

Public Notice

Implementation Planning for the Incorporation of Nursing and Choices for Independence Waiver Services Into the New Hampshire Medicaid Care Management Program

Notice is hereby given that the New Hampshire Department of Health and Human Services is convening its first public working group session, per SB 553, to establish a public planning process for the development of implementation plans for incorporating services provided under the Choice for Independence (CFI) Waiver and nursing services into the New Hampshire Medicaid Care Management Program. The public hearing date is:

Wednesday, July 13, 2016

2:00 - 4:00 p.m.

Legislative Office Building (LOB), Room 206-208

33 North State Street

Concord, NH 03301

If accommodations are needed for communication access such as interpreters, CART (captioning), assistive listening devices, or other auxiliary aids and/or services, please contact Joan Marcoux at jmarcoux@dhhs.state.nh.us or 603-271-9097 no later than Wednesday, July 6. Every effort will be made to accommodate needs identified with 7 business days advance notice.

Overview

On June 6, 2016, the Governor signed into law SB 553 instructing the Department of Health and Human Services to develop an implementation plan for the remaining unimplemented phases of the Medicaid managed care program as established in RSA 126-A:5, XIX. The implementation plan will specifically address nursing services, services provided under the Choice for Independence (CFI) waiver, and services provided under the developmental disability (DD), acquired brain disorder (ABD), and in-home support (IHS) support waivers. The plans for implementation of nursing home and home care services provided under the Choices for Independence Waiver into managed care shall be prepared prior to the plan for any other services. The Department shall not implement until after:

- The Department of Health and Human Services has prepared and adopted a comprehensive plan for the services to be incorporated into managed care.
- The Department has obtained approval by CMS of any waivers and state plan amendments necessary for the incorporation of services into managed care.
- The plan has been presented to the fiscal committee of the general court, the oversight committee on health and human services, established in RSA 126-A:13, and the county-state finance commission, established in RSA 28-B:1.
- The Department has presented a report by the Department's actuary on the per member/per month cost of providing services within managed care under each plan to the general court. The report shall also identify all applicable rate cell information and include medical loss ratio information on managed care organization performance in the New Hampshire Medicaid care management program. The report shall be subject to provisions of RSA 91-A.
- The Governor and Executive Council have approved any contract or contract amendment for the implementation of such services into managed care.

The Department shall develop the plan for incorporating nursing home and waiver services into managed care as follows:

No later than 30 days after the effective date of this section, the department shall convene a working group consisting, at a minimum, of representatives of the following stakeholders: each managed care plan under contract with the state, the New Hampshire Association of Counties, the New Hampshire Health Care Association, Community Support Network, Inc., Granite State Independent Living, the Brain Injury Association of New Hampshire, Granite State Home Health Association, a member of the house of representatives appointed by the speaker of the house of representatives, a member of the senate appointed by the senate president, an independent case management organization industry representative, a member of the governor's commission on managed care designated by the commission, and a member of the medical care advisory committee designated by the committee.

The working group shall be convened by the commissioner of health and human services and shall be subject to RSA91-A. The Department, in consultation with the working group, shall prepare a plan for the implementation of nursing and waiver services into managed care. Each plan shall include, at a minimum, a detailed description of the following: eligibility and enrollment, covered services, transition planning, prior authorization, transportation, pharmacy, case management, network adequacy, credentialing, quality metrics and outcome measurements, patient safety, utilization management, finance and reimbursement, rates and payment, grievance and appeals, and office of ombudsman. Each plan shall also address how the incorporation of the services into managed care shall achieve the legislative intent of providing value, quality, efficiency, innovation, and savings.

The Department is required to: 1.) provide for public comment for 60 days and public hearing for each plan prepared, 2.) update the fiscal committee on the status and the oversight committee on health and human services on the plan preparation each month, and 3.) no later than August 1, 2016, submit to the speaker of the house of representatives, the president of the senate, and the county-state finance commission, all proposed changes to state law the Department believes may be necessary for the incorporation of nursing and waiver services into managed care.

The full text of SB 553, an act relative to implementation of the Medicaid managed care program that establishes procedures for the implementation of phase 2, can be viewed at:

http://www.gencourt.state.nh.us/bill_status/billText.aspx?id=936&txtFormat=pdf&v=current

Additional Information

To contact the working group, please email SB553ManagedCarePlanning@dhhs.nh.gov.

All information regarding the implementation planning process can be found on the DHHS web site at <http://www.dhhs.nh.gov/> under "Quick Links."