



New Hampshire Department of Health and Human Services

*To join communities and families in providing opportunities
for citizens to achieve health and independence*



Bureau of Elderly and Adult Services (BEAS)



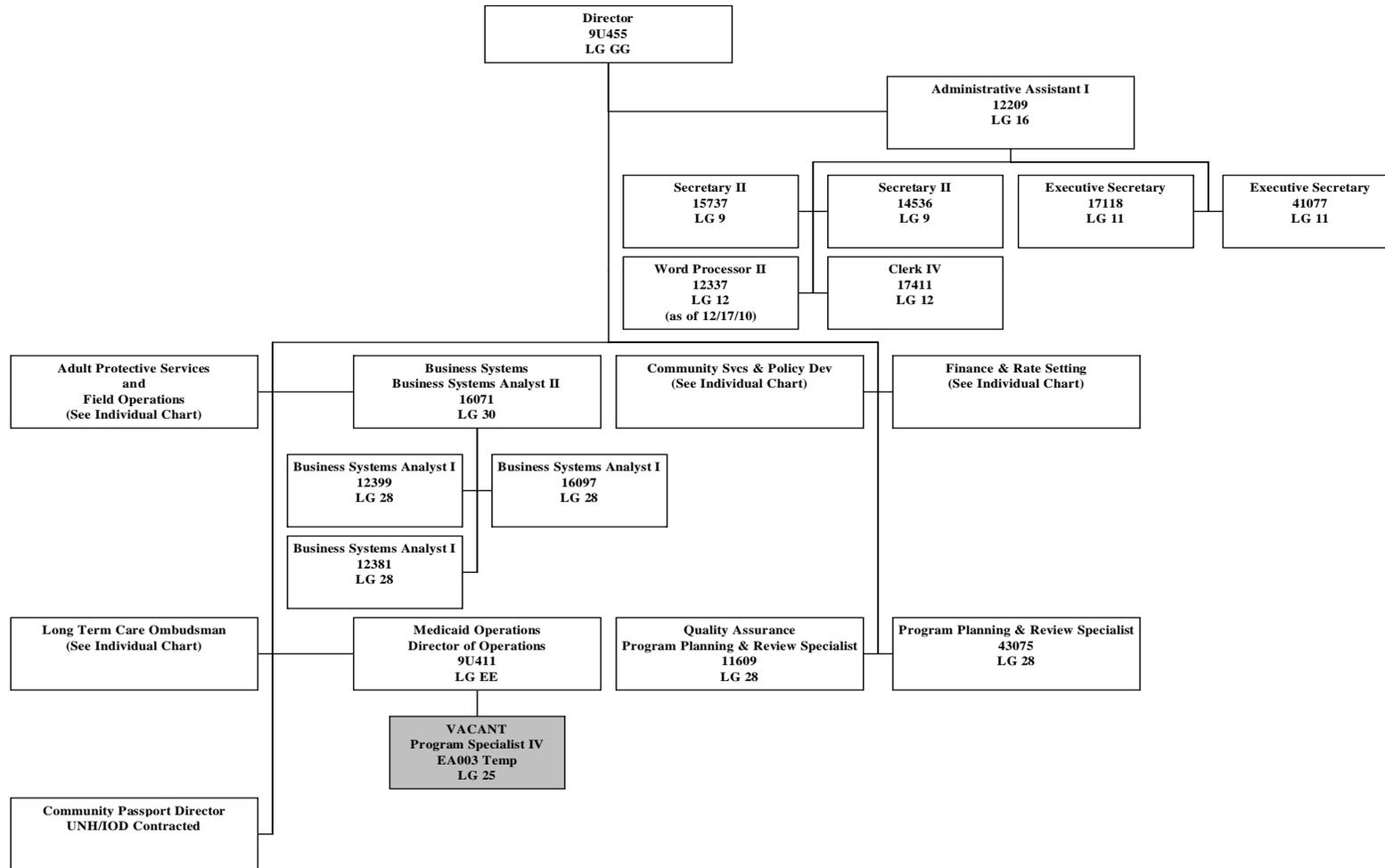
BEAS

Mission Statement

- BEAS shares leadership within NH in developing and funding long term supports and advocating for elders, adults with disabilities, and their families and caregivers. BEAS envisions a long term care system of supports that:
 - Promotes safety, dignity and well-being for all clients
 - Promotes and supports individual and family direction
 - Provides supports to meet individual and family needs
 - Provides high quality care and support
 - Promotes efficiency



BEAS





Bureau of Elderly and Adult Services

Adult Protective Services

Provides protective & prevention services to abused, neglected or exploited incapacitated adults. Avg. caseload 124/worker

BEAS State Registry

Records founded cases of alleged abuse, neglect or exploitation by a paid or volunteer caregiver. RSA 161-F:49

Office of Long Term Care Ombudsman

Safeguards the civil & resident rights of adults living in licensed health care facilities & advocates for quality care.



Bureau of Elderly and Adult Services

(continued)

Community Operations

Manages daily operations for the Medicaid community based LTC program, & determines clinical eligibility for NF care.

Community Services Policy & Program Development

Develops & implements programs & services funded by the Older Americans' Act & SSBG; oversees the ServiceLink Resource Ctrs.

Finance

Manages Medicaid & social services budgets, contracts & expenditures; sets NF rates; submits federal reports.

Medicaid Operations

Manages BEAS Medicaid requirements, including the home & community based LTC waiver program, CFI; submits federal reports.



Personnel and Administrative Profile

BEAS is the Single Unit on Aging for New Hampshire, in contrast to most states which administer programs through Area Agencies on Aging.

Personnel

BEAS currently has 137 funded positions. 63% (86) of BEAS staff provides direct services: 79 provide adult protective services and 7 provide OLTCO services. The remaining staff directly administers BEAS' **Critical Business Functions**, which include the following:

- Determine eligibility for all Medicaid-funded LTC services
- Authorize services for Medicaid and grant-funded LTC services
- Set payment rates for nursing facility and home based care
- Monitor quality and accountability for all program areas
- Complete federal reports to maintain compliance with funding requirements
- Oversee the ServiceLink Resource Center network
- Engage with service providers statewide to retain adequate service delivery
- Manage contracts to ensure basic services for approx. 30,000 seniors
- Manage the State Budget for services provided to seniors
- Rulemaking for all program areas
- Provide education & supportive services for seniors, families and caregivers



Enabling Legislation

Statutes

- RSA 161-F:1 et. Seq. “Elderly and Adult Services” - Directs BEAS to: Administer programs and services funded by the Older Americans Act; Organize the State Committee on Aging; Provide Long Term Care Ombudsman Services and Adult Protective Services; Maintain the Statewide Registry (Federal and State mandate)
- RSA 151-E – “Long-Term Care” - Directs BEAS to: Determine clinical eligibility for Medicaid-covered community based or NF long term care; Set rates for NF services (State and Federal mandate)
- RSA 167:18-a – Defines the role of Counties in funding LTC (State mandate)
- Older Americans Act 42 USC 3002, et. Seq. (Federal mandate)
- Social Services Block Grant, Title XX of the Social Security Act (Federal mandate)
- Medicaid, Title XIX of the Social Security Act (State and Federal mandate)



Target Populations Served

Medicaid-Covered Long Term Care (LTC) Services in SFY10

Age 1 through 17 yrs – Nursing facility services are provided to children with severe disabilities, eligible either under Aid to the Needy Blind (ANB) or Temporary Assistance to Needy Families (TANF).

Age 18-64 – Community based and nursing facility services are provided to individuals eligible under ANB, Aid to the Permanently and Totally Disabled (APTD) or TANF who meet the clinical eligibility guidelines in RSA 151-E:3.

Age 65 and over – Community based and nursing facility services are provided to individuals eligible under ANB, TANF or Old Age Assistance who meet the clinical eligibility guidelines in RSA 151-E:3.

Social Services

Age 18 years and older, who qualify as having low incomes, are served through the Social Services Block Grant.

Age 60 years and older are served through the Administration on Aging Grant.



Target Populations Served

Medicaid-Covered Long Term Care (LTC) Services

BEAS manages Medicaid-covered LTC for individuals who meet the clinical requirements in RSA 151-E:3, and are financially eligible for Medicaid.

Community based medical services are provided through the Choices for Independence program to people in their own homes, or in residential care facilities (“mid-level”), when this is their preference and the cost of services meet the cost control requirements of RSA 151-E:11. These requirements are that the average annual costs of the community based care must be no more than 50% (for home based care) or 60% (for mid-level care) of the average annual cost to provide services in a NF.

Services are authorized by BEAS to meet the individual’s needs, as identified during an assessment interview conducted by an RN. Plans are individually tailored to meet personal needs and preferences through the use of a broad range of services, incl: adult medical day programs, home-delivered meals, homemaker, home health aide, personal emergency response, environmental accessibility adaptations, respite care, and services provided by a licensed residential care facility (mid-level care).

Nursing facility services are authorized for individuals who need more intensive, 24 hour, care at certified nursing facilities.



Target Populations Served

Grant-supported Social Services

Age 18 and over – Social Service Block Grants (Title XX) support Adult In Home Care, Homemaker, Adult Day Services, Emergency Support Services, and Home Delivered Meals provided by contracted agencies and other vendors throughout the state.

Age 60 and over - Older Americans Act Grants support the operations of the Office of the Long Term Care Ombudsman, Adult In Home Care, Adult Day Services, Home Health Aide, Homemaker, Communication Access, Congregate and Home Delivered Meals, Legal Services for Seniors, and Transportation Services by contracted agencies throughout the state.

Families, caregivers and seniors living in the community receive services through the Family Caregiver Programs and ServiceLink Resource Centers, funded by AoA and State General Funds. State General Funds are the sole support of Congregate housing services and for respite care for families caring for someone with Alzheimer's Disease. Medicare funds programs to assist Medicare beneficiaries with Part D and other coverage issues.



Service Delivery

Medicaid-funded Services

Services funded by the Medicaid Program are delivered through enrolled providers. This includes all long term care services provided through the CFI program, or through nursing facilities, and acute care services, such as hospital and physician care. Payment is made directly to providers in accordance with the rates on file, as established by DHHS. Medicaid-enrolled providers must:

- Maintain licensing or certification required to practice,
- Agree to accept Medicaid payment as payment in full,
- Submit claims to third parties prior to billing the Medicaid Program, and
- Submit claims directly to the Medicaid Fiscal Agent timely.

Social Services

Services funded by the Social Services Block Grant, General Funds or the Older Americans' Act are delivered through providers that are either under contract with BEAS, or that are enrolled as vendors in the BEAS Options system. Contracts are reprocured by BEAS every two years to engage providers throughout the state. Chore, respite, emergency support, and family caregiver services are individually authorized by BEAS and delivered by providers enrolled as vendors. Providers also support service delivery through local fund-raising and, in some cases, accept donations from individuals who are being served.



Expected Outcomes

Since 1998 New Hampshire has been committed to shifting the locus of long term care away from institutional care to home and community based supports. The State has had a slow but steady increase in its home and community based care caseload and a corresponding decrease in nursing home care. The anticipated outcome is that NH citizens will receive care in their home and communities, their preferred locus of care, at a lower cost to the State and counties than nursing home care.

BEAS expects to see an increase in the demand for home and community based care as a result of an expanding population. Recently released US Census data show that New Hampshire is the fastest growing state in the Northeast with a percentage growth rate of 6.5 % between 2000 and 2010 compared to 1990-2000. Moreover, the NH population density is fairly high—147 people per square mile compared to the national average of 87.4 people per square mile. These trends will have profound implications for the availability of long-term care resources to serve an expanding population, given decreasing State resources.

This situation signals the need for BEAS managers to develop and implement efficiencies in program operations. Areas where greater efficiencies are the expected outcome include:

- Adult Protective Services—investigations will be conducted according to comprehensive, standardized protocols



Expected Outcomes

(continued)

Long Term Care—the eligibility determination processes for both financial and medical requirements will be coordinated so that individuals can track their progress through both

Long Term Care Options Counseling—ServiceLink Resource Center staff have designed process incentives so that certified Long Term Support Counselors can provide clear and consistent information and referral to seniors and their families statewide.

BEAS has sought out opportunities to use non-State funded resources to enhance home and community long-term care services. Three examples are:

- Veterans Directed HCBC, which utilizes ServiceLink to develop community care plans for veterans
- Community Passport, which transitions nursing home residents back to a community setting
- Transitions in Care giving, which delays or prevents Medicaid-funded nursing home placements by assisting care giving families



Major Initiatives

Rebalancing Efforts:

- **Veteran's Administration Home and Community Based Services Initiative (VAHCBC):** BEAS will be a lead agency as New Hampshire collaborates with the Veteran's Administration to provide consumer directed home and community based care services to veterans.
- **Transitions in Caregiving (TIC, AOA Nursing Home Diversion Project):** This BEAS project won a national award on behalf of New Hampshire for this innovative program that supports caregivers as they provide care to family members who otherwise would reside in nursing facilities. TIC has served over 500 families.
- **New Hampshire Community Passport:** BEAS manages this federal initiative to transition people from nursing facilities to community based care, with the benefit of a 75% federal match for services during the first year in the community. This program will continue through 2016.
- **Expedited Discharge Process:** BEAS has obtained two federal grants to fund work with discharge planners in acute hospitals to ensure timely post-acute rehabilitative stays and to promote home and community based care options for seniors who previously would have been discharged to nursing facilities.



Major Initiatives

(continued)

Program Efficiencies:

- **Adult Protective Services Structured Decision Making Project:** New Hampshire was the first state in the nation to implement a comprehensive assessment and decision tree that processes reports of abuse, neglect and exploitation due to this BEAS initiative. BEAS has presented information at three national conferences and is poised to take a leadership role if the National Elder Justice Act is funded.
- **Medical Eligibility Determination Assessment:** BEAS improved the medical assessment process through two initiatives: Adapting the document used in the assessment to be completed and submitted electronically, and training RNs employed by community partners and NFs to complete the assessment documents for BEAS' review. This enables BEAS to determine medical eligibility for LTC services at a single, centralized office.
- **LTC Application Process:** BEAS is working with DFA to streamline the LTC application process to create a fully automated process that incorporates the Medical and Financial applications and tracks them through a single system.

Information:

- **Community Listening Sessions and Provider Forums:** BEAS will submit the New Hampshire State Plan on Aging to the Administration on Aging in June 2011. Extensive Community Listening sessions, held throughout the State in partnership with the State Committee on Aging, gained stakeholder recommendations that will be the foundation for this report and will be utilized in the development of Community Based Care Programming.
- **ServiceLink Resource Centers (SLRC):** BEAS led the nation in establishing the SLRCs to be a state-wide network of a information and assisted referral. The SLRC in each county is a valuable resource for adults with disabilities, frail elders and their families as they plan their lives to be as independent as possible. Regardless of income, community members can learn about accessing services provided under Medicaid, Family Caregiver Program and Medicare Part D, as well as Veterans' services.
- **The BEAS State Registry:** As directed by statute RSA161-F: 49, BEAS has established a state registry of founded reports of abuse, neglect and exploitation toward an individual by a paid or volunteer caregiver or a caregiver hired or obtained by an agency, individual family or guardian.



Costs & Caseload

Medicaid-Funded Services

Description		SFY 2009	SFY 2010
Nursing Homes	Expenditures	185,506,439	186,501,085
	People served	4,366	4,394
CFI - Home Care Services	Expenditures	46,140,629	49,717,256
	People served	2,595	2,568
Mid Level Care (new in Jan 2000)	Expenditures	5,387,449	6,238,902
	People served	325	363
Total Long Term Care Expenditures		237,034,517	242,457,243
Expenditures for Acute Care Services Provided to LTC Clients			
Incl: Hospital, physician, pharmacy, outpatient, other		Total Expenditures	31,093,728
			36,636,674

Service	People Served SFY 2009	People Served SFY 2009
Adult In Home Care	937	832
Home-Delivered Meals/Nutrition	12,414	12,433
Congregate Meals	16,775	16,924
Homemaker Services	350,152	307,815
Transportation	7,751	
Adult Group Day Care	505	667
Family Caregivers	325	328
Congregate Housing	250	234
Catastrophic Illness	1,000	477
Total Expenditures	8,901,060	8,241,007

Social Services



Challenges

- Lack of low-income, accessible housing throughout the state.
Impact: Individuals cannot transition out of nursing facilities to less restrictive settings.
- State statutes require RNs to complete Medical Assessment.
Impact: Regional RN shortages delay the LTC eligibility process
- Financial exploitation of seniors and adults with disabilities is becoming a more complex and pervasive problem in New Hampshire.
Impact: Increased caseloads within Adult Protective Services, and a need for specialized training for Social Workers.
- Nursing Facility residents who could pay for their care privately transfer assets.
Impact: Nursing Facilities are additionally burdened by having to provide free care to these residents who are not eligible for Medicaid.
- The economic downturn has caused many residents to deplete their assets and apply to Medicaid-funded long term care services.
Impact: Individuals are eligible for Medicaid sooner than they would have been in previous years making it harder for BEAS to stretch the limited budget to meet basic needs.
- Increased utilization of certain services, such as personal care, that is out of proportion with the number of people served by the CFI program.
Implication: The limited LTC budget is further taxed.
- Geographical areas where service providers are not available.
Impact: Individuals who go without necessary services are more likely to access costly acute care services.
- New Hampshire has an increasingly elderly population with co-morbidities.
Impact: The rising acuity drives up Medicaid expenditures for services.
- BEAS currently has a 25% personnel vacancy rate.
Impact: Personnel have difficulty meeting programmatic needs and federal reporting requirements.



Contact Information

Division of Community Based Care Services:

- Nancy L. Rollins, Associate Commissioner
- nrollins@dhhs.state.nh.us
- 603-271-8560

Bureau of Elderly and Adult Services:

- Kathleen F. Otte, Administrator
- kathleen.f.otte@dhhs.state.nh.us
- 603-271-4394