

Floor Amendment to SB 125-FN

1 Amend the bill by replacing section 1 with the following:

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

4 151-E:3 Eligibility.

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

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

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

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

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

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

20 (b) Financially eligible as either:

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

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

25 II. Skilled professional medical personnel employed by or designated to act on behalf of the
26 department shall determine clinical eligibility in accordance with the criteria in subparagraph I(a).
27 The clinical eligibility determination shall be based upon an assessment tool, approved by the
28 department, performed by skilled professional medical personnel employed by the department, or by
29 an individual with equivalent training designated by the department. The department shall train
30 all persons performing the assessment to use the assessment tool. For the purposes of this section,
31 "skilled professional medical personnel" shall have the same meaning as in 42 C.F.R. section
32 ~~[432.50(d)(1)(ii)]~~ **432.2.**

Floor Amendment to SB 125-FN
- Page 2 -

1 II-a. Subject to written approval by the Center for Medicare and Medicaid Services, financial
2 eligibility rules in paragraph II shall include eligibility if the person's countable income is at or
3 below the nursing facility special income standard, as defined in 42 C.F.R. 435.236, for the Medicaid
4 program or the person incurs allowable medical expenses each month, including the anticipated cost
5 of waiver services, which when deducted from the individual's income would reduce the individual's
6 income to an amount that is no higher than the nursing facility special income standard. The
7 department shall submit a request for such approval within 30 days of the effective date of this
8 paragraph.

9 III. [Repealed.]

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

Floor Amendment to SB 125-FN
- Page 3 -

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AMENDED 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.