



The Political Determinants of Health ECHO

Policies to Advance the Health & Economic Prosperity
of New Hampshire Communities



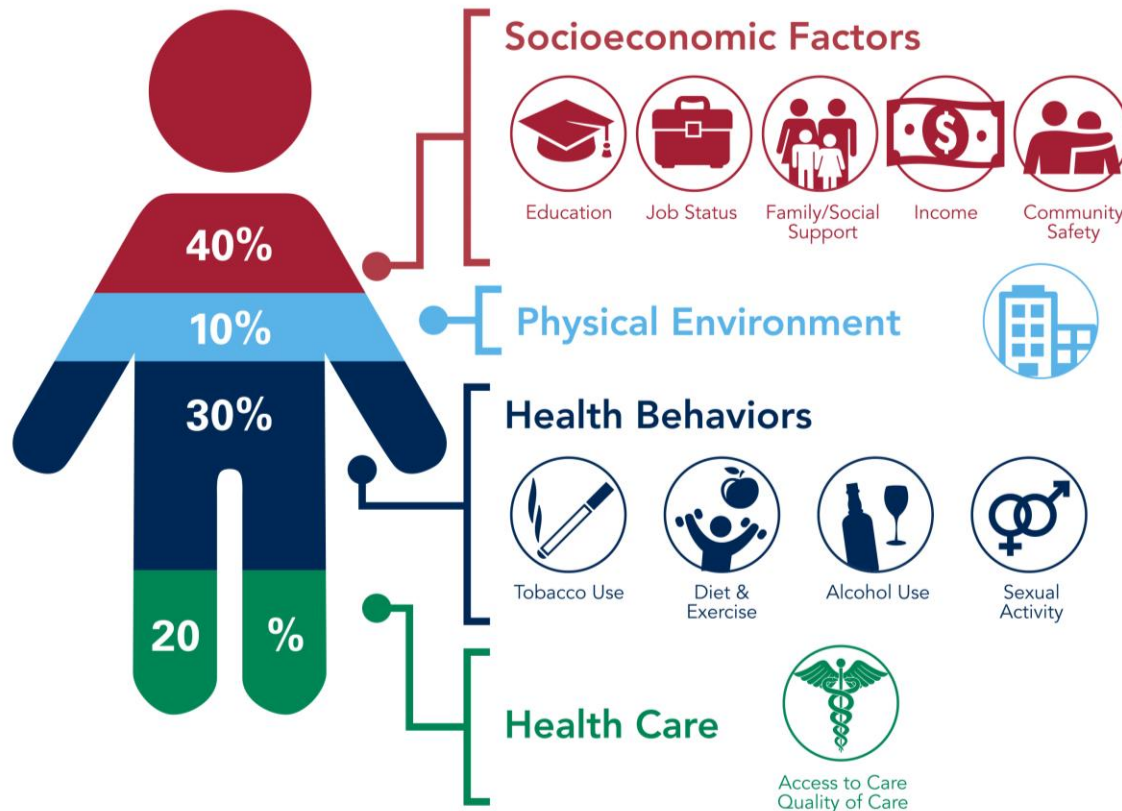
Series Learning Objectives

Learner will be able to:

1. Describe the importance of key social determinants of health
2. Explain how policy and politics impact the determinants of health
3. Advocate effectively for sound public health policies

Political Determinants of Health

The political processes that impact the social, environmental and health care drivers of health, including executive decisions, legislative policies, electoral processes and public advocacy.



80% Socioeconomic, environmental & health behavioral factors

20% Health care factors

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THE NEW HAMPSHIRE STATE BUDGET: A BRIEF OVERVIEW OF THE PROCESS AND COMPOSITION

PRESENTED BY PHIL SLETTEN, RESEARCH DIRECTOR

DARTMOUTH HEALTH PROJECT ECO

FEBRUARY 9, 2023

IN THIS PRESENTATION

- What is the State Budget?
- How is the State Budget created?
- What is in the State Budget?
- What funds the State Budget?
- What are some current considerations?
- Where is there more information?

WHAT IS THE STATE BUDGET?

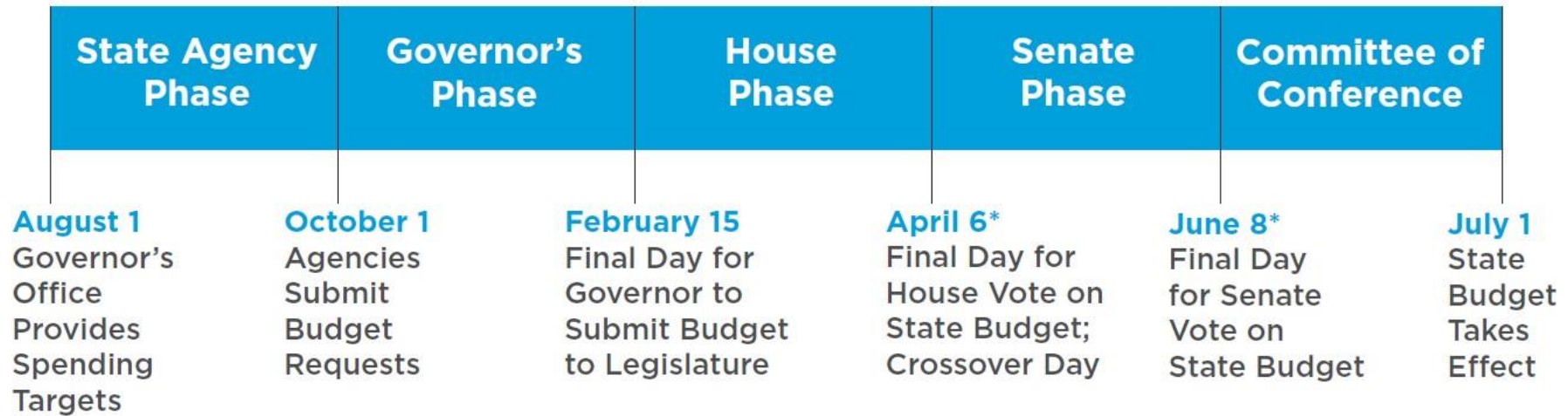
BASICS OF THE STATE BUDGET

- Two-year, or biennial, operating budget
 - Funds *most* State operations for two State Fiscal Years (SFYs)
 - Current State Budget provides funding for SFYs 2022-2023 (July 1, 2021 to June 30, 2023), more than \$13 billion in appropriations
- Comprised of two separate pieces of legislation
 - Operating Budget Bill, typically House Bill 1 or “HB 1,” holds the line-item appropriations, amount of money in each component of State programs
 - Trailer Bill, typically House Bill 2 or “HB 2,” is the companion omnibus bill with policy changes and appropriations separate from HB 1
- Not all State expenditures, spending plans are in State Budget
 - Capital Budget (HB 25), covers six years with changes every two years
 - Ten Year Transportation Improvement Plan, altered every two years
 - Separately authorized expenditures, such as bills that appropriate funds, spending requests granted by the Joint Legislative Fiscal Committee, or separate off-budget funds; Medicaid Expansion under the Patient Protection and Affordable Care Act enacted outside of the State Budget

HOW IS THE STATE BUDGET CREATED?

BUDGET CREATED IN A YEARLONG PROCESS WITH FIVE PHASES

STATE BUDGET PROCESS TIMELINE



*Dates set by legislative leadership for the 2023 session; all other dates specified in statute.

nhfpi.org

GOVERNOR HAS SCHEDULED HIS BUDGET ANNOUNCEMENT FOR FEBRUARY 14

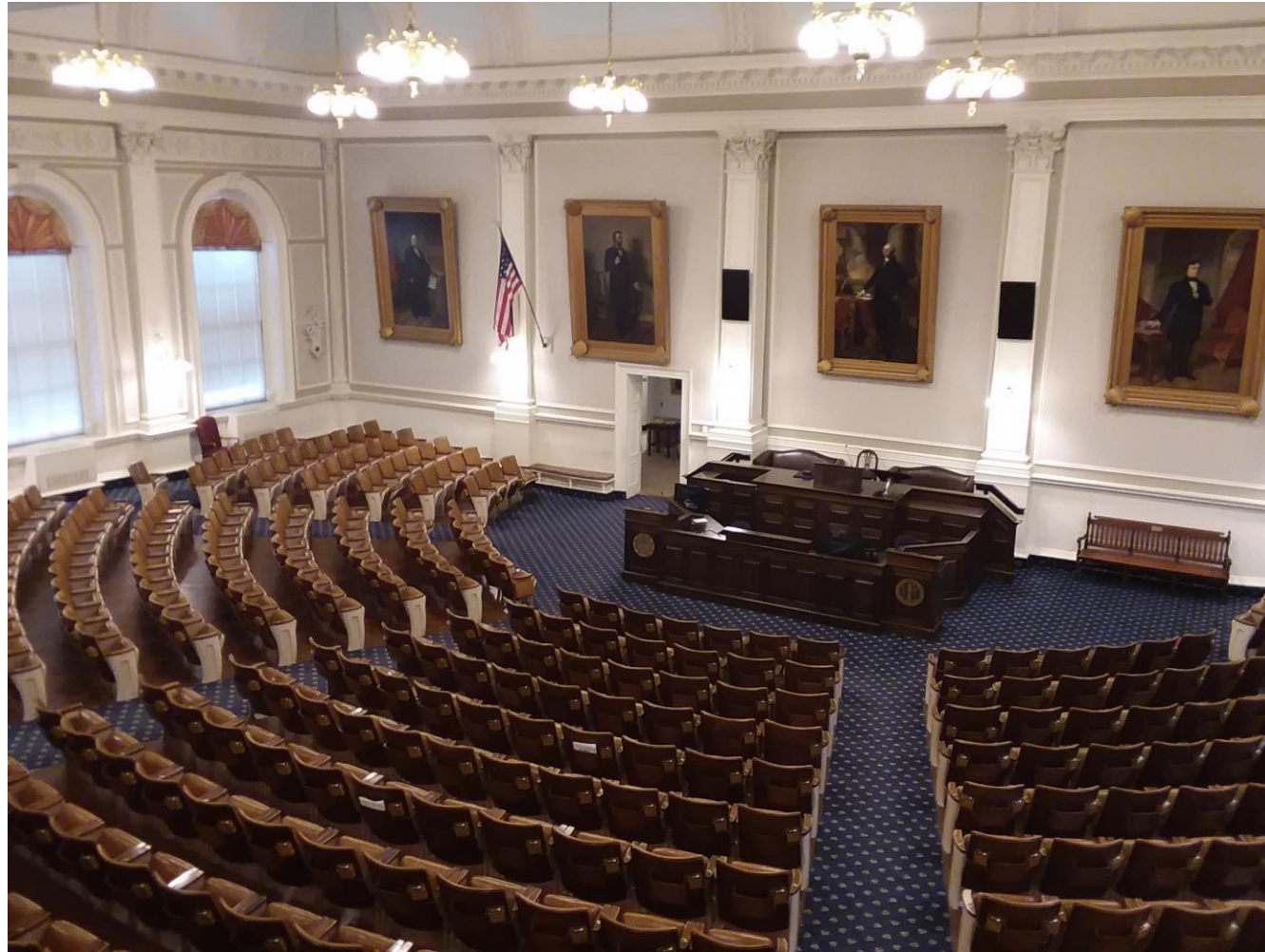
- Agency budget requests required to be submitted by **October 1** of even-numbered years, per statute, with “Efficiency” request based on revenue figures provided by the Governor’s office, and “Additional Prioritized Needs” for any level requested beyond those revenue targets
- Agency budget presentations on **November 28-30**
- Governor’s budget proposal to be announced **February 14**
- House must pass a budget, created largely by House Finance Committee, by crossover scheduled for **April 6**
- Senate due to pass a budget, largely created by Senate Finance Committee, by **June 8**
- Committees of Conference scheduled for **June 15-22**
- Fiscal year **ends June 30**, new spending authority needed

Sources and additional information on the State Budget process: NHFPI, Building the Budget, February 2017; House and Senate Calendars January 19 and 20

LEGISLATURE'S PROCESS BEGINS IN THE HOUSE OF REPRESENTATIVES

- House Finance Committee hears from the Governor's office, from State agencies, and from the public
- One public hearing each in the House phase and Senate phases, may be additional hearings outside Concord
- House Finance Committee (25 members) separates into three separate committees to consider different portions of the State Budget
 - House Finance Committee Division III crafts the Department of Health and Human Services budget
- Each Division makes their amendments, then meets as a full House Finance Committee to make amendments, votes
- HB 1 and HB 2 then go to the entire House for a vote
- Senate Finance Committee (7 members) hears from agencies and public, does not split work into Divisions

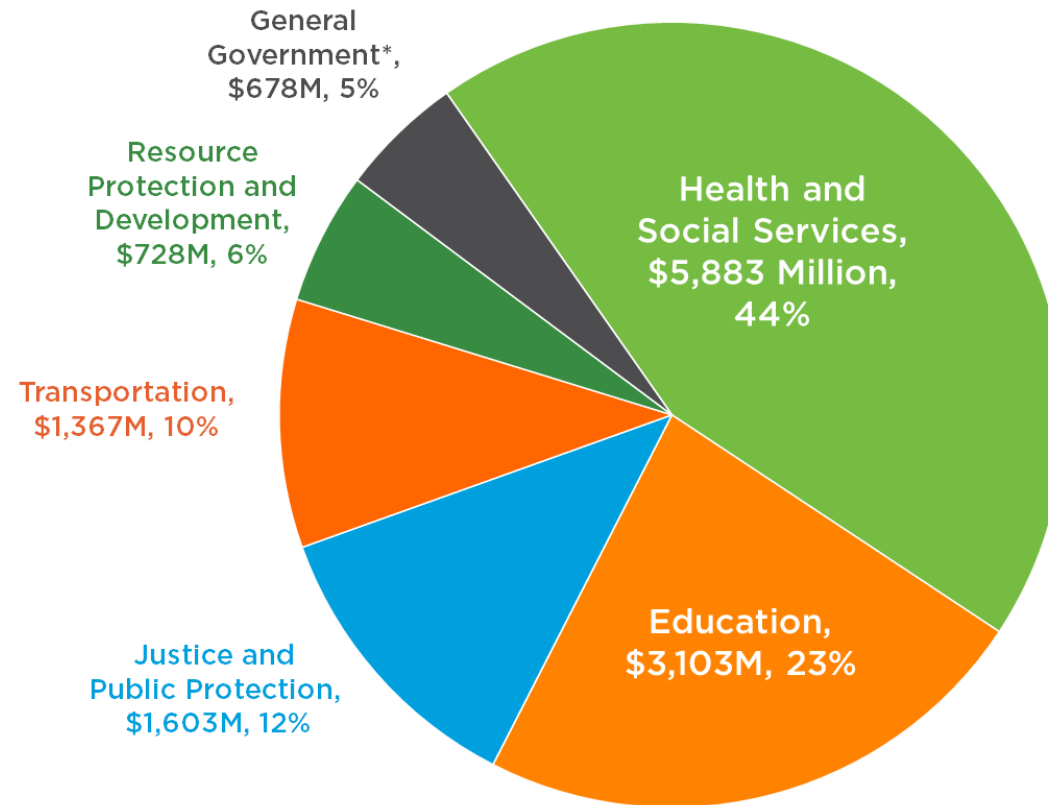
STATE BUDGET HEARINGS USUALLY HELD IN REPRESENTATIVES HALL IN CONCORD



WHAT IS IN THE STATE BUDGET?

TWO-THIRDS OF BUDGET: HEALTH, SOCIAL SERVICES, AND EDUCATION

STATE BUDGET LEGISLATION APPROPRIATIONS
State Fiscal Years 2022-23 and Trailer Bill SFY 2021 Appropriations

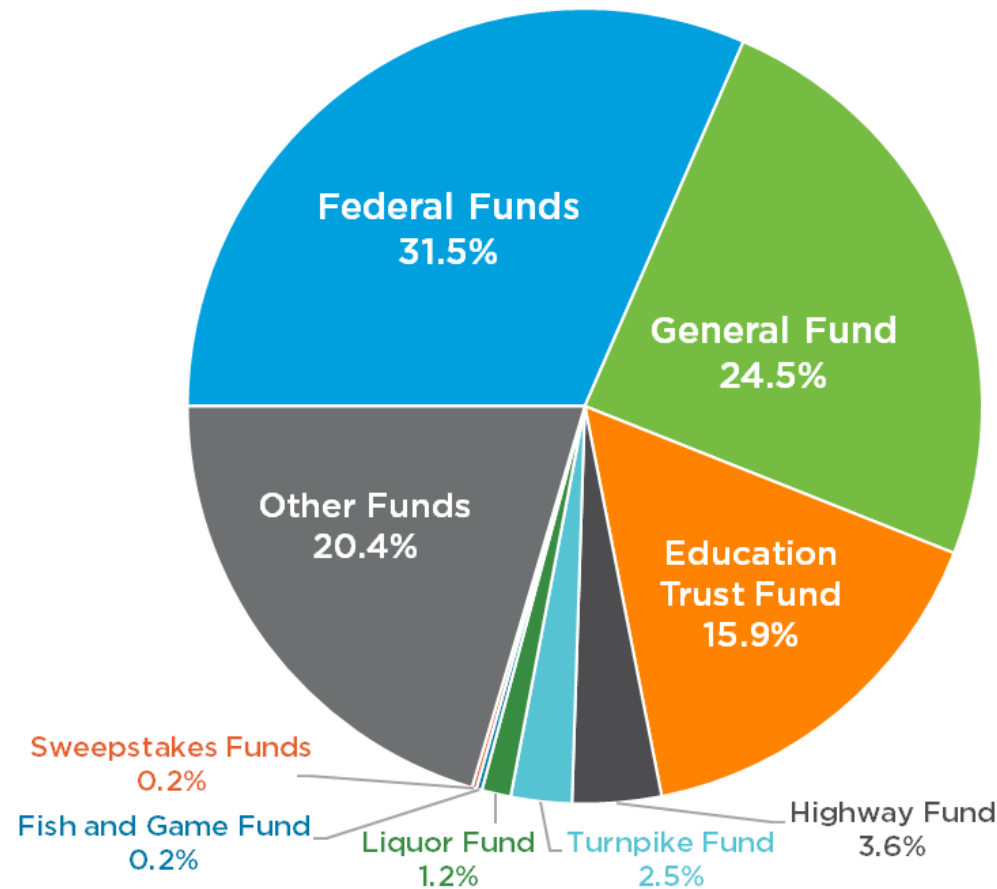


Note: General Government includes HB 2 appropriations for the Affordable Housing Fund, FRM Victim's Fund, and State employee pay raises.
Source: HB 1 and HB 2 as Approved, 2021 Session; New Hampshire Office of Legislative Budget Assistant, Surplus Statements, June 2021

NEW HAMPSHIRE'S STATE BUDGET FUNDS

NEW HAMPSHIRE STATE BUDGET, STATE FISCAL YEARS 2022-2023

Source: Chapter 90, Laws of 2021, Section 1.07



- Funds act like accounts
- Interact with one another
- General Fund most flexible
- General Fund fills any Education Trust Fund shortfall
- Lottery revenues, gasoline and motor-vehicle revenues directed by the State Constitution
- Other funds directed by statute
- Federal Funds support about a third of the State Budget

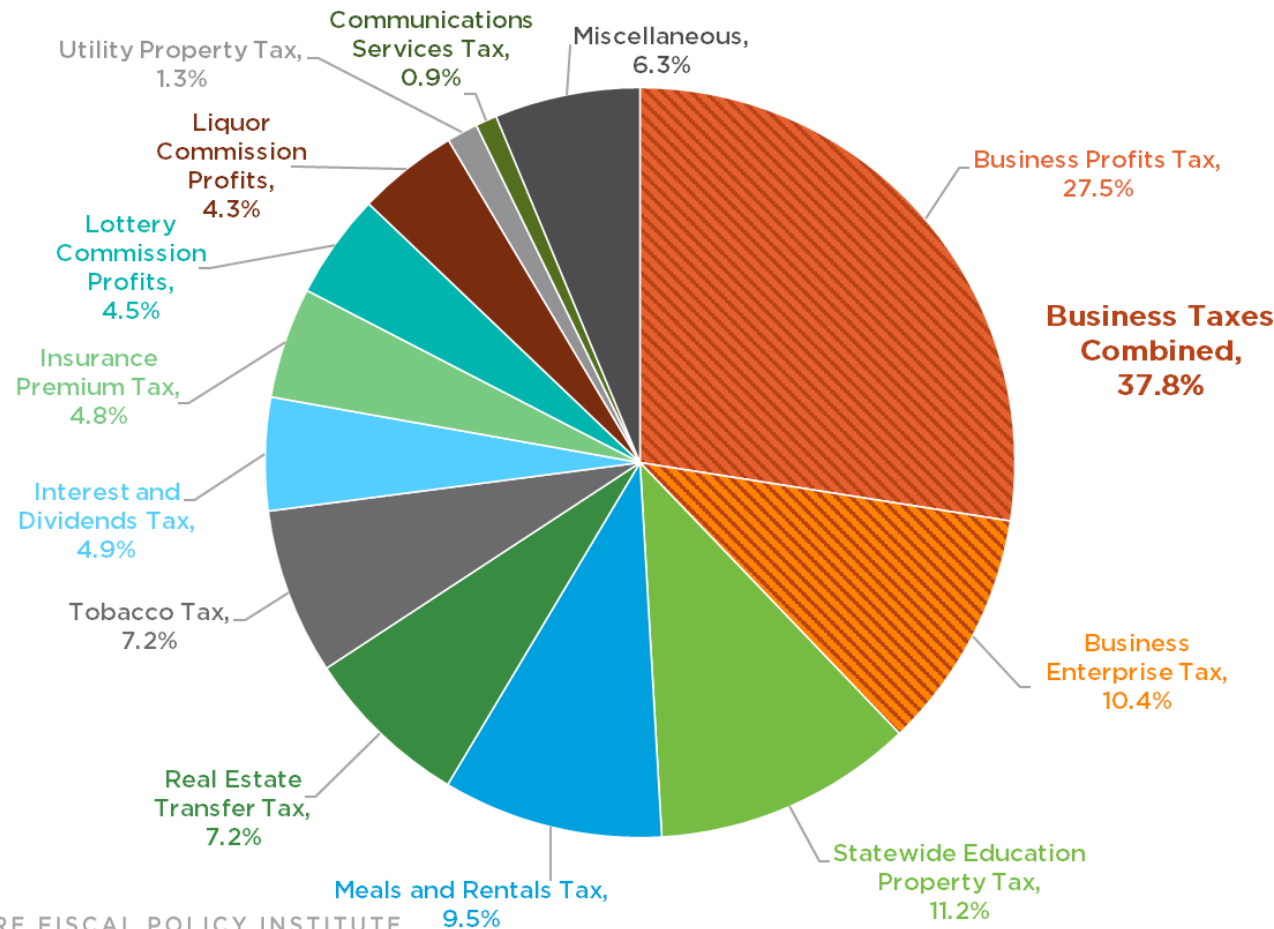
Sources: New Hampshire State Constitution, Part 2, Articles 6-a and 6-b; NHPFI, *Building the Budget*, February 2017.

WHAT FUNDS THE STATE BUDGET?

GENERAL AND EDUCATION TRUST FUNDS SHARE MANY REVENUE SOURCES

GENERAL AND EDUCATION TRUST FUNDS COMBINED REVENUE IN STATE FISCAL YEAR 2022

Source: New Hampshire Annual Comprehensive Financial Report, State Fiscal Year 2022



FEDERAL FUNDING AND STATE SERVICES

Medicaid

- Approximately \$2.3 billion expenditure in SFY 2021 from all sources, with more than half of the total supported by federal funds
- About 250,000 Granite Staters had access to health care through the program at the end of January 2023, significant increase (40 percent) during pandemic

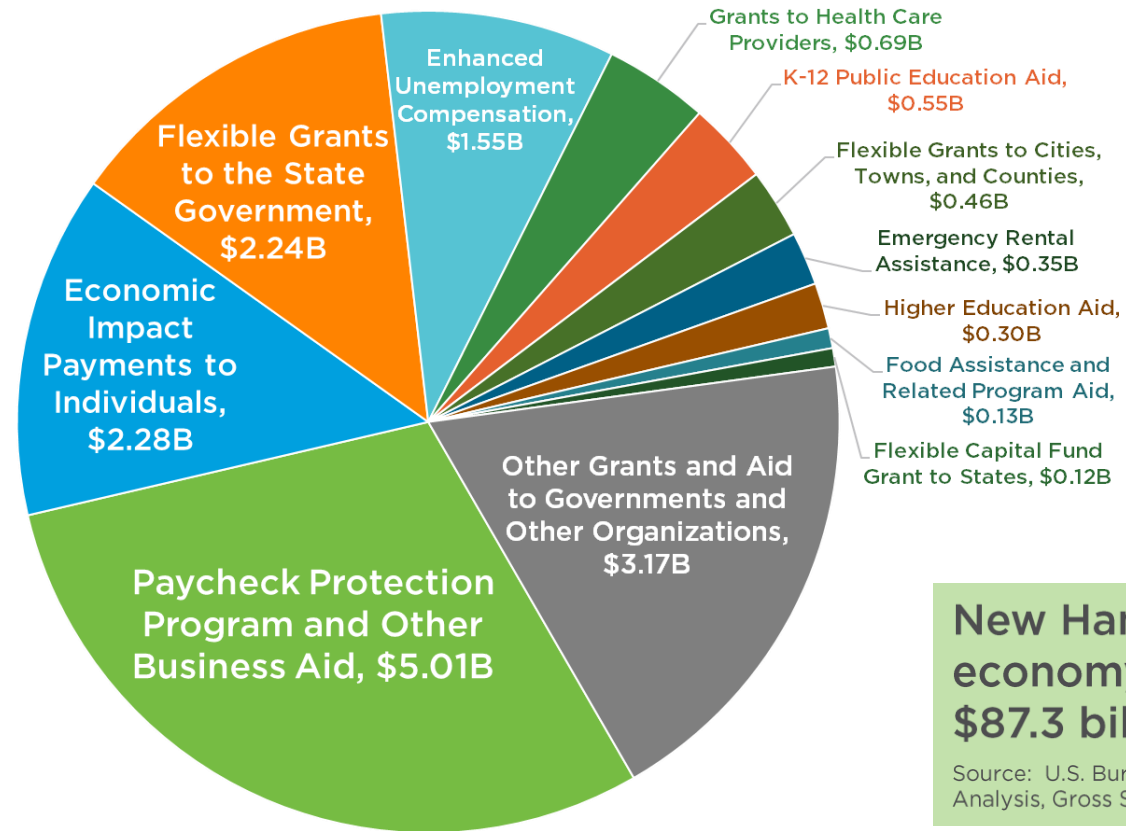
Other Program Areas

- Federal transportation aid
- Education aid – special education, school meals, professional development
- Water pollution and infrastructure funds, clean and drinking water programs
- Food Stamps/Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, and Children Nutrition Program (WIC)
- Temporary Assistance for Needy Families (TANF)
- Veterans' care aid
- Low Income Home Energy Assistance Program (State Fuel Assistance Program)
- Many other areas

Sources: New Hampshire State Treasury; Chapter 90, Laws of 2021; New Hampshire Department of Health and Human Services.

ABOUT \$17 BILLION TO NEW HAMPSHIRE FEDERAL ASSISTANCE RELATED TO COVID-19 IN NEW HAMPSHIRE

Total of Nearly \$16.9 billion Through July 7, 2022



New Hampshire economy in 2019: \$87.3 billion
Source: U.S. Bureau of Economic Analysis, Gross State Product

Note: Sums may include small amounts of double-counting due to summation mismatches. Totals presented are derivations. Small amounts of aid to individuals are also included in the "Other Grants and Aid" section, including aid for funeral expenses.
Source: New Hampshire Office of Legislative Budget Assistant, Federal COVID-19 Funds, New Hampshire Allocations, July 7, 2022.

WHAT ARE SOME CURRENT CONSIDERATIONS?

KEY CONSIDERATIONS FOR THE NEXT STATE BUDGET

- What happens with the economy, and the impacts on State revenues and service needs, over the next two years?
- How does the end of many temporary federal stimulus and economic support programs associated with the pandemic affect services and the economy overall?
- How difficult will accurately projecting revenues and key service expenditures, such as Medicaid enrollment, be for the next two-year budget biennium?
- Ongoing considerations, including key workforce supports:
 - Housing
 - Child care
 - Care for older adults and individuals with disabilities
 - Education funding

WHERE CAN I FIND MORE INFORMATION?

ADDITIONAL RESOURCES

- Blog: Ten Facts About the New Hampshire State Budget – February 1, 2023
<https://nhfpi.org/blog/ten-facts-about-the-new-hampshire-state-budget/>
- Issue Brief: The State Budget for Fiscal Years 2022 and 2023 – August 17, 2021
<https://nhfpi.org/resource/the-state-budget-for-fiscal-years-2022-and-2023/>
- Publication: Building the Budget: New Hampshire’s State Budget Process and Recent Funding Trends – February 9, 2017
<https://nhfpi.org/resource/building-the-budget-new-hampshires-state-budget-process-and-recent-funding-trends/>
- Resource Pages: Budget, Revenue & Tax
<https://nhfpi.org/topic/budget/>
<https://nhfpi.org/topic/revenue-tax/>



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Political Determinants of Health Medicaid Redetermination

CASE STUDY 1

78 Y/O admitted through Emergency Department related to new onset Stroke.

Demographics/Scenario

- 'Pat' lives alone x 7 years-spouse deceased, local to DH.
- Supportive family, 2 adult children- one local, one out of State, and friends. Connected with Council on Aging programs.
- Has been independent, active, shopping, performing ADL's and IADL's, still has Driver's license-drives occasionally.
- Prior to admission, patient noted to have had regular medical follow-up with providers here.
- Medicare and Medicaid. Social Security income.
- Health Care and Financial proxies in place.
- Deemed with capacity, recovering from stroke symptoms and needing Rehabilitation placement for recovery (Acute Rehabilitation or SNF/SWING Levels of Care was assessed throughout admission), with current disposition plan expected to return home (family/friends and ? VNA to assist).

CASE STUDY 1

- Children (Health and Financial proxies) initially engaged for discharge planning assessments and patient recovered enough to be able to provide choices for transition.
- Patient meets discharge criteria for SNF/SWING bed and Medicare and Medicaid assessed as sufficient coverage.
- Acute Care Hospital Length of Stay medical readiness was day 11.
- Patient was discharged day 14 due to bed availability (three avoidable days).

Political Determinants of Health Medicaid Redetermination

CASE STUDY 2

78 y/o admitted through Emergency Department related to new onset
Stroke.

Demographics/Scenario

- 'Alex' is admitted by EMS through Emergency Department. Came from local area but information not in Medical Records
- No information available about family, other contacts or supports.
- Prior Level of activity and capacity not known.
- No insurance coverage information was available and Financial Services assessment automatically triggered. Medicare and Medicaid identified within a few days.
- No known Health Care and Financial proxies in place. No identified family/friends/other supports.
- Patient was without capacity though medically more stable.

CASE STUDY 2

- Patient needing Long Term Care (LTC) placement with no identified clinical expectation for cognitive/capacity recovery and no known disposition plan.
- No LTC Medicaid identified as active or ever applied. Regular Medicaid benefits do not provide for LTC.
- Surrogate Decision Maker Statutes for NH are only for health care assistance and have limitations (degree of decision making authority, 180 days) and also no financial authority.
- Guardianship petition (for both Person and Estate) and LTC Medicaid applications needed. Guardianship appointment process is first step with need for Public or Private Guardian. Many limitations in availability for either of these services, which may also add many weeks of time.

- LTC Medicaid application process initiated/submitted after Guardian is confirmed. This may add a few additional months of Acute Care Hospital admission beyond date of clinical medical readiness. Providing five year resource look-back also required. Limitations on the number of available LTC beds may also add to extended throughput time even once in place.
- Patient was deemed clinically medical ready in 11 days. Patient was discharged to LTC facility on day 216 (avoidable days 205).

Issues related to Medicaid

- Patient's being uninsured or under-insured.
- Needed for additional eligibility for Choices for Independence (NH)/Choices for Care (VT).
- Lack of coverage results in discharge delays from acute care beds to the next appropriate level of care.
- Reduced inpatient bed access.
- Access needs for medications, Durable Medical Equipment, specialized services-ex.: respirators,
- Inpatient and Ambulatory admissions in Acute Care Hospital and/or other settings may be 'Insurance blind.'
- Patients and families may be overwhelmed, not aware of or not paying attention to redetermination or eligibility requirements, resulting in loss of coverage.

Issues related to Medicaid

- Reduced access and delayed care.
- Longer lengths of stay, discharge and placement delays, and suboptimal throughput.
- Overuse of Emergency Departments
- Medicaid renewals or eligibility standards (category types-OAA, Children's programs, APTD-NH has 4 year disabled expectation, VT has one year) and requirements for LTC.
- Redetermination or spenddown requirements may impact timely coverage. medication or other immediate coverage needs if benefits are not active.
- Limited number of LTC Medicaid beds, including for behavioral, memory, other.



Medicaid Transition Political Determinants of Health

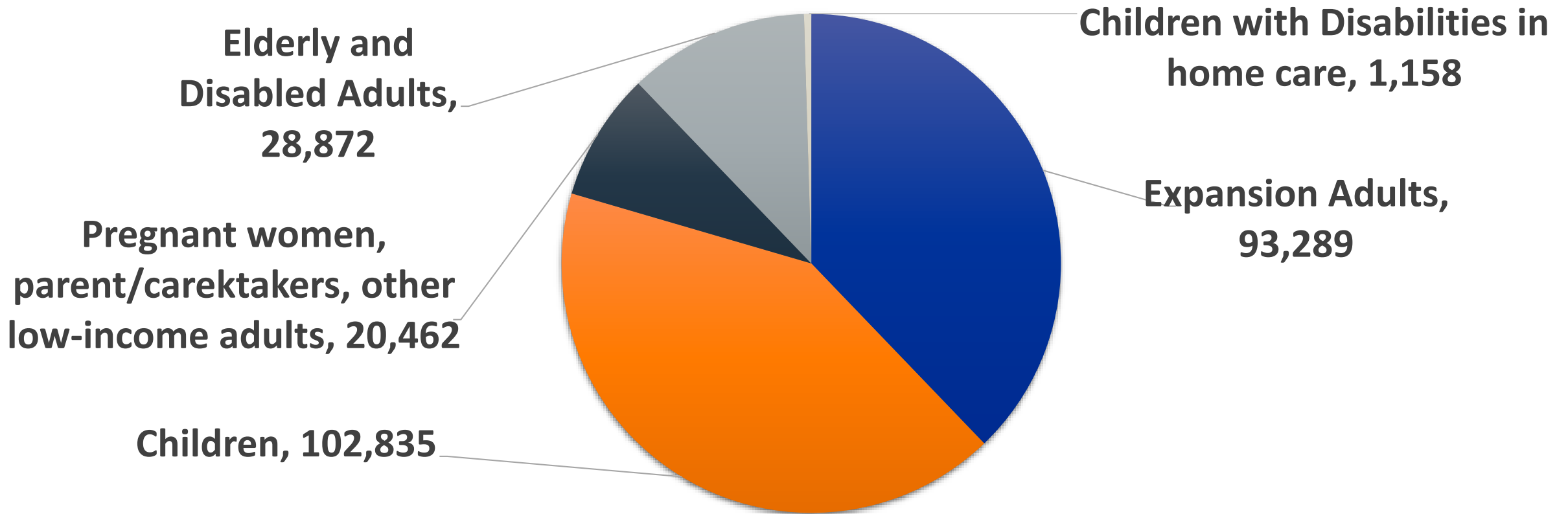
February 23, 2023

Agenda

- Welcome
- Overview of Transition Process and Timeline
 - Renewals and Pending Ineligible
 - Sample heads up letter, sample PIN letter
 - Social Media Collateral (Key Messages and Take Aways)
 - Resources for finding other coverage
- Questions



Medicaid Insures 19% of New Hampshire's Population



As of 12/2/22 246,616 total enrollment

Source: <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bpg-da-medicaid-enrollment.pdf>



Medicaid Transition Back to Regular Eligibility Operations - *Update*

- Congress has set a time for Medicaid to return to regular eligibility requirements: April 1, 2023.
- The Medicaid transition back to regular operations is now separate (decoupled) from the federal PHE timeline.
- Beneficiaries who have had continuous coverage due to the federal PHE will have to **demonstrate eligibility** to keep their coverage.
- **April 1** is the beginning of the time in which beneficiaries can lose coverage for failure to renew eligibility and/or have become ineligible due to a change in circumstance.



Medicaid Transition – *Update continued*

- Per CMS guidance, a state cannot initiate renewals for more than 1/9th of its entire caseload in any given month.
- CMS requires states to submit an Eligibility Renewal Distribution Plan to CMS in February.
- NH has developed an Eligibility Renewal Distribution Plan and is refining it in response to the newest requirements and ongoing discussions with CMS.
- CMS requires states to make monthly reports reflecting metrics that monitor state enrollment/eligibility activities and trends.

Changes in Enrollment- NH Medicaid

	Feb 28 2019	Feb 29 2020	Feb 28 2021	Feb 6 2023
Standard Medicaid	128,252	127,356	143,182	154,506 (over 20% increase over 2019 figures)
Granite Advantage (Expansion Group)	51,240	51,574	72,392	95,704 (86% increase over 2019 figures)
Total	179,492	178,930	215,574	250,210 (39% increase over 2019 figures)



Medicaid 'Protected Individuals' during COVID PHE

Protected Individuals - Individuals who no longer meet eligibility requirements and/or have overdue administrative tasks to complete their redeterminations placing them at risk of losing coverage when the continuous coverage period ends.

- **Overdue Redetermination** – Individuals who have not completed their renewals will be provided an opportunity to renew based on our State Plan for Prioritizing and Distributing Renewals.
- **Pending Ineligible** – Individuals who have completed a renewal within the past 12-month and subsequently had a change in circumstance (e.g., categorically ineligible) in their 12-month eligibility period.

Individuals in Protected Status in Medicaid

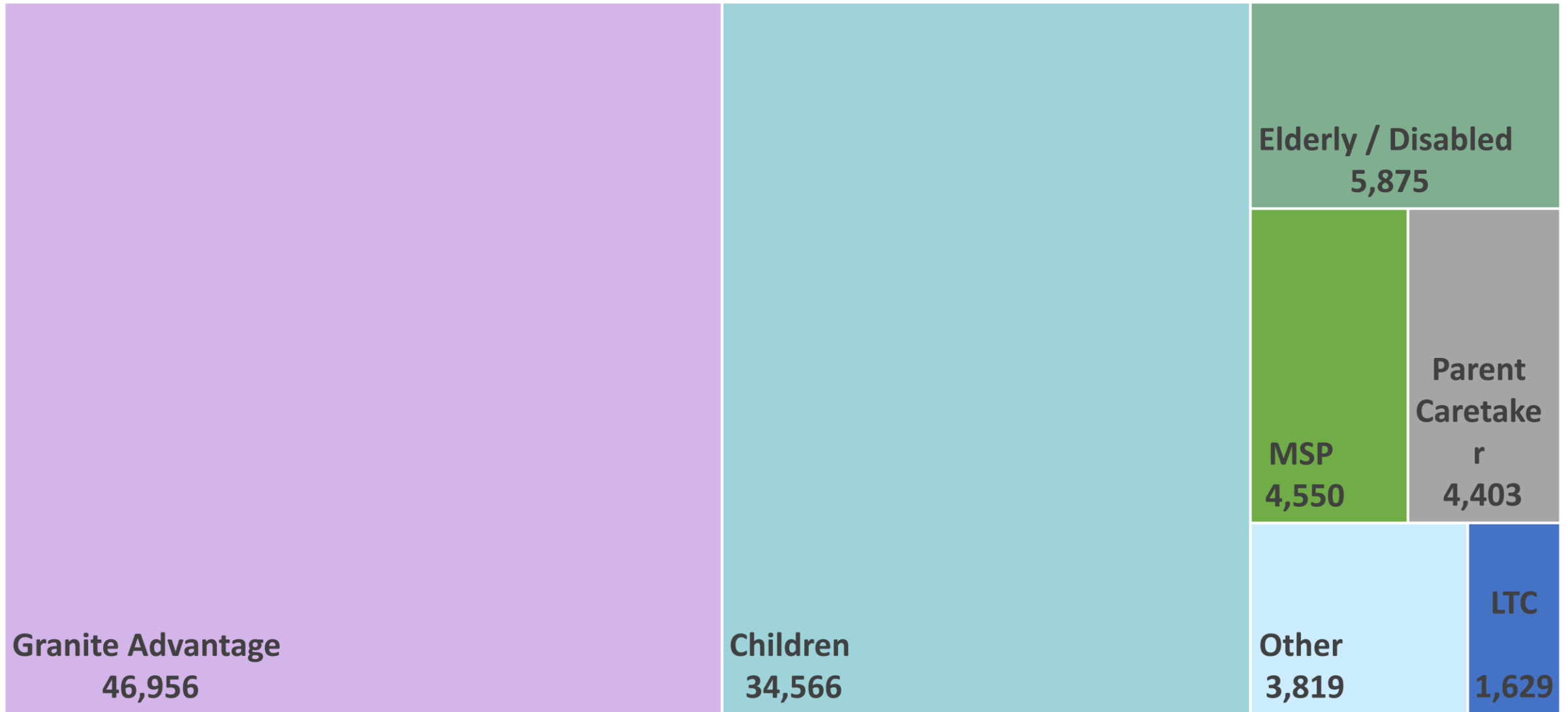
Pending Ineligible
28,996

**Overdue
Redeterminations**
72,802

Total Protected
101,798



NH Protected Medicaid Individuals by Eligibility Category



New Hampshire's Renewal Distribution Plan

- New Hampshire's Renewal Distribution Plan has been approved by CMS.
- The Plan assigns a renewal month over the next 12 months to all of the households in the protected group that need a renewal, distributed across the 12-month period beginning March 2023. This allows the state to prepare the most vulnerable - people in active treatment or with chronic conditions, children, people who are elderly or living with disabilities – to mitigate interruptions in coverage wherever possible.
- The Plan also accounts for the standard renewals that will occur each month for those in Medicaid not in the protected group. The Plan's distribution of renewals allows DHHS to avoid exceeding the 1/9th limit.
- Impacted beneficiaries will be notified of their assigned redetermination date through NH Easy, if they have an online account, or by mail if they do not. NH DHHS began notification of newly assigned redetermination dates on or about February 15.
- **April 1** is the earliest date any NH Medicaid enrollee who has been protected during this period can be disenrolled.



Monthly Distribution Individuals (Estimated)

Grouping	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Total
Lost contact	2,378	2,905	534	586	282								6,685
Financially & procedural ineligible		9,326	7,250										16,576
Categorically & Procedural Ineligible			3,948										3,948
GA Medicare & Procedural			361										361
Cases with adults			1,071	7,460	7,783								16,314
MSP Only					180	2,342							2,522
Cases with children						11,149	8,921						20,070
Vulnerable (LTC, Disabled (not elderly))							3,664						3,664
Suspended (Correctional facility)							1,027						1,027
SNAP/Cash/Aligned Renewals	27	168	122	290	116	93	141	138	176	180	182	2	1,635
Renewals	2,405	12,399	13,286	8,336	8,361	13,584	13,753	138	176	180	182	2	72,802
*Pending Ineligible	24,139	4,857											28,996
Grand Total Individuals	26,544	17,256	13,286	8,336	8,361	13,584	13,753	138	176	180	182	2	101,798
% Estimated to Close	82%	66%	52%	53%	51%	49%	38%	41%	40%	41%	37%	90%	58%
Est. Pending Ineligible & Admin Closures	21,881	11,421	6,863	4,401	4,284	6,697	5,284	57	70	74	68	2	58,961

*Pending Ineligible	Mar-2023	Apr-2023	Total
Pending Ineligible with rede in first 2 months	4,468	2,841	7,309
Pending Ineligible no Rede	19,671	2,016	21,687
Total	24,139	4,857	28,996

First (3) Months Summary	Individuals	Percent
Impacted individuals	57,086	56%
Estimated to close	40,165	58%
Est % total protected to close in 1st 3M		39%



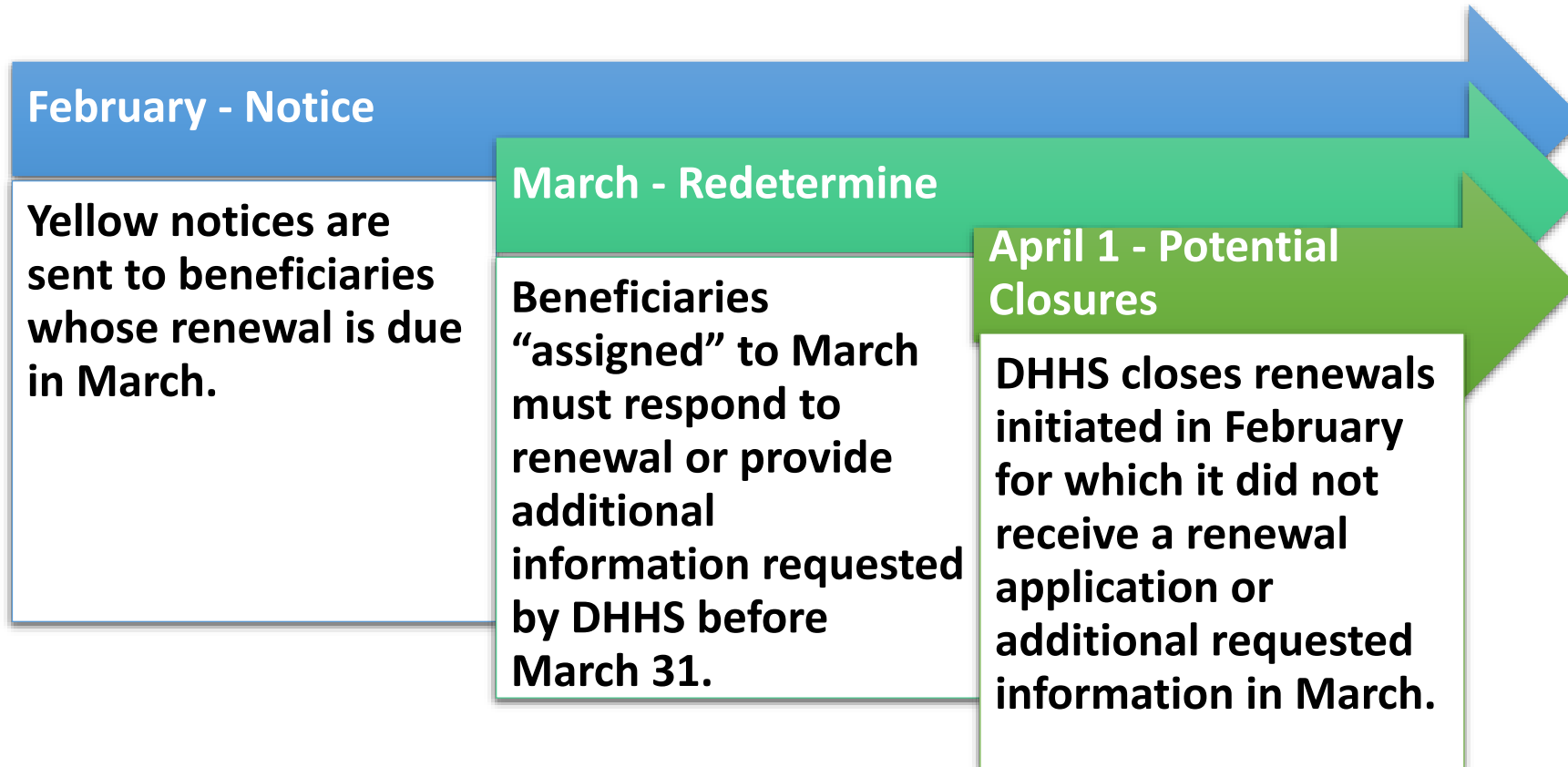
Pending Ineligible Notice and Opportunity

- There are some in the “Pending Ineligible” protected population who will not be re-assigned a renewal date because they have redetermined within the last 12 months and then subsequently submitted a “change in circumstance” which CMS has determined means they do not require a full renewal. There are approximately ~21.7K individuals in this group.
- Although they will not be re-assigned a renewal date, these Pending Ineligible households will receive notices about their coverage and the opportunity to update their information in two ways:
 - **Failed to Verify** – Despite their redetermination and change in circumstances, these cases are still missing verifications. DHHS will send these households a new verification checklist w/a 10-day due date.
 - **Financially Ineligible Group** – These households will be run through a data matching program to verify their income, known as VCI (verify current income). After VCI data match has been sent - if no match is received or income is lower than previously reported, HEIGHTS will send a Request to Verify current income w/a 10-day due date.





Initiation of March Renewals Sample Anticipated Timeline

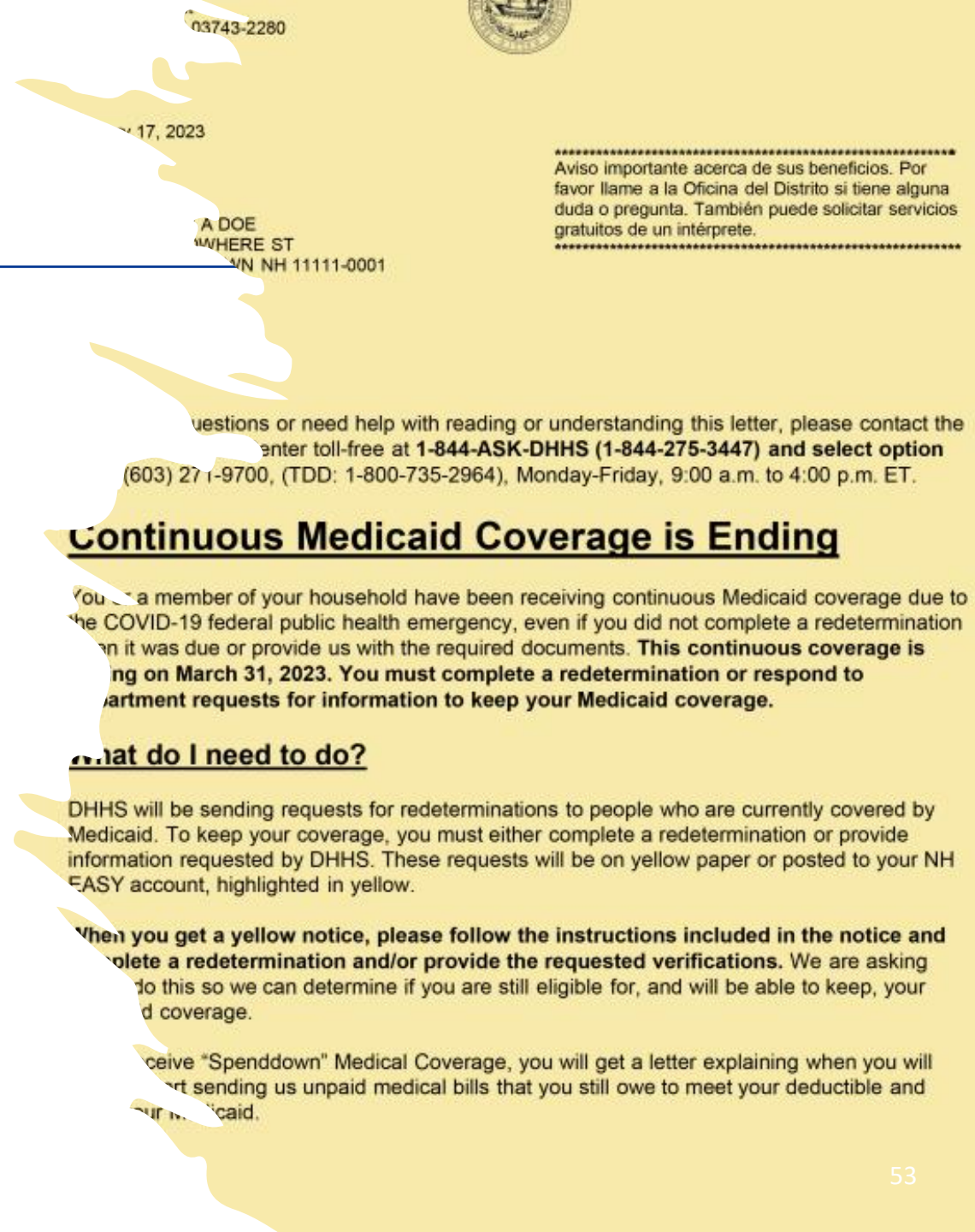


‘Time to respond’ is from the date of notice to end of following month. This cycle repeats over the 12-month unwind period.



Sample 'Heads Up' Letter

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/updatedaddressyellowletter.pdf>



“Heads Up” End of Continuous Coverage Letter

Bureau of Family Assistance
Claremont District Office
17 Water Street
Claremont, NH 03743-2280



NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

January 17, 2023

JOHN A DOE
17 NOWHERE ST
SOMETOWN NH 11111-0001

Aviso importante acerca de sus beneficios. Por favor llame a la Oficina del Distrito si tiene alguna duda o pregunta. También puede solicitar servicios gratuitos de un intérprete.

If you have questions or need help with reading or understanding this letter, please contact the Customer Service Center toll-free at **1-844-ASK-DHHS (1-844-275-3447)** and **select option #3** or (603) 271-9700, (TDD: 1-800-735-2964), Monday-Friday, 9:00 a.m. to 4:00 p.m. ET.

Continuous Medicaid Coverage is Ending

You or a member of your household have been receiving continuous Medicaid coverage due to the COVID-19 federal public health emergency, even if you did not complete a redetermination when it was due or provide us with the required documents. **This continuous coverage is ending on March 31, 2023. You must complete a redetermination or respond to Department requests for information to keep your Medicaid coverage.**

What do I need to do?

DHHS will be sending requests for redeterminations to people who are currently covered by Medicaid. To keep your coverage, you must either complete a redetermination or provide information requested by DHHS. These requests will be on yellow paper or posted to your NH EASY account, highlighted in yellow.

When you get a yellow notice, please follow the instructions included in the notice and complete a redetermination and/or provide the requested verifications. We are asking you to do this so we can determine if you are still eligible for, and will be able to keep, your Medicaid coverage.

If you receive “Spendedown” Medical Coverage, you will get a letter explaining when you will need to start sending us unpaid medical bills that you still owe to meet your deductible and open your Medicaid.

Case# 12345678
ID : CN9996

Ways to complete your redetermination or provide requested information:

- 1. Online:** Through your NH EASY account <https://nheasy.nh.gov> if you do not have an NH EASY account, you can create one today using this same link.
- 2. By mail:** Centralized Scanning Unit, PO Box 181, Concord, NH 03302.
- 3. In person:** Visit one of our District Offices, locations can be found at <https://www.dhhs.nh.gov/about-dhhs/locations-facilities#locations>

Once you complete your redetermination and/or all requested information is provided, you will receive a notice of decision informing you of the status of your Medicaid eligibility.

What should I do if I no longer need Medicaid coverage?

If you no longer need Medicaid coverage, you can voluntarily request to end your coverage by using one of the three options above or by calling the Customer Service Center at one of the numbers listed at the top and bottom of this letter.

Options for those who are no longer eligible for Medicaid:

If you are no longer eligible for Medicaid and still need insurance, you can contact the New Hampshire Navigators to explore other health insurance options. New Hampshire has two Health Insurance Navigators that provide health insurance enrollment assistance in person, virtually, and by phone, at no cost to you.

New Hampshire's Navigators are:

- First Choices Services; 1-877-211-NAVI or (603) 931 3858; <https://acanavigator.com/nh/home>
- Health Market Connect; 1-800-208-5164; <https://hmcnh.com>

You can also visit the Federal Health Insurance Marketplace at <https://www.healthcare.gov/>, or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Need Help?

Visit one of our District Offices in person or contact the DHHS Customer Service Center toll-free at **1-844-ASK-DHHS (1-844-275-3447)** and **select option #3** or (603) 271-9700, (TDD: 1-800-735-2964), Monday-Friday, 9:00 a.m. to 4:00 p.m. ET.

Case# 12345678
ID : CN9996

Page 2 of 2

“PIN” Letter

Family Services Specialist
Bureau of Family Assistance
Manchester District Office
1050 Perimeter Road
Manchester NH 03103



NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

February 03, 2023

JOHN DOE
123 MAIN ST
CONCORD NH 01234

Aviso importante acerca de sus beneficios. Por
favor llame a la Oficina del Distrito si tiene alguna
duda o pregunta. También puede solicitar servicios
gratuitos de un intérprete.

Your Medicaid Redetermination is due in April 2023.

A request to complete your redetermination will be sent to you at least 30 days before it is due. This request will be on YELLOW paper. Please read the entire form and follow the instructions. You must complete your redetermination and respond to the Department's requests for information, **by the 15th of your redetermination month to see if you are still eligible for Medicaid.**

If you do not complete your redetermination or respond to the Department's requests for information by the end of April 2023 your Medicaid will close and your benefits will end.

Make it "NH EASY" on yourself

Many people use NH EASY because it is a fast and easy way to complete redetermination, upload verifications, and more using their phone, desktop, or tablet.

To activate your personal account, use your PIN and follow the instructions below:

Your PIN: **13KSM**, which is valid for the next (15) days.

Go to the NH EASY URL at <https://nheasy.nh.gov>

From there, select the "Create Account" button and follow the instructions on each screen.

NH EASY can help you manage your benefits online with these features:

- Complete redeterminations
- Add new benefits and report changes

Telephone: (999) 567-8900 or (123) 456-7890 (NH Only)
TDD Access: 789234616277 (NH Only)

- Take pictures of your proofs, upload them, and check on processing status
- Opt in for important text message reminders such as upcoming appointments
- Find important information on your benefit status
- Reschedule appointments if you have a conflict
- "Go Green" to get Notices online, much faster than waiting for "snail mail"
- Enroll in your health plan, if eligible
- Apply for WIC
- Get information about becoming a foster or adoptive parent
- Search for DHHS forms
- Explore other programs and services offered by DHHS.



NH Plan - Key Messages

The unwind process has begun!

Individuals who are overdue will be assigned a new redetermination date and notified of the date either by mail or through NHEasy.

Over the next several months, DHHS will be sending requests for redeterminations to those who must complete a redetermination or provide information to keep their coverage.

These requests are on yellow paper or posted to individuals' NH EASY accounts, highlighted in yellow.

Once an enrollee receives a notice, they need to follow the instructions.

If enrollees do not follow the instructions to complete a redetermination or provide requested documents, their Medicaid coverage will end



Social Media Resources

- Continuous #Medicaid coverage ends on March 31. Watch for a yellow notice from DHHS, so you can complete a redetermination or give us additional information. If you don't respond, your #Medicaid could close. Learn more at <https://www.dhhs.nh.gov/financial-assistance-0/post-pandemic-benefit-changes>.
- **MEDICAID RECIPIENTS:** Don't get caught without health insurance! If you get a yellow notice from DHHS, be sure to follow the instructions, or you could lose your Medicaid. Learn more at <https://www.dhhs.nh.gov/financial-assistance-0/post-pandemic-benefit-changes>.
- No longer eligible for #Medicaid? New Hampshire's Insurance Navigators can help you explore other health coverage options. Learn more at <https://www.dhhs.nh.gov/financial-assistance-0/post-pandemic-benefit-changes>

Continuous Medicaid coverage ends on March 31, 2023.

Watch for notices from DHHS to protect your Medicaid coverage.

NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

State of New Hampshire
Department of Health and Human Services
JANE DOE
00123456789



Key Takeaways

Look for your yellow letters!

Check for your assigned rede date and respond when instructed to with the required information!

Reach out for help if you have questions!

Most waived populations who are “protected” will be assigned rede months in late summer or early Fall



Health Insurance Opportunities for Those who are No Longer Eligible

- Many individuals may be eligible for alternative health insurance.
- Employer sponsored insurance (group coverage) may be available to people who are working.
- People may have aged into Medicare eligibility and can seek help through ServiceLinks: <https://www.servicelink.nh.gov/>.
- Children under 26 may be able to enroll in their parents' coverage.
- New Hampshire Marketplace Exchange offers insurance for individuals and their families through healthcare.gov.
 - Enhanced subsidies are available to reduce the costs of premiums and deductibles.
 - People who lose Medicaid coverage will have a Special Enrollment Period to help with enrollment through healthcare.gov
 - New Hampshire has active health insurance Navigators available to help across the state.



Unwinding Special Enrollment Period (SEP)

HealthCare.gov recently announced it will allow people who lose Medicaid eligibility to claim a Special Enrollment Period for Marketplace coverage (“SEP”) between March 31, 2023, and July 31, 2024, as the continuous coverage requirement ends.

- The “Unwinding SEP” will be available in most states including New Hampshire using healthcare.gov.
- To access the Unwinding SEP, a marketplace-eligible person must submit a new application or update an existing one between **March 31, 2023, and July 31, 2024**, and attest to loss of Medicaid coverage during that time period.
- **Consumers who are aware that their Medicaid is ending may report loss of coverage and select a plan up to 60 days prior to the loss event and will have 60 days after they submit their application to select a plan.**
- Coverage starts the first day of the month following plan selection.
- Consumers should seek health insurance coverage as soon as possible



Enhanced Financial Help Available

- Marketplace enrollees with incomes between 100-150% FPL (\$14,580-\$21,869 annual income for a household of 1) are eligible for free or nearly free (requiring a nominal payment to cover non-essential benefits) silver plans.
- Compared to the original ACA healthcare.gov subsidies, the premium payments for enrollees with income above 150% of the federal poverty level (\$21,8870 annual income for household of 1 or \$45,000 annual income for a family of 4) are lower than they had been in prior years. In general, subsidies are available on a sliding-scale based on income level to help offset premium costs.
- The upper income limit on who is eligible for financial protection on healthcare.gov is suspended until 2025. In other words, people with income above 400% of the FPL (\$58,320 for a household of 1 or \$120,000 for a household of 4) will pay no more than 8.5% of their household income toward if they purchase insurance through healthcare.gov



Navigating Insurance Coverage Help is Available!

If you have questions about or lose your health insurance coverage, you have options! New Hampshire offers free enrollment assistance through NH Navigator programs. Navigators can help with private insurance or Medicaid.

To contact an insurance navigator call:

1-877-211-6284 or 800-208-5164.

Please contact the New Hampshire Insurance Department if you have questions or concerns about Marketplace plans: (800) 852-3416 or email consumerservices@ins.nh.gov

Jeremy Smith, First Choices Services;
Adrian Jasion, Foundation for Healthy Communities;
<https://acanavigator.com/nh/home>

Elias Ashooh, Health Market
Connect; <https://www.hmcnh.com/>
(603) 309-2021

Contact Information for DHHS Team

Complex policy questions

- **Henry Lipman**, Medicaid Director, Henry.D.Lipman@dhhs.nh.gov
- **Dawn Tierney**, Medicaid Policy Administrator, Dawn.I.Tierney@dhhs.nh.gov

Challenging or complex client situations

- **Karen Hebert**, Director, Division of Economic Stability, Karen.E.Hebert@dhhs.nh.gov
- **Amy Newbury**, Administrator, Bureau of Family Assistance, Amy.L.Newbury@dhhs.nh.gov

Eligibility or Call Center questions or concerns

- **Amy Newbury**, Administrator, Bureau of Family Assistance, Amy.L.Newbury@dhhs.nh.gov

NH EASY questions or concerns

- **Debra Sorli**, Administrator, Bureau of Family Assistance, Debra.E.Sorli@dhhs.nh.gov
- **Amy Newbury**, Administrator, Bureau of Family Assistance, Amy.L.Newbury@dhhs.nh.gov



Thank you

Lucy Hodder

lucy.hodder@unh.edu

Deb Fournier

deborah.fournier@unh.edu



The Political Determinants of Health ECHO

Policies to Advance the Health & Economic Prosperity
of New Hampshire Communities

Session 3, Women's Health, March 9, 2023



Political Determinants of Health

The political processes that impact the social, environmental and health care drivers of health, including executive decisions, legislative policies, electoral processes and public advocacy.



80% Socioeconomic,
environmental & health
behavioral factors

20% Health care factors

Today's Program

- Brief housekeeping
- Didactic: Women's Health – Courtney Tanner
– Patient impact perspective – Heather Martin
- Discussion
- Summary
- Up Next

Access to Reproductive Care

2023 NH Legislation

- CACR 2 – relating to reproductive freedom. Providing that all persons have the right to make their own reproductive decisions.
- HB 88 – relative to reproductive rights.
- HB 224 – repealing the criminal and civil penalties from the fetal life protection act.
- HB 271 – repealing the fetal life protection act.
- HB 346 – relative to the right of any infant born alive to appropriate medical care and treatment.
- HB 582 - requiring the division of vital records to collect induced termination of pregnancy statistics.
- HB 591 – prohibiting abortions after detection of fetal heartbeat.
- SB 181 – relative to access to abortion care.



Og Young, MD

Retired OB-GYN provider

Dartmouth Geisel Faculty

Maternal Health

2023 NH Legislation

- **SB 175** – Medicaid coverage for mothers
- **HB 565**– relative to expanding Medicaid to include certain postpartum health care services.
- **HB 282** – relative to including certain children and pregnant women in Medicaid and the children's health insurance program



Heather Martin

Patient Impact



The Political Determinants of Health ECHO

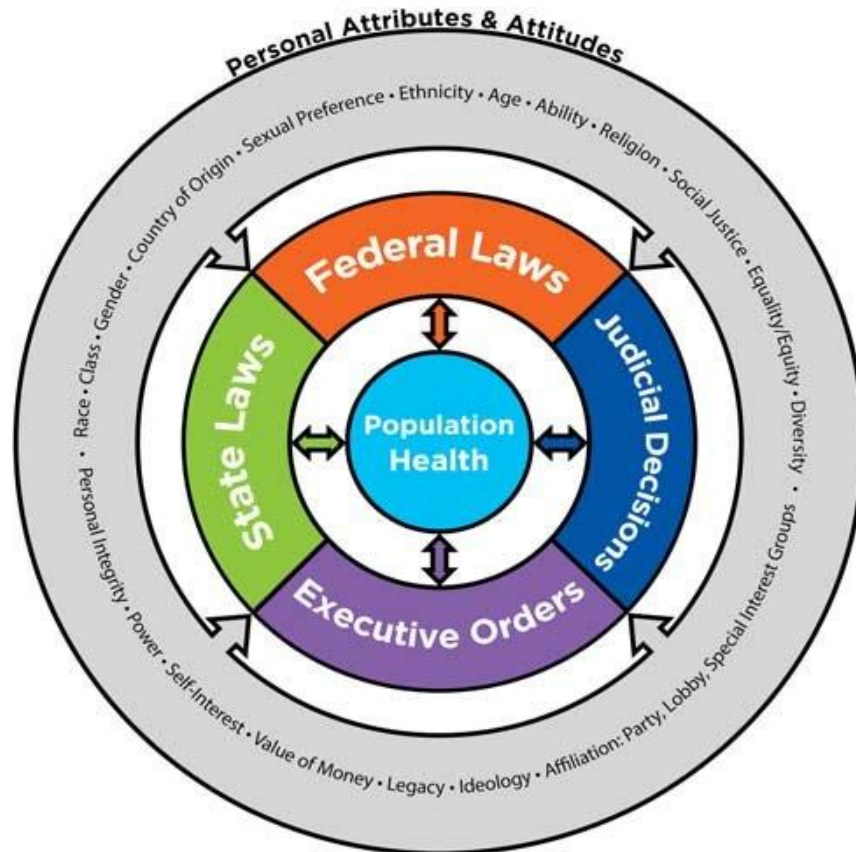
Policies to Advance the Health & Economic Prosperity
of New Hampshire Communities

Session 4, Medicaid Expansion, March 23, 2023



Political Determinants of Health

The political processes that impact the social, environmental and healthcare drivers of health, including executive decisions, legislative policies, electoral processes and public advocacy.



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Ranit Mishori, *The Social Determinants of Health? Time to Focus on the Political Determinants of Health!* May 2019 [Medical Care 57\(7\):1](https://doi.org/10.1097/MLR.0000000000001131) DOI: 10.1097/MLR.0000000000001131

Social Determinants of Health, https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1, Accessed 2/20/23

Today's Program

- Brief housekeeping
- Didactic: Medicaid Expansion
Lucy Hodder JD, Andrew Loehrer MD, MPH
- Discussion
- Summary
- Up Next

2023 NH Legislation

- SB 263 – extending the NH Granite Advantage health care program and reestablishing the commission to evaluate the future of the NH Granite Advantage health care program

Senate HHS – 5-0 OTP recommendation

Senate – 24-0

Senate Finance – 7-0 OTP recommendation

Senate to take up today

- HB 2 –

Governor presented budget on 2/14

Currently in House Finance

Medicaid Expansion and New Hampshire

MARCH 23, 2023

LUCY HODDER, DIRECTOR OF HEALTH LAW AND POLICY

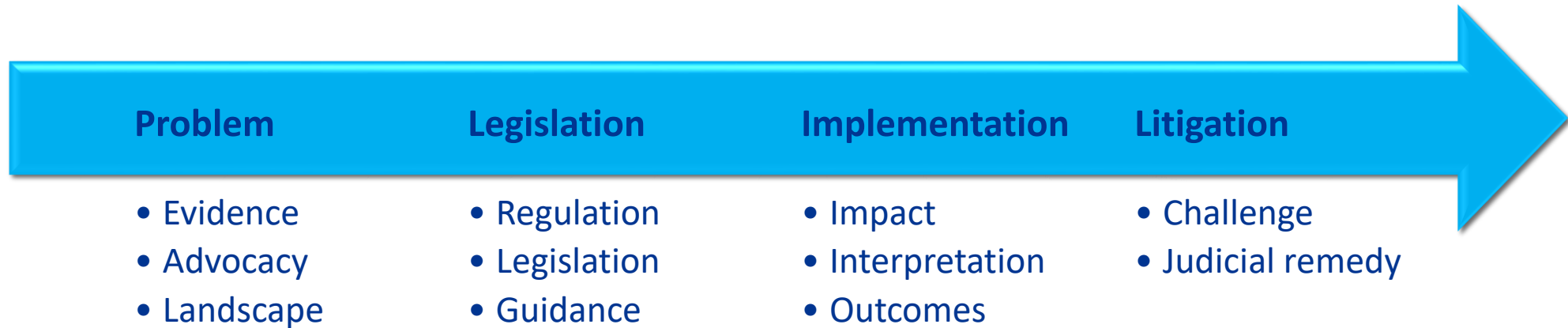
UNH FRANKLIN PIERCE SCHOOL OF LAW, IHPP

Agenda

What does Med
Ex look like in NH?

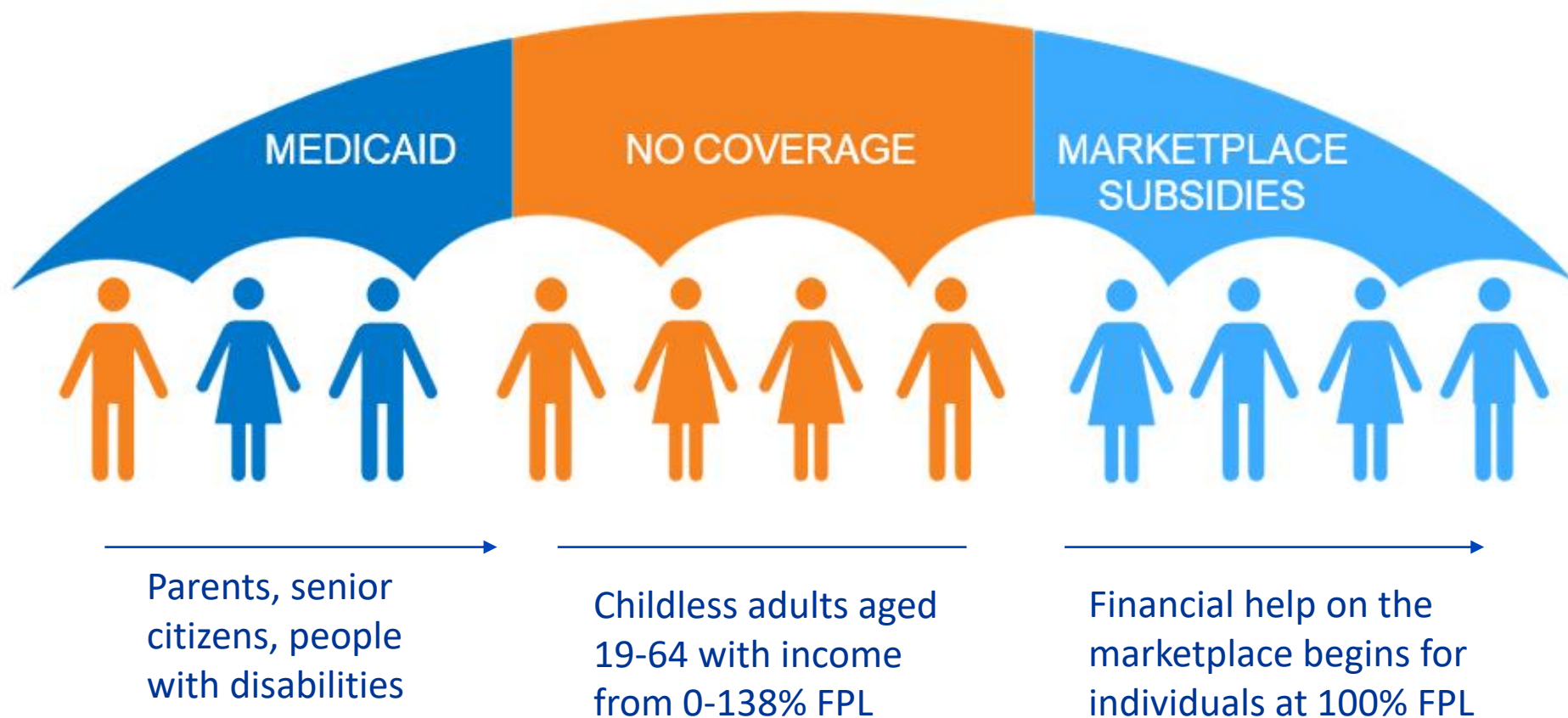
How has Med Ex
worked in NH?

The Anatomy of Health Policy Phases of Reform



Why do we have
health
insurance?
How do we get
it?

“No coverage” gap that Medicaid Expansion is intended to fill through the Affordable Care Act



Medicaid is Health Insurance

Medicaid is a jointly-funded health insurance program for low-income people. In December 2022, covered approximately 246,000 people.

Medicaid historically covered low-income people in these four groups: children, senior citizens, expectant mothers, and people living with disabilities.

In 2014, NH opted to expand Medicaid to include people between 0-138% of the federal poverty level as a new eligibility category – “Medicaid Expansion”

While most services to Medicaid enrollees are funded by a 50/50% federal/state match, for Med Ex the match is 90/10% fed/state

In NH, our Medicaid Expansion group is provided Medicaid coverage through a program we call “the Granite Advantage Program”

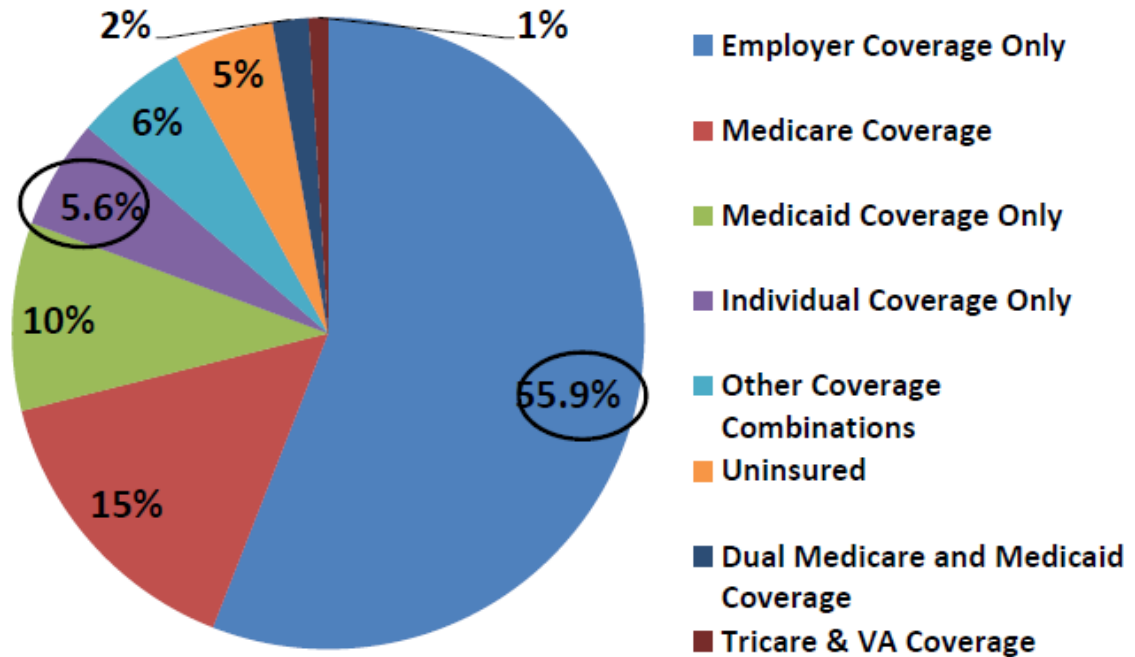
Insurance Coverage in NH 2021

The percentage of residents in New Hampshire who received coverage through the private insurance market has remained at approximately 62% for the past several years.

10% of residents are covered by Medicaid.

Of the 1,373,000 NH residents approximately 71,000 did not have health insurance in 2021 which is approximately 5%.

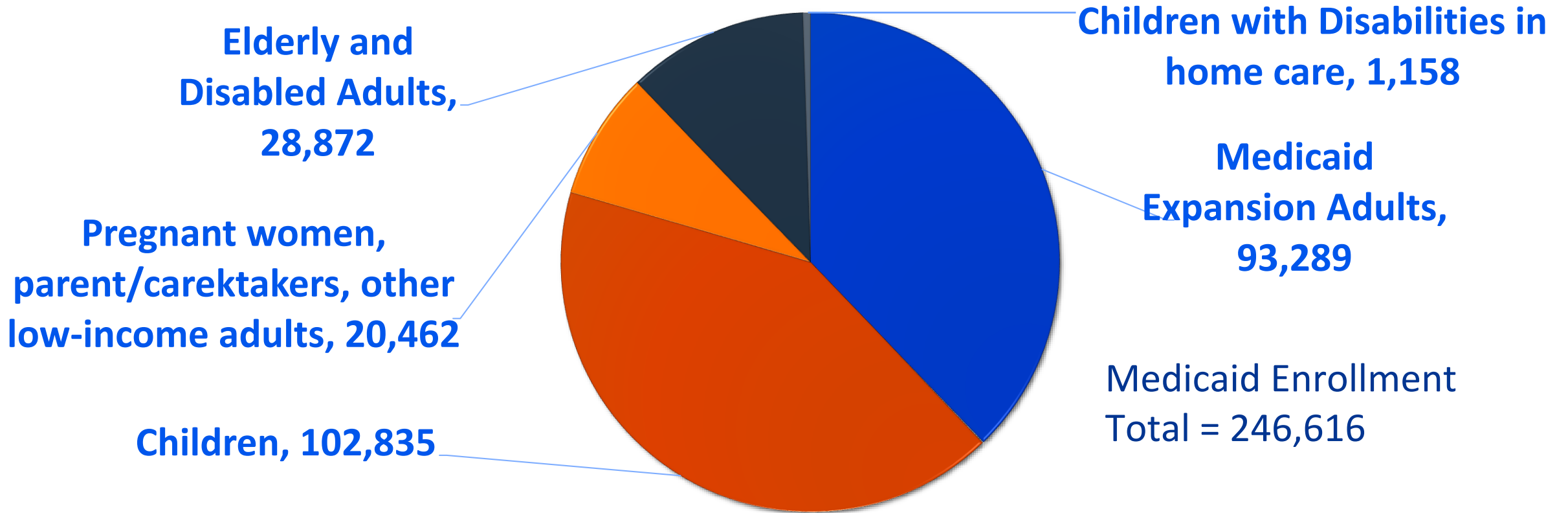
New Hampshire Residents by Health Insurance Status in 2021



1,373,000 Total NH Residents

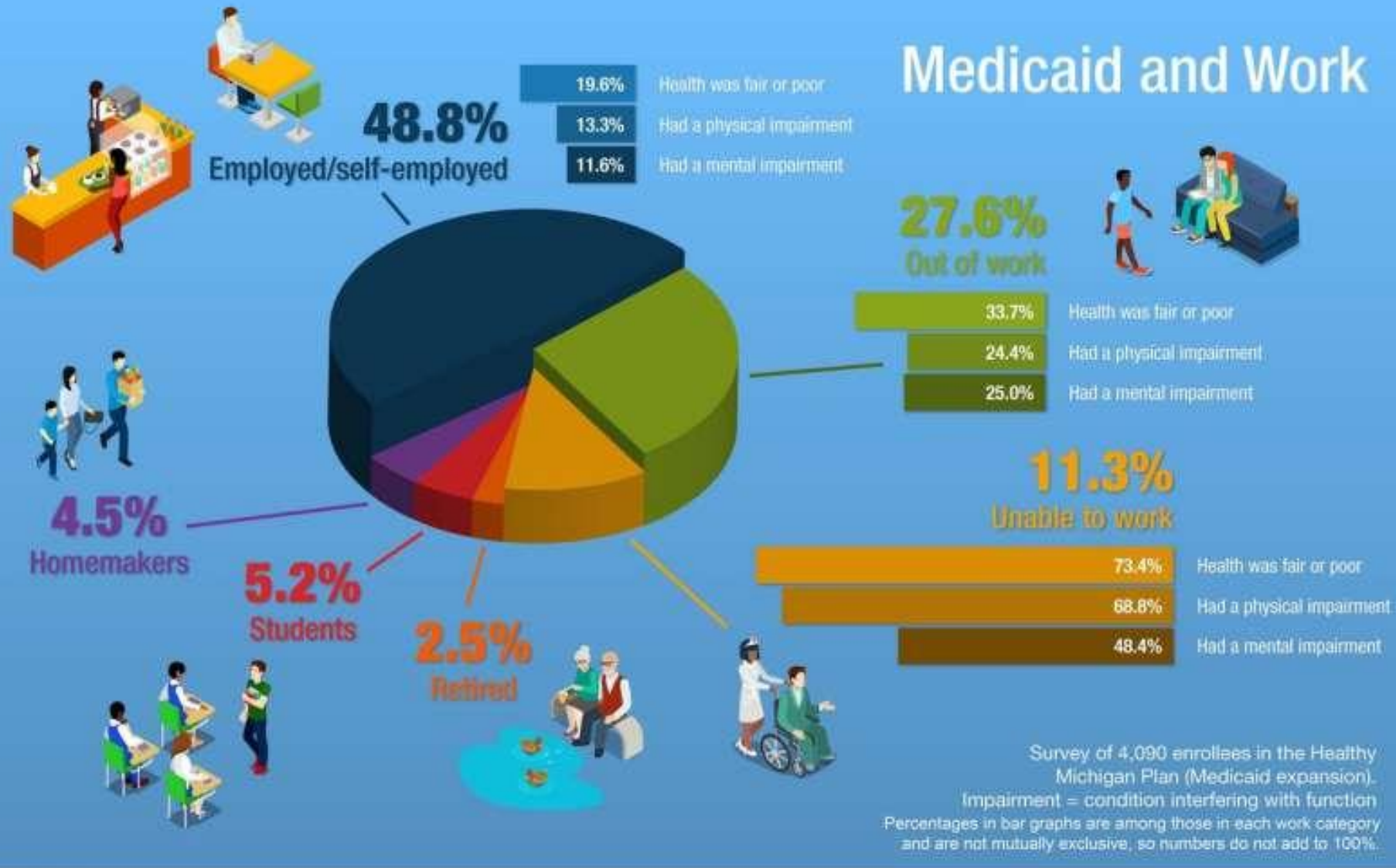
Source: U.S. Census Bureau. 2021 American Community Survey 1-Year Estimate. The "Other Coverage Combinations" category includes those persons with two or more types of health insurance coverage that are not in the following six multi-coverage categories: With employer-based and direct-purchase coverage; With employer-based and Medicare coverage; With direct-purchase and Medicare coverage; With Medicare and Medicaid/means-tested public coverage; Other private only combinations; Other public only combinations.

Right now, Medicaid Insures ~19% of New Hampshire's Population



Source: <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bpq-da-medicaid-enrollment.pdf>

Medicaid and Work



Changes in Enrollment by *Individual*- During COVID

	Feb 28, 2019	Feb 29, 2020	Feb 28, 2021	Dec 2, 2022
Standard Medicaid	128,252	127,356	143,182	153,327 (20% increase over Feb 2019)
Granite Advantage	51,240	51,574	72,392	93,289 (82% increase over Feb 2019)
Total	179,492	178,930	215,574	246,616 (37% increase over Feb 2019)

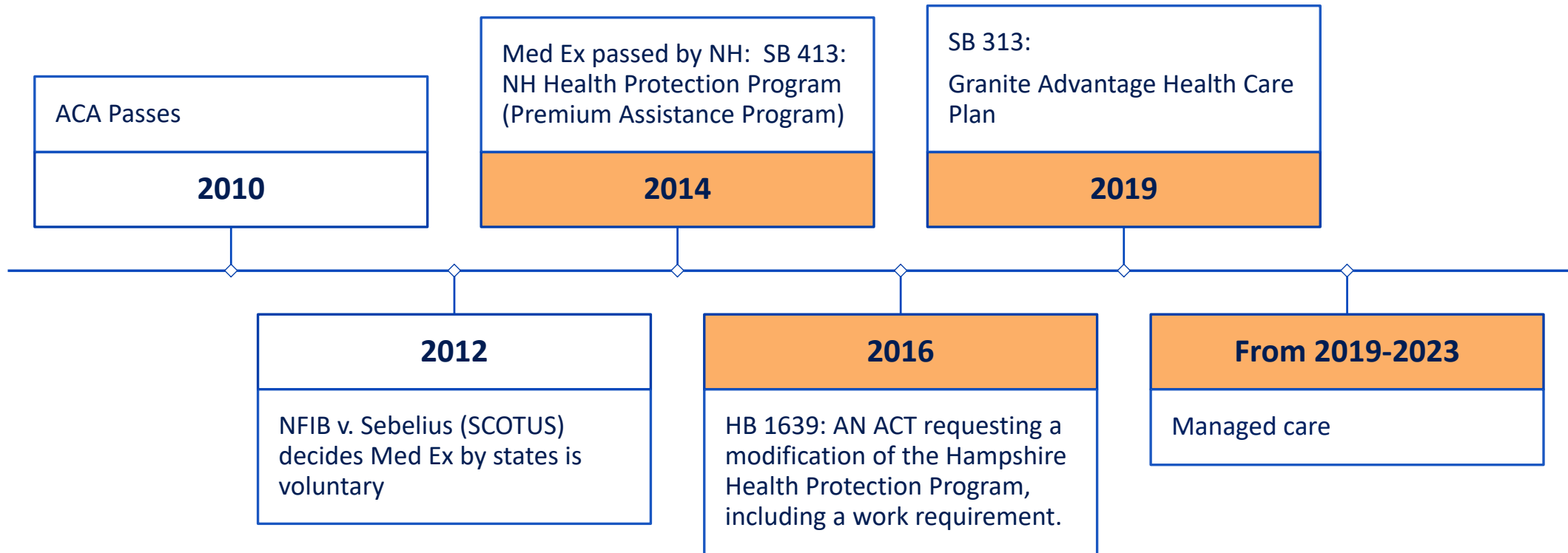
Since the program began, more than 219,000 unique people have been served by it.

Expansion Adults: Ages 19-64 with income up to 138% FPL (1/23)

Number of people in household	Annual Income up to 138% of Federal Poverty Level
1	\$20,120
2	\$27,214
4	\$41,400

[detailed-guidelines-2023.pdf \(hhs.gov\)](#)

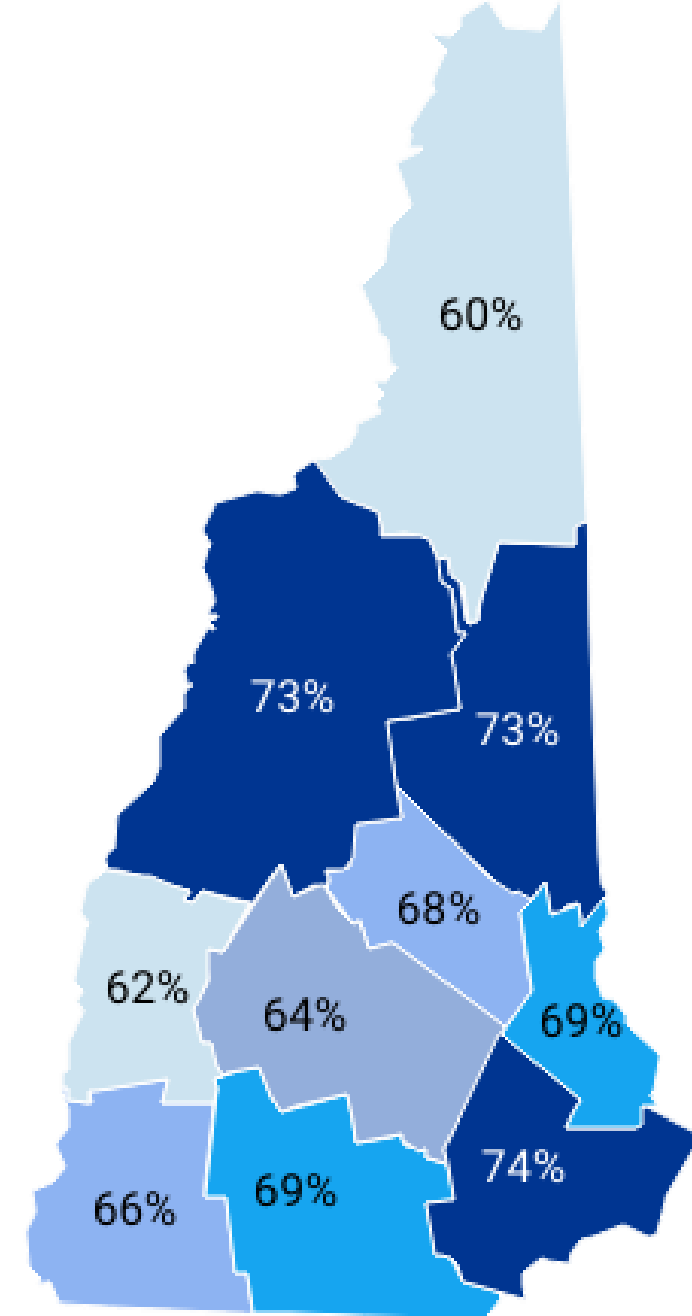
History of Expansion \$ Reauthorization in NH



WHERE? Profound Growth in Those with Expansion Coverage in Every County in New Hampshire

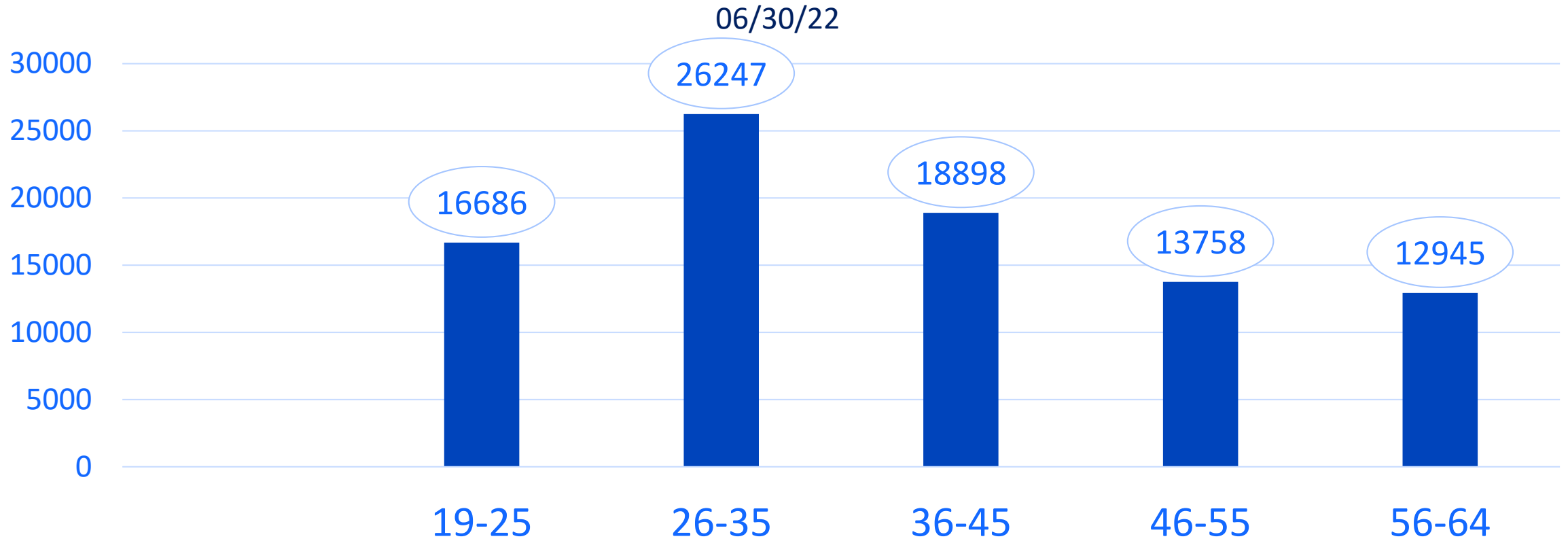
Percentages represent the proportion of growth in the Expansion category in each county since March 2020.

State-reported county-level enrollment also showed that rural areas with lower household incomes had higher percentages of their populations enrolled.



Source: http://www.gencourt.state.nh.us/lba/Budget/FiscallItems/2022-11-18_Agenda_Items/FIS_22-375.pdf and <https://nhfpi.org/resource/the-effects-of-medicaid-expansion-in-new-hampshire/>

WHO? Enrollment by Age in Granite Advantage



Cost? Granite Advantage Program Cost and Funding

- NH has received \$3.2B in federal dollars in total since 2015 due to expansion.
 - \$1.3B in federal dollars have come into New Hampshire since SFY2020 because of expansion;
- Federal dollars support 90% of the costs of the Granite Advantage Program
- The non-federal share is funded through a combination of profits from the liquor commission, revenue from the insurance premium tax revenue, and an assessment by the former high-risk pool.

Source: http://www.gencourt.state.nh.us/lba/Budget/FiscalItems/2022-11-18_Agenda_Items/FIS_22-375.pdf
<https://nhfpi.org/resource/the-effects-of-medicaid-expansion-in-new-hampshire/>

Granite Advantage Provides Key Services including Mental Health and Substance Use Disorder Services

SFY2022, Data Available Through 8/31/22

	Unique Service Users	Payments
Preventive/Well Care Visits	17,849	\$2.1M
Evaluation and Management Visits	60,109	\$36.9M
Maternity Care	792	\$2.5M
Mental Health Inpatient Hospital Treatment	864	\$7.6M
Mental Health Medication Treatment	29,941	\$17.4M
Mental Health Outpatient Services	11,456	\$26.6M
SUD Residential or Inpatient Hospital Treatment	2,303	\$14.4M
SUD Medication Assisted Treatment	8,057	\$21.6M
SUD Outpatient Services	8,645	\$24.8M
Emergency Department Visits	25,606	\$35.5M
COVID Services	29,073	\$19.6M

Note: Data does not have complete claims information for the final months in the period. Data represents service payments to providers or fee-for-service equivalent payments in cases where the plan pays providers through sub-capitated arrangements. Data may be duplicated between categories. Source: EBI as of 9/8/22 update.

- **19,000 members received \$60.8M of Substance Use Disorder treatment services**
- **42,000 members received \$51.6M of Mental Health services**
- **77,000 members received \$39M of Evaluation and Management/Preventive WellCare visits**
- **25,000 members received \$36M of Emergency Department services**

Granite
Advantage
Program:Health
Insurance Plus!

RSA 126-AA is authorizing
statute for the Granite
Advantage Program

The authorization is repealed
effective December 31, 2023

Pending SB 263 reauthorizes
Medicaid Expansion and the
Granite Advantage Program.

Lucy C. Hodder
Director of Health Law and Policy
Professor of Law
UNH Franklin Pierce School of Law
Institute for Health Policy and Practice

Deborah Fournier,
Senior Health Law and Policy
Associate
Institute for Health Policy and
Practice

Thank you!

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The Political Determinants of Health ECHO

Policies to Advance the Health & Economic Prosperity
of New Hampshire Communities

Session 5, Housing, A Health Foundation, April 6, 2023



Political Determinants of Health

The political processes that impact the social, environmental and healthcare drivers of health, including executive decisions, legislative policies, electoral processes and public advocacy.

Social Determinants of Health

by Sarah Cruz | Nov 8, 2019 | Economic Justice



80% Socioeconomic,
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Adapted from Social Determinants of Health, https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1, Accessed 2/20/23

Today's Program

- Brief housekeeping
- Didactic: Housing, A Health Foundation
 - Bob Dapice, NH Housing Finance Authority
 - Greg Norman, Dartmouth Health
- Discussion
- Summary
- Up Next

Administrative activity

- InvestNH - \$100m for construction of affordable workforce housing
 - ARPA funds administered by GOERFF

Legislative activity

- HB 2 - additional appropriations for the development of workforce housing
- SB 202 – homeownership fund in NHHFA
- SB 231 – historic housing tax credit and appropriation for workforce and affordable housing
- SB 47 – commission to study barrier to increase density of residential development
- SB 64 – study committee on residential-owned manufactured housing parks
- Miscellaneous landlord/tenant legislation



Rob Dapice, MBA

Executive Director/CEO

NH Housing Finance Authority



NH HOUSING OVERVIEW

for Dartmouth Health
Project ECHO



April 2023

NHHousing.org

WHO WE ARE

- Established in 1981 by state legislature as a self-sustaining public corporation
- Not a state agency—we receive no state operating funds
- Governed by a 9-member Board of Directors appointed by Governor and Council



WHAT WE DO

We promote, finance, and support housing solutions for the people of NH



NEW HAMPSHIRE HOUSING HAS...

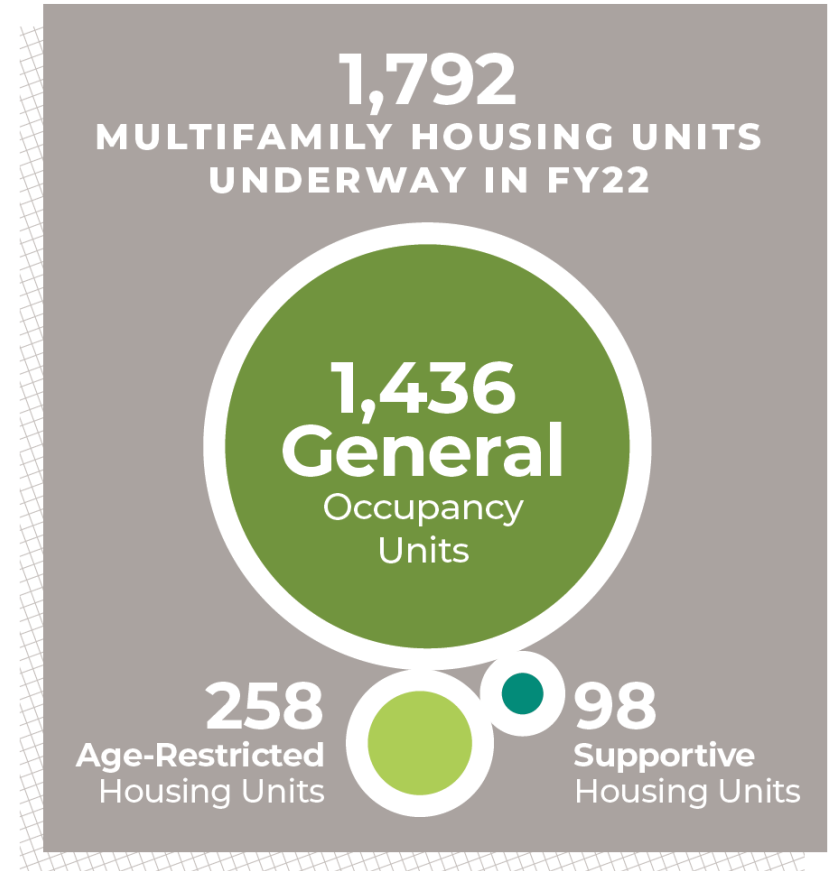
- Helped more than 50,000 families purchase their own homes
- Providing financing to create 16,000+ multifamily housing units
- Provided direct assistance to tens of thousands of households

LAST YEAR NEW HAMPSHIRE HOUSING...

- Financed 1,800 units of multifamily rental housing
- Monitored operations of thousands of units of rental housing we financed
- Administered federally funded rental assistance for 9,000 households statewide
- Helped 1,300+ families purchase a home

MULTIFAMILY HOUSING FUNDING

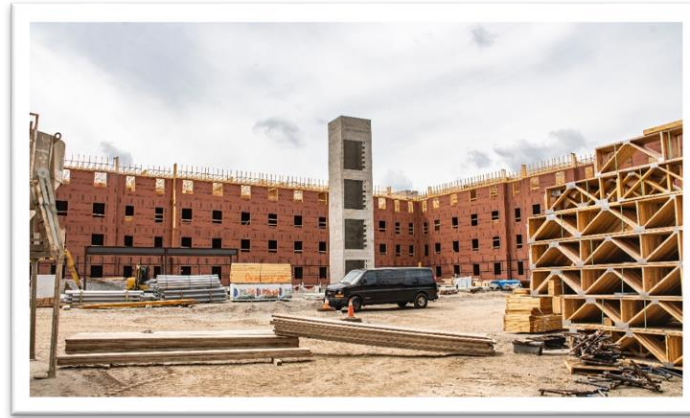
- **We finance construction, acquisition and preservation of affordable rental housing** for families, individuals of all ages, and people who need supportive housing services (substance use disorders, veterans, transitional)
- **Developers apply for funds** to construct or rehabilitate multifamily rental housing
- **Funding sources** include private investments through bonds and tax credits, federal grants and guarantees, state Affordable Housing Fund, and other New Hampshire Housing resources



NH HOUSING MULTIFAMILY FUNDED PROJECTS



PORTSMOUTH - Griffin Place



NASHUA - Monahan Manor



LEBANON - Tracy Community Housing



MANCHESTER - 323 Manchester St.



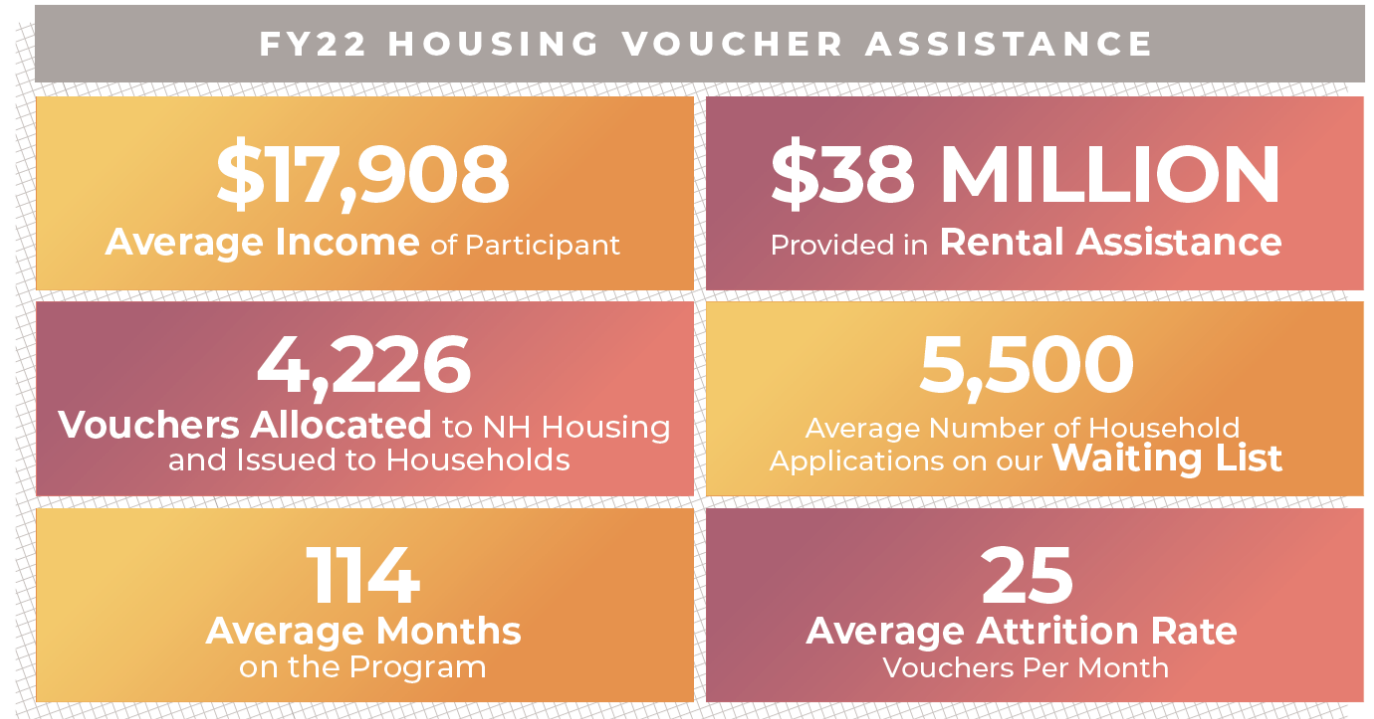
PLYMOUTH – Boulder Point Vet. Housing



BRISTOL - Newfound River Apts.

ASSISTED HOUSING DIVISION

- **Housing Choice Vouchers**
(Section 8 vouchers)
Direct assistance to low-income households through HUD program
- **Other Assistance Programs**
 - Family Self-Sufficiency financial & employment coaching
 - Voucher Assisted Mortgage Option
 - Moving to Work Grants
 - Landlord Incentives



RESEARCH • PLANNING • ADVOCACY



**Is Your
Community
Talking About
Housing?**

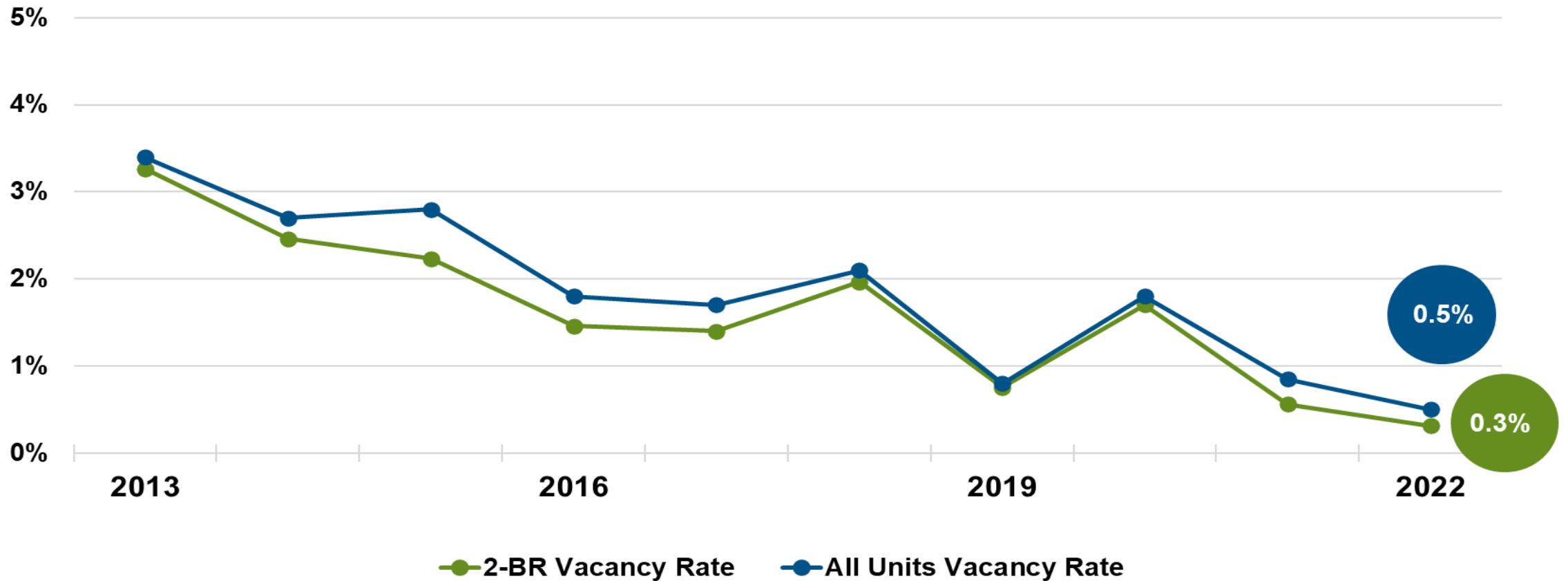
- Housing Studies and Reports
- Housing Advocacy/Technical Assistance and grants
- Housing Planning Reports (state & federal)
- Conferences focused on housing issues and policies
- InvestNH Municipal Planning & Zoning Grants

OVERVIEW

- Rental Market
- Purchase Market
- Market Trends
- Statewide Housing Needs Assessment
 - How Much Housing does NH Need?

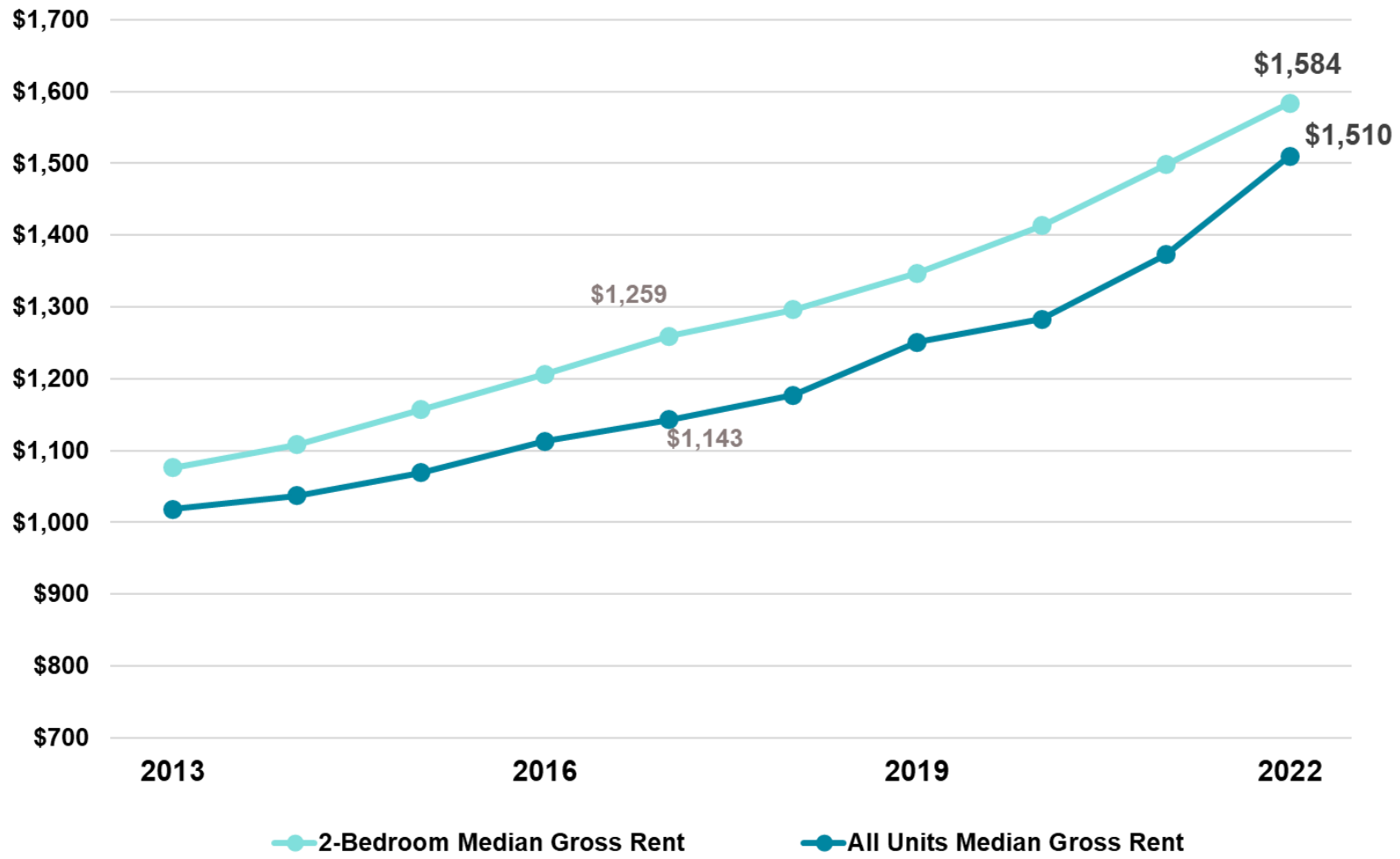


VACANCY RATE OF RESIDENTIAL RENTAL UNITS



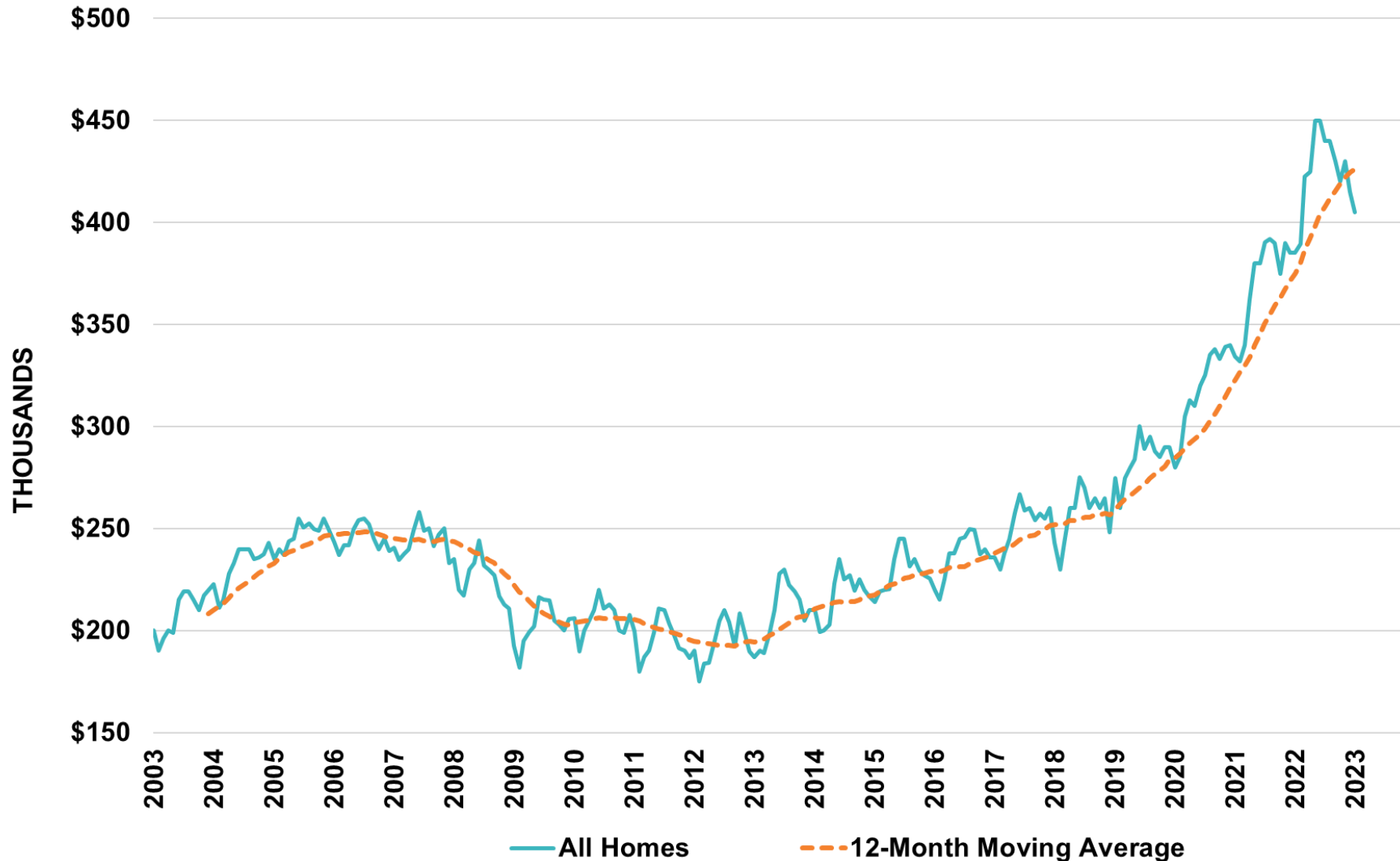
Source: 2022 New Hampshire Housing Residential Rental Cost Survey

MEDIAN GROSS RENTAL COST



Source: 2022 New Hampshire Housing Residential Rental Cost Survey

SINGLE-FAMILY MEDIAN SALES PRICE



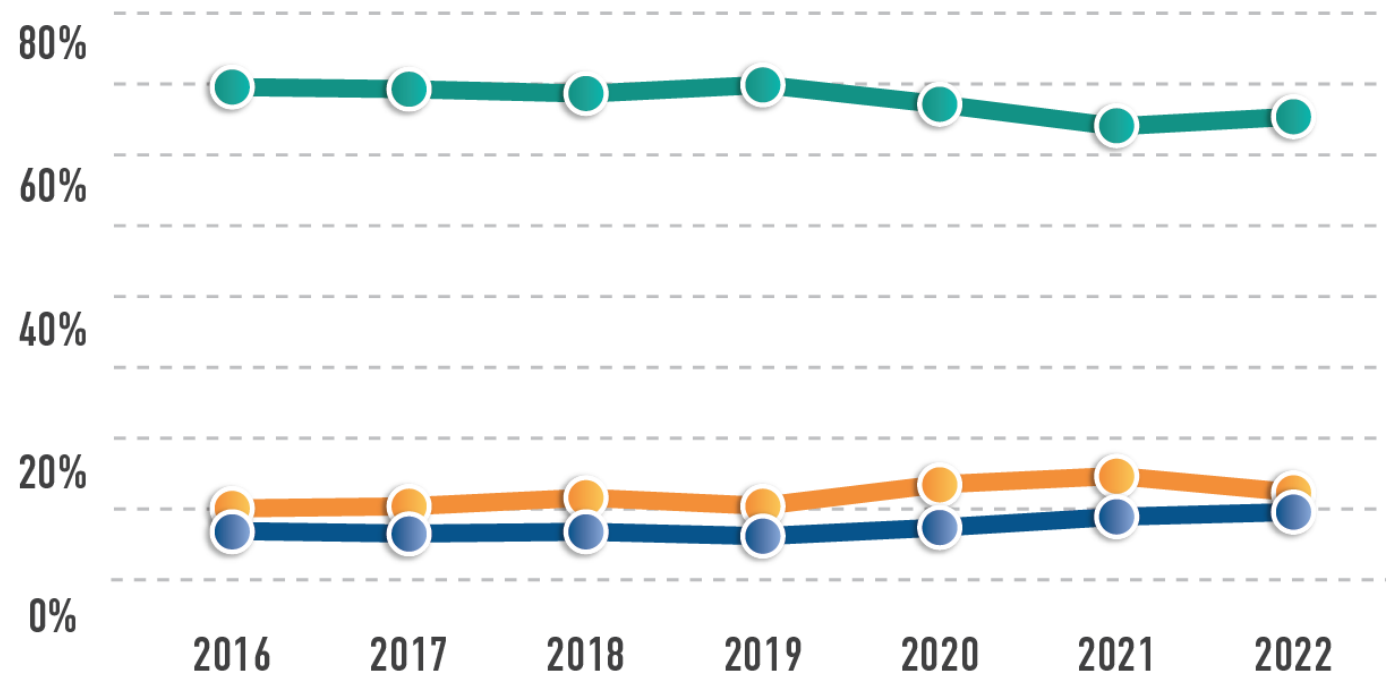
January 2021 **\$335K**

January 2023 **\$405K**

21%

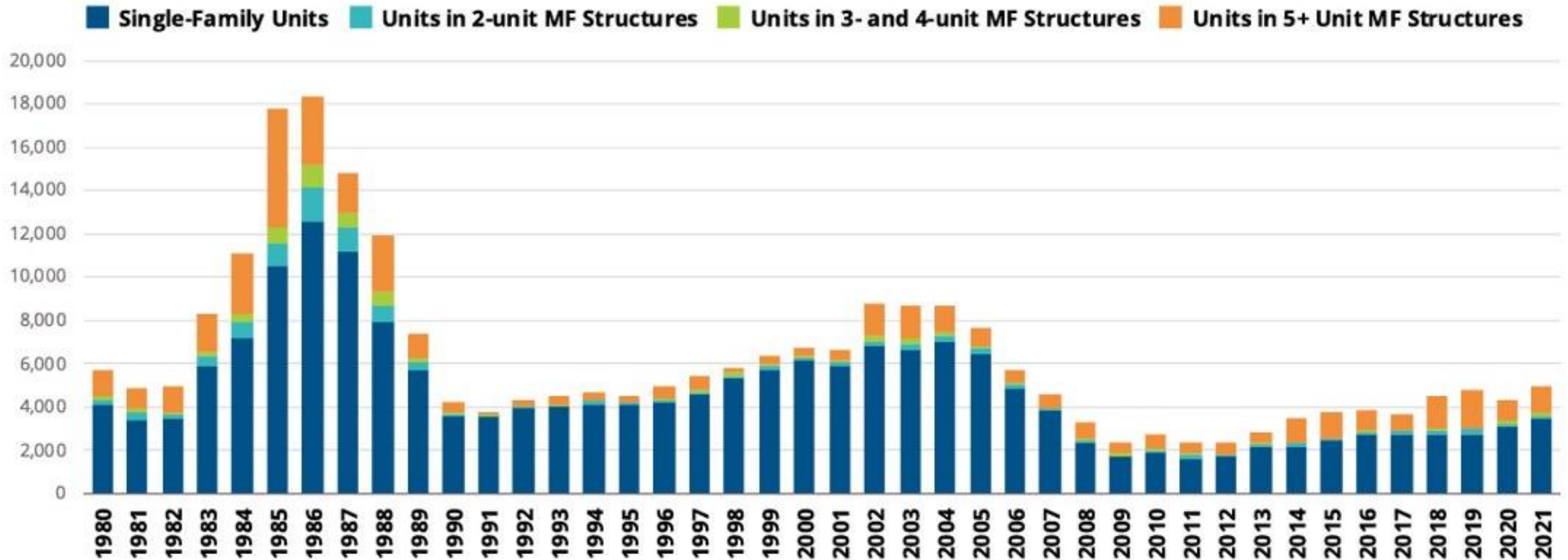
WHERE DO NH HOMEBUYERS COME FROM?

	2016	2017	2018	2019	2020	2020	2022
NH	74.7%	74.6%	73.7%	74.8%	71.5%	68.4%	69.8%
MA	14.7%	14.9%	15.7%	14.9%	17.8%	19.0%	16.4%
Other	10.6%	10.5%	10.6%	10.3%	10.7%	12.6%	13.8%



- Percentage of overall NH home sales
- Modest increase in buyers from “away”

NH BUILDING PERMITS ISSUED 1980 - 2021



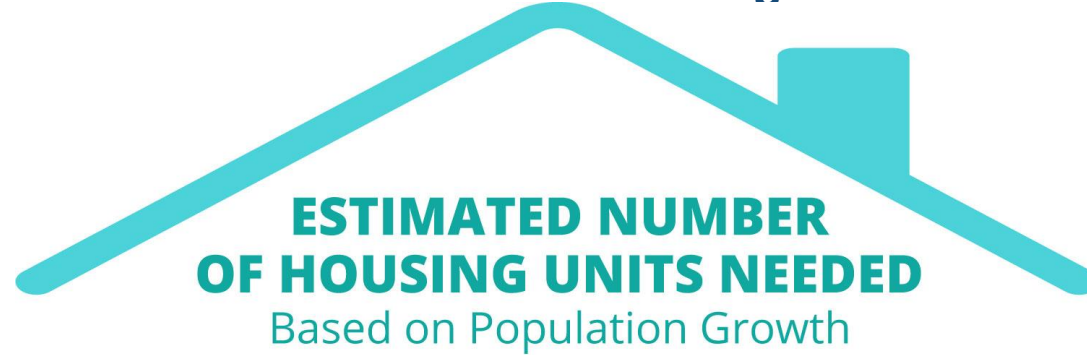
Source: Office of Planning and Development, NH BEA

STATEWIDE HOUSING NEEDS ASSESSMEN T



HOUSING NEEDS FORECASTS

Projected Growth in Households and Housing Units Need in New Hampshire

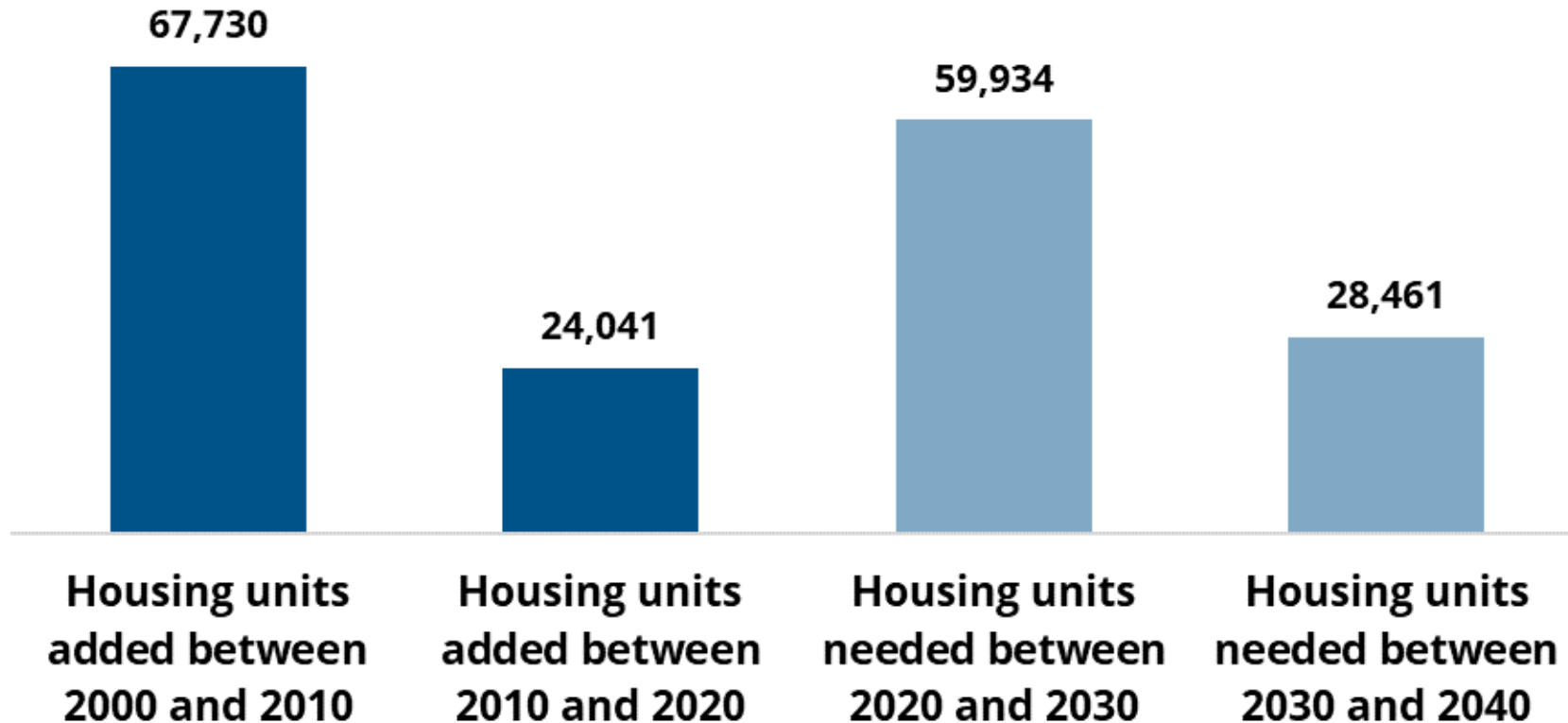


2020-2030	BY HOUSEHOLD TYPE	
TOTAL HOUSEHOLDS ADDED 52,501	OWNER HOUSEHOLDS ADDED 37,380	RENTAL HOUSEHOLDS ADDED 15,121
TOTAL UNITS NEEDED 59,934	UNITS NEEDED 40,319	UNITS NEEDED 19,615

Source: RLS Demographics, 2020 5-year ACS estimates, 2022 New Hampshire Housing Residential Rental Cost Survey, and Root Policy Research

HOUSING NEEDS FORECASTS

Trends in Historical Growth v. Projected Need in New Hampshire



Contact



ROB DAPICE

Executive Director / CEO

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info@nhhfa.org

BEN FROST

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Chief Legal Officer

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info@nhhfa.org





Greg Norman, MS

Director, Community Health

Population Health, Dartmouth Health



The Political Determinants of Health ECHO

Policies to Advance the Health & Economic Prosperity
of New Hampshire Communities

Session 6, System of Care- Correct Level of Care, April 20, 2023



Political Determinants of Health

The political processes that impact the social, environmental and healthcare drivers of health, including executive decisions, legislative policies, electoral processes and public advocacy.

Social Determinants of Health

by Sarah Cruz | Nov 8, 2019 | Economic Justice



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services

80% Socioeconomic, environmental & health behavioral factors

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Ranit Mishori, *The Social Determinants of Health? Time to Focus on the Political Determinants of Health!* May 2019 [Medical Care 57\(7\):1DOI: 10.1097/MLR.0000000000001131](https://doi.org/10.1097/MLR.0000000000001131)

Adapted from *Social Determinants of Health*, https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1, Accessed 2/20/23

Today's Program

- Brief housekeeping
- Didactic: System of Care- Correct Level of Care
 - Courtney Tanner, JD, MSW – Director, DH Government Relations
 - Cheryl Steinberg, Esq. – Director, Justice in Aging Project, NH Legal Assistance
 - Amy Moore - Director, Ascentria In-Home Care
- Discussion
- Summary
- Up Next

Legislative activity

- SB 36 – System of Care
- SB 149 – Nursing Agency Transparency
- SB 86 – Health Care Workforce
- HB 1 & HB 2

Administrative activity

- - Department of Health and Human Services
 - Long-term Medicaid Eligibility
 - Choices for Independence (CFI)
 - And more...



Cheryl Steinberg, Esq.

Director, Justice in Aging Project

NH Legal Assistance

SB 36

System of Care for Healthy Aging

SB 36 - Purpose

- ▶ Build upon existing infrastructure to establish comprehensive and coordinated system of care to ensure that older adults and adults with disabilities have access to and timely delivery of supports and services and to ensure that they have a meaningful range of options.

Background

- ▶ Rebalancing Initiative: On behalf of NH Alliance for Healthy Aging, New Futures and NHLA are partnering on a joint project funded by Point32Health Foundation to increase access to home and community-based long-term supports and services for older people.

Background

- ▶ NHFPI Report: As part of the project, we contracted with the NH Fiscal Policy Institute to complete a report with data to support our efforts, “*Long-Term Services and Supports in New Hampshire: A Review of the State’s Medicaid Funding for Older Adults and Adults with Physical Disabilities*” at <https://nhfpi.org/resource/long-term-services-and-supports-in-new-hampshire-a-review-of-the-states-medicaid-funding-for-older-adults-and-adults-with-physical-disabilities>.

Background

- ▶ Based on System of Care for Children's Behavioral Health: SB 36 is based on a nationally-recognized system of care model developed by Georgetown University.
- ▶ In general, it is a person-centered framework for organizing and coordinating public and private services and resources into a comprehensive and interconnected network.

Background

- ▶ Content of bill informed by a diverse group of stakeholders and recommendations included in NHFPI report.

Why is this bill necessary?

- ▶ NH ranked as having one of the fastest growing number of older adults in the country.
- ▶ Long-standing lack of investment in our state's system and programs for older adults and adults with disabilities has resulted in inadequate access to services, particularly home and community-based services.

Why is this bill necessary?

- ▶ People overwhelmingly express the desire to receive their care in their homes and community rather than an institution.
- ▶ We are already unable to meet the need.
- ▶ Expanding home and community-based options will reduce the cost of providing services and allow our state to serve more people.

Components of Bill

- ▶ Statement of Findings
- ▶ Purposes
- ▶ Statement of Policy
- ▶ Definitions
- ▶ Duties of Commissioner
- ▶ Expansion of Person-Centered Counseling at ServiceLinks
- ▶ Implementation and Reporting Requirements
- ▶ Appropriations
- ▶ Amendments to already existing statutes

System of Care Definition

“System of Care” means:

- ▶ A comprehensive and coordinated delivery system for the provision of long-term services and supports to New Hampshire’s older adults and adults with disabilities.
- ▶ Intended to provide services to all older adults and adults with disabilities who require long-term services and supports.

System of Care Definition

Includes the following characteristics:

- ▶ A comprehensive array of long-term services and supports including, but not limited to, personal care, homemaker services, transportation, meal delivery or preparation, emergency response systems, adult day care, and family caregiver support to enable older adults and adults with disabilities to remain independent and in the setting of their choice.

System of Care Definition

- ▶ An absence of significant gaps in services and barriers to services.
- ▶ Sufficient administrative capacity to ensure quality service delivery.
- ▶ Services that are consumer-driven, community-based, and culturally and linguistically competent.

System of Care Definition

- ▶ Transparent, with information made available and known to consumers, providers, and payers.
- ▶ A funding system that supports a full range of service options.
- ▶ A performance measurement system for accountability, monitoring and reporting of system quality, access and cost.

Status of Bill

- ▶ An amended version of the bill passed by full Senate and laid on table to enable appropriations to be added into the state budget.
- ▶ Can track progress by signing up for NH Alliance for Healthy Aging Advocacy Update mailing list at <https://nhaha.info/contact-us/>.
- ▶ You can access the full text of the bill at: https://www.gencourt.state.nh.us/bill_status/bill_info.aspx?id=904&inflect=2



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Care Paradox - Karen & Ron in Grafton NH – YouTube Video

<https://www.youtube.com/watch?v=YB9sVmbiRQI>