

**APSW OPERATIONS/ADULT PROTECTION PROGRAM
4805-9250****PURPOSE:**

The Bureau of Adult and Aging Services (BAAS) carries out the legal requirements of RSA 161-F: 42-57, the Protective Services to Adults Law under the Adult Protective Services (APS) Program. The purpose of the law, which is civil and not criminal, is to provide protection for vulnerable adults who are age 18 and older, who are abused, neglected (including self-neglect) or exploited while at the same time preserving the vulnerable adult's right of self-determination.

The BAAS State Registry was established to maintain a record of information on each founded report of abuse, neglect, or exploitation, toward an individual 18 years old or over by a paid or volunteer caregiver, guardian, or agent acting under the authority of a power of attorney or a durable power of attorney.

CLIENT PROFILE:

APS serves adults (anyone over the age of 18) who are determined to be vulnerable by an APS social worker as defined in RSA 161-F:43, VII., which states: “...that the physical, mental, or emotional ability of a person is such that he or she is unable to manage personal, home, or financial affairs in his or her own best interest, or he or she is unable to act or unable to delegate responsibility to a responsible caretaker or caregiver.”

APS Social Workers use a standardized tool that assesses for vulnerability factors. Many older adults and adults with disabilities live independently without assistance, however, some face abuse, neglect or exploitation by others and need trained professionals to advocate on their behalf. Others may struggle with routine activities and benefit from community-based support services to maintain their health and independence.

BAAS State Registry: Any employer licensed, certified, or funded by DHHS to provide services to vulnerable adults is required to check the BAAS State Registry before hiring an employee to ensure there is not a match. The employer shall not hire the prospective employee, consultant, and contractor or volunteer if listed on the registry unless the employer requests and obtains a waiver from the Department of Health and Human Services (DHHS/ Department) to hire such person.

The aging of New Hampshire is an ongoing demographic trend. In 2023, 20.8% of New Hampshire residents were aged 65 or older. It is expected that by 2030 the percentage will increase to 27%. This demographic shift is happening fast. An [August 2024 New Hampshire Fiscal Policy Institute report](#) suggests New Hampshire's population is aging faster compared to the nation overall. By 2030, the number of adults over age 65 in the state is expected to be larger than the number of children, according to the [New Hampshire Department of Business and Economic Affairs](#).

FINANCIAL SUMMARY 4805-9250

<u>FINANCIAL HISTORY</u>

Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$7,338	\$7,987	\$8,193	\$8,433	\$8,175	\$8,413
GENERAL FUNDS	\$6,652	\$7,224	\$7,455	\$7,673	\$7,439	\$7,655
ANNUAL COST PER CASE-TOTAL	\$1,189	\$1,268	\$1,276	\$1,287	\$1,273	\$1,284
CASELOAD	6,174	6,297	6,423	6,552	6,423	6,552

*The caseload numbers above reflect the total unduplicated count of clients from APS Intakes, Reports and Cases received or open during SFY24.
 **The above caseload numbers also do not reflect the forms processed by the BAAS State Registry. BAAS State Registry processes an average of 78,719 forms a year.

FUNDING SOURCE:

9% Federal Medicaid Administration Funds and 91% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			
Ensure services of vulnerable adults in need of protection because of abuse, neglect and exploitation.	Promote safety of vulnerable adults, identify unmet needs, and provide services and resources	Decrease self-neglect and mistreatment of older adults	6,500	6,630	6,763

OUTCOME:

- Promote the safety of vulnerable adults.
- Identify and meet the needs of vulnerable adults.
- Decrease the incidence of self-neglect and maltreatment by others.

STATE MANDATES:

RSA 161 F:42-57

FEDERAL MANDATES:

Older Americans Act of 1965 (PL 89-73) as amended through PL 1146-14431, Enacted March 2020.

SERVICES PROVIDED:

Adult Protective Investigations and Case Management.

SERVICE DELIVERY SYSTEM:

APS Social Workers deliver services to clients from DHHS District Offices. APS Social Workers perform a wide range of complex professional interventions for vulnerable adults 18 years of age or older who are victims of abuse, neglect, and/or self-neglect. This includes, but is not limited to:

- Conducting standardized risk assessments to determine need for APS, frequency of contact and what types of services should be provided
- Engaging adults in person-centered action plans
- Delicately balancing self-determination with the need for protective services
- Engaging in activities necessary to secure needed adult guardianship when all other less restrictive means are exhausted
- Accessing and implementing crisis intervention strategies and/or
- Arranging for community-based services

APS Social Workers collaborate with many community agencies that provide necessary and essential services. The objective of APS is to keep vulnerable adults safe from harm and concurrently making every effort to keep clients in their homes or in the least restrictive environment.

ADMINISTRATION ON AGING**4810-7872****PURPOSE:**

To assist eligible adults aged 60 and older to maintain independent living in the community.

CLIENT PROFILE:

Clients served are adults aged 60 and older. The Administration for Community Living (ACL) mandates that services are provided to the most economically and socially at-risk clients. Although there is not a defined income eligibility amount, clients must have a demonstrated need for a service. Contracted service providers complete a *BAAS 3502 Contract Service Authorization Form* that provides details regarding client's needs. Some determinations are through an Adult Protective Services assessment of need. Many of the services provided are non-medical, address specific aspects of clients' functional needs, and are intended to assist someone to remain independent for as long as possible in their own home (for example: In-Home Care Services, Home Delivered and Congregate Meal Services, and Senior Companion Services). The goal of the services provided is to prevent or delay decline that may precipitate more intensive services, either at home or in a facility. The Bureau of Adult and Aging Services (BAAS) currently has 65 contracts with community-based providers to deliver services at clients' homes and in other community-based locations. Contractors also provide services to family caregivers to assist them to maintain and sustain caregiving for a family member at home.

FINANCIAL SUMMARY 4810-7872

FINANCIAL HISTORY						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$12,655	\$17,345	\$21,592	\$21,640	\$16,387	\$16,432
GENERAL FUNDS	\$4,986	\$8,889	\$13,120	\$13,106	\$8,063	\$8,047
ANNUAL COST PER CASE-TOTAL	\$418	\$545	\$513	\$504	\$505	\$496
CASELOAD	30,300	31,821	32,457	33,107	32,457	33,107

FUNDING SOURCE:

51% Federal Funds (Title III, NSIP) and 49% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			
Administer, direct and monitor programs funded through Older Americans Act, Title XX, state general funds and other federal funds to ensure coordinated and consistent service delivery	BAAS contracts with providers to deliver services to eligible clients	Identified eligible clients receive needed services	36,240	38,350	39,950

OUTCOME:

- New Hampshire’s statewide community-based aging supports and services system will have the capacity and flexibility to meet the needs of clients ages 60 and over.
- Eligible clients will receive needed services, enabling them to maintain living independently in the community.

PRIORITIZED NEEDS:

- Additional funds are required to meet increased caseload needs and access to services. On June 28, 2024 and in accordance with the requirements of [Chapter 79:568, Laws of 2023](#), the Department of Health and Human Services (Department) submitted the required Choices for Independence (CFI) Rate Study [report](#) relative to the review of current rates and proposed rates for the CFI program.
 - Prioritized Needs Request for CFI rate increase in this accounting unit for meals parity:
 - 2026: \$4,192,767
 - 2027: \$4,192,767
 - Total: \$8,385,534(100% General Funds)

- Additional funds of \$750,000 for SFY 2026 and \$750,000 for SFY 2027 in general funds was requested as a prioritized need for the purpose of funding congregate housing services provided for in RSA 161-F:37.

STATE MANDATES:

RSA 161 F:42-57

FEDERAL MANDATES:

Older Americans Act of 1965 (PL 89-73) as amended through PL 1164-14431, Enacted March 2020.

SERVICES PROVIDED:

Depending on the client's specific needs, as determined by an assessment, services may include, but are not limited to:

- Home-delivered and congregate meals
- Transportation
- Caregiver support
- Medicare counseling
- Home health services
- Adult day services; and/or
- Senior Companion Program Services.

Services are provided to clients living in the community who are the most economically and socially at-risk not already receiving the same or duplicate services from another program such as the CFI waiver program.

SERVICE DELIVERY SYSTEM:

The Department contracts with a statewide network of aging services providers and vendors to deliver services. The Department makes direct payments for services through contracts and with enrolled providers. Enrolled providers are authorized vendors to the State of New Hampshire that complete the vendor registration process.

**SOCIAL SERVICES BLOCK GRANT (SSBG)
4810-9255****PURPOSE:**

To assist older adults, ages 60 and older and adults ages 18-59 with chronic illnesses and physical disabilities, to maintain living independently in the community.

CLIENT PROFILE:

Clients served are adults ages 60 and older, and adults between the ages of 18-59 with chronic illnesses and physical disabilities who are not eligible for New Hampshire Medicaid. Clients must meet income eligibility requirements and have a demonstrated need for a service. For Calendar year 2024, the monthly income limit is \$1,561.20. This amount, raised annually in January, is in accordance with the Social Security Cost of Living Adjustment. Most services are non-medical, address specific aspects of clients’ functional needs, and considered preventative. Contracted providers deliver services in clients’ homes and in community-based locations. The goal is to prevent or delay decline that may precipitate placement in a nursing facility.

FINANCIAL SUMMARY 4810-9255

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$6,882	\$10,138	\$11,947	\$11,947	\$10,138	\$10,138
GENERAL FUNDS	\$4,106	\$4,655	\$6,464	\$6,464	\$4,655	\$4,655
ANNUAL COST PER CASE-TOTAL	\$1,326	\$1,915	\$1,877	\$1,841	\$1,877	\$1,841
CASELOAD	5,190	5,294	5,400	5,508	5,400	5,508

OUTCOME:

- Eligible clients will receive needed services, supporting them to maintain community-based living.
- New Hampshire’s statewide community-based aging supports and services system will have the capacity and flexibility to meet the needs of clients ages 60 and over and adults with chronic illnesses and physical disabilities ages 18-59.

PRIORITIZED NEEDS:

The Agency Request includes a prioritized need request for CFI rate service increases, contracted service rate increases and public guardianship funding increase.

- Additional funds are required to meet increased caseload needs and access to services. On June 28, 2024 and in accordance with the requirements of [Chapter 79:568, Laws of 2023](#), the Department submitted the required Choices for Independence (CFI) Rate Study [report](#) relative to the review of current rates and proposed rates for the CFI program.
 - Prioritized Needs Request for CFI rate increase in this accounting unit for meals parity:
 - 2026: \$1,717,288
 - 2027: \$1,717,288

- Total: \$3,434,576 (100% General Funds)
- The Department also contracts for these services; therefore, the contractual impact is considered in the request. The prioritized needs request represents the additional funds required to comport with the fiscal impact of the proposed rate increases as a result of the study.
- 2026 Guardianship requested increase: \$92,000
- 2027 Guardianship requested increase: \$92,000
- Total Guardianship requested increase: \$184,000 (100% General funds)

FUNDING SOURCE:

54% Federal Funds (SSBG) and 46% General Funds.

STATE MANDATES:

NH RSA 161:2 XII

FEDERAL MANDATES:

- Social Services Block Grant (Title XX of the Social Security Act)
- Administration for Community Living (Title III)

SERVICES PROVIDED:

Depending on the individual's specific needs, as determined by an assessment, services may include, but are not limited to:

- Home-delivered meals
- Home health services; and/or
- Adult day services.

Contracted providers deliver services to clients living in the community who are the most economically and socially at-risk not already receiving the same or duplicate services from another program such as the CFI Waiver program.

SERVICE DELIVERY SYSTEM:

A statewide network of contracted providers delivers services to clients.

AGING AND DISABILITY RESOURCE CENTER

4810-9565

PURPOSE:

The Aging and Disability Resource Centers (ADRCs) provide information, support and referrals to individuals of all ages, income levels and abilities and administers programs and services such as Information and Referral Services, Person-Centered Options Counseling, NH Family Caregiver Program, State Health Insurance Assistance Program and Senior Medicare Patrol. ADRCs are the primary partner in the State's No Wrong Door

System of Access for long term supports and services (LTSS) and are designated in New Hampshire to ensure timely and accurate guidance, support, and choice to clients looking for information for themselves or their family member(s).

CLIENT PROFILE:

Clients who access ADRCs are those who want to learn about and access information, assistance, or care they or a friend/family member may need. Clients include people of all ages, income levels and abilities who need information regarding options and access to services.

ADRCs are one of the formal entry points in the State’s LTSS system, used by clients and families who need information regarding their LTSS options. ADRCs aim to provide information so clients and families can make informed decisions about their options.

FINANCIAL SUMMARY 4810-9565

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$2,416	\$4,397	\$4,536	\$4,543	\$4,536	\$4,542
GENERAL FUNDS	\$1,356	\$2,480	\$2,454	\$2,460	\$2,454	\$2,460
ANNUAL COST PER CASE-TOTAL	\$35	\$62	\$63	\$62	\$63	\$62
CASELOAD	69,154	70,537	71,947	73,386	71,947	73,386

FUNDING SOURCE:

46% Federal Funds (Title III E, Medicaid Admin, MIPPA, SHIP, SMP, SSBG) and 54% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			
ADRCs/No Wrong Door -Provide outreach and public education to promote awareness of community based LTSS.	Website, Toll free number, social media, contact and formal referral partnerships with community-based agencies	Increased awareness, visits to ADRC websites and social media to ensure clients and key referral partner agencies know how to access No Wrong Door services and increased formal linkages	10,500 website visits per month, 5,000 calls per month, 27 contracted and enrolled core partners	10,750 website visits per month, 5,100 calls per month, 35 contracted and enrolled core partners	10,965 Website visits per month, 5,202 calls per month, 35 contracted and enrolled core partners

OUTCOME:

- Clients utilizing ADRCs will be satisfied with services and find that ADRCs are a highly visible, trusted, and accessible resources
- ADRC staff are responsive to client's needs, preferences and unique circumstances.
- Increased provision of outreach and education to promote awareness of community-based LTSS.
- Ensuring a trained and skilled workforce to provide Person-Centered Options Counseling as part of the New Hampshire's No Wrong Door System.

STATE MANDATES:

- RSA 151-E: 5 & 9
- RSA 151-E:26

FEDERAL MANDATES:

Older Americans Act (OAA) of 1965 (PL 89-73) as amended through PL 116-14431, Enacted March 2020.

Older Americans Act (42U.S.C. 3011), as amended by the Supporting Older Americans Act of 2020, P.L. 116-131, Enacted March 2020. Title II Section 202(b) of the OAA specifically authorizes the Assistant Secretary for Aging to work with the Administrator of the Centers for Medicare & Medicaid Services to: "...implement in all states Aging and Disability Resource Centers."

SERVICES PROVIDED:

ADRCs are designated in New Hampshire and are the primary NHCarePath Partner providing access and connections for clients of all ages, income levels and abilities and administers programs and services such as:

- Information, Referral and Awareness
- Person-Centered Counseling
- New Hampshire Family Caregiver Support Program
- State Health Insurance Assistance Program (SHIP)
- Senior Medicare Patrol (SMP) and
- Veteran Directed Care Program, through agreements with the local Veterans Affairs office.

SERVICE DELIVERY SYSTEM:

Seven (7) contracted providers deliver ADRC services at thirteen (13) sites statewide. Clients access ADRCs through the toll-free number, onsite direct face-to-face interactions, virtual assistance at any of the 13 locally based resource centers statewide and/or through appointments at home or an alternative location. ADRC staff respond to referrals via email, website inquiries, provider referrals, fax, and through face-to-face contact with clients while providing outreach and education at locally based community settings.

**WAIVER/NF PMTS-COUNTY PARTICIPATION
4820 - 2152**

PURPOSE:

Nursing Facility (NF) and the Choices for Independence (CFI) Waiver program provides direct services to clients eligible for New Hampshire Medicaid and who meet the clinical and financial eligibility standards defined in RSA 151-E for nursing facility and home and community-based long-term care. Services are provided either by a NF or through the CFI Waiver program.

CLIENT PROFILE:

CFI Waiver Program: CFI Waiver program services are home and community-based services under a 1915(c) waiver through the Center for Medicare & Medicaid Services (CMS). Services are provided in private homes and residential care facilities to clients who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3. All CFI clients are clinically eligible for nursing facility level of care, but desire services in their community.

NF: NF clients receive nursing care in a setting that promotes rehabilitation and enhanced support in activities of daily living. NFs provide care 24 hours per day. NF care is the most intensive level of service provided outside of a hospital. Admissions to a NF can be temporary for those who require short-term rehabilitation. The structure and support offered within a NF supports clients to maximize their level of independence and affords some clients the opportunity to return home. Clients for whom a return to the community is not possible due to the complexity of their care needs receive care to maximize their functional capabilities within the NF.

FINANCIAL SUMMARY 4820-2152

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$374,341	\$387,677	\$431,056	\$463,247	\$428,671	\$460,543
GENERAL FUNDS	\$57,345	\$66,893	\$75,500	\$88,789	\$84,742	\$97,980
ANNUAL COST PER CASE-TOTAL						
Nursing Homes	\$76,613	\$58,802	\$72,538	\$76,353	\$72,538	\$76,347
Choices for Independence	\$31,293	\$29,623	\$30,638	\$32,356	\$30,065	\$31,719

CASELOAD						
Nursing Homes	3,435	4,182	4,182	4,266	4,182	4,266
Choices for Independence	3,470	4,079	4,161	4,244	4,161	4,244

The Agency Request includes a prioritized need in SFY 26 of \$2,384,580, (50% general funds and 50% federal funds) and in SFY 27 of \$2,703,635 (50% general funds and 50% federal funds)

*FY 2024 Nursing Facility number is based on the annual average reported on the DHHS dashboard.

FUNDING SOURCE:

50% Federal Medicaid Funds; 30% County Funds and 20% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			
Manage the CFI Waiver program to ensure that New Hampshire residents have an option to live in their community rather than living in an institutional setting.	Oversight of assurances outlined in CFI Waiver program	CFI Waiver program is maintained and available to New Hampshire residents as an alternative to institutional settings	4,952	5,429	5,684

OUTCOME:

CFI Waiver Program:

- Provide the necessary supports to enable a client to remain at home for as long as they are able and safe.
- Each client will have a person-centered plan that identifies the services and supports they need to support them to remain safely in the community.

Nursing Facility:

- Provide care that meets the needs of the clients requiring 24-hour care in a safe and supportive environment.

PRIORITIZED NEED:

- DHHS does not have a wait list for those requesting services under the CFI Waiver program. Additional funds are required to meet increased caseload needs and access to services. On June 28, 2024 and in accordance with the requirements of [Chapter 79:568, Laws of 2023](#), the Department of Health and Human Services (Department) submitted the required CFI Rate Study [report](#) relative to the review of current rates and proposed rates for the CFI Waiver Program to the House Health, Human Services and Elderly Affairs Committee, the Senate Health and Human Services Committee, the House Finance Committee, the Senate Finance Committee, and the Joint Legislative Committee on Health and Human Services.

- The prioritized needs request represents the additional funds required to comport with the fiscal impact of the proposed rate increases as a result of the study.

STATE MANDATES:

Nursing Facility & Choices for Independence:

- RSA 151-E
- He-E 805
- He-E 801
- He-E 802

FEDERAL MANDATES:

- Title XIX of the Social Security Act.
- 42 CFR 440 provides the regulatory authority pertaining to nursing facility care, a mandatory Medicaid service.
- 42 CFR 441.301 provides the regulatory authority for the CFI Waiver Program, an optional program, and is re-authorized by CMS every five (5) years.

SERVICE DELIVERY SYSTEM:

All NF and CFI Waiver program services are provided by agencies, facilities and organizations that are providers enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

CFI Waiver program enrolled providers are responsible to provide a comprehensive array of services including but not limited to, case management, residential care services, personal care services, adult day services, homemaker services, removable prosthodontic services, and environmental accessibility services.

NURSING SERVICES**4820 - 2154****PURPOSE:**

To provide nursing home care to 1) children who receive care at Cedarcrest, the only Intermediate Care Facility for the Intellectually and Developmentally Disabled (ICF/IDD) in New Hampshire 2) adults under age 65 who are disabled and are enrolled in New Hampshire Medicaid under the Aid to the Need Blind (ANB) category and 3) Adults who require a Skilled Nursing Facility (SNF) stay.

CLIENT PROFILE:

- Nursing facility (NF) services are provided to children under age 18 years with severe disabilities at Cedarcrest, which has a capacity of 24 children. NF services are also provided to clients who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3.
- Adults who are eligible for New Hampshire Medicaid under the ANB eligibility category and meet long-term care clinical eligibility criteria as defined in RSA 151.
- Adults who require a SNF, SNF Swing Bed, which are a New Hampshire Medicaid State Plan services, are also included in this profile.

FINANCIAL SUMMARY 4820-2154

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$8,386	\$40,436	\$6,883	\$6,883	\$6,883	\$6,883
GENERAL FUNDS	\$4,560	\$20,508	\$3,640	\$3,640	\$3,640	\$3,640
ANNUAL COST PER CASE-TOTAL						
Cedarcrest/ANB	\$189,484	N/A*	\$133,273	\$133,273	\$133,273	\$133,273
CASELOAD						
Cedarcrest/ANB	31		33	33	33	33

*There was a transition during this time related to the Medicaid rate increases and data is not presently available to accurately reflect per caseload information

FUNDING SOURCE:

47% Federal Medicaid Funds and 53% General Funds.

STATE MANDATES:

- RSA 151-E
- He-E 802

FEDERAL MANDATES:

- Title XIX of the Social Security Act.
- 42 CFR 440 provides the regulatory authority pertaining to nursing facility care, a mandatory Medicaid service.

SERVICE DELIVERY SYSTEM:

All services are provided by licensed nursing facilities that are approved providers enrolled in the New Hampshire Medicaid program and delivered through a fee-for-service delivery system.

OUTCOME:

Provide care that meets the needs of the clients requiring 24-hour care in a safe and supportive environment.

MEDICAID QUALITY IMPROVEMENT PROGRAM (MQIP) PAYMENTS

4820 - 2157

PURPOSE:

MQIP provides quarterly supplemental rates to nursing facilities for each paid Medicaid bed day at their facility in the prior quarter. This is done through a three-step process as follows:

- Every licensed nursing home pays a Nursing Facility Quality Assessment (NFQA) tax of 5.5% of net patient services revenue to the New Hampshire Department of Revenue, each quarter.
- The aggregate funds are then transferred to the Department of Health and Human Services (DHHS), which is then matched with Federal Medicaid funds.
- Nursing facilities that accept Medicaid reimbursement are then paid an MQIP payment. These supplemental Medicaid payments are based on paid Medicaid bed days at each facility and are adjusted to fill shortfalls in initial rates due to application of a budget adjustment factor.

CLIENT PROFILE:

Clients are those served in licensed nursing facilities.

FINANCIAL SUMMARY 4820-2157

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$91,242	\$85,121	\$93,791	\$96,160	\$93,791	\$96,160
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

50% Federal Medicaid Funds; 50% Other Funds - NFQA

OUTCOME:

New Hampshire's Nursing Facilities will have rates that meet the needs of the clients served, through a variety of funding mechanisms.

STATE MANDATES:

- RSA 84-C
- RSA 151-E

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

MQIP is one of the funding streams that supports the nursing facilities that serve Medicaid clients.

SERVICE SYSTEM:

Statewide network of licensed nursing facilities, both county and private.

PROSHARE PAYMENTS**4820 - 2161****PURPOSE:**

The Proportionate Share Payments (ProShare) are supplemental payments that assist with the provision of Nursing Facility services.

ProShare is annual Medicaid supplemental payment made to each county nursing facility. New Hampshire receives Federal Medicaid funds based upon the following:

- The difference between Medicaid payments for nursing home care provided by county facilities and what the payment would have been if the care for those residents from Medicare; or
- The difference between Medicaid costs and Medicaid payments made to the county nursing facility. The federal share, which is half of the total, is divided among the counties.

CLIENT PROFILE:

Clients are those served in licensed county nursing facilities.

FINANCIAL SUMMARY 4820-2161

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$39,798	\$62,017	\$54,862	\$54,862	\$54,862	\$54,862
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

OUTCOME:

New Hampshire’s county nursing facilities will have rates that meet the needs of the clients served, through a variety of funding mechanisms.

FUNDING SOURCE:

100% Federal Medicaid Funds

STATE MANDATES:

RSA 167:18-h

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

ProShare is a funding stream that enables county nursing facilities to meet the needs of the Medicaid clients.

SERVICE SYSTEM:

County nursing facilities.

CFI WAIVER PROGRAM ELIGIBILITY

4820 - 2164

PURPOSE: This unit determines the medical eligibility for the Choices for Independence (CFI) Waiver program and Nursing Facilities (NFs).

CLIENT PROFILE:

Those clients who meet the financial eligibility for New Hampshire Medicaid and meet the nursing facility level of care to receive services in the community through the CFI Waiver program or in a NF.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$1,953	\$2,472	\$2,508	\$2,541	\$2,427	\$2,456
GENERAL FUNDS	\$681	\$1,629	\$818	\$832	\$785	\$797

FUNDING SOURCE:

68% Federal Medicaid Administration Funds and 32% General Funds.

OUTCOME:

Medical eligibility for the CFI Waiver program and NF services are timely and in accordance with the He-E 801 and He-E 802.

STATE MANDATES:

- RSA 151-E
- He-E 805
- He-E 801
- He-E 802

FEDERAL MANDATES:

- Title XIX of the Social Security Act.
- 42 CFR 440 provides the regulatory authority pertaining to NF care, a mandatory Medicaid service.
- 42 CFR 441.301 provides the regulatory authority for the CFI Waiver program, an optional program, and is reauthorized by CMS every five (5) years.

SERVICE DELIVERY SYSTEM:

All CFI Waiver program and NF services are provided by agencies, facilities and organizations that are approved providers enrolled in the New Hampshire Medicaid program and delivered through a fee-for-service delivery system.

**DEVELOPMENTAL DISABILITIES WAIVER
9300-7100**

PURPOSE:

The Bureau of Developmental Services’ (BDS) Developmental Disabilities (DD) Waiver program provides funding for direct services to clients eligible for New Hampshire Medicaid and who meet the eligibility standards as defined in He-M 517. This account supports the services provided to clients served on the DD Waiver program and is used to reimburse New Hampshire Medicaid enrolled providers of DD services.

CLIENT PROFILE:

Clients who have a developmental disability in accordance with RSA 171-A, meet New Hampshire Medicaid financial eligibility, and meet the level of care for an Intermediate Care Facility for the Intellectually and Developmentally Disabled (ICF/IDD).

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$387,327	\$451,800	\$549,857	\$607,824	\$437,989	\$466,277
GENERAL FUNDS	\$200,195	\$227,088	\$278,593	\$307,562	\$219,878	\$234,010
ANNUAL COST PER CASE-TOTAL	N/A*	N/A*	\$99,487	\$105,918	\$82,939	\$86,809
CASELOAD			5,287	5,513	5,061	5,161

*There was a transition during this time and data is not presently available to accurately reflect per caseload information.

FUNDING SOURCE:

50% Federal Medicaid Funds and 50% General Funds.

OUTCOME:

- Provision of community-based, family and person-centered, services.

- Services are provided timely and meet the individualized support needs to each client, based on their person-centered plan.
- Quality services, based on client and family choice, and outcomes that support the greatest independence for the client served.

PRIORITIZED NEEDS:

The Agency Request includes a prioritized need request for DD waiver projected annualized needs/waitlist, BDS service rate increase, room and board funding increase and public guardianship funding.

- 2026 DD Waiver Projected Annualized Needs/Waitlist: \$16,780,500
- 2027 DD Waiver Projected Annualized Needs/Waitlist: \$44,998,800
Total for DD Waiver Projected Annualized Needs/Waitlist: \$62,752,800 (50% General funds and 50% Federal funds)
- 2026 BDS Service Rate requested increase: \$17,195,457
- 2027 BDS Service Rate requested increase: \$46,989,077
Total for BDS Service Rate requested increase: \$64,184,534 (50% General funds and 50% Federal funds)
- 2026 Room and Board requested increase: \$5,000,000
- 2027 Room and Board requested increase: \$5,000,000
Total Room and Board requested increase: \$10,000,000 (100% General funds)

STATE MANDATES:

- RSA 171-A
- He-M 503
- He-M 507
- He-M 517
- He-M 518
- He-M 521
- He-M 525
- He-M 1001
- He-M 1201

FEDERAL MANDATES:

- 42 CFR 441.301
- Olmstead Decision
- Developmental Disabilities 1915(c) Waiver

SERVICES PROVIDED:

New Hampshire's DD Waiver program provides long term supports and services for approximately 4,961 clients statewide who have a developmental disability, qualify for the developmental services system as outlined in RSA 171:A:2: *Services for the Developmentally Disabled*, and He-M 503: *Eligibility and the Process of Providing Services*. Clients have also been determined eligible for New Hampshire Medicaid and meet the relevant institutional Level of Care, specifically, ICF/IDD as outlined in He-M 517. This waiver emphasizes choice, control, and client and family involvement in service planning, provider selection, and service delivery. The developmental services system, through the DD Waiver program, seeks to maximize each client's participation in and contribution to their community by offering a broad array of supports and services intended to improve and maintain opportunities and experiences in living, socializing, personal growth, safety and health.

Residential Habilitation Services: For those who require 24-hour support, which typically involve supervision and assistance with activities of daily living such as eating, bathing, dressing, personal hygiene, or other activities essential to their health and welfare. Clients who receive Residential Services often also receive Community Participation Services as an integral part of their overall supports and supervision.

Community Participation Services: Sometimes referred to as "Day Services" are typically provided in the community, provide direct assistance and instruction to learn, improve, or maintain safety skills, basic living skills, personal decision-making, and social skills. Community Participation Services are essential to enable a client to fully participate in their community and often have direct impact on allowing the client's care-giving family to maintain employment.

Other Services: The DD Waiver program offers several support services such as Community Support Services for those clients who are building independent living skills, Environmental and Vehicle Modifications, Service Coordination, Supported Employment, Assistive Technology, Crisis Response Services, Non-Medical Transportation, Personal Emergency Response Services, Wellness Coaching, Individual Goods and Services, Specialty Services, Community Integration Services, Removable Prosthodontic Services and Respite.

SERVICE DELIVERY SYSTEM:

As outlined in RSA 171-A and He-M 505, BDS contracts with ten (10) private, non-profit Area Agencies to plan, establish or maintain a comprehensive service access and delivery system as the Organized Health Care Delivery System in their local community. DD Waiver services are provided by organizations that are enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

New Hampshire Medicaid enrolled providers are responsible to provide a comprehensive array of services for the diagnosis, evaluation, and habilitation of people with developmental disabilities, including but not limited to, service coordination, residential services, employment services and community participation services.

CHILDRENS IHS WAIVER 9300-7110

PURPOSE:

New Hampshire’s In-Home Supports (IHS) Waiver program provides supports and services that promote increased independence and skill development for a child, adolescent, or young adult who; has a developmental disability, is age twenty-one (21) and under, and lives at home with their family.

CLIENT PROFILE:

Clients are children and young adults who are age twenty-one (21) and under, live at home with their family, have a developmental disability, qualify for the developmental services system as outlined in RSA 171-A and He-M 503, who are eligible for New Hampshire Medicaid, and meet the level of care for an Intermediate Care Facility for the Intellectually and Developmentally Disabled (ICF/IDD) as outlined in He-M 524.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$8,503	\$9,236	\$8,271	\$8,860	\$8,218	\$8,807
GENERAL FUNDS	\$4,165	\$4,615	\$4,133	\$4,428	\$4,107	\$4,401
ANNUAL COST PER CASE-TOTAL	N/A*	N/A*	\$15,805	\$15,870	\$15,705	\$15,775
CASELOAD			523	558	523	558

*There was a transition during this time and data is not presently available to accurately reflect per caseload information.

FUNDING SOURCE:

50% Federal Medicaid Funds and 50% General Funds.

OUTCOME:

- Timely access quality services that meet the individualized needs of the child and family.
- Reduction and prevention of costlier nursing and out of home services.

PRIORITIZED NEEDS:

The Agency Request includes a prioritized need request for IHS waiver projected annualized needs/waitlist

- 2026 IHS Waiver Projected Annualized Needs/Waitlist: \$577,500
- 2027 IHS Waiver Projected Annualized Needs/Waitlist: \$577,500

Total request for IHS Waiver Projected Annualized Needs/Waitlist: \$1,155,000 (50% General funds and 50% Federal funds)

STATE MANDATES:

RSA 171-A

He-M 524

FEDERAL MANDATES:

42 CFR 441.301

SERVICES PROVIDED:

The IHS Waiver program provides in-home Residential Habilitation Services, Service Coordination, Assistive Technology, Community Integration Services, Consultations, Environmental and Vehicle Modifications, Individual Goods and Services, Non-medical Transportation, Personal Emergency Response Services, Respite and Wellness Coaching to children through age twenty-one (21) who have a developmental disability and live at home with their families. These children require long-term supports and services and qualify for eligibility under RSA 171-A and, He-M 524, are determined eligible for New Hampshire Medicaid, and meet the level of care for an Intermediate Care Facility for the Intellectually and Developmentally Disabled (ICF/IDD). Supports and services provided through the IHS Waiver program allow a child to remain at home with their family. Participating families must be interested in and able to play an active role in managing and directing their waiver budget for services and employer authority, utilizing the Participant Directed and Managed Services (PDMS) method of delivery. The overarching goal of the IHS Waiver program is to support the child to remain home with their family while utilizing lower cost supports.

SERVICE DELIVERY SYSTEM:

As outlined in RSA 171-A and He-M 505, BDS contracts with ten (10) private, non-profit Area Agencies to plan, establish or maintain a comprehensive service access and delivery system comprehensive services as the Organized Health Care Delivery System in their local communities. The IHS Waiver program services are provided by organizations that are enrolled in the New Hampshire Medicaid Program or by individual providers who are recruited and supervised by the child's family and the area agency acting in their role as the financial management service.

FAMILY SUPPORT SERVICES

9300-7013

PURPOSE:

To provide supports and services to care-giving families with an individual member who has a developmental disability, acquired brain disorder, or is eligible for family-centered early supports and services.

CLIENT PROFILE:

Families serving as the primary caregiver for clients with developmental disabilities and acquired brain disorders.

FINANCIAL SUMMARY 9300-7013

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$1,516	\$4,467	\$4,467	\$4,467	\$4,467	\$4,467
GENERAL FUNDS	\$1,516	\$4,467	\$4,467	\$4,467	\$4,467	\$4,467

FUNDING SOURCE:

100% General Funds

OUTCOME:

Family Support funding has a correlated impact on the ability of families to care for their children and adult children through the provision of flexible funding which can mitigate potential crises and delay the need for more costly services. This funding is contracted with the Area Agencies for utilization and distribution.

STATE MANDATES:

- RSA 171-A
- RSA 126-G
- RSA 137-K
- He-M 503
- He-M 510
- He-M 519
- He-M 522

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

Family Support is the provision of low cost, low frequency services, such as information and referral; individual and family centered assistance to access community resources & supports; crisis intervention; non-Medicaid respite; environmental (home or vehicle) modifications; training and

outreach services. Family Support is cost effective in supporting children and adults with disabilities to continue to live with their families, reducing, postponing, or eliminating the need for more costly services. These services are those not covered by New Hampshire Medicaid and are effective in assisting parents and other family members to remain the primary caregivers for an individual with developmental disabilities or acquired brain disorders.

SERVICE DELIVERY SYSTEM:

Family Support Services are organized and implemented through the Area Agency system. Each of the ten (10) Area Agencies has a Family Support Council to advise the Area Agency and contribute to the development of the area plan. A State Family Support Council, with members from each of the regional councils, advises the Bureau of Developmental Services and the Bureau for Family Centered Services regarding supports to families.

**ACQUIRED BRAIN DISORDER (ABD) WAIVER
9300-7016**

PURPOSE:

New Hampshire’s Acquired Brain Disorder (ABD) Waiver program provides long term supports and services to clients who are eligible for New Hampshire Medicaid, meet the clinical criteria as defined in He-M 522 and who meet skilled nursing facility the level of care as outlined in He-M 517 services.

CLIENT PROFILE:

Clients with an acquired brain disorder sustained after the age of twenty-two (22), who are eligible for New Hampshire Medicaid, meet the clinical criteria outlined in He-M 522 *Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder* and meet the Skilled Nursing Facility Level of Care as outlined in He-M 517.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$29,360	\$56,395	\$38,923	\$41,534	\$35,000	\$38,007
GENERAL FUNDS	\$14,565	\$28,532	\$19,837	\$21,142	\$17,877	\$19,380
ANNUAL COST PER CASE-TOTAL	N/A*	N/A*	\$163,658	\$171,184	\$150,051	\$159,730
CASELOAD			231	234	228	231

*There was a transition during this time and data is not presently available to accurately reflect per caseload information.

FUNDING SOURCE:

50% Federal Medicaid Funds and 50% General Funds.

OUTCOME:

- Provision of community-based, family and person-centered, services.
- Services are provided timely and meet the individualized support needs to each person, based on their person-centered plan.
- Quality services, based on client and family choice, and outcomes that support the greatest independence for the client served.

PRIORITIZED NEEDS:

The Agency Request includes a prioritized need request for ABD waiver projected annualized needs/waitlist

- 2026 ABD Waiver Projected Annualized Needs/Waitlist: \$396,000
 - 2027 ABD Waiver Projected Annualized Needs/Waitlist: \$396,000
- Total request for ABD Waiver Projected Annualized Needs/Waitlist: \$792,000 (50% General funds and 50% Federal funds)

STATE MANDATES:

- RSA 137-K
- He-M 507
- He-M 517
- He-M 518
- He-M 521
- He-M 522
- He-M 525
- He-M 1001
- He-M 1201

FEDERAL MANDATES:

- 42 CFR 441.301
- Olmstead Decision

SERVICES PROVIDED:

The ABD Waiver program serves those clients who qualify under RSA 137-K and He-M 522, are New Hampshire Medicaid eligible, and require the level of care provided in a Skilled Nursing Facility in accordance with He-M 517. The ABD Waiver program provides supports and services for the health, safety, and welfare of eligible clients.

Residential Habilitation Services: For those who require 24-hour support, which typically involve supervision and assistance with activities of daily living such as eating, bathing, dressing, personal hygiene, or other activities essential to their health and welfare. Clients who receive Residential Services often also receive Community Participation Services as an integral part of their overall supports and supervision.

Community Participation Services: Sometimes referred to as “Day Services” are typically provided in the community, provide direct assistance and instruction to learn, improve, or maintain safety skills, basic living skills, personal decision-making, and social skills. Community Participation Services are essential to enable an individual to fully participate in their community and often have direct impact in allowing the individual’s care-giving family to maintain employment.

Other Services: The ABD Waiver program offers several support services such as Community Support Services for those clients who are building independent living skills, Environmental and Vehicle Modifications, Service Coordination, Supported Employment, Assistive Technology, Crisis Response Services, Non-Medical Transportation, Personal Emergency Response Services, Wellness Coaching, Individual Goods and Services, Specialty Services, Community Integration Services, Removable Prosthodontic Services and Respite.

SERVICE DELIVERY SYSTEM:

As outlined in RSA 171-A, BDS contracts with ten (10) private, non-profit Area Agencies to plan, establish or maintain a comprehensive service access and delivery system as the Organized Health Care Delivery System in their local communities. Services are provided by organizations that are enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

PROGRAM SUPPORT BDS 9300-5947

PURPOSE:

The Bureau of Developmental Services (BDS) is responsible for the statewide coordination of services for children and adults and their families who experience developmental disabilities, acquired brain disorders, and early childhood developmental concerns. BDS coordinates and oversees a comprehensive community-based system in partnership with the ten (10) state designated Area Agencies as outlined in RSA-171-A.

CLIENT PROFILE:

BDS oversees the community-based long-term supports and services system for children and adults with developmental disabilities, adults with acquired brain disorders, and children with chronic health conditions.

Through three (3) 1915(c) Home and Community-Based Services (HCBS) Waivers, BDS through the statewide service delivery system serves:

- Approximately 4,961 adults accessing the Developmental Disabilities (DD) Waiver
- Approximately 228 clients accessing the Acquired Brain Disorder Waiver (ABD); and

- Approximately 453 children and young adults with developmental disabilities accessing the In-Home Supports (IHS) Waiver.
- Bureau for Family Centered Services (BFCS) oversees the statewide Family-Centered Early Supports and Services (FCESS) early intervention program, carried out under Part C of the federal Clients with Disabilities Education Act (IDEA). This program serves approximately 5,151 children statewide from birth to their 3rd birthday each year.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$4,297	\$6,570	\$5,932	\$6,039	\$4,265	\$4,356
GENERAL FUNDS	\$3,355	\$5,295	\$4,922	\$4,981	\$3,448	\$3,499

The Agency Request includes a prioritized need request for Recreation and guardianship services

- 2026 Recreation services requested increase: \$500,000
- 2027 Recreation services requested increase: \$500,000
Total request for Recreation services: \$1,000,000 (100% General funds)
- 2026 Guardianship services requested increase: \$730,000
- 2027 Guardianship services requested increase: \$730,000
Total request for Guardianship services: \$1,460,000 (100% General funds)

FUNDING SOURCE:

19% Federal Medicaid Administration Funds, 81% General Funds

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			

<p>Oversee a service system which provides services to those New Hampshire residents that have been deemed eligible in accordance with RSA 171-A or He-M 522 and manage three HCBS Waivers: Developmental Disabilities, In Home Supports, and Acquired Brain Disorder to ensure that New Hampshire residents have an option to live in their communities rather than living in an institutional setting.</p>	<p>Oversight of assurances outlined in three HCBS waivers</p>	<p>Waivers are maintained and available to New Hampshire residents as an alternative to institutional settings</p>	<p>5,642</p>	<p>5,777</p>	<p>5,917</p>
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OUTCOME:

- Ensure that clients have access to timely services based on their individualized needs that are available in their homes and communities, as an alternative to high cost, institutional settings.
- Develop a service delivery system to which people have equal access statewide and the opportunity to develop services based on their individualized needs.
- Support the provider network to ensure that rates are appropriate, services are cost effective, and providers are paid.
- Work in partnership with Area Agencies and service providers that are enrolled in the New Hampshire Medicaid program and delivered through a fee-for-service delivery system to deliver services to eligible clients.

STATE MANDATES:

- RSA 171-A, RSA 171-B, RSA 126-G, RSA 132, RSA 135-C, RSA 137-K:3, RSA 186-C
- He-M 202, He-M 310, He-M 503, He-M 504, He-M 505, He-M 507, He-M 510, He-M 513, He-M 517, He-M 518, He-M 519, He-M 521, He-M 522, He-M 524, He-M 525, He-M 250, He-M 1001, He-M 1201, He-M 1301

FEDERAL MANDATES:

- 42 CFR 441.301
- Part C of the Individuals with Disabilities Education Act (IDEA)
- Olmstead Decision

SERVICES PROVIDED:

BDS oversees three (3) of New Hampshire’s 1915(c) HCBS waivers that provide long term supports and services for approximately 5,642 clients statewide who have a developmental disability or acquired brain disorder, as previously described in the specific accounting units above. BDS works with community partners and with other programs within the Department to ensure the services provided are integrated and provide whole person and family care.

SERVICE DELIVERY SYSTEM:

BDS contracts with ten (10) private, non-profit Area Agencies to administer comprehensive services as the Organized Health Care Delivery System in their local communities. Services are provided by organizations that are enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

MEDICAID COMPLIANCE
9300-7167

PURPOSE:

BDS Liaisons work with Area Agencies to ensure that clients are eligible and have timely access to services through the provider network of enrolled New Hampshire Medicaid providers.

CLIENT PROFILE:

BDS oversees the community-based long-term supports and services system for children and adults with developmental disabilities, adults with acquired brain disorders, and children with chronic health conditions.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$764	\$1,033	\$1,246	\$1,293	\$1,143	\$1,187
GENERAL FUNDS	\$374	\$498	\$611	\$634	\$561	\$582

FUNDING SOURCE:

51% Federal Medicaid Administration Funds, 49% General Funds

OUTCOME:

- Work in partnership with Area Agencies and service providers that are enrolled in the New Hampshire Medicaid program and delivered through a fee-for-service delivery system to deliver services to eligible clients.

STATE MANDATES:

- RSA 171-A, RSA 171-B, RSA 126-G, RSA 132, RSA 135-C, RSA 137-K:3, RSA 186-C
- He-M 202, He-M 310, He-M 503, He-M 504, He-M 505, He-M 507, He-M 510, He-M 513, He-M 517, He-M 518, He-M 519, He-M 521, He-M 522, He-M 524, He-M 525, He-M 250, He-M 1001, He-M 1201, He-M 1301

FEDERAL MANDATES:

- 42 CFR 441.301
- Part C of the Individuals with Disabilities Education Act (IDEA)
- Olmstead Decision

SERVICES PROVIDED:

BDS oversees three (3) of New Hampshire's 1915(c) HCBS waivers that provide long term supports and services for approximately 5,642 clients statewide who have a developmental disability or acquired brain disorder. BDS works with community partners and with other programs within the Department to ensure the services provided are integrated and provide whole person and family care.

SERVICE DELIVERY SYSTEM:

BDS contracts with ten (10) private, non-profit Area Agencies to administer comprehensive services as the Organized Health Care Delivery System in their local communities. BDS Liaisons work with Area Agencies to ensure that clients are eligible and have timely access to services through the provider network of enrolled New Hampshire Medicaid providers.

EARLY INTERVENTION**9305-3677****PURPOSE:**

To support the implementation of federally mandated Part C of Public Law (108-446 Individuals with Disabilities Education Improvement Act (IDEA) of 2004, 20 U.S.C. 1400).

CLIENT PROFILE:

Family Centered Early Supports and Services (FCESS) is New Hampshire's early intervention program, carried out under Part C of the Federal Individuals with Disabilities Education Act (IDEA). FCESS serves children with a wide range of delays and disabilities including children with severe disabilities and degenerative conditions. Services are provided to infants and toddlers, birth through 2 years, with or at risk for developmental delay, experiencing delays of 33% or more in one or more areas of development, exhibiting atypical behavior(s), or who have an established condition.

FINANCIAL SUMMARY 9305-3677

FINANCIAL HISTORY										
Rounded to \$000 except cost per case	SFY24	SFY25	SFY24	SFY25	SFY26	SFY26	SFY26	SFY27	SFY27	SFY27
	Budgeted	Budgeted	Actual	Adj Auth	Agency Efficiency Budget	Additional Prioritized Needs	Agency Request	Agency Efficiency Budget	Additional Prioritized Needs	Agency Request
TOTAL FUNDS	\$11,053	\$11,053	\$7,046	\$17,806	\$14,342	\$1,000	\$15,342	\$15,225	\$1,000	\$16,225
GENERAL FUNDS	\$6,973	\$6,973	\$4,285	\$10,348	\$8,617	\$1,000	\$9,617	\$9,058	\$1,000	\$10,058
ANNUAL COST PER CASE-TOTAL	N/A*	N/A*	N/A*	N/A*	\$3,205		\$3,428	\$3,205		\$3,416
CASELOAD					4,475		4,475	4,750		4,750

*There was a transition during this time and data is not presently available to accurately reflect per caseload information.

The Agency Request includes a prioritized need request for Early Intervention services

- 2026 Early Intervention services: \$1,000,000
 - 2027 Early Intervention services: \$1,000,000
- Total request for Early Intervention services: \$2,000,000 (100% General funds)

OUTCOME:

Children who receive early supports and services are less likely to need additional supports in pre-school, elementary or secondary educational or social supports and are less likely to require long-term supports and services at higher overall costs. Through this program, some children achieve parity with their same age peers, for others, skill acquisition is slower, and due to the nature of their disability, some children do not achieve parity, but the expected outcome is that children experience their own individual optimal development.

New Hampshire reports on several performance measures for the FCESS program including:

Early Childhood Outcomes are measured by comparing a child’s development when entering the program with their development when exiting the program. The intent is to measure the effectiveness of FCESS and in SFY 2023 (July 1, 2022 - June 30, 2023):

- 82% of children improved positive social emotional skills including early relationships.
- 69% improved their acquisition and use of knowledge and skills including communication, language and early literacy
- 87% improved use of appropriate behaviors to meet their needs.

Family Outcomes are measured by families rating of their experience with FCESS in three areas. Of the 1201 surveys sent out in 2023, 539 were returned for a rate of 45%.

- 82% of respondents expressed an increased knowledge of their rights
- 89% of respondents felt they had learned to communicate their children's needs to family, friends, pediatricians and others
- 85% of respondents felt FCESS had helped their child grow and learn.

FUNDING SOURCE:

40% Federal Medicaid Funds and 60% General Funds.

STATE MANDATES:

- RSA 171-A:18
- He-M 510
- He-M 203

FEDERAL MANDATES:

Part C of the IDEA

SERVICES PROVIDED:

Services are provided in the child's home or other natural learning environment and include identification, assessment, evaluation, therapeutic intervention services, and on-going treatment, which typically include, speech, occupational, physical therapy, special instruction as well as developmental education. Using a coaching model, professionals provide education and support to parents and caregivers to maximize their family's ability to enhance their child's development as well as understand and care for the child's developmental, functional, and behavioral needs. Part C Grant Funds are also used to fund specific service arrays for children who have complex needs. Approximately 5,826 children and their families are served each year through the statewide FCESS programs.

SERVICE DELIVERY SYSTEM:

FCESS are organized and implemented through the ten (10) contracted Area Agencies. FCESS must be provided in natural environments as part of a comprehensive array of supports and services for eligible children.

**INFANT – TODDLER PROGRAM PT-C
9305-3674****PURPOSE:**

To support the implementation of federally mandated Part C of Public Law (108-446 Individuals with Disabilities Education Act (IDEA) of 2004, 20 U.S.C. 1400).

CLIENT PROFILE:

Family-Centered Early Supports and Services (FCESS) is New Hampshire’s early intervention program, carried out under Part C of the federal Individuals with Disabilities Education Act (IDEA). FCESS serves children with a wide range of delays and disabilities including children with severe disabilities and degenerative conditions. Services are provided to infants and toddlers, birth until their third birthday, with or at risk for developmental delay, experiencing delays of 33% or more in one or more areas of development, be exhibiting atypical behavior(s), or have an established condition.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$1,305	\$2,666	\$2,574	\$2,586	\$2,573	\$2,585
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	*N/A	*N/A	\$797	\$797	\$797	\$797
CASELOAD			2,595	2,595	2,595	2,595

*There was a transition during this time and data is not presently available to accurately reflect per caseload information.

FUNDING SOURCE:

100% Federal Part C Funds.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			
Family Centered Early Supports and Services (FCESS) - Ensure the delivery of family centered early intervention services for children with or at risk of developmental delay under the age of 3 years.	Planning, development, oversight and monitoring of statewide contracted early intervention services	Children with developmental delay are identified early and connected to services that mediate concerns and/ or ensure optimal development as demonstrated by the number of children connected to FCESS	4.400	4,475	4,750

STATE MANDATES:

- RSA 171-A:18
- He-M 510
- He-M 203

FEDERAL MANDATES:

- Part C of the Individuals with Disabilities Education Act (IDEA)

SERVICES PROVIDED:

Services include identification, assessment, evaluation, special instruction, therapeutic services, and on-going treatment, typically, speech, occupational, physical therapy as well developmental education to maximize the family's ability to understand and care for the child's developmental, functional, and behavioral needs. Part C Grant Funds are also used to fund specific high need service arrays for children. Approximately 5,826 children and their families are served each year through the statewide FCESS programs.

SERVICE DELIVERY SYSTEM:

FCESS are organized and implemented through the ten (10) contracted Area Agencies. FCESS must be provided in natural environments as part of a comprehensive array of supports and services for eligible children.

OUTCOME:

Children who receive early supports and services are less likely to need pre-school, elementary or secondary educational or social supports and are less likely to require long-term supports and services at higher overall costs. Through this program, some children achieve parity with their same age peers, for others, skill acquisition is slower, and due to the nature of their disability, some children do not achieve parity, but the expected outcome is that children experience their own individual optimal development.

New Hampshire reports on several performance measures for the FCESS program including:

Early Childhood Outcomes are measured by comparing a child's development when entering the program with their development when exiting the program. The intent is to measure the effectiveness of FCESS and in SFY 2023 (July 1, 2022 - June 30, 2023):

- 82% of children improved positive social emotional skills including early relationships.
- 69% improved their acquisition and use of knowledge and skills including communication, language and early literacy
- 87% improved use of appropriate behaviors to meet their needs.

Family Outcomes are measured by families rating of their experience with FCESS in three areas. Of the 1201 surveys sent out in 2023, 539 were returned for a rate of 45%.

- 82% of respondents expressed an increased knowledge of their rights
- 89% of respondents felt they had learned to communicate their children’s needs to family, friends, pediatricians and others
- 85% of respondents felt FCESS had helped their child grow and learn.

**SOCIAL SERVICES BLOCK GRANT (Children with Special Health Care Needs)
9305-3675**

PURPOSE:

To identify and integrate supports that assist families, providers, and communities to meet the unique challenges of Children with Special Health Care Needs (CSHCN).

CLIENT PROFILE:

Families serving as the primary caregiver for children with CSHCN, who are children, from birth through age 20, who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally. According to the National Survey of Children’s Health (NSCH), 2021-2022, the prevalence of children birth through 17 years in the United States with Special Health Care Needs is 20%, which translates to approximately 14.6 million children nationally. In NH, the prevalence of CSHCN is higher than the national average at 24.6% or 62,554 children which is a slight increase of .4% from 2020/21. (NSCH 2021/22).

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$714	\$984	\$1,777	\$1,781	\$1,777	\$1,781
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE:

100% Social Services Block Grant Funds.

STATE MANDATES:

- RSA 132:10-b, IV

- RSA 161:4-a, IX
- He-M 520
- He-M 523

FEDERAL MANDATES:

- Social Services Block Grant (Title XX of the Social Security Act)

SERVICES PROVIDED:

Services include identification of strengths, assessment of needs, care planning, and connection to resources to maximize the family's ability to understand and care for the child's chronic health condition and to assist with navigating the complexities of the service delivery system. Approximately 1420 children and their families are served each year through the statewide programs.

SERVICE DELIVERY SYSTEM:

Services are organized and implemented through contracts with community-based organizations.

OUTCOME:

New Hampshire reports on several performance measures for this including the following:

- 95% of families with CSHCN receive a shared care plan
- 35% of CSHCN, ages 18-21 years, identify an adult health care provider at discharge
- 75% of CSHCN, ages 14 – 21 years, identify a goal following completion of a Transition Readiness Assessment Questionnaire (TRAQ).
- 50% of CSHCN, ages 14 to 21 years, indicated they achieved their goal when reviewed at the end of each state fiscal year
- 74% of families of CSHCN enrolled, reported access to respite when identified as a need.

SPECIAL MEDICAL SERVICES**9305-3676****PURPOSE:**

To identify and integrate supports that assist families, providers, and communities to meet the unique challenges of Children with Special Health Care Needs (CSHCN).

CLIENT PROFILE:

CSHCN are children, from birth through age 20, who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally. According to the National Survey of Children's Health (NSCH), 2021-2022, the prevalence of children birth through 17 years in the United States with Special Health Care Needs is

20%, which translates to approximately 14.6 million children nationally. In NH, the prevalence of CSHCN is higher than the national average at 24.6% or 62,554 children which is a slight increase of .4% from 2020/21. (NSCH 2021/22).

FINANCIAL SUMMARY:

**Reflects clinic and care coordination services. Not including those benefiting from infrastructure development activities

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY24	SFY25	SFY26	SFY27	SFY26	SFY27
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$3,132	\$3,646	\$3,740	\$3,787	\$3,738	\$3,786
GENERAL FUNDS	\$2,479	\$2,654	\$2,778	\$2,814	\$2,777	\$2,813
ANNUAL COST PER CASE-TOTAL	\$1,482	\$1,288	\$1,668	\$1,668	\$1,668	\$1,668
CASELOAD	2,113	2,830	2,242	2,270	2,242	2,270

FUNDING SOURCE:

25% Federal Funds from the Maternal Child Health Block Grant and Federal Medicaid Administration Funds and 75% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2026 GOAL	FY 2027 GOAL
	Output	Outcome			
Ensure that the provision of child development assessment; complex care, consultation; nutrition, feeding and swallowing consultation; information & referral and health care coordination are available to any family with a child who has special health care needs.	Service providers conduct assessments, clinic & home visits, consultations and family support to ensure services are coordinated and available to children with special health care needs.	Children with special health care needs and their families have access to specialty and supportive services to address their unique needs	2,113	2,242	2,270
Ensure that the provision of child development, complex care, nutrition, feeding and swallowing clinics as well	Encounters: Specialty Clinic Visits/ Clinical Community Consultations and Health Care Coordination	Gaps in services and unmet healthcare needs will be met for children and youth with chronic health conditions as reflected by Families' annual satisfaction survey regarding the quality of services	89%	89%	92%

OUTCOME:

- CSHCN will have access to adequate healthcare and the unique specialty services that improve and maintain their health and wellness.
- NH will continue to demonstrate leadership in assuring a comprehensive system of care as measured by the Maternal and Child Health Title V Block Grant Core Outcomes.

STATE MANDATES:

- RSA 132
- He-M 520
- He-M 523

FEDERAL MANDATES:

Social Security Act of 1935, Title V

SERVICES PROVIDED:

Family Centered Services for CSHCN includes statewide leadership to build and promote a community-based system of services that is comprehensive, coordinated, family centered and culturally competent by providing New Hampshire families with health information and support services. These services also assist families to obtain specialty health care services for their eligible children with physical disabilities, chronic illness, and/or other special health care needs through the following services:

- Multidisciplinary Clinics - Child Development Assessments and Complex Care Consultation
- Health Care Coordination for children with special health care needs
- Nurse Consultation to support families with CSHCN and community-based agencies serving them
- Home and Community Based Nutrition, Feeding & Swallowing consultation
- Psychiatry consultation for CSHCN
- Funding for unpaid health care costs to eligible low-income families with CSHCN
- Support for parents as caregivers via Family-to-Family Health Information Center
- Infrastructure development promoting transition from pediatric to adult health care
- Infrastructure and coordination for Watch Me Grow, the state's developmental screening, referral, assessment, and services system

SERVICE DELIVERY SYSTEM:

Services are provided by both state staff and contracted agencies. State staff includes Nurse Consultants, a care coordination program specialist, and a nurse supervisor/manager, a Systems of Care Specialist and a Data Analyst. Contracted agencies assure specialty clinics/consultation services and infrastructure development of the system of care for CSHCN. Contracted specialty care clinicians/entities meet the service needs through specialty clinics for assessment and ongoing consultation; information and referral; outreach; specialty consultation; care coordination; family support & education and financial assistance for eligible clients.