

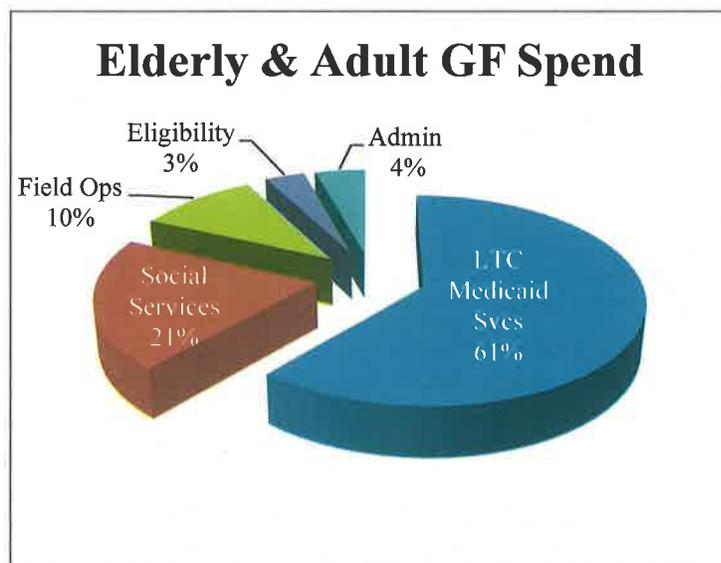
**Department of Health & Human Services**

**048, Elderly & Adult Services**

**Senate Finance Presentation**

**Agency Overview:**

The Bureau of Elderly and Adult Services includes both Medicaid long term Community and Nursing Home costs for seniors, social service provider payments for non-Medicaid clients such as meals & transportation, adult protective service workers, audits and reviews of providers, and bureau administration.



Dollars in millions	Total Funds		
	SFY14	SFY15	Biennium Total
Budget	\$ 463	\$ 475	
Medicaid Adjustments	\$ (48)	\$ (46)	
<b>Revised Budget</b>	<b>\$ 415</b>	<b>\$ 429</b>	<b>\$ 844</b>
	SFY16	SFY17	
House Budget	\$ 401	\$ 400	\$ 801
<b>Biennium Difference</b>			<b>\$ (43)</b>
NF Reduction			\$ (10)
CFI Reduction			\$ (5)
MQIP Reduction (25%)			\$ (35)
Proshare Increase			\$ 26
Social Service Reduction			\$ (19)
Other BEAS			\$ 0
			<b>Total Changes \$ (43)</b>

	FY14	FY15	FY16	FY16	FY17	FY17
Rounded to \$000	Revised	Revised	Governor	House	Governor	House
Total Funds	\$415,389	\$429,542	\$427,430	\$401,334	\$432,740	\$400,533
General Funds	\$46,919	\$ 46,851	\$ 46,850	\$ 27,393	\$ 47,760	\$ 25,168

**Department of Health & Human Services**

**048, Elderly & Adult Services**

**Senate Finance Presentation**

**Caseloads (Clients Served):**

Budget Line	SFY 14	SFY 15	SFY16	SFY16	SFY17	SFY17
	Revised Adj Auth	Revised Adj Auth	Governor's Budget	House Budget	Governor's Budget	House Budget
Nursing Home	4,350	4,380	4,325	4,325	4,350	4,350
Avg Cost of All Nursing Home LTC Expenditures *	\$ 72,578	\$ 73,112	\$ 73,985	\$ 70,940	\$ 74,458	\$ 70,072

\* Base Rate + Supplemental Medicaid Payments (MQIP & ProShare)

- FY16 - Utilization used in 1/1/15 Rates
- FY17 - 0.5% growth over FY16

Nursing Home Caseload		
SFY	Rate Setting Period	Utilization Used
SFY14	7/1/2013	4,380
	1/1/2014	4,290
SFY15	7/1/2014	4,300
	1/1/2015	4,325
SFY16		4,325
SFY17		4,350
<b><u>Actual Trend</u></b>		
	Avg SFY14	4,350
	Avg SFY15 YTD thru March 2015	4,256

CFI Caseload						
	SFY14 Avg	SFY15 Budget	SFY16 Governor	SFY16 House	SFY17 Governor	SFY17 House
CFI	2,878	3,041	2,907	2,907	2,936	2,936
Avg Cost	\$ 18,360	\$ 19,506	\$ 18,360	\$ 18,360	\$ 18,360	\$ 18,360

- FY16 – 1% growth over FY14 Actual
- FY17 – 1% growth over FY16

<b><u>Actual Trend</u></b>	
Avg SFY14	2,878
Avg SFY15 YTD thru March 2015	2,881

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	<b>Table H</b>													
2	<b>Department of Health and Human Services</b>													
3	<b>Operating Statistics</b>													
4	<b>Elderly &amp; Adult Long Term Care</b>													
5														
6		<b>Total Nursing Clients</b>		<b>CFI Home Health</b>	<b>CFI Midlevel</b>	<b>Other Nursing</b>	<b>Nursing Home Beds</b>		<b>Pct in NF</b>	<b>APS Clients Assmnts</b>	<b>APS Cases Ongoing</b>	<b>SSBG AIHC Waitlist</b>	<b>Total SSBG AIHC</b>	
7		<b>Actual</b>	<b>Budget</b>			<b>Note 1</b>	<b>3 mo. Avg</b>	<b>Budget</b>						
8														
44	Jul-12	7,225	7,578	2,401	444	34	4,380	4,422	60.6%	238	1,096	9		
45	Aug-12	7,448	7,578	2,468	471	39	4,509	4,422	60.5%	251	1,087	5		
46	Sep-12	7,281	7,578	2,454	462	37	4,365	4,422	60.0%	209	1,092	6	518	YTD
47	Oct-12	7,293	7,578	2,475	464	35	4,354	4,422	59.7%	243	1,137	1		
48	Nov-12	7,254	7,578	2,478	482	34	4,294	4,422	59.2%	200	1,203	1		
49	Dec-12	7,253	7,578	2,433	484	35	4,336	4,422	59.8%	178	1,186	1	635	YTD
50	Jan-13	7,194	7,578	2,421	461	37	4,312	4,422	59.9%	255	1,201	1		
51	Feb-13	7,092	7,578	2,415	443	33	4,234	4,422	59.7%	159	1,202	1		
52	Mar-13	7,052	7,578	2,487	438	38	4,127	4,422	58.5%	220	1,196	1	705	YTD
53	Apr-13	6,658	7,578	2,390	238	9	4,030	4,422	60.5%	205	1,228	1		
54	May-13	7,037	7,578	2,511	362	11	4,164	4,422	59.2%	174	1,206	1		
55	Jun-13	7,038	7,578	2,405	421	10	4,212	4,422	59.8%	194	1,224	1	769	YTD
56	Jul-13	7,153	7,356	2,452	421	72	4,280	4,380	59.8%	276	1,230	1		
57	Aug-13	7,284	7,356	2,532	439	25	4,313	4,380	59.2%	263	1,225	1		
58	Sep-13	7,145	7,356	2,480	449	20	4,216	4,380	59.0%	264	1,247	1	474	YTD
59	Oct-13	7,290	7,356	2,435	459	24	4,396	4,380	60.3%	291	1,255	1		
60	Nov-13	7,264	7,356	2,422	488	36	4,354	4,380	59.9%	224	1,242	6		
61	Dec-13	7,342	7,356	2,417	454	27	4,471	4,380	60.9%	255	1,267	3	573	YTD
62	Jan-14	7,265	7,356	2,428	481	27	4,356	4,380	60.0%	319	1,269	3		
63	Feb-14	7,041	7,356	2,372	449	37	4,220	4,380	59.9%	258	1,270	0		
64	Mar-14	7,121	7,356	2,366	455	27	4,300	4,380	60.4%	283	1,266	0	652	YTD
65	Apr-14	7,125	7,356	2,317	493	24	4,315	4,380	60.6%	298	1,238	0		
66	May-14	7,439	7,356	2,418	477	24	4,544	4,380	61.1%	312	1,265	0		
67	Jun-14	7,271	7,356	2,356	475	32	4,440	4,380	61.1%	282	1,216	0	675	YTD
68	Jul-14	7,337	7,421	2,431	444	44	4,462	4,380	60.8%	363	801	0		
69	Aug-14	7,094	7,421	2,403	439	44	4,252	4,380	59.9%	276	786	0		
70	Sep-14	7,088	7,421	2,428	431	37	4,229	4,380	59.7%	270	794	0	1439	YTD
71	Oct-14	7,242	7,421	2,453	492	36	4,297	4,380	59.3%	301	757	0		
72	Nov-14	7,160	7,421	2,422	460	36	4,278	4,380	59.7%	212	752	0		
73	Dec-14	7,181	7,421	2,431	469	35	4,281	4,380	59.6%	263	764	0	1889	YTD
74	Jan-15	6,996	7,421	2,404	469	32	4,123	4,380	58.9%	246	736	0		
75	Feb-15	7,026	7,421	2,400	472	32	4,154	4,380	59.1%	221	739	0		
76	Mar-15	7,109	7,421	2,432	448	32	4,229	4,380	59.5%	278	716	0	1971	YTD
77	Apr-15													
78	May-15													
79	Jun-15													
80	<b>ANNUAL AVERAGE</b>													
81	SFY11	7,188	7,740	2,513	399	33	4,277	4,063	59.5%	212	1,071	3	620	
82	SFY12	7,237	7,515	2,426	440	33	4,370	4,400	60.4%	226	1,084	6	681	
83	SFY13	7,152	7,578	2,445	431	29	4,276	4,422	59.8%	211	1,172	2	657	
84	SFY14	7,228	7,356	2,416	462	31	4,350	4,380	60.2%	277	1,249	1	594	
85	SFY15	7,137	7,421	2,423	458	36	4,256	4,380	59.6%	270	761	0	1,766	
86														
87														
88	<b>Note 1: These clients are also captured under OMBP Provider Payments</b>													
89	<b>Note : CFI Home Health = CFI Home Support and Home Health Care Waiver Services</b>													
90	<b>Source of Data</b>													
91	Columns													
92														
93	D-F	MDSS monthly client counts												
94	G	3 month Avg of the number of paid bed days in the month/days in prior month												
95		by the number of days in the previous month. MDSS												
96	J	Options Monthly Protective Reports												
97	K	Options Monthly Activity Report												
98	L	SSBG Adult In-Home Care verbal report from Adult Protective Services Administrator												
99	M	Quarterly Options Paid Claims from Business Systems Unit Manager												



	A	B	F	G	H	I	L	N	O	W	X	Y	Z	AF	AG	AH	AI	AJ
	Agency by Class Summary																	
	FY 2014			FY 2015			FY 2016			FY 2016			FY 2017			FY 2017		
Class	Description	Revised Actual	Adj Auth	Adjustments	Revised Adj Auth	FY15-FY14 Inc (dec) from SFY14 to SFY15	FY15-FY14 % change over prior year	FY15-FY14 % change over prior year	FY16-FY15 Inc(Dec) over sfy15	FY16-FY15 % change over prior year	Governor's Recommended	House Final	FY16-FY15 % change over prior year	Governor's Recommended	House Final	Inc (dec) from SFY16	% change over prior year	
8	010 Personal Services-Perm. Classi	5,097,183	6,047,507		6,047,507	950,324	19%		5,585,374	5,392,517	5,648,011	-11%	5,648,011	5,449,954	57,437	1%		
9	012 Personal Services-Unclassified 2	263,254	332,292		332,292	69,038	26%		265,386	265,387	265,387	0%	265,387	265,387	0	0%		
10	017 Full time Temporary	237	0		0	0	0%		0	0	0	0%	0	0	0	0%		
11	018 Overtime	1,640	0		0	(1,640)	-100%		1,640	1,640	1,640	0%	1,640	1,640	0	0%		
12	020 Current Expenses	49,260	73,652		73,652	24,392	50%		72,457	72,457	77,938	6%	77,938	77,938	5,481	8%		
13	021 Food Institutions	0	850		850	850	#DIV/0!		850	850	850	0%	850	850	0	0%		
14	022 Rents-Leases Other Than State	4,292	5,793		5,793	1,501	35%		5,821	5,821	5,849	0%	5,849	5,849	28	0%		
15	026 Organizational Dues	6,829	2,041		2,041	(4,788)	-70%		8,041	8,041	8,041	0%	8,041	8,041	0	0%		
16	030 Equipment New/Replacement	0	0		0	0	#DIV/0!		3,348	3,348	3,348	0%	3,348	3,348	0	0%		
17	039 Telecommunications	83,529	108,528		108,528	24,999	30%		111,724	111,724	112,639	1%	112,639	112,639	915	1%		
18	040 Indirect Costs	43,570	156,241		156,241	112,671	259%		132,395	132,395	132,395	-15%	132,395	132,395	0	0%		
19	041 Audit Fund Set Aside	221,439	236,090		236,090	14,651	7%		221,873	221,873	229,973	4%	229,973	229,973	8,100	4%		
20	042 Additional Fringe Benefits	87,759	207,393		207,393	119,634	136%		119,226	119,226	120,573	1%	120,573	120,573	1,347	1%		
21	049 Transfer to Other State Agency	41,063	43,641		43,641	2,578	6%		44,514	44,514	45,404	2%	45,404	45,404	890	2%		
22	050 Personal Service-Temp/Appointe	0	10,404		10,404	10,404	#DIV/0!		37,500	37,500	37,500	0%	37,500	37,500	0	0%		
23	057 Books, Periodicals, Subscript	0	3,715		3,715	3,715	#DIV/0!		1,485	1,485	1,490	0%	1,490	1,490	5	0%		
24	060 Benefits	2,829,596	3,500,903		3,500,903	671,307	24%		3,093,748	3,002,816	3,215,945	-14%	3,215,945	3,120,647	117,831	4%		
25	061 Unemployment Compensation	2,010	1		1	(2,009)	-100%		2,010	2,010	2,010	0%	2,010	2,010	0	0%		
26	062 Workers Compensation	37,920	25,000		25,000	(12,920)	-34%		25,000	25,000	25,000	0%	25,000	25,000	0	0%		
27	066 Employee training	4,477	13,474		13,474	8,997	201%		10,130	10,130	10,230	1%	10,230	10,230	100	1%		
28	070 In-State Travel Reimbursement	198,138	318,447		318,447	120,309	61%		229,296	229,296	229,510	1%	229,510	229,510	214	0%		
29	072 Grants-Federal	340,969	899,067		899,067	558,098	164%		438,000	438,000	438,000	0%	438,000	438,000	0	0%		
30	073 Grants-Non Federal	0	0		0	0	#DIV/0!		250,000	250,000	250,000	0%	250,000	250,000	0	0%		
31	080 Out-Of State Travel	8,715	16,145		16,145	7,430	85%		21,479	21,479	21,479	0%	21,479	21,479	0	0%		
32	100 Prescription Drug Expenses *	13,461,077	40,703,213		40,703,213	27,242,140	202%		14,134,132	14,134,132	14,840,838	5%	14,840,838	14,840,838	706,706	5%		
33	101 Medical Payments to Providers *	13,461,077	40,703,213		40,703,213	27,242,140	202%		14,134,132	14,134,132	14,840,838	5%	14,840,838	14,840,838	706,706	5%		
34	503 State Phase Down *	0	12,655,966		12,655,966	12,655,966	#DIV/0!		0	0	0	0%	0	0	0	0%		
35	565 Outpatient Hospital *	1,705,206	3,671,300		3,671,300	1,966,094	115%		1,725,591	1,725,591	2,465,855	42%	2,465,855	1,723,130	(2,461)	0%		
36	102 Contracts for program services	1,705,206	2,251,977		2,251,977	546,771	32%		2,468,316	1,725,591	2,465,855	-29%	2,465,855	1,723,130	(2,461)	0%		
37	230 Interpreter Services	0	25,555		25,555	25,555	#DIV/0!		500	500	500	0%	500	500	0	0%		
38	502 Payments To Providers	1,048,965	1,621,000		1,621,000	572,035	55%		1,521,000	1,521,000	1,521,000	0%	1,521,000	1,521,000	0	0%		
39	504 Nursing Home Payments	192,853,551	195,536,588		195,536,588	2,683,037	1%		191,355,300	191,355,300	192,452,700	1%	192,452,700	186,672,700	(4,682,600)	-2%		
40	516 Medicaid Quality Incentive	73,603,988	75,243,563		75,243,563	1,639,575	2%		75,009,206	56,631,904	76,264,298	-25%	76,264,298	57,198,223	(566,319)	1%		
41	515 Proshare	49,257,462	44,227,541		44,227,541	(5,029,921)	-10%		53,119,326	38,829,033	55,176,092	33%	55,176,092	60,942,896	2,113,863	4%		
42	504 Mid-Level Care Expenses	9,327,108	10,138,253		10,138,253	811,145	9%		9,420,380	9,420,380	9,514,583	1%	9,514,583	9,514,583	94,203	1%		
43	506 Home Support Waiver Services	35,215,055	34,814,758		34,814,758	(400,297)	-1%		35,567,206	35,567,206	35,922,878	1%	35,922,878	35,922,878	355,672	1%		
44	529 Home Health Care Waiver Service	8,296,807	14,365,478		14,365,478	6,068,671	73%		8,379,774	8,379,774	8,463,573	1%	8,463,573	8,463,573	83,799	1%		
45	509 Other Nursing Services	4,042,776	4,846,885		4,846,885	804,109	20%		4,244,915	4,244,915	4,457,161	5%	4,457,161	4,457,161	212,246	5%		
46	512 Transportation of Clients	1,228,047	1,697,657		1,697,657	469,610	38%		1,697,657	831,852	1,697,657	-51%	1,697,657	831,852	(865,805)	-51%		
48	540 Social Service Contracts	968,227	1,374,914		1,374,914	406,687	42%		1,374,914	673,708	1,374,914	-51%	1,374,914	673,708	(701,206)	-51%		
49	541 Meals -	1,591,804	5,282,353		5,282,353	3,690,549	232%		1,051,592	1,051,592	2,146,106	103%	2,146,106	1,051,592	(1,094,514)	-51%		
50	544 Meals - Home Delivered	6,099,169	3,106,253		3,106,253	(2,992,916)	-49%		6,400,542	3,110,203	6,452,667	-50%	6,452,667	3,108,659	(1,564)	0%		

5

	A	B	F	G	H	I	L	N	O	W	X	Y	Z	AF	AG	AH	AI	AJ		
2	Agency by Class Summary																			
3	3																			
4	4																			
5	FY 2014		FY 2015				FY15-FY14		FY15-FY14		FY 2016		FY16-FY15		FY 2017		FY 2017		FY 2017	
6	Class	Description	Revised Actual	Adj Auth	Adjustments	Revised Adj Auth	Inc (dec) from SFY14 to SFY15	% change over prior year	Governor's Recommended	House Final	Inc (dec) over sfy15	% change over prior year	Governor's Recommended	House Final	Inc (dec) from SFY16	% change over prior year				
51	542	Homemaker Services	1	2,193,496	(2,193,495)	1	-	0%	1	1	0	0%	1	1	-	0%				
52	543	Adult In Home Care	4,837,306	3,914,807	2,193,496	1,270,997	26%	6,108,303	2,931,985	(3,176,318)	-52%	6,230,469	2,928,320	(3,665)	0%					
53	545	I & R Contracts	139,580	157,955		18,375	13%	157,955	12,344	(145,611)	-92%	161,114	15,503	3,159	2%					
54	550	Assessment And Counseling	1,398,033	1,714,000		315,967	23%	1,714,000	456,328	(1,257,672)	-73%	1,714,000	456,328	-	0%					
55	566	Adult Group Daycare	347,254	462,435		115,181	33%	462,435	221,969	(240,466)	-52%	471,683	221,691	(278)	0%					
56	570	Family Care Giver	646,168	1,033,333		387,165	60%	966,667	109,223	(924,110)	-89%	966,667	109,223	-	0%					
57		<b>Total Expenditures</b>	<b>415,389,467</b>	<b>475,565,783</b>	<b>(46,023,631)</b>	<b>429,542,152</b>	<b>14,152,922</b>	<b>#DIV/0!</b>	<b>401,333,750</b>	<b>(28,208,402)</b>	<b>-7%</b>	<b>432,739,972</b>	<b>400,533,045</b>	<b>(800,705)</b>	<b>0%</b>					
58																				
59	000	Federal Funds 404821	202,144,974	231,604,618	(16,683,834)	12,775,811	6%	212,538,533	199,844,650	(15,076,135)	-7%	214,841,280	199,143,081	(701,569)	0%					
60	005	Private Local Funds 403399	128,629,220	129,613,754		984,534	1%	130,077,348	136,341,322	6,727,568	5%	131,795,678	138,090,291	1,748,969	1%					
61	007	Agency Income 402241	37,695,800	38,156,575		460,775	1%	37,963,723	37,754,603	(401,972)	-1%	38,343,360	38,132,149	(377,546)	1%					
62		<b>General Fund</b>	<b>46,919,473</b>	<b>76,190,836</b>	<b>(29,339,799)</b>	<b>46,851,038</b>	<b>-68,436</b>	<b>0%</b>	<b>46,850,331</b>	<b>27,393,175</b>	<b>(19,457,863)</b>	<b>-42%</b>	<b>47,759,654</b>	<b>25,167,524</b>	<b>(2,225,651)</b>	<b>-5%</b>				
63		<b>Total Revenue</b>	<b>415,389,467</b>	<b>475,565,783</b>	<b>(46,023,632)</b>	<b>429,542,151</b>	<b>14,152,684</b>	<b>3%</b>	<b>427,429,935</b>	<b>401,333,750</b>	<b>(28,208,401)</b>	<b>-7%</b>	<b>432,739,972</b>	<b>400,533,045</b>	<b>(800,705)</b>	<b>0%</b>				
64																				
65																				
66																				
67																				

\* Moved Medicaid Managed Care funds to OMBP agency 47.

AU 5942 Broken out by Expenses & Revenues  
 5/4/2015  
 Account 5942

	FY 2014 Actual Expense	FY 2015 Adjusted Auth	Incr(decr) over prior year FY 15-14	FY 2016 Governor's Recommended	FY 2016 House Final	Incr(decr) over prior year FY 16-15	FY 2017 Governor's Recommended	FY 2017 House Final	Incr(decr) over prior year FY 17-16
<b>LTC - NH &amp; CFI</b>									
<b>Expenditures</b>									
Nursing Home Payments	192,853,551	195,536,588	2,683,037	191,355,300	191,355,300	(4,181,288)	192,452,700	186,672,700	(4,682,600)
CFI Payments	52,838,970	59,318,489	6,479,519	53,367,360	53,367,360	(5,951,129)	53,901,034	53,901,034	533,674
Indirect & Audit Set Aside	228,810	335,238	106,428	324,448	324,448	(10,790)	332,186	332,186	7,738
<b>Total Exp</b>	<b>245,921,331</b>	<b>255,190,315</b>	<b>9,268,984</b>	<b>245,047,108</b>	<b>245,047,108</b>	<b>(10,143,207)</b>	<b>246,685,920</b>	<b>240,905,920</b>	<b>(4,141,188)</b>
						-4%			-2%
<b>Revenue</b>									
Federal	122,960,666	127,595,158	4,634,492	122,523,554	122,523,554	(5,071,604)	123,342,960	120,452,960	(2,070,594)
County CAP	104,000,489	107,499,984	3,499,495	103,517,685	106,717,685	(782,299)	104,207,632	107,407,632	689,947
NFOA	-	-	-	-	9,438,651	9,438,651	-	9,533,034	94,383
General Fund	18,960,177	20,095,174	1,134,998	19,005,869	6,367,218	(13,727,956)	19,135,328	3,512,294	(2,854,924)
<b>Total Revenue</b>	<b>245,921,331</b>	<b>255,190,315</b>	<b>9,268,984</b>	<b>245,047,108</b>	<b>245,047,108</b>	<b>(10,143,207)</b>	<b>246,685,920</b>	<b>240,905,920</b>	<b>(4,141,188)</b>

% Source of Funds

Federal	50%
County CAP	42%
General Fund	8%

50%	50%
42%	44%
8%	3%

50%	50%
42%	44%
8%	3%

50%	50%
42%	45%
8%	1%

AU 5942 Broken out by Expenses & Revenues  
 5/4/2015  
 Account 5942

Expenditures	FY 2014	FY 2015	Incr(decr)	FY 2016	FY 2016	Incr(decr)	FY 2017	FY 2017	Incr(decr)
	Actual Expense	Adjusted Auth	over prior year FY 15-14	Governor's Recommended	House Final	over prior year FY 16-15	Governor's Recommended	House Final	over prior year FY 17-16
Proshare	49,257,462	44,227,541	(5,029,921)	53,119,326	58,829,033	14,601,492	55,176,092	60,942,896	2,113,863
MQIP	73,603,988	75,243,563	1,639,575	75,509,206	56,631,904	(18,611,659)	76,264,298	57,198,223	566,319
<b>Total Exp</b>	<b>122,861,450</b>	<b>119,471,104</b>	<b>(3,390,346)</b>	<b>128,628,532</b>	<b>115,460,937</b>	<b>(4,010,167)</b>	<b>131,440,390</b>	<b>118,141,119</b>	<b>2,680,182</b>
			-			-3%			2%
Federal Funds	61,430,725	59,735,553	(1,695,173)	64,314,266	57,730,469	(2,005,084)	65,720,195	59,070,560	1,340,091
NFQA *	36,801,994	37,621,781	819,787	37,754,603	28,315,952	(9,305,829)	38,132,149	28,599,112	283,160
County Proshare	24,628,731	22,113,771	(2,514,961)	26,559,663	29,414,517	7,300,746	27,588,046	30,471,448	1,056,932
<b>Total Revenues</b>	<b>122,861,450</b>	<b>119,471,104</b>	<b>(3,390,346)</b>	<b>128,628,532</b>	<b>115,460,937</b>	<b>(4,010,167)</b>	<b>131,440,390</b>	<b>118,141,119</b>	<b>2,680,182</b>

	FY 16	FY17
* Total NFQA	28,315,952	28,599,112
Funding MQIP	9,438,651	9,533,034
Funding LTC (previous page)	37,754,603	38,132,146

A	B	C	E	F	G	H	I	J	K	L	M	N	O
1	SOCIAL SERVICES FOR NON-MEDICAID CLIENTS												
2	Division III House Finance												
3	5/4/2015												
4	Amounts in '000												
5													
6													
7	Adm on Aging and SSBG	SFY 2014	SFY 2015	Inc(decr)	% change	SFY 2016	SFY 2016	SFY 2016	SFY 2017	SFY 2017	SFY 2017	SFY 2017	Inc(decr)
8	DESCRIPTION	Actual	Cur Adj Auth	SFY15-14	% change	Governor's	House	Inc(decr)	% change	Governor's	House	House	SFY17-16
9	Transportation of Clients	1,228	1,698	470	38%	1,698	832	(866)	-51%	1,698	832	-	0%
10	Meals-Home & Congregate	7,690	8,389	699	9%	8,546	4,162	(4,227)	-50%	8,598	4,160	(2)	0%
11	Social Service Contracts	6,799	8,979	2,180	32%	8,912	3,840	(5,139)	-57%	9,043	3,840	-	0%
12	Nutrition Supplemental Payments	1,023	1,300	277	27%	1,200	1,200	(100)	-8%	1,200	1,200	-	0%
13	Administration & Other Misc Services	1,581	2,292	711	45%	1,698	1,343	(949)	-41%	1,284	914	(429)	-25%
14	Total Expenses	18,321	22,658	4,337	24%	22,054	11,377	(11,281)	-50%	21,823	10,946	(431)	-2%
15													
16													
24	Total Federal	10,167	12,795	2,628	26%	11,635	6,325	(6,470)	-51%	11,206	5,847	(478)	-4%
25	General	8,154	9,863	1,709	21%	10,419	5,052	(4,811)	-49%	10,617	5,099	(47)	0%
26	Total Revenue	18,321	22,658	4,337	24%	22,054	11,377	(11,281)	-50%	21,823	10,946	(431)	-2%
27													
28													

	FFY14 Total Clients Served *
Non-Medicaid Social Services	531
Personal Care/Home Health Aide (HHA)	4,870
Homemaker	25,285
Home Delivered Meals	891
Adult Day Care/Health	56,973
Congregate Meals	81,376
Transportation	532
Legal Assistance	3,579
Adult In Home Care	
Other Services (nursing, support svcs, screening)	22,573
Totals	196,610
Proposed House Reduction = 50%	98,305

\*As reported by contract agencies

**Department of Health & Human Services**

**048, Elderly & Adult Services**

**Senate Finance Presentation**

**Narratives:**

**Nursing Services - County Participation  
Accounting Unit 4815-5942**

**PURPOSE:** This Long Term Care Nursing Service Accounting Unit funds the payments listed below.

1. Nursing Facility (NF) & Choices for Independence (CFI) rates are for direct service to Medicaid-eligible individuals who meet the clinical and financial eligibility standards defined in law for nursing facility long-term care. These services are provided as nursing facility care and as home and community based care through the Choices for Independence Program (CFI) waiver program.
2. Proportionate Share Payments, also known as ProShare, are annual Medicaid supplemental payments made to each county. New Hampshire receives Federal Medicaid funds based upon the difference between Medicaid payments for nursing home care provided by county facilities and what the payment would have been if the care for those residents had been from Medicare. The federal share, which is half of the total, is divided among the counties.
3. The Medicaid Quality Incentive Program (MQIP) provides quarterly supplemental rates to nursing facilities for each paid Medicaid bed day at their facility in the prior quarter. This is done through a three-step process as follows:
  - a. Every licensed nursing home pays a Nursing Facility Quality Assessment (NFQA) of 5.5% of net patient services revenue to the New Hampshire Department of Revenue, each quarter.
  - b. The aggregate funds are then transferred to DHHS, which is then matched with Federal Medicaid funds.
  - c. Nursing facilities, that accept Medicaid reimbursement, are then paid an MQIP payment. These supplemental Medicaid payments are based on the paid Medicaid bed days at each facility and are adjusted to fill shortfalls in initial rates due to the application of a budget neutrality factor.

**CLIENT PROFILE:**

**Nursing Facility, Choices for Independence & Medicaid Quality Incentive Program:**

Nursing facility services are provided to children under age 18 years with severe disabilities:

- ◆ Temporary Assistance to Needy Families (TANF).

Nursing facility services are provided to individuals who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3. Individuals seek nursing facility services both for short term, rehabilitation or recuperative services and for long term stays when living independently at home is no longer feasible,

- ◆ Aid to the Permanently and Totally Disabled (APTD) (ages 18-64 yrs)
- ◆ Temporary Assistance to Needy Families (TANF)
- ◆ Old Age Assistance (age 65 years and older)

Community based care services are provided in private homes and residential care facilities to individuals who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3. All CFI participants are clinically eligible for, and in need of, nursing facility level of care.

- ◆ Aid to the Permanently and Totally Disabled (APTD) (ages 18-64 yrs)

- ◆ Temporary Assistance to Needy Families (TANF)
- ◆ Old Age Assistance (age 65 years and older)

Nursing Homes residents receive nursing care in a residential setting that promotes rehabilitation and enhanced support in activities of daily living. Nursing care is provided 24 hours per day. Nursing facility care is the most intensive level of service provided outside of a hospital. Admissions to a nursing facility can be temporary for those who require short-term rehabilitation or a brief recuperative period after an extended hospitalization. The structure and support offered within a nursing facility enables individuals to maximize their level of independence and affords some residents the opportunity to return home. Residents for whom a return to the community is not possible due to the complexity of their care needs receive care to maximize their functional capabilities.

**Proportionate Share:**

ProShare payments are calculated based on Medicaid payments for care provided by County nursing facilities. The New Hampshire counties have historically been the providers of last resort to the poor and indigent.

<u>FINANCIAL HISTORY</u>									
Rounded to \$000 except cost per case									
	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17	
	Actual	Adj Auth	Agency	Agency	Gov	Gov	House	House	
TOTAL FUNDS	\$368,783	\$374,661	\$403,379	\$209,065	\$373,676	\$378,126	\$360,508	\$359,047	
GENERAL FUNDS	\$18,052	\$19,928	\$27,563	\$30,072	\$18,844	\$18,969	\$6,205	\$3,346	
ANNUAL COST PER CASE-TOTAL									
Nursing Homes (1)	\$61,255	\$61,822	\$66,697	\$67,841	\$61,703	\$61,774	\$57,338	\$56,062	
Choices for Independence	\$18,360	\$19,506	\$19,278	\$20,242	\$18,358	\$18,359	\$18,358	\$18,359	
CASELOAD									
Nursing Homes	4,350	4,380	4,394	4,438	4,325	4,350	4,325	4,350	
Choices for Independence	2,878	3,041	2,950	3,024	2,907	2,936	2,907	2,936	

(1) These costs include the additional supplemental payment Nursing Homes receive under the Medicaid Quality Incentive Payment (MQIP) Program.

**FUNDING SOURCE:** The accounting unit is funded:

1. 50% Medicaid.
2. Approximately 28% County CAP - Counties participate in funding these costs, up to the cap set forth in RSA 167:18-a. In SFY14, it was \$109M prior to any credits. The SFY15 CAP is \$112.5M prior to any credits.
3. Approximately 7% Nursing Facility Quality Assessment (NFQA)
4. Approximately 10% County Participation, as their half of ProShare payments.
5. Approximately 5% General Fund (GF) which makes up the subsidized amount between the 50% Federal funds, costs over the cap, NFQA and county portion of ProShare.

**SERVICES PROVIDED:**

**Nursing Facility & Choices for Independence:**

Medicaid regulations are governed by Title XIX of the Social Security Act. 42 CFR 440 provides the regulatory authority pertaining to nursing facility care, a mandatory Medicaid service. 42 CFR 441.301 provides the regulatory authority for the Choices for Independence waiver program, an optional program, and is re-authorized by the Centers for Medicare and Medicaid Services (CMS) every five years. New Hampshire RSA 151-E requires the Department to provide home and community based care as an alternative to nursing facility care, defines clinical eligibility for the care to be covered by the Medicaid Program that establishes cost controls. The cost controls defined in RSA 151-E:11 mandate that

expenditures for CFI services do not exceed either 60% (for Mid-level care) or 50% (for Home Health and Home Support care) of the average cost of nursing home care. This requirement ensures that an individual's care through CFI is less costly than his/her care would have been in a nursing facility.

The most cost-effective manner to deliver long-term care services is through home and community-based care. As shown in the Financial History section, above, community-based care is significantly less costly than facility-based care. The Department is committed to continuing to promote the use of community-based care that maximizes the opportunity to provide home care in place of institutional care.

Approximately eighty-five percent (85%) of the budget funds Nursing Facility services. Nursing facility residents receive nursing care in a licensed residential setting that provides rehabilitation and enhanced support with all activities of daily living. Nursing care services are provided 24 hours per day, seven days per week to individuals who meet the clinical eligibility for nursing facility level of care defined in RSA 151-E:3. Facilities provide structure and support through skilled staff and volunteers to maximize residents' independence and capabilities, in some cases leading to the resident's return to the community. Facility-based service is the least community-integrated and most intensive level of nursing service provided outside of a hospital.

Approximately fifteen percent (15%) of the budget funds CFI services. CFI includes Home Support services, Home Health services and residential care (mid-level care). All services are individually prior-authorized by the Department to meet identified clinical needs and are available on a statewide basis. Home Support and Home Health services are provided in private homes by approved agencies. Mid-level care is provided by licensed residential care facilities and has been used increasingly as more people become unable to remain in their own homes due to needing more care and oversight than can be economically provided in a private home.

**Proportionate Share:**

ProShare is a component of the Medicaid State Plan approved by the Centers for Medicare and Medicaid Services (CMS), Title XIX of the Social Security Act governs Medicaid. The state authority is RSA 167:18-h. The federal authority is 42 CFR 447.272. It is paid to all ten counties in New Hampshire.

ProShare is a supplemental payment paid to the counties and is the difference between Medicaid rates and what the counties would be paid if they received Medicare rates for the same residents.

**Medicaid Quality Incentive Program:**

Two state statutes govern this program. RSA 84-C regulates the NFQA process while the MQIP process is governed by RSA 151-E. MQIP provides supplemental payments to nursing facilities based upon the number of paid Medicaid bed days. All nursing facilities statewide that are paid through the Medicaid acuity-based reimbursement system receive supplemental MQIP rates.

SERVICE DELIVERY SYSTEM: All nursing facility and CFI services are provided by agencies, facilities and organizations that are approved providers enrolled in the New Hampshire Medicaid Program.

The ProShare payments are paid to counties based upon the Medicaid residents within the county nursing facilities.

Supplemental MQIP rate payments are made to all New Hampshire licensed nursing facilities that have received Medicaid nursing home bed payments through the acuity-based rate setting system during the previous quarter. Currently there are 72 licensed acuity-based nursing facilities in New Hampshire.

#### EXPECTED OUTCOMES:

##### Nursing Facility License

The intent of nursing facility care is to provide safe and effective care on a 24 hour, 7-day/week basis. This is ensured by the routine inspections, both planned and unplanned, by the Bureau of Licensing and Certification. The following domains are included in inspections:

1. Facility Administration;
2. Compliance with the Bill of Rights, established at RSA 151:19-21;
3. Compliance with health requirements and building, fire, and zoning ordinances;
4. Provision of core services; and
5. Compliance with all requirements in He-P 803.

The expected outcome is that none of the 81 facilities, currently providing nursing care, will lose their license/certification status, jeopardizing the health and well-being of the residents.

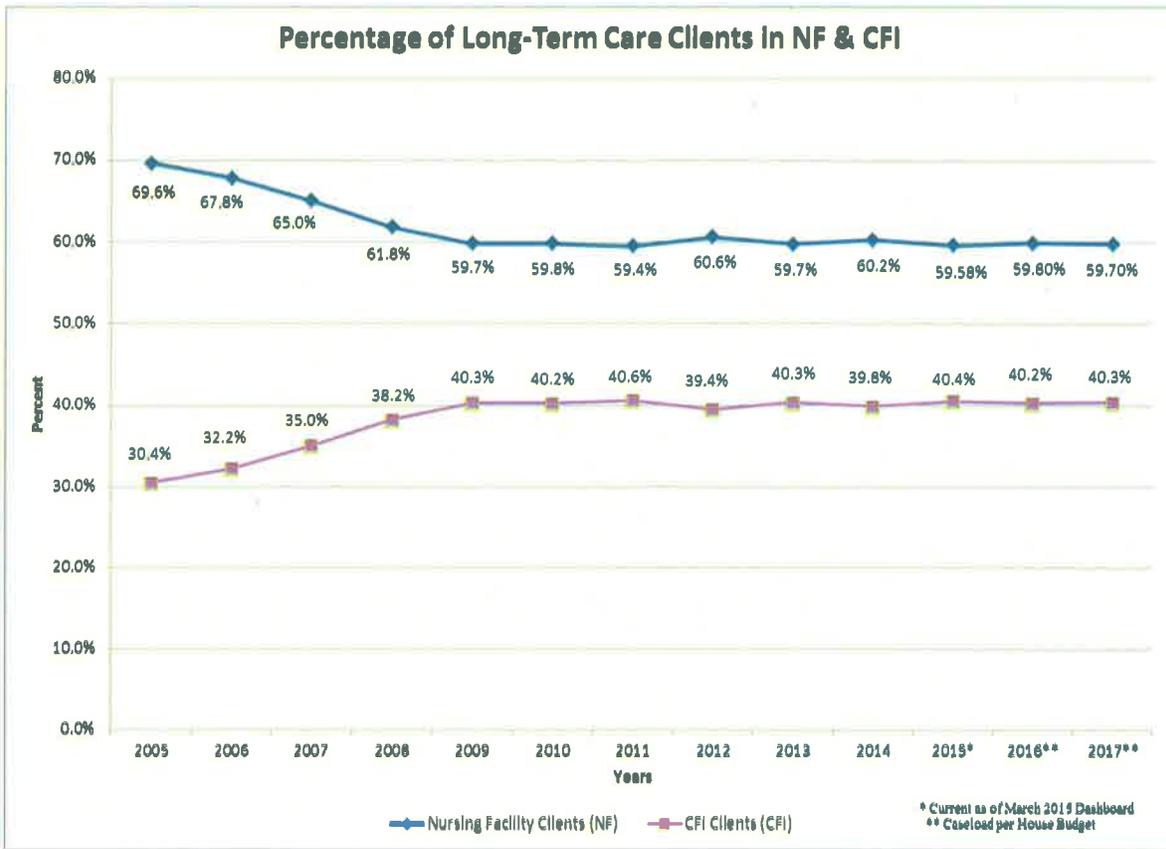
##### CFI Care Satisfaction

The intent of the CFI program is to provide the necessary supports to allow participants to remain in their own home as opposed to moving into a nursing home. This is achieved by the assigned case manager developing a comprehensive care plan with the participant that ensures that the participant's needs are met either by CFI services or through other services provided.

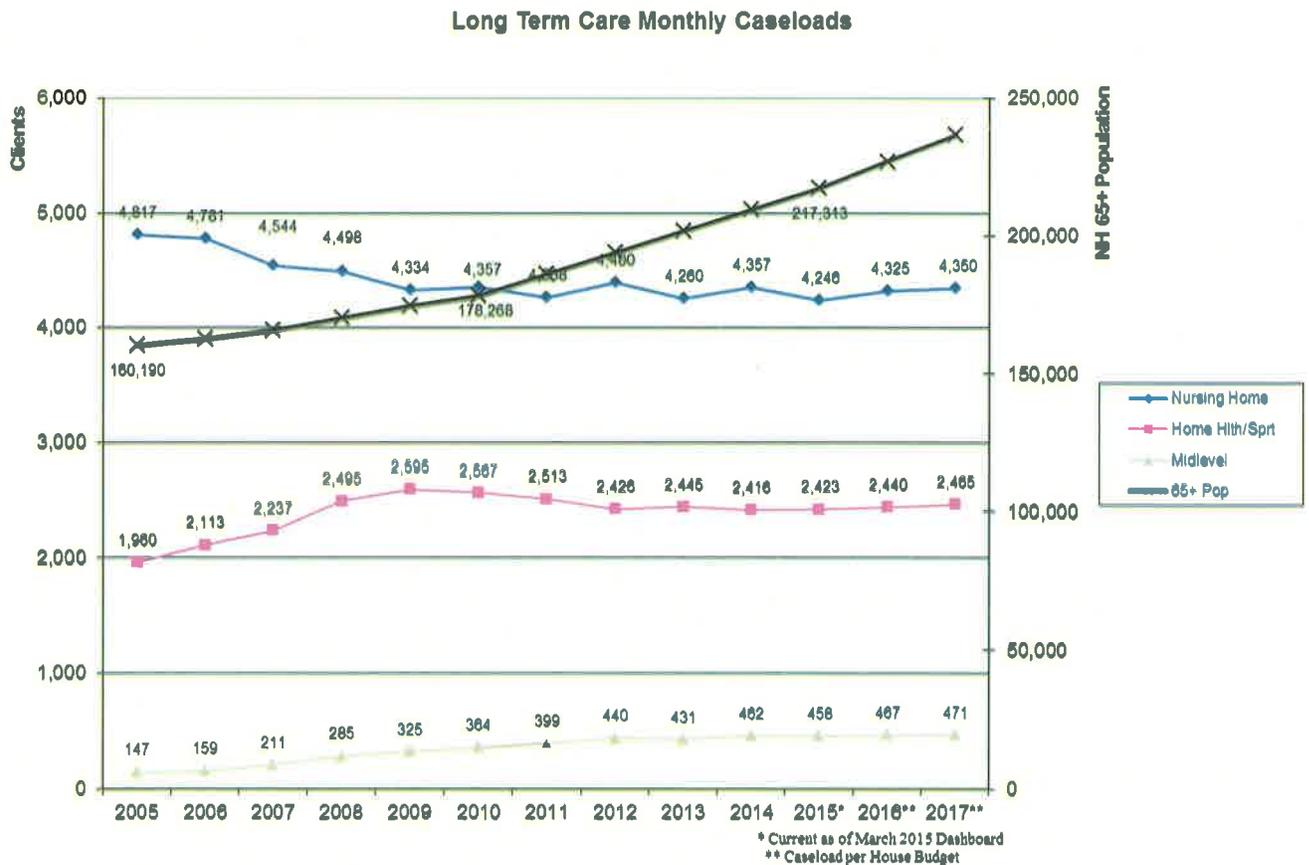
The expected outcome is that each participant will have a comprehensive care plan created by the assigned case manager in collaboration with the participant, that identifies the services and supports that will enable the participant to remain in a community based setting, and that each participant will be aware of his/her ability to choose their service providers. These outcomes are measured through record reviews and through the administration of Participant Experience Surveys (PES). The results of the most recent PES show that 78% of the participants interviewed say they feel they have had enough say about the development of their plans, and that four in five (80%) say they are receiving all of the services listed in their plans. The Case Management Agencies participated in onsite reviews in 2009 and 2011 that focused on the development of comprehensive care plans based on comprehensive assessments. A valid sample of cases was reviewed and with excellent results in both years in that 93% of the comprehensive care plans were rated as having met the standard of containing all the services and supports necessary to meet participants' needs in order to remain in the community.

##### Clients and Caseloads

The first chart below shows the percentage of long term care clients in Nursing Facilities as compared to CFI clients from 2005 to current. In 2005 the split was approx. 70% in Nursing Facilities and 30% in CFI-home and community based care programs. Since then there has been a gradual shift with less clients in Nursing Facilities and more utilizing services in their home and community.



This second chart shows the growth in the New Hampshire population age 65 and older and the caseloads for Nursing Facilities, Mid-level and Home Health/Support programs.



Administration on Aging  
**Accounting Unit 4810-7872**

**PURPOSE:** Provides funding for limited home and community-based services designed for individuals age 60 and older to meet basic human needs which promote and support their independence. Services are targeted toward low-income individuals who meet eligibility requirements for a specific service, and are not financially or clinically eligible for Medicaid services. Priority for services is given to older adults at risk of abuse, neglect or exploitation and to individuals who have been impacted by founded cases of abuse, neglect or exploitation.

**CLIENT PROFILE:** The Administration for Community Living and the New Hampshire State Plan on Aging require that these services be provided to individuals age 60 and older living in their own homes and demonstrating a need for one or more services. . Federal regulations direct States to *target* or demonstrate preference to serving persons who are age 85 and older, low-income, live in rural areas, have disabilities, have Alzheimer’s disease, are non-English speaking, or are otherwise socially and economically disadvantaged. As individuals age in NH, the need for help to sustain independent living may increase and most often the support needed is not of a medical nature. It is well known that NH’s older residents, after a life of productivity and community contributions, are extremely reluctant to ask for help or services. The majority of older adults receiving services do not have families nearby who can help them.

FINANCIAL HISTORY								
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Agency	Agency	Gov	Gov	House	House
TOTAL FUNDS	\$9,891	\$12,507	\$12,684	\$12,268	\$12,404	\$11,987	\$6,644	\$6,216
GENERAL FUNDS	\$3,937	\$4,091	\$5,336	\$5,343	\$5,181	\$5,189	\$2,472	\$2,477

**FUNDING SOURCE:** This accounting unit is funded by Federal Title III and Nutrition Services Incentive Program (NSIP) Grant money from the Administration for Community Living and General Funds. There is a minimum mandatory General Funds matching requirement varying from 15 to 25 percent. Federal regulations governing the Older Americans Act (OAA) require the State to assure a Maintenance of Effort amount, which is the average of the spending amounts over the last three most recent years. Provider agencies are not allowed to charge a fee to receive services but are permitted to ask clients to make a donation toward the cost of services. Clients may not be refused services if unable to contribute a donation. Clients receiving Adult Protective Services cannot be asked to make a donation.

**SERVICES PROVIDED:**

This accounting unit is governed by two authorities, State of New Hampshire RSA 161-F; and the Federal Older Americans Act (OAA) of 1965, as amended. The OAA requires the establishment of a designated State Aging Agency to administer programs funded by the Act. The NH Legislature has designated the Bureau of Elderly and Adult Services as NH’s State Agency on Aging. Specific responsibilities of the State Aging Agency are defined in the Act and include: 1) developing, submitting and obtaining federal approval of the State Plan on Aging; 2) planning, policy development, administration, coordination, priority setting, and evaluation of all activities under the Act; and 3) to serve as an effective and visible

advocate for older adults and provide technical assistance to any agency or group developing programs or legislation impacting the State's elderly population.

In addition to the administrative functions of the State Agency, Older Americans Act (OAA) funding also supports the following services: adult day services, caregiver supports, , in-home support (home health aide, homemaker services) legal assistance, nursing services, dental services, services for the deaf/hearing and visually impaired, fuel assistance, transportation, and congregate and home-delivered meals.

BEAS spends approximately \$1M each year in supplemental Nutrition Services Incentive Program (NSIP) payments for Nutrition providers. BEAS contracts with 11 providers who receive the NSIP payments, which are based on the number of meals the providers, serve to eligible individuals. Services are provided Statewide.

Service	Metric	Metric #	SFY12	Metric #	SFY13	Metric #	SFY14
		SFY12	Expenditures	SFY13	Expenditures	SFY14	Expenditures
Meals	# of Meals	1,118,057	\$5,251,261	1,104,810	\$5,719,351	1,006,948	\$5,220,474
Transportation	# of trips	260,321	\$1,411,140	255,358	\$1,268,428	252,010	\$1,229,510
Family Care Giver - Respite & Supp.	# of families	475	\$371,685		\$369,355		\$457,565
Family Caregiver - Service Link	# of families	475	\$326,917		\$308,412		\$283,105
Legal Service + Support Services	# of individuals served	6,665	\$265,178	5,333	\$265,178	4,760	\$132,661
Adult Group Day Care - IIIB Non-Prot. *	# of hours	40,177	\$238,181	36,087	\$228,414	30,780	\$208,381
Home Health Aide - IIIB Non-Protection *	# of visits	19,452	\$223,455	18,088	\$207,476	12,841	\$149,598
Homemaker - IIIB Non-Protection *	# 1/2 hour visits	27,016	\$200,040	27,231	\$202,718	24,994	\$186,455
Adult In Home Care - IIIB Protective *	# of hours	9,883	\$153,169	10,024	\$158,880	8,484	\$134,471
Community Living Program (DIV 3) NP *	# of families	475	\$146,577				

\*Protective or protection services are those provided to older and disabled adults in cases of founded neglect, abuse, and exploitation as part of a protective services plan. Non-protection services are those provided to maintain an individual's independence in a community setting and/or to prevent or delay further decompensation.

**SERVICE DELIVERY SYSTEM:** Direct services are provided through contracts with approximately 54 provider agencies located throughout the State, most of them non-profit.

**EXPECTED OUTCOMES:**

**Service Compliance Requirements:**

- Provider agency determines client eligibility based on assessment of client's needs in accordance with requirements contained in NH Administrative Rule He-E 502, Title III Services.
- Provider agency incorporates person-centered planning guidelines and demonstrates, through the development of the client's service plan, that planning is responsive to the needs of the client and that his/her preferences drive the services to be provided.

- Provider agency conducts surveys, via multiple methods, with clients to assess their satisfaction with the services received.
- Provider agency determines the quality improvement activity(ies) to be initiated to address any identified concerns about the quality or appropriateness of services received.

**LTC Assessment and Counseling  
Accounting Unit 4815-6180**

**PURPOSE:** This accounting unit funds three major activities:

1. A contract with the University of Massachusetts who employ employee nurses to complete the Medical Eligibility Determination (MED) assessment instrument for Medicaid long-term care. This accounts for approximately 19% of the budget for this accounting unit.
2. State support and nursing staff who are trained to determine Medical Eligibility and authorize service plans for Medicaid long-term care.
3. Long Term Care (LTC) assessment and counseling, which is a process that provides education and individual counseling for individuals and their families about how their care needs can be met in the least restrictive means possible. The remaining 75% of the budget is contracted to the **ServiceLink** Resource Center program, which is the locally based resource for individuals and families, including those with private pay resources to access information, assistance, and guidance in planning/or utilizing community based services. ServiceLink staff are certified information and referral professionals who are knowledgeable about local resources and trained to counsel individuals and families as they make decisions about long term care services and supports. ServiceLink is New Hampshire's Aging and Disability Resource Center (ADRC) program.

**LTC Assessment & Counseling**

	SFY14 Actual	SFY15 Adj Auth	% of Budget
Total Encumbered for 5 Contracted Nurses	\$ 149,022.53	\$ 327,688	19%
Estimated MED Expense	\$ 100,699.77	\$ 86,313	5%
SLRC Assessment & Counseling	\$ 1,148,787.95	\$ 1,300,000	76%
Total 6180-550	<b>\$ 1,398,510.25</b>	<b>\$ 1,714,000</b>	<b>100%</b>

**CLIENT PROFILE:** The elderly, adults with disabilities and their families.

FINANCIAL HISTORY								
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Agency	Agency	Gov	Gov	House	House
TOTAL FUNDS	\$1,410	\$1,727	\$1,727	\$1,762	\$1,727	\$1,727	\$470	\$470
GENERAL FUNDS	\$705	\$863	\$863	\$881	\$863	\$863	\$234	\$234

**FUNDING SOURCE:** This accounting unit is funded 50% Medicaid and 50% General Funds.

**SERVICES PROVIDED:** State of NH Law, RSA 151-E:9, governs this accounting unit.

The **ServiceLink** Resource Center (SLRC) network provides a single point of entry for accessing the entire continuum of long-term care, including community based care and nursing home care. Services provided under this heading include long term care options counseling and education about assistance with daily living, care options at home or in the community, planning for future care, decision support, and evaluating the pros and cons of specific choices. Services also include connections to 1:1 counseling

for family caregivers and community resources and assistance with understanding and accessing the application and eligibility determination process for Medicaid-funded long-term care, including both nursing home care and home and community based services, mandated under RSA 151-E. This fund also supports a contract with the University of Massachusetts for nurses who under contract assess clinical eligibility for long term care whose eligibility is determined by BEAS nursing staff.

**SERVICE DELIVERY SYSTEM:**

At present, DHHS contracts with the University of Massachusetts for nurses who under contract assess clinical eligibility for long term care assessment services.

Long-term care options counseling is provided by full or part-time options counselors in each of the **ServiceLink** sites throughout the State, with which we contract. BEAS contracts with 8 agencies covering a total of thirteen (13) locations throughout the State, with at least one (1) in each county. Long-term care Options Counseling is a core infrastructure function of the Federal Administration for Community Living and the Centers for Medicare and Medicaid’s National vision for a No Wrong Door System of Access to community based long term services and supports.

Funding for **ServiceLink** comes from a variety of accounts within BEAS. The current contract with **ServiceLink** is \$2.8 million and is funded from a combination of Federal grants and General Funds. Approximately 85% of the SLRC contract is applied to salary and benefits.

ServiceLink Resource Center (SLRC)		SFY15			SFY16	SFY17	SFY16	SFY17
dollars in thousands		Total Budget in Class	SLRC Actual Contracted Amount	% of SLRC Funding to Total Budget Line	Total Governor Budget per class line		Total House Budget per class line	
7872-570	Admin on Aging Grants	\$ 1,033	\$ 357	35%	\$ 967	\$ 967	\$ 109	\$ 109
9255-545	Social Service Block Grant	\$ 158	\$ 147	93%	\$ 158	\$ 161	\$ 12	\$ 16
8925-102	Medicaid SHIP	\$ 250	\$ 249	100%	\$ 250	\$ 250	\$ 250	\$ 250
3317-102	AOA SMPP	\$ 325	\$ 211	65%	\$ 310	\$ 310	\$ 103	\$ 103
8888-102	MIPPA Grant	\$ 24	\$ 34	142%	\$ 125	\$ 125	\$ 125	\$ 125
9565-102	ServiceLink	\$ 532	\$ 506	95%	\$ 532	\$ 532	\$ 0	\$ 0
6180-550	LTC Assessment & Counseling	\$ 1,714	\$ 1,263	74%	\$ 1,714	\$ 1,714	\$ 456	\$ 456
	<b>Total To SLRC</b>	<b>\$ 4,036</b>	<b>\$ 2,767</b>	<b>69%</b>	<b>\$ 4,056</b>	<b>\$ 4,059</b>	<b>\$ 1,055</b>	<b>\$ 1,059</b>

**EXPECTED OUTCOMES:**

ServiceLink Contract Performance Outcome Measures

The following performance outcome measures will be used to measure the effectiveness of Long-Term Supports Options Counseling (LTSOC), as stated in the New Hampshire State Plan on Aging:

Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

- 1) People receiving ServiceLink Services are satisfied with courtesy, timeliness and helpfulness of the SLRC services received.
- 2) People receiving ServiceLink Services will trust the information provided by the SLRC.
- 3) People will agree that the SLRC followed-up within a reasonable amount of time.
- 4) People report they were able to make informed decisions about their LTSS options as a result of information, and if necessary, the one-on-one counseling they and/or their family caregivers received.

- 5) People receiving SLRC services will agree they have been able to effectively and seamlessly navigate through the LTSS system and successfully access the options they have identified, from among the options that are available, as best meeting their particular needs, preferences, and circumstances within a timeframe that meets both their immediate and ongoing needs.
- 6) Consumers reported that they received access assistance when requested.

Metrics (data sources):

Quantifiable individual-level feedback documenting personal experiences on each of the above performance measures including measures of individual satisfaction with the process and the degree to which an individual's needs and preferences were met, and whether an individual was confused/frustrated trying to understand and navigate the LTSS.

Since 2011, BEAS has deployed reporting requirements in which to collect data, measure performances, and to develop standards in order to monitor and improve the SLRC and its services. BEAS has developed and will continue to develop with the contractor, performance and outcome measures. Each year since 2011, the SLRC evaluation reports have exceeded the above percentages.

MED's Processed

Since 2009, the Medical Eligibility Determination (MED) is the critical piece used for determining clinical eligibility for both Choices for Independence (CFI) and Nursing Facility (NF) services. Since 2009, the number of CFI and NF MED's processed has increased. This is due, in large part to, people becoming more aware of home & community based care options.

<b>Total number of MEA's Processed</b>				
	SFY 2011	SFY 2012	SFY 2013	SFY 2014
CFI	3,610	4,358	3,597	4,095
NF	2,618	2,488	2,415	2,341
<b>Total</b>	<b>6,228</b>	<b>6,846</b>	<b>6,012</b>	<b>6,436</b>

**Social Services Block Grant (SSBG)**  
**Accounting Unit 4810-9255**

**PURPOSE:** Provides funding for limited home and community-based services designed for individuals age 60 and older and adults ages 18 and over with disabilities or chronic conditions in order to meet basic human needs which promote and support their independence. Services are targeted toward low-income, financially eligible individuals who have a demonstrated need for a specific service, and are not financially or clinically eligible for Medicaid services. Priority for services is given to individuals at risk of abuse, neglect or exploitation and to individuals who have been impacted by founded cases of abuse, neglect or exploitation.

**CLIENT PROFILE:** Persons aged 60+ and adults aged 18+ with disabilities or chronic conditions whose monthly income (as of 1/1/15) does not exceed \$1,214 per month. Services provided as part of a protective investigation do not have an income requirement. Provider agencies are allowed to charge client fees, based on a sliding fee schedule, and must make the schedule available to clients. Clients receiving Adult Protective Services cannot be charged a fee for services.

<u>FINANCIAL HISTORY</u>								
<u>Rounded to \$000 except cost per case</u>	<u>SFY14</u>	<u>SFY15</u>	<u>SFY16</u>	<u>SFY17</u>	<u>SFY16</u>	<u>SFY17</u>	<u>SFY16</u>	<u>SFY17</u>
	<u>Actual</u>	<u>Adj Auth</u>	<u>Agency</u>	<u>Agency</u>	<u>Gov</u>	<u>Gov</u>	<u>House</u>	<u>House</u>
<b>TOTAL FUNDS</b>	\$8,431	\$10,150	\$9,843	\$10,040	\$9,650	\$9,837	\$4,733	\$4,730
<b>GENERAL FUNDS</b>	\$4,215	\$5,650	\$5,343	\$5,540	\$5,239	\$5,428	\$2,580	\$2,622

**FUNDING SOURCE:** This accounting unit is funded by SSBG (Title XX) and General Funds.

**SERVICES PROVIDED:** RSA 161-F and Title XX of the Social Security Act govern the following services provided by SSBG: Adult day services, in-home support (home health aide, homemaker services), guardianship, home delivered meals, chore, respite, and emergency support.

Service	Metric	Metric # SFY12	SFY12 Expenditures	Metric # SFY13	SFY13 Expenditures	Metric # SFY14	SFY14 Expenditures
Meals	# of Meals	576,527	\$2,792,895	448,786	\$2,296,849	427,193	\$2,281,451
Adult In Home Care	# of hours	214,883	\$2,972,172	203,389	\$2,778,071	178,396	\$2,438,673
Homemaker - XX Non-Protection*	# 1/2 hour visits	262,080	\$1,953,461	249,580	\$1,862,031	251,005	\$1,872,497
Adult In Home Care- XX Protective*	# of hours	41,219	\$618,357	42,580	\$674,893	33,237	\$526,806
Adult Group Day Care- XX Non-Prot.*	# of hours	60,616	\$394,672	53,707	\$352,869	51,490	\$348,587
Emergency Support	# of items purchased	1,424	\$160,464	1,837	\$164,720	4,074	\$153,872
Information & Referral	# of contacts	92,726	\$143,248		\$142,204		\$142,855
Guardianship – XX	# of wards	35	\$58,163		\$63,450		\$95,750
Chore	# of jobs	1,533	\$52,907	841	\$52,527	2,309	\$54,226
Respite Care	# of hours	129	\$774	269	\$1,614	178	\$1,048

\* Protective or protection services are those provided to older and disabled adults in cases of founded neglect, abuse, and exploitation as part of a protective services plan. Non-protection services are those provided to maintain an individual's independence in a community setting and/or to prevent or delay nursing home placement.

**SERVICE DELIVERY SYSTEM:** Direct services are delivered through contracts with approximately 54 provider agencies, most of which are non-profit. Services are provided Statewide.

**EXPECTED OUTCOMES:**

Service Compliance Requirements:

- Provider agency determines client eligibility based on assessment of client's needs in accordance with requirements contained in NH Administrative Rule He-E 501, Title XX Services..
- Provider agency incorporates person-centered planning guidelines and demonstrates, through the development of the client's service plan, that planning is responsive to the needs of the client and that his/her preferences drive the services to be provided.
- Provider agency conducts surveys, via multiple methods, with clients to assess their satisfaction with the services received.
- Provider agency determines the quality improvement activity(ies) to be initiated to address any identified concerns about the quality or appropriateness of services received.

**Nursing Services: Non-County Participation  
Accounting Unit 4815-6173**

PURPOSE: This Accounting Unit includes Medicaid services funded by BEAS without County funding participation. BEAS manages the Skilled Nursing Facility (SNF); SNF Swing Beds; and SNF-Atypical Payments to providers in the Medical Payments to Providers class line. The Other Nursing Homes category consists of Intermediate Care Facility – Intellectual Disabled facility and Aid to the Needy Blind (ANB).

Prior to SFY16, the medical payments to providers; prescription drug expenses; outpatient hospital; and state phase down, as they relate directly to Medicaid State Plan Services, managed by the Office of Medicaid Business and Policy (OMBP), was part of the Accounting Unit. For SFY16/17, all of these expenditures will be in the OMBP accounting unit.

CLIENT PROFILE:

Medicaid Payments to Providers or Provider Payments for Skilled Nursing Facility (SNF); SNF Swing Beds; and SNF-Atypical are State Plan services provided to BEAS clients that fall outside of the services reimbursed under Nursing Services Org 4815-5942. To qualify, the individual must be Medicaid eligible & enrolled at nursing home level of care.

The Other Nursing Homes category provides nursing facility services for children at Cedar crest, the only Intermediate Care Facility for the Intellectually Disabled (ICF-ID) facility in New Hampshire, as well as services for people eligible for Medicaid under Aid to the Needy Blind (ANB). The Cedar crest facility is for children who are severely disabled. This facility has a capacity of 24 children and depends primarily upon Medicaid funds and is the only one of its type on New Hampshire.

Disabled adults under age 65 are enrolled in Medicaid through the Aid to the Permanently and Totally Disabled (APTD) Program. Clients must first be found eligible for this eligibility category by DHHS, based on medical information about their disability. A subsequent clinical assessment is completed by a nurse and evaluated by BEAS to determine if the person meets the long-term care clinical eligibility criteria defined in RSA 151-E.

Elderly adults are enrolled in Medicaid through the Old Age Assistance program. Client must have Home and Community Based Care – Elderly/chronically ill special eligibility from either community or nursing home, or nursing home placement level of care.

FUNDING SOURCE: This accounting unit is funded by Medicaid (50%); Agency Income (1%); and, General Funds (49%). The Agency Income consists of Nursing Facility Quality Assessment (NFQA) for ICF-ID (formerly ICF-MR) facilities, which is approximately \$210K.

	FY14	FY15	FY16	FY16	FY16	FY17	FY17	FY17
	Actual	Budget	Agy	Gov	House	Agy	Gov	House
Number	2,697	2,776	2,804	2,804	2,804	2,832	2,832	2,832
Ave. Cost/Case	\$6,490	\$8,184	\$6,555	\$6,555	\$6,555	\$6,815	\$6,815	\$6,815
Total Funds	\$17,504	\$22,718	\$18,379	\$18,379	\$18,379	\$19,298	\$19,298	\$19,298
General Funds	\$8,752	\$11,359	\$9,190	\$9,190	\$9,190	\$9,649	\$9,649	\$9,649

SERVICES PROVIDED:

These services are required under Title XIX of the Social Security Act and RSA 151-E. Medical Payment to Providers includes Skilled Nursing Facility (SNF); SNF Swing Beds; and SNF-Atypical nursing home level of care. Crotched Mountain is the largest facility paid in this category. Other Nursing Homes provide nursing facility services for people eligible for Medicaid under Aid to the needy Blind (ANB), and children at Cedar crest, an ICF-ID facility.

SERVICE DELIVERY SYSTEM:

Approximately 2,700 clients receive these services through Medicaid enrolled providers of services, statewide. The highest categories of service utilization for this population are Skilled Nursing Facility, SNF-Atypical, and Cedar crest.

EXPECTED OUTCOMES:

These long term services and supports serve a unique population that is unavailable with any of the other Medicaid nursing facility providers in the State of New Hampshire.