



NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

Information Session
System of Care for Healthy Aging (SOC)

Eligibility Changes Effective

January 1, 2024.

Agenda

- Welcome and Introductions of DHHS staff
- Housekeeping
- SOC Goals & Objectives
<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/ltss-hb2-system-of-care-for-healthy-aging-pages.pdf>
- Overview of Eligibility Changes
- Updates to Tools and Guidance
- Questions

Housekeeping

- DHHS staff will be monitoring participants, chat, and questions.
- All attendees are pre-set to be muted. If you have a question please raise your hand and we will call on you or you can put questions in chat.
- We will not be recording sessions but will be capturing questions in chat and communicated verbally, FAQ will be developed.

System of Care for Healthy Aging Purposes 151-E:22

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/ltss-hb2-system-of-care-for-healthy-aging-pages.pdf>

- I. Build upon existing infrastructure to establish a comprehensive and coordinated system of care to ensure that older adults and adults with disabilities have access to and timely delivery of supports and services and to ensure that they have a meaningful range of options
- II. Reduce the cost of providing long-term care by expanding the availability of less costly home and community-based services
- III. Require the department of health and human services to expand and improve access to home and community-based services for older adults and adults with disabilities in alignment with New Hampshire's state plan on aging, the federal Older Americans Act, Americans with Disabilities Act, and Medicaid law
- IV. The system of care referenced in this subdivision is meant to streamline access to long-term care supports and services and not intended to expand eligibility for any current Medicaid programs, including long-term care Medicaid or any home and community-based Medicaid waiver programs

Definition of System of Care for Healthy Aging 151-E:24 IV

System of care" means:

- a) A comprehensive and coordinated delivery system for the provision of long-term services and supports to New Hampshire's older adults and adults with disabilities.
- b) The system of care is intended to provide services to all older adults and adults with disabilities who require long-term services and supports.
- c) The system of care shall have the following characteristics:
 - 1) A comprehensive array of long-term services and supports including, but not limited to, personal care, homemaker services, transportation, meal delivery or preparation, emergency response systems, adult day care, and family caregiver support to enable older adults and adults with disabilities to remain independent and in the setting of their choice.
 - 2) An absence of significant gaps in services and barriers to services.
 - 3) Sufficient administrative capacity to ensure quality service delivery.
 - 4) Services that are consumer-driven, community-based, and culturally and linguistically
 - 5) Transparent, with information made available and known to consumers, providers,
 - 6) A funding system that supports a full range of service options.
 - 7) A performance measurement system for accountability, monitoring and reporting of system quality, access and cost.

Spousal Impoverishment Changes

Section 79:575 of HB2

FORMER POLICY

(prior to 01.01.2024)

A resource assessment is completed to determine what amount of a spouse's resources count towards the institutionalized spouse in a nursing home or applying/receives home and community-based 1915(c) services and what resources are protected for the community spouse.

NEW POLICY

(as of 01.01.24)

A resource assessment is completed to determine what amount of a spouse's resources count towards the institutionalized spouse in a nursing home and what resources are protected for the community spouse. A resource assessment is no longer a condition of eligibility in determining eligibility for home and community-based 1915 (c) services.

Spousal Impoverishment Continued....

Application Process:

- When an application is received for CFI, the applicant will need to provide income and resource verification for themselves. Eligibility determination will be for an Assistance Group (AG) of 1.
 - Please note, if there is a spousal allocation request we will need income information for the spouse as well.
- Individuals eligible for medical assistance for Home and Community-Based Services Choices for Independence (HCBS-CFI), Home and Community-Based Services for the Developmentally Disabled (HCBS-DD), and Home and Community-Based Services for Individuals with an Acquired Brain Disorder (HCBS-ABD), will no longer be subject to the resource assessment (spousal impoverishment) requirements.

Resource Disregard Changes

Section 79:575 of HB2

FORMER POLICY

(prior to 01.01.2024)

Individuals seeking nursing facility and home and community-based 1915 (c) waiver services (HCBS) shall not have a resource disregard.

NEW POLICY

(as of 01.01.24)

For individuals seeking nursing facility and home and community-based 1915 (c) waiver services, a resource disregard shall be applied so that the effective resource limit is \$7,500.

Lookback Period Changes

Section 79:576

FORMER POLICY

(prior to 01.01.2024)

The lookback period for all asset transfers is 60 months.

NEW POLICY

(as of 01.01.24)

The lookback period for all asset transfers is up to 60 months.

Lookback Period Changes...continued

Tier 1: 1-month lookback period. Applicants who have been receiving assistance with DHHS for 3 or more years. Since these applicants have had assets previously verified, they only need to provide current information.

Tier 2: 36- month lookback period. Applicants who are not in Tier 1 or Tier 3 only a 36-month lookback period is required and an AVS report will be run. If nothing found in 36 month, do not need to check 37-60 months.

Note: If an applicant has real property, it will impact whether they are tier 2 or 3. A real property search will now be conducted pre-interview instead of post-interview. If the search shows transfer of real property, then 60-month lookback will be conducted. If the Medicaid applicant has real property, but it was not transferred a 36-month lookback will be requested.

Tier 3: 60-month lookback period. Applicants that have (i) an annuity and/or a funded trust, an IRA/other retirement account; or (ii) transferred real property, a 60-month lookback period is required and an AVS report for 60 months is obtained and reviewed.

In some cases, an applicant may have other valuable assets. For example, a time share, life estate, boat, RV, etc. If these assets were transferred within 60-months of application, the Family Services Specialist will review transfer.

If the Department cannot verify resources prior to the interview the lookback period will default to 60-months?

Tools and Guidance

- *SOC Website landing page*
<https://www.dhhs.nh.gov/programs-services/adult-aging-care/system-care-healthy-aging>
- *Fact Sheet that summarizes the SOC Eligibility Changes, coming soon*
- *Frequently Asked Questions document, coming soon*
- *Updates to NHCarePath Booklets:*
<https://www.dhhs.nh.gov/programs-services/adult-aging-care/nhcarepath/nhcarepath-partner-resources-consumer-booklets>
- *Bureau of Family Assistance Fact Sheet:*
<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bfa-progam-fact-sheet.pdf>
- *Medical Assistance Manual policy manual will be updated in February:*
https://www.dhhs.nh.gov/mam_html/newmam.htm



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Questions or Feedback?

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