STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF LONG TERM SUPPORTS AND SERVICES

BUREAU OF ADULT AND AGING SERVICES

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Lori A. Weaver
Commissioner

Melissa A. Hardy
Director

October 31, 2024

His Excellency, Governor Christopher T. Sununu
The Honorable Mark Pearson, Chair, Health and Human Services Oversight Committee
Susan Ruka, Chair, New Hampshire State Commission on Aging
SENT: Via Email

Re: Annual Report for System of Care for Healthy Aging

BACKGROUND

In accordance with the requirements of State House Bill 2, Chapter 79:568 of 2023, the Department of Health and Human Services (Department) is providing the 2024 annual report on the status of the implementation of a System of Care for Healthy Aging to the Governor, the Joint Legislative Oversight Committee on Health and Human Services, and the New Hampshire State Commission on Aging:

> 151-E: 27, IV: Beginning November 1, 2023, and annually thereafter, the department shall report to the governor, the state commission on aging established in RSA 19-P:1 and the joint legislative committee on health and human services established in RSA 126-A: 13. The report shall provide detailed information regarding the status of the implementation of this subdivision.

House Bill 2 of the 2023 Legislative session appropriated $1,687,600 of general funds to support a System of Care for Healthy Aging for the biennium ending June 30, 2025. This investment provides resources to create and expand capacity, take steps to expedite and improve access to Home and Community Based Services (HCBS), provide initial infrastructure funding for staffing, oversight, and information technology, and to use data to inform system and service delivery, including future investments. The System of Care for Healthy Aging aims to establish and implement a comprehensive and coordinated System of Care that promotes healthy aging and enables aging adults and adults with disabilities to have a meaningful choice in care options, including the ability to receive the care they need in their homes and communities.

To support the work to develop the System of Care for Healthy Aging, the Department has formed a cross-department team to lead the work to implement the system of care. The Bureau of Adult and Aging Services (BAAS), formerly the Bureau of Elderly and Adult Services (BEAS), continues to work with federal, state, and local agencies, service providers, the private, volunteer, and business sectors, and constituent groups to collectively plan and coordinate a person-centered system of care. BAAS has held meetings to inform and engage stakeholders and internal Department teams as part of our work to develop and implement a robust System of Care for Healthy Aging.

The Department continues to actively participate in the Alliance for Healthy Aging's vision: To

create communities in New Hampshire that advance culture, policies and services which support aging adults and their families, providing a wide range of choices that advance health, independence and dignity.

In meeting the goals as outlined to create a System of Care for Healthy Aging, the Department fully recognizes its responsibility and the opportunity this provides to address a broad-based set of challenges and continues to undertake the significant and critical work ahead to realize improved outcomes for our state's system and programs for aging adults and adults with disabilities while rebalancing New Hampshire's systems to expand more home and community-based options, reducing the cost of providing services and allowing our state to serve more people.

Respectfully submitted,



Wendi J. Aultman, Bureau Chief,
Bureau of Adult and Aging Services

Enclosure

cc: Honorable Members of the Health and Human Services Oversight Committee
Lori A. Weaver, Commissioner, NH Department of Health and Human Services
Christine Santaniello, Associate Commissioner, NH Department of Health and Human Services
Melissa Hardy, Director, Division of Long Term Supports and Services



Annual Report for System of Care for Healthy Aging

2024 Annual Report

Prepared November 1, 2024 for:

His Excellency, Governor Christopher T. Sununu
New Hampshire State House
107 North Main Street
Concord, New Hampshire 03301

The Honorable Mark Pearson, Chairman
Health and Human Services Oversight Committee of the General Court
New Hampshire State House
107 North Main Street
Concord, New Hampshire 03301

Susan Ruka, Chairwoman
New Hampshire State Commission on Aging
117 Pleasant Street, Dolloff Building, 4th Floor
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Submitted by:

Wendi J. Aultman, Bureau Chief,
Department of Health and Human Services, Bureau of Adult and Aging Services



INTRODUCTION

In accordance with the requirements of House Bill 2, Chapter 79:568 (HB2) of 2023, the Department of Health and Human Services (Department) is providing its second annual report to the Governor, the Joint Legislative Oversight Committee on Health and Human Services, and the New Hampshire State Commission on Aging. As noted in the Bill:

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

151-E: 27, IV: Beginning November 1, 2023, and annually thereafter, the Department shall report to the Governor, the State Commission on Aging established in RSA 19-P:1, and the Joint Legislative Committee on Health and Human Services established in RSA 126-A: 13. The report shall provide detailed information regarding the status of the implementation of this subdivision.

To support the development of the System of Care for Healthy Aging, the Department has formed a cross-department team to lead the implementation work. The Bureau of Adult and Aging Services (BAAS), formerly the Bureau of Elderly and Adult Services (BEAS), continues to work with federal, state, and local agencies, service providers, the private, volunteers, and business sectors, and constituent groups to plan and coordinate a person-centered System of Care for Healthy Aging collectively.

This report seeks to provide updates on key activities and requirements outlined in HB2, including but not limited to the total cost of Medicaid long-term care (LTC) services and Choices for Independence (CFI) program services; ongoing planning, assessment, and implementation of the state's LTC support and services systems consistent with a system of care; actual or planned changes in Department policy or practice or developments external to the departments that will affect implementation of a System of Care for Healthy Aging; results of pilots; eligibility findings and recommendations; status of changes to the NH EASY application system and any additional enhancements needed; and, status of reimbursement rates and rate study.

The updates in this report are contextualized to situate the System of Care for Healthy Aging within concurrent and complementary planning efforts to support healthy aging throughout the state.



BACKGROUND CONTEXT

System of Care for Healthy Aging

The System of Care for Healthy Aging aims to strengthen and expand long-term services' capacity, access, oversight, and transparency to support aging adults living in their chosen setting. Commitments are underway to strengthen the system of care, and updates are included in this report. The Department of Health and Human Services Roadmap 2024-2025 explicitly identifies three overarching goals for the System of Care for Healthy Aging; Commitment 2 – Promote Thriving Communities, Initiative 7: Build a System of Care for Healthy Aging, Goals 1 and 2, and Commitment 3 - Initiative 1: Strengthen Access and Services for Individuals and Families, Goal 1. This Roadmap sets the Department's framework for advancing a robust system of care for aging adults.

Additionally, the New Hampshire 2023-2027 State Plan on Aging sets a path to align and strengthen the Department's work within the service delivery system landscape and support coordination between the state and stakeholders to meet shared goals.

ACTIVITIES AND UPDATES

Planning and Development

Progress from October 2023 through October 2024:

- Initial plan development presentations were held in 2023 during the Long-Term Care Policy Summit, Alliance for Healthy Aging Advocacy Sub-Committee meetings, and the Home Care Alliance Membership meeting.
- Developed collaborative partnerships between the Department leadership, BAAS, federal, state, and local agencies, service providers, volunteers, business sectors, and constituent groups to collectively plan and coordinate a person-centered System of Care for Healthy Aging.
- Reviewed Medicaid policies, state statutes, administrative rules, and operations to determine necessary updates to implement the System of Care for Healthy Aging.
- Implemented October 2023 and January 2024 CFI Rate Increases.
- Implemented Medicaid CFI Financial Eligibility Changes.
- Amended Aging & Disability Resource Center (ARDC, formerly referred to as ServiceLink) contracts.
- Implemented Person-Centered Counseling Programs in ADRC's.
- Expanded definition of who can be a Personal Care Services Provider.
- Contracted for System of Care Planning and Reporting Consultant.
- Collaborated with the Department's Rate Setting Unit culminating in a completed CFI Waiver Rate Study Report submitted to the Legislature on June 28, 2024.
- Submitted a CFI waiver request to the Centers for Medicare & Medicaid Services (CMS) to implement presumptive eligibility.



Work In-Progress:

- Technology enhancements including an online portal of available services.
- Development of a public facing dashboard to track System of Care performance measurements.
- Updating He-E 801 CFI Rule and He-E 805 Case Management Rule.
- Stakeholder Engagement and Trainings.

A foundational goal is to develop a plan for the full establishment and maintenance of a System of Care for Healthy Aging to be reviewed annually and amended or modified as needed. To guide the plan, the Department contracted with a consultant to work closely with internal teams, the New Hampshire Commission on Aging, and key experts in the field of aging. This collaboration ensures that the population's unique needs are included in the plan. An outline of the plan is currently being developed, and the forthcoming plan, anticipated to be released in December 2024, aims to embed key values for maximizing the impact of the plan, such as equity, leadership, collaboration, community engagement, sustainability, and data-driven decision-making. It will identify key priorities, strategies, and actions necessary for establishing a System of Care for Healthy Aging.

CFI Rate Study

The methods outlined in the previous 2023 Annual Report include reviewing current Bureau of Labor Statistics wage statistics and assumptions to compare with the existing CFI rates. It also outlines the need to review Medicare and Medicaid rates for the same/similar services in states comparable to the current CFI rates. The Rate Study Report supported future recommendations on adjusting rates for the CFI Waiver services and an analysis of the fiscal impact of the CFI program's state fiscal year 2026/2027 biennial budget.

The CFI Rate Study, completed by the Department in June 2024, recommended important rate increases in the next state budget cycle of approximately $14.3 Million in General Funds be included in the Department's Agency Budget as a prioritized need.

The ongoing communication strategy is a multichannel approach aimed at outreach and awareness for providers. It includes regular updates to the System of Care for Healthy Aging web page, direct outreach and communication to the provider network and associations, and distribution channels such as newsletters and email. Additionally, announcements are made at stakeholder meetings, and provider notices are disseminated to ensure broad and effective communication.

The Department will continue to gather stakeholder input as we move forward with the updated rate methodology. A stakeholder focus group will be developed and the Department will coordinate a series of meetings for input and feedback related to the proposed methodology. The Department will propose draft amendments to the CFI Waiver, including the rate methodology and will hold public comment sessions. Any amendments required to the CFI Waiver, administrative rules, or policy will be publicly documented and communicated before implementation.

The Department anticipates impacts such as wage increases, improved hiring, higher retention rates, and better outcomes for those served. Progress on outcomes will be measured through workforce surveys. The total claims reimbursement for CFI services in state fiscal year 2024 was $108,208,914.88, covering 4,525 unique CFI recipients. The total claims reimbursement for state fiscal year 2024 for Nursing Facility services was $256,336,907.82 for 4,999 unique recipients. The average cost per person for Nursing Facility care is approximately $51,277 as compared to the average cost of CFI per person which is approximately $23,913.



Eligibility and Access

To address eligibility and access, the Department implemented a change in the definition of Personal Care Services Provider, allowing an eligible CFI consumer's legal guardian, representative, or person granted power of attorney by the eligible consumer. The Department ensures that the CFI Waiver aligns with statutory requirements and will amend He-E 801 as needed. Financial eligibility changes will be implemented to ensure Medicaid applications for long-term services are user-friendly and processed in a timely manner. Performance metrics will be developed to measure these attributes. In April 2024, the Department submitted waiver requests to CMS for the financial eligibility process changes for Medicaid CFI Waiver services. Implementation for presumptive eligibility is currently awaiting CMS approval. A cross-functional team is working on and planning policy and operations tasks in preparation for CMS feedback and approval in the next fiscal year.

Effective January 1, 2024, the Department has:

- Improved access for eligibility by adjusting resource disregards and the financial lookback period.
- Created policy to address resource limits for married individuals, reverting to the standard in place before the passage of the federal Affordable Care Act.
- Business systems changes were developed to establish a resource disregard of $6,000, resulting in an effective resource limit of $7,500.
- Procedural changes were implemented, as permitted under federal law, to address the timeframes established in RSA 167:4, I (b) for the assignment or transfer of assets to an individual for less than fair market value within 36 months or up to 60 months if deemed necessary by the Department based on case-specific information or extenuating circumstances.
- Stakeholder informational sessions were held on January 8 and 11, 2024 to ensure all stakeholders were informed of the financial eligibility changes.
- Rule changes have been filed and are pending legislative approval.
- The Department is performing an assessment of the NH EASY portal to identify opportunities for simplification, ease of use, and to better serve individuals. Enhancements as a result of the assessment are targeted for 2025.

Workforce to Support a System of Care for Healthy Aging

An efficient and effective System of Care for Healthy Aging requires adequately trained staff to deliver key services, enable functional handoffs between agencies, and ensure a holistic approach to service delivery for older adults. During the July through December 2023 reporting period, the Department has taken key steps to bolster the workforce for the System of Care for Healthy Aging, including new positions established to support these efforts directly:

- Two classified positions, an ADRC Program Specialist and a Person-Centered Counseling Specialist, were established and hired to support the Person-Centered Counseling Program.
- A position was established and filled within the Bureau of Family Assistance (BFA), New HEIGHTS Unit to be dedicated to System of Care for Healthy Aging business system enhancements, training, and change management.

Information Technology (IT) Enhancements

Critical to the success of a System of Care for Healthy Aging is a comprehensive update to enhance IT systems and tools to ensure real-time data communication, facilitate transitions to home and community-based settings, and provide relevant information to providers, facilities, and consumers regarding services.



During the July through December 2023 reporting period, the Department established ongoing meetings to coordinate critical steps of the IT enhancement work. Following initial planning efforts, the Department invested in updating business systems to ensure Medicaid applications for long-term services are user-friendly for applicants, their families, and the Department. Work was initiated on this goal during the January through July 2024 reporting period, including work to develop performance metrics to assess user access, timeliness, and other factors. The Department outlines significant milestones achieved and anticipated upcoming actions in the State of New Hampshire LTSS Enhancements Roadmap.

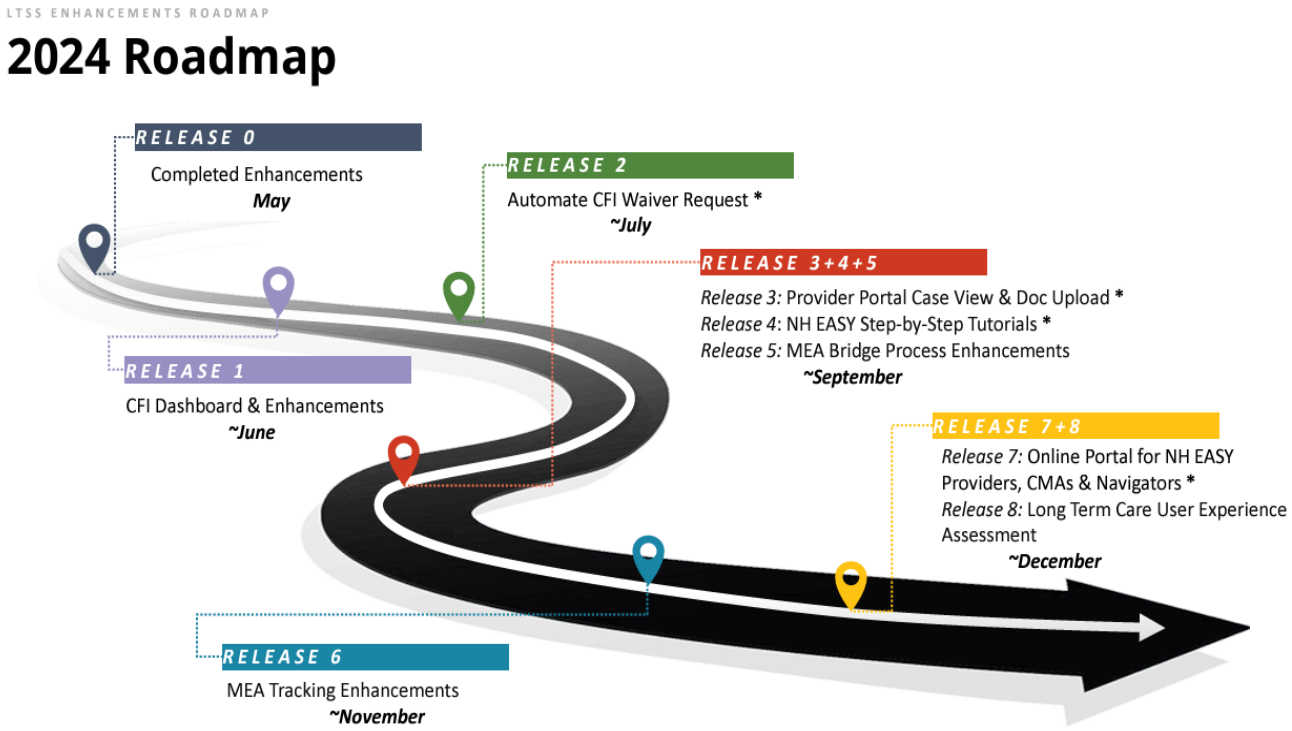

Image: 2024 Roadmap for LTSS Enhancements

Key completed elements from the IT Roadmap include:

- Reports on Nursing Facility renewals to reduce termination of benefits and assist in verification and renewal processes.
- Tracking service authorizations for case managers and the BAAS LTC Unit to strengthen the timely processing of these authorizations.
- Automating CFI waivers to enable stronger coordination between case managers and the CFI unit.
- Developing a recipient case view option for authorized providers to access, with consent, to ensure a holistic approach and view of a case, enabling stronger handoffs.

NH EASY is NH's Gateway to Services that allows individuals to easily determine if they may be eligible for certain services within the Department. Currently, IT enhancement efforts are focused on developing step-by-step NH EASY tutorials to assist individuals applying for services and provide additional training materials for professionals who frequently assist people applying for services, increasing transparency and processing for bridging cases; updated tracking of Medical Eligibility Assessment (MEA) processes for case management agency support, intake, and appeals. Additionally in progress is the development of an online portal for NH EASY providers, case managers, navigators, and other LTC service providers to allow access to referrals, care plans and authorizations, resources, and other information to enhance efficiency for Home and Community-Based Services (HCBS) Waiver service providers.



Moving forward and building on the completed and anticipated steps in the IT Roadmap, the Department is committed to continued IT enhancements as noted in the goals for HB2, anticipated to be completed by June 30, 2025:

- Maintain an online portal for providers.
- Improve the functionality of the NH EASY system for individuals applying for services.
- Provide training for professionals who frequently assist people applying for services and develop associated performance metrics.
- Create a public-facing dashboard to track HCBS data, including, but not limited to, results of any performance assessments, services authorized but not paid, wait times for receiving services, and the number of people transitioning from institutionalized care to the community.

Aging and Disability Resource Center Improvements

A critical priority of the System of Care for Healthy Aging development and requirements outlined by HB2 is enhancing and expanding the role and functions of New Hampshire's network of Aging and Disability Resource Centers. The ADRC network provides a No Wrong Door (NWD) system in New Hampshire known as the NHCarePath approach to access customized and person-centered guidance, support and resources for older adults and persons with disabilities. The legislation focuses on expanding the capacity to deliver person-centered counseling services and establishing performance measures for each ADRC office.

In late state fiscal year 2024, all ten ADRC contracts were amended to expand the ADRC's ability to recruit and retain staff, which resulted in staff salaries having increased statewide from $13-$14 per hour to $15-$17 per hour. ADRC locations continue to focus on hiring additional staff to manage the needs of the population. Some locations have altered their organizational structure to include additional oversight and additional staff to ensure that capacity is increasing to better meet ADRC expectations and goals, particularly the ability to conduct home visits and support the demand for assistance in completing Medicaid LTC applications.

The ADRC Program Specialist has provided leadership and coordination for the ADRC staff. This is being demonstrated through increased training, Medicaid application support, and enhanced and improved education around the Medicaid LTC process. Since receiving the additional funding, ADRC staff have participated in two updated trainings for LTC policy and Medicaid application assistance hosted by the BFA Training Unit and LTC Unit. These trainings have developed into a "train the trainer" model, leveraging the ADRC Program Specialist who will administer these trainings for all new staff joining the ADRCs and yearly for all staff to act as a refresher.

The ADRC Program Specialist will also provide cross-training and ongoing education between the ADRCs and BFA, Adult Protective Services (APS) staff, and other community partners on the services and supports that the ADRCs offer. These cross-training opportunities will allow BAAS and BFA to improve partnerships, initiate coordinated transitions, and communicate throughout the LTC eligibility process.

Planned and In Process:

The ADRC Administrator has focused efforts on working closely with LTC BFA Leadership to ensure BFA Family Services Specialists (FSS) have the capacity to co-locate in the ADRC locations twice per month for the purpose of in-person Medicaid LTC appointments and case support. ADRC staff will have the support required to meet the needs of individuals who prefer in-person appointments. ADRC staff will also be able to troubleshoot complex eligibility applications, answer questions, and provide technical assistance. This partnership is aimed at strengthening the knowledge within the ADRCs in an effort to increase the number of Medicaid and LTC applications that the ADRC staff have the capacity to assist with.



During state fiscal year 2025, the ADRC network has placed a strong emphasis on conducting in-home and community-based visits. The importance of in-home and community visits for the purpose of application support, which had seen a significant reduction during the pandemic and after, has been revitalized with this most recent contract deliverable. ADRC Managers place emphasis on person-centered practices that provide barrier-free access to supports and services to individuals requesting assistance. For example, being person-centered when assisting with Medicaid applications and/or follow-up by addressing the individual's needs in a way that includes discussing the method of meeting that works best for them. This often includes offering a meeting with an individual in their home or at a designated community location if the individual is unable to complete any required tasks by phone or in the ADRC office. Home and community visits have been trending upward since state fiscal year 2024 and are almost back to pre-pandemic levels of 75-80 visits on average per month (for all regions). Home and community visits continue to show growth of two to four additional visits per month moving into state fiscal year 2025. The goal for state fiscal year 2025 for home and community visits is to continue to assist all individuals that need this service and to increase awareness of this service, which is expected to increase the average number of visits to 100-120 per month. The HB2 funding has allowed BAAS to increase the travel budgets for each county to conduct these visits.

Person-Centered Counseling Program:

HB2 provided funding for BAAS to establish a Person-Centered Counseling Specialist position. In February 2024, BAAS filled this position. Each ADRC location works with the Person-Centered Counseling Specialist to increase the participation of the NHCarePath partner quarterly meetings to help better coordinate the LTC needs across multiple Department systems. The ADRC Managers and the Person-Centered Counseling Specialist work collaboratively to identify the appropriate partners and increase awareness of the NHCarePath partner meetings and are including additional partners to create a strong support group for the NHCarePath network. Additionally, the Person-Centered Counseling Specialist works collaboratively with the NWD Governance Administrator to provide leadership for the Person-Centered Counseling Program within the NWD Governance structure.

Lastly, the Person-Centered Counseling Specialist and ADRC Administrator are working on emphasizing the ADRCs assisting individuals living at home, in short-term or long-term care facilities, or in hospitals to transition to community-based settings. The Person-Centered Counseling Specialist is partnering with ADRC Managers to establish and strengthen partnerships with their local hospitals to help support timely and person-centered transitions.

IN CLOSING

The Department continues to invest in establishing, strengthening, and sustaining a System of Care for Healthy Aging that meets the unique needs of New Hampshire's adult population. Updating systems, programs, referrals, data, and options will expand home and community-based care options, improve health outcomes, and support people to age in place, while also reducing the cost of care and services. In the coming months the Department will finalize the development of the plan for the full establishment and maintenance of a System of Care for Healthy Aging.