

MINUTES
New Hampshire State Commission on Aging
Monday, July 25, 2022 10:00 a.m.-noon
NH Employment Security, 45 South Fruit St., Concord, NH

Present in person: Polly Campion, Chair; Carol Stamatakis, Vice Chair; Roberta Berner, Clerk; Sen. Ruth Ward; Rep. James MacKay; Sunny Mulligan Shea, DOJ; Lynn Lippitt, NH Housing Finance Authority; Susan Buxton, Long-Term Care Ombudsman; Wendi Aultman, DHHS; Shelley Winters, DOT; Appointed by the Governor: Suzanne Demers, Susan Denopoulos Abrami, Beth Quarm Todgham, Rev. Susan Nolan, Kristi St. Laurent, Doug McNutt Rebecca Sky, Executive Director; Chris Dugan, Communications and Engagement Director

Present via teleconference: Rep. Charles McMahan; Susan Ruka, Harry Viens, Laurie Duff

Absent: Richard Lavers, NHES; Janet Weeks, DOL; Michael Todd, John Marasco, DOS;

Daniel Marcek

Presenters: Phil Sletten, Research Director, NH Fiscal Policy Institute (NHFPI), Doug McNutt, Consultant, NHFPI and Commission member

Guests present via teleconference: 21 members of the public (Jennifer Rabalais, Carole Boutin, John Wilson, Heather Carroll, Rep. Lucy Weber, Arnold Newman, Kris Hering, Jen Delaney, Mary Roberge, Karen Ulmer-Dorsch, Nancy Dorner, Paula Minnehan, Cheryl Steinberg, Amy Guimond, Jon Eriquezzo, Laura Davie, Bev Cotton, Sara Margulies, Carissa Elphick, Joan Marcoux, Shawn Johnson)

I. Welcome, Attendance, Review of Minutes

Chair Polly Campion provided an overview of the agenda and welcomed the Commission members and guests to the meeting. Today's meeting was held concurrently in person at the NH Department of Employment Security and via teleconference.

Clerk Roberta Berner took attendance, noting which Commission members were attending in person or remotely. With 16 Commission members attending in person, a quorum was present.

Chair Campion asked for a motion to approve the May and June Commission meeting minutes. Susan Denopoulos Abrami made a motion to approve both sets of minutes; Suzanne Demers seconded the motion. By roll-call vote, members approved both sets of minutes unanimously.

II. Medicaid Long-Term Services and Supports in New Hampshire: A Review of the State's Medicaid Funding for Older Adults and Adults with Physical Disabilities.

Presenters: New Hampshire Fiscal Policy Institute (NHFPI), Phil Sletten, NHFPI Research Director, and Doug McNutt, Consultant, NHFPI and Commission member. (PowerPoint Attached)

Chair Campion introduced the presenters and provided a brief overview of their report on New Hampshire's Medicaid long-term services and supports, published in July 18, 2022 with support from New Futures, the Alliance for Healthy Aging and the Point32Health Foundation (formed by the combination of the Harvard Pilgrim Health Care Foundation and Tufts Health Plan Foundation). The link to the full report is:

https://nhfpi.org/assets/2022/07/NHFPI-Long-Term-Supports-and-Services-in-New-Hampshire_Older-Adults-and-Adults-with-Physical-Disabilities_July-2022.pdf

Phil Sletten began the presentation by explaining that the New Hampshire Fiscal Policy Institute (NHFPI) intended to enhance the understanding of the challenges within the Medicaid-funded system of long-term services and supports (LTSS) in the state. The analysis reviewed institutional care provided through nursing facilities as well as home and community-based services provided through Choices for Independence (the waiver that provides such services for older adults, primarily) as well as through other waivers that provide services for those with intellectual and developmental disabilities and acquired brain disorders.

Mr. Sletten provided a brief overview of the complexity of the funding formula for nursing facilities, including MQIP that applies to all nursing facilities and ProShare that applies only to County-run nursing facilities. In New Hampshire, the average per diem rate for nursing facilities is approximately \$250. The base Medicaid rate is approximately \$200 per day, which is augmented through the MQIP and ProShare formulas to bring payments closer to the average rate.

Choices for Independence (CFI) payments are based on a set fee-for-service reimbursement rate and dependent upon funding established in the state budget. The research reviewed the 10 rates most commonly authorized CFI services (SFY18) and found that nine of the 10 fell behind the Centers for Medicare and Medicaid Services' (CMS') "market basket" for home health agencies, based on data from July 2006 through January 2022. Increases in the two most recent state budgets have brought a couple of services closer to the price indices, but the Medicaid-supported fee for home health aides continues to be well below other price indices.

Doug McNutt presented information about the Medicaid LTSS enrollment and application processes. Over time in New Hampshire, enrollment in nursing facilities has declined and enrollment in CFI has increased and most current figures show that each has approximately 3,500 enrollees. CFI mid-level care enrolls approximately 500 individuals. With mid-level care and other CFI enrollees together, CFI enrollment exceeds nursing facility enrollment.

Mr. McNutt said that application processing times for Medicaid LTSS can be significant and have taken as long as 100 days (2016-17) with a median timeline of approximately 40 days. Nursing facilities have the advantage of being able to admit individuals before the process is fully completed and to receive retroactive payments (a requirement of the federal government). CFI providers cannot be reimbursed retroactively.

Mr. Sletten then compared nursing facility funding to CFI funding in the state. Their analysis suggests that the cost-based schema for determining Medicaid nursing facility rates helps the rates to keep up with inflation. As there is only a flat rate for home and community-based Medicaid services set by legislature, evidence indicates it is less successful at keeping up with the cost of inflation. From 2014 to 2022, nursing facilities received a seven percent increase overall and funding, including federal and local/state, now totals approximately \$376 million. CFI funding during the same period was relatively flat until 2020. It now totals

approximately \$79 million, so represents approximately a fifth of the funding that goes to nursing facilities. He said that adjusting for inflation and growing enrollment in CFI, CFI funding falls short. He estimated the gap at around \$150 million. Nursing facility appropriations better kept pace with inflation and enrollment. He added that state budget appropriations per enrollee represent approximately \$20,000 for CFI and approximately \$110,000 for nursing facilities.

Comparing New Hampshire's enrollment in home and community-based services and supports to other states', New Hampshire's position is relatively low. New Hampshire had the lowest spending as a percentage of overall LTSS expenditures except for Kentucky (2016 data). The latest data compare state-by-state all of the waived services, including those for the developmentally disabled, which represents the majority of funding for home and community-based services. New Hampshire ranks lower than all neighboring states in New England and lower than the national average.

The demographic data for the state continue to show that New Hampshire's population is aging, with implications both for the workforce and for service needs. Mr. McNutt noted that older adults are more likely to experience some form of disability, therefore needing assistance.

The data show that in recent years there has been a dramatic increase in authorized CFI waiver services, but that those authorized services have not been fulfilled (by a ratio of almost four to one). The low wages in New Hampshire relative to those of neighboring states have had an impact on availability of home health and personal care staff.

The presenters summarized key areas of concern outlined in the report:

- Difficulties with the Medicaid application process coupled with delays in service
- Funding constraints

Stakeholders interviewed for this report expressed concern for challenges in applying for and accessing services, including significant wait-times and difficulties submitting needed documentation. They had limited knowledge of existing navigation resources, including those available through the ServiceLink Aging and Disability Resource network. Stakeholder from organizations who support residents through the application process reported limited training opportunities for staff and volunteers. The report also found problems with the hospital discharge system.

The state's funding constraints are exacerbating workforce challenges, especially given recent cost increases and extra costs associated with the pandemic. Fixed reimbursement rates likely lead to a reduced ability to respond to economic pressures and are problematic, given the long-term underinvestment in the long-term care system infrastructure.

They then summarized their recommendations:

- Changes to the Medicaid eligibility process—
 - Use American Rescue Plan Act (ARPA) funds to hire public benefit navigators;

- Consider offering additional systemic help for people needing to access services, including bolstering ServiceLink;
- Support home care providers with payments prior to formal establishment of eligibility or use a form of presumptive eligibility (similar to that provided to nursing facilities);
- Reduce wait times by designating approved service providers with a pre-approved range of costs;
- Consider updates to the New Hampshire EASY system and increased training in its use;
- Develop a centralized informational portal so that users can understand quickly which services are available.
- Changes to funding reimbursements and support for the workforce—
 - Consider a stipend or additional funding for workforce support (flex funds are available through 2026);
 - Use flexibility in public wage enhancement programs;
 - Establish a more sophisticated methodology for established CFI service delivery costs to help inform decisions;
 - Use flexible federal funds and other resources to establish and support initiatives to grow and develop the workforce.

Chair Campion thanked Mr. Sletten and Mr. McNutt for their presentation and referred attendees to the full report. She then opened the floor to questions.

Sen. Ruth Ward asked if New Hampshire's lack of an income tax (compared to neighboring states) had been factored into the difference in rates of pay for care providers. Mr. Sletten responded that even when that is factored in, a pay differential remains.

Kristi St. Laurent asked about the reasons for the large gap between CFI authorized and utilized services. The presenters indicated that workforce issues exacerbated by funding constraints led to a great deal of the problem.

Rep. Lucy Weber expressed her concern about the time gaps between application for services, approval for services, and services being put in place.

Rep. Jim MacKay said that this report provides an opportunity for leadership and increased understanding of the issues regarding the Medicaid LTSS system. He emphasized we need clearly need leadership to address this set of issues.

Laurie Duff asked for clarification of the large difference in payments through CFI compared to nursing facilities, especially given the number of participants. Mr. Sletten responded that the difference was approximately 20 cents for CFI to \$1 for nursing facilities and that CFI enrollment now exceeds nursing facility Medicaid occupancy. Mr. McNutt said that the pandemic had contributed to the cost differential, with nursing facilities needing to spend more on things like HVAC systems to protect and serve residents.

Mr. McNutt added that he hoped that this report could be used as a resource when the next state budget is being crafted.

**III. Commission Community Outreach (*Information included in meeting materials*)—
Suzanne Demers, Emerging Issues Task Force, and Chris Dugan, Communications and
Engagement Director**

Suzanne Demers explained that the Emerging Issues Task Force would like Commission members to present information about the Commission to community groups and glean information from those groups about the issues that they see as central to aging in New Hampshire. Chris Dugan has prepared an outline of questions to pose to community groups (see attached).

Rebecca Sky suggested that Commission members share with groups that we have a wonderful newsletter and that anyone interested may receive the newsletter upon request.

Doug McNutt suggested that Commission members also include information about ServiceLink when they speak to community groups.

IV. Vote on Recommendations for Commission on Aging Appointments by Governor

Chair Campion briefly reviewed recommendations for new Commission members:

- Roxie A. Severance, CNHA, FACHCA, Whitefield, NH (Coos County), would be replacing Ken Gordon. Ms. Severance runs a consulting firm, RS Consulting LLC, which focuses on assisting organizations with aspects of quality services for older adults. She previously served as CEO and Administrator for the Morrison Hospital Association (Morrison Nursing Home) and worked as an Elderly Services Coordinator for NH Housing Finance Authority where she played a leadership role in establishing the REAP program.
- Rep. Lucy McVitty Weber, Walpole, NH (Cheshire County, would be replacing Susan Emerson. Rep. Weber has represented Cheshire District 1 since December 2006 and currently is the Ranking Member of the House Health, Human Services and Elderly Affairs Committee. Rep. Weber began her professional career in the field of education, then worked for more than a decade as a lawyer practicing in many areas including elder law. She then served as general contractor restoring an historic inn and co-owned the Walpole Inn for seven years. In addition to her state service, Rep. Weber has served on a number of local boards and committees.

More extensive biographical information about both was included in the meeting packet distributed prior to the June meeting.

Rep. MacKay made a motion to recommend Ms. Severance and Rep. Weber to the Governor for appointment as members of the Commission; Carol Stamatakis seconded the motion; the Commission members approved the motion unanimously by roll call vote.

V. Public Input

Amy Guimond thanked Doug McNutt and Phil Sletten for their presentation.

VI. Adjournment

Chair Campion adjourned the meeting at 11:58 a.m. Because the Commission is taking a summer break in August, the next meeting of the Commission will take place on September 19, 2022.



LONG-TERM SERVICES AND SUPPORTS IN NEW HAMPSHIRE: A REVIEW OF THE STATE'S MEDICAID FUNDING FOR OLDER ADULTS AND ADULTS WITH PHYSICAL DISABILITIES

PRESENTED BY PHIL SLETTEN, NHFPI RESEARCH DIRECTOR
AND DOUG MCNUTT, PROJECT CONSULTANT

NEW HAMPSHIRE STATE COMMISSION ON AGING

JULY 25, 2022

NHFPI REPORT EXAMINING KEY MEDICAID SERVICES IN NEW HAMPSHIRE

- *Long-Term Services and Supports in New Hampshire: A Review of the State's Medicaid Funding for Older Adults and Adults with Physical Disabilities*
- Published online at www.nhfpi.org
- Designed to serve as an overview of Medicaid-funded long-term services and supports in New Hampshire, examine investments in both home and community-based services and institutional care, and enhance understanding of the challenges facing these Medicaid services
- Focused on older adults and adults with physical disabilities; some findings may also be relevant to services for individuals with developmental disabilities or acquired brain disorders

LONG-TERM SERVICES AND SUPPORTS (LTSS) AND MEDICAID FUNDING IN NEW HAMPSHIRE

TWO KEY FORMS OF MEDICAID LTSS

Institutional Care from Nursing Facilities

- Funded through “traditional” Medicaid
- Provides 24-hour care for key purposes, including monitoring, restorative nursing or rehabilitative care, certain medication administration requirements, or assistance with certain daily activities

Home and Community-Based Services (HCBS)

- For older adults and adults with physical disabilities, provided through a Medicaid waiver program named Choices for Independence (CFI)
- Provided to eligible adults who are also clinically in need of care at the level provided in a nursing facility
- Other Medicaid waivers for individuals with intellectual or developmental disabilities and acquired brain disorders

FUNDING FOR NURSING FACILITIES

- Funding calculated based on cost reports, accounting for patient enrollment and acuity
- Key cost components, including certain facility and capital costs, accounted for in per diem reimbursements specifically for each facility, with regular updates to patient acuity data
- U.S. Centers for Medicare and Medicaid Services (CMS) calculates the CMS Market Basket for Skilled Nursing Facility input costs, used for inflation adjustment estimates
- Appropriations reduced by a budget adjustment factor, 23.62 percent reduction from calculated costs in State rule
- Budget adjustment factor offset by other payments, including Medicaid Quality Incentive Payment (MQIP) and, for county nursing homes, Proportionate Share Payments (Proshare)
- Both MQIP and ProShare paid in part by nursing facilities, with matching federal Medicaid funds increasing total amounts paid

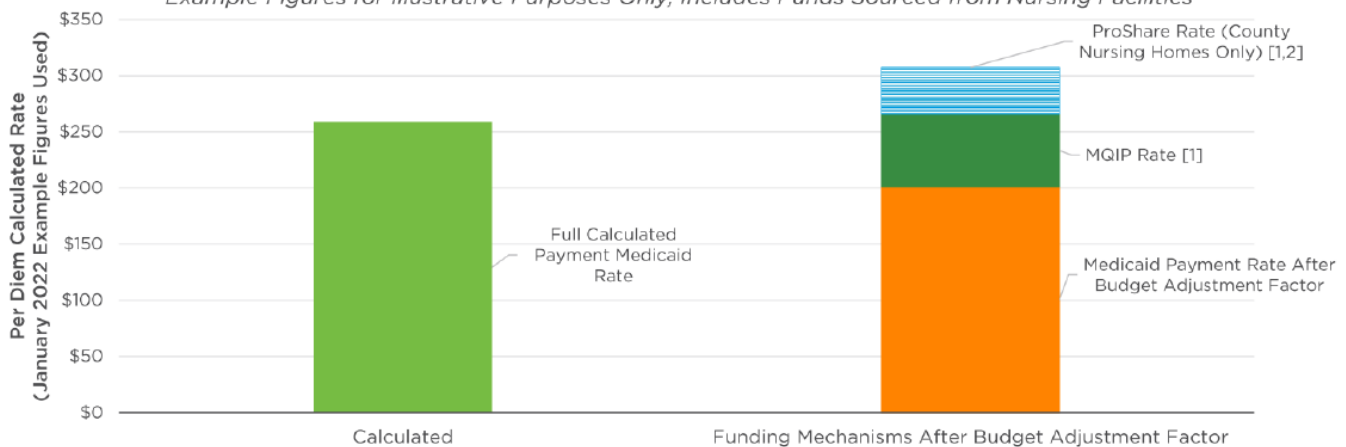
NEW HAMPSHIRE FISCAL POLICY INSTITUTE

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EXAMPLE OF NH MEDICAID FUNDING STRUCTURE FOR NURSING FACILITIES

NEW HAMPSHIRE CALCULATED AND ACTUAL STATE FUNDING MECHANISMS FOR NURSING FACILITIES

Example Figures for Illustrative Purposes Only, Includes Funds Sourced from Nursing Facilities



Funding Calculations and Combined Mechanisms

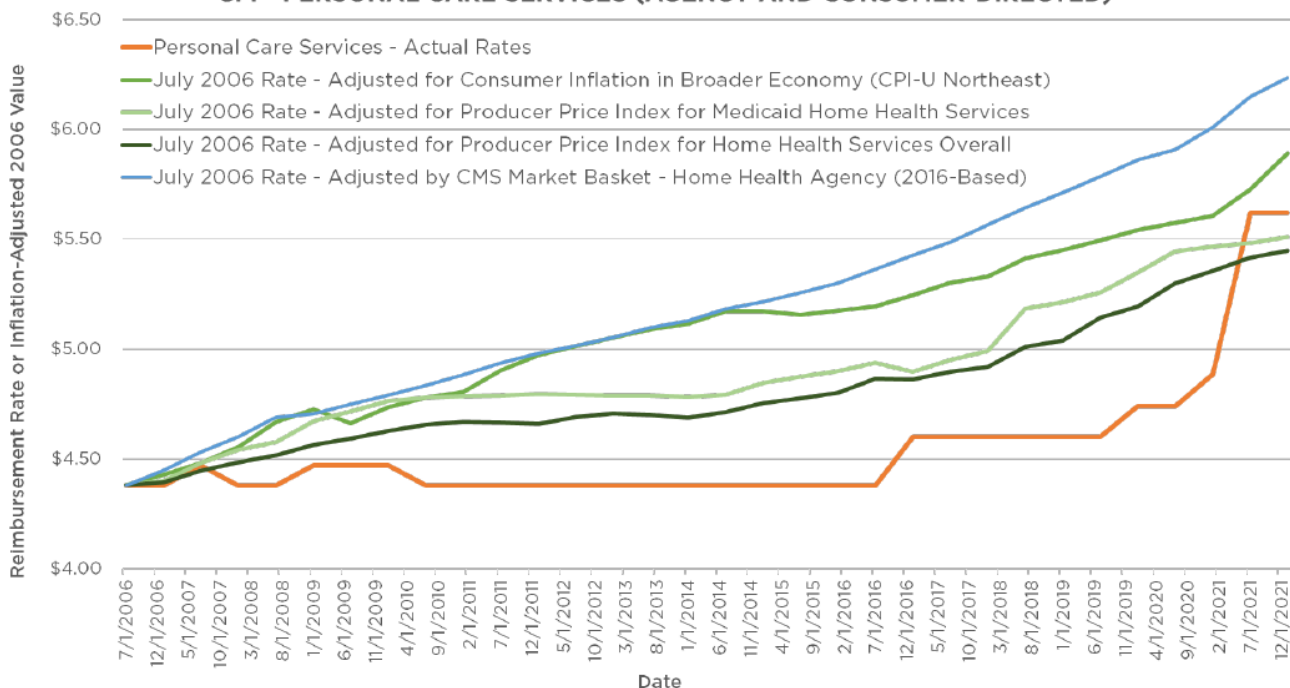
Notes: [1] MQIP and ProShare are funded in part by nursing facilities that support matching federal Medicaid funds.
 [2] ProShare rates based in part on certified costs, rather than a per diem rate. This graphical representation is based on a historical relationship between total MQIP and ProShare funding and available MQIP per diem rates.
 Source: New Hampshire Department of Health and Human Services

CHOICES FOR INDEPENDENCE (CFI) MEDICAID WAIVER FUNDING STRUCTURE

- Based on set, fee-for-service reimbursement rates for certain eligible services delivered by providers
- Reimbursement rates dependent on State Budget funding, typically set for longer periods to fixed dollar amounts rather than automatically updated
- No cost reporting structure similar to the reporting required from nursing facilities to inform reimbursements
- Of the ten most commonly authorized CFI services funded in State Fiscal Year 2018, nine fell behind the CMS Market Basket for Home Health Agencies inflation measure from July 2006 to January 2022

SOME CFI REIMBURSEMENT RATES BOOSTED SIGNIFICANTLY IN MOST RECENT BUDGET

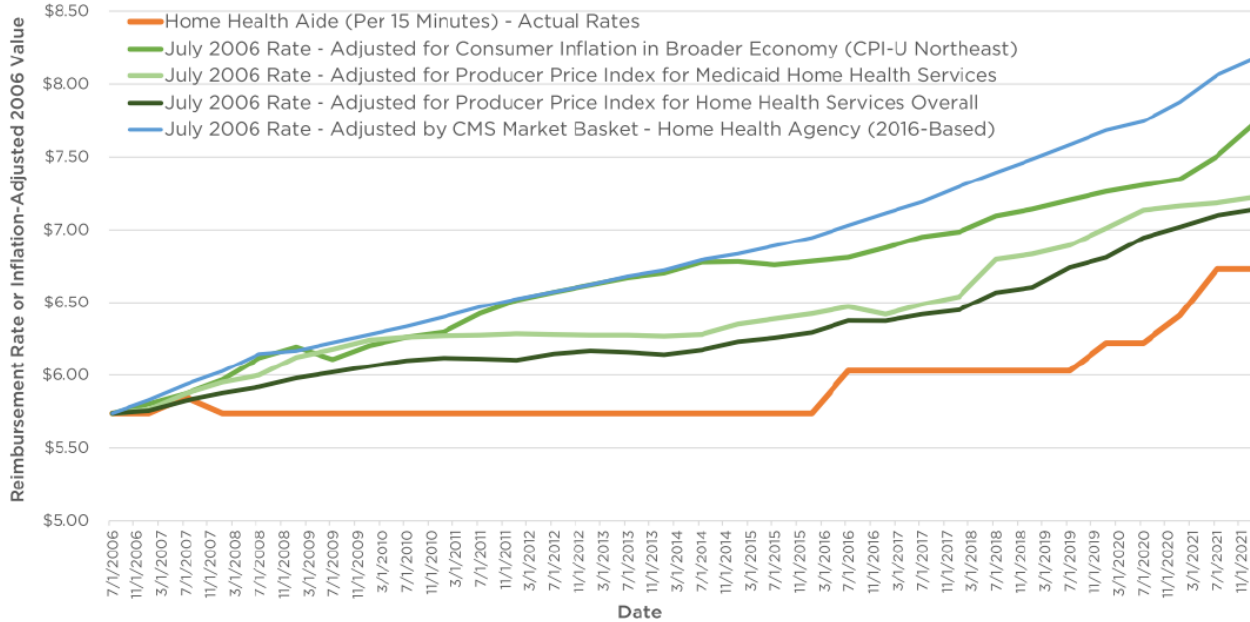
**NEW HAMPSHIRE MEDICAID REIMBURSEMENT RATES RELATIVE TO INFLATION
CFI - PERSONAL CARE SERVICES (AGENCY AND CONSUMER-DIRECTED)**



Sources: New Hampshire Department of Health and Human Services; U.S. Bureau of Labor Statistics; U.S. Centers for Medicare and Medicaid Services

OTHER CFI REIMBURSEMENT RATES HAVE FALLEN SIGNIFICANTLY BEHIND INFLATION

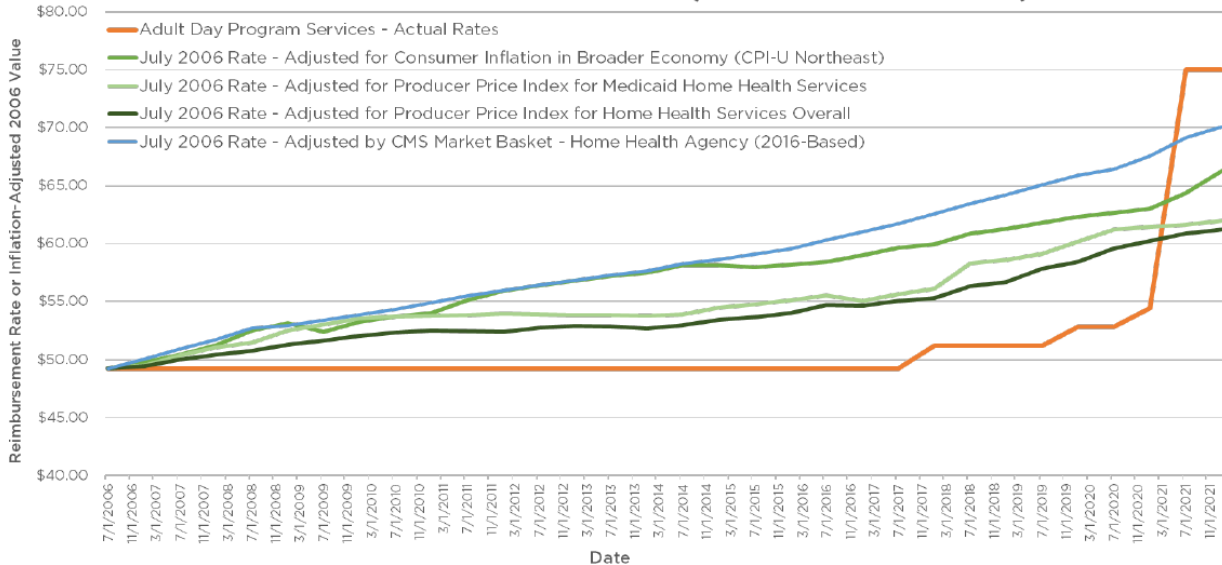
**NEW HAMPSHIRE MEDICAID REIMBURSEMENT RATES RELATIVE TO INFLATION
CFI - HOME HEALTH AIDE (15 MINUTE UNITS)**



Sources: New Hampshire Department of Health and Human Services; U.S. Bureau of Labor Statistics; U.S. Centers for Medicare and Medicaid Services

RECENT ADULT MEDICAL DAY RATE BOOST REACHED INFLATION BENCHMARKS

**NEW HAMPSHIRE MEDICAID REIMBURSEMENT RATES RELATIVE TO INFLATION
CFI - ADULT MEDICAL DAY SERVICES (ADULT MEDICAL DAY CARE)**

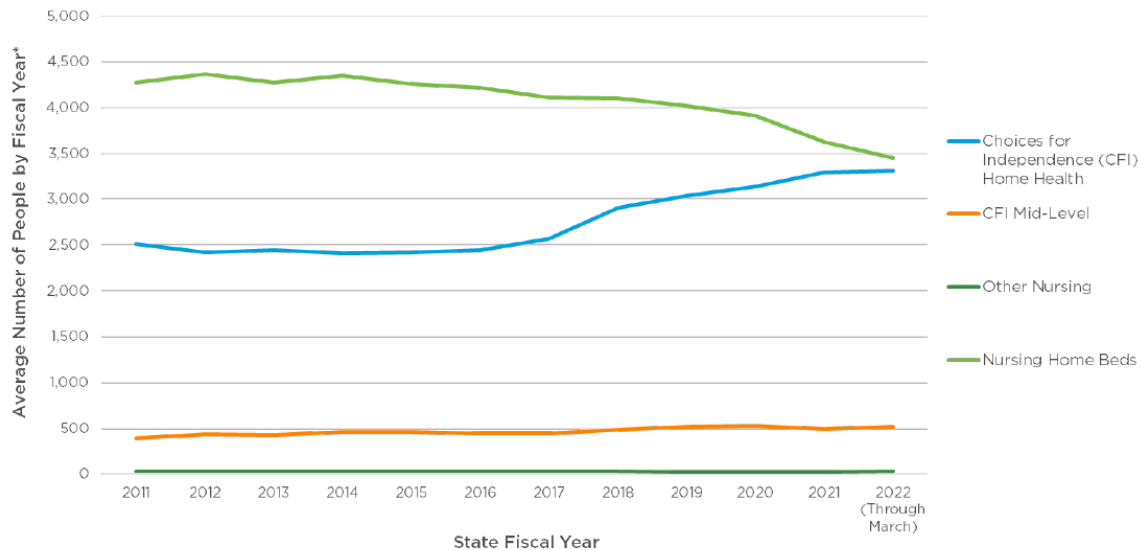


Sources: New Hampshire Department of Health and Human Services; U.S. Bureau of Labor Statistics; U.S. Centers for Medicare and Medicaid Services

MEDICAID LTSS ENROLLMENT AND APPLICATION PROCESSES

NURSING FACILITY ENROLLMENT DECLINES, CFI ENROLLMENT INCREASES OVER TIME

ENROLLMENT IN NEW HAMPSHIRE MEDICAID NURSING CARE BY TYPE

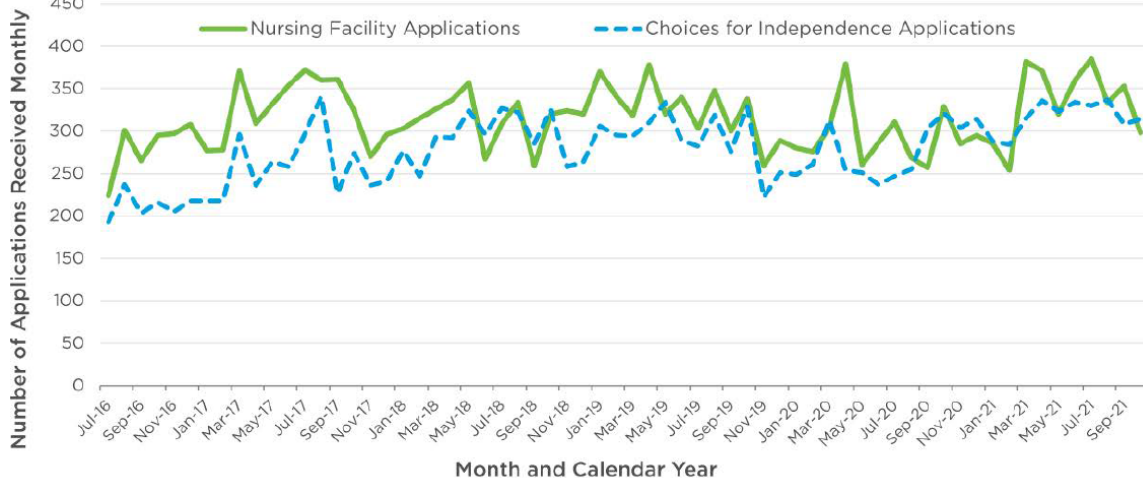


*Note: Annual average based on the 12-month of average of rolling three-month averages.
Source: New Hampshire Department of Health and Human Services Operating Statistics Dashboard, April 22, 2022

APPLICATIONS FOR LTSS NURSING FACILITY AND CFI HAVE REMAINED FAIRLY STEADY

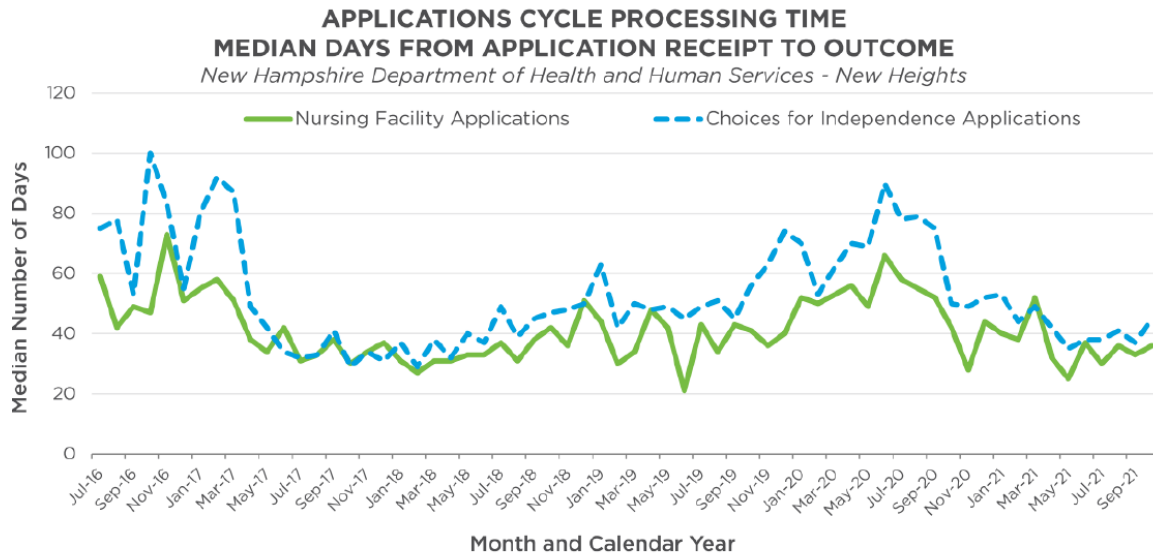
LONG-TERM SUPPORTS AND SERVICES APPLICATIONS RECEIVED

New Hampshire Department of Health and Human Services - New Heights



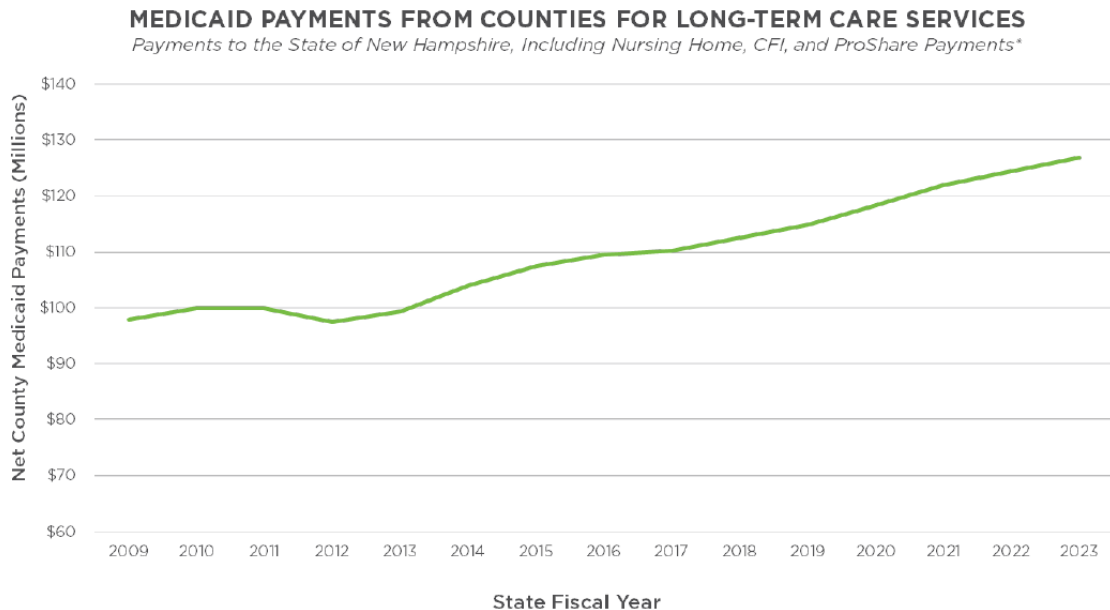
Source: New Hampshire Department of Health and Human Services

MEDICAID LTSS APPLICATION PROCESSING TIMES CAN BE SIGNIFICANT



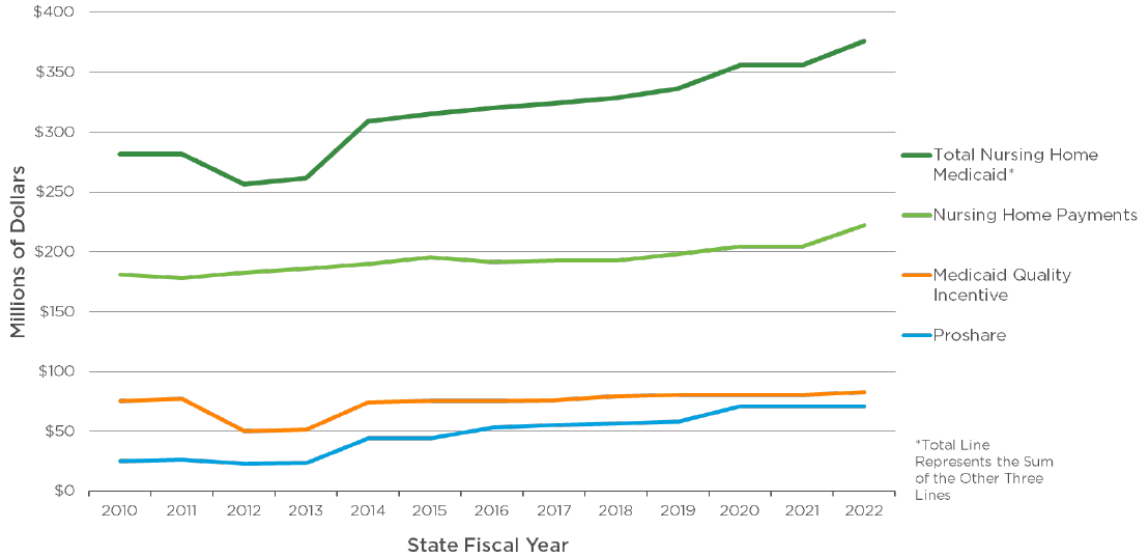
MEDICAID LTSS PUBLIC APPROPRIATIONS OVER TIME

NURSING FACILITIES AND COUNTIES CONTRIBUTE TO STATE BUDGET FUNDING



FUNDING INCREASES TO NURSING FACILITIES, PARTICULARLY PROSHARE

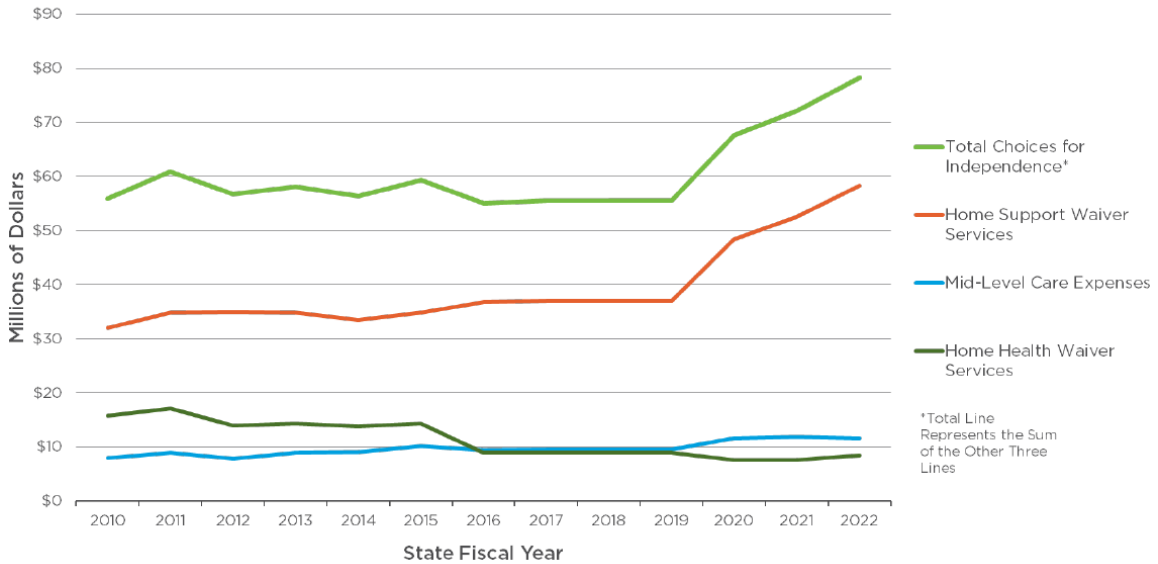
NEW HAMPSHIRE STATE BUDGET APPROPRIATIONS FOR NURSING FACILITIES



Source: New Hampshire State Budget appropriations, primary operating budgets, SFYs 2010-2022

CFI FUNDING TOTALS LOWER, RECENT INCREASES AFTER FLAT-FUNDED YEARS

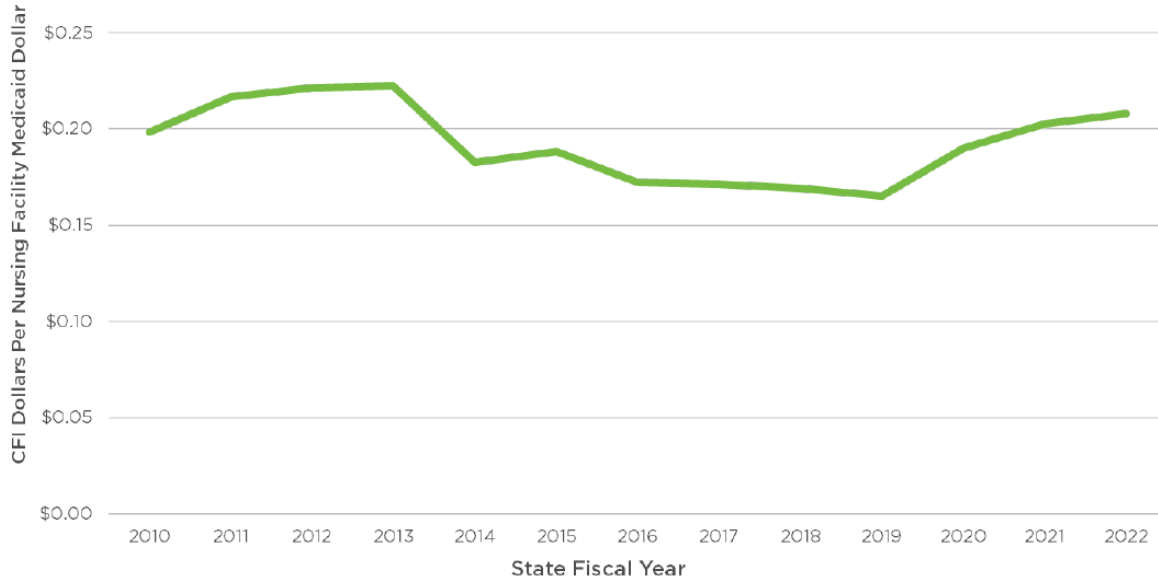
NEW HAMPSHIRE STATE BUDGET APPROPRIATIONS FOR CFI WAIVER SERVICES



Source: New Hampshire State Budget appropriations, primary operating budgets, SFYs 2010-2022

CFI FUNDING ABOUT ONE-FIFTH OF FUNDING FOR NURSING FACILITIES IN TOTAL

FUNDING FOR CFI MEDICAID WAIVER SERVICES RELATIVE TO MEDICAID NURSING FACILITY SERVICES IN STATE BUDGET APPROPRIATIONS

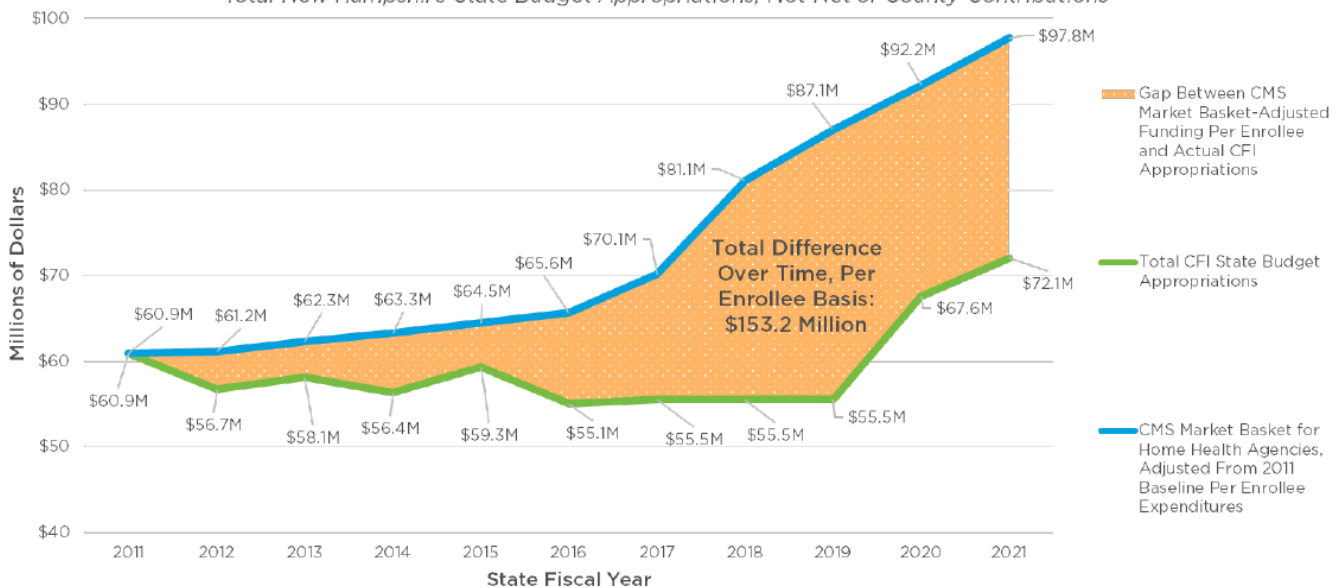


Source: New Hampshire Office of Legislative Budget Assistant

ADJUSTING FOR INFLATION AND ENROLLMENT, CFI FUNDING FALLS SHORT

TOTAL FUNDING FOR CHOICES FOR INDEPENDENCE RELATIVE TO FEDERAL INFLATION MEASURE ON A PER ENROLLEE EXPENDITURE BASIS SINCE 2011

Total New Hampshire State Budget Appropriations, Not Net of County Contributions

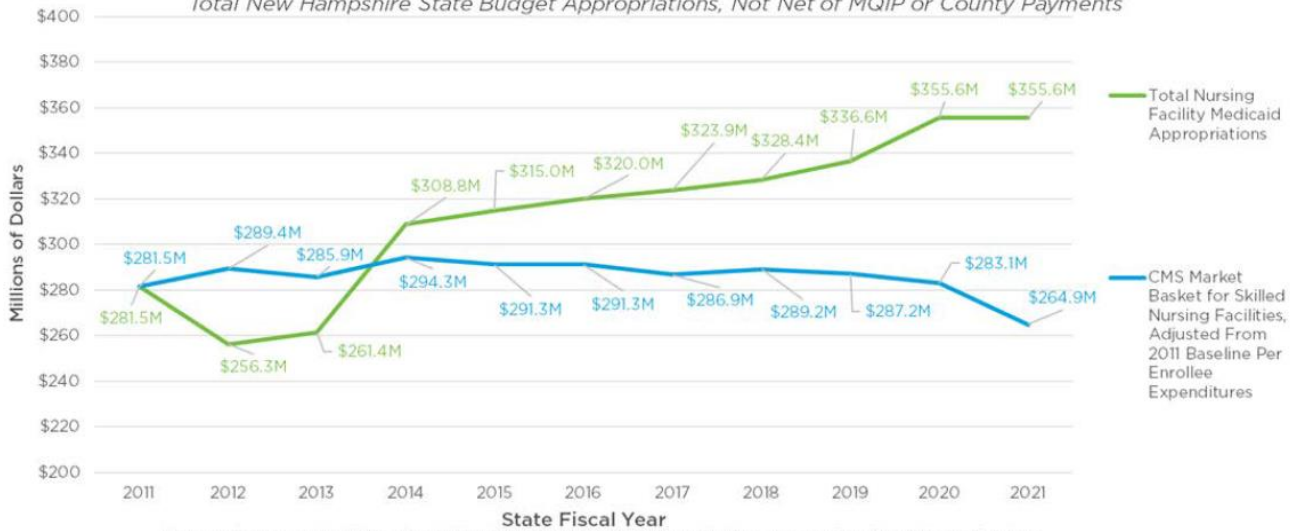


Sources: New Hampshire Office of Legislative Budget Assistant; U.S. Centers for Medicare and Medicaid Services

NURSING FACILITY COST REPORTING LIKELY IMPROVED FUNDING RELATIVE TO COST

FUNDING FOR NURSING FACILITY MEDICAID SERVICES, ACTUAL AND RELATIVE TO FEDERAL INFLATION MEASURE ON A PER ENROLLEE EXPENDITURE BASIS

Total New Hampshire State Budget Appropriations, Not Net of MQIP or County Payments

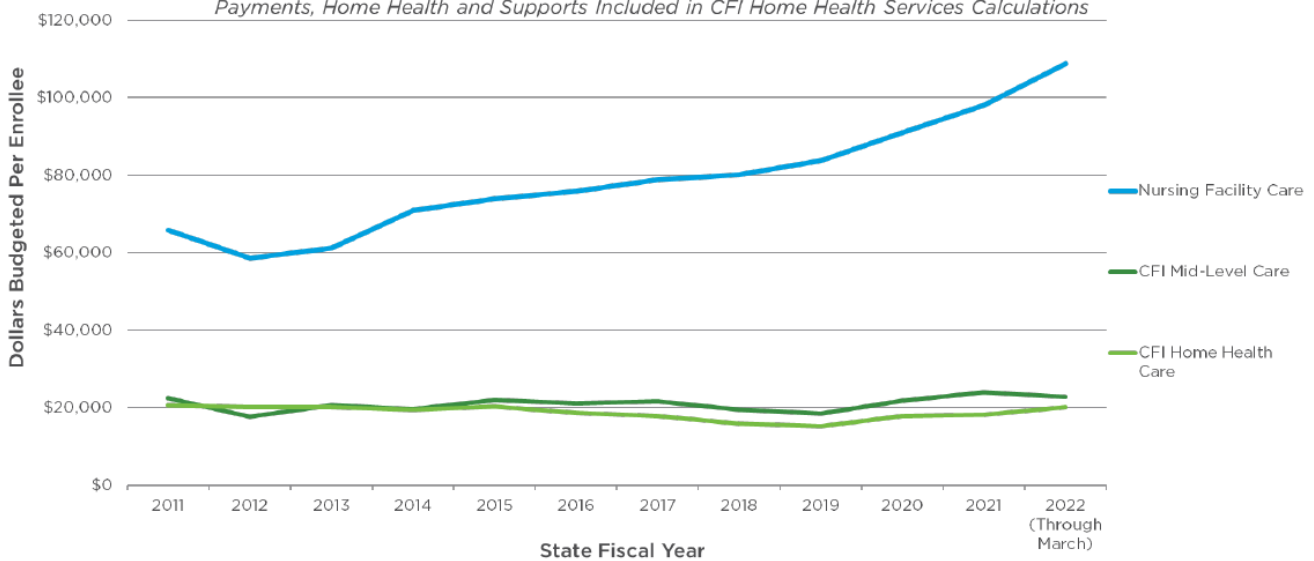


Sources: New Hampshire Office of Legislative Budget Assistant; New Hampshire Department of Health and Human Services; U.S. Centers for Medicare and Medicaid Services

STATE BUDGET APPROPRIATIONS PER ENROLLEE LOWER FOR CFI SERVICES

NEW HAMPSHIRE BUDGETED APPROPRIATIONS FOR MEDICAID SERVICE TYPES PER CAPITA, BASED ON ACTUAL AVERAGE FISCAL YEAR ENROLLMENT

Nursing Facility Payments Include Nursing Home, Medicaid Quality Incentive, and ProShare Payments, Home Health and Supports Included in CFI Home Health Services Calculations



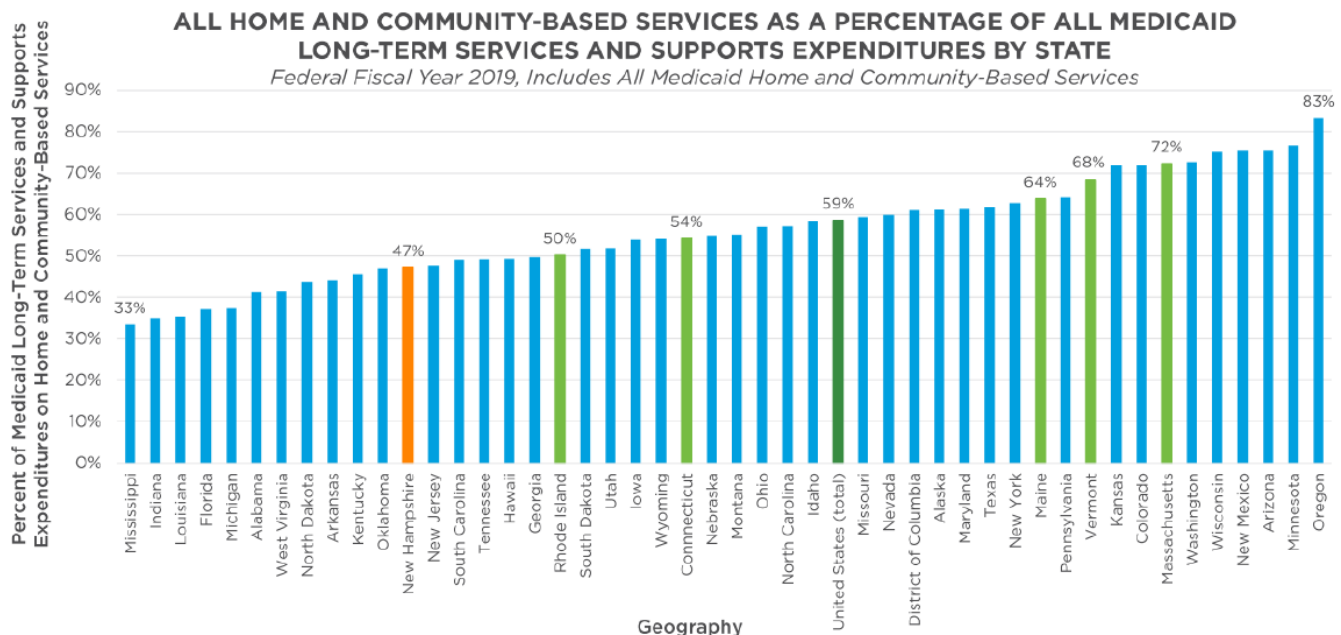
Note: "Other Nursing Services" excluded. The annual average enrollment in "Other Nursing Services" in SFY 2021 was 22 people.
Sources: New Hampshire Department of Health and Human Services Operating Statistics Dashboard, Office of Legislative Budget Assistant

NATIONAL TRENDS IN MEDICAID LTSS EXPENDITURES

NEW HAMPSHIRE DEVOTES RELATIVELY LESS MEDICAID LTSS FUNDING TO HCBS

- Nationally, Medicaid HCBS expenditures, including all HCBS services such as services for individuals with developmental disabilities and acquired brain disorders, have risen as a percentage of Medicaid LTSS expenditures over three decades
- Analysis of Federal Fiscal Years 2013 to 2016 expenditures showed growth in key HCBS waiver spending of 5.9 percent annually, while annual rate was 5.1 percent in New Hampshire
- Over same period, annual compound growth rate for waivers nationally serving older adults and people with physical disabilities was 5.5 percent, but was -0.5 percent for CFI in NH
- New Hampshire had lowest Medicaid HCBS spending as a percentage of LTSS expenditures for older people and adults with physical disabilities of any state except Kentucky in 2016

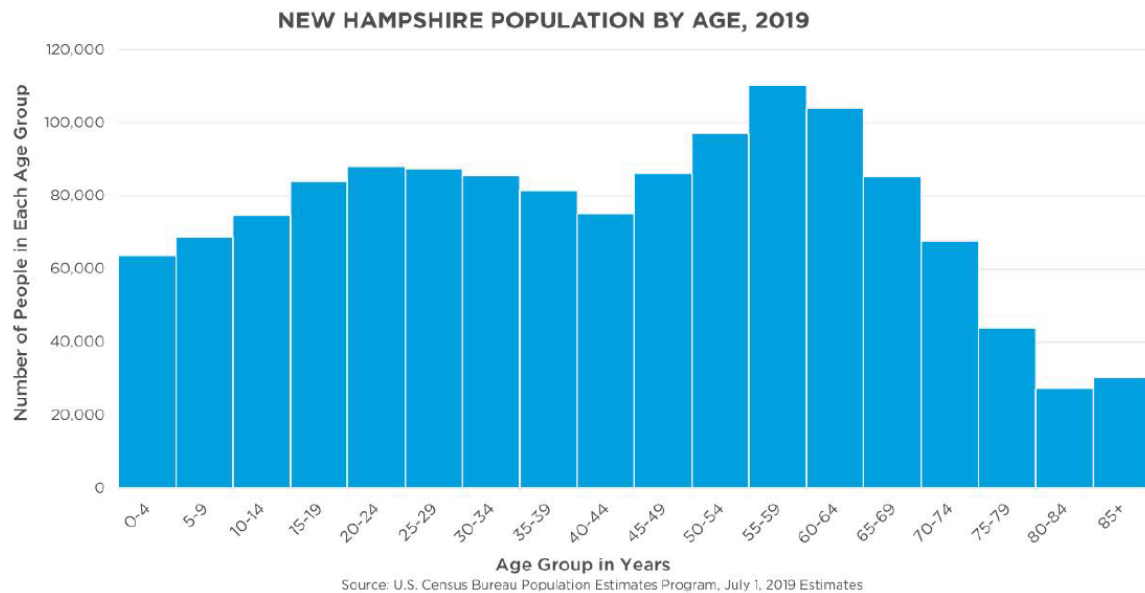
NH SPENDS A SMALLER SHARE OF MEDICAID LTSS ON HCBS THAN NEIGHBORS



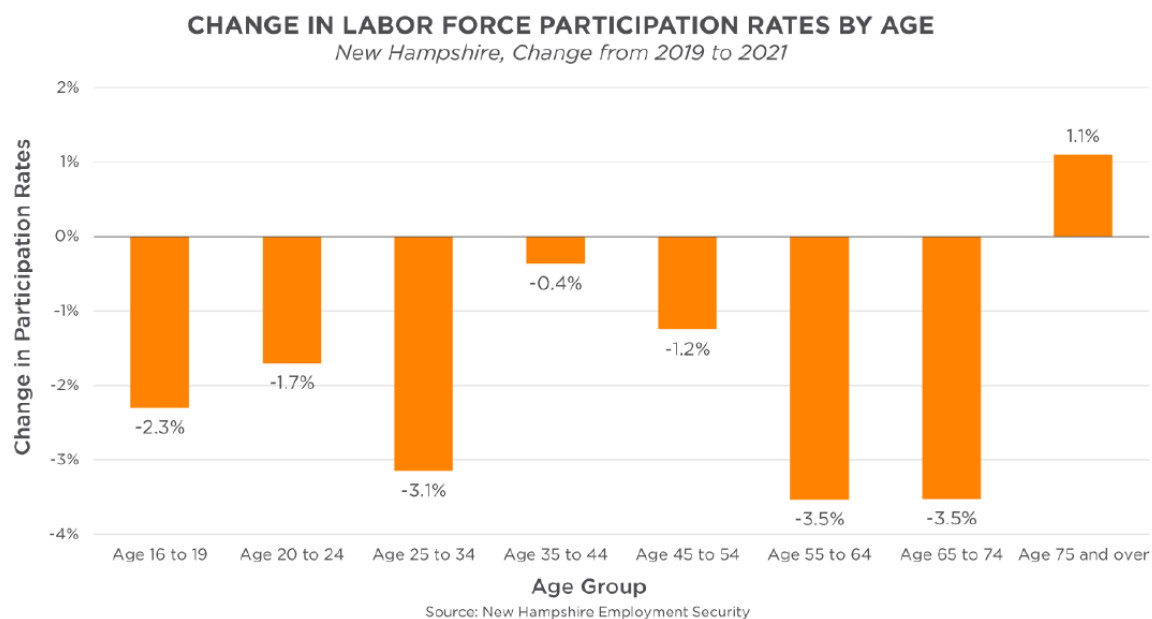
Note: Data not available for all states. States not shown here had no data available for federal fiscal year 2019.
Source: Centers for Medicare and Medicaid Services, Medicaid Long Term Services and Supports Annual Expenditures Report, December 9, 2021

CURRENT AND FUTURE NEED FOR LTSS IN NEW HAMPSHIRE

DEMOGRAPHICS SUGGEST MORE PEOPLE ENTERING TRADITIONAL RETIREMENT AGES

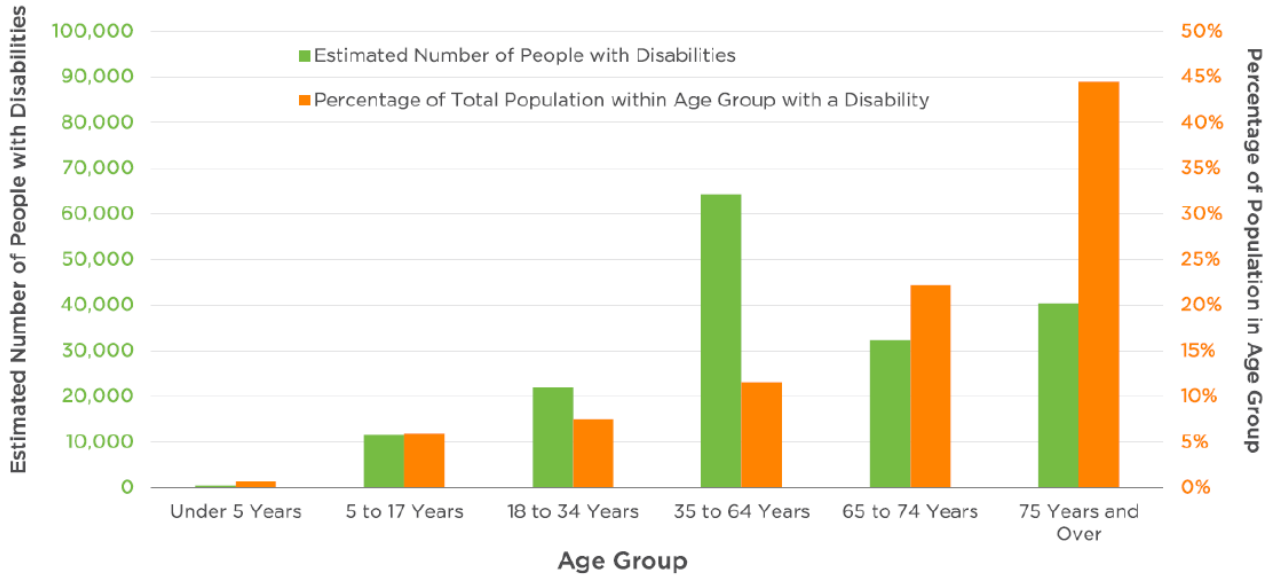


PANDEMIC IMPACTS HAVE PROMPTED SOME WORKERS TO LEAVE THE LABOR FORCE



OLDER ADULTS MORE LIKELY TO EXPERIENCE SOME FORM OF DISABILITY

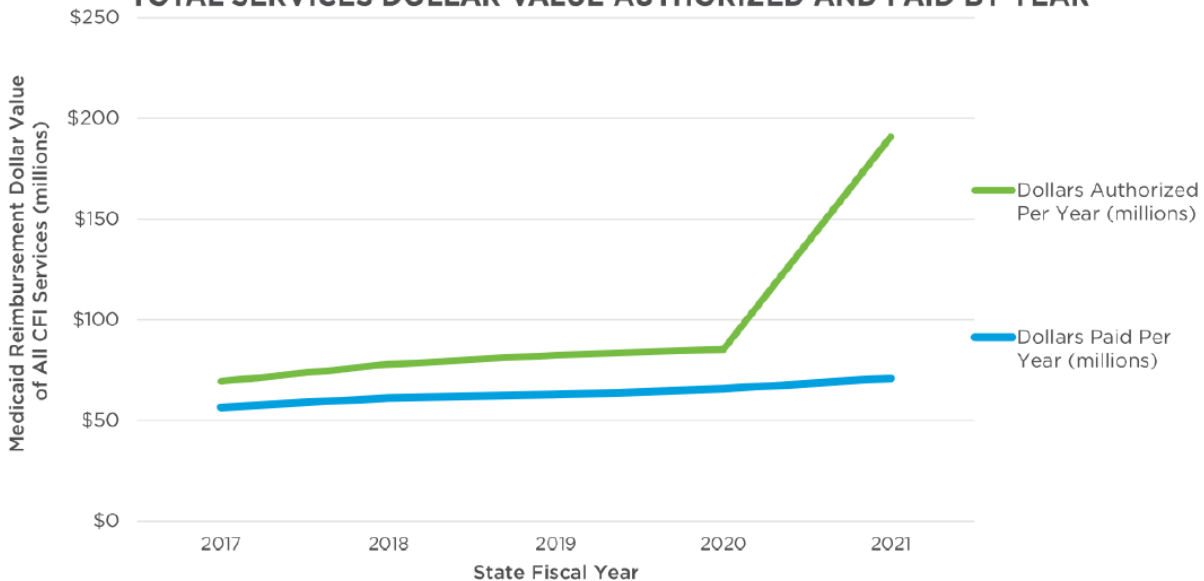
NEW HAMPSHIRE INDIVIDUALS WITH DISABILITIES BY AGE GROUP
U.S. Census Bureau Survey Data, 2016-2020



Source: U.S. Census Bureau, American Community Survey Five-Year Estimates, 2016-2020

PROGRAM CHANGES MAY HAVE REVEALED MORE CURRENT NEED FOR CFI SERVICES

NEW HAMPSHIRE CFI WAIVER SERVICES FUNDING, TOTAL SERVICES DOLLAR VALUE AUTHORIZED AND PAID BY YEAR



Source: New Hampshire Department of Health and Human Services, Data Through December 28, 2021

LOW WAGES RELATIVE TO OTHER STATES MAY CONSTRAIN HCBS WORKFORCE

ESTIMATED HOURLY WAGES FOR HOME HEALTH AND PERSONAL CARE AIDES BY STATE AND RELATIVE WAGE LEVEL, MAY 2021

Relative Wage Level	Maine	Massachusetts	New Hampshire	Vermont
10th Percentile	\$13.65	\$14.28	\$11.56	\$13.32
25th Percentile	\$13.94	\$14.81	\$13.52	\$14.07
50th Percentile (Median)	\$14.28	\$17.45	\$14.12	\$14.44
75th Percentile	\$17.23	\$17.68	\$16.40	\$17.98
90th Percentile	\$18.03	\$18.08	\$18.14	\$22.57

Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics, May 2021.

KEY AREAS OF CONCERN MEDICAID APPLICATION DIFFICULTIES AND DELAYS IN SERVICES

- Interviewed participants in Medicaid LTSS described challenges applying for and accessing services, with significant wait times and difficulties submitting needed documentation
- October 2021 median processing cycle time: 45 days for CFI, 36 days for nursing facilities; nursing facility applicants may have had faster access to services due to retroactive payments
- Limited knowledge of existing navigation, ServiceLink services
- Interviewees identified inconsistencies in application processes
- The State-contracted report with Guidehouse, Inc. found many of the same challenges in the application process reported to NHFPI, and examined long delays in application processing
- Survey data from hospitals identified Medicaid eligibility determination as a key reason why individuals remained in hospitals after being medically cleared for discharge, although less significant than lack of access to available care

FUNDING CONSTRAINTS EXACERBATE WORKFORCE SHORTAGE, LIMIT SERVICES

- CFI reimbursement rates that have not kept up with inflation in the long term may have limited the ability of HCBS providers to attract and retain staff
- Recent cost increases and costs associated with the pandemic appear to have widespread impacts for care providers
- Fixed reimbursement rates may lead to reduced ability to respond to fast changes in the labor market
- In Guidehouse's survey research, of 47 key informant respondents, 84 percent did not believe HCBS reimbursement rates were adequate, and 75 percent did not believe there were sufficient direct service providers for HCBS services
- Reimbursement rates for CFI falling below inflation-adjusted costs over a substantial time period likely contributed to long-term underinvestment in system infrastructure

RECOMMENDATIONS

MEDICAID ELIGIBILITY PROCESS RECOMMENDATIONS

1. Use flexible federal funds provided through the American Rescue Plan Act (ARPA) to hire public benefit navigators to help people applying for Medicaid services.
2. Consider additional, systemic help for people accessing services beyond the existing frameworks for LTSS in New Hampshire.
3. Support home care providers with a form of payment, or commitment of future payment, prior to the formal establishment of Medicaid eligibility, or implement a form of presumptive eligibility.
4. Reduce wait times for providing certain services by designating approved service providers with a pre-approved range of costs for service provision.
5. Consider updates to the NH Easy system for applying for services and provide additional trainings for professionals who frequently assist people applying for services.
6. Establish a centralized information portal or dashboard for providers, case managers, and navigators to quickly understand which services are available to help connect people to services faster.

FUNDING REIMBURSEMENTS AND SUPPORTING THE WORKFORCE

7. Consider a long-term program to provide a stipend or other additional funding for workforce supports to Medicaid providers, potentially funded with flexible federal funds that can be used through the end of 2026.
8. Include flexibility in public wage enhancement programs for Medicaid providers to reflect related costs.
9. Establish a set and more sophisticated methodology for estimating CFI waiver service delivery costs that will help inform decisions regarding reimbursement rates and help to better align future investment levels with cost changes.
10. Use flexible federal funds and other resources to establish and support initiatives to grow and develop the workforce for nursing facilities and home and community-based services.

READ THE FULL REPORT

LONG-TERM SERVICES AND SUPPORTS IN NEW HAMPSHIRE: A REVIEW OF THE STATE'S MEDICAID FUNDING FOR OLDER ADULTS AND ADULTS WITH PHYSICAL DISABILITIES

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