

Making Eligibility Easier
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Health and Human Services Advisory Committee

Chris Santaniello, Associate Commissioner

Melissa Hardy, Director Long Term Supports and Services

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Department of HEALTH & HUMAN SERVICES



Project Overview

Situation

In early 2025, DHHS Commissioner Lori Weaver convened staff and leaders from Long-Term Care and Medicaid to "Make Eligibility Easier" for people who need home and community-based services or nursing facility care. A cross-sectional team identified key findings and developed recommendations based on data collection, shadowing, and stakeholder engagement. The resulting strategic plan turned those key findings into actionable steps that will be implemented over the next eighteen months. This plan is part of the 2025-2027 DHHS Roadmap.

Vision

An eligibility process and system for staff, clients, and providers that is coherent, efficient, and user-friendly.

Mission

For people who need home and community-based services, or nursing facility care to receive timely eligibility determinations, and for Medicaid-enrolled providers to receive timely payments.

Objective

Develop an actionable plan to refine, update and adjust business process across the DHHS Divisions of Economic Stability and Long Term Supports and Services so that eligibility determinations can be made in a timely manner.

Project Definition of Success

The Making Eligibility Easier project will be considered successful if project outcomes across the divisions of Economic Stability, Long Term Supports & Services and Medicaid:

- ❑ Reduce the time required for eligibility determinations - consistently
- ❑ Improve the eligibility determination experience for clients and partner agencies through strengthened education and communication
- ❑ Improve staff efficiency by reducing manual processes and "workarounds"
- ❑ Provide staff with improved tools and knowledge to assist with advancing their skillsets



Make Eligibility Easier – Strategic Vision

Our Future State Vision

A streamlined, user-friendly eligibility process that ensures:

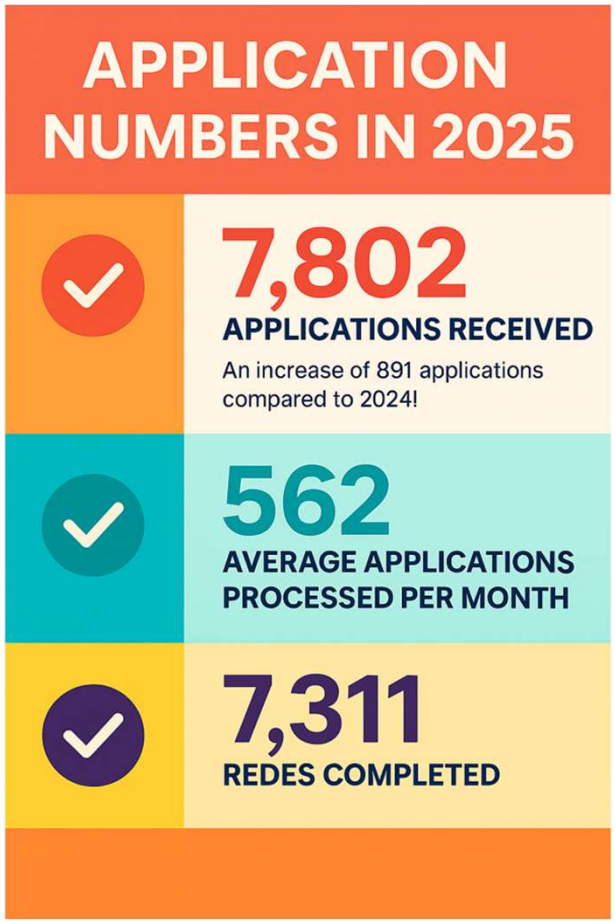
- **Timely access** to home and community-based services or nursing facility care.
- **Clear, consistent guidance** for staff, clients, and providers.
- **Efficient systems** that reduce manual work and improve coordination.
- **Empowered staff** with the tools, training, and support to succeed.
- An approach which supports both BFA **staff efficiency** and **person-centered coordination.**

How Staff Will Help Make It Real

- **Adopt** new tools and processes that reduce duplication and increase clarity.
- **Engage** in cross-divisional collaboration to improve coordination and consistency as we treat clients as a “whole person”.
- **Participate** in training and feedback loops to shape and refine improvements.
- **Champion** change by helping clients and partners navigate the new system.
- **Help Identify and connect** clients to the right partner when needed. BFA staff will not be expected to solve whole-person needs

Today	Future State
Incomplete applications delay determinations	Standardized applications and checklists improve completeness
Manual processes and workarounds	Automated workflows and better integrated IT systems
Staff face high caseloads with limited written training	Targeted training, clearer roles, and documented guidance
Communication gaps across divisions and with the public	Unified messaging, shared dashboards, and public education tools

Calendar Year 2025 Applications



The "Make Eligibility Easier" (MEE) Team



Core Workgroup:
- Dave Hobson (PM)
- Alex King
- Wendi Aultman
- Tina Cabana
- Dawn Tierney
- David Chorney
- Adam LeCain
- Kerri Schroeder

Executive Leadership Team:
- Melissa Hardy
- Henry Lipman
- Chris Santaniello

Providers
- Aging and Disability Resource Centers (ADRC)
- No Wrong Door Partners

Steering Committee:
- Chris Santaniello (Sponsor)
- Ann Landry (Sponsor)
- Morissa Henn
- Ernie Gillan
- Melissa Hardy
- Henry Lipman
- Dave Hobson (PM)
- Tina Cabana
- Olivia May

Additional Experts:
- Deborah Sorli
- Julie Beals

Partners:
- Deborah Fournier (UNH)
- Samantha Leiper (UNH)
- Laura Davie (UNH)
- Mark Larson (CHCS)
- Patsy Freeland (CHCS)
- Sarah Triano (CHCS)
- Hedda Colossi (CHCS)
- David Huffman (NESCSO)
- Public Consulting Group

Whole Person, Whole Picture

How We Make Eligibility Easier — Without Compromising Integrity

Earlier, Smarter, and Streamlined Information

- Earlier electronic data queries
- Maximized interviews
- **Streamlined documentation** requests within the 60-month lookback



Structured, Person-Centered Judgment

- **Risk Matrix**
- **Two Key Questions**
- **Context Clues**
- **Tiered Documentation**



Better Results for People & the System

- Faster determinations
- Reduced unnecessary documentation
- Fair and consistent decisions
- Strong financial stewardship



Aligned with the **System of Care for Healthy Aging** and the **DHHS Road Map: Making Eligibility Easier Project**

Project Goals & Deliverables

Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Provide clarity and shared understanding of what is required for a LTC Medicaid eligibility determinations.	Enhance the IT system to support timely LTC eligibility determinations	Increase LTC staff skills and capacity.	Improve public-facing processes.	Strengthen the ability for partner agencies to support individuals, families, and providers to submit complete applications for LTC eligibility.
• Refine staff guidance documents, processes and procedures • Develop LTC checklist for staff, applicants, representatives, and providers • Develop a standardized Medicaid LTC application, highlighting what is needed for a complete application • Design a LTC unit structure to more efficiently and effectively meet the increase of individuals applying for LTC	• Link the dashboards between the Bureaus of Family Assistance, Adult and Aging Services, and Developmental Services to support a Whole Person approach to services • Update New HEIGHTS and NH EASY systems with the new dashboard applications • Reduce staff manual processes and work done outside of current technology systems • Develop and implement a plan to strengthen communications with individuals and providers, including notices, forms, information and educational materials on NH EASY	• Train DHHS Long Term Care financial staff in the updated eligibility determination process and guidance memos • Hold recurring cross-divisional meetings and training between the Bureaus of Family Assistance, Adult and Aging Services, and Developmental Services to provide a Whole Person approach to services • Develop a DHHS Human Services Specialist orientation for DHHS staff based on the policies, procedures and guidance developed • Work with the Bureau of Human Resources to develop a recruitment and retention plan for the Bureau of Family Assistance, Long Term Care unit as part of the DHHS Roadmap Commitment One, Initiative Two (“Strengthen Retention and Professional Development Practices”) • Establish the workforce required to develop a LTC Financial team	• Onboarded PCG to assist with the processing of Long -Term Care applications, including addressing backlogs and identifying opportunities to streamline the application process • Implement the updated Medical Eligibility Assessment (MEA) process	• Provide quarterly updates and information regarding the financial eligibility process, information, and statistics • Conduct an outreach plan to widely share educational material developed to support individuals applying for services and those assisting them • Develop public education material regarding the application process, in written format, to be published on the DHHS website and NH EASY • Develop a Train the Trainer program for Aging and Disability Resource Centers and other partner agencies on financial and medical eligibility

Key Accomplishments to Date (results we have felt)

Improved Application Processing & Backlog Reduction

- ❑ LTC staff are now processing documents within applications at 47 days, down from 120+ days before the new lookback guidance.
- ❑ Positive trend driven by updated lookback rules and the new client pre-interview call, which results in more complete applications.
- ❑ Backlog cases driven down from a high of 2,079 to 1,093 (986 reduction)
- ❑ Stagnant applications significantly reduced through coordinated BAAS/BFA outreach and application terminations (~500).
- ❑ 8 MEE system enhancements completed to date since January 1st
- ❑ New Medial Eligibility Assessment procedures and training
- ❑ LTC staff happiness improved by allowing remote work capabilities on par with BFA
- ❑ Providers report: “Something feels different with eligibility — in a really good way.”
- ❑ Statewide groups (Healthy Aging Council, Hospital Case Management leaders, Home Care & Hospice Alliance) positive feedback



Short-Term Wins

Less Documentation / Cleaner Lookback

- Streamlined 5-year lookback
- Documented statement types
- Statement reduction (12 months + 4 single-months)
- Updated guidance for identifying transfers

Why it matters: reduces volume, simplifies review, fewer hours searching for documents.

Clearer Rules / Fewer Grey Areas

- Definition of viable/completed application/backlog
- Updated income, deduction, and resource verification tables
- Reasonable compatibility standards for resources & income

Why it matters: removes guesswork and inconsistency.

Faster Front-End Workflow

- Earlier electronic queries (AVS, VCI, DX, SSA data match verification)
- Earlier interviews
- Improved plain-language document list
- Public education material for application submission

Why it matters: avoids backlogs and lets HSS finish cases faster.

Better Tools for Staff

- Enhanced LTC checklists
- Drafted public education materials
- Enhanced Medical Eligibility Assessment (MEA) process
- Automated resource reasonable compatibility calculations
- Shared dashboards across LTSS/BFA to help reduce multiple handoff outreach to clients
- Automated identity verification queries

Why it matters: unifies what everyone's following and reduces repeats.

Staff Investment and Support

- Enhanced staff and ADRC training
- Health Services staff orientation
- Outreach plan to share eligibility materials
- "Whole Person" approach to services and support
- Recruitment and Retention plan
- Temporary supplemental LTC contract staff

Why it matters: provides staff support organizations training materials to enable success.

Streamlined the Medical Eligibility Assessment (MEA) and Improving Service Continuity

How It Works

- **Ex Parte Renewals** – Automatic renewal using existing data.
- **Case Manager Attestation** – Quick confirmation for stable participants.
- **Escalation Review** – Full reassessment if there's new or unclear medical information.

Why This Matters

✅ Reduces stress and paperwork for participants

🕓 Saves time for agencies and case managers

🔒 Maintains quality and compliance

🤝 Keeps services going without interruption

Aligned with Federal Direction

- **CMS Streamlining Rule (April 2024):** Simplifies Medicaid renewals.*
- **CMS HCBS Guidance (Aug 2024):** Encourages functional verification to protect service continuity.
- New Hampshire's model **follows national best practices** while maintaining oversight.

*Federal Register :: Medicaid Program; Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes

**https://www.medicaid.gov/federal-policy-guidance/downloads/cib081924.pdf`

Key Takeaways

- Streamlined redeterminations = **less burden, fewer delays, same quality.**
- Focuses clinical reviews only where needed.
- Strengthens New Hampshire's commitment to **person-centered care** and **service continuity**.

Empowerment and Barrier Removal Strategy

Empowering Staff to Act on the Vision

Clear Guidance & Tools

- Develop and distribute standardized checklists, updated applications, and process documentation to reduce ambiguity and support confident decision-making.

Training & Capacity Building

- Launch targeted training, LTC orientation, and leadership development to equip staff with the knowledge and skills to lead change.

Defined Roles & Decision-Making Authority

- Establish an enhanced LTC unit structure with clear responsibilities and empower staff to verify facts and make timely eligibility decisions.

Removing Barriers to Progress

Streamlined Processes

- Eliminate duplicative steps and manual workarounds through automation and updated workflows in New HEIGHTS and NH EASY.
- Supervisors will reinforce that staff are NOT expected to gather unnecessary documentation.

Cross-Divisional Collaboration

- Facilitate regular joint meetings and shared dashboards across BFA, BAAS, and BDS to break down silos and align efforts.

Improved Communication Channels

- Strengthen internal and external communication with clear notices, educational materials, and designated points of contact.

Leadership Support & Governance

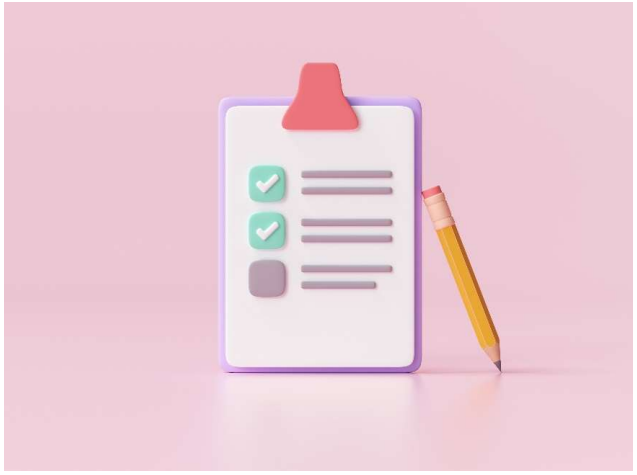
- Maintain momentum through bi-weekly sponsor check-ins, monthly steering committees, and executive oversight to resolve issues quickly.

By removing roadblocks and empowering staff, we create space for innovation, faster impact, and a more responsive system for those we serve.

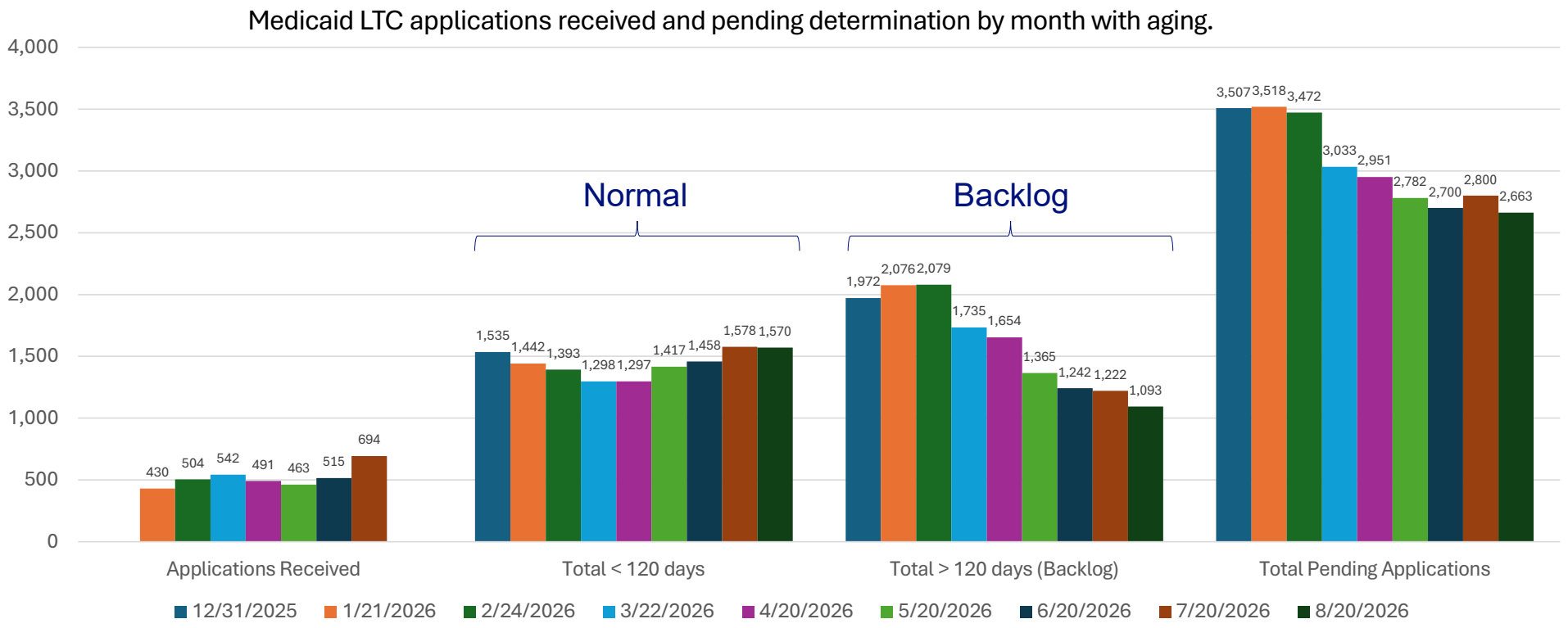
Legislative Support

House Bill 2, Chapter 141:423 directed the Department to:

- Provide the legislature with reports every six months regarding the backlog (2 submitted); and
- Enter into a contract to provide staffing support to assist with the backlog and to provide a review and recommendations for the efficient processing of applications.



Backlog Metrics



Notes:

- Monthly LTC backlog reports produced by Deloitte are available on the 20th of each month
- Data includes applications for Choices for Independence, Acquired Brain Disorder, Developmental Disability, and Children's In-Home Support 1915c waivers, and Nursing Facility

Public Consulting Group Update

Public Consulting Group (PCG)

Update as of 08/24/2026

Staffing:

- 7 PCG Case Reviewers (two in training), 2 Supervisors, 1 Manager
- 4 PCG Application Support Specialists assigned to Nursing Facilities

Cases:

- 1,853 pending cases have been sent to PCG
- 1,662 pending recommendations have been returned by PCG
- 161 redetermination cases have been sent to PCG
- 106 redetermination recommendations have been retuned by PCG

Nursing Facilities:

- Currently in 40 Nursing Facilities

Next Set of MEE Deliverables Team is Considering
(from PCG, DPQI or Team discovery)

1. Improve case escalation process
2. Evaluate whether interviews can be discretionary
3. Evaluate aligning Online/Paper applications
4. Develop an LTC Procedure Manual
5. Enhance or eliminate the "face sheet" activity (system)
6. Additional Client/Provider document opportunities
7. Conduct a comparative pay analysis for HSA/HSS
8. Create HSS2 training program
9. Create Supervisor training program
10. Evaluate increased use of Cornerstone for training delivery
11. Evaluate updating Cost of Care/Patient Liability Screen (system)
12. Evaluate application auto-approval (system)
13. Evaluate application auto-deny (system)
14. Evaluate indexing in bulk via Image Trust Software (system)

