



**THE NEW HAMPSHIRE
BALANCING INCENTIVE PAYMENT PROJECT**

Enhancing Opportunities for Living in Community Based Settings

Application for the State of New Hampshire

**Submitted by:
The New Hampshire Department of Health and Human Services**

December 30, 2011

THE NEW HAMPSHIRE BALANCING INCENTIVE PAYMENT PROJECT

Enhancing Opportunities for Living in Community Based Settings

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State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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New Number: 603-271-9200

NICHOLAS A. TOUMPAS
COMMISSIONER

December 30, 2011

Jennifer Burnett
Centers for Medicare and Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

Please accept the enclosed Balancing Incentive Payments (BIP) Program application package. The Department of Health and Human Services (DHHS) is the single state Medicaid agency for New Hampshire and will serve as the lead organization for the BIP Program. DHHS is submitting the enclosed application in accordance with Section 10202 of the Patient Protection and Affordable Care Act.

New Hampshire is confident that participation in BIP will enable us to take the next steps to realize our plans for rebalancing the delivery of long-term services and supports (LTSS). We have a proven history of progress in rebalancing and have established the groundwork for greater success. Through support from the Centers for Medicare and Medicaid Services (CMS), NH has implemented a successful and ongoing Money Follows the Person program (MFP). As part of the MFP, DHHS has formed collaborative workgroups with service partners in the community and individuals who receive LTSS, as well as their family members and caregivers. This network of stakeholders will help us ensure that the next round of advances we make in LTSS delivery will be efficient and effective.

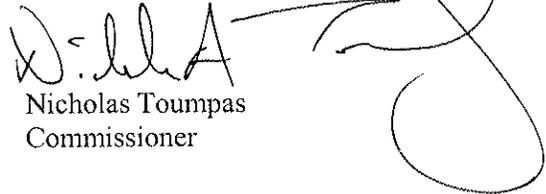
A number of units within DHHS will be involved in this initiative. The Medicaid Director, Katie Dunn, leads the Office of Medicaid Business and Policy and the Associate Commissioner, Nancy Rollins, leads the Division of Community Based Care Services (the lead operating agency), which includes the Bureaus of Behavioral Health, Developmental Services, and Elderly and Adult Services. Also within DHHS is the Division of Family Assistance, directed by Terry Smith. Our external partners for BIP will include an array of community organizations, such as the New Hampshire Independent Living Center, the Home Care Association of New Hampshire, and the statewide networks of Area Agencies, Community Mental Health Centers, and ServiceLink Resource Centers (New Hampshire's ADRC network).

New Hampshire estimates and requests that it receive \$26.46 Million based on projected total community-based LTSS expenditures of \$1.32 Billion from January 1, 2012 through September 30, 2015. These funds will support the design and implementation of LTSS enhancements, help in the development of a community infrastructure across NH, and strengthen the community-based network of services across the continuum of care and populations.

Jennifer Burnett
December 30, 2011
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The Principal Investigator and contact person for the BIP initiative is Donald Hunter, of the Bureau of Behavioral Health, who has significant project management experience. Please do not hesitate to contact Mr. Hunter at 603-271-5049, or by e-mail at: Donald.r.hunter@dhhs.state.nh.us.

Sincerely,


Nicholas Toumpas
Commissioner

Enclosure

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

THE NEW HAMPSHIRE BALANCING INCENTIVE PAYMENT PROJECT

Enhancing Opportunities for Living in Community Based Settings

Project Abstract and Profile

The New Hampshire Department of Health and Human Services (DHHS), in partnership with community organizations throughout the state, proposes to leverage the Balancing Incentive Payment Program to further develop the systems of community-based care that serve individuals with behavioral health needs, physical and/or intellectual disabilities. The intent of the New Hampshire project is to realize the long term goal of increasing the percentage of expenditures for long term supports and services (LTSS) that are provided in community settings to equal or exceed the expenditures for facility-based LTSS.

This goal will be achieved incrementally by the end of the project period through the following actions:

1. Streamline LTSS eligibility and assessment process through a No Wrong Door model, by reviewing current practices and improving partnerships between the ServiceLink Resource Center Network, Area Agencies for Developmental Services, Community Mental Health Centers, and DHHS District Offices.
2. Enhance care coordination, through conflict-free case management services, to support community living and reduce admissions and readmissions to long term care facilities.
3. Augment existing programs such as the ongoing Money Follows the Person project (known in New Hampshire as Community Passport) to increase its ability to serve a broader population base.
4. Evaluate the HCBC waiver service array in NH and make changes needed to reinforce the service network.
5. Train all current system entry points to administer a standardized first tier assessment all individuals seeking services and seamlessly advance eligible applicants to the appropriate program areas for second tier assessments.

As outlined in the preliminary work plan, New Hampshire will begin by focusing on establishing an outreach and training plan for stakeholders and partners. By the end of the first project year, we anticipate having laid the groundwork for the No Wrong Door system, enhanced conflict-free case management and standardized assessment instruments and strengthen the community-based network of services across the continuum of care and populations.

THE NEW HAMPSHIRE BALANCING INCENTIVE PAYMENT PROJECT

Enhancing Opportunities for Living in Community Based Settings

Preliminary Work Plan

New Hampshire's preliminary work plan is included on the following pages. This work plan identifies due dates for tasks listed, lead staff for each task and the status for each task as of the submission of this application.

As required, a more detailed version of this work plan will be developed in consultation with all key stakeholders and submitted within six months.

CATEGORY	MAJOR OBJECTIVE / INTERIM TASKS	DUE DATE (FROM TIME OF WORK PLAN SUBMISSION)*	LEAD PERSON	STATUS OF TASK	DELIVERABLES
GENERAL NWD/SEP STRUCTURE	ALL INDIVIDUALS RECEIVE STANDARDIZED INFORMATION AND EXPERIENCE THE SAME ELIGIBILITY DETERMINATION AND ENROLLMENT PROCESSES.				
	• DEVELOP STANDARDIZED INFORMATIONAL MATERIALS THAT NWD/SEPs PROVIDE TO INDIVIDUALS	10/1/2012	WENDI AULTMAN	IN PROGRESS	INFORMATIONAL MATERIALS
	• TRAIN ALL PARTICIPATING AGENCIES/STAFF ON ELIGIBILITY DETERMINATION AND ENROLLMENT PROCESSES	1/1/2014	WENDI AULTMAN	NOT STARTED	TRAINING AGENDA AND SCHEDULE
	A SINGLE ELIGIBILITY COORDINATOR, "CASE MANAGEMENT SYSTEM," OR OTHERWISE COORDINATED PROCESS GUIDES THE INDIVIDUAL THROUGH THE ENTIRE FUNCTIONAL AND FINANCIAL ELIGIBILITY DETERMINATION PROCESS. FUNCTIONAL AND FINANCIAL ASSESSMENT DATA OR RESULTS ARE ACCESSIBLE TO NWD/SEP STAFF SO THAT ELIGIBILITY DETERMINATION AND ACCESS TO SERVICES CAN OCCUR IN A TIMELY FASHION. (THE TIMING BELOW CORRESPONDS TO A SYSTEM WITH AN AUTOMATED LEVEL I SCREEN, AN AUTOMATED LEVEL II ASSESSMENT AND AN AUTOMATED CASE MANAGEMENT SYSTEM. NWD/SEP SYSTEMS BASED ON PAPER PROCESSES SHOULD REQUIRE LESS TIME.)				
	• DESIGN SYSTEM (INITIAL OVERVIEW)	7/1/2012 (SUBMIT WITH WORK PLAN)	DIANE LANGLEY	IN PROGRESS	DESCRIPTION OF THE SYSTEM
	• DESIGN SYSTEM (FINAL DETAILED DESIGN)	1/1/2013	DIANE LANGLEY	IN PROGRESS	DETAILED TECHNICAL SPECIFICATIONS OF SYSTEM
	• SELECT VENDOR (IF AUTOMATED)	7/1/2013	DIANE LANGLEY	NOT STARTED	VENDOR NAME AND QUALIFICATIONS
	• IMPLEMENT AND TEST SYSTEM	1/1/2014	MARY MAGGIONCALDA	NOT STARTED	DESCRIPTION OF PILOT ROLL-OUT
	• SYSTEM GOES LIVE	7/1/2014	MARY MAGGIONCALDA	NOT STARTED	MEMO INDICATING SYSTEM IS FULLY OPERATIONAL
	• SYSTEM UPDATES	SEMIANNUAL BEGINNING ON 1/1/2015	MARY MAGGIONCALDA	NOT STARTED	DESCRIPTION OF SUCCESSES AND CHALLENGES
NWD/SEP	STATE HAS A NETWORK OF NWD/SEPs AND AN OPERATING AGENCY; THE MEDICAID AGENCY IS THE OVERSIGHT AGENCY.				
	• IDENTIFY THE OPERATING AGENCY	7/1/2012 (SUBMIT WITH WORK PLAN)	DON HUNTER	IN PROGRESS	NAME OF OPERATING AGENCY
	• IDENTIFY THE NWD/SEPs	7/1/2012 (SUBMIT WITH WORK PLAN)	WENDI AULTMAN	IN PROGRESS	LIST OF NWD/SEP ENTITIES AND LOCATIONS
	• DEVELOP AND IMPLEMENT A MEMORANDUM OF UNDERSTANDING (MOU) ACROSS AGENCIES	10/1/2012	SUSAN LOMBARD	NOT STARTED	SIGNED MOU

CATEGORY	MAJOR OBJECTIVE / INTERIM TASKS	DUE DATE (FROM TIME OF WORK PLAN SUBMISSION)*	LEAD PERSON	STATUS OF TASK	DELIVERABLES
	<i>NWD/SEPs HAVE ACCESS POINTS WHERE INDIVIDUALS CAN INQUIRE ABOUT COMMUNITY LTSS AND RECEIVE COMPREHENSIVE INFORMATION, ELIGIBILITY DETERMINATIONS, COMMUNITY LTSS PROGRAM OPTIONS COUNSELING, AND ENROLLMENT ASSISTANCE.</i>				
	<ul style="list-style-type: none"> IDENTIFY SERVICE SHED COVERAGE OF ALL NWD/SEPs 	10/1/2012	WENDI AULTMAN	NOT STARTED	PERCENTAGE OF STATE POPULATION COVERED BY NWD/SEPs
	<ul style="list-style-type: none"> ENSURE NWD/SEPs ARE ACCESSIBLE TO OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES 	4/1/2013	WENDI AULTMAN	NOT STARTED	DESCRIPTION OF NWD/SEP FEATURES THAT PROMOTE ACCESSIBILITY
WEBSITE	<i>THE NWD/SEP SYSTEM INCLUDES AN INFORMATIVE COMMUNITY LTSS WEBSITE; WEBSITE LISTS 1-800 NUMBER FOR NWD/SEP SYSTEM.</i>				
	<ul style="list-style-type: none"> IDENTIFY OR DEVELOP URL 	10/1/2012	KELLEY CAPUCHINO	NOT STARTED	URL
	<ul style="list-style-type: none"> DEVELOP AND INCORPORATE CONTENT 	1/1/2013	KELLEY CAPUCHINO	NOT STARTED	WORKING URL WITH CONTENT COMPLETED, SCREEN SHOTS OF MAIN PAGES
	<ul style="list-style-type: none"> INCORPORATE THE LEVEL I SCREEN (RECOMMENDED, NOT REQUIRED) 	1/1/2014	SALLY VARNEY	NOT STARTED	SCREEN SHOTS OF LEVEL I SCREEN AND INSTRUCTIONS FOR COMPLETION
1-800 NUMBER	<i>SINGLE 1-800 NUMBER WHERE INDIVIDUALS CAN RECEIVE INFORMATION ABOUT COMMUNITY LTSS OPTIONS IN THE STATE, REQUEST ADDITIONAL INFORMATION, AND SCHEDULE APPOINTMENTS AT LOCAL NWD/SEPs FOR ASSESSMENTS.</i>				
	<ul style="list-style-type: none"> CONTRACT 1-800 NUMBER SERVICE 	1/1/2013	WENDI AULTMAN	NOT STARTED	PHONE NUMBER
	<ul style="list-style-type: none"> TRAIN STAFF ON ANSWERING PHONES, PROVIDING INFORMATION, AND CONDUCTING THE LEVEL I SCREEN 	1/1/2013	WENDI AULTMAN	NOT STARTED	TRAINING MATERIALS
ADVERTISING	<i>STATE ADVERTISES THE NWD/SEP SYSTEM TO HELP ESTABLISH IT AS THE "GO TO SYSTEM" FOR COMMUNITY LTSS</i>				
	<ul style="list-style-type: none"> DEVELOP ADVERTISING PLAN 	10/1/2012	JONATHAN McCOSH	NOT STARTED	ADVERTISING PLAN
	<ul style="list-style-type: none"> IMPLEMENT ADVERTISING PLAN 	1/1/2013	JONATHAN McCOSH	NOT STARTED	MATERIALS ASSOCIATED WITH ADVERTISING PLAN
CSA/CDS	<i>A CSA, WHICH SUPPORTS THE PURPOSES OF DETERMINING ELIGIBILITY, IDENTIFYING SUPPORT NEEDS AND INFORMING SERVICE PLANNING, IS USED ACROSS THE STATE AND ACROSS A GIVEN POPULATION. THE ASSESSMENT IS COMPLETED IN PERSON, WITH THE ASSISTANCE OF A QUALIFIED PROFESSIONAL. THE CSA MUST CAPTURE THE CDS (REQUIRED DOMAINS AND TOPICS).</i>				
	<ul style="list-style-type: none"> DEVELOP QUESTIONS FOR THE LEVEL I SCREEN 	1/1/2013	SALLY VARNEY	IN PROCESS	LEVEL I SCREENING QUESTIONS

CATEGORY	MAJOR OBJECTIVE / INTERIM TASKS	DUE DATE (FROM TIME OF WORK PLAN SUBMISSION)*	LEAD PERSON	STATUS OF TASK	DELIVERABLES
	<ul style="list-style-type: none"> FILL OUT CDS CROSSWALK (SEE APPENDIX H) TO DETERMINE IF YOUR STATE'S CURRENT ASSESSMENTS INCLUDE REQUIRED DOMAINS AND TOPICS 	7/1/2012 (SUBMIT WITH WORK PLAN)	SALLY VARNEY	IN PROGRESS	COMPLETED CROSSWALK(S)
	<ul style="list-style-type: none"> INCORPORATE ADDITIONAL DOMAINS AND TOPICS IF NECESSARY (STAKEHOLDER INVOLVEMENT IS HIGHLY RECOMMENDED) 	1/1/2013	SALLY VARNEY	NOT STARTED	FINAL LEVEL II ASSESSMENT(S); NOTES FROM MEETINGS INVOLVING STAKEHOLDER INPUT
	<ul style="list-style-type: none"> TRAIN STAFF MEMBERS AT NWD/SEPs TO COORDINATE THE CSA 	7/1/2013	SALLY VARNEY	NOT STARTED	TRAINING MATERIALS
	<ul style="list-style-type: none"> IDENTIFY QUALIFIED PERSONNEL TO CONDUCT THE CSA 	7/1/2013	SALLY VARNEY	NOT STARTED	LIST OF ENTITIES CONTRACTED TO CONDUCT THE VARIOUS COMPONENTS OF THE CSA
	<ul style="list-style-type: none"> CONTINUAL UPDATES 	SEMIANNUAL BEGINNING ON 7/1/2013	SALLY VARNEY	NOT STARTED	DESCRIPTION OF SUCCESS AND CHALLENGES
CONFLICT-FREE CASE MANAGEMENT	STATES MUST ESTABLISH CONFLICT OF INTEREST STANDARDS FOR THE LEVEL I SCREEN THE LEVEL II ASSESSMENT AND PLAN OF CARE PROCESSES. AN INDIVIDUAL'S PLAN OF CARE MUST BE CREATED INDEPENDENTLY FROM THE AVAILABILITY OF FUNDING TO PROVIDE SERVICES.				
	<ul style="list-style-type: none"> DESCRIBE CURRENT CASE MANAGEMENT SYSTEM, INCLUDING CONFLICT-FREE POLICIES AND AREAS OF POTENTIAL CONFLICT 	7/1/2012 (SUBMIT WITH WORK PLAN)	KATHLEEN LARNEY	IN PROGRESS	DESCRIPTION OF PROS AND CONS OF CASE MANAGEMENT SYSTEM
	<ul style="list-style-type: none"> ESTABLISH PROTOCOL FOR REMOVING CONFLICT OF INTEREST 	4/1/2013	KATHLEEN LARNEY	IN PROGRESS	PROTOCOL; IF CONFLICT CANNOT BE REMOVED ENTIRELY, EXPLAIN WHY AND DESCRIBE MITIGATION STRATEGIES
DATA COLLECTION AND REPORTING	STATES MUST REPORT SERVICE, OUTCOME, AND QUALITY MEASURE DATA TO CMS IN AN ACCURATE AND TIMELY MANNER.				
	<ul style="list-style-type: none"> IDENTIFY DATA COLLECTION PROTOCOL FOR SERVICE DATA 	7/1/2012 (SUBMIT WITH WORK PLAN)**	KERRI COONS	IN PROGRESS	MEASURES, DATA COLLECTION INSTRUMENTS, AND DATA COLLECTION PROTOCOL
	<ul style="list-style-type: none"> IDENTIFY DATA COLLECTION PROTOCOL FOR QUALITY DATA 	7/1/2012 (SUBMIT WITH WORK PLAN)**	SALLY VARNEY	IN PROGRESS	MEASURES, DATA COLLECTION INSTRUMENTS, AND DATA COLLECTION PROTOCOL
	<ul style="list-style-type: none"> IDENTIFY DATA COLLECTION PROTOCOL FOR OUTCOME MEASURES 	7/1/2012 (SUBMIT WITH WORK PLAN)**	SUSAN LOMBARD	IN PROGRESS	MEASURES, DATA COLLECTION INSTRUMENTS, AND DATA COLLECTION PROTOCOL

CATEGORY	MAJOR OBJECTIVE / INTERIM TASKS	DUE DATE (FROM TIME OF WORK PLAN SUBMISSION)*	LEAD PERSON	STATUS OF TASK	DELIVERABLES
	<ul style="list-style-type: none"> REPORT UPDATES TO DATA COLLECTION PROTOCOL AND INSTANCES OF SERVICE DATA COLLECTION 	SEMIANNUAL BEGINNING ON 1/1/2013**	KERRI COONS	NOT STARTED	DOCUMENT DESCRIBING WHEN DATA WAS COLLECTED DURING PREVIOUS 6-MONTH PERIOD AND UPDATES TO PROTOCOL
	<ul style="list-style-type: none"> REPORT UPDATES TO DATA COLLECTION PROTOCOL AND INSTANCES OF QUALITY DATA COLLECTION 	SEMIANNUAL BEGINNING ON 1/1/2013**	SALLY VARNEY	NOT STARTED	DOCUMENT DESCRIBING WHEN DATA WAS COLLECTED DURING PREVIOUS 6-MONTH PERIOD AND UPDATES TO PROTOCOL
	<ul style="list-style-type: none"> REPORT UPDATES TO DATA COLLECTION PROTOCOL AND INSTANCES OF OUTCOMES MEASURES COLLECTION 	SEMIANNUAL BEGINNING ON 1/1/2013**	SUSAN LOMBARD	NOT STARTED	DOCUMENT DESCRIBING WHEN DATA WAS COLLECTED DURING PREVIOUS 6-MONTH PERIOD AND UPDATES TO PROTOCOL
SUSTAINABILITY	STATES SHOULD IDENTIFY FUNDING SOURCES THAT WILL ALLOW THEM TO BUILD AND MAINTAIN THE REQUIRED STRUCTURAL CHANGES.				
	<ul style="list-style-type: none"> IDENTIFY FUNDING SOURCES TO IMPLEMENT THE STRUCTURAL CHANGES 	7/1/2012 (SUBMIT WITH WORK PLAN)	SHERI ROCKBURN	IN PROGRESS	DESCRIPTION OF FUNDING SOURCES
	<ul style="list-style-type: none"> DEVELOP SUSTAINABILITY PLAN 	7/1/2013	SHERI ROCKBURN	IN PROGRESS	ESTIMATED ANNUAL BUDGET TO MAINTAIN THE STRUCTURAL CHANGES AND FUNDING SOURCES
EXCHANGE IT COORDINATION	STATES MUST MAKE AN EFFORT TO COORDINATE THEIR NWD/SEP SYSTEM WITH THE HEALTH INFORMATION EXCHANGE IT SYSTEM.				
	<ul style="list-style-type: none"> DESCRIBE PLANS TO COORDINATE THE NWD/SEP SYSTEM WITH THE HEALTH INFORMATION EXCHANGE IT SYSTEM 	1/1/2013	KERRI COONS	NOT STARTED	DESCRIPTION OF PLAN OF COORDINATION
	<ul style="list-style-type: none"> PROVIDE UPDATES ON COORDINATION, INCLUDING THE TECHNOLOGICAL INFRASTRUCTURE 	SEMIANNUAL BEGINNING ON 7/1/2013	KERRI COONS	NOT STARTED	DESCRIPTION OF COORDINATION EFFORTS

** IF STATES DO NOT SUBMIT SATISFACTORY INFORMATION REGARDING DATA COLLECTION PROTOCOL, THEY WILL BE REQUIRED TO SUBMIT THIS INFORMATION ON A QUARTERLY BASIS.

THE NEW HAMPSHIRE BALANCING INCENTIVE PAYMENT PROJECT

Enhancing Opportunities for Living in Community Based Settings

Preliminary Work Plan

SIGNATURE OF LEAD OF OPERATING AGENCY

Nancy L. Rollins

NAME: NANCY L. ROLLINS

AGENCY: NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

POSITION: ASSOCIATE COMMISSIONER, COMMUNITY BASED CARE SERVICES

SIGNATURE OF LEAD OF OVERSIGHT AGENCY (MEDICAID)

Nicholas A. Toumpas

NAME: NICHOLAS A. TOUMPAS

AGENCY: NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

POSITION: COMMISSIONER

THE NEW HAMPSHIRE BALANCING INCENTIVE PAYMENT PROGRAM

Enhancing Opportunities for Living in Community Based Settings

Letters of Endorsement

New Hampshire has a history of success and partnership with a wide array of community partners. The following letters of support from organizations across the community-based care continuum demonstrate the depth and strength of support among this network. The engagement of all stakeholders and roles of all components of the long-term care system in NH will be laid out in more detail in the application narrative.

Copies of letters of support from the following organizations are in Appendix A:

- New Hampshire Council on Developmental Disabilities
- ENGAGING NH
- ServiceLink Resource Centers:
 - Tri-County Community Action Program, Inc
 - Grafton County
 - Strafford Network
 - Hillsborough County
- AARP New Hampshire
- New Hampshire Community Behavioral Health Association
- New Hampshire Medical Care Advisory Council
- Granite State Independent Living
- Home Care Association of New Hampshire
- New Hampshire State Committee on Aging
- Dartmouth Centers for Health and Aging
- Community Support Network, Inc.
- Institute on Disability
- New Hampshire Institute for Policy and Practice

THE NEW HAMPSHIRE BALANCING INCENTIVE PAYMENT PROGRAM

Enhancing Opportunities for Living in Community Based Settings

Application Narrative

Overview – New Hampshire Department of Health and Human Services

The Department of Health and Human Services (DHHS) is the umbrella agency responsible for the full range of public health care and human services programs in New Hampshire. Of the \$5.39 Billion spent by NH State Government in SFY 2011, a total of \$2.16 Billion was spent on health and social services. Of this amount, \$1.43 Billion, or 25.6% of all state expenditures were accounted for by Medicaid.

Within DHHS, fifteen different units are involved in the administration and functional coordination of the Medicaid program. Most of these units fall within three areas: the Office of Medicaid Business and Policy (including the Medicaid Director, planning and policy, federal reporting, financial management, and disproportionate share hospital); Community Based Care Services (including elderly, behavioral health, developmental services, and long-term care services); and Direct Programs and Operations (including children, youth and family services, along with primary responsibility for eligibility determination). Each of these areas has programmatic responsibility for the Medicaid services that fall under their respective jurisdiction as well as the funding for those services. DHHS is recognized federally as the State Medicaid Agency, State Mental Health Authority, State Aging Agency, and State Developmental Services entity.

The mission statements of DHHS and the key program units within the Division of Community Based Care Services (DCBCS) emphasize the delivery of long-term care services and supports (LTSS) in community based settings. In addition to the DHHS mission statement “to join communities and families in providing opportunities for citizens to achieve health and independence,” one of the Department’s stated responsibilities is:

- To provide treatment and support services to those who have unique needs including disabilities, mental illness, special health care needs or substance abuse problems: The Department has a responsibility to ensure access to quality community-based services for eligible individuals.

Within DCBCS:

- The Bureau of Behavioral Health (BBH) seeks to promote respect, recovery, and full community inclusion for adults, including older adults, who experience a mental illness and children with an emotional disturbance.
- In partnership with consumers, families, and community based service networks, the Bureau of Developmental Services (BDS) affirms the vision that all citizens should participate in the life of their community while receiving the supports they need to be productive and valued community members.

- As part of its mission, the Bureau of Elderly and Adult Services (BEAS) envisions a long-term system of supports that promotes and supports individual and family direction and provides supports to meet individual and family needs.
 - A successful example of BEAS programs is the Community Passport Program (Money Follows the Person). The stated goals of the program are:
 - To increase the use of home and community-based long term care services.
 - To eliminate barriers that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for necessary long-term services in the settings of their choice.
 - To increase the ability of the State Medicaid Program to assure continued service of home and community-based long term services to eligible individuals who choose to transition from an institution to a community setting.
 - To ensure that procedures are in place to provide quality assurance for individuals receiving Medicaid home and community-based long term care services and to provide for on-going improvement in such services.

A. Understanding of Balancing Incentive Program Objectives

- The State of NH is fully committed to providing quality care for individuals in the most appropriate, least restrictive setting, consistent with the BIP goals. In addition to NH's demonstrated record of rebalancing efforts, since 2009 (the BIP base year) NH has increased utilization of community-based services through programs to move people from institutional to community based services and other programs to support and keep people in the community
- The BIP creates an additional opportunity consistent with DHHS work on comprehensive system change in the development of standard tools and processes for application to Department wide programs and quality improvement.
- As development of NH's detailed work plan advances, the BIP project team will clarify how NH's intended approaches will remediate fragmentation and improve access and still address the unique needs of each of DHHS' constituent populations. While integration and coordination are key BIP goals, DCBCS still needs to acknowledge and address the unique program and policy differences to meet each population's distinct needs.

In the mid 1980's New Hampshire began efforts to reduce reliance on institutional long-term care in the behavioral health and developmental services areas. By the late 1990's, NH had begun to reduce the reliance on nursing home care and encourage the use of home and community-based care. New Hampshire is committed to developing and implementing program changes that will continue to advance this rebalancing of its long-term care system, with the goal of increasing access to community based long term services and supports (LTSS) to at least 50% of its overall long-term care budget. New Hampshire will continue to emphasize and encourage the use of community-based care services, and will implement the program changes needed to meet this goal.

In order to continue rebalancing its long term care system and to meet the Balancing Incentive Payments Program benchmark of increasing total Medicaid expenditures on home and community based LTSS to 50% by September 30, 2015, the State is applying to participate in the grant funded BIP Program.

New Hampshire proposes to build on its successful history of increasing community based LTC as well as examine current assumptions and future options, all of which will lead to the availability of a more robust array and higher quality community based services to those eligible for LTSS in NH. This proposal focuses on three tightly inter-related areas:

- Perceptions – NH will develop and carry out stakeholder engagement plans and social marketing campaigns to:
 - Identify stakeholder perceptions and experiences with the current eligibility, assessment, care plan development, and service availability and delivery.

- Address the lingering perception that people in need of LTSS must turn to institutional services as their first option. NH intends to turn this perception around so that stakeholders (consumers and providers) understand and expect that community based LTSS are the first option for this care.
- Processes - NH will promote and encourage the use of home and community based care by strengthening and improving the design and application of the following structural features:
 - No Wrong Door/Single Entry Process – DHHS will integrate current networks to improve electronic collection and sharing of basic applicant data to improve eligibility determination processes through a No Wrong Door approach and coordinate the referral to and assessment of the need for LTC services, along with access to appropriate services through a Single Entry Process (rather than a Single Entry Point).
 - Conflict-Free Case Management – DHHS will evaluate its case management systems in order to strengthen our practices for assessment, referral, linkage and monitoring, and insure they are conflict free.
 - Core Standardized Assessment – DHHS will evaluate the current assessment tools used by LTC program areas and network partners, then take the necessary steps to incorporate any needed core data set elements and ensure that appropriate assessment tools are applied consistently across each respective population.
- Programs:
 - NH will review and examine current Medicaid State Plan and HCBC Waiver LTC services and options, including recent legislative and budgetary impacts, to identify areas where the enhancement of sustainable community based services can be achieved.
 - NH will review workforce issues affecting community based services and providers and develop a plan to address these issues.
 - NH will work with Medicaid Managed Care Organizations (scheduled to begin July 2012) to improve care coordination, access and outcomes.
 - NH will continue to prepare for the 2014 Medicaid Expansion group, although no significant increase in the demand for LTSS is anticipated at this time.

Consistent with the provisions in Section 10202 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), titled the State Balancing Incentive Payments Program (referred to in this application as BIP), the State will work toward transforming its long-term care systems to achieve the rebalancing discussed in this document by:

- Developing educational programs geared to the public, helping them recognize (prior to any crisis occurs) that there are community-based alternatives to institutional care for those with mental and/or physical disabilities and nursing facility care for persons whose health is declining. The educational offerings will include a wide range of venues such as

presentations to service organizations, television, radio, the Internet, web-base programs, social media and printed material.

- Modifying the LTSS entry process so that the default LTC service expectation is community based care rather than institutional care.
- Expanding on a No Wrong Door point of entry. NH intends to utilize its existing network of award winning Aging and Disability Resource Centers (known as ServiceLink) as a working model and expanding the concepts that contributed to that system's statewide success by including Area Agencies serving the Developmental Disabilities population, the statewide network of Community Mental Health Centers, the Community Health Centers and DHHS District Offices.
- Enhancing the financial and functional eligibility determination processes by standardizing, streamlining and electronically sharing data across all network partners.
- Reevaluating the current admission screening tools to develop and create an integrated instrument that will trigger access to services at any point of entry.
- Improving hospital discharge planning policies, practices and timelines to implement more effective transitions of care and reduce readmissions.
- Reevaluating disability specific assessment instruments to establish their continued value and effectiveness in the development of treatment plans that are focused on home and community based supports.
- Creating tools to facilitate person-centered assessment and care planning.
- Creating a risk assessment instrument that clearly evaluates potential risk for the consideration of persons contemplating community-based services.
- Reviewing Case Management rules throughout DHHS, revising each as appropriate to offer specificity and a context that defines conflict free case management.
- Strengthen the community based service network to effectively deal and efficiently support a growing number of individuals with diverse service needs.
- Enhancing the development of a community based workforce. DHHS intends to work with contract agencies to rebalance the service reimbursement structure, thus enabling agencies to more adequately compensate staff.
- Workforce development efforts that help to prepare a workforce competently trained to meet the home and community needs of an aging population.
- Recognizing the value of a workforce that functions under the direction of licensed medical staff who are cross-trained to recognize the wide variety of medical symptoms presented by this population. It is critical to rebalancing and the successful maintenance of persons in a community environment that those coming in contact with them on a daily basis be trained to recognize what could be symptoms of acute complications.

- Boosting the electronic information infrastructure to support real time, effective sharing of information and record keeping.

In addition to the consumer and family benefits of community-based services, NH has a strong financial incentive to continue to rebalance its long-term care services from institutional to community based. As an example, during SFY 2010, the costs for NH Medicaid members in nursing facilities (and not receiving any community based services) averaged \$3,405 per member per month, while the costs for members receiving home and community based services averaged only \$2,771 per member per month.

These rebalancing efforts are expected to result in the following improvements:

- Improve operations, systems efficiencies and access, resulting in a more desirable balance between community based and institutional long-term services and supports.
- Providing more long-term services and supports to individuals in less costly home and community based settings.
- Improving quality measurement and oversight.

B. Current System's Strengths and Challenges

- 1). Information and referral:** In NH, the ADRCs, known as the ServiceLink Resource Center (SLRC) network, serve as a statewide system that enables consumers to access LTSS. The population served by ServiceLink includes adults age 60 and older, younger adults with a chronic illness or disability who are between the ages of 18 and 60, and their families/caregivers. Many individuals who have used ServiceLink live alone or have cognitive and/or accessibility challenges.

The ServiceLink network consists of thirteen community based “one-stop centers,” which are geographically dispersed throughout the State, that provide information regarding the availability of LTSS (Medicaid or Non-Medicaid), how to apply for such services, referral for services and supports otherwise available in the community, and determinations of financial and functional eligibility for such services and supports, or assistance with assessment processes for financial and functional eligibility.

Over time, the SLRC network has become a well known, trusted and readily accessible point of entry for long-term care services. In SFY 2011, the SLRC network reported over 92,682 unique contacts statewide. These included phone calls, walk-ins, faxes, office and community appointments, and e-mails. SLRCs provide information and assistance about LTSS, decision support and assistance in exploring and evaluating future care options, including LTC options. ServiceLink staff members discuss with an individual the pros and cons of specific choices now and for the future, and provide guidance and support on developing an action plan based on individual preferences, needs, and goals.

By providing a single entry point for people to obtain information about, and supported referrals to, available services, the SLRC network has helped to reduce the stress, confusion and additional time that consumers may otherwise experience when trying to obtain help. By providing information about and referrals to home and community-based services, the SLRC network has also contributed significantly toward decreasing the utilization of more costly nursing home care.

In order to receive Medicaid-funded services, an individual must be determined to be financially and clinically eligible as described in RSA 151–E:3. The NH Department of Health and Human Services (DHHS) Division of Family Services (DFA) makes the financial eligibility determination and the Bureau of Elderly and Adult Services (BEAS) makes the clinical eligibility determination for individuals applying for nursing facility or CFI services. A single application, the Form 800 DFA Application for Assistance, is used to initiate eligibility for all Medicaid services including long term care. In this process, the SLRC often serves as a SEP agency to facilitate and guide the individual through the eligibility determination steps. Many individuals who are eligible for BBH or BDS long term services and supports receive case assistance with the Form 800 and Medicaid application process from their designated case managers within the community-based provider agency.

Individuals may also apply for Medicaid-funded LTC services at any of the Department's district offices, its Central Office in Concord, and online.

- 2). **No Wrong Door – Single Entry Point (NWD/SEP):** New Hampshire's current eligibility and assessment system is regionally based, with several networks, each targeted towards different populations.

The Bureau of Elderly and Adult Services' (BEAS) has fully functioning and award winning statewide ADRCs known as the ServiceLink Resource Center network (SLRC). SLRCs are a one-stop location for consumers and families to access all long term services and supports. Within this fully functioning ADRC model, NH will work to strengthen the NWD/SEP system so that a single eligibility coordinator, "case management system," or otherwise coordinated process guides the individual through the entire assessment and eligibility determination process.

New Hampshire's Behavioral Health and Developmental Services systems have regional infrastructures, where several agencies, geographically dispersed throughout the State, are designated by the State as lead agencies to coordinate all regional activities on behalf of individuals with disabilities. As systemic entry-points, the agencies are responsible for all functional intake and eligibility determinations for behavioral health, developmental and acquired brain disorder services and coordinate service planning for each eligible individual. These agencies have the potential to operate directly as a NWD level 1 screening site, or provide space to the contracted NWD/SEP provider, increasing access to "service sheds" within a given geographic area.

- 3). **Core Standardized Assessment Instruments:** BEAS is committed to enhancing its current standardized assessment tools for determining eligibility for non-institutionally based long-term services and supports used across disability populations. These enhancements will enable the assessment tool to be used in a uniform manner throughout the State, and to determine a beneficiary's needs for training, support services, medical care, transportation, and other services. An individualized service plan will also be developed to address such needs. In addition, the new core standardized assessment instruments will capture the set of data elements, i.e., the core data set (CDS) as specified in the BIP Implementation Manual.

Until recently BDS provided the area agencies with flexibility in using different assessment tools for eligibility and service planning purposes. As most of the new applicants (typically children) for services have gone through prior clinical and functional evaluations, the area agencies naturally made use of the results of those assessments in determining eligibility. If there has been no other recent standardized functional assessment, the area agencies typically use the SIB-R (Scales of Independent Behavior-Revised) at initial intake. For service planning, most area agencies previously used the ICAP (Inventory for Client and Agency Planning).

More recently, BDS has been working with the area agencies to bring about more uniformity and consistency in use of assessment tools. This has already been accomplished with the most recent systemic commitment to utilization of the SIS (Support Intensity Scale), which

evaluates support requirements of a person with an intellectual disability and provides important information for service planning (about 1,000 individuals have already been evaluated). There is a timely and real interest within New Hampshire's Developmental Services system to use Core Standardized Assessment tools and processes. Both BDS and the area agencies are very willing to work with the other partners within the State to establish the Core Standardized Assessment and the Core Data Set that are required by BIP.

New Hampshire's Bureau of Behavioral Health currently collects core data elements for determining eligibility for community mental health long-term care supports and services within the requirements of NH administrative rules. Each community mental health program develops and utilizes their own eligibility assessment tool, which captures the core data elements without the use of a single statewide assessment tool. BBH is in the final stages of implementing a single statewide New Hampshire assessment tool. The NH version of the Child and Adolescent Needs Assessment (CANS) and Adult Needs and Service Assessment (ANSA) will be the required eligibility assessment tools for community mental health supports and services and will include all of the BIP core data elements. Implementation of these tools is expected by July 1, 2012.

Within DHHS, DCBCS will not be alone in the development and implementation of BIP requirements. The Office of Medicaid Business and Policy (OMBP) is responsible for providing NH Medicaid State Plan Services to individuals needing LTSS. OMBP will actively participate in the development and adoption of the Core Standardized Assessment across all populations. OMPB will also participate the development and adoption of conflict free case management for NH DHHS wide application as discussed further in the following paragraphs.

- 4). Conflict-Free Case Management Services:** In general, NH Administrative Rules guide case management services and prohibit conflict of interest. Each program area in DHHS differs slightly in their approach. To strengthen and improve NH's conflict-free case management system, DHHS will work to establish protocols for removing conflict of interest when they arise. DHHS will re-examine its case management system in order to strengthen our practices and ensure they are conflict free.

Case Management services are available throughout the current BEAS LTSS network. For the elderly and adults with disabilities, rules have been adopted to require that a case manager be employed by an agency that does not have a conflict of interest, which is defined as a conflict between the private interests and the official or professional responsibilities of a person, such as providing other direct services to the program participant, being the guardian of the participant, or having a familial or financial relationship with the participant (He-E 805.02).

New Hampshire's developmental services system revised its regulations more than a decade ago to provide its consumers with choice and control over all aspects of their services, including selection of providers. Within that approach, consumers are able to choose their service case managers. Notwithstanding that opportunity, the great majority of the individuals currently receive their case management services from area agencies,

geographically dispersed throughout the State, some of which also provide direct services. Although NH regulations clearly articulate case management responsibilities, the current organizational arrangement of case management services can give the impression it is not “conflict-free” in all cases. Developing and adopting stronger conflict of interest standards for the State’s Developmental Services System could provide greater assurances to individuals and their families regarding the disposition, transparency, and integrity of the advocacy that their case managers would provide.

New Hampshire’s community mental health targeted case management service is provided by 10 regional Community Mental Health Programs which also offer and provide a wide range of community mental health services to individuals determined eligible for LTSS. With the release of the nationally proposed rule regarding case management in December of 2007, NH’s Bureau of Behavioral Health redefined the case management service (He-M 426.15) with the intent of precluding from the case management assessment, referral, linkage and monitoring process any assessment component related to community mental health services. CMS concurred with BBH that the community mental health treatment planning and monitoring were inherent responsibilities of the community mental health provider and should not be conducted or paid for as a case management service. Since that time the Community Mental Health Programs have adopted new comprehensive case management assessments, which focus on each individual’s broader medical, education and social needs as defined in the regulation. This was done after much consultation with CMS to eliminate any conflict of interest from the case management service.

C. NWD/SEP Agency Partners and Roles:

- The State of New Hampshire will implement a NWD/SEP system through the collaboration of many partners. The Division of Community Based Care provides short and long term planning capacity for programs for elders, adults and children with disabilities. DCBCS develops and implements programs and policies to support the entire range of LTC services, from community-based programs to nursing facility level of care. DCBCS continues to build upon earlier initiatives to develop a coordinated, person-centered system of care that promotes independence and dignity and enables individuals receiving services to have choice and control over their services.

DHHS is considering a model where the SLRCs will continue to function as the entry point with primary responsibility for the Stage 1 level I initial assessment and coordination throughout the eligibility and enrollment process. Under this model, the SLRCs will directly link the individual to trained staff at partner agencies who will conduct the Stage 2 level II eligibility determination. SLRCs would assign a single coordinator to facilitate and monitor the application and eligibility processes. The Community Mental Health Centers, Area Agencies and BEAS staff would conduct the Stage 2 Level II eligibility determinations. The Division of Family Assistance will complete the financial eligibility determination.

Currently, the programs administered by DCBCS are funded under Medicaid, the Older Americans Act, the Social Services Block Grant, the Mental Health and Substance Abuse Block Grant, other federal grant awards, and State general and county funds. Supported programs include but are not limited to the Adult Protective Services Program, Senior Medicare Patrol Program and State Health Insurance Counseling program (Medicare), the Family Caregiver Support Program, the statewide ServiceLink Resource Center network, LTC assessment and counseling, LTC clinical eligibility determinations (for both nursing homes and Medicaid Waivers), and residential care. In addition, BEAS is responsible for the administration of a number of safety net services, including but not limited to: home-delivered and congregate meals programs, transportation services, homemaker and home health aide services, and personal care services. These services are provided by community partner agencies statewide.

DCBCS works closely with its community partners to address service needs and service planning with the goal of developing a comprehensive and person-centered system of community and LTSS that meets the needs of NH's citizens. In addition, DCBCS partners with a number of other agencies that play a role in the NWD/SEP system as described below:

- 1). ServiceLink Resource Center Network:** SLRCs are contracted to provide a NWD/SEP statewide system that enables consumers to access these LTSS through a single network. The SLRC network serves as NH's NWD/SEP network as described in Section B above. The SLRC network has offices in centrally located sites within each county and there are satellite sites throughout the state. The SLRCs continue to develop and increase capacity to serve an increasing number of individuals, families and caregivers. Collaboration and partnership with other community providers is well established. Throughout the state, the

SLRC network is the known and trusted source for individuals and families seeking information and assistance with all matters relating to aging. BEAS has utilized the SLRC network as a platform for its long-term care systems transformation efforts. The SLRC will function as a Stage 1 Level 1 initial screening for all LTSS.

- 2). **Division of Family Assistance:** DFA works in partnership with the SLRC network and BEAS in the eligibility determination process for nursing facility and CFI services. For these services the SLRC network serves as the NWD/SEP, DFA provides the financial determination, and BEAS provides the medical eligibility determination using a single application. DCBCS will expand this partnership for all individuals eligible for LTC services, including community mental health and developmental services by coordinating the Level II eligibility determination processes conducted by those agencies with the financial determination.
- 3). **DFA also partners with BEAS** to implement RSA 151-E: 18, Presumptive Eligibility (PE) for the CFI Medicaid Waiver Program for certain individuals. Through this initiative, DFA waives the usual face-to-face financial interview with an applicant and the clinical assessment and evaluation is done within a limited number of days to expedite the eligibility process. DFA is also working with BEAS to further streamline eligibility for LTSS. DFA also partners with BBH to facilitate Medicaid eligibility for persons being discharged from New Hampshire Hospital, the state-run psychiatric institution.
- 4). **Case Management Agencies:** As part of NH's NWD/SEP approach, as part of case management services, the case managers are responsible for developing care plans, arranging for services and supports, supporting individuals (and, if appropriate, the beneficiary's caregivers) in directing the provision of services and supports, and conducting ongoing monitoring to assure that services and supports are delivered to meet the beneficiary's needs and achieve intended outcomes.
- 5). **NH Family Caregiver Support Program (NHFCSP):** The NHFCSP is a fully functioning consumer-directed model that has been implemented in each of the SLRC sites. New Hampshire has made significant investments to develop and expand a coordinated infrastructure to support family caregivers, by providing the ongoing support and tools needed by caregivers to continue their important role. The NHFCSP has demonstrated (with minimal funding) that this program is instrumental in sustaining family caregivers who might otherwise "burn out" and place their relatives in a nursing facility, often supported by publicly funded programs. While respite care and supplemental services are valuable components of caregiver support, the ability of caregivers to connect with a caregiver support specialist for assistance and 1:1 support is also critical in sustaining the ability for family caregivers to continue caring for the individual in the community. The NHFCSP has just successfully completed its third Community Living Program grant. These three successive grants from the Administration on Aging (AoA) and a private grant from the Weinberg Foundation to four of the SLRC sites have enabled DHHS to transition and establish caregiver supports in the communities throughout the state via the SLRC network. The model provides family

caregivers the flexibility to select, train, and supervise their respite care providers. Findings from the preliminary evaluation of these grants have demonstrated that modest amounts of financial assistance, as well as counseling, training, and support of caregivers can prevent or delay spending down to Medicaid nursing home eligibility.

- 6). New Hampshire Community Passport Program (NHCP):** The NHCP Program, funded through the Money Follows the Person Program (MFP), partners with the SLRC network, nursing facilities, and other community partners to offer care in community settings to individuals who reside in nursing or rehabilitation facilities and assists those who wish to move out of institutions in making the transition to home and community based services. The work done to date on rebalancing the LTC system has enabled NH to improve and augment the community based infrastructure, which has made it possible for these individuals to establish and maintain their tenure in the community.

The expansion of the NWD/SEP to all individuals receiving LTCSS within DCBCS, including BBH and BDS, will leverage the existing BEAS partners to create a single statewide network for all LTSS.

D. NWD/SEP Person Flow:

- The current eligibility determination process for applicants seeking multiple LTSS benefits can be challenging for clients, particularly for those in rural settings. If an individual is applying for multiple benefits from various funding sources or programs, the process can be even more difficult. NH's planned enhancement of the NWD/SEP System will remove these barriers by unifying the application process for LTC, NHCP, Medicaid, and Supplemental Nutrition Assistance Program (SNAP) benefits. It will also provide extra online web-based tools to complete preliminary access to medical eligibility screening. This will complement the financial eligibility screening currently available for SNAP, and the screening procedures planned for Medicaid and the NHCP.

Currently, the SLRC network performs a preliminary screening and completes the Level 1 – DFA Form 800 Application for Assistance for individuals applying for LTC services. Individuals also apply for services at regional Area Agencies or CMHCs. Individuals seeking services through a ServiceLink site are referred to the local Area Agency or CMHC serving their area. With the BIP grant, the NH DHHS is reviewing the possibility of expanding the SLRC – NWD/SEP role so that individuals begin utilizing the SLRC network for the preliminary screening and Level 1 assessment for all LTSS.

Individuals who elect to apply for benefits are able to complete the Medicaid financial application online, and can do this independently or with assistance from family, ServiceLink, Area Agencies, Community Mental Health Centers, or with other community partners. While an individual is currently able to apply for Medicaid State Plan and BEAS services using the on-line consolidated Medicaid application through NH EASY (New Hampshire Electronic Application System), BDS and BBH service access are handled separately. Coordination of these processes through this BIP project will provide greater accessibility to benefits and a simplified process for clients. The future changes will also reduce bottlenecks associated with the coordination complexities among the various branches of DHHS. This will improve timeliness and the probability of individuals accessing all benefits for which they are eligible. The impact will be both significant and sustainable long term, and will address a critical barrier to access in rural communities.

1). OASIS/MDS Integration: As part of the medical determination process for LTC, DCBCS is exploring the feasibility and development of interfaces to use data from the Minimum Data Set (MDS) and Outcome and Assessment Information Set (OASIS) applications in the medical determination process for LTC services for Medicaid. The MDS is part of the federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes. This process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems. The OASIS is a key component of Medicare's partnership with the home care industry to foster and monitor improved home health care outcomes and is proposed to be an integral part of the revised Conditions of Participation for Medicare-certified home health agencies.

- 2). Long Term Care (LTC) Client Application and Screening:** Includes expansion of the on-line application system to allow clients to screen for LTC program eligibility, which includes nursing facility and HCBC services.
- 3). Tools to Solicit Provider Information for LTC Medical Determination:** Automating the LTC Medical Determination assessment has been identified as a future project. This would enable trained community partners to complete and submit assessments through a secure, web-enabled tool.

The NWD/SEP solution NH is considering includes improved access by the Community Mental Health Centers, Area Agencies and SLRC services to NH EASY, the DHHS web-based tool for Medicaid screening and on-line application submission. This tool can be enhanced to include long-term care services. Area Agencies and the counselors located at SLRC sites can then use this efficient, web-based screening and application tool during their face-to-face meetings with clients in the field or during telephone discussions. New software enhancements to NH EASY would include preliminary screening to see if program applicants meet state and federal requirements for income, assets, medical need and other requirements. This would improve the productivity of Area Agencies and SLRCs in all settings including office interviews, phone assistance and support provided by staff at remote locations. Providing a combined online application for LTSS along with the NHCP, Medicaid and SNAP will enable clients and their support networks to apply for multiple benefits from any location in the State that has Internet access.

In addition, an online financial and functional screening is proposed that would provide information on service options a person would likely be eligible to receive for themselves, family members, caregivers and community partners. This would serve as an outreach tool to enable applicants and stakeholders to learn about beneficial assistance programs and their various eligibility requirements. They could do this in the privacy and convenience of their own homes and other natural community settings used by potential program participants.

Although older adults and persons with disabilities are not traditionally viewed as power users of Web applications, the number of older adults and persons using the Internet for social interaction and business transactions is increasing dramatically. Based on United States Census Bureau reporting, the percentage of adults nationwide who are over 65 and using the Internet increased from 15% in 2000 to 42% in 2009 nationally. NH residents are particularly well equipped to take advantage of new Internet benefit outreach, screening and application features due to NH's first in the nation ranking for Internet access at home, with 75% of households having Internet access. This access extends to NH's rural communities, which have a slightly higher home Internet access percentage (77%) than the State average. Based on these statistics, NH has the most potential in the nation for adoption and usage of an Internet-based application and pre-screening option for clients. Those assisting the elderly are even more apt to use the Internet (parents of disabled children or children of the elderly, etc). In addition to at-home access, almost all of NH community support settings have Internet access and all Area Agency and SLRC facilities have Internet access including public access to a computer at the SLRC Medicare Learning Centers.

The process for determining an individual's waiver program eligibility varies between the DHHS Bureaus. Within BDS, the client's medical eligibility determination is made by trained providers at the community based area agency through assessment of the applicant's physical, intellectual, cognitive and behavioral status and an age-appropriate functional assessment.

For BEAS, the client's eligibility determination is made after trained community based providers have completed the standardized Medical Eligibility Determination (MED) assessment. A BEAS LTC nurse then reviews the medical information, reviews the MED submitted, follows up with any questions, and determines the client's eligibility.

Eligibility for LTSS within New Hampshire's Community Mental Health System is determined by providers at each contracted community mental health centers, utilizing an agency-developed functional assessment tool that includes core data elements defined in state administrative rules.

New Hampshire prides itself on its advanced SLRC network, and there are several pathways to gain knowledge regarding the information and services available through this network. All individuals, potential eligible clients, and their families can access information and services through:

- 1). Calling the SLRC network toll-free number (1-866-634-9412). By calling ServiceLink's national toll-free number 1-866-634-9412, an individual's call will be automatically routed to the ServiceLink site nearest them and answered by a team member prepared to help with questions about a variety of needs or interests. The individual might be looking for respite care for a loved one, an opportunity to learn more about financial planning, or a connection to a volunteer experience. ServiceLink's team will talk with the individual about their questions and then provide accurate information about available resources and options in their area.
- 2). The same information and resources are provided to those who visit their local ServiceLink Resource Center.
- 3). Referral from a medical office or hospital to a SLRC.

Other DHHS community pathways include:

- 1). Calling the NH DHHS toll-free number (1-800-351-1888) or visiting a DHHS District Office. Trained services and support workers will help the client apply for services and/or direct them to the appropriate place to obtain the information they are looking for.
- 2). Visiting the following websites:
 - State of New Hampshire (www.nh.gov)
 - NH DHHS (www.dhhs.nh.gov)
 - NH DHHS on-line Medicaid application (<https://nheasy.nh.gov>)
 - ServiceLink (www.servicelink.org)

All of these websites contain links to forms, tools, eligibility information, supports, and educational opportunities. The SLRC website also contains a publicly accessible and searchable database of community resources.

- 3). Financial Eligibility Determination: In addition, an individual's financial eligibility is determined at a DHHS district office or at the state administrative office, or may be determined through a SLRC.
- 4). A DHHS adult protection services worker, who will direct the client to the appropriate place to obtain services or the worker can also arrange for services.
- 5). Calling 2-1-1, the NH Community Resource Directory and call center, which directs individuals to ServiceLink.

E. NWD/SEP Data Flow:

- The current core standardized assessment instruments for medical eligibility are not automated and are processed manually. Automation of these assessments is a future goal and will help to significantly streamline the process.

Currently within DHHS, data is tracked through multiple systems and includes many manual processes. Medicaid applications are accepted through a variety of avenues and means, including paper, electronic and web-based versions. New Heights, the Medicaid eligibility system, manages the Medicaid financial eligibility process for all programs as well as the medical eligibility process for BEAS LTC services. The medical eligibility determination process for BDS and BBH services are tracked in separate systems. Once the client has been determined medically eligible for those services, the client's eligibility information is updated in New Heights to include those programs. The eligibility information from New Heights is fed to the Medicaid Management Information System (MMIS) daily to govern claims payment.

F. Potential Automation of Initial Assessment:

- The BIP program team will review the compatibility of current data systems and develop recommendations on how to coordinate access between and among all DHHS and community network partners.

At present, through the SLRC network model, DHHS conducts an initial eligibility assessment of individuals when they contact a SLRC. This assessment may be initiated either by phone, email or via the SLRC website. The assessment consists of a preliminary screening that is completed along with the Level 1 – Form 800 DFA Application for Assistance. A trained SLRC team member will provide one-on-one counseling in order to identify the individual's questions, provide accurate and appropriate information, and assist the individual in understanding and evaluating various long-term care options. The practices of all other network partners will be reviewed and compared to the SLRC model and the BIP requirements.

A key opportunity and challenge will be to integrate access between the NWD/SEP website and DHHS' current eligibility application (NH EASY). The BIP project team will examine the feasibility of allowing both input and read access by all network partners. The goal is to collect standard personal data only once, then make that data available to all other program units needing that information.

For those applicants who are determined eligible for NH Medicaid, the next step is to automate the Level II assessment. Through the eligibility process, approved applicants will be seamlessly referred to the appropriate program unit (either BEAS, BDS or BBH) for the Level II Assessment. When a LTC application is initiated, a functional assessment is completed. BDS, BBH and BEAS use unique assessment instruments, which will now include the core data set as required under BIP. These assessments identify the kinds of supports needed by an individual. The assessment also provides information needed for the plan of care (if the individual is determined eligible for services).

DHHS currently has available funding to automate the MED Assessment used by BEAS. NH will continue to move forward with the strategic goal of developing a more automated system for the uniform collection of all core dataset requirements. Such a system will make it possible to standardize intake, assessment processes for each program area, required reports, demographic information, and referral information needed to measure outcomes.

G. Potential Automation of CSA:

- Concurrent with the development of an electronic assessment tool, the BIP project team will work with all DHHS units and community network partners to harmonize the disparate strategies of data collection and assessment such that consumers, caregivers and providers will have greater access and transparency in the determination of support and services needed and how DHHS provides for those services.

The core standardized assessment tool used to determine medical eligibility for the BEAS CFI Waiver Program is the Medical Eligibility Determination as described in Section F. Currently, trained community providers such as nurses at hospitals, home care agencies, nursing facilities, and BEAS state nurses conduct the MED Assessment. This is a manual tool that is either faxed or scanned as a package to the LTC unit at the BEAS state office for review and eligibility determination. Automating this tool would ultimately provide time saving steps and provide uniformity in data collection processes. The State has begun the process of seeking authorization from the Centers for Medicare & Medicaid Services (CMS) to crosswalk other assessment tools with the MED assessment. An anticipated outcome of this crosswalk is that community providers and BEAS would be able to use data collected for completion of the OASIS form by Medicare home health agencies or the MDS completed by nursing facilities. Automation of the MED Assessment has long been a component of the BEAS strategic plan; however BEAS has not had the financial resources to fully implement and sustain this model until this year when funding became available through the Money Follows the Person Program to begin this process.

In the BEAS services system, the MED instrument is used as the Level II functional assessment. With the exception of the Instrumental Activities of Daily Living (IADLs), the MED captures all of the identified domains and topics identified in the BIP Implementation Manual, and the form is being revised to incorporate these activities. While the data being collected by the MED can comprise a CDS, that information is in a raw form. Because it is completed manually at present, there is no capacity to aggregate the data elements for analysis in a systematic, uniform way for program monitoring, planning, and quality assessment. This is an area where the State will focus on as part of its work plan.

At this time, BDS has not mandated a standardized assessment instrument to determine clinical eligibility when assessing the three waiver programs coordinated by Area Agencies (Acquired Brain Disorders, Developmental Disabilities, and In Home Support Waiver for Children with Severe Disabilities). However, Area Agencies typically develop support plans by using a standardized tool, including the Support Intensity Scale (SIS), Scales of Independent Behavior-Revised (SIB-R), or Inventory for Client and Agency Planning (ICAP).

The Community Mental Health Centers, which are overseen by BBH, utilize standardized eligibility assessment instruments and requirements for comprehensive intake assessments as defined in He-M 408, Clinical Records.

H. Incorporation of CSA in the Eligibility Determination Process:

- NH does not currently have a single CSA. DHHS uses different tools in each program area. At this time, the BIP project team believes that a separate CSA for each population group would best serve NH Medicaid recipients. Once developed, these tools could be made web accessible as appropriate. CSA development will include all DHHS internal stakeholders as well as important external stakeholders for each population being addressed.

NH is currently in the process of incorporating the core standardized assessment (CSA) instruments into the eligibility determination process for BBH, BDS, and BEAS. DHHS staff is reviewing the CSA/CDS Crosswalk presented in the Balancing Incentive Program's Implementation Manual and it appears that much is already included in the MED used by BEAS, the SIS and SIB-R used by BDS, and the CANS and ANSA being implemented by BBH. None of these assessments address all the required elements of a CSA and CDS. Therefore, BBH, BDS, and BEAS will continue to collaborate to develop assessment instruments that incorporate the required domains of a CSA and required data for the CDS.

During CSA development, the BIP project team will consider both the content and the application of the tools. NH, in the administration of some of its functional assessments, depends on service providers for both evaluation and the provision of services. This process is at high risk for conflict. All CSA development participants will consider alternatives to the current CSA administrative strategies so that conflict free assessments are obtained. As a part of the development process, the necessary skills for administration will also be determined and subsequently incorporated into the implementation activities.

Technical assistance would be beneficial with meeting facilitation strategies and is critically important in informing the translation of functional assessments into specific services for Medicaid reimbursement.

I. Staff Qualification and Training:

- DHHS is aware that the structural changes to be implemented through BIP will require various levels of training and is prepared to develop and conduct that training.

DHHS staff receive training as needed to remain current on various policy and system changes. The BIP project team will coordinate with program area trainers to identify, develop and provide necessary updates to the functional assessment policies and procedures, including training on the use and electronic access to the modified assessment tools.

Many of the staff affected by these changes will already be aware of them through participation as internal stakeholders in the review and development of these improvements.

J. Location of NWD/SEP Agencies:

- New Hampshire proposes to utilize the existing array of community agencies and DHHS offices to make up its NWD/SEP network. These physical locations are geographically distributed across the state, with 44 primary locations (13 SLRCs, 10 Area Agencies, 10 Community Mental Health Centers, and 11 District Offices).

Currently, the SLRC network serves as the Bureau of Elderly and Adult Services NWD/SEP network and addresses elderly and some disability issues. The Area Agencies are the access point for the Bureau of Developmental Services and the Community Mental Health Centers are the access point for the Bureau of Behavioral Health. The DHHS District Offices serve all populations, but focus on eligibility and services that are not the primary responsibility of the AAs, CMHCs, or SLRCs. DHHS also has centralized client services units, one for eligibility and another for Medicaid services. Both are accessible via toll-free numbers and email. All the proposed network partners are accessible at physical locations, and through website, phone and email.

As one example of how these agencies function, ServiceLink provides free information, referral and assistance, and long-term care options counseling to seniors, adults with disabilities and their families in several offices throughout the state. There is an accessible, centrally located SLRC office within each county and satellite sites are located throughout the state. For individuals unable to physically access a SLRC office, the network includes an informative community LTSS website. In addition, a single 1-800 number routes individual to central SLRC staff where consumers can find out about community LTSS options. Depending upon the resources of a given ServiceLink office, staff members have made home visits to elderly and adults with disabilities who have severe mobility needs and who lack access to transportation.

K. Outreach and Advertising:

- The State will conduct significant outreach to educate the people of New Hampshire about the enhanced resources for community based LTSS made available through the BIP.

The State of New Hampshire will make use of public relations capabilities, including public service announcements, printed materials, and social marketing to make the public aware of these new resource offerings to enable people to remain in the communities.

Another important aspect of the outreach will be trainings and conferences for provider partners throughout the state's long-term services and support network. These sessions will create awareness and generate interest among providers who have direct contact with those in need of these services. These sessions will also be held at different geographic locations in the state in order to ensure that a statewide resource infrastructure is established. Creating knowledgeable partnerships throughout the state to communicate a uniform message about the array of enhanced services is a key element to the growth of non-institutional long-term care planned for through this initiative.

Communications will include publications (such as the *Aging Issues* publication prepared by BEAS), the heavily utilized DHHS websites, District Offices, and ServiceLink Resource Centers. The State will continue to use several existing consumer surveys to reach out to their clients and citizens for feedback on the LTC system.

Establishing clear roles and responsibilities with a NWD/SEP model and involving stakeholders and partners in all levels of enhancement and improvement will reinforce awareness, buy-in, culture and system change.

L. Funding Plan:

- The State of New Hampshire is committed to working with CMS and other federal agencies to secure their authorization to utilize other funding sources to support the structural requirements of the Balancing Incentive Program.

The State will seek approval from federal funding authorities to use funds which are originally intended for other programs but whose goals are aligned with those of the BIP. For example, the national policy agenda of the Administration on Aging, which seeks to transform the home and community based services system for older adults to be more accessible and person-centered, is consistent with that of CMS.

NH is a current grantee of the Money Follows the Person Program. During the development of the six-month BIP work plan, we will research the requirements for securing the advance approvals from CMS necessary to allocate administrative and rebalancing funds to support the BIP goals. We will also seek the approval of the Administration on Aging to utilize funding from the following Older Americans Act-funded programs currently received by the State to sustain the BIP: the ADRC grants, Senior Medicare Patrol Project, Community Living Program, and Family Caregiver Supports, as well as the State Health Insurance Assistance Program and the Medicare Improvement for Patients and Providers Program, which are funded by CMS but accessed at the State's ADRC network.

Additional funding support for CSA development, specifically funding for a facilitator(s) and subject matter expertise for translation to discrete services will be provided through sub-contracting by the Office of Medicaid Business and Policy (OMBP).

The State will explore the use of enhanced federal matching funds to assist in design, development, and implementation of improvements to eligibility determination and enrollment systems, support systems for the collection of core assessment data, facilitation of entry points, and aligning services to better support and achieve the desired BIP goals for community-based LTSS applicants and their caregivers.

M. Challenges:

- NH is facing a series of challenges, ranging from fiscal, community infrastructure and workforce issues, to integration and coordination of services, data systems and stakeholder engagement. The following topics are representative of these challenges.

New Hampshire is facing unprecedented challenges in its ability to provide home and community based services and supports within the approved State budget and other financial resources. The current infrastructure continues to lack the capacity to address the predicted growth in the older population that will require care in the public sector. Specifically:

- State funding for rate increases has not been available for years for some services.
- Service providers statewide are experiencing significant losses in their additional funding streams - towns, cities, counties and other sources of local funds.
- The lack of state rate increases coupled with the loss of local funding is having a devastating effect on many agencies, forcing them to scale back their operations, discontinue providing certain services, or close down altogether.

The next challenge to rebalancing the LTC system is the implementation of Medicaid care management. As directed by NH's legislature, DHHS is implementing a managed care model for its Medicaid Program in July 2012 that will include all covered lives and State Plan services. HCBC waiver services will be incorporated in the following year. Individuals receiving LTSS, however, will be impacted by this change because their acute and primary care will be delivered through a managed care model. Ensuring that these vulnerable beneficiaries receive all of their Medicaid services, with as little disruption and fragmentation as possible, will be paramount in the design and implementation of New Hampshire's managed care program.

DHHS estimates that NH Medicaid will see an additional 30,000 – 60,000 enrollees due to the ACA Medicaid expansion, beginning Jan. 1, 2014. Although there are no estimates as to how many of these new enrollees may be eligible for LTSS, the BIP project team is assuming that most members of this group who need LTSS would already qualify for NH Medicaid prior to 1/1/14 and therefore will already be accounted for in NH's BIP projections. This assumption and the actual LTSS needs of the expansion population will need to be monitored closely, in case any unanticipated demands are placed on the long-term care system.

DHHS intends to increase service availability throughout the State where options and services are currently limited. Because NH is a small state, the number of aging community service providers is not large. The southern portions of the state hold the largest concentration of the state's population, while the northern half is largely mountainous and rural with relatively few population centers.

In view of NH's demographics, collaboration is critical to effective service provision. While LTSS services are available in each geographic area of NH, each area has also developed

unique collaborations that enable providers to work together to meet the needs of the area's specific population. In addition, services providers in a given area readily provide support and mentoring to their colleagues in other areas of the state. DHHS initiatives rely on, build upon, and support these collaborative relationships, which include not only agencies receiving federal/state funds, but other organizations which do not receive public funds, such as the NH Association of Senior Centers.

The delivery of LTSS will need to be enhanced and modified in order to provide a true continuum of care model for all Medicaid recipients of long-term services and supports. In addition, the lack of appropriate, accessible and affordable housing is a significant barrier to community living. Therefore, NH needs to focus on building infrastructure, particularly around residential care.

Legislative changes may be required to help propel NH toward its rebalancing goals. As examples, two state supported programs that offered elderly persons and adults with disabilities and chronic illness some community-based alternatives to nursing facility care were not funded for State Fiscal Years 2012-2013. These are the Congregate Housing Supportive Services Program and the Alzheimer's disease and Related Disorders Respite Care Program. Both had functioned as safety nets for those individuals who needed long-term care services and supports and yet did not qualify for Medicaid. The loss of these programs has already resulted in an increased demand for other services, as well as a potential increase in nursing facility admissions. Even with the infusion of BIP funding, legislative changes will still be required to re-instate these two programs.

Although the shortages in NH's direct care workforce labor pool that existed in 2008 are no longer as acute, the problem is far from over. The long range projection in the State for the numbers of direct care workers indicates that there will be severe shortages in this labor pool at a time when the population requiring long-term care services and supports is expected to increase dramatically.

NH's current Medicaid Management Information System (MMIS) is scheduled for replacement during calendar year 2012. Even this new system will need to undergo modifications in order to accommodate these rebalancing changes.

Collaboration across DHHS units has been difficult because of limited staff opportunities to work together. Like many states, NH houses its LTSS and HCBC programs in different bureaus with separate program rules and staff. However, the State of NH sees the BIP as an enabling external influence for staff, providing added impetus and opportunity for these programs to work together to improve all aspects of LTSS for Medicaid recipients.

N. NWD/SEP'S Effect on Rebalancing:

- The NWD/SEP structural changes will provide NH's LTC state agencies and community partners with the opportunity and greater incentives to coordinate across organizational boundaries and integrate their efforts to provide effective and high quality continuum of LTSS to those in need of them.

There are several examples of successful "No Wrong Door" type efforts in NH, although these initiatives have been limited to certain segments of the LTC population. The SLRCs have advanced rebalancing through long term care options counseling, supported referrals, family caregiver support services, and Medicare/Medicaid benefits counseling.

New Hampshire's Systems Transformation Grant project implemented a comprehensive strategy to rebalance the system of supports for older adults and for adults with disabilities from a primarily provider-driven, medical model of care to a consumer-directed, person-centered system of supports. NH has accomplished many of the goals established in the comprehensive strategy. Systems change is not a quick or easy process and the five years of systems transformation funding, 2005-2010, have provided the initial impetus and support necessary to stimulate this change. But, these five years are only the beginning and the NH DHHS must continue the work begun through this initiative.

The Bureau of Elderly and Adult Services was awarded the Systems Transformation Grant in 2005 with funding ending in 2010. Leadership and staffing for the project was led by BEAS. A contract was established between BEAS and the Institute on Disability (IOD) at the University of New Hampshire to provide project management, technical assistance and evaluation for the project. Subsequently, the UNH Survey Center and NH Institute for Health Policy and Practice were retained for the evaluation portion of the grant.

The evaluation results on this project paint a mixed picture of accomplishment towards system rebalancing. The majority of the objectives and strategies identified as access and choice and control goals have been accomplished. The experiences with the IT goal have been mixed. However, the activities and program outcomes achieved under the Systems Transformation Grant were extremely successful in bringing stakeholders together to inform system change, implementing a highly successful person-centered training across the state, streamlining the eligibility process, expanding access to community based programs for frail adults to needed areas of the state, and leveraging the broad range of available services.

Real Choice grants have moved New Hampshire closer to a consumer-directed, person-centered system of supports. It is anticipated that the BIP funds will help expand consumer choice and assist the State to advance its rebalancing goals.

By utilizing the SEP/NWD at the SLRCs, individuals who also access CMHC or Area Agency services will experience streamlined eligibility through a single, timely and coordinated assessment process.

The No Wrong Door tenets of streamlined eligibility and assessment processes, development of integrated care plans crossing program boundaries, and coordinating provision of services via a range of providers, all contribute to improved quality of care and consumer satisfaction along with organizational and cost efficiencies.

O. Other Balancing Incentives:

- NH is pursuing new balancing incentives while continuing to build on the success of ongoing efforts.

Current New Hampshire Balancing Incentives include:

- MFP funding to enable transitions to community living.
- Outreach and Education provided by Aging and Disability Resource Centers SLRC network.
- AoA and Social Service Block Grant funding of community care.
- MDS Section Q training for nursing facility personnel to more readily identify nursing facility residents who are interested in considering community living.
- Outreach to hospitals, resulting in specialized training for discharge planner to ensure that patients are informed of all possible community options through an ADRC grant awarded by the AoA.
- Focusing community support activities on the needs of veterans within the CFI program through another ADRC grant co-managed by the AoA and the Veterans Administration.
- New Hampshire's Housing Bridge Subsidy Program designed to provide rental assistance to individuals discharged from institution who are on a housing subsidy waiting list.
- InShape, a whole health program designed for individuals whose symptoms of illness present barriers to fitness, nutrition and smoking cessation. Through improved physical wellness individuals are able to maintain themselves more independently in community settings.
- The Hospital Transitions project has shown some early successes, although at this time the project is only being implemented in those areas covered by three SLRCs. Results show that there are fewer hospital readmissions, and regarding transitions from the hospital to home, these are more successful from the client perspective. A realistic, achievable sustainability and statewide implementation plan for hospital transitions would result in more consistent success.

New/future NH Balancing Incentives include:

- The State is currently soliciting for proposals for statewide-managed care to be implemented in July 2012. LTSS and HCBC services will be included in the managed care benefits and subject to managed care oversight. Placeholders for BIP program elements have been placed into the model contract language and will continue to be a part of managed care planning and implementation. The State sees the new managed

care program as an additional opportunity to support its commitment to providing quality care for individuals in the most appropriate, least restrictive setting.

- The Wellness Incentive Program is a Medicaid Incentive Program for Persons with Chronic Disease. This initiative focuses on improved health and wellness by providing membership payments and monetary rewards for healthy behaviors such as gym participation, weight watchers and smoking cessation.

P. Technical Assistance:

- Information about rebalancing efforts in other states and any best practices will be helpful as NH looks for models to study and possibly adapt to meet the needs of our long term care populations and all aspects of the systems that serve them.

A primary area of interest is the need for integration, coordination and sharing of data and information across all DHHS and community network partners (NWD/SEP). Mission Analytics Group has already provided NH with some technical systems information, but extensive assistance will be needed to facilitate identification and exploration of options, development of solution/s and funding mechanisms, and implementation of necessary advancements.

Program development, particularly CSA development, will bring together many different groups of stakeholders. The State would be interested in technical support for group work facilitation and consensus development. Additionally, the State desires the highest degree of integrity in the application of the CSA. Subject matter expertise would be appreciated for tool development to ensure the accurate the determination of needed services and for the appropriate translation of those needs into services for reimbursement.

Technical assistance would be beneficial with meeting facilitation strategies and is critically important in informing the translation of functional assessments into specific services for Medicaid reimbursement.

THE NEW HAMPSHIRE BALANCING INCENTIVE PAYMENT PROJECT

Enhancing Opportunities for Living in Community Based Settings

Proposed Budget

- New Hampshire estimates and requests that it receive \$26.46 Million based on projected total community-based LTSS expenditures of \$1.32 Billion from April 1, 2012 through September 30, 2015. These funds will support the design and implementation of LTSS enhancements, help in the development of a community infrastructure across NH, and strengthen the community-based network of services across the continuum of care and populations.

The “Balancing Incentive Payments Program Applicant Funding Estimates” form is included in Appendix B.

While developing the detailed work plan for NH over the next six months, DHHS will identify the additional categories of service that we believe should be included as community based long-term care services, in addition to those previously identified by CMS based on the 2009 CMS 64 report filings, and seek approval from CMS for their inclusion. In addition, the BIP project team will also identify the structural, programmatic and service changes that DHHS will consider/pursue in order to enable NH to increase its ratio of community based expenditures to at least 50% of all long term care spending for NH. Based on these efforts, the BIP project team will develop and submit a proposed budget for the use of BIP funds.

As discussed in greater detail throughout this application, the structural, programmatic and service options that will be considered for inclusion in the proposed budget include:

- Stakeholder engagement plans, educational programs and social marketing campaigns to:
 - Identify perceptions and experiences with the current eligibility, assessment, care plan development, and service availability and delivery, and
 - Increase the awareness and recognition of community-based LTSS as the first option for those in need of long-term care services.
- Modifying the LTSS entry process so that the default long term care service expectation is community based care rather than institutional care.
- Reviewing current Medicaid State Plan and HCBC Waiver long term care services and options, including recent legislative and budgetary impacts, to identify areas where the enhancement of sustainable community based services can be achieved.
- Expanding the No Wrong Door – Single Entry Point system.

- Enhancing the financial and functional eligibility determination processes by standardizing, streamlining and electronically sharing data across all network partners.
- Reevaluating the current admission screening tools to develop and create an integrated instrument that will trigger access to services at any point of entry.
- Improving hospital discharge planning policies, practices and timelines to implement more effective transitions of care and reduce readmissions.
- Reevaluating disability specific assessment instruments to establish their continued value and effectiveness in the development of treatment plans that are focused on home and community based supports.
- Creating tools to facilitate person-centered assessment and care planning.
- Creating a risk assessment instrument that clearly evaluates potential risk for the consideration of persons contemplating community-based services.
- Reviewing Case Management rules throughout DHHS, revising each as appropriate to offer specificity and a context that defines conflict free case management.
- Strengthening the community based service network to effectively deal and efficiently support a growing number of individuals with diverse service needs.
- Enhancing the development of a community based workforce. DHHS intends to work with contract agencies to rebalance the service reimbursement structure, thus enabling agencies to more adequately compensate staff.
- Workforce development efforts that help to prepare a workforce competently trained to meet the home and community needs of an aging population.
- Provide necessary policy, and system training to staff at DHHS and community partner agencies.
- Boosting the electronic information infrastructure to support real time, effective sharing of information and record keeping.

Based on the assumption that NH's outreach and service enhancement efforts will result in a shift of some utilization from institutional to community-based services, DHHS will propose to increase the proportion of long-term care spending to programs that provide community-based LTSS as part of its biennial budget preparations for SFY 2014-2015.

Acronyms Used in This Document:

ADRC	Aging and Disability Resource Centers
ANSA	Adult Needs and Strength Assessment
AoA	Administration on Aging
BBH	Bureau of Behavioral Health
BDS	Bureau of Developmental Services
BIP	Balancing Incentive Payments
BEAS	Bureau of Elderly and Adult Services
CMS	Centers for Medicare & Medicaid Services
CSA	Core Standardized Assessment
CDS	Core Data Set
CFI	Choices for Independence Program
DCBCS	Division of Community Based Care Services
DFA	Division of Family Assistance
DHHS	Department of Health and Human Services
HCBC-ECI	Home and Community Based Care Waiver for the Elderly and Chronically Ill
ICAP	Inventory for Client and Agency Planning
LTC	Long term care
LTSS	Long term services and supports
MED	Medical Eligibility Determination
MDS	Minimum Data Set
MFP	Money Follows the Person
MMIS	Medicaid Management Information System
NewHEIGHTS	New Hampshire Empowering Individuals to Get Help Transitioning to Self-sufficiency
NF	Nursing Facility
NH	New Hampshire
NHCP	New Hampshire Community Passport
NHFCSP	New Hampshire Family Caregiver Support Program
NH EASY	New Hampshire's Electronic Application System
NWD/SEP	No wrong door/Single entry point
OASIS	Outcome and Assessment Information Set
OMBP	Office of Medicaid Business and Policy
SIB-R	Scales of Independent Behavior – Revised
SIS	Support Intensity Scale
SLRC	ServiceLink Resource Center
SNAP	Supplemental Assistance Nutrition Benefits
UNH	University of New Hampshire

THE NEW HAMPSHIRE BALANCING INCENTIVE PAYMENT PROJECT

Enhancing Opportunities for Living in Community Based Settings

Appendix A – Letters of Support

New Hampshire has a history of success and partnership with a wide array of community partners. The following letters of support from organizations across the community-based care continuum demonstrate the depth and strength of support among this network. The engagement of all stakeholders and roles of all components of the long-term care system in NH will be laid out in more detail in the application narrative.

Copies of the letters of support from the following organizations are included here:

- New Hampshire Council on Developmental Disabilities
- ENGAGING NH
- ServiceLink Resource Centers:
 - Tri-County Community Action Program, Inc
 - Grafton County
 - Strafford Network
 - Hillsborough County
- AARP New Hampshire
- New Hampshire Community Behavioral Health Association
- New Hampshire Medical Care Advisory Council
- Granite State Independent Living
- Home Care Association of New Hampshire
- New Hampshire State Committee on Aging
- Dartmouth Centers for Health and Aging
- Community Support Network, Inc.
- Institute on Disability
- New Hampshire Institute for Policy and Practice



NEW HAMPSHIRE
COUNCIL ON DEVELOPMENTAL DISABILITIES

December 13, 2011

Katie Dunn, Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn;

On behalf of the NH Council on Developmental Disabilities, I am pleased to endorse the Department's application through the Balancing Incentive Program offered by the Centers for Medicare and Medicaid Services (CMS).

The NH Council on Developmental Disabilities is an independent agency governed by people with developmental disabilities, family members and agency representatives appointed by the governor. The Council supports programs and policies to further our mission of dignity, full rights of citizenship, equal opportunities and full participation for all NH citizens with developmental disabilities. Our Council developed the plan for our state's community-based service system for the developmentally disabled, which resulted in our state being the first to close its only state-run institution for that population.

I have been privileged to serve on the Real Choice Advisory Committee, and in that capacity experienced firsthand the Department's commitment to rebalancing the long-term care system. Your proposal holds much promise for continuing the State's efforts initiated by the Real Choice and the Systems Transformation Grants. Through a "no wrong door" approach and more streamlined eligibility assessment processes, community based services can be a realistic option for more people, particularly those whose circumstances require that they make decisions quickly. If the application is approved, this funding will promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for more people.

We have supported many initiatives of the Department over the years and believe that it has the organizational capacity to make this project a success.

Our Council is committed to working with you to achieve the goals of this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Carol Stamatakis", written over a horizontal line.

Carol Stamatakis
Executive Director

The Walker Building, 21 South Fruit Street, Suite 22, Concord, NH 03301-2451
603-271-3236 FAX 603-271-1156 TTY/TDD 1-800-735-2964

December 15, 2011

Katie Dunn, Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn

We are pleased to endorse the Department Of Health and Human Service's application through the Balancing Incentive Program released by the federal Centers for Medicare and Medicaid Services. EngAGING NH is an elder advocacy organization which promotes citizen leadership and advances the active involvement of NH's older adults in the development of public policies and community infrastructure to support all of us as we age.

Your proposal holds much promise for continuing the State's efforts to rebalancing the long term care system of services and supports that was initiated by the Real Choice Grants and the Systems Transformation Grant. By implementing a "no wrong door" approach and streamlining financial and functional eligibility assessment processes as you are proposing to do, the Department will not only increase the use of community based services, but will increase consumer and family satisfaction across all populations served by the long term care system of supports. The funding that will become available if the application is approved will be a powerful incentive to promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for the people served. The long-term care system will truly become rebalanced.

EngAGING NH has had a long-standing commitment to promoting long term care options and creating livable communities. We look forward to working with you to achieve the goals of this project.

Sincerely,

Barbara Salvatore, Co-Chair
Carol Currier, Co-Chair ■



TRI-COUNTY COMMUNITY ACTION PROGRAM Inc.

December 13, 2011

Katie Dunn, Medicaid Director
NH Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn:

I am writing to endorse the Department of Health & Human Services, Division of Community Based Services application through the Balancing Incentive Program released by the Centers for Medicare and Medicaid Services. Tri-County Community Action Program, Inc serves the northernmost communities of New Hampshire. Under the TCCAP umbrella is North Country Elder Programs that provides elder services to Coos County through Senior Meals/Meals-on-Wheels Nutrition Services, ServiceLink Resource Center and Adult Day Services. These programs work loosely with DHHS in service delivery of community based care to the elders in our communities.

This effort links closely to the State's work on the long term care system of services and supports that was initiated by the Real Choice Grants and the Systems Transformation Grant. By implementing a "no wrong door" approach and streamlining financial and functional eligibility assessment processes as proposed, the Department of Health & Human Services will increase utilization of community based services and consumer satisfaction across all populations served by the long term care system of supports. The funding that will become available if the application is approved will be a powerful incentive to promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for the people served.

North Country Elder Programs has had a long-standing commitment to promoting long term care options in our State. We look forward to seeing this effort move forward and having a long-term care system that is truly rebalanced.

Sincerely,

Patti Stolte
Director of Elder Programs, TCCAP
610 Sullivan Street
Berlin, NH 03570
603-752-3010 / tccap.org

Grafton County – South
PO Box 433
10 Campbell Street
Lebanon, NH 03766
(603) 448-1555
(603) 448-0520 fax



Grafton County – North
Mt. East's Commons
262 Cottage Street, Suite G25
Littleton, NH 03561
(603) 444-4498
(603) 444-0879 fax

December 13, 2011

Katie Dunn, Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn,

I am pleased to endorse the Department's application through the Balancing Incentive Program released by the federal Centers for Medicare and Medicaid Services. ServiceLink Aging and Disability Resource Centers' core mission is to provide information assistance and access to long term support services so that people can age in the community if they so choose.

Your proposal holds much promise for continuing the State's efforts to rebalancing the long term care system of services and supports that was initiated by the Real Choice Grants and the Systems Transformation Grant. By implementing a "no wrong door" approach and streamlining financial and functional eligibility assessment processes as you are proposing to do, the Department will not only increase the use of community based services but will increase consumer and family satisfaction across all populations served by the long term care system of supports. The funding that will become available if the application is approved will be a powerful incentive to promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for the people served. The long-term care system will truly become rebalanced.

This agency has had a long-standing commitment to promoting long term care options. We look forward to working with you to achieve the goals of this project.

Roberta Berner
Roberta Berner
GCSCC Executive Director

Sincerely,
Dana Michalovic
Dana Michalovic
ServiceLink Director



December 13, 2011

Kacie Dunn, Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn:

I am pleased to endorse the Department's application through the Balancing Incentive Program released by the Federal Centers for Medicare and Medicaid Services. Stafford Network is a community support organization that identifies gaps in health and human services and identifies partners with whom to collaborate to fill these gaps. In addition, Stafford Network assists in seeking to expand services throughout Strafford County to improve the quality of life of Strafford County residents.

Your proposal holds much promise for continuing the State's efforts to rebalance the long term care system of services and supports what was initiated by the Real Choice Grants and the Systems Transformation Grant. By implementing a "no wrong door" approach and streamlining the financial and functional eligibility assessment processes as you are proposing to do, the Department of Health and Human Services will not only increase the use of community-based services but will increase consumer and family satisfaction across all populations served by the long term care system of supports. If your application is successful, this funding will be a powerful incentive to promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for the people served. The long-term care system will truly become rebalanced.

This organization has had a long-standing commitment to promoting long term care options. We look forward to working with you to achieve the goals of this project.

Sincerely,

Kristy Hayden-Grace
Kristy Hayden-Grace
Program Director



www.ServiceLinkHillsboroughCounty.org

ServiceLink of Hillsborough County

555 Auburn Street
Manchester, New Hampshire 03103
603 844-2240
Fax 603 844-2381

70 Temple Street
Nashua, New Hampshire 03060
603 598-4709
Fax 603 598-8491

toll free 1 866 634-8412

January 20, 2011

Katie Dunn, Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn

I am pleased to endorse the Department's application through the Balancing Incentive Program released by the federal Centers for Medicare and Medicaid Services. Hillsborough County ServiceLink is part of the NH Aging and Disabilities Resource Center network (ServiceLink) and works with the NH DHHS through contracts. We provide information about long term care services to seniors and adults with disabilities.

Your proposal holds much promise for continuing the State's efforts to rebalancing the long term care system of services and supports that was initiated by the Real Choice Grants and the Systems Transformation Grant. By implementing a "no wrong door" approach and streamlining financial and functional eligibility assessment processes as you are proposing to do, the Department will not only increase the use of community based services but will increase consumer and family satisfaction across all populations served by the long term care system of supports. The funding that will become available if the application is approved will be a powerful incentive to promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for the people served. The long-term care system will truly become rebalanced.

This agency has had a long-standing commitment to promoting long term care options. We look forward to working with you to achieve the goals of this project.

Sincerely,

Georges Djanahia
Center Manager,
Hillsborough County ServiceLink



AARP New Hampshire T 1-866-542-8168
900 Elm Street, Suite 702 F 603-629-3066
Manchester, NH 03103 FTY 1-877-494-7599
www.aarp.org/nh

December 14, 2011

Ms. Kathleen A. Dunn
Medical Director
New Hampshire Department
of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn:

I am pleased to endorse the Department's application through the Balancing Incentive Program released by the federal Centers for Medicare and Medicaid Services. AARP New Hampshire represents over 227,000 members statewide. Over 94% of AARP New Hampshire members say it is important to have care over the long term which enables them to remain in their homes and communities. Rebalancing the long term care system to strengthen home and community based services and supports is the number one priority for AARP New Hampshire.

Your proposal holds much promise for continuing the State's efforts to rebalance the long term care system of services and supports that was initiated by the Real Choice Grants and the Systems Transformation Grant. By implementing a "no wrong door" approach and streamlining financial and functional eligibility assessment processes as you are proposing to do, the Department will not only increase the use of community based services but will increase consumer and family satisfaction across all populations served by the long term care system of supports.

The funding that will become available if the application is approved will be a powerful incentive to promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for the people served. The long-term care system will truly become rebalanced.

We welcome and look forward to working with you to achieve the goals of this project.

Sincerely,

Kelly A. Clark
State Director

HEALTH / FINANCES / CONNECTING / GIVING / ENJOYING

W. Lee Hammond, President
Ardisen Barry Reid, Chief Executive Officer



1 Pillsbury Street, Suite 200 Concord, NH 03301-3570 603-225-6633 FAX 603-225-4739

December 14, 2011

Katie Dunn, Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn,

I am pleased to endorse the Department's application through the Balancing Incentive Program released by the federal Centers for Medicare and Medicaid Services. Please accept this letter of support on behalf the New Hampshire Community Behavioral Health Association (NHCBHA) and its ten designated Community Mental Health Center members. As you know, individuals with a mental illness have significant challenges as they age, it is a critical policy issue to address the retention of individuals in the community setting during this aging process, both for quality of care and for efficiency purposes.

Your proposal holds much promise for continuing the State's efforts to rebalancing the long term care system of services and supports that was initiated by the Real Choice Grants and the Systems Transformation Grant. By implementing a "no wrong door" approach and streamlining financial and functional eligibility assessment processes as you are proposing to do, the Department will not only increase the use of community based services but will increase consumer and family satisfaction across all populations served by the long term care system of supports. The funding that will become available if the application is approved will be a powerful incentive to promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for the people served.

NHCBHA has had a long-standing commitment to promoting community based options for care. Our collaborative work with the Department of Health and Human Services Bureau of Behavioral Health on our "Ten Year Plan" is a key example of the identification of specific community based care needs. We look forward to working with you to achieve the goals of this project.

Sincerely,

A handwritten signature in cursive script that reads "Roland P. Lamy". The signature is written in dark ink and is positioned above the printed name and title.

Roland P. Lamy
Executive Director

**NEW HAMPSHIRE
MEDICAL CARE ADVISORY COMMITTEE**

Department of Health & Human Services ♦ Office of Medicaid Business and Policy
129 Pleasant Street ♦ Concord, NH 03301
(603) 271-9422 ♦ Fax (603) 271-8431

Vanessa Santarelli
Chair

Sarah Aiken
Vice-Chair

Sarah Aiken
Community Support Network, Inc.

Lisa DiMarino
Consumer

Thomas Donovan
Consumer

Ellen Edgerly
Brain Injury Association of NH

Jane Gailmeze
*The Mental Health Center of
Greater Manchester*

Ellen Keith
*Governor's Commission on
Disability*

Earle Kolb
Consumer

Margaret Lina
Crooked Mountain

Paul Mangasiello, MD
NH Medical Society

Doug McNair
AARP

Leslie Melby
NH Hospital Association

Sarah Morrison
Dartmouth Hitchcock Medical Ctr.

Ken Norton
NAMI NH

Anita Perreault
Consumer

Sandra Polestewich
Interim Health Care

Cindy Robertson
Disabilities Rights Center, Inc.

Vanessa Santarelli
Bi-State Primary Care Association

Melvin Spierer
*Manchester Housing &
Redevelopment Authority*

Carol Szamasakis
*NH Council on Developmental
Disabilities*

James Williamson
NH Dental Society

Michelle Wischewer
UNH School of Law

December 14, 2011

Ms. Kathleen Dunn
Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Ms. Dunn:

The Medical Care Advisory Committee (MCAC) is a Committee that was established in accordance with 42 CFR § 431.12 to advise the State Medicaid Director regarding New Hampshire Medicaid policy and planning. The Committee is pleased to endorse the Department's application through the Balancing Incentive Program released by the federal Centers for Medicare and Medicaid Services.

Your proposal holds much promise for continuing the State's efforts to rebalancing the long-term care system of services and supports that was initiated by the Real Choice Grants and the Systems Transformation Grant. By implementing a "no wrong door" approach and streamlining financial and functional eligibility assessment processes as you are proposing to do, the Department will not only increase the use of community based services but will increase consumer and family satisfaction across all populations served by the long-term care system of supports. The funding that will become available if the application is approved will be a powerful incentive to promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for the people served. The long-term care system will truly become rebalanced.

This Committee has had a long-standing commitment to promoting long-term care options. We look forward to working with you to achieve the goals of this project.

Sincerely,



Vanessa Santarelli, Chair



21 Churchill Drive
Concord, NH 03301-8539
603.228.9680
603.826.3700
toll free 800.396.3459
fax 603.225.3304
www.gsil.org

December 13, 2011

Katie Dunn, Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Ms. Dunn,

Granite State Independent Living would like to express enthusiastic support for the NH Department of Health and Human Services, Division of Community Based Service application for the *Balancing Incentive Program* released by the federal Centers for Medicare and Medicaid Services. Under New Hampshire's 2009 Enhancement Grant award, we worked closely with the Division of Community Based Care Services, Bureau of Elderly and Adult Services to enhance a "No Wrong Door" model to streamline the delivery of information and referrals across our systems. We continue to work closely with the Department on long term care issues and challenges.

The mission of Granite State Independent Living (GSIL) is to promote life with independence for people with disabilities and those experiencing the natural process of aging, through advocacy, information, education and support. The projected demographics reflect a rapidly increasing older population in our state, and the system of care will soon require significant expansion in order to meet the needs of New Hampshire citizens. Through statewide collaboration, long term care providers can develop methods to allocate resources more strategically to ensure we continue to provide services of the highest caliber.

This project provides an opportunity for NH to rebalance the long term care system of services and supports that was initiated by the Real Choice Grants and the Systems Transformation Grant. By implementing a "no wrong door" approach and streamlining financial and functional eligibility assessment processes, the long-term care system will be transformed and increase consumer and family satisfaction across all populations services by the long term care system. This funding will provide opportunities to serve consumers in home and community-based settings while adding to the tools available for States to administer services.

I am confident that this project will produce meaningful outcomes, creating substantial benefit for older adults and the individuals with disability across New Hampshire.

Please do not hesitate to contact my office with any questions if you require further information.

Sincerely,


Clyde Terry, JD
Chief Executive Officer



(603) 225-5597
(800) 639-549
Fax: (603) 225-5577
Fig. Green Street, #7
Concord
New Hampshire
03301-4012

December 13, 2011

Kris Dunn
Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn:

The Home Care Association of New Hampshire (HCANH) is pleased to endorse the Department's application through the Balancing Incentive Program released by the Federal Centers for Medicare and Medicaid Services.

The Home Care Association represents licensed agencies that provide in-home health care and supportive services to individuals living in New Hampshire. Our mission is to promote the delivery of responsible, high quality health care in the home through education, leadership and advocacy.

HCANH member agencies partner with the State of New Hampshire to help Medicaid beneficiaries maintain independence and wellness so that they can remain at home. We firmly believe that consumer-directed, community-based services are the preferred option for citizens who need long term care. The funding available through this application has the potential to strengthen community-based services in New Hampshire and provide more citizens with the option to live at home, rather than in institutional settings.

Home Care Association members look forward to working with NH DHHS to achieve the goals of this worthy project.

Sincerely,

A handwritten signature in black ink, appearing to read "Gina Balkus", written over a light blue background.

Gina Balkus
Chief Executive Officer

www.homecarenh.org



STATE COMMITTEE ON AGING
Advisory to the Commissioner of the
New Hampshire Department of Health & Human Services

129 Pleasant Street, Concord, NH 03301-3857
603-271-4402 1-800-351-1888 FAX: 271-5590 TDD Access: 1-800-735-2964

13 December 2011

Katie Dunn, Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn:

The State Committee on Aging (SCOA) is pleased to endorse the Department's application through the Balancing Incentive Program released by the federal Centers for Medicare and Medicaid Services. SCOA is a statutory volunteer organization devoted to advocacy for seniors as they meet the challenges of aging in New Hampshire. We are strongly committed to maintaining a strong and viable spectrum of supports that allow seniors to remain in their communities, living with dignity, safety and quality of life. We work with DHHS, information and referral services, community providers and seniors to encourage an integrated and functional program that meets both current and future needs.

Your proposal holds much promise for continuing the State's efforts to rebalance the long term care system of services and supports that was initiated by the Real Choice Grants and the Systems Transformation Grant. By implementing a "no wrong door" approach and streamlining financial and functional eligibility assessment processes as you are proposing to do, the Department will not only increase the use of community based services but will increase consumer and family satisfaction across all populations served by the long term care system of supports. The funding that will become available if the application is approved will be a powerful incentive to promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for the people served. The long-term care system will truly become rebalanced.

This agency has had a long-standing commitment to promoting long term care options. We look forward to working with you to achieve the goals of this project.

Sincerely,

Russell A. Armstrong, Chair
State Committee on Aging



*Dartmouth Centers for Health and Aging
46 Centerra Parkway, Suite 200
Lebanon, NH 03766*



Katie Dunn, Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn

I am delighted to write this letter of support for the Department's application responding to the CMS Balancing Incentive Program. As you know, I direct the Dartmouth Centers for Health and Aging, that includes the Northern New England Geriatric Education Center, the Center for Aging Research, and the Dartmouth-Hitchcock Aging Resource Center. Through our HRSA funded Geriatric Education Center, we are committed to supporting training of health care professionals in community-based delivery of evidence-based care for older adults. Our Aging Research Center also provides technical assistance support on evaluation of innovative models of service delivery for older adults. Finally, our Aging Resource Center provides information and educational programs that support older adults and caregivers in the community. Each of these resources will work with the Department to help facilitate the success of this important initiative under the rebalancing initiative. In addition, our group has developed and tested new models of self-management skills training and integrated nurse care management through federally funded NIH grants that are specifically designed to support community tenure of older adults with mental disorders. We will be delighted to provide assistance to the department in implementing these models if requested.

This rebalancing proposal is critical to the goals of transforming the long term care system of services and supports that was initiated by the Real Choice Grants and the Systems Transformation Grant. By implementing a "no wrong door" approach and streamlining financial and functional eligibility assessment processes, the Department will both increase the use of community based services and increase consumer and family satisfaction across all populations served by the long term care system of supports. The funding that will become available if the application is approved will be a powerful incentive to promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for the people served. The long-term care system will truly become rebalanced.

The Dartmouth Centers for Health and Aging has had a long-standing commitment to promoting training, research and public programs supporting long term care options. We look forward to working with you to achieve the goals of this project.

Sincerely yours,

Stephen J. Bartels, MD, MS
Director, Dartmouth Centers for Health and Aging;
Professor of Psychiatry, Community & Family Medicine,
and The Dartmouth Institute for Health Policy and Clinical Practice



December 14, 2011

Katie Dunn, Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn,

I am pleased to endorse the Department's application through the Balancing Incentive Program released by the federal Centers for Medicare and Medicaid Services. Community Support Network, Inc., representing the ten area agencies serving persons with developmental disabilities and acquired brain disorders, is committed to enhancing community based services for all persons with long term care service needs. Historically, area agencies have worked closely with DHHS to build the community service infrastructure to allow for better quality outcomes for people. Such efforts are typically cost effective and represent the outcomes that individuals and families prefer.

Your proposal holds much promise for continuing the State's efforts to rebalancing the long term care system of services and supports that was initiated by the Real Choice Grants and the Systems Transformation Grant. By implementing a "no wrong door" approach and streamlining financial and functional eligibility assessment processes as you are proposing to do, the Department will not only increase the use of community based services but will increase consumer and family satisfaction across all populations served by the long term care system of supports. The funding that will become available if the application is approved will be a powerful incentive to promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for the people served. The long-term care system will truly become rebalanced.

This agency has had a long standing commitment to promoting long term care options. We look forward to working with you to achieve the goals of this project.

Sincerely,

Richard Crocker

Richard Crocker
Interim Executive Director



UNIVERSITY of NEW HAMPSHIRE

December 12, 2011

Katie Dunn, Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Director Dunn,

I am pleased to endorse the Department's application through the Balancing Incentive Program released by the federal Centers for Medicare and Medicaid Services. The UNH Institute on Disability (IOD), established in 1987, is a University Center for Excellence in Disabilities and has partnered with the NH Department of Health and Human Services on various projects related to disability, aging, mental health, long term care, systems transformation, and home and community based care.

Your proposal holds much promise for continuing the State's efforts to rebalancing the long term care system of services and supports that was initiated by the Real Choice Grants and the Systems Transformation Grant. The IOD worked closely with the Department on both of these initiatives and is pleased to see continued progress. By implementing a "no wrong door" approach and streamlining financial and functional eligibility assessment processes as you are proposing to do, the Department will not only increase the use of community based services but will increase consumer and family satisfaction across all populations served by the long term care system of supports. The funding that will become available if the application is approved will be a powerful incentive to promote the provision of quality care in the most effective and least restrictive settings, with better outcomes for the people served. It is our hope that this funding will provide the catalyst to continue the state's rebalancing efforts.

The IOD is committed to continuing its work with the Department and its rebalancing initiatives. We look forward to working with you to achieve the goals of this project.

Sincerely,

Susan Fox
Clinical Assistant Professor, IOD
Director, Center on Aging and Community Living



INSTITUTE ON DISABILITY, INC.
100 University Center for Excellence in Disabilities

500 University Center, Suite 1000, Concord, New Hampshire 03301 • Telephone: 603.224.2224 • Fax: 603.224.4370 • E-mail: iod@unh.edu • www.unh.edu/iod



UNIVERSITY of NEW HAMPSHIRE

December 20, 2011

Katie Dunn, Medicaid Director
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Ms. Dunn,

The Institute for Health Policy and Practice (IHPP) would like to offer its support to the Department's application through the Balancing Incentive Program released by the federal Centers for Medicare and Medicaid Services. IHPP has worked with the New Hampshire Department of Health and Human Services (DHHS) for over ten years, across a range of projects that include partnerships with the Office of Medicaid, the Division of Public Health Services, and the Division of Community Based Care Services. The common thread through all of our work together has been the need to transform the delivery of health care and human services in New Hampshire.

The opportunity CMS presents under the Balancing Incentive Program is important for meeting the desires of New Hampshire older adults to remain in their home and community settings as they age. This program has the potential to build on work initiated under the Real Choice, Systems Transformation, The Money Follows the Person initiatives, and Aging and Disability Resource Center grants that have, over the course of more than ten years, sought to rebalance the long term care system of services and supports. With this Balancing Incentive Program application, IHPP supports the department's intent to expand the "no wrong door" approach and streamlining financial and functional eligibility assessment processes. There remain significant opportunities to increase the use of community-based services, widen the continuum of services, and IHPP supports additional strategies to continue person-centered approaches to rebalancing. If funding becomes available through the successful acceptance of the NH application, these funds can be utilized towards providing direct supports for home services, which will be vital for successfully transforming the long-term care system. IHPP looks forward to working with NH DHHS as it develops the details of strategies for balancing the long-term care system.

IHPP has is committed to long-term care options and transforming our system. We look forward to working with NH DHHS to achieve the goals of this project.

Sincerely,

Ned Helms
Director, NH Institute for Policy and Practice

College of Health and Human Services
New Hampshire Institute for Health Policy and Practice
Hewitt Hall, Suite 202 • 4 Library Way • Durham, New Hampshire 03824 • 603-862-5031 • Fax: 603-862-4457

THE NEW HAMPSHIRE BALANCING INCENTIVE PAYMENT PROJECT

Enhancing Opportunities for Living in Community Based Settings

Appendix B – Applicant Funding Estimates

The “Balancing Incentive Payments Program Applicant Funding Estimates” form for New Hampshire is included with this appendix.

These estimates were developed by reviewing category of service and procedure codes for claims paid in SFY 2009, and aligning them with the State’s SFY12 budget to be able to further project expenditures for the outlining years through 2015.

Due to the pending implementation of a new MMIS, the State of NH currently does not report by the category detail level (i.e. Case Management, Homemaker, Home Health, etc) on the CMS 64 feeder forms. NH anticipates that the new MMIS system should be operational within calendar year 2012. The new MMIS will allow NH to provide the required detailed level breakdowns. As such the breakdowns including in the Appendix B were derived from various ad-hoc reports.

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
BALANCING INCENTIVE PAYMENTS PROGRAM (Balancing Incentive Program) APPLICANT FUNDING ESTIMATES
LONG TERM SERVICES AND SUPPORTS

State	New Hampshire				State FMAP Rate		50.0%	
Agency Name	Department of Health & Human Services				Extra Balancing Incentive Program		(2 or 5%) 2.0%	
Quarter Ended								
Year of Service (1-4)	FFY 2012 - 2015							
					Projected LTSS Spending			
LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Year 1 (start Apr 1)	Year 2	Year 3	Year 4
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Case Management								
Total	70,384,963	35,192,482	35,192,482	1,407,699	9,347,968	19,451,251	20,277,835	21,307,910
Homemaker								
Total	10,112,547	5,056,274	5,056,274	202,251	1,343,068	2,794,655	2,913,414	3,061,410
Homemaker Basic								
Total	4,774,315	2,387,157	2,387,157	95,486	634,086	1,319,407	1,375,475	1,445,347
Homemaker Chore services								
Total	0	0	0	0	0	0	0	0
Home Health Aide								
Total	60,933,490	30,466,745	30,466,745	1,218,670	8,092,699	16,839,287	17,554,875	18,446,629
Personal Care								
Total	570,400,506	285,200,253	285,200,253	11,408,010	75,404,597	156,901,885	163,569,456	174,524,568
Personal Care ADLs								
Total	0	0	0	0	0	0	0	0
Personal Care IADLs								
Total	4,681,025	2,340,512	2,340,512	93,620	621,696	1,293,626	1,348,598	1,417,105
Personal Care Health related								
Total	54,131,142	27,065,571	27,065,571	1,082,623	7,189,265	14,959,423	15,595,126	16,387,328
Personal Care Adult Companion								
Total	0	0	0	0	0	0	0	0
Personal Care PERS								
Total	2,863,862	1,431,931	1,431,931	57,277	380,355	791,443	825,076	866,988
Pers. Care Assistive Technology								
Total	11,278,406	5,639,203	5,639,203	225,568	1,497,908	3,116,846	3,249,297	3,414,355
Habilitation Day								
Total	209,339,041	104,669,520	104,669,520	4,186,781	27,802,736	57,851,933	60,310,360	63,374,011
Habilitation Behavioral								
Total	0	0	0	0	0	0	0	0
Habilitation Prevocational								
Total	0	0	0	0	0	0	0	0
Hab. Supported Employment								
Total	25,180,075	12,590,037	12,590,037	503,601	3,344,216	6,958,645	7,254,353	7,622,861
Respite Care								
Total	22,486,424	11,243,212	11,243,212	449,728	2,986,467	6,214,240	6,478,315	6,807,401
Day Treatment / Partial Hosp.								
Total	8,985,740	4,492,870	4,492,870	179,715	1,193,414	2,483,256	2,588,782	2,720,287
Psychosocial Rehabilitation								
Total	0	0	0	0	0	0	0	0
Clinic Services								
Total	142,730,212	71,365,106	71,365,106	2,854,604	18,956,285	39,444,237	41,120,426	43,209,265

LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Projected LTSS Spending			
					Year 1 (start Apr 1)	Year 2	Year 3	Year 4
					(A)	(B)	(C)	(D)
Other HCBS Services								
Consolidated Services	1,153,051	576,525	576,525	23,061	153,139	318,652	332,193	349,068
Consultation Services	668,614	334,307	334,307	13,372	88,800	184,775	192,627	202,412
PDMS	82,815,299	41,407,650	41,407,650	1,656,306	10,998,865	22,886,439	23,859,002	25,070,993
Residential Care	29,410,645	14,705,323	14,705,323	588,213	3,906,087	8,127,785	8,473,176	8,903,597
Specialty Services	3,820,095	1,910,048	1,910,048	76,402	507,355	1,055,703	1,100,566	1,156,472
Supportive Housing	6,791,881	3,395,941	3,395,941	135,838	902,043	1,876,972	1,956,734	2,056,132
Total	124,659,586	62,329,793	62,329,793	2,493,192	16,556,289	34,450,325	35,914,297	37,738,675
Capitated HCBS Services								
Total	0	0	0	0	0	0	0	0
Health Homes								
Total	0	0	0	0	0	0	0	0
CFC								
Total	0	0	0	0	0	0	0	0
GRAND TOTALS	1,322,941,332	661,470,666	661,470,666	26,458,827	175,351,047	364,870,458	380,375,688	402,344,140

CMS MOD-Balancing Incentive Program DEMO 64i Application Form

1,322,941,332

26,458,827 Inst budget (2%)