



NEW HAMPSHIRE  
**DHHS**  
DEPARTMENT OF  
**HEALTH & HUMAN SERVICES**

# System of Care for Healthy Aging

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**DHHS Program Leadership**

**April 11, 2024**

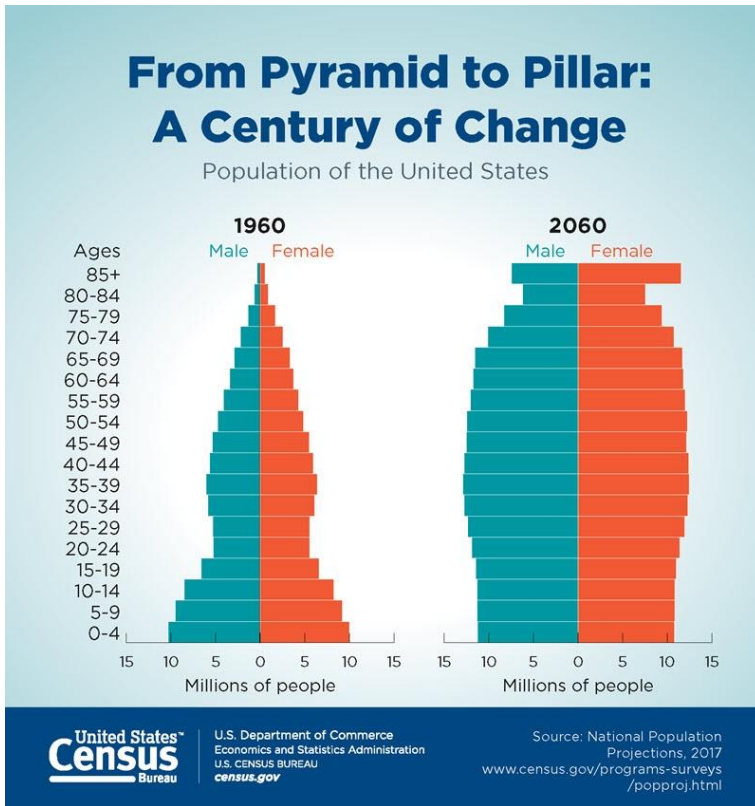
# Definition of System of Care for Healthy Aging

RSA 151-E:24 IV - A comprehensive and coordinated delivery system for the provision of long-term services and supports to New Hampshire's older adults and adults with disabilities, intended to provide services to all older adults and adults with disabilities who require long-term services and supports.

## Characteristics

- **Comprehensive** array of long-term services and supports to enable older adults and adults with disabilities to remain independent and in the setting of their choice.
- **Absence of significant gaps** in services and barriers to services.
- Sufficient administrative **capacity** to ensure quality service delivery.
- Services that are **consumer-driven, community-based**.
- **Transparent**, with information made available and known to consumers, providers.
- A **funding system** that supports a full range of service options.
- A **performance measurement system** for accountability, monitoring and reporting of system quality, access and cost.

# Why do we need a SoC for Healthy Aging?



# ~~AGEISM~~

Ageism is discrimination or unjust treatment based on age. Underlying ageism is implicit bias — **the unconscious attitudes and beliefs that lead to judgments about older people.**

## New Trends & Truth:

- We are experiencing a transformational demographic shift.
- People are living longer, healthier lives, with more productive years.
- No two people age the same way.

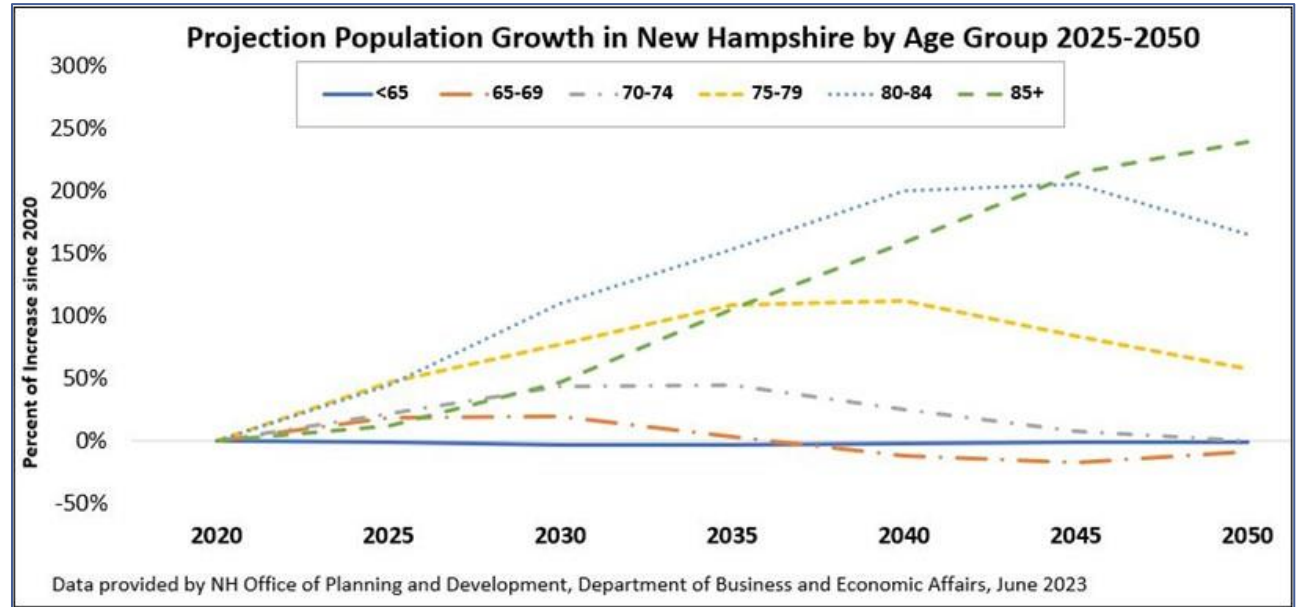
## When Trends Change But Our Thinking Doesn't

# Why do we need a SoC for Healthy Aging?

## Demographics



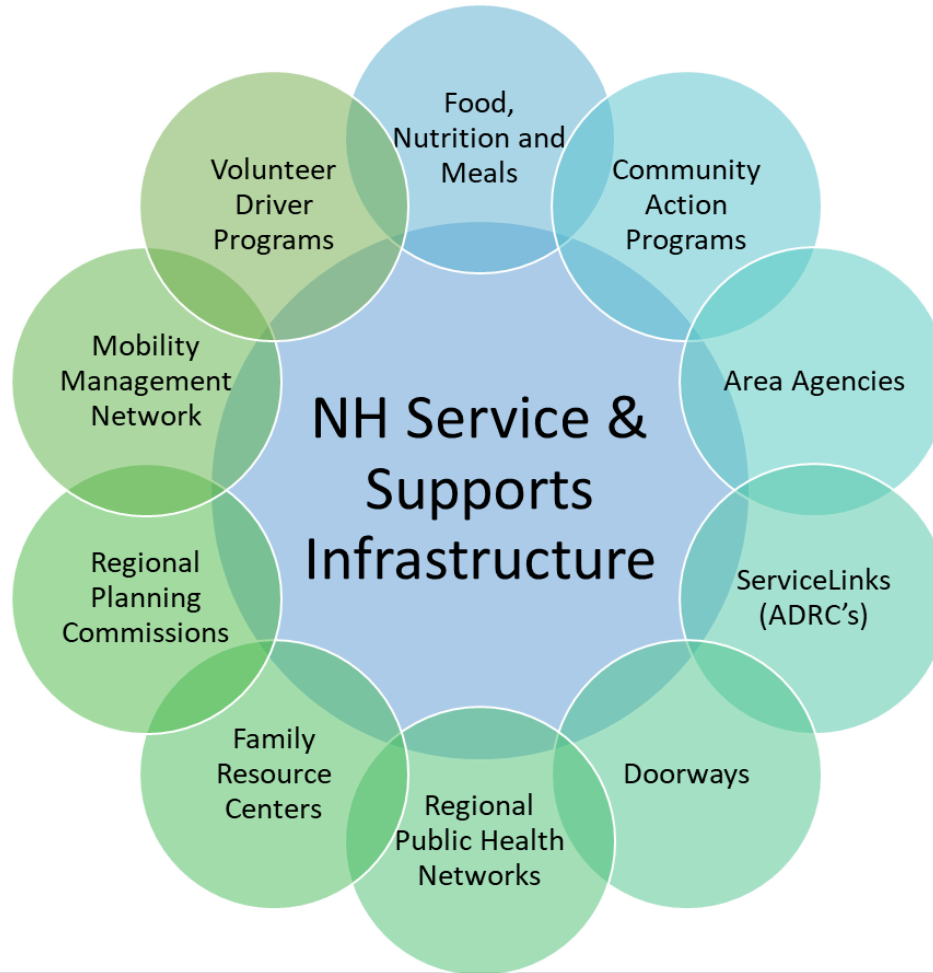
**NH census**  
**2020**  
People aged  
**65+**  
**= 20%**  
of population



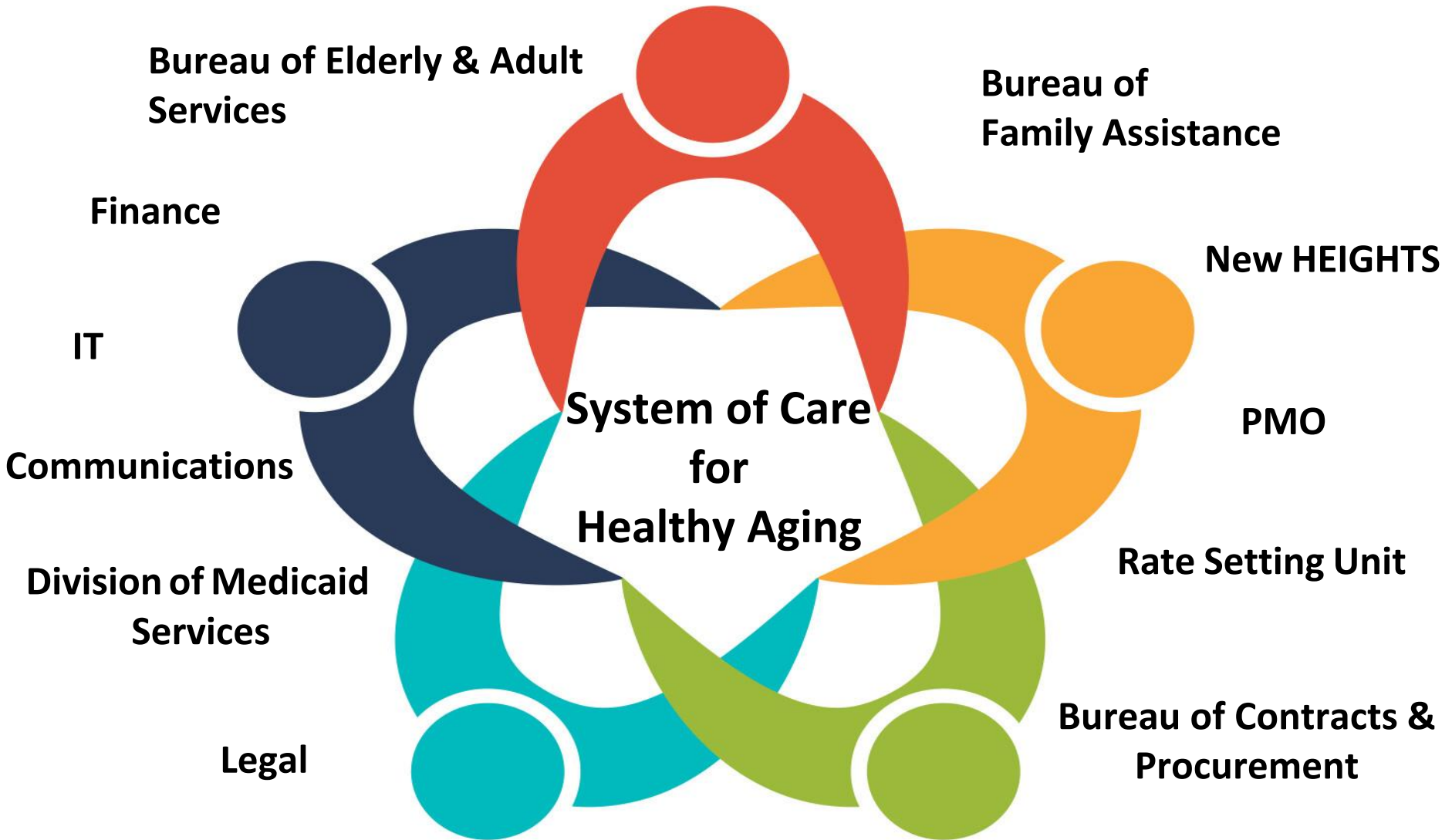
- One in two households in NH has one or more persons aged 60 years & older.
- 35% of households with one or more people 65+ are 1 person households.
- The 2021 American Community Survey estimated that 27% of the NH aged 65+ population worked within the previous 12 months prior to the data collection.

# What is the Goal?

All Granite Staters should have access to the services they need and the ability to choose where and how they age in New Hampshire.



# Project Collaboration



# What are the Project Deliverables?

## Accomplishments Oct '23 – 'March 24

- Implemented Oct. & Jan. CFI Rate Increases
- Implemented Medicaid Financial Eligibility Changes
- Hired staff positions
- Amended ADRC (ServiceLink) contracts
- Began IT enhancements
- Expanded who can be a provider of personal care
- Submitted First Legislative Report
- Completed RFP for SOC Planning & Reporting Consultant

## In Process

- RFA for Aging and Disability Resource Center Services
- IT enhancements – public facing dashboards, provider portal
- Rate Study
- Develop budget request
- Presumptive Eligibility Waiver

## Future

- Rate Study Report due to the Legislature 6/1
- Annual SOC Legislative Report due 11/1
- Update He-E 801 CFI Rule
- Stakeholder Engagement & Trainings

# Establishment and Maintenance of a System of Care

- **Planning & Reporting Consultation Contract Procurement**
  - Selected Vendor to Develop Plan for System of Care Implementation and Reporting Requirements
  - Anticipate 5/1/24 G&C approval

- **Required Reporting**
  - 2023 report was submitted on 11/1/23
  - Annual report due November 1 each year through 2027

Establishment and Maintenance of a System of Care		23%	08/21/23	11/01/27
- Planning & Reporting Consultation Contract Procurement		99%	09/29/23	05/01/24
	Planning Kick-Off Meeting	100%	09/29/23	09/29/23
	Develop RFA	100%	09/29/23	02/06/24
	RFA Posted	100%	02/06/24	02/06/24
	Vendor Question Responses	100%	02/06/24	02/27/24
	RFA Closes	100%	03/05/24	03/05/24
	Scoring Team Review	100%	03/08/24	03/08/24
	G&C Approval	0%	05/01/24	05/01/24
+ Contract Deliverables		0%	05/01/24	06/30/25
+ Required Reporting		8%	10/01/23	11/01/27
- Stakeholder Engagement		96%	08/21/23	04/15/24
- Presentations		96%	08/21/23	04/15/24
	LTC Summit Presentation	100%	08/21/23	08/21/23
	OCOM Presentation	100%	12/14/23	12/14/23
	NHAHA Quarterly Meeting	100%	03/20/24	03/20/24
	Senior Executive Team Presentation	100%	03/20/24	04/15/24
	Program Leadership Presentation	0%	04/11/24	04/11/24



# Modify Policies and Practices

- **Financial Eligibility Changes Implemented 1/1/24**
  - 36-month Lookback
  - Resource Disregard
  - Spousal Impoverishment
- **Personal Care Services**
  - Expanded who can be considered a provider of Personal Care Services to include authorization of Legally Responsible Relative, Guardian, or Person Granted Power of Attorney
  - Amend He-E 801
  - Update policies & procedures

Modify policies and practices	27%	07/01/23	06/30/25
Financial Eligibility Changes	62%	10/17/23	06/28/24
36-month Lookback	100%	10/17/23	12/29/23
Resource Disregard	100%	10/17/23	12/29/23
Spousal Impoverishment	100%	10/17/23	12/29/23
Stakeholder Engagement	100%	01/08/24	04/05/24
Stakeholder Info Session 1	100%	01/08/24	01/08/24
Stakeholder Info Session 2	100%	01/11/24	01/11/24
Provider/Hospital Staff Q&A	100%	04/05/24	04/05/24
Revise BFA Forms	100%	01/01/24	01/31/24
Develop Q&A	100%	01/01/24	02/01/24
Develop Fact Sheet	0%	02/01/24	05/31/24
Training Modules	50%	02/01/24	04/30/24
Submit State Plan Amendment	100%	03/29/24	03/29/24
CMS Approval	0%	04/01/24	06/28/24
Personal Care Services	15%	07/01/23	06/30/25
Amend RSA 161-I:2, XII	100%	07/01/23	08/31/23
Amend RSA 161-I:3-a	100%	07/01/23	08/31/23
Amend Definition	0%	06/30/24	06/30/25
Amend He-E 801	0%	06/30/24	06/30/25
Update Policy & Procedures	0%	06/30/24	06/30/25
Implementation	0%	06/30/24	06/30/25
Authorization of Legally Responsible Relative	0%	06/30/24	06/30/25

# Medicaid Eligibility Changes

## **Lookback Period**

The lookback period for all asset transfers is up to 60 months.

## **Resource Disregard**

Individuals seeking nursing facility and home and community-based 1915(c) waiver services, a resource disregard shall be applied so that the effective resource limit is \$7,500.

## **Spousal Impoverishment**

A resource assessment is completed to determine what amount of a spouse's resources count towards the institutionalized spouse in a nursing home and what resources are protected for the community spouse. A resource assessment is no longer a condition of eligibility in determining eligibility for home and community-based 1915(c) services.

# CFI Rates

## Medicaid Rate Increases

- HB2 provided a 3% across the board rate increase for CFI services and targeted rate increases in October 2023 and January 2024.

## CFI Rate Study

- Team has been meeting weekly since 10/11/23.
- Rate study compared rates to approved rate methodology, compared rates to surrounding states, and compared rates to costs through the Bureau of Labor and Statistics.
- Internal review of study and process for stakeholder review will be planned.
- Rate study Legislative Report due 7/1/24 will be used to make recommendations to inform SFY 26/27 budget.

## Aging and Disability Resource Center (ADRC) Financial Review

- Improved methodology for distribution of funding.
- Explore process and approval for Federal Financial Participation (FFP) on the SOC General Funds.

CFI Rates	46%	07/01/23	06/30/25
CFI Rate Study	81%	10/18/23	07/01/24
Compare Waiver Rate Methodology to Current Rates	100%	10/18/23	12/29/23
Collect Guidehouse Rate Work	100%	10/18/23	12/29/23
Review Guidehouse study Assumptions	100%	10/18/23	12/29/23
Validate Cost and Reimbursement Assumptions from Collected Provider Data	100%	11/21/23	12/29/23
Review Waiver Methodology	100%	11/21/23	12/29/23
Rate Comparison with Other States and the VA Data	100%	11/21/23	12/29/23
Recalculate Comparing Existing Rate vs. Average Provider Data vs. State vs. Federal Rates	100%	01/18/24	02/21/24
Create Workbook on CFI Rate Assumptions	100%	02/21/24	02/28/24
BEAS Review to Determine Assumptions Accuracy	100%	02/28/24	04/01/24
Draft Rate Study Report	0%	04/01/24	04/30/24
Final Rate Study Report Submitted	0%	04/30/24	07/01/24
ADRC Financial Review	0%	06/30/24	06/30/25
Adjust CFI Rates	60%	07/01/23	01/01/25
3% Rate Increase	100%	07/01/23	09/29/23
3% Rate Increase	100%	07/01/23	12/29/23
Determine Rate Adjustments Based on Rate Study	0%	07/01/24	01/01/25

# Presumptive Eligibility (PE)

The PE process permits individuals who plan to enroll in Choices for Independence (CFI) waiver services to self-attest to meeting financial and functional requirements. This amendment aims to expedite the delivery of benefits in the least restrictive setting while the state conducts a full assessment of eligibility for HCBS.

## GOALS

- Improve access to home and community-based services for individuals who are determined to be at risk of institutionalization.
- Reduce utilization of institutional care while waiting for Medicaid eligibility determination.
- Improve access to the range of options and consumer choice by coordinating with the state.

## NEXT STEPS

- Identify rules and policies that need to be updated.
- Engage New HEIGHTS to identify system change requirements.
- Identify contract amendment and procurements that will be needed for Qualified Entities.
- Develop training, outreach, and education.

<input type="checkbox"/> Presumptive Eligibility	99%	12/01/23	07/01/25
<input type="checkbox"/> Submit 1115 Demonstration Amendment	100%	12/01/23	04/15/24
<input type="checkbox"/> PE Implementation	0%	07/01/25	07/01/25
Determine Requirements for Implementation	0%	07/01/25	07/01/25

# Aging and Disability Resource Centers (ADRC)

- Transition from ServiceLink to ADRC.
- Continue to increase investments in the ADRCs to improve capacity as a resource to all community members.
- Set meaningful performance standards with reportable metrics for ADRCs, including metrics to measure reach per capita Aged 65+.
- Increase Outreach and Education about ADRC and its core services - Information and Referral, Person Centered Counseling, Family Caregiver Support, Medicare and Medicaid benefits coordination, Veterans Directed Program.

# Person-Centered Counseling Program

HB2 created a new person-centered counseling program in each contracted Aging and Disability Resource Center (ADRC) to provide support and assistance to persons living at home or in short or long-term institutional settings, including hospitals, to transition into community-based settings.

Referrals and support to access, at a minimum, but not limited to:

- Assistance with completing Medicaid applications;
- Discharge planning;
- Older Americans Act (Title III) and Social Services Block Grant (Title XX) services and programs; and
- Referrals and access to community-based services, housing, and other supports and services to meet the needs of the individual and their family
- Education on available community-based resources for long-term services and supports
- Assist with guidance and support navigating hospital discharge protocols



# Stakeholder IT Functionality Improvements

Develop and Implement an online portal, dashboard, and data collection systems:

## Online Provider Portal

- Current list of waiver service providers accepting new clients, including links to websites and contact telephone numbers, organized by region that is updated on a weekly basis;
- Non-Medicaid resources to support the cost of home and community-based services;
- Referral information for legal service organizations; and
- Guidance regarding family navigation of hospital discharge protocols and options.

## Medicaid Applications

- Ensure applications are user-friendly;
- Applications processed in a timely manner; and
- Develop performance metrics to measure attributes.

## Improve Functionality of NH EASY for Individuals

### Applying for Services

- Provide additional trainings for professionals assisting people applying for services; and
- Develop associated performance metrics

### Public Facing Online Dashboard to Track HCBS Data

- Results of any performance measurement assessments;
- Waiver services authorized but not paid;
- Current wait times for receiving waiver services; and
- Number of people from institutionalized care into the community.

	[-] NH EASY Functionality Improvements		13%	12/01/23	12/23/25
	Establish BSA II Position	Waiting on DOP approval for reclass submitted in Jan.	75%	12/01/23	04/01/24
	[-] Determine Functionality Improvements		0%	06/30/24	12/23/25
	[-] Medicaid Applications		0%	06/30/24	12/23/25
	Revise Applications		0%	06/30/24	12/23/25
	Develop Performance Metrics		0%	06/30/24	12/23/25
	Processing time		0%	06/30/24	12/23/25
	[-] On-Line Portal		0%	06/30/24	12/23/25
	Identify Provider Network		0%	06/30/24	12/23/25
	Identify Service Availability		0%	06/30/24	12/23/25
	Create Portal		0%	06/30/24	12/23/25
	[-] Public Facing Online Dashboard		0%	06/30/24	12/23/25
	Performance Measurement Assessments		0%	06/30/24	12/23/25
	Authorized but not Paid Data		0%	06/30/24	12/23/25
	Wait Times Data		0%	06/30/24	12/23/25
	Transition from Institution to Community Data		0%	06/30/24	12/23/25
	Create Dashboard		0%	06/30/24	12/23/25

# IT System Enhancements



IT System Improvements		9%
IT System Enhancements		5%
Requirements Kickoff Meeting w/ New HEIGHTS		100%
Financial Eligibility Changes		100%
NH EASY Tutorials		0%
CFI Complaints Tracking		10%
CFI Dashboard Enhancements		0%
MEA Processing		0%
Enhance existing functionality for processing, redetermination, SA tracking		0%
Utilization tracking and unmet needs data		0%
ISA Automation		0%
Enrolled Provider Tracking		0%
Online Portal for Providers, Case Managers and Navigators		0%
Self Registration for Service Providers		0%
Service Provider Access		0%
Provider Functionality to Accept/Decline Referrals		0%
Static Pages for other resources		0%
NH EASY for ServiceLink		0%
Personal Care Service Provider Allowance of Guardians & POA		0%
Presumptive Eligibility		0%
Training & Change Management 1/2		0%



# Existing Initiatives Supporting the System of Care

**Bureau of Elderly and Adult Services Name Change** – “Bureau of Adult and Aging Services” is age friendly and aligns with the overall vision, goals, objectives and strategies set forth in the current State Plan on Aging.

**HCBS Reinvestment Funds** – has enabled the Department to initiate some of the IT enhancements.

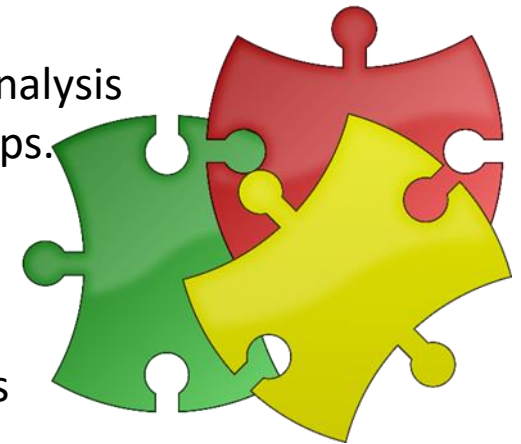
**NWD Governance and Access Grant** – Improve family and caregiver access to LTSS and Person-Centered Planning.

**Money Follows the Person** – Increase capacity to Home and Community Based Services.

**Stakeholder Engagement** – Systems Assessment and gap analysis listening sessions, key informant interviews and focus groups.

**State Plan on Aging** – Aligns with goals, objectives and strategies of the SPOA over the next four years.

**State Commission on Aging** – Aligns with the four priorities as reported to the Governor and the General Court.



# Budget Implications for FY26/27

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- CFI Rate changes
- Staffing appropriations for Person Centered Counseling
- Fiscal Impact related to supporting initiatives
- HCBS IT enhancements & maintenance
- Capacity building requests for staffing & providers
- Medicaid Administrative Claiming
- Presumptive Eligibility
- Reinvestment MFP claiming & savings
- Future SOC legislation
- Continuation of staffing positions within DHHS



**System of Care Webpage –**

**<https://www.dhhs.nh.gov/programs-services/adult-aging-care/system-care-healthy-aging>**

**Questions or Feedback?**