

***New Hampshire Eligibility and Enrollment Monitoring Plan
Work and Community Engagement***

Strategic Approach

Overview & Programmatic Content

New Hampshire plans to test whether requiring participation in specified work and community engagement activities as a condition of eligibility will lead to improved health outcomes and greater independence through improved health and wellness for New Hampshire Health Protection Program (NHHPP) beneficiaries. The demonstration (Demonstration Project #11-W-00298/1) is likely to assist in improving health outcomes through strategies that promote work and community engagement and address certain health determinants. Per July 1, 2018 enrollment data, 52,591 individuals currently enrolled in NHHPP will be required to participate unless exempted in monthly approved work and community engagement activities effective January 1, 2019 (STC 43).

On July 23, 2018, New Hampshire, to continue its successful track record of extending coverage to low-income populations, sought to amend and extend its current NHHPP demonstration waiver with the Center for Medicare and Medicaid Services (CMS). The State is seeking authority to implement changes to the current New Hampshire Health Protection Program. These changes reflect legislation to create the Granite Advantage Health Care Program (Granite Advantage), which was signed into law by Governor Christopher Sununu on June 29, 2018. Granite Advantage would extend the State's Medicaid expansion program with the objective of improving beneficiary health, while better integrating cost control and personal responsibility into the State's Medicaid program. New Hampshire statute requires the Department of Health and Human Services (DHHS) to seek a five-year extension and amendment of its expansion demonstration, implementing the new Granite Advantage program effective January 1, 2019. Enacted legislation further requires the State to obtain approval for the waiver no later than December 1, 2018.¹

Beginning January 1, 2019, beneficiaries who are ages 19-64 must work or engage in specified activities including, vocational educational training, job training, or job search activities for at least 100 hours per month to maintain eligibility for coverage unless they meet exemption criteria or good cause as established by the state. Beneficiaries who are subject to work and community engagement requirements will be required to demonstrate that they are meeting the work and community engagement requirements on a monthly basis. Beneficiaries who fail to meet the work and community engagement requirements for the month will have an opportunity to cure the missing hours, claim an exemption, or notify the state of good cause prior to having their Medicaid eligibility suspended.

Beneficiaries will have the opportunity to reactivate their suspended eligibility at any time prior to the beneficiary's redetermination date, by meeting work and community engagement requirements by completing the missing hours for the month, having a good cause, or an exemption. Beneficiaries who are in a suspended status for failure to meet the work and community engagement requirement on their redetermination date will have their eligibility terminated if the beneficiary fails to cure, unless the beneficiary establishes good cause or becomes exempt as part of their redetermination. The state will work with beneficiaries to assure that all options for cure, good cause, or exemptions are considered prior to termination, as well as assure individuals have been screened and determined ineligible for all other bases of Medicaid eligibility and reviewed for eligibility for insurance affordability programs (STC48j.)

Partnering for Success -- Managed Care, Granite Workforce Program, Community Partners, and Information Technology

¹ New Hampshire State Legislature. *An act reforming New Hampshire's Medicaid and Premium Assistance Program, establishing the granite workforce pilot program, and relative to certain liquor funds.* Senate Bill 313, 2018 Reg. Sess., May 23, 2018. [http://gencourt.state.nh.us/bill_status/billText.aspx?sy=2018&id=1972&txtFormat=pdf&v=current.](http://gencourt.state.nh.us/bill_status/billText.aspx?sy=2018&id=1972&txtFormat=pdf&v=current)

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The State is committed to ensuring that beneficiaries are supported in the work and community engagement requirement. The State will be leveraging its relationship with its managed care health plans, the State's Granite Workforce Program, and community stakeholders to ensure good communications and ongoing support for beneficiaries. In addition, the State will be implementing technology enhancements that directly support beneficiaries through a "Digital Inform Campaign" and a beneficiary friendly reporting portal to provide greater ease in meeting exemptions, good cause, and reporting requirements.

Leveraging the Managed Care Program

DHHS, effective January 1, 2019, in a phased in approach with Managed Care Organizations (MCOs) that is targeted for full adherence by July 1, 2019, plans to utilize its MCOs to assist with the implementation and ongoing operations of the work and community engagement eligibility requirements for certain beneficiaries.

The MCOs shall provide general outreach and education and specific beneficiary support services regarding work and community engagement requirements as set forth in the waiver program and State administrative rules.

MCO responsibilities include the following:

- The MCOs shall require that Beneficiary Services staff participate in DHHS training on work and community engagement requirements.
- The MCOs shall modify all Beneficiary Services call center scripts and Beneficiary Handbooks to provide information and assistance related to work and community engagement requirements.
- In instances in which a beneficiary contacts the MCO and requires additional information about work and community engagement requirements and exemptions, the MCO shall coordinate with DHHS to directly connect, via a "warm transfer" the beneficiary to the appropriate DHHS contact.
- The MCOs shall participate in and support additional outreach and education initiatives related to work and community engagement requirements for beneficiaries as defined by DHHS.
- The MCOs shall provide assistance with DHHS processes for reporting compliance, obtaining good cause or other exemptions. In the event a beneficiary contacts the MCO seeking to report his/her compliance with work requirements or obtain a good cause or other exemption, the MCO must help the beneficiary navigate DHHS' process for demonstrating such compliance and/or exemption.
- The MCOs will provide connection to other sources of health insurance coverage when applicable. In the event a beneficiary becomes ineligible for Medicaid (e.g., as a result of receiving work-based income), the MCO shall provide assistance including connecting the beneficiary to the Marketplace and consumer assistance resources that will help the beneficiary obtain other health insurance coverage.
- The MCOs shall provide information on options for beneficiaries to satisfy the work and community engagement requirements.

The MCOs shall also assist with the identification of exempt or potentially exempt beneficiaries. The MCO shall notify DHHS, through a mechanism specified by DHHS, of any beneficiaries that the MCO identifies as potentially exempt. The MCO shall conduct analyses of claims and encounter data to identify beneficiaries who may be exempt from work and community engagement requirements as defined by the waiver program. The MCO shall conduct claims analysis for all beneficiaries subject to work and community engagement requirements on an ongoing basis, at the frequency defined by DHHS. The MCO shall review all sources of data that may support its understanding of beneficiaries' status related to work and community engagement requirements, including but not limited to:

- Information regarding beneficiaries' hospitalization;
- Information regarding beneficiaries' diagnoses and conditions; and

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- Information regarding any circumstances that would exempt or potentially exempt a beneficiary from being subject to work and community engagement requirements.

The MCO shall also monitor its Care Management systems and the Admissions, Discharge and Transfers (ADT) feed and, as applicable, monitor its Subcontractor's Care Management systems, for hospitalizations, diagnoses, and/or indications of circumstances that would exempt or potentially exempt beneficiaries from work and community engagement requirements.

For beneficiaries identified as potentially exempt from work and community engagement requirements based on the MCO's claims and Encounter Data analysis, the MCO shall attempt to support the beneficiary in obtaining certification of the exemption from a licensed clinician. The MCO shall transmit to DHHS, through a mechanism to be specified by DHHS, information for beneficiaries who are exempt or may be exempt. The MCO shall indicate to DHHS that the beneficiary is potentially exempt from work and community engagement requirements if, based on the MCO's claims analysis, licensed clinician certification, and/or care management data, the MCO can determine that the beneficiary is exempt. The MCO shall indicate that the beneficiary is potentially exempt if the MCO has determined that the individual meets the criteria for a diagnosis-based exemption, but the MCO has not been able to obtain the required certification.

The MCO will receive from DHHS information generated via electronic file related to beneficiaries' work and community engagement requirement status; for example, this information will indicate that the beneficiary is either "exempt," "mandatory compliant," or "mandatory non-compliant" with the work and community engagement requirements.

The MCO shall be able to receive and process new information in the format designated by DHHS. For beneficiaries identified by DHHS as "mandatory non-compliant," the MCO shall perform targeted outreach activities and provide assistance designed to support the beneficiary in becoming compliant with requirements to avoid coverage suspension or termination, as specified by DHHS.

The MCO's outreach to "mandatory non-compliant" beneficiaries shall include, but is not limited to:

- Telephonic outreach, including outreach above and beyond the initial beneficiary welcome call;
- Distribution of DHHS-approved mailings or other educational materials; and/or
- Transmittal of electronic notification(s), including text messaging.

The relationship between the State and its MCOs will be outlined in the State's managed care contracts. MCOs will be measured on their ability to successfully contact and educate a percentage of existing beneficiaries and percentage of newly approved beneficiaries.

Granite Workforce Program – Creating a Network of Assistance

DHHS administers the Temporary Assistance for Needy Families (TANF) program in New Hampshire. Senate Bill 313, signed into law by the Governor on June 29, 2018, directs DHHS to establish a pilot program, referred to as Granite Workforce, to provide subsidies to employers in high need areas, as determined by New Hampshire Department of Employment Security (NHES), and to create a network of assistance to remove barriers to work (STC 48I and STC 48n). Granite Workforce will be jointly administered by DHHS and NHES. DHHS staff determines eligibility and enrollment for the waiver program, conducts eligibility interviews, when necessary, and explains program requirements.

This partnership between DHHS and NHES will assist beneficiaries with the work or community engagement requirement. DHHS will provide referrals and information about services available through the Granite Workforce Program in notices related to participation in the work and community engagement requirement. A sample copy of the work and community engagement notice, with information about Granite Workforce will be sent to beneficiaries who are subject to work and community engagement requirements, once finalized.

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Under the Granite Workforce Program, NHES will determine eligibility and entry into the pilot program, using nationally recognized assessment tools for vocational and job readiness assessments. In addition, Senate Bill 313 directs DHHS and NHES to issue Request for Applications (RFAs) for community partners interested in offering case management services to beneficiaries with barriers to employment. NHES will provide an assessment process that screens for barriers to employment, including but not limited to transportation, child care, substance use, mental health, and domestic violence. Beneficiaries deemed needing assistance to remove barriers to employment, will be referred to the community partners, such as the community college system, referrals to the Department of Business and Economic Affairs, and referrals to training available through other colleges and training programs.

NHES will do active outreach to educate employers on the work and community engagement requirements, how the Granite Workforce pilot program will benefit New Hampshire employers and how New Hampshire employers can participate.

Stakeholders and Community Partners – Outreach and Education

DHHS plans to leverage stakeholders and community partners to provide outreach and education about the work and community engagement requirement. Stakeholders and community partners will conduct active outreach to educate beneficiaries who need to complete work and community engagement activities to make sure they understand the requirements. These partners will also provide education and assistance to beneficiaries on how to properly and timely report their activities as well as direct them to DHHS and other resources as appropriate to help them comply with work requirements.

DHHS will identify authentic community partners who have active, on-going engagement with patients, advocacy groups, providers from multiple disciplines (including representatives from hospital systems, physician offices, substance use disorder provider and recovery specialists, direct support professionals working with aging populations, and those working with individuals, and their representatives, with developmental disabilities) and diverse practice settings, and other professional organizations to help refine communications inclusive of messages, notices, and more.

Initial “Listen and Learn” sessions with community stakeholders will take place August 2018 to ensure that community partners understand the work and community engagement requirement and can pose questions to DHHS on concerns, as well as make suggestions for how best to communicate and support beneficiaries. In these sessions, the Department will review waiver STCs inclusive of exemptions, good cause and cure, the Granite Workforce Program, role of the MCOs, timeline for implementation, and technology enhancements inclusive of the reporting portal and “Digital Inform Campaign.”

Ongoing communications and training will take place with community stakeholders through the implementation start. DHHS will work cooperatively with first line community stakeholders to disseminate information, answer Frequently Asked Questions, identify barriers and solutions for implementation, explain the appeals process, and support providers and others, so they in turn can support the individuals engaged in the work and community engagement requirement.

DHHS notes that dual SNAP/TANF and waiver beneficiaries will be allowed to satisfy the work and community engagement requirement participating in the SNAP/TANF program. They will not be required to comply with or report separately to both programs to maintain continued eligibility.

Information Technology to Prepare, Inform, and Educate

New Hampshire DHHS is also developing a Digital Inform Campaign. The purpose of the Digital Inform Campaign is to prepare, inform, and educate beneficiaries about the work and community engagement program. The campaign will be rolled out in three phases with each phase building on the content of the previous phase.

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- Phase I/Inform -- This phase will include an overview of the work and community engagement program, a description of what the work and community engagement program will mean for beneficiaries, program timeline and key compliance dates, high-level FAQs, and resource pages for businesses and community organizations
- Phase II/Digital Navigator -- This phase will include a Digital navigator to evaluate if a beneficiary is mandatory or exempt; if mandatory, overview of how to meet requirements, detailed descriptions of qualifying activities, overview of the workforce pilot and how to participate, detailed descriptions of exemptions and verifications required, and detailed steps and video on how to request exemptions.
- Phase III/Manage -- Phase III will include detailed steps and videos on reporting work and community engagement. It will include information on how to track activities, detailed descriptions of good causes and verifications required, video on how to request good cause and detailed descriptions of the cure cycle (suspension, re-enrollment, etc.).

No Wrong Door Reporting

New Hampshire has enhanced the innovation and administrative efficiency of the work and community engagement requirement by planning and designing new pages within the NH EASY on-line portal for beneficiaries with NH EASY accounts to manage and report their work and community engagement activities, exemptions, and good cause claims. The new pages are an enhancement to the New Hampshire EASY that has already passed CMS readiness review standards. NH EASY is mobile device friendly and ADA compliant. The nheasy.nh.gov online portal complies with 42 CFR 435.1200 f (2). Beneficiaries may create an account and have a user ID and password to access the online portal. Beneficiaries through the NH EASY account can self-attest and document an exempt or good cause status. Beneficiaries have the option to accomplish the process in person at a district office, by phone, fax and/or mail, or enter the attestation and supporting information through the on-line NH EASY portal.

Attestations and supporting documentation will be evaluated through a quality assurance process that utilizes a basis of audit calibrated to compliance reporting risk. Use of the work and community engagement pages within NH EASY also promotes work and community engagement goals by reinforcing basic computer skills and internet navigation.

NH EASY is administratively efficient and maximizes current technology and customer service resources. The eligibility system processes information submitted via the on-line portal automatically limiting customer service intervention to exception situations. Beneficiaries may receive in-person assistance through the local DHHS district offices or via phone. DHHS is taking a supported “no wrong door” approach to implementation for beneficiaries allowing for beneficiary support on-line, by phone, fax, mail, and in person. All notices provide instructions on whom to contact for help regarding work and community engagement requirements.

Individuals, who are disabled, including those with a mental and physical disability, will be exempt from work and community engagement requirements and will not be at risk for losing coverage. The State will comply with STC 48o and STC 48p.

To promote NH EASY as a reporting mechanism for beneficiaries, DHHS will proactively communicate on the portal process through the DHHS webpage, <https://nheasy.nh.gov> (or <https://dhhs.nh.gov>), social media, and direct mailing, as well as schedule meetings and webinars with community stakeholder agencies.

The objective is to use the Digital Inform Campaign and NH EASY to help individuals, in a supported manner to: 1.) understand their responsibility for the work and community engagement requirement and 2.) take action to readily submit exemption, good cause, and any necessary activity tracking documentation. At the same time, phone, fax, mail, and in-person options are also available to assist people (STC 48e).

Outcome Monitoring Approach

DHHS will develop reports that track the following information related to the work and community engagement requirements:

- Number and percentage of individuals required to report each month.
- Number and percentage of beneficiaries who are exempt from the work and community engagement requirement.
- Number and percentage of beneficiaries requesting good cause exemptions from reporting requirements.
- Number and percentage of beneficiaries granted good cause exemption from reporting requirements.
- Number and percentage of beneficiaries who requested reasonable accommodations.
- Number and percentage and type of reasonable accommodations provided to beneficiaries.
- Number and percentage of beneficiaries disenrolled for failing to comply with work and community engagement requirements.
- Number and percentage of beneficiaries disenrolled for failing to report.
- Number and percentage of beneficiaries disenrolled for not meeting work and community engagement and reporting requirements.
- Number and percentage of work and community engagement appeal requests from beneficiaries.
- Number, percentage and type of work and community engagement good cause exemptions requested.
- Number, percentage and type of work and community engagement good cause exemptions granted.
- Number, percentage and type of reporting good cause exemptions requested.
- Number, percentage and type of reporting good cause exemptions granted.
- Number of appeals of disenrollments for non-compliance with work and community engagement.
- Number of appeals for disenrollments for failure to comply with the reporting requirements.
- Number and percentage of applications made in-person, via phone, via mail, and electronically.

All of the data required to produce these reports is collected by DHHS. These reports will be system-generated, with the exception of the work and community engagement appeals requests. Requirements, design and delivery of these reports are covered by the DHHS contractual agreement with the eligibility system developer. Appeal metrics will be tracked and provided by New Hampshire's Administrative Appeals Unit (AAU). These reports will be compiled monthly and will be reported to CMS quarterly.

Where possible, metrics baselines for the above data points will be informed by state data and targets will be benchmarked against performance. DHHS, as part of the implementation plan, has reviewed and substantiated that all reporting requirements can be met in the timeframes required (STC 48s).

The Department is taking a proactive monitoring approach prior to notification to beneficiaries regarding potential non-compliance, suspension, or disenrollment at redetermination. Baseline data will be captured identifying which beneficiaries are exempt and the number of potential employment hours that will be credited to the 100 hour requirement at program start in January 2019. The eligibility system will provide weekly metrics to carefully monitor and observe the progression of beneficiary exemptions and activity hours reported. Monitoring will allow the Department to forecast the number of potential beneficiaries who would be in non-compliance and make proactive adjustments. Eligibility will have controls to easily turn off and prevent the system from setting a beneficiary as non-compliant or suspended, including eventual termination at redetermination based on management direction.

Implementation Plan and Timetable

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Planning, policy, and system development, partner and stakeholder engagement, and resource availability assessment began in March 2018 and are on-going. The planning, testing, implementation, and monitoring timeline milestones are as follows:

- **May 2018** – New Hampshire held two public hearings on the work and community engagement requirements in compliance with the public notice process for the State’s July 23, 2018 submission of the waiver amendment and extension to the waiver. The State reviewed and considered all public comments received during the public notice period. Although the July 23, 2018 application for waiver amendment and extension does not seek to revisit the state’s current work and community engagement requirement, the State did take very seriously comments made and will take these into consideration in administrative rulemaking, training, community stakeholder engagement, and other key aspects for implementation. The State is considering the concerns raised by commenters as we continue to implement the requirements for January 1, 2019 and will monitor and evaluate the demonstration in accordance with CMS requirements being mindful on stakeholder input.
- **May 2018 – December 2018** – The rulemaking process, taking into consideration input from the State’s Medical Care Advisory Committee, will be approved in December 2018.
- **June 2018** – New Hampshire held a third public hearing on the work and community engagement requirement in compliance with the public notice process for the State’s July 23, 2018 submission of the waiver amendment and extension to the waiver.
- **June 2018 through October 2018** – Planning and system design sessions are held with internal DHHS staff.
- **August 2018** – New Hampshire will hold “Listen and Learn” forums for stakeholders and community partners.
- **August 2018** – State submits eligibility and enrollment monitoring plan (STC 48q and STC 48s).
- **September 2018** – A “heads-up” notice will be issued to all NHHPP beneficiaries informing them of the change in the program and upcoming implementation of work and community engagement requirements. The notice will instruct them that no additional action is required at this time and will encourage them to create a NH EASY account, if they have not already. Information regarding the portal and Digital Inform Campaign will be shared in this notice.
- **September 2018** – Phase I of the Digital Inform Campaign will go live. Beneficiaries will be able to go to NH EASY to learn about the work and community engagement program.
- **September 2018** – The first notice from NHES regarding work and community engagement details will be provided to New Hampshire Employers.
- **October 2018** – Education and outreach to Medicaid MCOs and providers will begin.
- **October - November 2018** – The Post Award Forum required per the STCs for the waiver program will be held.
- **October 2018 – December 2018** – System changes developed and tested in preparation for go live effective January 1, 2018. Systems will operationalize both the suspension of eligibility and the lifting of suspensions once work and community engagement requirements are met (STCs 48a, 48b, and 48c).
- **December 2018** – State to provide CMS notice 30 days prior to implementation (STC 43). State makes general assurance that it is in compliance with protections for beneficiaries with disabilities under ADA, Section 504, and Section 1557 (STC 48r).
- **December 2018** – “Status” notice will be issued to beneficiaries. Those who are exempt will be instructed that no additional action is necessary unless their circumstances change and that they will be notified when they are expected to take any further action. Those without an identified exemption (or working less than the required 100 hours per month) will receive a notice that instructs them that they will be required to participate in work and community engagement requirements. The notice will also inform the beneficiary of the approved activities and when they will be required to report. The notice will inform them of the consequence of non-compliance.
- **January 1, 2019** – Implementation start for the work and community engagement requirement program; start time for beneficiaries who believe they should be exempt to provide documentation of their exemption and for those who are mandatory to determine their plan on how to meet the

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monthly hours requirement starting in April.

- **April 1, 2019** – All current beneficiaries who are scheduled to begin the work and community engagement requirements will begin reporting activities.
- **April 30, 2019** – Monitoring phase begins and first quarterly report, covering January, February, and March will be submitted to CMS and posted to the DHHS website.
- **July 30, 2019** – Second quarterly monitoring report covering April, May, and June will be submitted to CMS.
- **October 30, 2019** – Third quarterly monitoring report covering July, August, and September will be submitted to CMS.
- **January 30, 2020** - Fourth quarterly monitoring report covering October, November and December will be submitted to CMS. In addition, the annual report will also be submitted by this date.

New Hampshire Application and Renewal Overview

Applications for healthcare coverage are accepted by DHHS through multiple channels including online, by phone, in person, fax, and by mail. Application assistance is provided by DHHS staff both in person and by phone. No changes are needed to the current process for applications related to the addition of the work and community engagement requirement. New Hampshire DHHS also maintains a contract with a vendor who provides interpretation and translation services. This service is accessible statewide; and each district office can access the vendor as needed to assist individuals. Applications received from beneficiaries who lost eligibility due to non-compliance with work and community engagement requirements will not be denied for previously failing to comply with work and community engagement requirements.

DHHS accepts applications as soon as an individual is incarcerated. Incarcerated individuals have open cases with their Medicaid suspended. When an individual is released, the individual is required to notify DHHS to come out of suspension and move into an open status.

Renewals are conducted monthly (STC 47f) through a passive process when information can be electronically verified. Beneficiaries whose renewals cannot be completed passively are sent specific notices to provide information that is needed to complete the renewal. Beneficiaries are not required to complete forms that require information that has been previously provided or is available to DHHS. Beneficiaries who are subject to work and community engagement requirements will have their renewals completed by the same method as beneficiaries who are not subject to work and community engagement activities. Work activity reporting will occur with no interruption or change to the reporting process during renewal or between regular renewals. Being non-compliant or suspended in the month a beneficiary's case is due for renewal will prevent the passive renewal process from occurring.

In addition, if a beneficiary is in a suspended status at renewal, eligibility will be terminated if the beneficiary fails to cure the deficit hours, cannot establish good cause or cannot establish an exemption as part of the renewal process. In both instances, the individual will have an opportunity to reapply with no "lock out" being part of the State's STCs or implementation. Consistent with eligibility determination rules within 90 days of a termination, the individual can provide information that would re-establish eligibility. In such situations, a new application would not be required. After that 90 day period, without a cure and before six months, an individual can reapply without any period of lockout, but it would require a new application and would be without another 75 day on-ramp period to establish compliance. After six months an individual would require a new application and would be afforded another 75 day on-ramp period.

New Hampshire monitors Medicaid timeliness with data and monthly management reports. Timeliness reports can be provided along with other quarterly reports. Additional information is also reported to CMS monthly through Performance Indicators.

New Hampshire DHHS completes daily electronic account transfers to the federally facilitated Marketplace for individuals determined to be ineligible for Medicaid (STC 48b). No changes to this process are necessitated by the addition of the work and community engagement process.

Work and Community Engagement Overview and Operational Approach

Population Subject to Work and Community Engagement Requirements

Once work requirements are implemented in January 2019, New Hampshire beneficiaries ages 19 to 64 who do not meet established exemption criteria (STC 44) will be required to meet work and community engagement requirements as a condition of continued eligibility. Administrative rules for work and community engagement requirements will be promulgated according to the State's Administrative Procedures Act. The current implementation schedule calls for rules to be approved in December 2018. Once the rules have been approved, the rules will be posted on the DHHS web site and the link will be sent to CMS.

Exemption from Work and Community Engagement Requirements

New Hampshire beneficiaries meeting one of the exemption criteria described in the STCs will be exempt from work and community engagement requirements. Exemptions will be identified through a beneficiary's initial application for coverage, an electronic submission demonstrating the exemption, or a change in circumstances submission. When a beneficiary's exemption expires, he or she will be required to demonstrate that the exemption is still valid and continues. Information provided during the application process and data obtained systematically will be used to identify several types of exemptions such as; being disabled due to receipt of SSI or SSA disability, being a parent or caretaker of a child under age 6, exempt from the SNAP and TANF work requirement. Beneficiaries for whom an exemption is not established during the application process will have an opportunity to document an exemption. Detailed information about exemptions from work and community engagement requirements can be found on-line effective October 2018 on the DHHS NH EASY system that is also linked to the DHHS web site. The exempt populations will align with those outlined in STC 44.

Medical Frailty

New Hampshire is instituting a process to determine medical frailty. The process is in consideration and individuals deemed medically frail will be exempted from the demonstration as noted in STC 19.

Allowed Activities and Activity Hour Calculations

Beneficiaries ages 19 – 64 who are not exempt must engage in 100 hours of monthly work and community engagement activities (STC 46). Beneficiaries can meet the work and community engagement requirements by meeting SNAP or TANF work requirements or by completing at least 100 hours per month of some combination of activities as deemed appropriate by the State. Beneficiaries must demonstrate on a monthly basis that they are meeting the work and community engagement requirement. Detailed information about allowed work and community engagement activities can be found on-line at the NH EASY system that is also linked to the DHHS web site. The qualifying activities will align to STC 45 at a minimum.

Beneficiaries will not be able to carry over extra hours forward in order to satisfy work and community engagement requirements (STC 47d). Reasonable modifications to hours will be made for people with disabilities (STC 46a).

In addition, the State will assess areas within the State that experience high rates of unemployment, areas with limited economies and/or educational opportunities, and areas with a lack of public transportation to determine whether there should be further exemptions from the work and community engagement requirements and/or additional mitigation strategies, so that the work and community engagement requirements will not unreasonably burdensome for beneficiaries to meet (STC 48n).

Opportunities to Cure

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Beneficiaries who are subject to work and community engagement requirements will have opportunities to cure (STC 47c), but if they do not cure, get approval for an exemption, or demonstrate good cause, their eligibility will be suspended if they fail to meet work and community engagement requirements for any two consecutive months; following proper notice and due process. After two consecutive months of noncompliance, suspension takes effect the first of the following month for beneficiaries who have not established a cure. Suspension of eligibility will be captured in the Medicaid Management Information System (MMIS) and termination of the MCO capitation payment is automated in the MMIS. If at redetermination an individual is in suspension, eligibility is terminated per the STCs. Termination, denial of eligibility, or disenrollment will occur only after an individual has been screened and determined ineligible for all other bases of Medicaid eligibility and reviewed for eligibility for insurance affordability programs (STC 48j).

Beneficiary Work and Community Engagement Reporting Requirements

Beneficiaries are required to provide appropriate supporting documentation when requested by the State (STC 46). Beneficiaries may use the NH EASY to report exemptions and completion of work and community engagement activities. The work and community engagement pages are part of the existing NH EASY on-line portal. Information entered into the portal is seamlessly processed by the New HEIGHTS eligibility system with no additional beneficiary or DHHS staff requirement to re-key or transfer the information into the system. Exemptions must only be re-attested to at the required intervals specified above. Completion of certain work and community engagement activities must be entered and attested to monthly. On the tenth day of the month, a non-compliance letter is generated if the required 100 hours are not reported. A person may respond after the tenth of the month with the missing hours to avoid suspension.

The on-line portal is secure, mobile device friendly, and compliant with the ADA. The portal requires the beneficiary to have an account, user ID and password to access. To assist beneficiaries prepare for this requirement, DHHS is marketing, through communications by various channels inclusive of direct notices, the Digital Inform Campaign to encourage beneficiaries to create an account. NH EASY allows beneficiaries to reset passwords through self-service. Technical assistance will also be available for website, on-line portal, and password issues.

DHHS is working with the beneficiaries/focus groups to consumer test the Digital Inform Campaign for beneficiary ease of use. New Hampshire DHHS maintains a contract for language interpretation and translation (Language Line). Beneficiaries who need assistance with languages other than English will be assisted in the local DHHS district offices. Each notice and flyer regarding work and community engagement will direct beneficiaries who need help to contact our customer service center or local DHHS district office. NH EASY is available daily from 6:00 AM to midnight (STC 48f) except for times when it is necessary to take the portal offline for system maintenance. Those outages when necessary are scheduled over weekends for minimal disruption. The website displays a notice each time the portal is offline for maintenance. The State will make every effort not to schedule maintenance during the first through the tenth of each month for beneficiaries who need to report the previous month's activities before the reporting deadline.

Upon logging into the portal, beneficiaries will be able to see their work and community engagement status for the current reporting month as well as history for the year to date. Beneficiaries will know if they have entered enough information to be considered compliant or exempt for the reporting month. If they have not yet completed 100 hours, the portal will display the number of hours needed to become compliant.

Good Cause Exemptions/Catastrophic Events

Beneficiaries who have experienced an event during a month they were required to complete work activities and will not meet work and community engagement requirements, will need to request and be granted good cause. Circumstances that may lead to an approved good cause are outlined in the STCs and include but are not limited to a natural disaster, hospitalization or serious illness, birth or death of

a family beneficiary living in the home, and domestic violence (STC 47a). Enabling legislation (Senate Bill 313) adopted by the state provides that good cause can be expanded through rulemaking.

Beneficiaries who have lost coverage due to non-compliance with the work and community engagement requirement will have their cases reinstated without a new application if they are granted good cause and are otherwise eligible. Information about good cause and how to request good cause is provided in all work and community engagement notices. Verification of the event which caused the beneficiary not to meet and/or report required activities will be required as part of the good cause approval process.

75 Days at Start to Meet the Requirement

All currently enrolled beneficiaries will have 75 calendar days after the start date (January 1, 2019) before they must begin to meet the work and community engagement requirements (STC 47b). All beneficiaries who are determined eligible after the start date of the work and community engagement requirement will also have 75 calendar days beginning with the date of their eligibility determination before they must begin to meet the requirement. The notice period will be used to conduct outreach to beneficiaries to educate them on all aspects of the work and community engagement requirement including using the on-line portal, connecting with the NHES, and other resources, to assist them with compliance with work activities. The outreach effort also involves social media including Facebook and Twitter. Over the next several months, DHHS will develop several educational tools regarding work and community engagement requirements that are intended to assist beneficiaries and community partners alike. These tools include the computer-based Digital Inform Campaign.

Work and Community Engagement Notices

Notice content will meet all requirements in the STCs reflected in the approved waiver amendment (STC 48d, STC 45). All notices related to the work and community engagement requirement are automated and system-generated. This automation ensures that timely and adequate notice requirements are met. Specific notices related to work and community engagement requirements have been developed and contain detailed information for beneficiaries. The use of email and text notification is limited to people who have opted to be “green” and not receive a traditional paper notice/letter. The email and text notifications inform the beneficiary that a notice/letter is posted to their NH EASY account.

Community Resources and Supports

DHHS will be working with a team of partners and stakeholders for several months to identify works and community engagement resources throughout the state (STC 48l). Input and participation is open to all interested stakeholder organizations. DHHS is also actively engaging other state agencies and non-profit agencies to assess their willingness and capacity to provide support to beneficiaries in this and other ways.

Quality Assurance and Audit Process

DHHS will conduct a monthly quality assurance process to validate exemptions and work activities that have been attested to by beneficiaries as a special effort in addition to normal PERM and MEQC requirements. The quality assurance process will include reviewing a statistically valid random sample to achieve a satisfactory level of confidence. In addition to these quality assurance reviews, DHHS will review data on attestations monthly and quarterly from the universe of beneficiaries who are subject to work and community engagement requirements to identify trends and potential anomalies that should also be reviewed for accuracy. Based on the outcomes of these reviews, the quality assurance process will be enhanced with additional reviews in error prone areas. Specific quality assurance processes will be outlined in a procedural desk guide for DHHS staff. If inaccuracies are discovered during the quality assurance process, appropriate action will be taken to remove the exemption if the individual was still exempt incorrectly.

Appeal Process

New Hampshire Eligibility and Enrollment Monitoring Plan Work and Community Engagement

Beneficiaries will be provided full appeal rights with regard to work and community engagement requirements just as they have for other Medicaid eligibility determinations (STC 48i). The process will be the same regardless of the reason for appeal. Each notice contains information about beneficiaries' rights to appeal and how to request an appeal. Requests for appeal that are received in district offices are forwarded to the DHHS Administrative Appeals Unit which schedules and conducts appeals hearings and renders decisions.

Data Exchange between Programs and MCO

To ensure that waiver, SNAP, and TANF beneficiaries have no additional compliance or reporting requirements, DHHS will maintain information in its integrated eligibility system (STC 48k).

To ensure a robust outreach and education process, relevant information will be shared with MCOs. Information provided to MCOs will be limited to beneficiaries who are beneficiaries of their individual plans. The file will contain information on each beneficiary that includes contact information, work and community engagement exemption and compliance information, type of exemption, number of months of cumulative non-compliance, compliance status for the current month, and renewal month. This level of detail will allow MCOs to conduct specific outreach and education encouraging beneficiaries to participate and complete work and community engagement activities.

Summary

The State will test whether requiring participation in work and community engagement activities as a condition of eligibility will lead to improved health outcomes and greater independence through gains in health and wellness. The policy and operational design of this program ensures that people have an opportunity to cure and in turn make strides toward independence and healthy well-being. New Hampshire is developing a strong team of partners to help beneficiaries take the steps toward self-sufficiency; and is building information technology that is beneficiary friendly and accessible. The goal is to ensure that those impacted understand the program and are able to readily meet requirements for reporting, exemptions, good cause, and cure.