

SENATE FINANCE - 2025 BUDGET RECAP SHEET

DHHS - Division of Behavioral Health	Contact	SOF	FY 2025	FY 2026	FY 2027	Total	Status
1. HB 1 Change Request Fund the Choose Love program at \$150,000 per year. (DHHS request; AU 6384, Compare Page 1277)	Nathan White, CFO	GF	\$0	\$150,000	\$150,000	\$300,000	Hold - Birdsell

DHHS - Division of Medicaid Services	Contact	SOF	FY 2025	FY 2026	FY 2027	Total	Status
3. HB 2 Amendment #2025-2600s Require DHHS to ensure rate parity for all Medicaid state plan case management services.	Sen. Pearl / Sen. Rosenwald	N/A	\$0	\$0	\$0	\$0	Hold - Gray

DHHS - Division of Long-Term Supports and Services	Contact	SOF	FY 2025	FY 2026	FY 2027	Total	Status
1. HB 2 Amendment #2025-2525s Incorporate SB 125, relative to long-term care eligibility.	Sen. Pearl	N/A	\$0	\$0	\$0	\$0	Hold - Gray

Sen. Rosenwald, Dist 13
Sen. Pearl, Dist 17
June 1, 2025
2025-2600s
08/06

Amendment to HB 2-FN-A-LOCAL

1 1 New Section; Rate Setting Parity for Medicaid State Plan Case Management Services. Amend
2 RSA 126-A by inserting after section 18-b the following new section:

3 126-A:18-c Rate Setting Parity for Medicaid State Plan Case Management Services.

4 I. Annually, on or before October 1, the department of health and human services shall
5 establish unit rates for all case management services paid under the state Medicaid plan which
6 better reflect the average cost to deliver services.

7 II. The department shall consider the factors of economy, efficiency, quality of care, and
8 access to care, in accordance with guidelines in federal regulations.

9 III. The department shall ensure equitable rate parity by giving comprehensive
10 consideration to factors which cause disparity, including but not limited to administrative payments
11 of overhead costs made to certain providers, in the calculations to achieve parity.

12 IV. Annually, on or before October 31, the department shall file a report detailing their
13 compliance with RSA 126-A:18-c with the senate president, speaker of the house, and chairs of the
14 committees with jurisdiction.

15 2 Department of Health and Human Services; Request for Fund Transfer. For the biennium
16 ending June 30, 2027, in the event that funding is insufficient to fulfill the requirements of RSA 126-
17 A:18-c, the department of health and human services may request that the fiscal committee of the
18 general court authorize a transfer of funds from elsewhere in the department's budget.

19 3 Effective Date. Sections 1 and 2 of this act shall take effect upon their passage.

2025-2600s

AMENDED ANALYSIS

Add:

1. Directs the department of health and human services to annually establish rates for Medicaid state plan case management services to create rate parity for such services within the program.

2. Authorizes the department of health and human services to request additional funding from the general court for programs related to Medicaid State plan case management services.

Amendment to HB 2-FN-A-LOCAL

1 1 Long-Term Care; Eligibility. Amend RSA 151-E:3 to read as follows:
2 151-E:3 Eligibility.

3 I. A person is ~~[medicaid]~~ **Medicaid** eligible for nursing facility services or Medicaid home
4 and community-based care waiver services if the person is:

5 (a) Clinically eligible for nursing facility care because the person requires 24-hour care
6 for one or more of the following purposes:

7 (1) Medical monitoring and nursing care when the skills of a licensed medical
8 professional are needed to provide safe and effective services;

9 (2) Restorative nursing or rehabilitative care with patient-specific goals;

10 (3) Medication administration by oral, topical, intravenous, intramuscular, or
11 subcutaneous injection, or intravenous feeding for treatment of recent or unstable conditions
12 requiring medical or nursing intervention; or

13 (4) Assistance with 2 or more activities of daily living ~~[involving]~~ **which include**
14 **but are not limited to** eating, toileting, transferring, **mobility**, bathing, dressing, and continence.
15 **For purposes of this section "mobility" means the need to be physically steadied, assisted, or**
16 **guided in ambulation, or unable to propel a wheelchair alone or appropriately and**
17 **require the assistance of another person;** and

18 (b) Financially eligible as either:

19 (1) Categorically needy, as calculated pursuant to rules adopted by the department
20 under RSA 541-A; or

21 (2) Medically needy, as calculated pursuant to rules adopted by the department
22 under RSA 541-A.

23 II. Skilled professional medical personnel employed by or designated to act on behalf of the
24 department shall determine clinical eligibility in accordance with the criteria in subparagraph I(a).
25 The clinical eligibility determination shall be based upon an assessment tool, approved by the
26 department, performed by skilled professional medical personnel employed by the department, or by
27 an individual with equivalent training designated by the department. The department shall train
28 all persons performing the assessment to use the assessment tool. For the purposes of this section,
29 "skilled professional medical personnel" shall have the same meaning as in 42 C.F.R. section
30 ~~[432.50(a)(1)(ii)]~~ **432.2.**

31 II-a. Subject to written approval by the Center for Medicare and Medicaid Services, financial
32 eligibility rules in paragraph II shall include eligibility if the person's countable income is at or

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below the nursing facility special income standard, as defined in 42 C.F.R. 435.236, for the Medicaid program or the person incurs allowable medical expenses each month, including the anticipated cost of waiver services, which when deducted from the individual's income would reduce the individual's income to an amount that is no higher than the nursing facility special income standard. The department shall submit a request for such approval within 30 days of the effective date of this paragraph.

III. [Repealed.]

IV. If the skilled professional medical personnel employed by or designated to act on behalf of the department are unable to determine that an applicant is eligible following the clinical assessment tool pursuant to paragraph II, the ~~[skilled professional medical personnel]~~ *department* shall obtain *a determination for the need for long term care from the applicant's primary care physician, physician assistant, or advanced practice registered nurse. The department shall request information from and give substantial weight to other clinical information provided by the applicant's [physician or nurse practitioner, including, but not limited to diagnosis, prognosis, and plan of care recommendations, and consider information from other licensed practitioners, including occupational or physical therapists, if available. All clinical information obtained shall also be used in the preparation of the initial support plan]* *other known health care providers, including but not limited to specialty care physicians, case management providers, or occupational or physical therapists, including diagnosis, prognosis, and plan of care recommendations. All clinical information obtained by the department shall be reviewed by skilled professional personnel employed by or designated to act on behalf of the department for an eligibility decision.*

2 Effective Date. Section 1 of this act shall take effect 60 days after its passage.