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# About ServiceLink...

ServiceLink is designated by DHHS as New Hampshire's Aging and Disability Resource Center and the NHCarePath Full Service Access Partner providing guidance, support, and choice for individuals of **all ages, income levels and abilities.**





# About ADRC and NWD...

## **Aging and Disability Resource Centers (ADRCs) and No Wrong Door Systems of Access (NWD) for Long Term Services and Supports**

- Are a collaborative effort of the Administration on Community Living, the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration
- In New Hampshire we brand our ADRC as ServiceLink and our NWD System of Access as NHCarePath
- Multiple statewide partners collaborate as part of NHCarePath, including NH DHHS, ServiceLink, Area Agencies for Developmental Disabilities, and Community Mental Health Centers
- State's Vision is to: Support NHCarePath as a “high performing” No Wrong Door System (NWD System) that can enhance consumer choice and control and can help create more consumer-driven, more efficient, and more cost-effective LTSS systems of access.





# About ServiceLink NH's ADRC

ServiceLink is a program of the NH Department of Health and Human Services. Through contracts with local agencies around the state, ServiceLink helps individuals:

- Access guidance, support, and choice related to long term services and supports (LTSS) for all populations and payers
- Access family caregiver information and supports
- Explore options and understand and access Medicare/Medicaid
- Serves as the States Local Contact Agency for Nursing Home Minimum Data Set Section Q referrals (all payers)





# About ServiceLink NH's ADRC

- Statewide Coverage through 8 contracts: One office in every County, 2 in Grafton, Rockingham, and Hillsborough. This totals 13 offices around the state.
- Current Funding to support ServiceLink: Combination of General Funds, Medicaid Administrative Claiming, Older Americans Act Funding, and Social Service Block Grant Funding.

ServiceLink All Programs					
	Actual	Budget		Actual	Budget
	16	17		16	17
FF	\$1,585,707	\$1,627,152	FF	53.23%	53.00%
GF	\$1,393,424	\$1,442,920	GF	46.77%	47.00%
TF	\$2,979,131	\$3,070,072	TF	100.00%	100.00%





# ServiceLink and Medicaid Funded LTSS

ServiceLink is contracted to provide the following :

- Provide information, education, Person Centered Options Counseling for all LTSS options from natural supports to Medicaid;
- Medicaid LTSS Pre-Screening; and
- Medicaid Enrollment and Disenrollment Assistance
  - Educating individuals on interview and application process
  - Obtaining and assisting needed forms and verifications
  - Application initiation
  - Interview scheduling in partnership with DHHS
  - Follow-up after appointment
  - Co-locate DHHS staff performing financial eligibility





# ServiceLink Role with Step 1

- Assists with awareness and education (health literacy)
- Local, in-person, and confidential assistance at no cost to the consumer
- Reviewing plan options
- Educating on how to choose a plan
- Educating on how to enroll in a plan
- Providing outreach and education to MCO about ServiceLink
- Consultation source for MCO



# ServiceLink Lessons Learned with Step 1

- Staff and operational capacity (challenges with doing more with the same);
- Communications to the Client clear and simple;
- Public forums were beneficial, however there would need to be a more customized approach to reach out to where this population is served;
- Clear direction on who individuals contact throughout the process;
- All ServiceLink staff need to have education and training in the early stages prior to roll out;
- Timing of roll out: Overlap with other open enrollment periods, high volume periods, times when other letters and notices are being sent; and
- Having designated access to Eligibility System was helpful.



# Considerations SB 553 Public Working Group Session

- Consider prevention/cost deterrence strategies such as supporting family caregiver and caregiver education;
- Take into consideration the population in roll out activities;
- Invest in existing partnerships and infrastructure;
- Leveraging existing shared Data and IT to connect people to resources considering whole person;
- Incentivize or invest in supports that prevent or prolong the need for MLTSS; and
- Leverage ADRC and NWD System to enhance MLTSS.





# Considerations SB 553 Public Working Group Session

## ADRC roles for consideration in Step 2:

- Collaboration in design of System
- Statewide with local resource knowledge
- Service as a trusted source of unbiased information and conducting outreach
- Coordinate Eligibility (with continued access to DHHS systems)
- Deliver enrollment/disenrollment counseling
- Advocate on individual level (unbiased assistance)
- Train MCO CM's on availability of community resources
- Provide Person Centered Options Counseling to individuals transitioning from acute care or Nursing Facility to community





# Considerations SB 553 Public Working Group Session Continued...

- Consider how Person Centered Planning Process will be integrated into the roll out (2014 HCBS Rule).
- Remain aware of who has what role and limiting incentives.
- Other States integrating ADRC's in its MLTSS, Tenn., Mass.

