Year 2 Q3 FY23 Semi-Annual Spending Plan for Implementation of the American Rescue Plan Act of 2021, Sect. 9817

January 2023
revised March 2023

New Hampshire
Semi-Annual HCBS Spending Narrative
Q3 FY 23 Update

Additional support for Medicaid home and community based services during the COVID-19 public health emergency.

Please note: This update is NH Medicaid's update as submitted to CMS. The update is subject to CMS' review and approval. The Department will also seek approval as required from the New Hampshire General Court's Committees of jurisdiction as well as the Governor and Executive Council.

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Executive Summary

President Biden signed the American Rescue Plan Act of 2021 (ARPA) on March 22, 2021. Section 9817 of the ARPA temporarily increases the federal medical assistance percentage (FMAP) by 10 percentage points for certain Medicaid expenditures for home and community based services (HCBS) beginning April 1, 2021, and ending March 31, 2022. The increased FMAP is available for person-centered care delivered in the community or home to support people who need assistance with everyday activities.

States must use the federal funds attributed to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. States are required to use funds equivalent to the amount of federal funds available through the increased FMAP to enhance, expand, or strengthen HCBS.

New Hampshire's spending plan outlines three (3) key spending priorities:

- Workforce investment
- Improve/increase access to services
- Pilot new services to promote, expand, and enhance HCBS

The initiatives contained in this plan are intended to address both the short-term and long-term goals of New Hampshire residents, always with an eye toward sustainability.

This Quarterly Update serves to provide a brief update on New Hampshire's HCBS Spending Plan.

Third Quarter Year 2 Update

New Hampshire submits this third Quarter Update in order to remain in compliance with Section 9817 of the ARPA.

During the most recent quarter, New Hampshire continued to focus on Workforce investment. Specifically, the state continued to work with the Centers of Medicare and Medicaid Services (CMS) to receive technical assistance and approvals under multiple authorities to disperse funds to support workforce development for New Hampshire's HCBS direct care workforce and case managers.

The following are key dates for the Spending Plan:

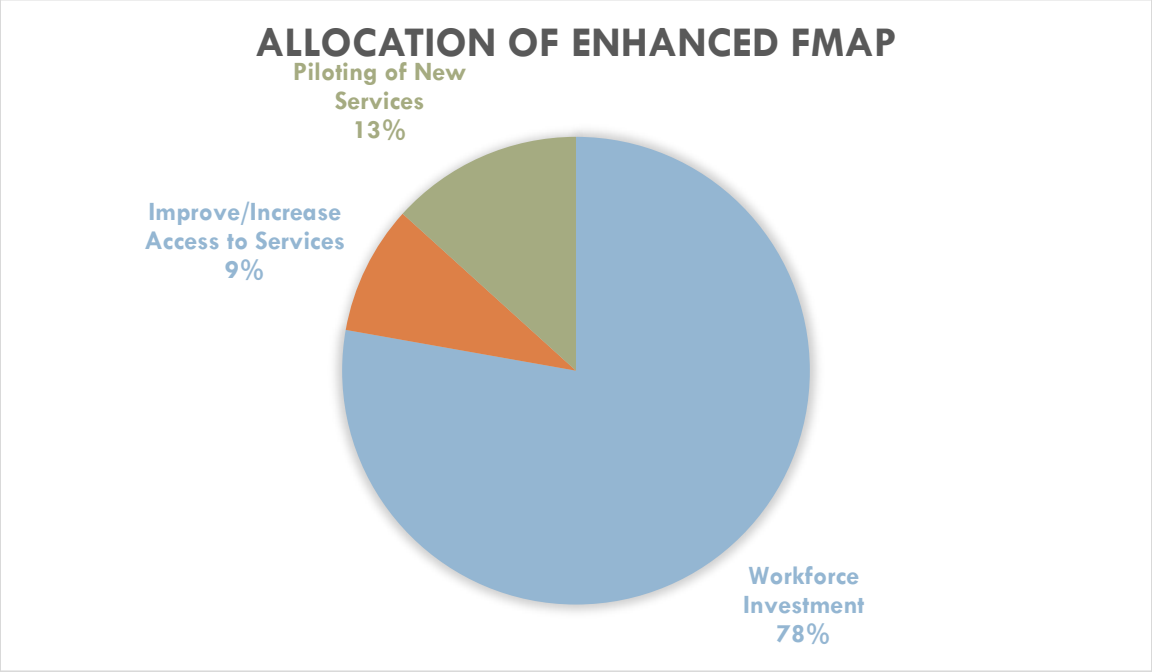
- July 9, 2021, New Hampshire submitted a HCBS Spending Plan and Narrative to the Centers of Medicare and Medicaid Services (CMS) related to the implementation of Section 9817 of the ARPA.
- September 29, 2021, New Hampshire received partial approval for the HCBS Spending Plan.
- October 21, 2021, New Hampshire submitted a response to the partial approval to CMS.
- November 1, 2021, New Hampshire submitted the First Quarter Update to CMS.
- December 2021, New Hampshire received approval from the Fiscal Committee of the General Court as well as Governor and Council to accept and expend $73,307,508 of HCBS Section 9817 funds.
- January 13, 2022, CMS approved New Hampshire's 1915(c) Home and Community Based Service Waivers' Appendix Ks.
- January 25, 2022, CMS issued a conditional approval of New Hampshire's Spending Plan.
- January 31, 2022 CMS approved New Hampshire's directed payment proposal.
- April 12, 2022 New Hampshire submitted an additional amendment to New Hampshire's 1915(c) Home and Community Based Service Waivers' Appendix K to include case management as a provider type targeted to receive workforce reinvestment funding.
- January 2022 through April 14, 2022, New Hampshire distributed $42,338,618 to HCBS providers.
- May 2022: Fiscal Committee of the General Court reviewed and approved strategic adjustments to the HCBS plan for years two and three, and spending forecasts for years two and three.
- June 2022: New Hampshire will take advantage of the additional year (March 21, 2025) to spend funds made available by the American Rescue Plan (ARP) to enhance, expand and strengthen HCBS services to Medicaid beneficiaries.
- June 2022: New Hampshire has added initiatives outlined within this report with funds made available by the American Rescue Plan (ARP) to enhance, expand, and strengthen HCBS services to Medicaid beneficiaries
- September 2022: New Hampshire resubmitted the Year 2 Q1 Spending Plan after TA with CMS on new initiatives added in the original submission in July 2022 and received approval for most items on 10/07/2022. NH will continue to work with CMS regarding the Diversion initiative.
- September 30, 2022 New Hampshire distributed $4,991,265.01 to HCBS providers for Case Management.

- October/November 2022: New Hampshire clarified questions for CMS regarding the Diversion Initiative.

December 1, 2022: New Hampshire revised the Year 2 Q2 Spending Narrative to include additional clarify information for the Diversion Initiative and resubmitted narrative to CMS.

- December 12, 2022: New Hampshire received CMS approval on Year 2 Q2 Spending Narrative.
- January 17th 2023: New Hampshire submitted Year 2 Q3 Spending Plan and Narrative to CMS.
- March 7, 2023: New Hampshire revised the Year 2 Q3 Spending Narrative to include additional clarify information requested by CMS.

In accordance with New Hampshire law, the Department will continue to seek approval when required from the New Hampshire General Court's Fiscal Committee, the Joint Health Care Reform Oversight Committee as well as the Governor and Council. Further, the Department will consult with, or seek approval from, several entities prior to being authorized to implement components of this plan. Specifically, the Department may need to present aspects of this plan to, among others, the New Hampshire General Court's House of Representatives' Health, Human Services and Elderly Affairs committee and the Senate Health and Human Services Committee for review and comment. These consultations and approvals, when required, can extend implementation timelines. The Department, however, will begin the consultation and approval process in conjunction with the plan's submission to CMS in order to avoid any unnecessary delay in implementation upon CMS approval.



I. Workforce Investment

A robust workforce is essential for the success of HCBS programs. The plan strives to develop and expand programs to support training, recruitment, and retention of the workforce.

HCBS Workforce Incentives and Payment Enhancements: $30,000,000 initial estimate

Third Quarter YR2 Update: During Q3, an additional $710,401.63 was paid out to HCBS Direct Care providers through the Managed Care directed payment for a total paid of $26,035,174.84.

Second Quarter YR2 Update: During this quarter, funding was distributed to HCBS Case Management providers, $4,991,265.01 was released for workforce recruitment, retention and training.

An additional $415,899.08 was paid out during this quarter to HCBS Direct Care providers through the Managed Care directed payment. New Hampshire will plan to process any remaining payments as currently allocated to providers by the end of Quarter 3 YR2. At the conclusion of Q3 YR2, the funds not yet paid out to providers (either because providers failed to claim the funds or because providers rejected the funds) will be pooled to be re-distributed amongst Home Health Care, Personal Care, and Private Duty Nursing providers that claimed the original funds offered to them. Funds from this new pool will be allocated to providers according the existing methodology, based on both the percentage of services and the delivery of services to added beneficiaries for a respective category (e.g. private duty nurse takes on a Medicaid beneficiary previously not served). Providers receiving additional funds will need to meet the same requirements to receive the funds (their spending plans must be adjusted to reflect appropriate use of the additional funding).

First Quarter YR2 Update: $31 million

New Hampshire distributed $24.9 million dollars in managed care directed payment to direct care providers who provide services under the states managed care program. Funding was distributed upon receipt of spending plans for workforce recruitment, retention and training. The state has received approval on a disaster SPA to distribute $2.8 million for workforce reinvestment for providers who deliver case management to beneficiaries under the state plan. The state also received approval for the additional amendment to New Hampshire's 1915(c) Home and Community Based Service Waivers' Appendix Ks. This will allow New Hampshire to include case management direct care workforce in the workforce reinvestment distributions.[1] The workforce reinvestment funds will be distributed in the second quarter of YR2. The State will distribute these funds based upon the final State claiming methodology approved by CMS.

Fourth Quarter Update: $94 million

New Hampshire distributed $42,338,618 to the direct care workforce in year one of the HCBS Spending Plan for workforce reinvestment. Additionally, in preparation for distribution of $28 million pursuant to a managed care directed payment, New Hampshire received and evaluated spending plans from direct care providers who provide services to beneficiaries under the states managed care program. The State will distribute these funds upon final approval from CMS of the State's claiming methodology.

New Hampshire received approval on June 29th for its disaster SPA to distribute $2.8 million for workforce reinvestment for providers who deliver care to beneficiaries under state plan.

The State submitted an additional amendment to New Hampshire's 1915(c) Home and Community Based Service Waivers' Appendix Ks. This will allow New Hampshire to include case management direct care workforce in the workforce reinvestment distributions.[2]

[1] Case Management providers under state plan will be included in the disaster SPA distribution.
[2] Case Management providers under state plan will be included in the disaster SPA distribution.

Third Quarter Update: $89 million

New Hampshire received technical assistance from CMS that allowed New Hampshire to increase the estimate the state expects to be eligible to claim on HCBS 9817 related services. As a result, New Hampshire increased the projected amount of funds available to support workforce investment for the HCBS direct care workforce.

Given the tremendous strain that the HCBS workforce is under, New Hampshire focused its resources on obtaining approval of the authorities needed to disperse funds to the HCBS workforce. During this quarter, New Hampshire secured approval for a managed care directed payment and Appendix Ks for our Home and Community Based Service Waivers. Additionally, we received approval from the Fiscal Committee of the General Court as well as Governor and Council to accept and expend HCBS Section 9817 funds.

In addition to the direct care workforce provider types identified in the original HCBS Spending Plan, New Hampshire is planning to include the DME and care management direct care workforce for receipt of workforce funding. The DME workforce was included in the state's managed care directed payment and part of the disaster State Plan Amendment currently pending with CMS. New Hampshire will work with CMS to obtain necessary approval to expand the HCBS workforce to include care management under all applicable authorities.

Goal: Increase access and quality of services for beneficiaries by expanding workforce capacity through recruiting, retaining, and career laddering HCBS workforce using means such as payments for sign-on bonuses, retention bonuses, ladder advancement stipends, and competency/education/training support stipends.

Sustainability: Providing necessary services to Medicaid beneficiaries coming out of the pandemic in HCBS settings now avoids higher long-term costs.

Stakeholder support: Commissioner, AARP, NH AHA, AAs/CSNI, PPN, GSHHA, NH State Commission on Aging, NH Community Behavioral Health Association

Authority: Section 1915(c), 1905(a)(13), 1905(a)(8),1905(a)(24)

Timing: Year 1

Support HCBS direct care workers under the state's waiver programs as the state enters and completes a recalibration of its rate setting budget methodology. Payments for HCBS services under waiver would have pools for supplemental type payments with a required payment percentage to go to direct care workers using means such as payments for sign-on bonuses, retention bonuses, ladder advancement stipends, and competency/training support stipends.

Under the state's managed care program, through directed payments, create a pool of funds by targeted HCBS provider types. The directed payments would cover the rating periods ending June 30, 2021 and June 30, 2022 to encompass services delivered in the HCBS EFMAP period of April 1, 2021 to March 31, 2022. The funds will be distributed based on both the percentage of services and the delivery of services to added beneficiaries for a respective category (e.g. private duty nurse takes on a Medicaid beneficiary previously not served). Funds in these pools would be required to be substantially used for targeted staff (e.g. Direct Support Professionals Personal Care Workers, Rehabilitative Professionals, Enhanced Family Care Givers, Case Managers, Private Duty Nurses, and residential care direct workforce such as supportive housing, residential SUD and mental health) in accordance with the goals outlined above.

Workforce-Recruitment and Retention Strategies: $10,000,000 Initial Estimate

Third Quarter YR2 Update: The timing of this project remains as originally submitted.

Second Quarter YR2 Update: The timing of this project remains as originally submitted.

Goal: For home and community based providers to focus on recruitment, retention, and training strategies in an effort to strengthen HCBS.

Sustainability: Providing necessary services to Medicaid beneficiaries coming out of the pandemic in HCBS settings now avoids higher long-term costs. The Department will look for those impactful initiatives that may be worth continuing beyond the time of the spending plan by seeking Medicaid Administration and/or Federal Finance Participation when appropriate.

Stakeholder support: Commissioner, AARP, NH AHA, AAs/CSNI, PPN, GSHHA, NH State Commission on Aging, NH Community Behavioral Health Association

Authority: Section 1915(c), 1905(a)(13), 1905(a)(8),1905(a)(24)

Timing: Year 2-4

This will be targeted to the HCBS Providers as outlined in Appendix B in an effort to strengthen HCBS. The Department will issue grants to providers for them to develop recruitment and retention strategies using reinvestment dollars. While the Department will be open to any creative strategies that providers propose, preference will be given to those proposals that have the largest impact across the sectors of HCBS providers (i.e. broad recruitment strategies beyond one organization).

Case Management/ Service Coordinator Training: $1,000,000 Initial Estimate

Third Quarter YR2 Update: The timing of this project remains as originally submitted.

Second Quarter YR2 Update: The timing of this project remains as originally submitted

Goal: Strengthening HCBS by developing standardized training for all case managers/service coordinators that provide services under 1915c waivers to ensure consistency across populations and organizations.

Sustainability: Reinvestment dollars will be used to develop the program. Once developed, the Department will look to an administrative match to sustain these efforts. Increase in training across 1915c waivers to has the potential to increase retention of case managers/ services coordinators and to provide necessary services to Medicaid beneficiaries. The training will be updated as needed.

Stakeholder support: BDS Corrective Action Plan

Authority: 1915 c

Timing: Year 2-4

Funding will be used to engage training contractor who will consult with Case Managers, Service Coordinators, and the Department to develop a standardized training for all providers who provide case management/service coordination to HCBS beneficiaries. This will strengthen HCBS as all case managers and service coordinators will have the same foundation as they support individuals and families in accessing services.

HCBS Training: $15,000,000 Initial Estimate

Third Quarter YR2 Update: New Hampshire has updated the scope of this project.

Second Quarter YR2 Update: This initiative continues to remain on track. An initial planning meeting was held with New Hampshire's Employment Security to discuss their WorkInvest NH program and if HCBS can build off this program to enhance training opportunities and NHs workforce among HCBS providers.

Goal: Develop training material and support training initiatives for HCBS providers, collaborating with different sectors and associations who support HCBS, including behavioral health, to strengthen New Hampshire's workforce.

Sustainability: Initial training will use reinvestment dollars. The Department will look for those impactful initiatives that may be worth continuing beyond the period of the spending plan by seeking a federal administrative match.

Stakeholder support: Giving Care Workforce Report, Commissioner, AARP, NH AHA, AAs/CSNI, PPN, GSHHA, NH State Commission on Aging, NH Community Behavioral Health Association, CSNI

Authority: 1915 (c), 1915 (i)

Timing: Year 2-4

The Department will use the reinvestment dollars to collaborate with local colleges, providers and other community partners to implement a variety of training and certificate programs. The initiative will assist in recruiting, and training workers in order to continue to meet New Hampshire's skills gap and worker shortage.

II. Improve/Increase Access to Services

The initiatives discussed in this section will enhance and expand existing community-based programs. Building upon existing, vital programs will further provide for the health and wellness of the state's most vulnerable populations including the elderly and disabled, individuals with behavioral health needs, and those experiencing homelessness.

Lift CFI Home and Vehicle Modification Cap: $1,000,000 initial estimate

First Quarter YR2 Updated: This cap within the waiver has been lifted. The initial estimated cost for this initiative has been moved into the Workforce Retention and Recruitment Initiative.

Fourth Quarter YR 1Update: This project will be fully realized in Year 2 of New Hampshire's HCBS plan. The state continues to work to operationalize the project and will focus resources on this project in the coming year.

Third Quarter YR 1Update: This project will be fully realized in Year 2 of New Hampshire's HCBS plan. The state has taken initial steps to operationalize the project and will focus resources on this project in the coming year.

Goal: More extensive home and vehicle modifications allow for fewer or shorter institutional services.

Sustainability: Additional home and vehicle modifications should support a longer home tenure of beneficiaries versus institutional level care, which is historically more expensive.

Stakeholder support: AARP, HOMES

Authority: Section 1915(c)

Timing: Year 1

Waiver authority found at section 1915(c) of the Act gives states the option to offer long-term services and supports (LTSS) in home and community-based settings to individuals who would otherwise require institutional care. States have broad latitude to determine the services to offer under waiver programs, consistent with the benefit package specified in section 1915(c)(4)(B) of the Act. For example, services may include home and vehicle accessibility modifications (e.g., installing a wheelchair ramp or grab bars in a shower) to improve individuals' ability to remain in their homes and prevent institutional admission.

School Based and Early Support Services: $2,500,000 initial estimate

Second Quarter YR2 Updated: This initiative has been completed

First Quarter YR2 Updated: Sixty percent of the funds were distributed in June 2022. The remaining forty percent of these funds will be distributed in July 2022. Actual funding amount based on utilization during the ARPA HCBS timeframe was $1.8M.

Fourth Quarter YR1 Update: This project will be implemented in Year 2 of the HCBS plan. Currently, it is expected funds will be distributed in May 2022. Actual funding amount will be based on utilization during the ARPA HCBS timeframe. Future updates will reflect actual dollar amounts attributed to this program.

Third Quarter YR1Update: This project will be implemented in Year 2 of the HCBS plan (funds will be distributed during the current school year). Actual funding amount will be based on utilization during the ARPA HCBS timeframe. Future updates will reflect actual dollar amounts attributed to this program.

Goal: Help schools recover services for Medicaid covered children forgone during COVID-19 PHE.

Sustainability: Services to help restore higher levels of function or prevent further deterioration to moderate future costs in Medicaid.

Stakeholder support: NH Department of Education, School Districts, and the Healthy Students Promising Future Learning Collaborative

Authority: 1905(a)

Timing: Year 1 (original projection)

These services include medical assistance for covered services under section 1905(a) that are furnished to a child with a disability because such services are included in the child's individualized educational program established pursuant to Part B of the Individuals with Disabilities Education Act or furnished to an infant or toddler with a disability because such services are included in the child's individualized family service plan. As a result of the COVID-19 pandemic, schools throughout the state saw a significant decrease in billable services. It is expected that as students return to in-person learning for school year 2021-2022, there will be an increase in services delivered in the school setting.

Integrated Healthcare Clinic for Individuals Experiencing Homelessness: $4,600,000

Third Quarter YR2 Update: The timing and scope of this project remains as submitted. NH is in the process of hiring a part time position to oversee the development and implementation of this initiative.

Second Quarter YR2 Update: New Hampshire continues to explore and meet with similar programs. In addition, there are continued efforts to identify different health care partners in each of New Hampshire's counties to participate in this initiative. Year 2 of this initiative will continue to be for research and development of this program, with implementation occurring in year 3-4.

First Quarter YR2 Update: This project continues to be on track for years 2 and 3. New Hampshire received approval for its 1915(i)Supportive Housing State Plan Amendment on July 1, 2022. Further detail on how the state will utilize the 1915(i) to support this Integrated Healthcare Clinic initiative will be provided in the next quarterly report.

Fourth Quarter YR1 Update: New Hampshire continues to meet with stakeholders to better evaluate the landscape and potential care delivery models.

Third Quarter YR1 Update: New Hampshire remains committed to providing whole person, integrated care in the community to those experiencing homelessness. As a result of information gathered while exploring how other

areas have implemented similar programs, New Hampshire is re-imagining the delivery model. This project will be implemented in Years 2 and 3 of the HCBS plan. New Hampshire will provide further details about this project in future quarterly reports. Additionally, New Hampshire will apply for all approvals necessary in order to implement this initiative.

Goal: Provide whole person and integrated care in the community to those experiencing homelessness.

Sustainability: Increasing the health status of the beneficiaries in order to moderate long term costs and improve overall health.

Stakeholder support: Commissioner, Council on Housing Stability Strategic Plan, 1915i public comment

Authority: 1915(i), 1915(b)

Timing: Year 2-4 (updated from original projection)

This project will replicate a successful program that is currently operating in the state's largest city to implement the model throughout the state. The program will provide for a clinic in each homeless shelter and through homeless outreach contracts managed by the Department. The Department will engage our community partners to operate the clinics; they will provide on-site care at shelters and agreed upon locations for the outreach programs weekly. Included in the clinics can be a medical practitioner (MD, PA, or ARPN), Nurse Coordinator or Medical Assistant, Behavioral Health Therapist, Substance Misuse Counselor, and Case Manager. This program will provide whole person and integrated care. The program will work in conjunction with the local homeless shelters and outreach providers to ensure the clinic is provided at the right time and location for maximum participation and access.

Housing- Developmental Disability, Intensive Treatment Services and Individuals experiencing homelessness:
$10,000,000 initial estimate

Third Quarter YR2 Update: The time and scope of this project remain as submitted. A Request for Grants is under development and grant awarding will begin in year 3 of the initiative.

Second Quarter YR2 Update: The scope and timing of this project remains as originally submitted

Goal: To provide one-time money to providers (noted below) to support the renovation and/or purchase of homes for individuals in the following categories: **1)** individuals with a developmental disability and receiving services under the 1915c waiver and who have intensive treatment needs and 2) those served by the 1915i for individuals experiencing homelessness. All purchases and/or renovations will be compliant with the HCBS settings rule.

Sustainability: Reinvestment funds will be used for the initial purchase and/or renovation. If funds are needed beyond the scope of this project, the Department will look to access a rate change for provider owned homes. NH will not be seeking FFP.

Stakeholder support: CSNI, Provider Agencies, Commissioner, Council on Housing Stability

Authority: 1915 (i), 1915 (c)

Timing: Year 2-4

This project will allocate one-time dollars to providers of in-state services to buy/retro-fit housing for individuals receiving services under the 1915c waiver who have Intensive Treatment Service (ITS) needs, individuals returning from out-of-state ITS placements and/or those experiencing homelessness under the 1915i State Plan Amendment. The Department will issue a Request for Grant Applications and one- time grants will be awarded to the projects

that meet the Department's goal to increase access for HCBS services to individuals requiring ITS or those experiencing homelessness. All grants awarded must agree to be compliant with the HCBS settings rule and agree to provide the service to the identified population for a period of time, which will be determined by the Department.

HCBS Settings grants for providers: $2,000,000 initial estimate

Third Quarter YR2 Update: The timing and scope of this project remains as originally submitted

Second Quarter YR2 Update: The timing of this project remains as originally submitted

Goal: To assist providers to come into compliance with settings requirements in an effort to maintain existing HCBS providers and grow the network of providers. This will support and not supplant efforts to come into compliance with HCBS Setting rule.

Sustainability: This is a one-time use of reinvestment funds. Remain compliant with the HCBS Settings Rule to reducing the risk of homelessness, out of state placement and institutionalization. NH will not be seeking federal financial participation.

Stakeholder support: University of New Hampshire Institute on Disability, CSNI, Area Agencies, community providers

Authority: 1915(c)

Timing: Year 2-4

One-time grants will be awarded to HCBS providers who need one-time funds to come into compliance with the Final Setting Requirements by March 2023.

Dual Diagnosis Supports: $2,000,000 initial estimate

Third Quarter YR2 Update: The timing and scope of this project remains as originally submitted.

Second Quarter YR2 Update: The scope and timing of this project remains as originally submitted

Goal: Enhance partnerships between Developmental Disabilities (DD)/Choices for Independence (CFI) and behavioral health providers to increase collaboration to better support individuals with dual diagnosis.

Sustainability: Reinvestment funds will be used for initial pilots. Those pilots that demonstrate success, the Department will look to either Federal Financial Participation or a Directed Payment to continue.

Stakeholder support: Bureau of Developmental Services and Bureau of Elderly and Adult Services

Authority: 1915 (c), 1915 (i)

Timing: Year 2-4

This project will increase access, coordination and collaboration for individuals receiving services on a 1915c waiver that have a dual diagnosis (developmental disability and a mental health diagnosis). The state of New Hampshire will increase access to information interdepartmentally among the Division of Long Term Supports and Services and Division of Behavioral Health. This increase in access will positively impact service delivery for individuals with dual diagnosis accessing waiver services. The department will issue a Request for Grant application and grants will be awarded to HCBS providers to strengthen coordination between HCBS providers and mental health providers. These grant awards will be focused on strengthening care coordination in community-based settings.

III. Piloting of New Services to Promote, Expand, and Enhance HCBS

The investments in this section are pilot projects that will be explored in order to reduce the amount of time an individual is waiting for services and to trial new delivery models.

New Name: Diversion $2,000,000

Third Quarter YR2 Update: The scope and timing of this project remains as originally submitted.

Second Quarter YR2 Update: NH is awaiting final approval from the Year 2 Q1 Spending Plan resubmitted in September 2022 on this initiative.

First Quarter YR2 Update: NH is still finalizing our alternative as outlined below in the Y1 Quarter three. update.

Fourth Quarter Update: This project continues to be on track for years 2 and 3.

Third Quarter Update: New Hampshire received technical assistance from CMS regarding methods for implementing a presumptive eligibility pilot project. New Hampshire is in development of an alternative that can be implemented within the HCBS ARPA spending timeframes. The state is crafting a pilot model on which it will seek additional technical assistance from CMS to further support New Hampshire citizens receiving timely care in the community and avoid institutionalization. This project will be realized in Years 2 and 3.

Goal: NH is proposing an alternative as moving forward with presumptive eligibility is not possible at this time. NH proposes to strengthen diversion efforts for individuals who are aging, yet do not currently meet the financial and/or medical eligibility for NH's 1915c waiver. NH proposes providing funding to the home health and home delivered meals program to individuals that currently do not meet Medicaid financial and/or medical eligibility, in an effort to expand and enhance HCBS to enable people to remain at home longer, lessen reliance on Medicaid, and divert from institutions. Often by the time, the individual is eligible to receive services through Medicaid they require institutional level of care as they have progressed beyond the level of care that HCBS can provide. Our focus is looking to see what is needed to keep an individual at home and provide some of the "preventative services" that enable people to remain safely in their own home, cared for by family and friends

Sustainability: Initial pilot will be used with reinvestment dollars. Depending on the outcome and population served, NH may consider applying for a 1915i SPA for this population or look to identify other funding sources. NH will not seek federal financial participation.

Stakeholder support: AARP, AHA, NH State Commission on Aging, Commissioner

Authority: CMS approval and NH legislative authorization

Timing: Year 2-4

NH will expand its Meals on Wheels via contracts with existing providers for increased access and services in an effort to support diversion strategies from institutional settings, enabling people to age in place in their home. Some of the population may be eligible for Medicaid but have not applied for it, or haven't been found eligible for HCBS 1915c waiver. These are individuals who, without support to remain in their home, will eventually be eligible for nursing facility level of care, covered by Medicaid funds. This strategy seeks to delay the admission to a nursing facility; enabling people to age in place for as long as they are able to safely. However, since these individuals are not yet eligible for Medicaid, NH is trying to lengthen the time a person can continue to remain at home by receiving HCBS services. The scope for this initiative is for the home health and delivered meals. If at any time New Hampshire determines that the

scope for this initiative will need to expand, approval shall requested through future quarterly reports prior to implementation. The funds for this initiative will not duplicated or supplant what is funded through any other programs. NH intends to provide home health and home delivered meals to NH residents served by the Old Age Assistance and Title XX Social Service Block Grant program providers. Home health Services are listed in Appendix B. Home Delivered Meals are not listed in Appendix B. This proposal would not provide a full nutrition regiment. Meals on Wheels would deliver one meal a day (it would not be a full days' worth of nutritional meals). Our proposal does not cover any other room and board costs.

Fourth Quarter Update: This project continues to be on track for years 2 and 3.

Third Quarter Update: New Hampshire received technical assistance from CMS regarding methods for implementing a presumptive eligibility pilot project. New Hampshire is in development of an alternative that can be implemented within the HCBS ARPA spending timeframes. The state is crafting a pilot model on which it will seek additional technical assistance from CMS to further support New Hampshire citizens receiving timely care in the community and avoid institutionalization. This project will be realized in Years 2 and 3.

Program of All-Inclusive Care for the Elderly (PACE) or Dual Eligible Special Need Plan (D-SNP) Pilots: $3,000,000

Third Quarter YR2 Update The timing of this project remains as submitted

Second Quarter YR2 Update: This timing for implementation on this project continues to be in the latter part of Year 2 through Year 4.

First Quarter YR2 Update: This project will be implemented in latter part of Year 2 through Year 4.

Fourth Quarter Update: This project will be implemented in Year 3.

Third Quarter Update: This project will be implemented in Year 3.

Goal: New Hampshire is looking to develop experience in the integration of Medicare and Medicaid coverage to learn how that integration can help meet the overall needs of dual eligible beneficiaries and to do so in the community versus in institutional settings, whether it be an avoidable hospitalization or a stay in a nursing facility long-term.

Sustainability: Integration of the Medicare and Medicaid benefit with strong care coordination has the promise of a higher level of community-based care over institutionalization and the possibility to reduce costs within the state's managed care program.

Stakeholder support: AARP, Counties

Authority: SPA or waiver as needed

Timing: Year 2-3

PACE provides comprehensive medical and social services to certain frail, elderly individuals, most of whom are dually eligible for Medicare and Medicaid. An interdisciplinary team of health professionals provides PACE participants with coordinated care. D-SNP integrates the benefits under a Medicare Advantage Plan with the Medicaid Managed Care benefits, typically with social determinants of health supports and added benefits beyond those in an unintegrated platform.

Service Delivery Reform Enhanced Family Care: $750,000

Third Quarter YR2 Update: The scope of this initiative remains as submitted. The timing has been updated; year 2 has been planning and development with implementation in years 3 and 4. **Second Quarter YR2 Update:** The scope of this project remains as originally submitted

First Quarter YR2 Update: The scope and timing of this project remains as originally submitted.

Fourth Quarter Update: The scope and timing of this project remains as originally submitted.

Third Quarter Update: The scope and timing of this project remains as originally submitted.

Goal: To build statewide residential capacity for individuals that are living in staffed residences who may be able to step down to a lesser restrictive model based in the community.

Sustainability: Making caring for an individual in the community a sustainable model of care will allow more beneficiaries to remain in the community and is less expensive than institutional care.

Stakeholder support: Commissioner, AARP, Disability Rights Center, Community Support Network Inc.

Authority: Section 1915(c)

Timing: Year 2-Year 4 (updated from original projection)

The Enhanced Family Care Model (EFC) model of support (also known as Shared Living or Adult Foster Care) is a community-based support model that is less intensive then a staffed residence but provides more support than an independent living model. The EFC Model is an arrangement in which a contracted home care provider (HCP) opens his/her home to an eligible individual and the individual receives supports in the HCP's home. Within the EFC Model, an individual may receive very limited support or they may receive up to 24 hours, 7 days a week, as this model is individualized and is based on the person's specific needs.

The majority of residential support for individuals with Developmental Disabilities in NH is provided through this model (approx. 80%) The expansion of this model to the elderly and behavioral health populations will create capacity and step down options for those living in institutional or facility based settings, resulting in higher quality of life and reduced cost for supports.

Acquired Brain Disorder and/or Traumatic Brain Injury "Club House-Like Model" Pilot: $750,000

Third Quarter YR 2 Update: The scope and timing of this project remains the same as originally submitted. Request for Proposal is being completed and vendor selection will occur early in year 3.

Second Quarter YR2 Update: The scope and timing of this project remains as originally submitted

First Quarter YR2 Update: This project continues to be on track for years 2 and 3.

Fourth Quarter Update: The scope and timing of this project remains as originally submitted.

Third Quarter Update: The scope and timing of this project remains as originally submitted.

Goal: Provide greater opportunity for psychosocial rehabilitation for the Acquired Brain Disorder (ABD) and/or Traumatic Brain Injury (TBI) populations to support employment, housing tenancy, quality of life, and a higher level of wellness and functional status.

Sustainability: Higher level of functional and health status supports lower acuity. This pilot would expand on a similar model currently operating in the state. Estimated pilot of 12 supported members expected to serve up to 25. Ongoing funding may be sustained through NH State Medicaid Plan or 1915(c) ABD Waiver.

Stakeholder support: Commissioner, Area Agencies / Community Support Network Inc., Brain Injury Association, NH Brain and Spinal Cord Injury Advisory Council

Authority: Section: SPA and/or Waiver needed.

Timing: Year 2-3

This member-centered approach enables ABD/TBI survivors to participate in all aspects of their care, including design, planning, and implementation of services. This will be an integrated, social support center designed after a Club House model. Survivors participate in the establishment of policies, governance, and procedures used at the "Clubhouse." The Clubhouse design is unique because members and staff develop and implement daily activities together.

Group discussions and activities in the Clubhouse typically focus on variety of topics, such as understanding brain injury, the challenges of being a survivor, coping with one's own unique family circumstances, independent living, vocational skills, pursuing healthy lifestyles, improving communication and social skills, returning to work, recreation, arts and crafts, and participation in community projects and social events.

Improves access for all Medicaid: $2,000,000

Third Quarter YR2 Update: The scope and timing of this project remains as originally submitted

Second Quarter YR2 Update: The scope and timing of this project remains as originally submitted

Goal: Increase access to HCBS by making the application process for financial and medical eligibility more individual and family friendly. By making the process easier to access, more individuals will be able to access HCBS. Test pilot initiatives to increase access for Medicaid so people can access HCBS.

Sustainability: One time use of reinvestment dollars for initial work. Based on what is successful and makes the most significant impact, future efforts could be sustained with federal financial participation and/or Medicaid Administration. .

Stakeholder support: AARP, AHA, NH State Commission on Aging, Commissioner

Authority: TBD

Timing: Year 2-4

NH will work with a contractor to develop new Medicaid enrollment materials and processes aimed at increasing accessibility for families who may benefit from HCBS. NH will also pilot strategic initiatives to increase enrollment in HCBS such as Navigators, outreach and enrollment specialists. We will be targeting Medicaid enrolled and HCBS eligible individuals with this program, but it will not be exclusive to the Medicaid population.

Critical Incident reporting system: $2,000,000 initial estimate

Third Quarter YR2 Update: The scope and timing of this project remains as originally submitted

Second Quarter YR2 Update: The scope and timing of this project remains as originally submitted

Goal: To create an electronic system that interfaces with Program Integrity to leverage and expand the Sentinel Event and Critical Incident Management progress.

Sustainability: One time investment

Stakeholder support: Bureau of Program Quality and Integrity, Bureau of Information Services, and DLTSS

Authority: 1915 (c)

Timing: Year 2-5

EVV grants for providers: $1,000,000 initial estimate

Third Quarter YR2 Update: The scope and timing of this project remains as originally submitted

Second Quarter YR2 Update: The scope and timing of this project remains as originally submitted

Goal: One time grants (matching) for providers to comply with EVV in an effort to maintain and strengthen the HCBS provider network. Grants will not supplant other efforts for EVV.

Sustainability: These are one-time reinvestment funds. NH will not be seeking federal financial participation for this program.

Stakeholder support: AmeriHealth Caritas NH, Ascentria Care Alliance, Auntie Reen Enterprise LLC, Centene-NH Healthy Families, Community Support Network Inc (CSNI), Concord Regional VNA, DHHS, DoIT, Granite State Independent Living (GSIL), GSIL Consumer Advisory Council, Home Care, Hospice & Palliative Care Alliance of New Hampshire, Lakes Region Community Services, NH Brain Injury Association, NH State Family Support Council, Nurse PRN Inc-Silvertouch, Private Provider Network (PPN), and Wellsense Health Plan.

Authority: 1915 (c), 1915 (i)

Timing: Year 2-3

The Department will provide one-time grants to providers who need equipment to comply with EVV. Grants will enable providers to purchase one-time equipment to come into compliance with EVV, or to make other qualifying one-time purchases that will enable them to reach compliance.

CFI IT Investment: $910,000 initial estimate

Third Quarter YR2 Update: The scope and timing of this project remains as originally submitted

Second Quarter YR2 Update: The scope and timing of this project remains as originally submitted

Goal: Automate functions in New HEIGHTS to improve timeliness of decisions.

Sustainability: One-time funds

Stakeholder support: NHLA

Authority: 1915 (c)

Timing: Year 2-4

IV. Third Quarter YR2 Spending Plan Updated Projections

Attached to this third Quarter YR2 Update as Appendix A are the updated spending projections for New Hampshire's HCBS plan.

V. Stakeholder Engagement

New Hampshire is grateful for the commitment of our stakeholders. We continue to receive feedback from many advocacy groups, provider representatives/associations, and providers. There were a number of common themes we heard from our stakeholders. Chief among them were the need for workforce support, incentives, and development as well as expansion or amendments to existing programs for services that allow New Hampshire residents to remain in their homes safely.

Appendix A

Appendix A								
				FFY 21	**FFY 21**	**FFY 22**	**FFY 22**	
Calculation of 10%				**QE 6/2021**	**QE 9/2021**	**QE 12/2021**	**QE 3/2022**	**Total**
Regular HCBS Total Computable				140,182,254	127,481,155	137,990,782	161,442,226	567,096,417
New Workforce Retention Pmts Total Computable							42,338,618	42,338,618
State Share				47,381,602	43,088,630	46,640,884	54,567,472	191,678,589
Federal Share				92,800,652	84,392,525	91,349,898	106,874,754	375,417,828
HCBS FMAP Increase				14,018,225	12,748,116	13,799,078	16,144,223	56,709,642
Spending Plan								
				actual	actual	actual	actual	
Year 1				**FFY 21**	**FFY 21**	**FFY 22**	**FFY 22**	
				QE 6/2021	**QE 9/2021**	**QE 12/2021**	**QE 3/2022**	**Total**
initiative Name	**Spending Authority**	**FFP eligible**	**Total FMAP %**					
Workforce Recruitment/Retention - Directed Payment [1]							27,869,342	27,869,342
Workforce Recruitment/Retention	1915c, FFS, MCO	Yes	66.20%				42,338,618	42,338,618
Subtotal				-	-	-	70,207,960	70,207,960
State Share (Reinvestment Funds)				-	-	-	14,310,453	14,310,453
Federal Share				-	-	-	28,028,165	28,028,165
Amount Reinvestment Funds Remaining								42,399,189

				actual	actual	actual	Projection	
Year 2				**FFY 22**	**FFY 22**	**FFY 23**	**FFY 23**	
				QE 6/2022	**QE 9/2022**	**QE 12/2022**	**QE 3/2023**	**Total**
initiative Name	**Spending Authority**	**FFP eligible**	**Total FMAP %**					
Workforce Recruitment/Retention	1915c, FFS, MCO	Yes	56.20%	614,153	4,581,451			5,195,604
CFI Environmental Modifications	1915C	Yes	56.20%	-				-
School Based and Early Support Services [2]	1915c, FFS, MCO	No - reinvestment funds only	0.00%	1,117,156	744,770			1,861,926
Presumptive Eligibility	FFS	No - reinvestment funds only	0.00%				500,000	500,000
Subtotal				1,731,309	5,326,221	-	500,000	7,557,530
State Share				1,386,155	2,751,446	-	500,000	4,637,601
Federal Share				345,154	2,574,775	-	-	2,919,929
Amount Reinvestment Funds Remaining								37,761,588

				Projection	Projection	Projection	Projection	
Year 3				**FFY 23**	**FFY 23**	**FFY 24**	**FFY 24**	
				QE 6/2023	**QE 9/2023**	**QE 12/2023**	**QE 3/2024**	**Total**
initiative Name	**Spending Authority**	**FFP eligible**	**Total FMAP %**					
Workforce Recruitment/Retention	1915c, FFS, MCO	Yes	50.00%	627,319	627,319	627,319	627,319	2,509,275
Presumptive Eligibility	FFS	No - reinvestment funds only	0.00%	375,000	375,000	375,000	375,000	1,500,000
Case Management Training	1915c, FFS, MCO	Yes - admin only	50.00%	125,000	125,000	125,000	125,000	500,000

HCBS Training	1915c, FFS, MCO	Yes - admin only	50.00%	1,875,000	1,875,000	1,875,000	1,875,000	7,500,000
Integrated Healthcare Clinic	1915c, 1915i(FFS)	Yes	56.20%	1,150,000	1,150,000	1,150,000	1,150,000	4,600,000
Housing - DD/ITS	1915c, 1915i(FFS)	No - reinvestment funds only	0.00%	1,250,000	1,250,000	1,250,000	1,250,000	5,000,000
HCBS Settings Grants to Providers	1915c	No - reinvestment funds only	0.00%	250,000	250,000	250,000	250,000	1,000,000
Dual Diagnosis Supports	1915c, 1915i(FFS)	No - reinvestment funds only	0.00%	250,000	250,000	250,000	250,000	1,000,000
PACE	1915c	Yes	50.00%	750,000	750,000	750,000	750,000	3,000,000
Service Delivery Reform	1915c	Yes	50.00%	187,500	187,500	187,500	187,500	750,000
ABD Club House Like Model	1915c	Yes	50.00%	93,750	93,750	93,750	93,750	375,000
Improved Access	1915c, FFS, MCO	Yes - admin only	50.00%	250,000	250,000	250,000	250,000	1,000,000
Critical incident reporting system	1915c	Yes	50.00%	250,000	250,000	250,000	250,000	1,000,000
EVV grants to providers	1915c, 1915i(FFS)	No - reinvestment funds only	0.00%	250,000	250,000	250,000	250,000	1,000,000
CFI IT		Yes - admin only	90.00%	227,500	227,500	227,500	227,500	910,000
Subtotal				7,911,069	7,911,069	7,911,069	7,911,069	31,644,275
State Share				4,899,106	4,975,570	5,006,156	4,980,734	19,861,566
Federal Share				3,011,963	2,935,499	2,904,913	2,930,334	11,782,709
Amount Reinvestment Funds Remaining								17,900,021
				Projection	Projection	Projection	Projection	
Year 4				**FFY 24**	**FFY 24**	**FFY 25**	**FFY 25**	
				QE 6/2024	**QE 9/2024**	**QE 12/2024**	**QE 3/2025**	**Total**

initiative Name	Spending Authority	FFP eligible	Total FMAP %					
Workforce Recruitment/Retention	1915c, FFS, MCO	Yes	50.00%	627,319	627,319	627,319	627,319	2,509,274
Presumptive Eligibility	FFS	No - reinvestment funds only	0.00%	-	-	-	-	-
Case Management Training	1915c, FFS, MCO	Yes - admin only	50%	125,000	125,000	125,000	125,000	500,000
HCBS Training	1915c, FFS, MCO	Yes - admin only	50%	1,875,000	1,875,000	1,875,000	1,875,000	7,500,000
Integrated Healthcare Clinic	1915c, 1915i(FFS)	Yes	50%	-	-	-	-	-
Housing - DD/ITS	1915c, 1915i(FFS)	No - reinvestment funds only	0%	1,250,000	1,250,000	1,250,000	1,250,000	5,000,000
HCBS Settings Grants to Providers	1915c	No - reinvestment funds only	0%	250,000	250,000	250,000	250,000	1,000,000
Dual Diagnosis Supports	1915c, 1915i(FFS)	No - reinvestment funds only	0%	250,000	250,000	250,000	250,000	1,000,000
PACE	1915c	Yes	50%	-	-	-	-	-
Service Delivery Reform	1915c	Yes	50%	-	-	-	-	-
ABD Club House Like Model	1915c	Yes	50%	93,750	93,750	93,750	93,750	375,000
Improved Access	1915c, FFS, MCO	Yes - admin only	50%	250,000	250,000	250,000	250,000	1,000,000
Critical incident reporting system	1915c	Yes	50%	250,000	250,000	250,000	250,000	1,000,000
EVV grants to providers	1915c, 1915i(FFS)	No - reinvestment funds only	0%	-	-	-	-	-
CFI IT		Yes - admin only	90%	-	-	-	-	-
Subtotal				4,971,069	4,971,069	4,971,069	4,971,069	19,884,274
State Share				3,360,534	3,360,534	3,360,534	3,360,534	13,442,137

Federal Share				1,610,534	1,610,534	1,610,534	1,610,534	6,442,137
Amount Reinvestment Funds Remaining								4,457,884

[1] This directed payment was made during QE 3/31/2022, but was not paid from the 10% earned. It was incorporated into the Capitation rates paid to the MCO each quarter.

[2] The original Medicaid to Schools Expenditures were claimed at 66.2%. This payment represents the payment of the additional 10% earned back to the schools.

No additional federal funds were reported.