of Health and Human Services, Data Through December 28, 2021

LOW WAGES RELATIVE TO OTHER STATES MAY CONSTRAIN HCBS WORKFORCE

ESTIMATED HOURLY WAGES FOR HOME HEALTH AND PERSONAL CARE AIDES BY STATE AND RELATIVE WAGE LEVEL, MAY 2021

Relative Wage Level	Maine	Massachusetts	New Hampshire	Vermont
10th Percentile	$13.65	$14.28	$11.56	$13.32
25th Percentile	$13.94	$14.81	$13.52	$14.07
50th Percentile (Median)	$14.28	$17.45	$14.12	$14.44
75th Percentile	$17.23	$17.68	$16.40	$17.98
90th Percentile	$18.03	$18.08	$18.14	$22.57

Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics, May 2021.

KEY AREAS OF CONCERN

MEDICAID APPLICATION DIFFICULTIES AND DELAYS IN SERVICES

- Interviewed participants in Medicaid LTSS described challenges applying for and accessing services, with significant wait times and difficulties submitting needed documentation
- October 2021 median processing cycle time: 45 days for CFI, 36 days for nursing facilities; nursing facility applicants may have had faster access to services due to retroactive payments
- Limited knowledge of existing navigation, ServiceLink services
- Interviewees identified inconsistencies in application processes
- The State-contracted report with Guidehouse, Inc. found many of the same challenges in the application process reported to NHFPI, and examined long delays in application processing
- Survey data from hospitals identified Medicaid eligibility determination as a key reason why individuals remained in hospitals after being medically cleared for discharge, although less significant than lack of access to available care

FUNDING CONSTRAINTS EXACERBATE WORKFORCE SHORTAGE, LIMIT SERVICES

- CFI reimbursement rates that have not kept up with inflation in the long term may have limited the ability of HCBS providers to attract and retain staff
- Recent cost increases and costs associated with the pandemic appear to have widespread impacts for care providers
- Fixed reimbursement rates may lead to reduced ability to respond to fast changes in the labor market
- In Guidehouse's survey research, of 47 key informant respondents, 84 percent did not believe HCBS reimbursement rates were adequate, and 75 percent did not believe there were sufficient direct service providers for HCBS needs
- Reimbursement rates for CFI falling below inflation-adjusted costs over a substantial time period likely contributed to long-term underinvestment in system infrastructure

RECOMMENDATIONS

MEDICAID ELIGIBILITY PROCESS RECOMMENDATIONS

1. Use flexible federal funds provided through the American Rescue Plan Act (ARPA) to hire public benefit navigators to help people applying for Medicaid services.
2. Consider additional, systemic help for people accessing services beyond the existing frameworks for LTSS in New Hampshire.
3. Support home care providers with a form of payment, or commitment of future payment, prior to the formal establishment of Medicaid eligibility, or implement a form of presumptive eligibility.
4. Reduce wait times for providing certain services by designating approved service providers with a pre-approved range of costs for service provision.
5. Consider updates to the NH Easy system for applying for services and provide additional trainings for professionals who frequently assist people applying for services.
6. Establish a centralized information portal or dashboard for providers, case managers, and navigators to quickly understand which services are available to help connect people to services faster.

FUNDING REIMBURSEMENTS AND SUPPORTING THE WORKFORCE

7. Consider a long-term program to provide a stipend or other additional funding for workforce supports to Medicaid providers, potentially funded with flexible federal funds that can be used through the end of 2026.
8. Include flexibility in public wage enhancement programs for Medicaid providers to reflect related costs.
9. Establish a set and more sophisticated methodology for estimating CFI waiver service delivery costs that will help inform decisions regarding reimbursement rates and help to better align future investment levels with cost changes.
10. Use flexible federal funds and other resources to establish and support initiatives to grow and develop the workforce for nursing facilities and home and community-based services.

READ THE FULL REPORT

LONG-TERM SERVICES AND SUPPORTS IN NEW HAMPSHIRE:
A REVIEW OF THE STATE'S MEDICAID FUNDING FOR OLDER ADULTS AND ADULTS WITH PHYSICAL DISABILITIES

Available online at www.nhfpi.org.

Publication Date: July 18, 2022

NEW HAMPSHIRE
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SYSTEMS OF CARE FOR HEALTHY AGING IN NEW HAMPSHIRE

All Granite Staters should have access to the services they need and the ability to choose where and how they age in New Hampshire.

Home and community-based services offer care where you choose to live. Investing now is a cost-effective way to provide those choices to older adults.

During the state budget process, we have the opportunity to build upon the current state of home and community-based services by incorporating these recommendations:



EXPEDITE ACCESS TO HOME & COMMUNITY BASED SERVICES

- Implement presumptive eligibility to allow access to home and community based services via Medicaid while applications are still in process. Is cost effective, reduces the need for unnecessary institutionalized care and allows older adults to remain in their homes.
- Change rule to allow caregivers who are Guardians or Powers of Attorney to become paid caregivers.



SECURE ADEQUATE RATES

- Ensure rates are set annually and are adjusted by the CMS Market Basket index to account for inflation.
- Adequate rates allow for providers to plan and hire the workforce needed to cover all care options.
- Annual rate setting reviews will lead to parity across waivers and stabilization of the workforce.



STRENGTHEN SERVICELINK RESOURCES

- Ensure proper staffing at all ServiceLink providers across the state
- Educate older adults on the range of options available
- Assist older adults and caregivers navigating the system including through the application process.



PROVIDE OVERSIGHT CAPACITY FOR THE SYSTEM OF CARE

- Creates positions within the Longterm Care Ombudsman's office that will: Ensure the implementation of this bill including reporting requirements, field calls and complaints from consumers to improve the well-being of older adults and their caregivers, and identify quality measures including available workforce and timeliness of service.

NEW HAMPSHIRE FISCAL POLICY INSTITUTE

OVERVIEW

July 18, 2022

LONG-TERM SERVICES AND SUPPORTS IN NEW HAMPSHIRE: A REVIEW OF THE STATE'S MEDICAID FUNDING FOR OLDER ADULTS AND ADULTS WITH PHYSICAL DISABILITIES

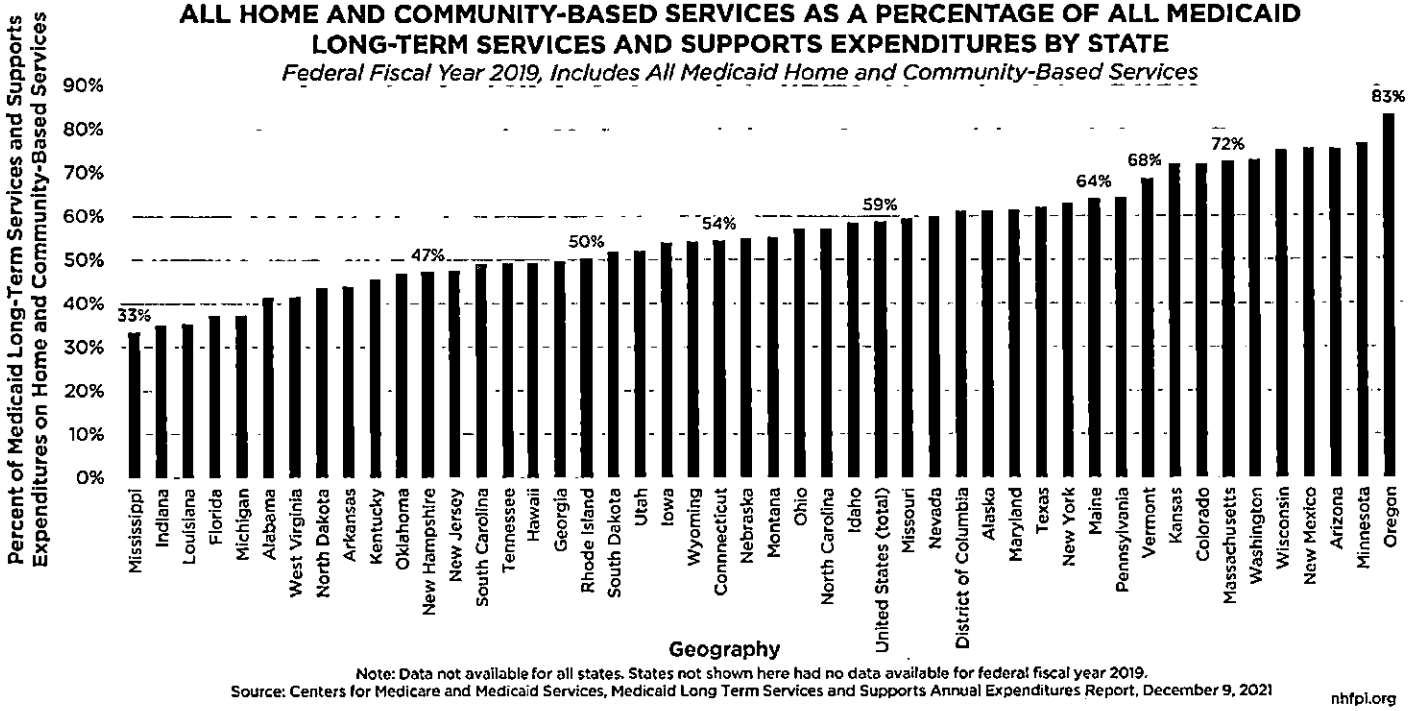
SUMMARY AND KEY HIGHLIGHTS

Older adults and adults with physical disabilities, including those who have trouble performing day-to-day tasks, may require long-term services and supports, which can be provided through professional health and personal care providers. For adults who are financially eligible, Medicaid can cover the cost for long-term supports and services. In New Hampshire, these services are provided primarily in two settings: nursing facilities and in home or community-based settings.

Nursing facilities provide 24-hour care to their residents in an institutional setting. In New Hampshire, Medicaid funded an average of 3,624 enrollees in nursing facility beds monthly in State Fiscal Year 2021. Home and community-based care providers deliver services to people in their homes, in assisted living facilities, or in other settings. These Medicaid services for older adults and adults with physical disabilities are funded through the Choices for Independence Medicaid waiver program. Medicaid home and community-based services for people with developmental disabilities or adults with acquired brain disorders are funded through separate programs. In State Fiscal Year 2021, the average number of older adults and adults with physical disabilities enrolled in Choices for Independence each month and benefitting from home and community-based services totaled 3,795 people.

Medicaid is the largest provider of funding for long-term services and supports nationally, working to help ensure eligible people, particularly those with low incomes and limited resources, have access to needed health services. Medicaid funded 42.9 percent of all formal long-term services and supports in 2019. Home and community-based services were a key part of those expenditures. In Federal Fiscal Year 2019, home and community-based services were 58.6 percent of Medicaid long-term services and supports expenditures, including services for older adults, adults with physical disabilities, and people with developmental disabilities, and certain other populations. The other expenditures were for services delivered in institutional settings, such as nursing homes. In New Hampshire, Medicaid home and community-based services were a smaller portion of all Medicaid long-term services and supports expenditures than nationally, totaling 47.2 percent, which was also lower than all other New England states.

Medicaid services provided by nursing facilities and through the Choices for Independence program are funded by a combination of federal, State, and county revenue. The federal government pays for the largest share of total Medicaid spending in New Hampshire, and the State government pays for most of the rest of health care for Medicaid enrollees in most parts of the program. However, New Hampshire counties are required to pay for a significant portion of the costs of long-term services and supports for their residents in nursing facilities or enrolled in Choices for Independence. Nursing facilities, including nursing facilities operated by the counties, also pay the State additional funds through mechanisms called the Nursing Facility Quality Assessment and, for county nursing facilities, through a program typically called ProShare. These funds are then used to draw more



Note: Data not available for all states. States not shown here had no data available for federal fiscal year 2019.
Source: Centers for Medicare and Medicaid Services, Medicaid Long Term Services and Supports Annual Expenditures Report, December 9, 2021

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federal funds through the Medicaid program, which are then disbursed back to nursing facilities through the Medicaid Quality Incentive Program and two types of ProShare payments.

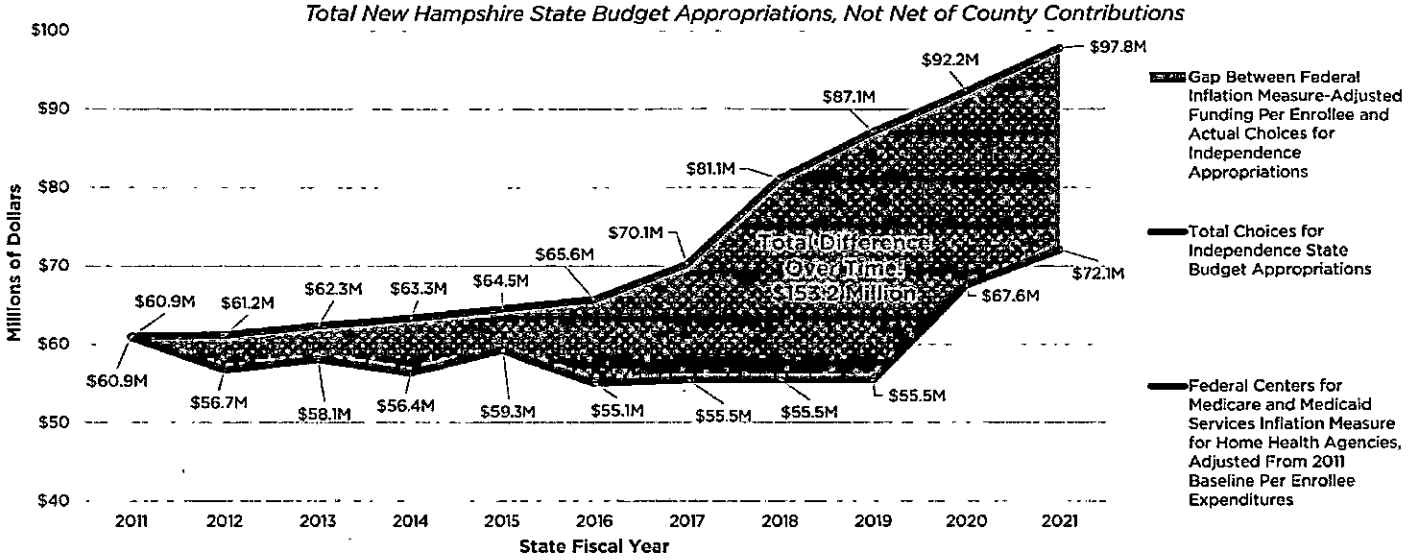
Within the requirements of the Medicaid program, the State sets reimbursement rates. These rates determine the amount of money paid to the organizations providing Medicaid services. These reimbursements are funded through the New Hampshire State Budget. In the case of nursing facilities, the State collects complex cost reporting data to set reimbursement rates, and provides funding to nursing facilities based primarily on the number of people living at a nursing facility and their health status. The funding levels for the Choices for Independence program, however, are not informed by a similar complex cost reporting structure. The amount of money in the State Budget to support people enrolled in Medicaid in nursing facilities appears to have better kept pace with the growth in costs over the last decade than funding for the Choices of Independence program. Adjusting for a key measure of inflation and for the number of program enrollees suggests that, from State Fiscal Years 2011 to 2021, State Budgets have included a total of $153.2 million fewer dollars directed to Choices for Independence services than the amount that would have kept funding for services at the same relative level. Commonly used reimbursement rates for specific Choices for Independence services also fell behind several measures of inflation for most of the last decade.

Home and community-based services are typically less expensive than nursing facilities for each enrollee funded. While individuals may receive different care in different settings, to be eligible for the Choices for Independence program, a person must be clinically eligible for a nursing home level of care. In State Fiscal Year 2021, State Budget funding appropriated for each actual Choices for Independence enrollee totaled $18,997, while for nursing facilities, funding from all sources per actual enrollee was $98,111.

State Budget funding for long-term supports and services, including both nursing facilities and home and community-based services, will become more important in New Hampshire, especially in the next two decades. More than 200,000 adults were estimated to be between age 55 and 64 years in 2019, the largest group of any other ten-year age demographic in the state. Survey data from New Hampshire indicate that more than one in five adults aged 65 to 74 years experience a disability, and more than two in five people who are age 75 years or older do as well. Providing effective services to Granite Staters, particularly including people who are more likely to need long-term services and supports, will be important for the well-being of all New Hampshire residents.

TOTAL FUNDING FOR CHOICES FOR INDEPENDENCE RELATIVE TO FEDERAL INFLATION MEASURE ON A PER ENROLLEE EXPENDITURE BASIS SINCE 2011

Total New Hampshire State Budget Appropriations, Not Net of County Contributions



Sources: New Hampshire Office of Legislative Budget Assistant; U.S. Centers for Medicare and Medicaid Services

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However, these services can currently be difficult to access, primarily because providers cannot find enough workers to provide all the services needed. The demographic group reaching traditional retirement age and other ongoing impacts from the pandemic have led to the size of New Hampshire's labor force declining relative to 2019. As prices and wages quickly change with inflation accelerating, nursing facilities and home and community-based services agencies that depend on fixed Medicaid reimbursement rates for paying their staff's wages report struggling to attract and retain workers. Recent wage data for home health and personal care aides in New Hampshire show hourly pay in the Granite State for low-wage workers is less than it is in neighboring states for the same work, which could make keeping workers in New Hampshire, or working in home and community-based services, more difficult.

Granite Staters may also have trouble accessing services due to application processes. Financial eligibility for Medicaid can be very complex. Individuals seeking to access services, either directly for themselves or people they were assisting, reported long waits for documentation and approval, and difficulty finding the right information or methods for applying for Medicaid. State data showed the median processing time for Medicaid application approval in October 2021 was 36 days for nursing facilities and 45 days for Choices for Independence waiver services. Some earlier applications reviewed by State researchers took longer than 90 days to process. These long delays mean people may not receive critically needed services.

Ongoing investments in nursing facility services and increased investments in Choices for Independence home- and community-based services, as well as the workforce that powers both industries, will be key for supporting New Hampshire's aging population in the coming years and decades. New Hampshire has an opportunity to assess existing long-term services and supports and make thoughtful, coordinated policy decisions to help ensure investments in this essential infrastructure make progress toward a vision for improved care. Making foundational, cost-effective investments in the near-term will help create a more efficient, organized, and robust system to serve Granite Staters in need of long-term services and supports.

Policy Recommendations:

1. Use flexible federal funds provided through the American Rescue Plan Act to hire public benefit navigators to help people applying for Medicaid services.
2. Consider additional, systemic help for people accessing services beyond the existing frameworks for long-term services and supports in New Hampshire.
3. Support home care providers with a form of payment, or commitment of future payment, prior to the formal establishment of Medicaid eligibility, or implement a form of presumptive eligibility.
4. Reduce wait times for providing certain services by designating approved service providers with a pre-approved range of costs for service provision.
5. Consider updates to the NH Easy system for applying for services and provide additional trainings for professionals who frequently assist people applying for services.
6. Establish a centralized information portal or dashboard for providers, case managers, and navigators to quickly understand which services are available to help connect people to services faster.
7. Consider a long-term program to provide a stipend or other additional funding for workforce supports to Medicaid providers, potentially funded with flexible federal funds that can be used through the end of 2026.
8. Include flexibility in public wage enhancement programs for Medicaid providers to reflect related costs.
9. Establish a set and more sophisticated methodology for estimating CFI waiver service delivery costs that will help inform decisions regarding reimbursement rates and help to better align future investment levels with cost changes.
10. Use flexible federal funds and other resources to establish and support initiatives to grow and develop the workforce for nursing facilities and home and community-based services.

Read the full report, *Long-Term Services and Supports in New Hampshire: A Review of the State's Medicaid Funding for Older Adults and Adults with Physical Disabilities,* on NHFPI's website: www.nhfpi.org.

This report and its conclusions are based on independent research and analysis conducted by NHFPI, including analyses of state and national data and interviews with experts and participants in New Hampshire's long-term services and supports systems. The full report includes citations and references to data sources, earlier research, and other publications. This research was supported by the Point32Health Foundation.

The New Hampshire Fiscal Policy Institute is an independent, non-profit, non-partisan organization dedicated to exploring, developing, and promoting public policies that foster economic opportunity and prosperity for all New Hampshire residents, with an emphasis on low- and moderate-income families and individuals. Learn more at www.nhfpi.org.

From: Lois Cote
Sent: Tuesday, January 17, 2023 11:34 AM
To: Regina.Birdsell@leg.state.nh.us; Kevin.Avard@leg.state.nh.us; Jeb.Bradley@leg.state.nh.us; Becky.Whitley@leg.state.nh.us; Suzanne.Prentiss@leg.state.nh.us; cameron.lapine@leg.state.nh.us
Subject: SB36

To the Health and Human Services Committee:

I write as a strong supporter of SB36, and development and implementation in New Hampshire of Systems of Care for Healthy Aging.

Having come to live in NH in 1947 at age 11 months, I consider myself a lifelong resident. As a single-income household since divorcing in my 20's, I was never able to afford long-term care insurance. Currently I live alone in Manchester, in an apartment that I've resided in since 2000, when I moved in to care for my aging, widowed father who had developed dementia and was losing his sight.

I do not have children and have no relatives in this area. Currently my health is good, and I managed so far to avoid Covid infection, having been very careful, because I didn't want to burden others if I became ill.

However, eventually I will need help physically, and possibly need financial support for this care as well. In the 8 years since I retired, my rent has increased over 55%, and we are all well aware of the inflationary pressure in every other aspect of our financial lives. This and last year's Social Security increases have helped, but my savings through my 403B plan have become depleted faster than I anticipated, due to expenses and stock market activity. I don't see my finances improving.

There is no doubt that home-based healthcare services and supports are my preference, and the preference of my peer-age friends as well. These types of services are far less expensive than institutional settings like for-profit nursing homes, or even county facilities. For the home model to succeed, however, we urgently need to address the lack of affordable housing across the state, including for the care provider workforce. And to attract people to this work, a living wage must be offered. I am hoping that all of this will be included in the plan for Systems of Care for Healthy Aging when you pass this bill into law.

Thank you.

Sincerely,
Lois Cote
Manchester

Good Morning.

Thank you, committee members, for this hearing for SB 36. Thank you, Senator Gannon, for your sponsorship and I'm grateful to add my voice in support of this bill which I hope will be championed by this committee.

I'm Jill Martin, I live in Dover and as you can see from my red jacket, I'm an AARP volunteer because I heard Doug McNutt speak on the importance of advocacy several years ago in the Dover Library and I knew that AARP involvement would be a good fit for me.

I'm also a caregiver for my 92 yr. old mom. We realized the moment my dad died that she couldn't live alone, mainly because he did all the cooking. Figuring out how to ensure that she continue to lead a safe and fulfilling life was the beginning of my family's caregiving journey. Defining and matching her needs with available resources was our first step, and I soon learned the difficulty of locating and navigating through options. I was not prepared for what I needed to know, and be, and do, when I began as a caregiver for an independently minded woman with limited mobility, low vision and hearing.

Last year I, and Marc, and about 23 other people from around the state, were part of the Senior Leadership Series developed by AARP, the Center on Aging and Community Living, and Dartmouth Centers for Health and Aging. We've been introduced to state organizations like the Alliance for Healthy Aging and the Coalition on Aging and learned about existing care and healthy aging options in this state.

A feature of the program is a final team project. My 4-person group chose Caregiving because of our personal experiences of caregiving for family members. We began by creating a list of over 100 questions to ask ourselves and our family member care recipient. All questions had yes or no answers and were divided into several categories.

Our questions included health, financial, care tasks, transportation and home environment topics, to name a few. Can you identify any training needs you have as a caregiver? Do you know where to get that training? Is there transportation to get your care recipient to medical appointments? Do you know how to budget?

Do you know how to find in-home assistance? Do you know how much it will cost and how you'll pay for it? These are some sample questions.

We put these questions into a Flow Chart and started searching for local and statewide services to provide help with our answered questions. We discovered that we couldn't locate many of the resources needed to complete our chart. The bill's proposal to establish comprehensive and coordinated systems of care services will be a huge support for those searching for help in their caregiving journey.

As one of my team members said" Caregiving is a great leveler: it can be isolating, it can be stressful." I think it can feel like trying to navigate choppy waters in a leaky boat and your passenger can't swim. I urge this committee to support this bill which will be a lifesaver for older adults accessing systems to age well in New Hampshire.

Jill Martin

Dover, New Hampshire

January 18, 2023

Testimony for SB36

Madam Chair- thank you for allowing me to testify in favor of SB36

My name is Marc Lacroix and I live in Concord but grew up in Berlin. I have a clinical background as a physical therapist.

I would like to thank Senator Gannon for bringing this bill forward as I have been wanting to tell my story to those who could make a difference

When my father was 91, living independently in a condo in Berlin, he developed shortness of breath that made walking up the stairs into his 2nd floor condo difficult. My father was very active socially, going to Mass every day, the senior center every day for lunch and fellowship, participating in evening cribbage tournaments, or visiting with friends in the evening. I say this so you understand he was walking up and down his stairs several times a day.

His shortness of breath got to the point where he was isolating himself as navigating the stairs was to difficult for him. I was worried that his lack of ability on the stairs may require him nursing home admission. After discussion with my father and his pulmonologist, we decided he would benefit from a stair lift. It was to the point where he could no longer live in the condo without this assist. I emailed service link in Concord to see if they had any resources for funding or suggestions for companies who would service up in Berlin. It took 2 months to receive a reply which simply said no resources for funding, and they did not address my question about a vendor.

By this time, my sister and I had private paid the $5000 for a stair lift, I had found a company which would service Berlin (also found many who did not service Berlin). And the company had installed the lift by the time service link responded to me. This allowed him to stay in his condo, near his life long friends and enjoy a high quality of life until his death 2 years later.

If my sister and I had not been able to afford a stair lift, my father would have probably spent the last 2 years of his life in a nursing home as a Medicaid resident. This would have cost the state hundreds of thousands of dollars.

I hope this example demonstrates how helping someone stay in their home is economically beneficial to the state as well as beneficial for those who want to age in place.

Once again, thank you for listening to my story.

Marc LaCroix

Concord, NH

Granite Case Management LLC
288 Baptist Hill Road
Canterbury, NH 03224

January 19, 2023

New Hampshire Senate Health and Human Services
Hon. Chair Regina Birdsell
Hon. Vice Chair Kevin Avard
Hon. Jeb Bradley
Hon. Rebecca Whitley
Hon. Suzanne Prentiss

In Re: SB 36

Good Morning Honorable Senators,

Thank you for hearing my testimony in regard to SB 36 this morning.

"Long-term Care Systems" and "Systems For Healthy Aging" are separate and distinct systems which are designed to serve different populations with different needs. While the systems can and should work in unison, combining the systems as this bill does could be detrimental to those served in our long-term care system. There are access to care issues being experienced in our long-term care system and until the immediate needs of the individuals are being met, it would be fool hardy to add able-bodied older adults into the mix.

This bill changes eligibility for receiving services from a needs-based to an age-based system for older adults, older adults being defined by this bill as an individual over the age of 60. Most individuals over 60 have the ability care for themselves. While I understand a program for healthy aging is needed, it would be a

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mistake to insert this program into the continuum of care intended to address the long-term care needs of adult with disabilities who, in the absence of necessary services, would require nursing facility care. The workforce and funding issues currently crippling our long-term care system should be addressed before overburdening it further by asking it to provide services to our state's over-60, able-bodied population as well. The US Census Bureau reports an estimated census for New Hampshire of 1,395,231 with 19.3% over the age of 65 (there is no data for individuals over 60). Accordingly, this bill adds more than 269,278 people to our state's long-term care system.

Long-term care eligibility is currently defined in statute. RSA 151-E:3 is a statutory chapter on Medicaid home and community-based care services. The bill at hand is not at all clear as to how it includes the Medicaid program and how it does not. If this is all Medicaid-based funding, that should be clearly stated. If not, this "system of care" belongs in another chapter entirely.

The provisions that expand current legislation (e.g., ServiceLink, LTC ombudsman) should be amendments to current law and not freestanding provisions thrown into another section of RSAs. The conflicts or inaccurate implications that can be assumed between these separate provisions, current and proposed, are numerous.

Overall, this bill is written as if the details of current law and policy can be frozen in time. They cannot. Words like "expand," or "modify," or "create new" are examples of words that will eventually come to have no meaning or be so broadly interpreted as to provide the department with unilateral authority to make changes without further legislative approval.

Finally, please consider the cost of this bill. This bill adds more than 269,278 people to the system. If we assume each of those

recipients cost just $100 a year per person (there are no caps or other spending limits in this bill the number will likely be higher) on able-bodied older persons, the cost would be $26,927,958 per year. For an example, because the problem is front page news, let's consider what moving the over-60 homeless population into assisted living the cost per person would rise to $1760 per month. For how many? And the cost of other scenarios we can't even imagine today? In addition to cost of care to the expanded population, there is the cost for the 3 or more added state employees and the ServiceLink expansion.

Should this expansion create eligibility for MCO enrollment, and I believe it does, at a minimum of $435.25, add $117,203,938.

The bill requires the department to fully fund by prioritizing the money to this new method. If the legislature is not intending on increased appropriation I think it would be appropriate for this committee to identify what programs will lose funding in order to fund this.

Statement of Findings. The general court hereby finds that:

VII. The failure to invest in our home and community-based programs and systems has resulted in a lack of ***adequate delivery of services available through the*** comprehensive, coordinated systems of care. As a result, many older adults and adults with disabilities have to receive their long-term care in an institution despite their preference to remain healthy in their homes.
Comment: NH has a comprehensive coordinated systems of long-term care including the 1915(c) waivers, Older Americans Act services and institutional long-term care, which all fall under the Bureau of Elderly and Adult Services. The system has not been adequately funded and this has resulted in access to care issue. The problem is not the system, it is the funding of it.

151 E:23 Statement of Policy

V. "Systems of care" means:
(a) A comprehensive and coordinated delivery system for the provision of long-term services and supports to New Hampshire's ***older adults*** and adults with disabilities.
(b) Systems of care is intended to provide services to all ***older adults*** and adults with disabilities who require long-term services and supports.
Comment: Older adult is defined in this bill as: "Older adult" means an individual who is 60 years of age or older." Solely being over the age of 60 does not necessarily equate to having a need to access a system of care. This is a monumental expansion of the population that the State of New Hampshire would be ~~the~~ mandated to provide long-term care to.

VIII. Rebalancing New Hampshire's systems to expand more home and community-based options will reduce the cost of providing services and allow our state to serve more people.
Comment: I am not sure exactly what this section means or is attempting to ~~to do~~ accomplish. I do think it is important to point out that if the inference is that the State of New Hampshire has "extra" nursing facility beds, this is incorrect. The number of available beds has been static for years. The current supply of accessible nursing facility beds continues to be inadequate.

RSA 151-E by inserting after section 21 the following new subdivision:

System of Care For Healthy Aging

151-E:22 Purposes. The purposes of this subdivision are to:

I. Build upon existing infrastructure to ~~establish~~ ***provide adequate access to the*** comprehensive and coordinated systems of care to ensure that **older adults** and adults with disabilities have access to and timely delivery of supports and services and to ensure that they have a meaningful range of options.
Comment: Recommend removal of "establish," the program already exists. Add language to ensure adequate access to care.
Comment: Older adult is defined in this bill as: "Older adult" means an individual who is 60 years of age or older." Solely being over the age of 60 does not necessarily equate to having a need to access a system of care. This is a monumental expansion of the population that the State of New Hampshire would be the mandated to provide long-term care to.

III. Require the department of health and human services to expand and improve access to home and community-based services for older adults and adults with disabilities in alignment with New Hampshire's state plan on aging, the federal Older Americans Act, Americans with Disabilities Act, and Medicaid law ***and Medicaid Waivers.***

Comment: Add "Medicaid Waivers" to include the system delivering the bulk of the home and community based care services. The systems have not been adequately funded and this has resulted in an access to care issue. The problem is not the system, it is the funding of it.

VII. The failure to invest in our home and community-based programs and systems has resulted in a lack of ***available providers and workforce to deliver services available through the*** comprehensive, coordinated system of care. As a result, many older adults and adults with disabilities have to receive their long-term care in an institution despite their preference to remain healthy in their homes.

Comment: The State of New Hampshire has a comprehensive coordinated system of long-term care including the 1915(c) waivers, Older Americans Act services and institutional long-term care.

151-E:24 Definitions. In this subdivision:

I. "Disability" means a physical or mental impairment that substantially limits one or more ~~major life activities~~, ***activities of daily living which is expected to be permanent.***

Comment: Many people suffer short term periods of an ability to perform an activity but will recover fully. Those individuals should not be considered to have a "disability". Consider adding an expectation of permanence. language. "Major life activities" should be changed to "Activities of daily Living" widely used and accepted language which is known and defined by CMS and elsewhere. This language is inconsistent with RSA 151-E:3, decreasing the deficiency in the ability to perform tasks from 2 to 1.

II. "Home and community-based services" means a range of medical and supportive services provided to persons in their own homes or other community-based settings including, but not limited to ***case management, nursing, home health aide, hospice care, case management, adult day care, assisted living, personal care services, personal emergency response systems, durable medical equipment,*** adult day ~~programs~~ ***care***, and assisted living.

Comment: Add the services which are actually delivered to the participants in their homes. The listing of only the two facility-based services of assisted living and adult day care should not be listed here without mention of other available services.

III. "Long-term services and supports" means a variety of ***medical and supportive*** services provided in both facilities and community-based settings designed to meet a person's health or personal care needs to help them live as independently and safely as possible when they can no longer perform ~~everyday~~ activities ***of daily living*** on their own.

Comment: Add medical and supportive to more accurately define LTSS. Strike "everyday" and add "of daily living". "Activities of daily living" is a recognized and defined term. "Everyday activities" could be anything.

V. "Systems of care" means:

(a) A comprehensive and coordinated delivery system for the provision of long-term services and supports to New Hampshire's older adults and adults with disabilities.

(b) Systems of care is intended to provide services to ~~all~~ ***frail*** older adults and adults with disabilities who require long-term services and supports.

Comment: Strike "all" and add "frail. The services should only be delivered to those with a need. Again … Older adult is defined in this bill as: "Older adult" means an individual who is 60 years of age or older". Solely being over the age of 60 does not necessarily equate to having a need to access a system of care.

(c) The system of care shall have the following characteristics:

(1) A comprehensive array of long-term services and supports including, but not limited to, ***case management, nursing, home health aide, hospice care, durable medical equipment, nursing facility care, assisted living,*** personal care, homemaker services, transportation, meal delivery or preparation, emergency response systems, adult day care, and family caregiver support to enable older adults and adults with disabilities to remain independent and in the setting of their choice.

Comment: Services updated to reflect services currently available. "Family care giver support" should be defined.

151-E:25 Duties of Commissioner of the Department of Health and Human Services.

VIII. Enhance the performance measures and ***ensure*** waiver assurances included in the Choices for Independence waiver ***are consistent with the laws and rules which govern them*** to improve quality and oversight of vendors.

Comment: the last drafting of the CFI Waiver was not consistent with the State of New Hampshire's statute and/or rules that govern enrolled providers. Unless

amended, this language could be used to apply waiver provisions retroactively on private entries.

~~XII - Maintain an online portal for providers, case managers, navigators and other long-term care service providers to enable them to easily identify and access available long-term care services and supports for older adults and adults with disabilities. The portal functions required by this section may be assigned to an entity that has responsibilities in addition to those required by this section. The portal shall contain the following information:~~
~~(a) A current list of home and community-based care waiver service providers accepting new clients, including links to websites and contact telephone numbers, organized by region that is updated on a weekly basis.~~
~~(b) Non-Medicaid resources to support the cost of home and community-based services.~~
~~(c) Referral information for legal service organizations.~~
~~(d) Guidance regarding family navigation of hospital discharge protocols and options.~~

Comment: This entire section should be struck as it appears to be a duplication of the Closed Loop Referral system for which NH DHHS has recently issued an RFP. RFP-2023-OCOM-01-CLOSE

XIII. ~~Create~~ ***Add to an existing platform a*** public facing online dashboard to track home and community-based waiver services data, including, but not limited to, results of any performance measurement assessments, waiver services authorized but not paid, current wait times for receiving waiver services and the number of people from institutionalized care into the community.
Comment - Consider changing "create" to "add" to avoid creating duplicative platforms.

151-E:26 Expansion of ServiceLink. The department shall:
~~I. Create a new navigator program in each ServiceLink office to provide support and assistance to persons in short and long-term institutional settings to transition into community based settings, including but not limited to, assistance with completing Medicaid applications.~~
Comment: The application duties identified here have been part of the ServiceLink duties since inception of ServiceLink. The services have been provided by ServiceLink with varying degrees of success. In addition to SeviceLink, there are several Navigator programs which exist today in the State of New Hampshire which assist with completion of health insurance

applications. See NH Navigator, Foundation for Healthy Communities offer these services. Federally funded, free of charge to the perspective enrollee.
Comment: "Support and assistance during transitions" is "transitional case management", currently available under NH Medicaid. Transitional Case Management is required to be made available and delivered by independent case management entities.

151-E:17 Availability of Targeted Management Services. *– The department shall make available to and advise all Medicaid recipients who require a nursing facility level of care or are at risk of needing such care and who are patients in hospitals, rehabilitation hospitals, or nursing facilities of the availability of targeted case management services provided by independent case managers, to explore the feasibility of transitioning to home and community-based care.*

Comment: ServiceLinks do not meet the requirements to provide transitional case management. The service is recognized by CMS and when provided in accordance with the CMS has a federal match. Designating ServiceLink as the provider, would bar the state from billing for the match. In addition to this requirements of RSA 151-E:17, CMS requires case management providers be free from conflict of interest and that recipients of the case have a free choice of willing and qualified enrolled providers. This service may not be limited as described in this rule.

4 Long-Term Care; Presumptive Eligibility. RSA 151-E:18 is repealed and reenacted to read as follows:
151-E:18 Presumptive Eligibility.
Comment: I support presumptive eligibility. When scored dynamically, the cost of care for individuals are lower when the care is delivered when the care is needed.

10 Office of the Long-Term Care Ombudsman. Amend RSA 161-F:11 is repealed and reenacted to read as follows:
Comment: I support Ombudsman services being available to individuals accessing Home and Community based care. The addition of the word "provider" and removal of the word "facility" in this section is confusing and not necessary. The NH Bureau of Health Facilities licenses entities as facilities regardless of whether or not bricks and mortar with beds are involved.

Thank for your consideration of my comments. Please feel free to contact me if I can be of assistance with this bill.

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Respectfully submitted,

Carolyn A Virtue

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An official website of the United States government

United States Census Bureau

QuickFacts

New Hampshire

QuickFacts provides statistics for all states and counties, and for cities and towns with a ***population of 5,000 or more.***

Table

All Topics	New Hampshire
Persons 65 years and over, percent	⚠ 19.3%
PEOPLE	
Population	
Population Estimates, July 1 2022, (V2022)	⚠ 1,395,231
Population Estimates, July 1 2021, (V2021)	⚠ 1,387,505
Population estimates base, April 1, 2020, (V2022)	⚠ 1,377,518
Population estimates base, April 1, 2020, (V2021)	⚠ 1,377,518
Population, percent change - April 1, 2020 (estimates base) to July 1, 2022, (V2022)	⚠ 1.3%
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	⚠ 0.7%
Population, Census, April 1, 2020	1,377,529
Population, Census, April 1, 2010	1,316,470
Age and Sex	
Persons under 5 years, percent	⚠ 4.5%
Persons under 18 years, percent	⚠ 18.5%
Persons 65 years and over, percent	⚠ 19.3%
Female persons, percent	⚠ 50.1%
Race and Hispanic Origin	
White alone, percent	⚠ 92.8%
Black or African American alone, percent (a)	⚠ 1.9%
American Indian and Alaska Native alone, percent (a)	⚠ 0.3%
Asian alone, percent (a)	⚠ 3.1%
Native Hawaiian and Other Pacific Islander alone, percent (a)	⚠ 0.1%
Two or More Races, percent	⚠ 1.8%
Hispanic or Latino, percent (b)	⚠ 4.4%
White alone, not Hispanic or Latino, percent	⚠ 89.1%
Population Characteristics	
Veterans, 2017-2021	90,997
Foreign born persons, percent, 2017-2021	6.0%
Housing	
Housing units, July 1, 2021, (V2021)	643,981
Owner-occupied housing unit rate, 2017-2021	71.6%
Median value of owner-occupied housing units, 2017-2021	$288,700
Median selected monthly owner costs -with a mortgage, 2017-2021	$2,062
Median selected monthly owner costs -without a mortgage, 2017-2021	$857
Median gross rent, 2017-2021	$1,212
Building permits, 2021	4,892
Families & Living Arrangements	
Households, 2017-2021	540,498
Persons per household, 2017-2021	2.46
Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	87.2%
Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	8.0%
Computer and Internet Use	
Households with a computer, percent, 2017-2021	94.4%
Households with a broadband Internet subscription, percent, 2017-2021	90.1%
Education	
High school graduate or higher, percent of persons age 25 years+, 2017-2021	93.6%
Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	38.2%
Health	

With a disability, under age 65 years, percent, 2017-2021	8.9%
Persons without health insurance, under age 65 years, percent	⚠ 6.2%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2017-2021	67.0%
In civilian labor force, female, percent of population age 16 years+, 2017-2021	63.1%
Total accommodation and food services sales, 2017 ($1,000) (c)	3,721,979
Total health care and social assistance receipts/revenue, 2017 ($1,000) (c)	11,931,600
Total transportation and warehousing receipts/revenue, 2017 ($1,000) (c)	1,583,610
Total retail sales, 2017 ($1,000) (c)	30,039,361
Total retail sales per capita, 2017 (c)	$22,245
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2017-2021	27.1
Income & Poverty	
Median household income (in 2021 dollars), 2017-2021	$83,449
Per capita income in past 12 months (in 2021 dollars), 2017-2021	$43,877
Persons in poverty, percent	⚠ 7.2%

BUSINESSES

Businesses	
Total employer establishments, 2020	38,350
Total employment, 2020	621,263
Total annual payroll, 2020 ($1,000)	33,455,183
Total employment, percent change, 2019-2020	0.2%
Total nonemployer establishments, 2019	108,655
All employer firms, Reference year 2017	29,502
Men-owned employer firms, Reference year 2017	18,064
Women-owned employer firms, Reference year 2017	4,662
Minority-owned employer firms, Reference year 2017	1,404
Nonminority-owned employer firms, Reference year 2017	25,117
Veteran-owned employer firms, Reference year 2017	2,164
Nonveteran-owned employer firms, Reference year 2017	23,536

GEOGRAPHY

Geography	
Population per square mile, 2020	153.9
Population per square mile, 2010	147.0
Land area in square miles, 2020	8,953.75
Land area in square miles, 2010	8,952.65
FIPS Code	33

About datasets used in this table

Value Notes

⚠ Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info ⓘ icon to row in TABLE view to learn about sampling error.

) vintage year (e.g., V2022) refers to the final year of the series (2020 thru 2022). Different vintage years of estimates are not comparable.

Users should exercise caution when comparing 2017-2021 ACS 5-year estimates to other ACS estimates. For more information, please visit the 2021 5-year ACS Comparison Guidance page.

Fact Notes

(a) Includes persons reporting only one race
(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data
(b) Hispanics may be of any race, so also are included in applicable race categories

Value Flags

- Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper open ended distribution.
F Fewer than 25 firms
D Suppressed to avoid disclosure of confidential information
N Data for this geographic area cannot be displayed because the number of sample cases is too small.
FN Footnote on this item in place of data
X Not applicable
S Suppressed; does not meet publication standards
NA Not available
Z Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income an Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

Cameron Lapine

From: Norman Cloutier <nacloutier1@gmail.com>
Sent: Monday, January 23, 2023 11:08 AM
To: Kevin Avard; Regina Birdsell; Jeb Bradley; Becky Whitley; Cameron Lapine
Subject: Testimony SB36

Caution! This message was sent from outside your organization.

Dear Committee Members,

As president of the organization I write to you on behalf of the Mount Washington Valley Adult Day Center. The MWV Adult Day Center is the only medically licensed adult day center in Carroll County and the only licensed center north of Concord, NH. The center provides compassionate care and therapeutic services to older adults with chronic and cognitive conditions of aging as well as critical respite and support to family caregivers.

As you are aware, our state's aging population has very limited options for programs that allow them to remain in their homes and avoid or delay admission to more expensive institutionalized care. For those with sufficient financial resources access to adult day services is limited only by geographical distance. However, for the great majority of our elderly, access to community based care is limited primarily by declining financial support and infrastructure. New Hampshire ranks 49 out of 50 states for spending on Home and Community Based Care through its CFI waiver program. This is most visible when comparing enrollment in NH to community based adult day programs nationwide. Nationwide, 14% of adult day center participants are medicaid beneficiaries. In NH it is estimated to be under 20% and in Carroll County it is under 10%. Our state's most vulnerable elderly are at a significant disadvantage to their counterparts in other states.

This lack of funding and support has placed a huge hardship on medically licensed adult day centers and families seeking care. It is the policy of the MWV Adult Day Center to provide service to families without regard to their financial situation. As a result we are filling the void created by declining medicaid funding. In the last year we provided 24% of our attendance and transportation services at no cost to participants. This level of private support is unsustainable and would be greatly relieved with expanded eligibility under SB36. One final statistic; CFI authorizations for NH state licensed adult day centers have declined every year from fiscal year 2018 through fiscal year 2022.

I have included a link to a recent article on adult day centers that appeared in the January 13th edition of the Union Leader newspaper. It shines a light on the desperate situation faced by family caregivers and the valuable role of affordable community based care. I would also like to extend an invitation to you all to visit with us at the MWV ADC and see first hand how community based adult day care can economically address the needs of many New Hampshire families. Thank you for considering this testimony in support of SB36.

https://www.unionleader.com/news/health/adult-day-care---a-respite-and-a-life-changer/article_61c3f3f4-4b55-5cb4-bfd6-b7b605bc2a59.html

Norman Cloutier, President

Betty C. Ketchum Foundation dba Mount Washington Valley Adult Day Center

Basic Stats Per Agcy - State FY '22	BM-CAP		Gibson Ctr		GCSCC		HCMOW		VNA at HCS		OCC		RNMOW		SNMOW		Sullivan		Tri-County		TOTALS	
July 1, 2021 - June 30 2022	*Units*	*Undup Clients*	*Units*	*Undup Clients*	*Units*	*Undup Clients*	*Units*	*Undup Clients*	*Units*	*Undup Clients*	*Units*	*Undup Clients*	*Units*	*Undup Clients*	*Units*	*Undup Clients*	*Units*	*Undup Clients*	*Units*	*Undup Clients*		
Congregate Program (IIIC)	16,489	604	5,513	382	8,225	444	12,890	439	0	0	12,795	498	16,377	1,008	3,298	227	3,703	25	3,804	201	83,094	3,828
Grab n Go Program	18,075	436	4,167	160	21,429	892	326	50	0	0	8,066	108	8,703	307	1,024	15	8,536	65	5,761	50	76,087	2,083
Home Delivered Program (IIIC)	167,366	1,165	20,525	143	90,026	693	209,425	1,073	66,818	462	36,370	155	177,973	1,055	60,264	608	72,334	292	79,273	466	980,374	6,112
Meals on Wheels Program (XX)	20,721	145	7,163	35	52,515	385	66,997	288	38,119	245	28,741	95	99,444	759	25,664	372	43,490	279	26,165	93	409,019	2,696
Choices for Independence (CFI)	37,465	214	675	3	13,078	66	71,373	288	17,734	60	2,906	16	39,887	172	34,418	236	0	0	28,412	78	245,948	1,133
Transportation Program (IIIB)	9,902	523	1,713	90	8,143	519	1,696	76	2,444	167	0	0	13,429	310	0	0	1,282	60	0	0	38,609	1,745
																				Meals Totals	1,794,522	15,852

Heather Carroll
NH Alliance for Healthy Aging
Advocacy Director

New Hampshire Legal Assistance
117 North State Street
Concord, NH 03301

T (603) 782-9331
hcarroll@nhla.org
www.nhla.org

NHAHA
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

OUR MISSION

To fulfill America's promise of equal justice by providing civil legal services to New Hampshire's poor, including education and empowerment, advice, representation, and advocacy for systemic change.

Complete Document

Can Be Viewed

In Bill Folder

NHAHA

NEW HAMPSHIRE ALLIANCE FOR HEALTHY AGING

Opportunities Ahead:
Advocacy Priorities 2018 - 2023





The NH Alliance for Healthy Aging (NHAHA) is a statewide coalition of stakeholders focused on the health and well-being of older adults in New Hampshire.

NHAHA works to promote its shared vision to create communities in New Hampshire that advance culture, policies and services which support older adults and their families.

www.nhaha.info

NHAHA
NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING

Cameron Lapine

From: richcrocker@metrocast.net
Sent: Tuesday, March 7, 2023 7:31 AM
To: Regina Birdsell; Kevin Avard; Jeb Bradley; Becky Whitley; Suzanne Prentiss; Cameron Lapine
Subject: SB36

Caution! This message was sent from outside your organization.

Please support SB36 in its entirety...it's the most important piece of legislation affecting older citizens in many years. The system that supports us has been broken and support for home and community-based services has fallen far below what is needed. Older citizens have given to their families and communities for their whole lives and just want to remain living at home as long as possible. Thank you.

Richard Crocker
Meredith

Debra Martone

From: Madeline Ullrich <mullrich@nhcare-c.org>
Sent: Monday, March 20, 2023 5:43 PM
To: James Gray; Daniel Innis; Regina Birdsell; Howard Pearl; Jeb Bradley; Cindy Rosenwald; Lou D'Allesandro; Debra Martone
Subject: Please support SB 36

Caution! This message was sent from outside your organization.

Dear Senators:

f you have opened this email.....I thank you. Please consider supporting this bill. My staff are "boots on the ground". The landscape for our elderly is not healthy in our state. Our goal as is their goal is to age in place if possible. This saves the State of NH a lot of money vs. a nursing home at $300 + a day. Home Care services in the home with assistance from Case Managers to help navigate is critical to reduce long term costs. Staffing is incredibly challenging and we need to have additional funds to attract workers who make more at McDonalds.

Please do not hesitate to reach out to me for any additional information.

Respectively,

Thank you,

Madeline Ullrich
Executive Director
NH Care Collaborative
25 Roxbury St. Suite 106
Keene, NH 03431
Office: 603-352-7707
Cell: 603-209-6062
Fax: 603-719-0990
Toll Free: 1-866-826-2340
Web Site: nhcare-c.org

COVID-19 ATTENTION: Visit the NH.GOV website for the latest COVID-19 information, resources, and guidance. Click here https://www.nh.gov/covid19/ for tips and resources.

STATEMENT OF CONFIDENTIALITY: This message may contain information that is privileged and confidential and is intended for the exclusive use of the individual(s) to whom it is addressed. If you received this message in error, please contact the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation.

"I value you and your work-life balance. Please do not feel pressure to respond outside of working hours."

Debra Martone

From: Sky, Rebecca <Rebecca.L.Sky@nhcoa.nh.gov>
Sent: Monday, March 20, 2023 5:59 PM
To: James Gray; Daniel Innis; Regina Birdsell; Howard Pearl; Jeb Bradley; Cindy Rosenwald; Lou D'Allesandro; Debra Martone
Cc: Sue Ruka (sruka@memorialhospitalnh.org)
Subject: SB36 - System of Care for Healthy Aging

Caution! This message was sent from outside your organization.

SB 36: An Act Relative to Systems of Care for Healthy Aging
Senate Finance Committee
Monday, March 20, 2023

Good afternoon, Chair Gray and Members of the Committee,

The New Hampshire State Commission on Aging's Annual Report published in November named **"Strengthening NH's Long-Term Services and Supports System of Care"** as one of three overarching recommendations for the Governor and State Legislature. The Commission on Aging, established in 2019, is charged with advising the governor and general court on issues related to aging in recognition that New Hampshire, demographically speaking, is becoming older. The NH Office of Strategic Initiatives projects that the 85+ population of NH in 2050 will be almost 7% of our state's population, compared to 2.1% of NH's current population. Thoughtful shaping of public policy and investing across generations will ready our state for this change and foster a future in which we can all thrive at any age.

Over the past two years, the Commission has been deeply engaged in learning about our current systems of care for older adults. What has become abundantly clear is that:

1. Most older adults would choose to age in their community, preferably in their own home.
2. Most of us do not plan ahead, but rather, act in response to a crisis (e.g., fall).
3. Information/options counseling is hard to find.
4. Long-term services and supports (LTSS) are provided in a variety of settings: nursing homes, adult day centers, and by home care agencies in people's homes. LTSS help individuals with their personal care needs (e.g., nutrition, bathing, and dressing), daily living needs (e.g., housework, meal preparation, and grocery shopping), and some basic medical needs.
5. Both the public and professionals who are tasked with aiding the public experience challenges in timely identifying and navigating appropriate services and application processes.
6. Organizations providing services in the home and community are understaffed and underfunded leading to limited options for the public to consume.

Were SB 36 to be implemented, it would represent great progress towards improving people's ability to age in the community of their choice. Having options to be able to live in the least restrictive setting is a requirement of federal law. It is incumbent upon state policy leaders to create the conditions for meaningful options to exist for all of us as we age. This is an investment in our future selves.

The growth in the 85+ aged population is why we need to address our system of care now. We are already past due on rebalancing our system of care and modernizing how we fund home and community-based services. SB 36 outlines mechanisms that will result in some equivalence between how facility-based and home and community-based care reimbursements are determined and delivered. These changes will enable more people to access home and community-based services, possibly delaying need for nursing home beds, reserving them for those truly in need. For people who do not need 24/7 care, timely delivery of home and community-based services is less of a financial drain upon families and upon our state safety net.

In an unprecedented move, the Commission on Aging has chosen to endorse SB 36. Please vote "ought to pass" for SB36 and include the necessary funds to implement the changes in the SFY24/25 budget.

Thank you for your consideration,

Rebecca Sky

cc: Susan Ruka, Chair, NH State Commission on Aging

Rebecca Sky
Executive Director
New Hampshire State Commission on Aging
117 Pleasant Street, Dolloff Building, 4th Floor
Concord, NH 03301
603.271.0527 or 603.848.4204 (cell)
email: Rebecca.L.Sky@nhcoa.nh.gov
website: nhcoa.nh.gov







Debra Martone

From: Nancy Dorner <nedorner@yahoo.com>
Sent: Tuesday, March 21, 2023 11:07 AM
To: James Gray; Daniel Innis; Regina Birdsell; Howard Pearl; Jeb Bradley; Cindy Rosenwald; Lou D'Allesandro; Debra Martone
Subject: Senate Bill 36

Good morning, Senators,

I am writing to ask the Committee to please pass Senate Bill 36 as amended.

The need for a systems of care approach for the aging population of NH is clear and this bill addresses it.

Thank you for your consideration of this request.

Sincerely yours,
Nancy E. Dorner, Bristol, NH, Steering Committee of Alliance for Healthy Aging

Voting Sheets

Senate Health and Human Services Committee
EXECUTIVE SESSION RECORD
2023-2024 Session

Bill # SB 26

Hearing date: 1/18/23

Executive Session date: 3/8/23

Motion of: Amend 0673s **Vote:** 3-2

Committee Member	Present	Made by	Second	Yes	No
Sen. Birdsell, Chair	X			X	
Sen. Avard, Vice Chair	X		X	X	
Sen. Bradley	X	X		Y	
Sen. Whitley	X				X
Sen. Prentiss	X				X

Motion of: OTP/A **Vote:** 3-2

Committee Member	Present	Made by	Second	Yes	No
Sen. Birdsell, Chair	X			Y	
Sen. Avard, Vice Chair	X	X		Y	
Sen. Bradley	X		X	Y	
Sen. Whitley	X				Y
Sen. Prentiss	X				X

Motion of: _____ **Vote:** _____

Committee Member	Present	Made by	Second	Yes	No
Sen. Birdsell, Chair					
Sen. Avard, Vice Chair					
Sen. Bradley					
Sen. Whitley					
Sen. Prentiss					

Reported out by: Sen. Birdsell

Notes: _____

Senate Finance Committee

EXECUTIVE SESSION

Bill #SB 36-FN

Hearing date: N/A

Executive session date: 03/21/23

Motion of: OTP VOTE: 7-0

		Made by	Seconded by	Reported by
Senator:	Gray	☐	☐	☐
	Innis	☐	☐	☐
	Bradley	☐	☐	☐
	Birdsell	☐	☐	☐
	Pearl	☐	☐	☐
	D'Allesandro	☐	☑	☐
	Rosenwald	☑	☐	☐

Motion of: _____ VOTE: _____

		Made by	Seconded by	Reported by
Senator:	Gray	☐	☐	☐
	Innis	☐	☐	☐
	Bradley	☐	☐	☐
	Birdsell	☐	☐	☐
	Pearl	☐	☐	☐
	D'Allesandro	☐	☐	☐
	Rosenwald	☐	☐	☐

Committee Member	*Present*	Yes	No	*Reported out by*
Senator Gray , Chairman	☑	☑	☐	☐
Senator Innis, Vice-Chair	☑	☑	☐	☐
Senator Bradley	☑	☑	☐	☐
Senator Birdsell	☑	☑	☐	☐
Senator Pearl	☑	☑	☐	☐
Senator D'Allesandro	☑	☑	☐	☑
Senator Rosenwald	☑	☑	☐	☐

Amendments: _____

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Wednesday, March 8, 2023

THE COMMITTEE ON Health and Human Services

to which was referred **SB 36-FN**

AN ACT relative to systems of care for healthy aging.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 3-2

AMENDMENT # 0861s

Senator Regina Birdsell
For the Committee

Cameron Lapine 271-2104

HEALTH AND HUMAN SERVICES

SB 36-FN, relative to systems of care for healthy aging.
Ought to Pass with Amendment, Vote 3-2.
Senator Regina Birdsell for the committee.

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Tuesday, March 21, 2023

THE COMMITTEE ON Finance

to which was referred **SB 36-FN**

AN ACT relative to systems of care for healthy aging.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS

BY A VOTE OF: 7-0

Senator Lou D'Allesandro
For the Committee

Deb Martone 271-4980

SB36-FN

Bill Details

Title: relative to systems of care for healthy aging.

Sponsors: ***(Prime)*** Gannon (R), Watters (D), D'Allesandro (D), Avard (R), Jeb Bradley (R), Ricciardi (R), Carson (R), Rosenwald (D), Whitley (D), Ruth Ward (R), Pearl (r), Perkins Kwoka (D), Hobson (R)

LSR Number: **23-0895**
General Status: **SENATE**
Senate:
Committee: Finance
Floor Date: 3/30/2023
Status: LAID ON TABLE

Bill Docket

Body	Description
S	Introduced 01/05/2023 and Referred to Health and Human Services; SJ 4
S	Hearing: 01/18/2023, Room 101, LOB, 09:30 am; SC 6
S	Committee Report: Ought to Pass with Amendment # 2023-0861s, 03/16/2023; SC 13
S	Committee Amendment # 2023-0861s, AF, VV; 03/16/2023; SJ 10
S	Sen. Birdsell Floor Amendment # 2023-1015s, AA, VV; 03/16/2023; SJ 10
S	Ought to Pass with Amendment 2023-1015s, MA, VV; Refer to Finance Rule 4-5; 03/16/2023; SJ 10
S	Committee Report: Ought to Pass, 03/30/2023; SC 15
S	Ought to Pass: MA, VV; 03/30/2023; SJ 12
S	Sen. Gray Moved Laid on Table, MA, VV; 03/30/2023; SJ 12
S	Pending Motion OT3rdg; 03/30/2023; SJ 12

General Court of New Hampshire - Bill Status System

Docket of SB36

Docket Abbreviations

Bill Title: relative to systems of care for healthy aging.

Official Docket of **SB36.**:

Date	Body	Description
1/6/2023	S	**Introduced** 01/05/2023 and Referred to Health and Human Services; **SJ 4**
1/11/2023	S	**Hearing:** 01/18/2023, Room 101, LOB, 09:30 am; **SC 6**
3/8/2023	S	Committee Report: Ought to Pass with Amendment **#2023-0861s**, 03/16/2023; **SC 13**
3/16/2023	S	Committee Amendment **#2023-0861s**, AF, VV; 03/16/2023; **SJ 10**
3/16/2023	S	Sen. Birdsell Floor Amendment **#2023-1015s**, AA, VV; 03/16/2023; **SJ 10**
3/16/2023	S	**Ought to Pass with Amendment** 2023-1015s, MA, VV; Refer to Finance Rule 4-5; 03/16/2023; **SJ 10**
3/22/2023	S	Committee Report: Ought to Pass, 03/30/2023; **SC 15**
3/30/2023	S	**Ought to Pass**: MA, VV; 03/30/2023; **SJ 12**
3/30/2023	S	Sen. Gray Moved Laid on Table, MA, VV; 03/30/2023; **SJ 12**
3/30/2023	S	Pending Motion OT3rdg; 03/30/2023; **SJ 12**

NH House NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: SB 36-FN **Senate Committee:** FINANCE-2ND Comm Bill

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

X Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

X Bill version as it came to the committee

___ All Calendar Notices

___ Hearing Sign-up sheet(s)

X Prepared testimony, presentations, & other submissions handed in at the public hearing

___ Hearing Report

X Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

___ - amendment # _____ ___ - amendment # _____

___ - amendment # _____ ___ - amendment # _____

X Executive Session Sheet

X Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

___ - amendment # _____ ___ - amendment # _____

___ - amendment # _____ ___ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

___ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

___ Enrolled Bill Amendment(s)

___ Governor's Veto Message

All available versions of the bill: {Clerk's Office}

___ as amended by the senate ___ as amended by the house

___ final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Debra A. Martone 07/14/23

Committee Aide **Date**

Senate Clerk's Office AK

Senate Inventory Checklist for Archives

Bill Number: SB 36-FN **Senate Committee:** HHS

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

X Final docket found on Bill Status

Bill/Hearing Documents: {Legislative Aides}

X Bill version as it came to the committee
X All Calendar Notices
X Hearing Sign-up sheet(s)
X Prepared testimony, presentations, & other submissions handed in at the public hearing
X Hearing Report
X Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

X - amendment # 0673s ___ - amendment #_____
X - amendment # 0861s ___ - amendment #_____

X Executive Session Sheet
X Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

X - amendment # 1015s ___ - amendment #_____
___ - amendment #_____ ___ - amendment #_____

Post Floor Action: (if applicable) {Clerk's Office}

___ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):
___ Enrolled Bill Amendment(s)
___ Governor's Veto Message

All available versions of the bill: {Clerk's Office}

X as amended by the senate ___ as amended by the house
___ final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Cameron M. Laffine 8/9/23

Committee Aide **Date**

Senate Clerk's Office AL