

# Senate Health and Human Services Committee

*Sophie Walsh 271-3469*

**SB 612-FN**, relative to clinical eligibility criteria for nursing facility and home and community based care.

**Hearing Date:** January 8, 2026

**Time Opened:** 11:29 a.m.

**Time Closed:** 11:53 a.m.

**Members of the Committee Present:** Senators Rochefort, Avard, Birdsell, Prentiss and Long

**Members of the Committee Absent:** None

**Bill Analysis:** This bill modifies long-term care eligibility by adding mobility to the list of activities of daily living. The bill also requires the department of health and human services to obtain a determination of an applicant's need for long term care from the applicant or participant's primary care physician, physician assistant, or advanced practice registered nurse, and to consider information from other health care providers.

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**Sponsors:**

Sen. Avard

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**Who supports the bill:** Sen. Avard, Lara McIntyre (Granite State Home Health & Hospice Association), Amy Moore (Ascentria Care Alliance and Granite State Home Health & Hospice Association), Cheryl Steinberg (NH Legal Assistance), Heidi Kroll & Jebb Curelop (Life Coping), Karen Rosenberg (Disability Rights Center – NH), Kerry Pfrimmer (Granite Case Management), Alyssa Virtue (Granite Case Management), and Daniel Richardson.

**Who opposes the bill:** Kate Horgan (NH Association of Counties), Curtis Howland, Cynthia Williams, James Williams, Martha Draper, Claude Draper, and Angela Ferrari.

**Who is neutral on the bill:** Henry Lipman & Melissa Hardy (DHHS) and Carolyn A. Virtue (Granite Case Management).

**Summary of testimony presented:**

Senator Kevin Avard, Senate District 12

- Senator Avard explained that this bill modifies long-term care eligibility by adding mobility to the list of activities of daily living (ADLs). It also requires the

Department of Health and Human Services (DHHS) to obtain a determination of an applicant's need for long-term care from the applicant, or a participant's primary care physician, physician associate, or advanced practice registered nurse, and to consider information from other health care providers.

- For several years there has been an ongoing issue with DHHS or its vendors incorrectly dropping people from Choices for Independence (CFI) coverage. Senator Avarad noted something was wrong with the medical eligibility assessments (MEAs) being completed.
- Last year, the Senate passed legislation to address this issue. While that bill did not complete the legislative process, the Department has been meeting with stakeholders to craft a solution.
- It seems like the number of people being incorrectly dropped from coverage has decreased, but now we are seeing people being dropped for failure to schedule or to reapply scheduling requests from the Department's vendors for the MEA.
- The Department's vendors request assistance from case management entities to schedule MEAs, but case management entities are not compensated for adding this service.
- Senator Avarad noted that the Department will present the solution they have been working on.

Henry Lipman and Melissa Hardy, Department of Health and Human Services

- Ms. Hardy provided an update on the solution for the MEA process that the Department has been working on with a stakeholder group of CFI and case management providers, Adult Day services providers, nutrition providers, the New Hampshire Hospital Association, and the Aging & Disability Resource Center.
- In its current form, the MEA is about 14 pages long. It is used for both initial applications and for redeterminations of CFI services.
- It was found that the MEA contains a lot of information about care plans, which is completed by providers upon admission.
- By removing repetitive and unnecessary components, the MEA has been shrunk down to 3 pages. This revision also addressed some concerns raised last year about mobility.
- The Department is now working with CMS to allow care management entities to complete an attestation that an individual requires the same level of care for redeterminations, rather than completing a new MEA. This would also address the concerns regarding scheduling MEAs for redeterminations.
- For next steps, the Department is looking to complete some technological enhancements to automate scheduling and digitize consent forms. They will also integrate the new vendor into their system and finalize the contract and MEA with the new provider for July 1<sup>st</sup>.

- Senator Rochefort acknowledged these efforts addressing concerns raised last year and noted they will take affect on July 1<sup>st</sup>. He asked if the Department would be willing to put a pause on dropping people from this coverage in the meantime.
- Mr. Lipman said they would like to take that back and consult.
- Ms. Hardy noted that from March of last year to now, the Department has denied a total of 26 people for redeterminations. They have changed the oversight process and are bridging coverage for people if more time is needed to get their MEA scheduled. Ultimately, if anyone is denied, it must first go through Ms. Hardy and the Bureau Chief before an individual loses services.
- Senator Rochefort said it sounds like everyone is trying to get to the same goal and noted it would be nice to have the assurance that there will not be a disruption of care for individuals in the meantime.

Amy Moore, Ascentria Care Alliance and Granite State Home Health & Hospice Association

- Ms. Moore stated that she is speaking in support of the bill.
- This care is critical to preserving independence, dignity, and health. Oftentimes, it is the difference between living at home and being forced into institutional care.
- At Ascentria alone, since 2024, they have seen 69 individuals lose Medicaid funded services due to administrative and processing delays at no fault of their own.
- As of today, over 20 individuals' cases remain unresolved. Many clients wait up to 10 months or over a year without services.
- These delays pose an unsustainable burden on home care agencies, as they cannot absorb prolonged unpaid care.
- Ms. Moore emphasized that there needs to be some sort of safeguard to protect these vulnerable people.
- Senator Rochefort asked if Ms. Moore feels like we are moving in the right direction with the work being done by the Department.
- Ms. Moore said we are moving in the right direction, but emphasized that something needs to be done in the meantime to ensure that people do not lose coverage.
- Senator Rochefort asked if the changes being proposed would address a lot of Ms. Moore's concerns, and she confirmed. She emphasized that the Department needs to have the capacity to have oversight over the new contractor.

Cheryl Steinberg, New Hampshire Legal Assistance

- Ms. Steinberg explained that she testified in support of this last year, and she still thinks this is a necessary effort.

- She said it's good to hear about the efforts and progress made thus far and emphasized the importance of ensuring the transition with a new vendor and MEA is done properly. She hopes stakeholder input will be welcomed, as it is important to hear from consumers and advocates.
- While there seems to have been a reduction in people being dropped from coverage for not meeting medical eligibility, there are now closures due to appointments not being scheduled.
- Ms. Steinberg explained there was a similar influx of closures in 2024 regarding the unwind process. The Department was able to issue a policy pausing all terminations, so she thinks this may be a possibility now as well.
- Ms. Steinberg emphasized that we need to look at this process in relation to terminations from scheduling issues and expressed concern regarding notices for scheduling, risk of terminations, and terminations. She recommends that the notices be more detailed.

Carolyn Virtue, Granite Case Management

- Ms. Virtue waived her testimony in the interest of time, as the information had already been covered.