



NEW HAMPSHIRE  
**DHHS**  
DEPARTMENT OF  
**HEALTH & HUMAN SERVICES**

# **System of Care for Healthy Aging**

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**NH Alliance for Healthy Aging**

**March 2024**

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# Overview of System of Care for Healthy Aging

*HB2 79:567 The state of New Hampshire is ranked as having one of the fastest growing number of older adults in the country. As the number of older adults increases, the need for long-term care will increase. Pursuant to the federal Older Americans Act, New Hampshire is required to promote the development and implementation of comprehensive, coordinated, statewide system of long-term services and supports that is responsive to the needs and preferences of older individuals and their family caregivers. The federal Americans with Disabilities Act prohibits unnecessary institutionalization of individuals with disabilities. RSA 151-E was established to provide Medicaid eligible elderly and chronically ill adults with a continuum of long-term care options. Despite these federal and state mandates, historically there has been a lack of investment in our state's system and programs for older adults and adults with disabilities. Rebalancing New Hampshire's systems to expand more home and community-based options will reduce the cost of providing services and allow our state to serve more people.*

# Definition of System of Care for Healthy Aging

## RSA 151-E:24 IV

- I. 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.
- II. The system of care is intended to provide services to all older adults and adults with disabilities who require long-term services and supports.
- III. The system of care shall have the following characteristics:
  - a) 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.
  - b) An absence of significant gaps in services and barriers to services.
  - c) Sufficient administrative capacity to ensure quality service delivery.
  - d) Services that are consumer-driven, community-based, and culturally and linguistically.
  - e) Transparent, with information made available and known to consumers, providers.
  - f) A funding system that supports a full range of service options.
  - g) A performance measurement system for accountability, monitoring and reporting of system quality, access and cost.

# Goals & Objectives

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- 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.

# Timeline at a Glance

## July – December 2023

- ✓ *Rate Increases*
- ✓ *Financial Eligibility Changes*
- ✓ *Hire staff positions*
- ✓ *Implement Lookback Changes*
- ✓ *Amend ADRC (ServiceLink) contracts*
- ✓ *Begin IT enhancements*
- ✓ *Expand who can be a provider of personal care*
- ✓ *Submit First Legislative Report*
- ✓ *RFP Development for Consultants*

## July – December 2024

- ✓ *Continue work started with the plan*
- ✓ *Rate Study Report due to the Legislature*
- ✓ *Annual SOC Legislative Report*
- ✓ *Budget request*
- ✓ *Submit Presumptive Eligibility Waiver*

## January – June 2024

- ✓ *Implement resource disregard*
- ✓ *Request for Applications for Aging and Disability Resource Center Services*
- ✓ *Contract for Consultants to support the plan*
- ✓ *Update He-E 801 CFI Rule*
- ✓ *IT enhancements – public facing dashboards, portal*
- ✓ *Work on Rate Study*
- ✓ *Begin work on plan for the system of care*

## January – June 2025

- ✓ *Continue the work on the plan*
- ✓ *Budget*
- ✓ *Adjust CFI rates, based on funding*

# 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

(effective 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.

# Resource Disregard Changes

## Section 79:575 of HB2

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### 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

(effective 01.01.24)

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 of HB2

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### FORMER POLICY

(prior to 01.01.2024)

The lookback period for all asset transfers is 60 months.

### NEW POLICY

(effective 01.01.24)

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

# Lookback Period Changes (cont'd)

**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 ran. If nothing is found in 36- month check, 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.\**

# Presumptive Eligibility (PE)

As part of the System of Care on Healthy Aging, the Department is required to submit an 1115 Demonstration Waiver to allow the State to implement a robust Presumptive Eligibility (PE) for home and community-based services (HCBS) on or before September 30, 2024.

The PE process permits individuals who plan to enroll in Choices for Independence (CFI) waiver services to self-attest to meeting financial and functional requirements. This amendment aims to expedite the delivery of benefits in the least restrictive setting while the state conducts a full assessment of eligibility for HCBS.

The overall objective is to expand and improve access to home and community-based services for older adults and adults with disabilities to ensure access to and timely delivery of supports and services and to ensure a meaningful range of options.

## GOALS

1. Improve access to home and community-based services for individuals who are determined to be at risk of institutionalization.
2. Reduce utilization of institutional care while waiting for Medicaid eligibility determination.
3. Improve access to the range of options and consumer choice by coordinating with state.

# Personal Care Services

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- HB2 expanded who can be considered a provider of Personal Care Services.
  - Amended RSA 161-1:3-a to read as follows: 161-1:3-a Authorization of Legally Responsible Relative, Guardian, or Person Granted Power of Attorney. The Department may authorize reimbursement to a legally responsible relative, a guardian, or a person granted power of attorney by the eligible consumer, who provides personal care to an eligible consumer with special health care needs residing at home.
- He-E 801 must be amended to authorize change in rule.
- Update policies & procedures for implementation.

# CFI Rates

- Medicaid Rate Increases – HB2 provided a 3% across the board rate increase for CFI services and targeted rate increases in October 2023 and January 2024.
- CFI Rate Study – Work group began meeting weekly in October
  - Rate study compared rates to approved rate methodology, compared rates to surrounding states, and compared rates to costs through the Bureau of Labor and Statistics.
  - CFI Provider Rate Study Questionnaire was sent to providers in December 2023 to solicit provider information on costs to validate cost assumptions.
  - Internal review of study and process for stakeholder review will be planned.
  - Rate study Legislative Report due 7/1/24. Rate study will be used make recommendations to inform SFY 26/27 budget.

# Aging and Disability Resource Centers

- Transition from ServiceLink to ADRC.
- Continue to increase investments in the ADRCs to improve capacity as a resource to all community members.
- Set meaningful performance standards with reportable metrics for ADRCs, including metrics to measure reach per capita Aged 65+.
- Increase Outreach and Education about ADRC and its core services - Information and Referral, Person Centered Counseling, Family Caregiver Support, Medicare and Medicaid benefits coordination, Veterans Directed Services.
- DHHS is seeking CMS approval on a Medicaid Administrative Claiming Plan for ADRCs

# Person-Centered Counseling Program

HB2 created a new person-centered counseling program in each contracted aging and disability resource center (ADRC) to provide support and assistance to persons living at home or in short or long-term institutional settings, including hospitals, to transition into community-based settings.

- **Referrals and support to access**, at a minimum, but not limited to:
  - > Assistance with completing Medicaid applications;
  - > Discharge planning;
  - > Older Americans Act (Title III) and Social Services Block Grant (Title XX) services and programs; and
  - > Referrals and access to community-based services, housing, and other supports and services to meet the needs of the individual and their family.
- Education on available community-based resources for long-term services and supports.
- Assist with guidance and support navigating hospital discharge protocols.

# Existing Initiatives Supporting the System of Care

**Bureau of Elderly and Adult Services Name Change** – “Bureau of Adult and Aging Services” is age friendly and aligns with the overall vision, goals, objectives and strategies set forth in the current State Plan on Aging.

**HCBS Reinvestment Funds** – has enabled the Department to initiate some of the IT enhancements.

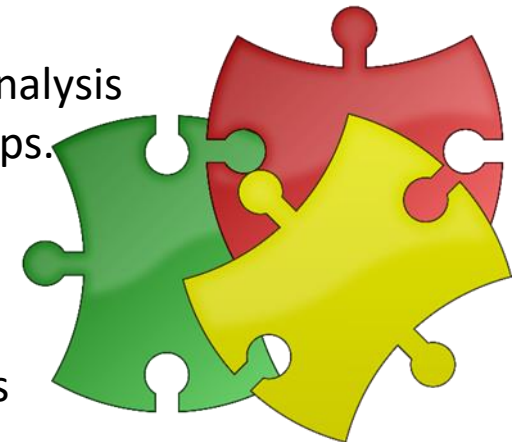
**NWD Governance and Access Grant** – Improve family and caregiver access to LTSS and Person-Centered Planning.

**Money Follows the Person** – Increase capacity to Home and Community Based Services.

**Stakeholder Engagement** – Systems Assessment and gap analysis listening sessions, key informant interviews and focus groups.

**State Plan on Aging** – Aligns with goals, objectives and strategies of the SPOA over the next four years.

**State Commission on Aging** – Aligns with the four priorities as reported to the Governor and the General Court.





# Contact Information

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Bureau of Elderly and Adult Services (BEAS) Contacts –

[BEAS@dhhs.nh.gov](mailto:BEAS@dhhs.nh.gov)

Long Term Care (LTC) Medical Eligibility Unit: Phone: 271-9088

Kristina Ickes: BEAS Administrator IV

(603) 271-5035 [Kristina.Ickes@dhhs.nh.gov](mailto:Kristina.Ickes@dhhs.nh.gov)

Medicaid Long Term Care Contact List -

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/ltss-system-of-care-ltc-contact-list.pdf>



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**Questions or Feedback?**