Welcome/Introductions/Timeline: Commissioner Jeffrey Meyers opened the meeting. Introductions of Working Group members and guests were made.

Commissioner Meyers reviewed legislative developments. SB 155 provides direction relative to Step 2 of the Medicaid managed care program to include consultation with the county-state finance commission, to conclude no later than July 1, 2018 with the focus on nursing facility and CFI services to be incorporated into managed care beginning July 1, 2019. The remaining provisions of Step 2, including services provided under the developmental services waiver, will not be implemented before July 1, 2019. Therefore, the work of the SB 553 working group in the coming months will be focused solely on nursing facility and CFI services. The Department has no plan to implement DD or other waiver services at this time.

The new law requires the Department to reprocure the entire program starting July 1, 2019 and to incorporate nursing facility and CFI services by July 1, 2019. The current managed care contracts are in force through June 30, 2018. A rate adjustment will be made later this fall due to state budget changes for community mental health services. A contract extension for Step 1 will be made for an additional year, July 1, 2018 - June 30, 2019.

Further discussion on the timeline, given the July 1, 2019 implementation date, is reserved for the end of today’s meeting.

County Update: George Maglaras reported that the counties met with the Department to discuss different delivery models from other states and what is best suited for New Hampshire needs. In NH, the counties pay 90% of the non-federal share of LTSS Medicaid. Commissioner Meyers added that looking at different delivery models is within the scope of the purpose of 553 working group as well. The Navigant consultants will lay the groundwork about alternate models at today’s meeting. The Department is open to have any group bring delivery and payment models forward. Time will be provided for stakeholders to present at meetings this fall. This process is intended to be open and inclusive. People should contact Deb Scheetz at 271-9459 or Deborah.Scheetz@dhhs.nh.gov to make arrangements.

Alternative Models
Tamara Porter, Director Healthcare, Navigant
Camille Dobson, Deputy Executive Director, NASUAD

See the consultants’ slide presentation: https://www.dhhs.nh.gov/sb553/documents/sb-553-ltss-options-080917.pdf
Q: Are states that are adopting provider led MLTSS including all waiver services?
A: Arkansas included I/DD population from the beginning. Other states include physical disability waivers first.

Commissioner Meyers presented the implementation timeline to meet the July 2019 target. See https://www.dhhs.nh.gov/sb553/documents/sb-553-timeline-080917.pdf. A contract will go to Governor and Council sometime around Jan 1, 2019. He strongly encouraged any stakeholder who wishes to present to this group to contact Deb Scheetz.

Going forward, the Department will develop a model contract to give bidders and stakeholders the opportunity to provide feedback. The working group will be updated with further information to be presented by the consultants.

Ultimately, it will be the Department’s decision regarding a draft plan for public comment by the end of 2017. Sometime around January/February 2018, public hearings will be held in every Executive Council district throughout the state on the draft RFP and model contract. There will be a comment period for written and oral comments. The law requires the Commissioner to bring a proposed plan to the Legislative Fiscal and HHS Oversight Committees. A tentative target to issue the RFP is April 1, 2018, thereby providing another eight months to implement by Jan 1, 2019.

Continued updates on the timeline and progress will be provided.

Public Input

Q: Clyde Terry asked if the plan will incorporate the CFI waiver amendment and will there be rulemaking.
A: The renewed waiver will be included entirely in the plan. The expanded timeline includes rulemaking.

Q: Ellen McCahon: When the draft plan is issued, which of the options will be selected?
A: In December, the Commissioner will present the RFP which will reflect which models are selected.

Q: Gina Balkus: Regarding the actuary data analysis (see timeline), Milliman had acknowledged a gap - a very important component.
A: If you have data that the actuary should have, submit it as soon as possible to Deb Scheetz. Milliman will return to this group to present how they’re building the analysis.

Q: Ellen McCahon: Is this built on claims adjudicated or historical model?
A: Yes, as well as national benchmarks.

Next Meeting: Will be scheduled for September. Once finalized, notice will be sent.