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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
*DIVISION OF LONG TERM SUPPORTS AND SERVICES*

Lori A. Weaver
Commissioner

Melissa A. Hardy
Director

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September 22, 2023

The Honorable Ken Weyler, Chairman
Fiscal Committee of the General Court and

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, NH 03301

**REQUESTED ACTION**

1. Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division for Long Term Supports and Services to amend Fiscal Committee item FIS 21-379, approved on December 17, 2021, and Governor and Council item #16, approved on December 22, 2021, as amended by Fiscal Committee item FIS 23-030, approved on January 27, 2023, Governor and Council item #15, approved on February 8, 2023, Fiscal Committee item FIS 23-167, approved on May 19, 2023, and Governor and Council item #161, approved on May 31, 2023, to reallocate federal funds in the amount of $16,088,067 to expense class 102 – Contracts for Program Services, for the performance of work associated with Section 9817 funding based on additional federal medical assistance percentage (FMAP) earnings made available to states on services related to Home and Community Based Services (HCBS), effective upon Fiscal Committee and Governor and Executive Council approvals through March 31, 2025. Funding source: 100% Federal Funds.

2. Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division for Long Term Supports and Services to accept and expend funds in the amount of $33,746,013 for the performance of work associated with Section 9817 funding based on additional FMAP earnings made available to states on services related to HCBS, effective upon Fiscal Committee and Governor and Executive Council approvals through March 31, 2025. Funding source: 100% Federal Funds.

**05-095-093-930010-26060000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS; HHS: DLTSS-DIV OF DEVELOPMENTAL SERVICES; DEVELOPMENTAL SERVICES; HCBS ENHANCED FMAP – ARP**

| Class/Object | Class Title | Current Adjusted Authorized Budget | Increase/ (Decrease) Amount | Revised Budget |
|---|---|---|---|---|
| **Revenue** | | | | |
| 000-403793 - 16 | Federal Funds | $23,489,973 | $33,746,013 | $57,235,986 |
| | General Funds | $0 | $0 | $0 |
| **Total Revenue** | | **$23,489,973** | **$33,746,013** | **$57,235,986** |
| **Expense** | | | | |
| 041-500801 | Audit Fund Set Aside | $42,084 | $15,110 | $57,194 |
| 050-500109 | Personal Temp | $10,139 | $85,572 | $95,711 |

| | | | | |
|---|---|---|---|---|
| 060-500601 | Benefits | $776 | $6,313 | $7,089 |
| 102-500731 | Contracts for Program Services | $7,348,907 | $49,727,085 | $57,075,992 |
| 502-500891 | Payments to Providers | $16,088,067 | ($16,088,067) | $0 |
| | **Total Expense** | **$23,489,973** | **$33,746,013** | **$57,235,986** |

## EXPLANATION

The Department is requesting to accept and expend and reallocate appropriations associated with American Rescue Plan Act (ARPA) funding based on additional FMAP earnings made available to states on services related to HCBS currently being provided. HCBS services are those services that support individuals to receive necessary services to live safely in the community and include, but are not limited to: personal care, day habilitation, private duty nursing, residential services, community integration supports, and case management/service coordination. ARPA requires that these funds be used to promote, expand, improve, and enhance HCBS and specifies that the funding cannot be used to supplant funds for current efforts. As of June 30, 2023, the Department has released $49,817,535 of the ARPA reinvestment funds to HCBS providers that provide services. In addition, $27,751,891 of directed payments were disbursed thus far through the Managed Care Contracts for HCBS workforce investments that qualify under the ARPA provisions for state plan services.

The Department has approximately $57M in additional funds to be utilized through March 31, 2025. The Department has submitted multiple initiatives for approval by Centers for Medicare & Medicaid Services (CMS) focused on workforce, improved access to services, and piloting of new services that promote, expand, or enhance HCBS in accordance with CMS guidance. These initiatives include, but are not limited to:

1. Workforce Recruitment and Retention - funds available to HCBS providers for efforts that focus on recruitment, retention and training strategies in an effort to strengthen services;
2. Development of Training - funds will enable the Department to work with HCBS providers to develop standardized trainings for specific sectors and populations;
3. Housing- Developmental Disability, Intensive Treatment Services and Individuals experiencing Homelessness - one-time funding to providers 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; and
4. Program of All-Inclusive Care for the Elderly (PACE) - exploring the feasibility of developing this model or a similar model to integrate Medicaid and Medicare coverage to meet the overall needs of this population.

The Department's updated plan can be found on our website at https://www.dhhs.nh.gov/programs-services/adult-aging-care/arpa-spending-plan-home-and-community-based-services.

The funds are to be budgeted as follows:

Funds in class 041, Audit Fund Set Aside, for financial and compliance audits.

Funds in class 050, Personal Services Temp, for one (1) part-time temporary position titled Program Specialist III (LG 23), working on the Development of an Integrated Health Care Clinic for Individuals Experiencing Homelessness project.

Funds in class 060, Benefits, for the benefits for the part-time staff person.

Funds in class 102, Contracts for Program Services, for Department contracts that involve the performance of work associated with Section 9817 funding approved initiatives.

The following is provided in accordance with the Budget Officer's instructional memorandum, dated April 17, 1985, in support of the requested actions:

1. Does the transfer involve continuing programs or one-time projects?
   Transfer is for HCBS services and improvements are an eligible use of ARPA HCBS funds because they enhance, expand, or strengthen HCBS. The transfer is for one-time projects.

2. Is this transfer required to maintain existing program level or will it increase program level?
   Transfer is for HCBS services and improvements are an eligible use of ARPA HCBS funds because they enhance, expand, or strengthen HCBS. This transfer is to increase program level.

3. Cite any requirements, which make this program necessary.
   The contracts are to be supported 100% by Federal Funds through Section 9817 funding based on additional FMAP earnings made available to states on services related to HCBS.

4. Identify the source of funds on all account listed on this transfer.
   100% Federal Funds.

5. Will there be any effect on revenue if this transfer is approved or disapproved?
   DHHS draws the revenue based on actual expenditures. The transfer will not have any effect on revenues to be drawn for actual expenditures.

6. Are funds expected to lapse is this transfer is not approved?
   General Funds will not lapse; however, we will not be able to spend enhanced FMAP that we have already earned.

7. Are personal services involved?
   The prior transfer funded a part-time position that is already established in the Department in order to put efforts towards certain HCBS services and improvements initiatives.

In the event that these Federal Funds are no longer available, General Funds will not be requested to support this program.

Respectfully Submitted,

Lori A. Weaver
Commissioner

**Division of Long Term Supports and Services**
**Section 9817 funding based on additional federal medical assistance percentage (FMAP) earnings**

**Fiscal Situation: Account 05-95-93-930010-26060000**

| | |
|---|---|
| **Agency Income:** | |
| Reinvestment Amount | $56,709,642.00 |
| Estimated Federal Share [1] | $50,343,880.00 |
| **Total Funds Available** | **$107,053,522.00** |
| SFY 22 Expenses | ($44,098,352.00) |
| SFY 23 Expenses | ($5,719,183.00) |
| **Prior Fiscal Year Expenses** | **($49,817,535.00)** |
| SFY 2023 Adjusted Authorized Appropriations | ($23,489,974.00) |
| **Total Appropriations** | **($23,489,974.00)** |
| Net Grant Funds Remaining | $33,746,013.00 |
| **This Request** | **$33,746,013.00** |

[1] Estimated Federal Share based on the projected timing of spend relative to the phase down of FMAP enhancements are phased out throughout 2023 on the following basis:

- Q1 2023: 6.2 percentage point enhancement
- Q2 2023: 5 percentage point enhancement
- Q3 2023: 2.5 percentage point enhancement
- Q4 2023: 1.5 percentage point enhancement
- Starting Q1 2024, normal FMAP levels will apply

Full legislative text of the 2023 Consolidated Appropriations Act:
https://www.appropriations.senate.gov/imo/media/doc/JRQ121922.PDF

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Disabled and Elderly Health Programs Group

June 13, 2023

Henry D. Lipman
Medicaid Director
Department of Health and Human Services
Division of Medicaid Services
129 Pleasant Street
Concord, NH 03301

Dear Director Lipman:

We are pleased to inform you that New Hampshire's federal fiscal year 2023 quarter 4 spending plan and narrative continue to meet the requirements set forth in the May 13, 2021, Centers for Medicare & Medicaid Services (CMS) State Medicaid Director Letter (SMDL) # 21-003 and SMDL # 22-002. New Hampshire can begin implementing all of the activities in the spending plan and narrative and qualifies for a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS) under section 9817 of the American Rescue Plan Act of 2021 (ARP). We have approved the temporary 10 percentage point increase to the state's FMAP for certain Medicaid HCBS listed in Appendix B of SMDL # 21-003. The increased FMAP is available for qualifying expenditures between April 1, 2021, and March 31, 2022.

Full approval of the spending plan and narrative is conditioned upon the state's continued compliance with program requirements as stated in SMDL # 21-003 and SMDL # 22-002. These requirements are in effect as of April 1, 2021, and continue until the state has fully expended the funds attributable to the increased FMAP.

It is important to note that CMS approval of the spending plan and narrative solely addresses the state's compliance with the applicable requirements set forth under section 9817 and fulfillment of the requirements as stated in SMDL # 21-003 and SMDL # 22-002. This spending plan approval does not constitute approval for purposes of claiming federal financial participation (FFP). Approval of any activity in your state's spending plan does not provide approval to claim FFP for any expenditures that are not eligible for FFP. States must continue to comply with all existing federal requirements for allowable claims, including documenting expenditures and draws to ensure a clear audit trail for the use of federal funds reported on the Form CMS-37 Medicaid Program Budget Report and the Form CMS-64, Quarterly Medicaid Statement of Expenditures.

States should follow the applicable rules and processes for section 1915(c) waivers, other Medicaid HCBS authorities, including state plan amendments and section 1115 demonstrations, and other managed care authorities (as applicable), if they are making changes to an HCBS program and intend to use state funds equivalent to the funds attributable to the increased FMAP to pay the state share of the costs associated with those changes. CMS is available to provide

continued technical assistance to states when implementing changes to HCBS programs under this provision. Furthermore, states should follow the applicable rules and processes for claiming FFP for Medicaid administrative costs, including, if necessary, updating the state's Public Assistance Cost Allocation Plan to reference methodologies, claiming mechanisms, interagency agreements, and other relevant issues that will be used when claiming and appropriately allocating costs.

**General Considerations**

As part of this approval, CMS is noting the following:

- CMS expects your state to notify CMS as soon as possible if your state's activities to enhance, expand, or strengthen HCBS under ARP section 9817:
  - Are focused on services other than those listed in Appendix B or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If any activities are not directly related to the services listed in Appendix B or services that could be listed in Appendix B, please explain how those activities enhance, expand, or strengthen HCBS under Medicaid;
  - Are focused on services delivered in Institutions for Mental Diseases (IMD) or other institutional settings, providers delivering services in IMDs or other institutional settings, or other activities implemented in IMDs or other institutional settings (which CMS would not find to be a permissible use of funds, unless the state can demonstrate that the activity supports institutional diversion or community transition or otherwise supports the intent of ARP section 9817);
  - Include room and board (which CMS would not find to be a permissible use of funds); and/or
  - Include activities other than those listed in Appendices C and D.

  ***CMS will need additional information before it can determine whether any of those activities or uses of funds are approvable under ARP section 9817.***
- HCBS provider pay increases funded through the 10 percent temporary increased FMAP will require an updated rate methodology. For section 1915(c) waiver programs, states are required to submit a waiver amendment for any rate methodology change. If retrospective approval will be required, the state should make the change in the Appendix K application.
- Consistent with regulations at 42 C.F.R. § 447.252(b), the state plan methodology must specify comprehensively the methods and standards used by the agency to set payment rates. The state plan methodology must be comprehensive enough to determine the required level of payment and the FFP to allow interested parties to understand the rate setting process and the items and services that are paid through these rates. Claims for federal matching funds cannot be based upon estimates or projections. The reimbursement methodology must be based upon actual historical utilization and actual trend factors.
- States providing HCBS through a managed care delivery system must comply with applicable federal requirements, including 42 C.F.R. part 438. States must also ensure that appropriate authority is granted for the services and activities to be covered as well as to deliver such services and activities through a managed care delivery system. Additionally, states will need to assess implications for its managed care plan contracts and actuarially sound capitation rates in order to operationalize any programmatic changes. States that seek

to contractually require their managed care plans to increase HCBS provider payments must adhere to federal requirements for state directed payments in accordance with 42 C.F.R. § 438.6(c), including prior approval as required. CMS is available to provide technical assistance to states related to these requirements.

- If your state is reducing reliance on a specific type of facility-based or congregate service and increasing beneficiary access to services that are more integrated into the community, your state should be clear with stakeholders in your state's stakeholder engagement activities, as well as in submissions to CMS of required ARP section 9817 spending plans and narratives and any resulting waiver or state plan amendments, about how these changes enhance the availability of integrated services in the specific waiver or state plan, and offset any reductions in previously covered services, in compliance with the home and community-based settings criteria or other efforts to increase community integration.
- Please note that, if your state is reducing or eliminating a waiting list for a section 1915(c) waiver program as part of the state's activities to enhance, expand, or strengthen HCBS under ARP section 9817, the state cannot use the funds attributable to the increased FMAP to pay for approved capacity as of April 1, 2021. The state must increase the Factor C to establish additional waiver slots and can only use the funds attributable to the increased FMAP to pay for services for individuals who are newly enrolled in the waiver program directly as a result of the increase in Factor C. However, under certain conditions, CMS may make an exception and approve the use of the funds attributable to the increased FMAP to increase waiver capacity in order to reduce waiting lists in states that can document that they had a state limit on waiver slots that was below the number of slots approved by CMS. States should contact HCBSincreasedFMAP@cms.hhs.gov if they have questions related to this.

  CMS is also clarifying that, if your state increases the number of section 1915(c) waiver slots and enrolls additional individuals who are not already Medicaid eligible into the waiver program as a result, the state will have an increase in non-HCBS Medicaid expenditures as a result of the increase in waiver program enrollment. In this situation, the state can use the funds attributable to the increased FMAP to pay for community-based Medicaid expenditures, including community-based state plan services not listed in Appendix B, for individuals who become Medicaid eligible because of the state increase in the number of waiver slots as part of a state's activities to expand, enhance, or strengthen HCBS under ARP section 9817. However, your state cannot use the funds attributable to the increased FMAP to pay for institutional services for those individuals; as this would be inconsistent with the intent of ARP section 9817. Your state should clearly indicate in the spending plan and narrative if the state is using the funds attributable to the increased FMAP to pay for community-based state plan services not listed in Appendix B for individuals who become Medicaid eligible because of the increase in the number of waiver slots.

**Other Information Related to the State's Spending Plan and Narrative Submissions**

Effective June 3, 2022, states are only required to submit an HCBS spending narrative semi-annually (every other quarter), rather than quarterly; HCBS spending narratives are due 75 days before the start of every other federal fiscal quarter until the state's funds in an amount equivalent to the enhanced FMAP received by the state have been expended. Please note the

frequency for submitting the HCBS spending plan is not changing. States must continue to submit an HCBS spending plan 75 days prior to the beginning of each federal fiscal quarter until the state's funds in an amount equivalent to the enhanced FMAP received by the state have been expended.

New Hampshire's next spending plan and spending narrative are due July 18, 2023. Please refer to SMDL # 21-003 and SMDL # 22-002 for information on the reporting process.

Your state's spending narrative submissions should:

- Describe how the state intends to sustain the activities it is implementing to enhance, expand, or strengthen HCBS under the Medicaid program including how the state intends to sustain its planned provider payment increases;
- Provide information on the amount or percentage of any rate increase or additional payment per provider and the specific Medicaid authorities under which the state will be making those rate changes or payments, if applicable;
- Clearly indicate if your state has or will be requesting approval for a change to an HCBS program and be specific about which HCBS program, which authority it operates under, and when you plan to request the change;
- Clearly indicate whether your state plans to pay for capital investments or ongoing internet connectivity costs as part of any activity to enhance, expand, or strengthen HCBS. Capital investments and ongoing internet connectivity costs are permissible uses of funds to enhance, expand, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how capital investments and ongoing internet connectivity costs would enhance, expand, or strengthen HCBS and ensure that capital investments will result in settings that are fully compliant with the home and community-based settings criteria. Further, approval of capital investments and ongoing internet connectivity costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP;
- Provide updated information (as appropriate) on the status and details of the state's proposed activities to enhance, expand, or strengthen HCBS; and
- Make other revisions needed to: update or modify the state's planned activities to enhance, expand, or strengthen HCBS; and report on the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS.

Your state's spending plan submissions should:

- Provide projected and actual spending amounts for each of the state's planned activities to enhance, expand, or strengthen HCBS. In those projections, clearly identify if the state intends to draw down FFP for any activities, as well as the amount of state and federal share for any activities for which the state plans to claim FFP and whether those activities will be eligible for the HCBS increased FMAP under ARP section 9817;
- Update the amount of funds attributable to the increase in FMAP that the state has claimed and/or anticipates claiming between April 1, 2021, and March 31, 2022; and
- Update anticipated and/or actual expenditures for the state's activities to enhance, expand, or strengthen HCBS under the state Medicaid program from April 1, 2021, and until the state funds equivalent to the funds attributable to the increased FMAP are fully expended.

We extend our congratulations on this approval and look forward to working with you further throughout the implementation of ARP section 9817. Programmatic and financial questions and spending plan and narrative questions for section 9817 of the ARP can be submitted to HCBSincreasedFMAP@cms.hhs.gov.

Sincerely,

Jennifer Bowdoin
Director, Division of Community Systems Transformation

cc: Alyssa Cohen, Abigail Conger, Melissa Hardy, and Jordan McCormick

# Year 2 Q4 FY23 Semi-Annual Spending Plan for Implementation of the American Rescue Plan Act of 2021, Sect. 9817

January 2023
revised April
2023

## New Hampshire
## Semi-Annual HCBS Spending Narrative
## Q4 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.**

# Year 2 Q4 FY23 Semi-Annual Spending Plan for Implementation of the American Rescue Plan Act of 2021, Sect. 9817

New Hampshire
Semi-Annual HCBS Spending Narrative
Q4 FY 23 Update

## 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.

## Fourth Quarter Year 2 Update

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

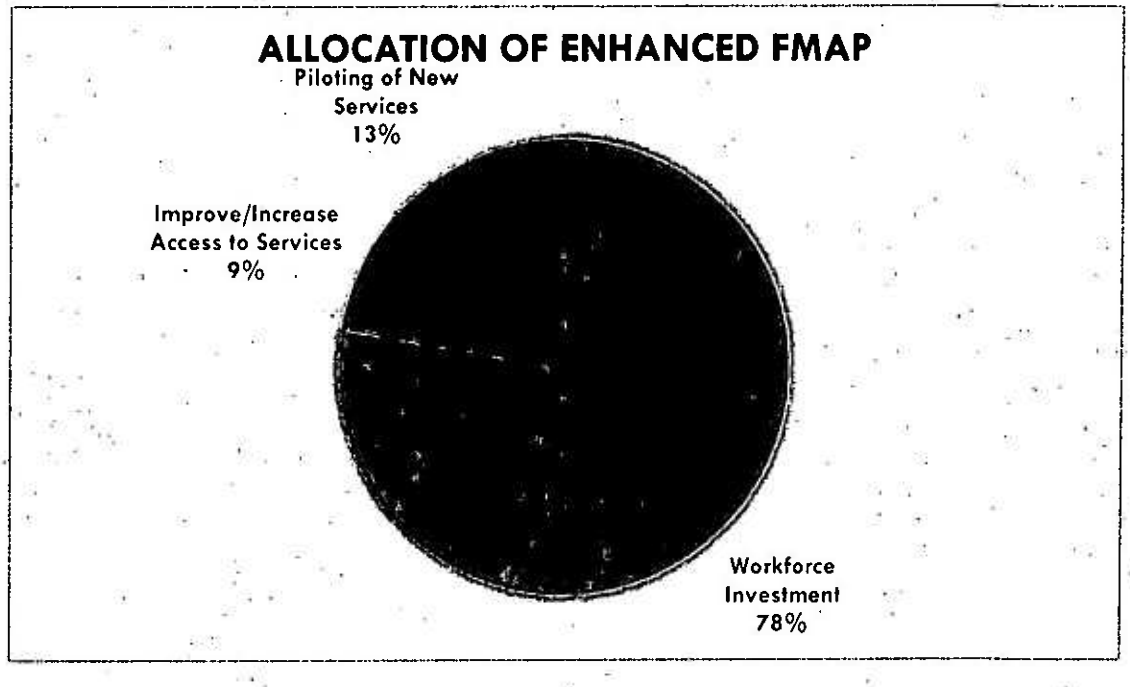
The fourth quarter in year two was focused on procurement activities. Procurement is underway for multiple initiatives. The Request for Proposal has been published for the remainder of Workforce Recruitment and retention dollars with the intention to develop and implement new and innovative workforce solutions, statewide, to increase recruitment and retention of the Home and Community Based Services (HCBS) direct care workforce. The Request for Proposal for the Clubhouse Model Pilot for individuals with Brain Injury and TBI has been published with the intention to provide a greater opportunity for psychosocial rehabilitation for individuals with Acquired Brain Disorder (ABD) and/or Traumatic Brain Injury (TBI), which will provide support in seeking and maintaining employment, and maintaining a higher level of physical and emotional wellness and functional status. This individual-centered approach enables individuals living with ABD/TBI to participate in all aspects of their care, including design, planning, and implementation of services.

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 17, 2023: New Hampshire submitted Year 2 Q3 Spending Plan and Narrative to CMS.
- March 6, 2023: New Hampshire revised the Year 2 Q2 Spending Narrative to include additional clarify information requested by CMS.
- April 5, 2023: TBI / ABD Clubhouse Model Pilot RFP published – close date May 8, 2023
- April 7, 2023: Workforce Recruitment and Retention Strategies for Home and Community Based Care RFP published – close date May 16, 2023.

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

**Fourth Quarter YR2 Update:** This initiative is complete

**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.

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

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]

**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

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

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

**Fourth Quarter YR2 Update:** Request for Proposal was published on April 7, 2023 for the remaining $4.4 M of this investment. The spent $5.5M went out in quarter ending June 20, 2022 and September 20, 2022 at the same time as the HCBS Workforce Investments and Payment Enhancement Initiatives. This investment will also focus on apprenticeships through community colleges.

**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

**Fourth Quarter YR2 Update:** Request for Proposal for this initiative is drafted and under review. Target for publication will be May 1, 2023.

**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

**Fourth Quarter YR2 Update:** Projects that are within the scope of this item include training dollars that are allocated for person centered planning, direct support professional certification through NADSP, intensive treatment services and behavioral health initiatives.

**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 without the use of these funds, which have been redirected in this plan. Complete.

**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

**Fourth Quarter YR2 Update:** Part time position has been posted. Once the position is filled, work to identify how to move this and Medical respite for this population will begin.

**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

**Fourth Quarter YR2 Update:** Request for Proposal has been drafted and is under review. Target for publication will be May 1, 2023.

**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

**Fourth Quarter YR2 Update:** Request for Proposal has been drafted and is under review. Target for publication will be May 1, 2023.

**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

**Fourth Quarter YR2 Update:** The timing and scope of this project remains as originally submitted. Development of scope for procurement process is underway.

**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**

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

**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**

**Fourth Quarter YR2 Update:** The timing and scope of this project remains as originally submitted. The RFP is in draft and target for publication will be July 1, 2023.

**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**

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

**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**

**Fourth Quarter YR2 Update:** Request for Proposal was published on April 5, 2023 and closes on May 8, 2023.

**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**

**Fourth Quarter YR2 Update:** The timing and scope of this project remains as originally submitted. The workgroup has begun meeting to identify barriers and strategies to improve access. This investment requires legislation, procurement and development of a position. Legislation has passed to implement this project, next step is to develop scope for procurement.

**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

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

**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

**Fourth Quarter YR2 Update:** The request for Grant Application (RGA) has been drafted and is under review. The RGA is in draft and target for publication will be May, 2023.

**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, $5,000,000.000 updated estimate

**Fourth Quarter YR2 Update:** The scope has been expanded as follows: The Department will amend its contract with an IT vendor to complete this work, which is anticipated to occur on or before June 30, 2025, to maintain an online portal for providers, case managers, navigators and other long-term care service providers to enable them to easily monitor, identify and access available home and community based long-term care services and supports for older adults and adults with disabilities. The Department will add functionality, and tracking to improve service plan management and quality monitoring for participants of the Choices for Independence HCBS Waiver. In addition, on or before June 30, 2025, the intention is to create a public facing online dashboard to track home and community-based waiver services data, including, but not limited to, results of any performance measurement assessments, waiver services authorized but not paid, current wait times for receiving waiver services and the

number of people from institutionalized care into the community. The estimated cost has been increased from $910,000 to $5,000,000 based on review of updates.

**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. Fourth Quarter YR2 Spending Plan Updated Projections

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

- Total dollar amount of the 10% increase to the FMAP claimed for HCBS services between April 1, 2021 and March 31, 2022 (including any reinvestment amount) **$87,882,536**
- Total amount of the funds attributable to the 10% increase to the FMAP expended to date **$18,611,072**
- Anticipated/expected date of when the ARP funds will be fully expended **3/31/2025**

# 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 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**Year 2 Q4 FY23 Semi-Annual Spending Plan for Implementation of the American Rescue Plan Act of 2021, Sect. 9817**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Actual | Actual | Actual | Actual | |
| 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 | 4,981,451 | | | 5,595,604 |
| 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 | 732,588 | | | 1,849,744 |
| Presumptive Eligibility | FFS | No - reinvestment funds only | 0.00% | | | | | - |
| Subtotal | | | | 1,731,309 | 5,714,039 | - | - | 7,445,348 |
| State Share | | | | 1,386,155 | 2,914,464 | - | - | 4,300,619 |
| Federal Share | | | | 345,154 | 2,799,575 | - | - | 3,144,729 |
| Amount Reinvestment Funds Remaining | | | | | | | | 38,098,570 |
| | | | | | | | | |
| | | | | 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% | 500,000 | 500,000 | 500,000 | 500,000 | 2,000,000 |
| 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/apd | 90.00% | 1,250,000 | 1,250,000 | 1,250,000 | 1,250,000 | 5,000,000 |
| Subtotal | | | | 9,058,569 | 9,058,569 | 9,058,569 | 9,058,569 | 36,234,275 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| State Share | | | | 5,126,356 | 5,202,820 | 5,233,406 | 5,207,984 | 20,770,566 |
| Federal Share | | | | 3,932,213 | 3,855,749 | 3,825,163 | 3,850,584 | 15,463,709 |
| Amount Reinvestment Funds Remaining | | | | | | | | 17,328,004 |
| | | | | | | | | |
| | | | | 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 | 50.00% | 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 | 50.00% | - | - | - | - | - |
| 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% | - | - | - | - | - |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Service Delivery Reform | 1915c | Yes | 50.00% | - | - | - | - | - |
| 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% | - | - | - | - | - |
| CFI IT | | Yes - admin only/apd | 90.00% | - | - | - | - | - |
| 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 | | | | | | | | 3,885,867 |

[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.

MLC

# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES
25 Capitol Street – Room 120
Concord, New Hampshire 03301
(603) 271-3201 | Office@das.nh.gov

FIS 23 167

Charles M. Arlinghaus
Commissioner

Catherine A. Keane
Deputy Commissioner

Sheri L. Rockburn
Assistant Commissioner

April 27, 2023

The Honorable Ken Weyler, Chairman
Fiscal Committee of the General Court and

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

## REQUESTED ACTION

Pursuant to RSA 14:30-a, VI and RSA 124:15, the Department of Administrative Services (DAS) is seeking approval on behalf of State Agencies to amend the accept and expend of American Rescue Plan (ARP), the Bipartisan Infrastructure Law (BIL) and other previously enacted federal relief bills related to the COVID-19 pandemic funded requests by extending the end date for funding, new positions, and/or new Class 046-Consultants, created in relation to the acceptance of these funds, to the dates listed in Attachment A, but no later than June 30, 2025, effective upon approval of the Fiscal Committee and the Governor and Executive Council. 100% Federal Funds.

## EXPLANATION

The Department of Administrative Services is seeking approval, on behalf of the State Agencies listed in Attachment A, to extend the effective date of the attached items from June 30, 2023 to the dates listed, but no later than June 30, 2025. This extension is allowable under the "procedural rules amendment" approved at the Fiscal Committee meeting held on April 21, 2023. Attachment A excludes programs approved with the acceptance of ARP State Fiscal Recovery Funds which are being presented via a separate request. All items included in Attachment A have been previously submitted by the respective state agency responsible for the program; and approved by both the Fiscal Committee and Governor and Executive Council.

This request only serves to authorize agencies' program balances that are unspent as of June 30, 2023, as well as positions and consultants created pursuant to RSA 124:15, to carry forward into FY24. This will align programs with the completion dates authorized in the award notices. Any request to reallocate an existing budget or repurpose funds for new or existing projects will require future Fiscal Committee and Governor and Council approvals.

If this item is not approved, the State would need to issue layoff notices to employees hired into these federally funded positions, created under the original request, and agencies would halt time sensitive projects. Further, each agency would then need to submit a retroactive request to July 1, 2023 for approval to reauthorize the positions and funding; however, the retroactive requests would not eliminate the need to issue layoff notices in June 2023.

Typically, agencies budget for known federal grants in the upcoming biennial budget; however, the budget guidance issued in August 2022 instructed agencies to exclude all COVID-related funding from their FY24-FY25 budget submissions. Although the funding is authorized by the federal government beyond June 30, 2023, including this one-time funding would have erroneously inflated the FY24-FY25 State budget.

In the event that Federal Funds are no longer available, General Funds will not be requested to support these programs. The Department of Administrative Services seeks approval of this request.

Respectfully submitted,

Charles M. Arlinghaus
Commissioner

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | AU # | Positions to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 1 | Department of Business and Economic Affairs | State Small Business Credit Initiative (SSBCI) funds from the US Department of Treasury. American Rescue Plan Act. | 01/21/2022 - FIS 22-004 | 01/26/2022 - #74 | 26220000 | N/A | 06/30/2025 |
| 2 | Department of Business and Economic Affairs | U.S. Department of Commerce, Economics' Statewide Planning, Research and Networks. American Rescue Plan | 01/21/2022 - FIS 22-010 | 01/26/2022 - #78 | 26290000 | N/A | 06/30/2025 |
| 3 | Department of Business and Economic Affairs | U.S. Department of Commerce, U.S. Economic Development Administration (EDA) American Rescue Plan Programs Travel, Tourism, and Outdoor Recreation grant program. Class 059 Business Specialist | 01/21/2022 - FIS 22-011 | 01/26/2022 - #79 | 26330000 | 9T3273 | 06/30/2025 |
| 4 | Department of Business and Economic Affairs | Coronavirus Capital Projects Funds for the purpose of improving the State of New Hampshire's broadband infrastructure, | 07/22/2022 - FIS 22-247 | 07/27/2022 - #55 | 24410000 | N/A | 06/30/2025 |
| 5 | Department of Business and Economic Affairs | ARPA. Coronavirus Capital Projects Funds for the purpose of Improving the State of New Hampshire's broadband infrastructure | 12/02/2022 - FIS 22-404 | 12/07/2022 - #38A | 24410000 | N/A | 06/30/2025 |
| 6 | Department of Business and Economic Affairs | Infrastructure Investment and Jobs Act (IIJA) from the U.S. Department of Commerce for the purpose of improving the state of New Hampshire's broadband infrastructure, in support of the Broadband Connectivity Program, | 03/24/2023 - FIS 23-089 | 03/22/2023 - #53 | 36360000 | 9T3299<br>9T3298 | 06/30/2025 |
| 7 | Department of Business and Economic Affairs | Infrastructure Investment and Jobs Act (IIJA) from the U.S. Department of Commerce for the purpose of Using the Broadband Digital Equity Grant to hire a contractor to write the state's digital equity plan. | 04/21/2023 - FIS 23-110 | 04/12/2023 - #78 | 45320000 | N/A | 06/30/2025 |
| 8 | Department of Business and Economic Affairs | Infrastructure Investment and Jobs Act (IIJA) from the U.S. Department of Commerce for the purpose of Using the Broadband Equity, Access, and Deployment grant funds to hire a contractor for a 5 year statewide plan. | 04/21/2023 - FIS 23-122 | 04/12/2023 - #79 | 36360000 | N/A | 06/30/2025 |

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | AU # | Positions to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 9 | Department of Education | American Rescue Plan Elementary and Schools Emergency Relief Funds- Homeless Children and Youth (ARP-HCY) from the United States Department of Education (USED) to support the education of homeless children and youth | 09/17/2021 - FIS 21-268 | 09/15/2021 - #70C | 24920000 | N/A | 09/30/2023 |
| 10 | Department of Education | Individuals with Disabilities Education Act/American Rescue Plan Act of 2021 for students with disabilities, from the United States Department of Education | 09/17/2021 - FIS 21-276 | 09/15/2021 - Late Item A | 24330000 | N/A | 09/30/2023 |
| 11 | Department of Education | Individuals with Disabilities Education Act/American Rescue Plan Act of 2021 for preschool students with disabilities, from the United States Department of Education | 09/17/2021 - FIS 21-277 | 09/15/2021 - Late Item B | 24350000 | N/A | 09/30/2023 |
| 12 | Department of Education | American Rescue Plan, Elementary and Secondary School Emergency Relief (ARP ESSER) from the United States Department of Education to help safely reopen and sustain the safe operation of schools and address the impact of the coronavirus pandemic | 09/17/2021 - FIS 21-278 | 09/15/2021 - Late Item C | 24370000 | 9T3085<br>8T3103<br>8T3068 | 09/30/2024 |
| 13 | Department of Education | Child Nutrition Technology Innovation Grant Program funds from the USDA. (CAA) | 11/19/2021 - FIS 21-325 | 11/22/2021 - #95 | 32620000 | N/A | 09/30/2024 |
| 14 | Department of Education | American Rescue Plan Act; Emergency Assistance to Non-Public Schools Program. | 11/19/2021 - FIS 21-324 | 11/22/2021 - #92 | 24990000 | N/A | 09/30/2024 |
| 15 | Department of Education | American Rescue Plan Act (ARPA), Child Nutrition National School Lunch Program Equipment Assistance funds | 02/17/2023 - FIS 23-052 | 02/22/2023 - #74 | 28060000 | N/A | 09/30/2024 |
| 16 | Department of Education | ARPA - Department of Agriculture (USDA) Farm to School State Agency Formula Grant, Program funds | 03/24/2023 - FIS 23-081 | 04/12/2023 - #108 | 28280000 | N/A | 06/30/2025 |

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | AU # | Position to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 17 | Department of Energy | U.S. Department of Health and Human Services, Administration for Children and Families to provide low-income households with assistance in paying water and wastewater services CAA Funds | 10/22/2021 - FIS 21-292 | 10/27/2021 - #53 | 24520000 | N/A | 09/30/2024 |
| 18 | Department of Energy | ARPA funds in the amount of from the U.S. Administration for Children and Families to provide low-income households with assistance in paying water and wastewater services | 10/22/2021 - FIS 21-294 | 10/27/2021 - #52 | 24520000 | N/A | 09/30/2024 |
| 19 | Department of Energy | U.S. Department of Energy, Office Energy Efficiency and Renewable Energy, through the Bipartisan Infrastructure Law Weatherization Assistance Program | 11/18/2022 - FIS 22-402 | 11/22/2022 - #62 | 62610000 | 9T3272<br>9T3288 | 06/30/2025 |
| 20 | Department of Environmental Services | Bipartisan Infrastructure Law (BIL) to fund investments in drinking water infrastructure. | 11/18/2022 - FIS 22-408 | 11/22/2022 - #100 | 55630000<br>55640000 | 9T3274<br>9T3276<br>9T3266<br>9T3275<br>9T3280 | 06/30/2025 |
| 21 | Department of Environmental Services | Bipartisan Infrastructure Law (BIL) to fund investments in wastewater infrastructure. | 01/27/2023 - FIS 23-036 | 02/08/2023 - #96 | 55660000 | 9T3281 | 06/30/2025 |
| 22 | Department of Health and Human Services | Community Services Block Grant (CSBG) under Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136. | 04/16/2021 - FIS 21-064 | 04/21/2021 - Informational Item N | 71480000 | N/A | 09/30/2023 |
| 23 | Department of Health and Human Services | Child Care Development Fund Program under the Coronavirus Response and Relief Supplemental Act or the "CRRSA 2021" (Public Law 116-260) | 04/16/2021 - FIS 21-066 | 04/21/2021 - Informational Item O | 29770000 | N/A | 09/30/2023 |
| 24 | Department of Health and Human Services | Child Care Stabilization grant funds available for SFY 2021 under the American Rescue Plan Act of 2021 · or the "ARP A 2021" (Public Law 117-002) | 06/18/2021 - FIS 21-150 | 06/16/2021 - #24 | 24300000 | N/A | 09/30/2023 |
| 25 | Department of Health and Human Services | Individuals with Disabilities Education Act/ ARP grant funds from the US Department of Education | 10/22/2021 - FIS 21-289 | 10/27/2021 - #21 | 24530000 | N/A | 09/30/2023 |

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | ADO | Positions to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 26 | Department of Health and Human Services | Elder Justice Act ARP grant funds from the Administration for Community Living | 12/17/2021 - FIS 21-378 | 12/22/2021 - #15 | 26040000 | N/A | 09/30/2023 |
| 27 | Department of Health and Human Services | ARPA. SNAP administrative funds from the U.S. Department of Agriculture, Food and Nutrition Service | 02/18/2022 - FIS 22-077 | 02/16/2022 - #17 | 24720000 | N/A | 09/30/2023 |
| 28 | Department of Health and Human Services | American Rescue Plan Act (ARPA) Rural Payment funds to improve services within the Mental Health System of New Hampshire. | 04/15/2022 - FIS 22-137 | 04/20/2022 - #22 | 26500000 | N/A | 12/31/2023 |
| 29 | Department of Health and Human Services | Coronavirus Response and Relief Supplement Appropriations Act, 2021 to assist in response to the COVID-19 pandemic through the Substance Abuse Prevention and Treatment Block Grant (SABG) program. | 09/17/2021 - FIS 21-232 | 08/18/2021 - #29 | 19810000 | N/A | 03/01/2024 |
| 30 | Department of Health and Human Services | Substance Abuse and Mental Health Services Administration (SAMHSA) American Rescue Plan Act (ARPA) of funding to assist states in responding to the COVID-19 pandemic | 09/17/2021 - FIS 21-271 | 09/15/2021 - #16H | 41200000 | N/A | 03/01/2024 |
| 31 | Department of Health and Human Services | ARPA - SAMHSA funding to assist states in responding to the COVID-19 pandemic. | 04/15/2022 - FIS 22-131 | 04/20/2022 - #19 | 41200000 | 9T3209 | 03/01/2024 |
| 32 | Department of Health and Human Services | CDC Funds. New Hampshire Initiative to Address COVID-19 Health Disparities under the CARES Act. Six full-time temporary positions for programmatic, epidemiology and administrative purposes.. | 08/20/2021 - FIS 21-242 | 08/18/2021 - #19 | 57710000 | 9T3106<br>9T3107<br>9T3108<br>9T3109<br>9T3110<br>9T3115 | 05/31/2024 |
| 33 | Department of Health and Human Services | ARPA (CDC) to fund the Public Health Crisis Response Workforce Development program 2 new positions for COVID-19 Workforce Development | 01/21/2022 - FIS 22-016 | 01/26/2022 - #15 | 24680000 | 9T3168<br>9T3169 | 06/30/2024 |

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | AU # | Positions to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 34 | Department of Health and Human Services | Centers for Disease Control and Prevention (CDC) to fund Advanced Molecular Detection (AMD) Sequencing and Analytics and Strengthening PHL Preparedness as mandated by the American Rescue Plan | 09/17/2021 - FIS 21-270 | 09/15/2021 - #9A | 24550000 | N/A | 07/31/2024 |
| 35 | Department of Health and Human Services | Centers for Disease Control and Prevention (CDC) to fund Data Modernization as mandated by the Coronavirus Aid, Relief and Economic Security Act of 2020 | 01/14/2022 - FIS 21-365 | 01/26/2022 - #17 | 21800000 | N/A | 07/31/2024 |
| 36 | Department of Health and Human Services | (CDC) to fund Detection & Mitigation of COVID in Confinement Facilities as mandated by the American Rescue Plan Act of 2021 | 12/17/2021 - FIS 21-376 | 12/22/2021 - #29 | 26020000 | N/A | 07/31/2024 |
| 37 | Department of Health and Human Services | Governor authorized the DHHS, DPHS, to accept funds from the CDC, entitled ELC under the CARES Act - Enhancing Detection | 02/18/2022 - FIS 22-071 | 02/16/2022 - #26 | 19010000 | 8T2973<br>8T2976<br>9T2809<br>9T3026<br>9T3070<br>9T3071<br>9T3086<br>9T3183<br>9T3187<br>9T3016<br>9T2885 | 07/31/2024 |
| 38 | Department of Health and Human Services | ARPA - CDC $$ to fund the Travelers Health: Protecting the Health of Travelers and Communities in a Globally Mobile World | 03/18/2022 - FIS 22-088 | 03/23/2022 - #18 | 26460000 | N/A | 07/31/2024 |
| 39 | Department of Health and Human Services | ARPA - CDC funds for the Detection & Mitigation of COVID-19 in Homeless Service Sites & Other Congregate Settings Project. | 03/18/2022 - FIS 22-089 | 03/23/2022 - #19 | 26470000 | N/A | 07/31/2024 |
| 40 | Department of Health and Human Services | ARPA - CDC funds to fund the Nursing Home & Long-term Care Facility Strike Team and Infrastructure Project. | 03/18/2022 - FIS 22-099 | 03/23/2022 - #16 | 26430000 | N/A | 07/31/2024 |

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | AU# | Positions to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 41 | Department of Health and Human Services | ARPA - (CDC) to fund the Strengthening Healthcare Associated Infections / Antimicrobial Resistance Program (SHARP) FTT position extended. | 03/18/2022 - FIS 22-102 | 03/23/2022 - #17 | 26450000 | 9T3077 | 07/31/2024 |
| 42 | Department of Health and Human Services | Federal Funds from the CDC, entitled Epidemiology and Laboratory Capacity (ELC) to fund the Infection Prevention and Control Program under the Coronavirus Aid, Relief, and Economic Security Act. 1 position continued. | 05/20/2022 - FIS 22-169 | 06/01/2022 - #23 | 19360000 | N/A | 07/31/2024 |
| 43 | Department of Health and Human Services | Governor authorized the DHHS, DPHS, to accept funds from the CDC, entitled ELC under the ARP Act - AMD, WGS, NWSS | 01/27/2023 - FIS 23-029 | 02/08/2023 - #31 | 26990000 | N/A | 07/31/2024 |
| 44 | Department of Health and Human Services | Child Care Development Fund Program under the American Rescue Plan Act of 2021 or the "ARP A 2021" (Public Law 117-002) | 06/18/2021 - FIS 21-152 | 06/16/2021 - #23 | 24290000 | N/A | 09/30/2024 |
| 45 | Department of Health and Human Services | Home visiting funds from ARPA. | 08/20/2021 - FIS 21-215 | 08/18/2021 - #17 | 24510000 | N/A | 09/30/2024 |
| 46 | Department of Health and Human Services | Title III ARP grant funds from the Administration for Community Living | 10/22/2021 - FIS 21-290 | 10/27/2021 - #22 | 24570000 | N/A | 09/30/2024 |
| 47 | Department of Health and Human Services | Authorize the Department of Health and Human Services, Long Term Care Ombudsman to accept and expend a grant from the (OMC6) American Rescue Plan (ARP) for Ombudsman Program under Title VII of the Older Americans Act. | 11/19/2021 - FIS 21-341 | 11/22/2021 - #9 | 24860000 | N/A | 09/30/2024 |
| 48 | Department of Health and Human Services | Administration for Community Living in the amount of $78,610 and the Public Health Workforce Grant funds from the Administration for Community Living in the amount of $115,789 (ARPA) | 05/20/2022 - FIS 22-161 | 06/01/2022 - #18 | 26580000 | N/A | 09/30/2024 |
| 49 | Department of Health and Human Services | ARPA. Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) to fund the Maternal Infant and Early Childhood Home Visiting (MIECHV) program. | 06/17/2022 - FIS 22-209 | 06/15/2022 - #26 | 24510000 | N/A | 09/30/2024 |

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | AU # | Positions to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 50 | Department of Health and Human Services | Enhanced Medicaid FMAP from the Family First Coronavirus Response Act.(FFCRA) | 11/19/2021 - FIS 21-336 | 11/22/2021 - #10 | 70510000<br>72070000<br>79370000<br>79480000<br>21520000<br>21540000<br>21570000<br>71550000 | N/A | 12/31/2024 |
| 51 | Department of Health and Human Services | Families First Coronavirus Response Act (FFCRA) provides a temporary 6.2 percentage point increase to the Federal Medical Assistance Percentage (FMAP) Medicaid Enhancement Tax Revenue and matching federal funds within Medicaid Care Management. | 02/18/2022 - FIS 22-055 | 02/16/2022 - #14 | 79480000 | N/A | 12/31/2024 |
| 52 | Department of Health and Human Services | Families First Coronavirus Response Act (FFCRA) provides a temporary 6.2 percentage point increase to the Federal Medical Assistance Percentage (FMAP) | 02/18/2022 - FIS 22-072 | 02/16/2022 - #13 | 70510000<br>72070000<br>79370000<br>79480000<br>21520000<br>21540000<br>21570000<br>71550000<br>70140000 | N/A | 12/31/2024 |
| 53 | Department of Health and Human Services | Families First Coronavirus Response Act (FFCRA) provides a temporary 6.2 percentage increase to the Federal Medical Assistance Percentage (FMAP) | 04/15/2022 - FIS 22-126 | 04/20/2022 - #12 | 70160000<br>71000000<br>71100000 | N/A | 12/31/2024 |

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | AU # | Positions to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 54 | Department of Health and Human Services | Families First Coronavirus Response Act (FFCRA) provides a temporary 6.2 percentage point increase to the Federal Medical Assistance Percentage. | 11/18/2022 - FIS 22-383 | 11/22/2022 - #9 | 70510000<br>72070000<br>79370000<br>79480000<br>21520000<br>21540000<br>21570000<br>71550000<br>70140000<br>70160000<br>71000000<br>71100000 | N/A | 12/31/2024 |
| 55 | Department of Health and Human Services | Families First Coronavirus Response Act (FFCRA) provides a temporary 6.2 percentage point increase to the Federal Medical Assistance Percentage. | 02/17/2023 - FIS 23-044 | 02/22/2023 - #11 | 70510000<br>72070000<br>79370000<br>79480000<br>21520000<br>21540000<br>21570000<br>71550000<br>70140000<br>70160000<br>71000000<br>71100000 | N/A | 12/31/2024 |
| 56 | Department of Health and Human Services | Centers for Medicare and Medicaid Services to fund the State's Home and Community Based Services Plan created pursuant to the American Rescue Plan Act of 2021 (ARPA) | 12/17/2021 - FIS 21-379 | 12/22/2021 - #16 | 26060000 | N/A | 03/31/2025 |
| 57 | Department of Health and Human Services | American Rescue Plan Act (ARP A) funds from the U.S. Department of Health and Human Services, Administration for Children and Families program | 09/17/2021 - FIS 21-249 | 09/15/2021 - #16B | 24640000 | N/A | 06/30/2025 |

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | AU | Position(s) to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 58 | Department of Health and Human Services | Federal Family Violence Prevention and Services Act (FVPSA) Grant-American Rescue Plan Act (ARPA) from the U.S.DHHS, Administration for Children and Families for the Family Violence Prevention program. | 09/17/2021 - FIS 21-250 | 09/15/2021 - #16A | 24450000 | N/A | 06/30/2025 |
| 59 | Department of Health and Human Services | Substance Abuse and Mental Health Services Administration (SAMHSA) American Rescue Plan Act (ARPA) 1 funding to assist states in responding to the COVID-19 through the Substance Abuse Prevention and Treatment Block Grant (SABG) program. | 09/17/2021 - FIS 21-251 | 09/15/2021 - #16G | 19810000 | N/A | 06/30/2025 |
| 60 | Department of Health and Human Services | Strengthening STD Prevention and Control program as mandated by the American Rescue Plan. | 09/17/2021 - FIS 21-257 | 09/15/2021 - #9C | 24960000 | N/A | 06/30/2025 |
| 61 | Department of Health and Human Services | Substance Abuse and Mental Health Services Administration (SAMHSA), entitled Block Grants for Community Mental Health Services and Substance Abuse Prevention & Treatment Block Grant. ARPA funds. | 11/19/2021 - FIS 21-340 | 11/22/2021 - #21 | 24850000 | N/A | 06/30/2025 |
| 62 | Department of Health and Human Services | Funds from the Centers for Disease Control and Prevention (CDC) to fund the Immunization Program as mandated by the American Rescue Plan | 11/19/2021 - FIS 21-353 | 11/10/2021 - Late Item A | 24950000 | 9T3124<br>9T3136<br>9T3138<br>9T3068<br>9T3121<br>9T3122<br>9T3123<br>9T3127<br>9T3128<br>9T3129<br>9T3130<br>9T3137<br>9T3125 | 06/30/2025 |

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | ADA | Positions to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 63 | Department of Health and Human Services | Centers for Disease Control and Prevention (CDC) to fund the Immunization Program under the Consolidated Appropriations Act, 2021. Continues 3 FTT positions. | 12/17/2021 - FIS 21-372 | 12/22/2021 - #31 | 19560000 | 9T3066<br>9T3111<br>9T3112<br>9T3162 | 06/30/2025 |
| 64 | Department of Health and Human Services | Federal Family Violence Prevention and Services Act (FVPSA) Grant- American Rescue Plan Act (ARPA) of 2021 | 12/17/2021 - FIS 21-377 | 12/22/2021 - #19 | 26030000 | N/A | 06/30/2025 |
| 65 | Department of Health and Human Services | ARPA -federal Family Violence Prevention and Services Act Grant-American Rescue Plan Act (ARPA) of 2021; Subtitle E, | 02/18/2022 - FIS 22-045 | 02/16/2022 - #18 | 26370000 | N/A | 06/30/2025 |
| 66 | Department of Health and Human Services | ARPA - (CDC) to fund the Strengthening STD Prevention and Control program. 5 FTT positions extended. | 03/18/2022 - FIS 22-103 | 03/23/2022 - #20 | 24960000 | 9T3152<br>9T3153<br>9T3154<br>9T3155<br>9T3156 | 06/30/2025 |
| 67 | Department of Health and Human Services | CDC funds to the Immunization Program under the Consolidated Appropriations Act, which contained the Coronavirus Response and Relief Supplemental Appropriations | 04/15/2022 - FIS 22-139 | 04/20/2022 - #26 | 19560000 | N/A | 06/30/2025 |
| 68 | Department of Health and Human Services | Federal funds from the CDC to fund the Immunization Program under the Consolidated Appropriations Act, 2021. | 11/18/2022 - FIS 22-382 | 11/22/2022 - #15 | 19990000 | N/A | 06/30/2025 |
| 69 | Department of Natural & Cultural Resources | American Rescue Plan Act (ARPA) funds from the National Endowment for the Arts | 09/17/2021 - FIS 21-272 | 09/15/2021 - #598 | 24930000 | TMPPT6131 | 06/30/2025 |

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | AU # | Positions to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 70 | Department of Safety | Governor authorized the Department of Safety, Division of Homeland Security, to accept and expend Public Assistance (PA) Grant Program funds in the amount of $81,218,500 from the Federal Emergency Management Agency (FEMA) for DR45 I 6 COVID-19. Continues 6 FTT positions. Is the estimated unrecovered federal share of the Public Assistance Grant Program for the State's Emergency Protective Measures conducted for the DR4516 COV I D-19 response. | 08/20/2021 - FIS 21-183 (Informational Item) | 06/30/2021 - Informational Item MM | 12320000 | 9T2999<br>9T3000<br>9T3001<br>9T3002<br>9T3081<br>9T3082 | 06/30/2025 |
| 71 | Department of Safety | Hazard Mitigation Grant Program Emergency Management Agency (FEMA) for PR-4516 COVID- 19. | 12/17/2021 - FIS 21-375 | 12/22/2021 - #101 | 29200000<br>29210000 | 9T3197<br>9T3198<br>9T3201 | 06/30/2025 |
| 72 | Department of Safety | ARPA funds from the NH Department of Justice to purchase Variable Message Boards. | 09/09/2022 - FIS 22-302 | 09/21/2022 - #111 | 38930000 | N/A | 06/30/2025 |
| 73 | Department of Safety | COVID - FEMA funds for the Public Assistance Grant Program for the State's Emergency Protective Measures conducted for the DR4516 COVID-19 response. | 01/27/2023 - FIS 23-012 | 02/08/2023 - #126 | 12320000 | N/A | 06/30/2025 |
| 74 | Governor's Office for Emergency Relief & Recovery | ARPA funds to eligible units of local government, referred to as nonentitlement units, and as determined by federal requirements. | 06/18/2021 - FIS 21-171 | 06/30/2021 - #94 | 24730000 | N/A | 06/30/2025 |
| 75 | Governor's Office for Emergency Relief & Recovery | ARPA funds. COVID-19 homeowner and homeownership hardships | 06/18/2021 - FIS 21-173 | 06/30/2021 - #92 | 24280000 | N/A | 06/30/2025 |
| 76 | Governor's Office for Emergency Relief & Recovery | ARPA Emergency Rental Assistance financial assistance funds to support the New Hampshire Emergency Rental Assistance Program. | 08/20/2021 - FIS 21-244 | 08/18/2021 - #68 | 24310000 | N/A | 06/30/2025 |
| 77 | Governor's Office for Emergency Relief & Recovery | ARP Rental Assistance fund to provide rental assistance and housing stability services to eligible New Hampshire households | 12/17/2021 - FIS 21-390 | 12/22/2021 - #58 | 24310000 | N/A | 06/30/2025 |

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | AU # | Positions to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 78 | Governor's Office for Emergency Relief & Recovery | ARP Rental Assistance fund to provide rental assistance and housing stability services to eligible New Hampshire households | 01/21/2022 - FIS 22-039 | 01/26/2022 - #68 | 24310000 | N/A | 06/30/2025 |
| 79 | Governor's Office for Emergency Relief & Recovery | ARPA funds. COVID-19 homeowner and homeownership hardships | 01/21/2022 - FIS 22-041 | 01/26/2022 - #67 | 24280000 | N/A | 06/30/2025 |
| 80 | Governor's Office for Emergency Relief & Recovery | ARPA Homeowners Assistance Fund COVID-19 homeowner and homeownership hardship grants | 02/18/2022 - FIS 22-078 | 02/16/2022 - #67A | 24280000 | N/A | 06/30/2025 |
| 81 | Governor's Office for Emergency Relief & Recovery | ARPA Emergency Rental Assistance funds to fund the New Hampshire Emergency Rental Assistance Program (NHERAP) | 02/18/2022 - FIS 22-086 | 02/16/2022 - Late Item B | 24310000 | N/A | 06/30/2025 |
| 82 | Governor's Office for Emergency Relief & Recovery | Additional ARPA funds for NH Housing to continue emergency rental assistance. Adds to previous item FIS 22-039 | 05/20/2022 - FIS 22-202 | 05/18/2022 - #55B | 24310000 | N/A | 06/30/2025 |
| 83 | Governor's Office for Emergency Relief & Recovery | ARPA funds to eligible units of local government, referred to as nonentitlement units, and as determined by federal requirements. | 06/17/2022 - FIS 22-243 | 06/15/2022 - Late Item A | 24730000 | N/A | 06/30/2025 |
| 84 | Governor's Office for Emergency Relief & Recovery | ARPA funds. Emergency Rental Assistance (ERA2) financial assistance funds to support the New Hampshire Emergency Rental Assistance Program. | 07/22/2022 - FIS 22-264 | 07/27/2022 - #53 | 24310000 | N/A | 06/30/2025 |
| 85 | Governor's Office for Emergency Relief & Recovery | ARPA Emergency Rental Assistance funds for use in the New Hampshire Emergency Rental Assistance Program and the provision of rental assistance, utility assistance, and other expenses, as well as Housing Stability Services related programming. | 09/09/2022 - FIS 22-315 | 09/21/2022 - #69 | 24310000 | N/A | 06/30/2025 |
| 86 | Governor's Office for Emergency Relief & Recovery | ARPA funds. Emergency Rental Assistance financial assistance funds for use in the New Hampshire Emergency Rental Assistance Program. | 11/18/2022 - FIS 22-420 | 11/22/2022 - #73 | 24310000 | N/A | 06/30/2025 |
| 87 | Governor's Office for Emergency Relief & Recovery | ARPA Funds. Emergency Rental Assistance (ERA2) funds for use of Housing Stability Services related programming. | 11/18/2022 - FIS 22-424 | 11/22/2022 - #74B | 24310000 | N/A | 06/30/2025 |

**Attachment A**

| Line | Agency/Entity | Program Name/Purpose | Fiscal Committee Approval | Governor & Council Approval | AU | Positions to Extend | Completion Date |
|---|---|---|---|---|---|---|---|
| 88 | Governor's Office for Emergency Relief & Recovery | ARPA Funds. Emergency Rental Assistance (ERA2) financial assistance funds for use in the New Hampshire Emergency Rental Assistance Program . | 11/18/2022 - FIS 22-425 | 11/22/2022 - #74C | 24310000 | N/A | 06/30/2025 |
| 89 | Governor's Office for Emergency Relief & Recovery | ARPA Emergency Rental Assistance (ERA2) financial assistance funds for use in the New Hampshire Emergency Rental Assistance Program. | 01/27/2023 - FIS 23-041 | 02/08/2023 - #74 | 24310000 | N/A | 06/30/2025 |
| 90 | Governor's Office for Emergency Relief & Recovery | ARPA Homeowners Assistance Fund COVID-19 homeowner and homeownership hardship grants | 02/17/2023 - FIS 23-054 | 02/22/2023 - #41 | 24280000 | N/A | 06/30/2025 |

JAN 10 '23 PM 1:26 RCVD ARC

FIS 23 030


Lori A. Weaver
Interim Commissioner

Melissa A. Hardy
Director


**STATE OF NEW HAMPSHIRE**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

***DIVISION OF LONG TERM SUPPORTS AND SERVICES***


105 PLEASANT STREET, CONCORD, NH 03301
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January 10, 2023

The Honorable Ken Weyler, Chairman
Fiscal Committee of the General Court and

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, NH 03301

## REQUESTED ACTION

Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division for Long Term Supports and Services to amend Fiscal Committee item #FIS 21-379, approved on December 17, 2021, and Governor and Council (G&C) item #16, approved on December 22, 2021, to reallocate federal funds in the amount of $7,408,750 and to create expense classes 050 – Personal Temp, 060 – Benefits, and 102 – Contracts for Program Services, for the performance of work associated with Section 9817 funding based on additional federal medical assistance percentage (FMAP) earnings made available to states on services related to Home and Community Based Services (HCBS), effective upon Fiscal Committee and Governor and Executive Council approvals through June 30, 2023. Funding source: 100% Federal Funds.

**05-095-093-930010-26060000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS; HHS: DLTSS-DIV OF DEVELOPMENTAL SERVICES; DEVELOPMENTAL SERVICES; HCBS ENHANCED FMAP – ARP**

| Class/Object | Class Title | Current Adjusted Authorized Budget | Increase/ (Decrease) Amount | Revised Budget |
|---|---|---|---|---|
| Revenue | | | | |
| 000-403793 - 16 | Federal Funds | $29,209,156 | $0 | $29,209,156 |
| | General Funds | $0 | $0 | $0 |
| | **Total Revenue** | **$29,209,156** | **$0** | **$29,209,156** |
| Expense | | | | |
| 041-500801 | Audit Fund Set-Aside | $44,883 | $0 | $44,883 |
| 050-500109 | Personal Temp | $0 | $10,139 | $10,139 |
| 060-500601 | Benefits | $0 | $776 | $776 |
| 102-500731 | Contracts for Program Services | $0 | $7,397,835 | $7,397,835 |
| 502-500891 | Payments to Providers | $29,164,273 | ($7,408,750) | $21,755,523 |
| | **Total Expense** | **$29,209,156** | **$0** | **$29,209,156** |

**EXPLANATION**

The Department is requesting a transfer of appropriations of American Rescue Plan Act (ARPA) funding based on additional FMAP earnings made available to states on services related to Home and Community Based Services currently being provided. HCBS services are those services that support individuals to receive necessary services to live safely in the community and include, but are not limited to: personal care, day habilitation, private duty nursing, residential services, community integration supports, and case management/service coordination. ARPA requires that these funds be used to promote, expand, improve, and enhance HCBS and specifies that the funding cannot be used to supplant funds for current efforts. As of September 30, 2022, the Department has released $49,793,770 of the ARPA reinvestment funds to HCBS providers that provide services under the 1915c waiver. In addition, $27,751,891 of directed payments were disbursed thus far through the Managed Care Contracts for HCBS workforce investments that qualify under the ARPA provisions for state plan services.

The Department has approximately $52M in additional funds to be utilized through March 31, 2025. The Department has submitted multiple initiatives for approval by Centers for Medicare & Medicaid Services (CMS) focused on workforce, improved access to services, and piloting of new services that promote, expand, or enhance HCBS in accordance with CMS guidance. These initiatives include, but are not limited to:

1. Workforce Recruitment and Retention - funds available to HCBS providers for efforts that focus on recruitment, retention and training strategies in an effort to strengthen services;
2. Development of Training - funds will enable the Department to work with HCBS providers to develop standardized trainings for specific sectors and populations;
3. Development of an Integrated Health Care Clinic for Individuals Experiencing Homelessness - working with homeless service providers and healthcare providers statewide to develop or enhance efforts; and
4. Program of All-Inclusive Care for the Elderly (PACE) - exploring the feasibility of developing this model or a similar model to integrate Medicaid and Medicare coverage to meet the overall needs of this population.

The Department's updated plan can be found on our website at https://www.dhhs.nh.gov/programs-services/adult-aging-care/arpa-spending-plan-home-and-community-based-services.

The following is provided in accordance with the Budget Officer's instructional memorandum, dated April 17, 1985, in support of the requested actions:

1. Does the transfer involve continuing programs or one-time projects?
   Transfer is for Home and Community Based Services (HCBS) services and improvements are an eligible use of ARPA HCBS funds because they enhance, expand, or strengthen HCBS. The transfer is for one time projects.

2. Is this transfer required to maintain existing program level or will it increase program level?
   Transfer is for HCBS services and improvements are an eligible use of ARPA HCBS funds because they enhance, expand, or strengthen HCBS. This transfer is to increase program level.

3. Cite any requirements, which make this program necessary.
   The contracts are to be supported 100% by Federal Funds through Section 9817 funding based on additional federal medical assistance percentage (FMAP) earnings made available to states on services related to HCBS.

4. Identify the source of funds on all account listed on this transfer.
   100% Federal Funds

5. Will there be any effect on revenue if this transfer is approved or disapproved?
   DHHS draws the revenue based on actual expenditures, the transfer will not have any effect on revenues to be drawn for actual expenditures.

6. Are funds expected to lapse is this transfer is not approved?
   No.

7. Are personal services involved?
   This transfer funds a part-time position that is already established in the Department in order to put efforts towards certain HCBS services and improvements initiatives.

In the event that these Federal Funds are no longer available, General Funds will not be requested to support this program.

Respectfully Submitted,

Nathan White For:

Lori A. Weaver
Interim Commissioner

Lori A. Shibinette
Commissioner

Nancy L. Rollins
Interim Director

**STATE OF NEW HAMPSHIRE**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

***DIVISION OF LONG TERM SUPPORTS AND SERVICES***

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November 23, 2021

The Honorable Karen Umberger, Chairman
Fiscal Committee of the General Court and

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

## REQUESTED ACTION

Pursuant to the provisions of RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Long Term Supports and Services to accept and expend federal funds in the amount of $73,307,508 from the Centers for Medicare and Medicaid Services to fund the State's Home and Community Based Services Plan created pursuant to the American Rescue Plan Act of 2021 (ARPA) effective upon approval by the Fiscal Committee and Governor and Council through June 30, 2023 and further authorize the allocation of these funds in the accounts below. 100% Federal Funds.

**05-095-093-930010-24XXXXXX HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS; HHS: DLTSS-DIV OF DEVELOPMENTAL SERVICES; DEVELOPMENTAL SERVICES; HCBS ENHANCED FMAP**

| Class/Object | Class Title | Current Adjusted Authorized Budget | Increase / (Decrease) Amount | Revised Budget |
|---|---|---|---|---|
| Revenue | | | | |
| 000-400146 | Federal Funds | $0 | $73,307,508 | $73,307,508 |
| | General Funds | $0 | $0 | $0 |
| | Total Revenue | $0 | $73,307,508 | $73,307,508 |
| Expense | | | | |
| 041-500801 | Audit Fund Set Aside | $0 | $73,308 | $73,308 |
| 502-500891 | Payments to Providers | $0 | $73,234,200 | $73,234,200 |
| | Total Expense | $0 | $73,307,508 | $73,307,508 |

## EXPLANATION

The Department is requesting to accept and expend American Rescue Plan Act (ARPA), Section 9817 funding based on additional FMAP (Federal Medical Assistance Percentage) earnings made available to states on services related to Home and Community Based Services (HCBS) that have been and are currently being provided. HCBS services are those services that support individuals to receive necessary services in the community and include, but are not limited to: personal care, day habilitation, private duty nursing, and substance misuse residential treatment. The expected enhanced earnings are summarized below. Earnings for a portion of year one estimates are included in this request, with the expectation that future requests will be made as the spending plan of the funds evolves which may enable the Department to claim additional dollars.

Section 9817 of the ARPA temporarily increases the FMAP by 10 percentage points for certain eligible Medicaid HCBS expenditures beginning April 1, 2021 through March 31, 2022 approved under the applicable state plan, waiver or managed care authority by CMS. CMS in a letter to the nation's Medicaid Directors outlines how states can use this FMAP increase to strengthen the HCBS system to maintain or increase access to HCBS services for Medicaid beneficiaries, adequately protect the HCBS workforce, safeguard financial stability for HCBS providers, and accelerate long-term services and supports (LTSS) reform under section 9817 of the ARP as well as respond to the impacts on HCBS related to the federal Public Health Emergency (PHE).

In accordance with section 9817 of ARPA, to receive the increased FMAP for HCBS expenditures, states need to utilize federal funds attributable to the increased FMAP to supplement existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. In addition, the state equivalent of the amount of federal funds attributable to the increased FMAP are to be utilized to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program beyond what was under the Medicaid program as of April 1, 2021.

The amounts listed in the charts and narrative within this letter are estimates, based on actual expenditures through September 30, 2021 and trend for October 1, 2021 through March 31, 2022. The actual dollars will depend on current and future billing levels. An accounting with actual amounts will be provided to Fiscal Committee in May 2022.

| | Year 2 | Year 3 | Total |
|---|---|---|---|
| | 4/1/22 - 3/31/23 | 4/1/23 - 3/31/24 | |
| State Reinvestment Allocation By Year (#) | 50% | 50% | 100% |
| Federal Funds from Reinvestment (*) | $ 23,985,400 | $ 23,985,400 | $ 93,205,000 |
| Plus Directed Payment (&) | | | $ 28,000,000 |
| | $ 23,985,400 | $ 23,985,400 | $ 121,205,000 |
| | (@) | | |

(#) Percentage of Federal Funds from Reinvestment earned below to be spent by Federal Fiscal Year

(*) - Federal Funds from Reinvestment is the total amount the State estimates it will earn via the 10% enhanced FMAP on eligible services from 4/1/21-3/31/22 along with the subsequent reinvestment of those funds

(&) - Amount attributable to MCO Directed Payments

(@) See Payment to Providers expense line 502-500891 in Accounting Table above.

These funds will be used to improve and enhance the services listed below within HCBS throughout the State of New Hampshire. These services and improvements described below are an eligible use of ARPA HCBS funds because they enhance, expand, or strengthen HCBS.

The HCBS workforce provides necessary direct care services to Medicaid recipients living in the community. HCBS services allow individuals to remain in their home or other community-based setting instead of in an institutional setting.

1. **Home and Community Based Services through the 1915 c Waivers.**
   a. The Department requests to utilize American Rescue Plan Act (ARPA) funds to distribute funds to direct care providers under the 1915 c Waiver Programs, specifically, to Choices for Independence (CFI) Providers that provide the following direct care services: home health aide, adult day care, adult foster care, skilled nursing, supported home maker, personal care, and mid-level residential

services; the Developmental Disabilities (DD)/Acquired Brain Disorder (ABD)/In Home Support (IHS) Providers that provide the following direct care services: community support services, residential personal care services, supported employment services, and day habilitation services.

b. The Department will distribute $43,234,200 to the CFI, DD, ABD and IHS providers identified above. Each agency that receives a distribution will be required to direct at a minimum, 80% of the funding received to the eligible workforce.

2. **Medicaid State Plan Providers under Fee For Service (FFS) and Medicaid Care Management(MCM)**
   a. The Department requests to utilize American Rescue Plan Act (ARPA) funds to distribute funds to direct care providers under the Medicaid State Plan. Specifically, additional payments to FFS providers and MCM providers (through the Managed Care contract) that provide private duty nursing, personal care, adult community mental health services, behavioral health residential services, home care providers, durable medical equipment providers, substance use disorder inpatient treatment, and community-based wraparound services.
   b. The Department estimates it will be able to pay out to providers through a directed payment in the Managed Care contract and fee for service $28,000,000 to the MCO providers and FFS providers identified above. Each agency that receives these payments will be required to direct at a minimum, 80% of the funding received to enhance the eligible direct care workforce.

3. **Medicaid to Schools Providers**

   a. The Department requests to utilize American Rescue Plan Act (ARPA) funds to provide an additional Medicaid to Schools payment in the eligible period through an enhanced certified public expenditure claim method for eligible rehab services delivered in the applicable enhanced period.
   b. The Department estimates that up to $2,000,000 could possibly be available to the Medicaid to Schools Program depending on the level of eligible billing activity through the schools.

In summary, additional funding is requested to aid the Department in making rapid, marked improvement relative to the HCBS workforce issues facing many providers within the State of New Hampshire. The Source of Funds is 100% Federal Funds.

In the event that these Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Lori A. Shibinette
Commissioner

# Spending Plan for Implementation of the American Rescue Plan Act of 2021, Sect. 9817

July 2021 | New Hampshire

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

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
*DIVISION OF MEDICAID SERVICES*

Lori A. Shibinette
Commissioner

Henry D. Lipman
Director

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July 9, 2021

Mr. Dan Tsai
Deputy Administrator and Director
Centers for Medicaid and CHIP Services
7500 Security Boulevard
Baltimore, Maryland 21244

**Re: Home and Community-Based Services Spending Plan to Implement the American Rescue Plan Act of 2021**

Dear Mr. Tsai:

New Hampshire appreciates the opportunity to submit the following spending plan for the HCBS funds as described in Section 9817 of the American Rescue Plan Act. As the designated point of contact and State Medicaid Director I attest that New Hampshire will submit a quarterly spending plan and narrative submissions and assure the following:

- The state is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The state is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The state is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The state is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

New Hampshire will continue to update CMS on its implementation of section 9817 via quarterly spending plan submissions. Nancy Rollins will coordinate our quarterly submissions. Please direct any questions to me and Nancy Rollins at Nancy.L.Rollins@dhhs.nh.gov. New Hampshire appreciates this opportunity and your partnership in this effort.

Sincerely,

Henry D. Lipman
Medicaid Director

Attachments

# Spending Plan for Implementation of the American Rescue Plan Act of 2021, Sect. 9817

New Hampshire

## 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.

New Hampshire will receive an estimated $44 million in additional federal funding due to FMAP enhancement and in addition, potentially the matching of the state share equivalent could contribute an additional $10 to $12 million. The estimated budget for the New Hampshire plan is $54 to $56 million. New Hampshire requests the flexibility, as circumstances evolve, to transfer up to 20% of funding among and between the three (3) spending categories.

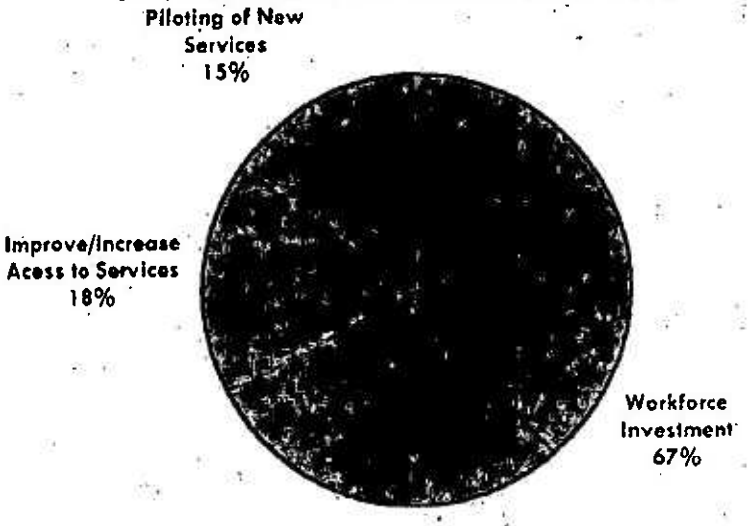
In accordance with New Hampshire law the Department will seek approval when required from the New Hampshire General Court's Fiscal Committee, the Joint Health Care Reform Oversight Committee as well as the Governor and Council. Further, the Department may be required to consult with, or seek approval 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.

| | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| Workforce Investment | $30 million | Spend down of remaining funds | Spend down of remaining funds |
| Improve/Increase Access to Services | $8.1 million | Spend down of remaining funds | Spend down of remaining funds |
| Piloting of New Services | -- | $6.5 million | Spend down of remaining funds |

*The dates in the chart are target dates in which we expect spending will begin.

**A portion of funds may transfer between spending categories as circumstances evolve.

## ALLOCATION OF ENHANCED FMAP




# 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**

**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.

## 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**

**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**

**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

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

**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 1

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.

# 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.

**Presumptive Eligibility: $2,000,000**

**Goal:** Initiating beneficiary access to services more timely to maintain functional and health status, and avoid otherwise avoidable deterioration that could lead to longer-term institutionalization.

**Sustainability:** Reducing the level of acuity or institutionalization.

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

**Authority:** CMS approval and NH legislative authorization

**Timing:** Year 2-3

Implementing new eligibility policies and/or procedures, such as expedited eligibility determinations for HCBS (subject to CMS approval), or streamline application and enrollment processes in LTSS.

Under presumptive eligibility, designated entities such as DHHS staff, ServiceLink, hospitals, etc. can use basic financial information and screening tools to quickly presume a low-income individual is eligible for Medicaid and commence services, even before an official Medicaid determination is made. A decision is made within a short timeframe. (Example: five days business days).

Presumptive eligibility allows applicants who appear likely to be eligible for Medicaid to start receiving Home and Community Based Services (HCBS) when a need arises. In states with presumptive eligibility, an individual can receive services in his or her home while his or her Medicaid application is being processed. The Department recommends a limited service array be offered during the presumptive eligibility period.

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

**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:** Section 1915(c)

**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**

**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

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**

**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.

## IV. Spending Plan Projection

Attached to this plan as Appendix A are the spending projections for the plan.

## V. Stakeholder Engagement

New Hampshire is grateful for the commitment of our stakeholders. We received 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.

Attached to this plan as Appendix B are letters New Hampshire received from stakeholders during the development of this plan.

# Appendix A

**Financial Impact Projection of Supplemental Funding from ARPA 10% HCBS FMAP Increase**
**ARPA Pub. L. 117-2 Sec. 9817**

**a. BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP** *(Not including CMS Letter SMD#21-003 Appendix B Items pending further guidance )*

| Federal Fiscal Year | FFY 21 | FFY 21 | FFY 22 | FFY 22 | |
|---|---|---|---|---|---|
| Federal Fiscal Quarter | Q3: Apr to Jun | Q4: Jul to Sep | Q1: Oct to Dec | Q2: Jan to Mar | Total |
| | QE 06/2020 Data | QE 09/2020 Data | QE 12/2020 Data | QE 03/2021 Data | |
| Total Computable Base Expenditures | $ 104,587,770 | $ 92,456,269 | $ 104,121,702 | $ 108,719,033 | $ 409,884,774 |
| Total State Share | $ 35,350,666 | $ 31,250,219 | $ 35,193,135 | $ 43,487,613 | $ 145,281,834 |
| Total Federal Share (including 10% FMAP increase) | $ 69,237,104 | $ 61,206,050 | $ 68,928,567 | $ 65,231,420 | $ 264,603,141 |
| *(1). Funds Attributable to the HCBS FMAP Increase | $ 10,458,777 | $ 9,245,627 | $ 10,412,170 | $ 10,871,903 | $ 40,988,477 |

**BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP** *(Including CMS Letter SMD#21-003 Appendix B Items pending further guidance )*

| | | | | | |
|---|---|---|---|---|---|
| Total Computable Base Expenditures | $ 119,319,675 | $ 104,683,410 | $ 121,824,094 | $ 125,141,973 | $ 470,969,152 |
| Total State Share | $ 40,330,050 | $ 35,382,992 | $ 41,176,544 | $ 50,056,789 | $ 166,946,376 |
| Total Federal Share (including 10% FMAP increase) | $ 78,989,625 | $ 69,300,417 | $ 80,647,550 | $ 75,085,184 | $ 304,022,776 |
| *(2). Funds Attributable to the HCBS FMAP Increase | $ 11,931,967 | $ 10,468,341 | $ 12,182,409 | $ 12,514,197 | $ 47,096,915 |
| *Average of (1) and (2) | $ 11,195,372 | $ 9,856,984 | $ 11,297,290 | $ 11,693,050 | $ 44,042,696 |
| FMAP Assumptions | | | | | |
| State's Base FMAP | 50.00% | 50.00% | 50.00% | 50.00% | |
| *FFCRA Increase | 6.20% | 6.20% | 6.20% | 0.00% | |
| ARPA Increase | 10.00% | 10.00% | 10.00% | 10.00% | |
| Combined FMAP | 66.20% | 66.20% | 66.20% | 60.00% | |

**b. ADDED FUNDING FOR HCBS REINVESTMENT**

| Year of Reinvestment | Year 1 | Year 2 | Year 3 | Total |
|---|---|---|---|---|
| Time Period | 4/1/21 - 3/31/22 | 4/1/22 - 3/31/23 | 4/1/23 - 3/31/24 | |
| State Reinvestment Allocation By Year | 33% | 33% | 33% | 100% |
| State Reinvestment by Year | $ 14,680,900 | $ 14,680,900 | $ 14,680,900 | $ 44,042,700 |
| FMAP Assumptions | | | | |
| State's Base FMAP | 50.00% | 50.00% | 50.00% | |
| *FFCRA Increase | 4.65% | 0.00% | 0.00% | |
| ARPA Increase | 10.00% | 0.00% | 0.00% | |
| Combined FMAP | 64.65% | 50.00% | 50.00% | |
| Supplemental Funding | | | | |
| Reinvested State Share | $ 14,680,900 | $ 14,680,900 | $ 14,680,900 | $ 44,042,700 |
| Federal Match on Reinvestment | $ 26,849,200 | $ 14,680,900 | $ 14,680,900 | $ 56,211,000 |
| Subtotal: Supplemental Funding | $ 41,530,100 | $ 29,361,800 | $ 29,361,800 | $ 100,253,700 |
| Federal Match Attributable to FMAP Components: | | | | |
| *Base FMAP* | *$ 14,680,900* | *$ 14,680,900* | *$ 14,680,900* | *$ 44,042,700* |
| *FMAP Increases (ARPA + FFCRA)* | *$ 12,168,300* | *$ -* | *$ -* | *$ 12,168,300* |
| *Subtotal: Federal Match* | *$ 26,849,200* | *$ 14,680,900* | *$ 14,680,900* | *$ 56,211,000* |

*1. The projection is based on historical expenditure data from April 2020 to March 2021. Actual HCBS Section 9817 FMAP may differ.
*2. Assumption is based on FFCRA 6.2% increase available through 12/31/2021.
*3. The State will submit our managed care claiming methodology for the increased FMAP to CMS for review and approval. The estimated impact could be approximately $2.8 million potential FMAP increase. This figure is not included in the model at this time because the methodology has not yet been approved.

# Appendix B

AARP®
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April 20, 2021

Lori Shibinette
Commissioner
Department of Health and Human Services
129 Pleasant St.
Concord, NH 03301

Governor Chris Sununu
c/o Elliot W. Gault
Office of the Governor
State House
107 North Main Street
Concord, NH 03301
(603) 271-2121

**Re: Some Innovative Uses for Incoming ARPA Funding**

Dear Governor Sununu and Commissioner Shibinette:

AARP New Hampshire, on behalf of our over 215,000 members and all older Granite Staters, urges you to take advantage of new federal resources to expand access to in-home and community-based care. Governor Sununu has (on many occasions) indicated a desire to augment the funding and work in this area and this seems to be a great time to be both forward-thinking, innovative, and to use incoming resources to leverage lasting change. With these things in mind, we submit this proposal to you with optimism and excitement.

With an estimated 880 COVID-related deaths occurring in Granite State nursing homes and long-term care facilities, representing 70% percent of deaths in our state (data from 4/14/21 state dashboard), this help is urgently needed. Equally important is building infrastructure to honor the preferences of New Hampshire's burgeoning older adult population to age in their homes and communities and to build an infrastructure to make that preference a reality.

In March, Congress passed a new law that includes enhanced funding for Medicaid home and community-based services (HCBS). Specifically, it establishes a temporary enhanced federal matching percentage (FMAP) for state HCBS expenditures from April 1, 2021 to

March 31, 2022. The new law stipulates that the enhanced FMAP must be used to supplement (not supplant) current state HCBS spending, and to enhance, expand, or strengthen home and community-based services under New Hampshire's Medicaid program.

We know that the vast majority of Granite Staters want to get care in their homes and communities. That is why AARP urges New Hampshire to take advantage of this unique opportunity to use this increased funding to supplement existing state HCBS efforts. Acknowledging that the ARPA is likely to be a one-time opportunity, New Hampshire AARP would like to recommend some HCBS initiatives that will significantly improve long-term HCBS access without obligating the state to annual expenditures after the ARPA funding is exhausted. Finally, to allow the majority of the ARPA funding to be used for the state's immediate emergency HCBS program needs, we have limited our HCBS long-term access improvement recommendations to less than 25% of the anticipated $43 million in HCBS funding that New Hampshire is estimated to receive under the ARPA. Please see: https://www.kff.org/report-section/potential-impact-of-additional-federal-funds-for-medicaid-hcbs-for-seniors-and-people-with-disabilities-table/

While we clearly understand and acknowledge that the majority of New Hampshire's HCBS funding is for Developmental Services, because of (among other things) our rapidly aging population who prefer to live at home, plus the high death rate of nursing home residents during this pandemic, it is critical that we (as a state) now make more funding available to help people stay and keep safe in their homes as they age. We also think that some of the changes and approaches we recommend below (i) could (and should) result in some additional funding for HCBS for the aging, and; (ii) some of the changes we seek below will naturally benefit both groups.

**Recommendations for Potential Activities**

We respectfully suggest the following activities for your consideration for use of the enhanced federal HCBS funding.

1. Home Modification and Maintenance: Sufficient access to affordable home modifications, repairs, and efficiency upgrades can make a significant difference in a person's ability to remain at home when they need Medicaid long-term supports and services (LTSS). To test whether expanding the environmental modifications allowed under New Hampshire's current Choices for Independence waiver will enhance HCBS access in a cost-efficient manner, consider using $4MM of the ARPA funds (together with any additional FMAP they can draw down) to increase the availability and scope of environmental modification to more fully address physical, cognitive, and/or financial needs as follows:

    - Create a one-year pilot program expanding the individual budget cap and scope of services allowed in the Choices for Independence environmental modification program.

- Contract for a 3-year evaluation of the program's impact on institutional diversion and Medicaid costs associated with the pilot expansion to determine if the temporary expansion should be made permanent with new state general funds.

Currently the Choices for Independence waiver pays for the installation of ramps and grab bars, widening doorways, and other "adaptations authorized by BEAS that are necessary for the health and safety of a participant that are not otherwise covered under the Medicaid State Plan." Specifically excluded are general improvements without "medical remedial benefit," electrical and plumbing work beyond a specific adaptation and outside of the home's current capacity, and anything that expands the size of the home. The one-time ARPA funding could be used to test the benefits to HCBS consumers and the state of an environmental modification program expansion that includes:

- *Budget Cap*: Raise the lifetime individual budget cap for state approved environmental modifications to the maximum allowed under Medicaid rules. This will allow for more significant modifications, additional modifications if a consumer must change residences, and capacity for general home repairs and improvements required to ensure health, safety, and affordability.

- *Home Repair and Improvements:* Specifically provide authority to fund all general home repairs required for health, safety, and affordability. Repair activities could include the following:

  - Kitchen modifications (safety and accessibility upgrades)

  - Emergency call systems

  - Home repairs and improvement such as weatherization (including storm windows or window replacement), security enhancements, insulation, roof repairs, and system reliability and/or economy upgrades for heating, air conditioning, plumbing, and electrical.

- *Expansions*: Specifically permit kitchen, bedroom, and bathroom additions if internal modifications are not practicable or as economical.

Aging and Disability Resource Center (ADRC) Public Awareness Campaign: New Hampshire's ADRC (ServiceLink) is an effective support for Medicaid eligible individuals and families working to organize HCBS to remain in the community. New Hampshire's ServiceLink program was created in the early 2000's as the result of New Hampshire citizens saying that the long term care system was fragmented and that they needed one place to go to get information about long term care needs. AARP's New Hampshire 2020 Long-Term Services and Supports (LTSS) State Scorecard http://www.longtermscorecard.org/databystate/state?state=NH

shows that our Aging and Disability Resources program (ServiceLink) in New Hampshire ranked second in the country for its effectiveness. Unfortunately, it is not as widely known or understood by potential beneficiaries as would be optimal. To increase awareness of the Service Link program among current and potential Medicaid HCBS consumers, their families, and related referral sources, provide one-time funding of $500K for a 2-year ServiceLink public awareness campaign.

**Recommendations for HCBS Support Activities**

If CMS allows the ARPA funds to be spent on activities that are not traditionally eligible for Medicaid funding, the following HCBS support programs should be considered as they could significantly enhance and strengthen HCBS access in the state.

1. HCBS Start-Up/Expansion Funding: Enhancing statewide access to Medicaid HCBS requires increasing access to HCBS providers and affordable housing in underserved areas. To catalyze the growth of HCBS and affordable senior housing, use $5MM of the one-time APRA funding to establish a low-cost revolving loan program for pre-development, start-up, and business expansion lending to viable projects that are not qualified for standard bank loans. The funds could be administered by the state finance agency or a third-party vendor experienced in non-traditional health care and real estate lending. An advantage of this proposed activity is that it allows the one-time ARPA funding to revolve, serving HCBS expansion goals well into the future. This would give the State the opportunity to creatively fund some innovative community based services that would help keep people out of nursing homes.

2. Presumptive Eligibility: New Hampshire has a presumptive eligibility statute RSA 151-E: 18, that was suspended during the current biennium. The Department testified that it was suspending the program due to the lack of funding to administer the program. We believe that this would be a very opportune time to restart the program. Medicaid eligible individuals who experience a health crisis and require LTSS often end up in a nursing home because nursing homes are generally the only LTSS providers that can be paid for their services while Medicaid eligibility is determined by the state. And, unfortunately, once someone requiring LTSS is settled in a nursing home, it is unusual for him or her to return to the community. That is why states, including New Hampshire have adopted presumptive eligibility for HCBS programs. Due to lack of funding New Hampshire wasn't to fully implement Presumptive Eligibility. There are start-up costs and a financial risk for states during the start-up of presumptive eligibility programs, most significant being that they will have to pay for the full costs of HCBS delivered during the determination period if their inexperienced staff make the wrong presumption and eligibility is not approved. To remove start-up costs and risk associated with restarting a presumptive eligibility program, the state could use $1MM of the ARPA funding to implement the state's presumptive eligibility program, including a $500K

loss reserve to cover any mistakes the state makes in eligibility determinations during the first 12-month of the program. At that point the state would have sufficient data and experience to show the effectiveness of the Presumptive Eligibility program. We believe that the experience will show that this program will be cost effective and get eligible people home care services so that they can more easily stay at home and be less likely to end up in an institution.

Finally, we urge you, our New Hampshire leaders, to engage the public and community partners as you consider how to apply the FMAP increase, and ensure that decisions to remain transparent in all steps of the decision-making process. We also have some ideas about how to engage the private sector as well as we seek in increase awareness of our excellent ServiceLink network. We will share these thoughts when we talk. If either of you has an appetite for further changes and innovative thoughts for use of this funding, we would be prepared to share other ideas on the subjects of (i) leveraging technology, and/or (ii) funding some novel ways to deal with our perennial direct care workforce challenges in this area to lead to bring some real and lasting change.

With so many people in New Hampshire needing home and community based care, we believe that quickly leveraging these additional resources will significantly improve the lives of many of our fellow Granite Staters. Thank you for your prompt attention to this issue. We stand ready to help in any way that we can, including with some of our own financial resources and communications channels. If you have questions, please contact me at tfahey@aarp.org or (603) 230-4109. At the very least, I'd like to have a discussion to follow up on this with key members of my team and yours.

Sincerely,

*S.*

Todd C. Fahey, J.D.
State Director
AARP New Hampshire
tfahey@aarp.org
(603) 738-9260 (cell)

GRANITE STATE
# HOME HEALTH & HOSPICE ASSOCIATION

June 18, 2021

Lori Shibinette
Commissioner
NH Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

Commissioner Shibinette:

I am writing on behalf of home care, hospice, and palliative care providers throughout the state to suggest potential uses of the 10% FMAP funds that New Hampshire can receive through the American Rescue Plan of 2021. Our Association – the advocacy affiliate of the Home Care, Hospice & Palliative Care Alliance of New Hampshire – advocates on behalf of home-based providers and the people they serve. Our members deliver many types of care, from personal support and nursing services for Choices for Independence clients, to Medicaid state plan skilled nursing and rehabilitation therapy for Medicaid managed care enrollees, and Medicaid private duty nursing for pediatric and adult patients who require intensive, specialized nursing care.

The ARP funds present New Hampshire with a unique opportunity to enhance, strengthen and support a fragile network of home and community-based care. As you know, New Hampshire's history of low reimbursement rates for its Medicaid programs, combined with COVID challenges and a competitive employment environment, has resulted in gaps in care for Granite Staters who depend on home-based services.

After reviewing the guidance that CMS issued to State Medicaid Directors, the Association suggests the following:

**Directed Payments to Medicaid and CFI Providers**

NH Medicaid made directed payments to certain safety net providers in 2020, including Medicaid state plan home health providers and Medicaid private duty nursing providers. These payments were rate enhancements based on claims in a specific time period and were paid monthly. The directed payments supplemented the current rates and were much needed, especially since state plan home health nursing rates have been stagnant since 2010, and home health therapy rates have been unchanged since the late 1990s. Medicaid private duty nursing rates are also no longer sufficient to attract the specialty nurses needed to care for that population.

The Association believes a similar directed payment program would again help those same providers, along with Choices for Independence providers and other qualifying providers. It would be important to allow providers the flexibility to use these funds as they deem necessary, since challenges vary from agency to agency. Options could include recruitment

An affiliate of the Home Care, Hospice & Palliative Care Alliance of New Hampshire
Eight Green Street, #2 Concord, New Hampshire 03301 • 603-225-5597 • Fax 603-225-5817

and retention bonuses, stipends, temporary wage increases, overtime pay, additional benefits, additional training, as well as deficit mitigation for agencies that provide these services at a financial loss and are at risk of leaving the Medicaid or CFI provider networks.

We recommend a directed payment model rather than a "Long Term Care Stabilization Fund" stipend model because it would be less administratively burdensome on providers and would reduce work for other state agencies, such as the Department of Employment Security. While the LTCF stipends in 2020 encouraged workers to stay employed or accept more shifts, providers bore the additional costs for payroll taxes. This was a barrier for some agencies to participate in the program. The Partnership for Medicaid Home Care reported that CMS officials indicated in a meeting on June 17th that CMS expects taxes and other employer costs to be factored in when calculating any wage enhancements resulting from ARP funds.

**Workforce Initiatives for Home-based Workers**

Attracting and retaining staff to deliver home-based care remains the biggest challenge for Medicaid and CFI providers. Without more nurses, LNAs, and personal care providers, gaps in client services will continue to grow. We recommend that DHHS invest funds in scholarships, free training programs or supplemental benefits to attract new workers to these jobs. Specifically, we suggest:

- Establishing a grant fund for agencies to apply for financial assistance to pay wages and training costs for new employees enrolled in apprenticeship programs, such as home health LNA and LPN programs offered through the Community College System of NH. Candidates could include family members of CFI or Medicaid private duty nursing patients who would be hired by agencies as paid caregivers for their family members. The NH Department of Labor has training funds available, but many non-profit agencies cannot participate because they do not pay into the unemployment compensation fund.
- Partner with hospital-based pediatric programs to offer regular training for home care RNs and LPNs to acquire specialty skills necessary for Medicaid private duty nurse care.
- Establish a fund that agencies could apply for that could be used for supplemental employee benefits, such as tuition/student loan assistance, childcare vouchers, transportation or car repair vouchers, or other offerings.

The Association recognizes there are many worthwhile initiatives that could be considered for the ARP funds, including HCBC infrastructure projects within DHHS. We urge the Department to dedicate these funds specifically to *rescue* home and community-based providers, employees, and the people they serve.

We welcome the opportunity to engage in stakeholder conversations about the ARP funds.

Respectfully,

Gina Balkus
Chief Executive Officer

Cc: Henry Lipman, Medicaid Director
Deborah Scheetz, Director of Long Term Services & Supports

COMMUNITY SUPPORT
NETWORK, INC.

Friday June 11, 2021

Lori Shibinette, Commissioner
New Hampshire Department of Health and Human Services

Dear Commissioner Shibinette,

Community Support Network, Inc. (CSNI) is the association of the ten Area Agencies serving individuals with developmental disabilities and acquired brain disorders throughout New Hampshire. I am writing to you today on behalf of our member agencies, as well as the families and individuals they support and the private providers who the Area Agencies contract with for service delivery. Specifically, I would like to offer our input as the state considers how it will implement and allocate funding from the FMAP increase that is authorized as a component of the federal American Rescue Plan Act (ARPA). CSNI believes there are many potential innovative uses for ARPA funding to support services to individuals and families, as well as to invest in the future of the service delivery system.

The current support system has withstood a wide array of challenges over the course of the COVID-19 pandemic. Impacts to individuals, families and enhanced family care providers (also referred to as home care providers, or host families) ranged from significant lifestyle and community access restrictions, to losing connections to direct support professionals who were no longer able to come into individual homes. Impacts also included the widespread adoption of remote engagement and a myriad of creative support strategies to ensure that families and individuals had access to PPE, food, medicine and other necessities. Families are at the heart of the entire service delivery system, but they also need direct support professionals (DSPs) to provide the daily supervision, care and mentorship that their adult and minor children require.

The temporary increase in FMAP represents an opportunity to help stabilize and grow the existing workforce of DSPs, Service Coordinators, Nurses and other critical positions. It is also a time to ensure that family supports and respite opportunities are enhanced. We offer the following items for consideration:

- Recruitment and retention stipends
- Funding to support training
- Supporting the expansion of innovative pipeline development strategies similar to a successful pilot model being implemented in the Greater Nashua area.
- Targeted increases in respite budgets
- Additional allocations to regional Family Support Councils for locally determined needs.

CSNI
COMMUNITY SUPPORT NETWORK, INC.

As we look to move beyond the current state of emergency and re-establish systems of supports, we also must acknowledge that many opportunities to invest in the future of the developmental services system have become apparent over the past year and a half. If New Hampshire is to remain a national leader in services, there are several items for consideration that would position us well. These include:

- Investing in the modernization of information systems that are currently in use by the Area Agencies and private providers. This also includes investing in new information systems that allow for efficient data management and workflows that truly support a strong service coordination system.
- Participating in the National Core Indicators Staff Stability Survey. This is a nationally recognized instrument that states have invested in to document staffing levels and to allow states to compare one another's results as a means to develop best practices for recruitment, retention, compensation and deployment of paid staff.
- Widespread adoption of the Charting the Life Course system of educating families, individuals, providers, school professionals and others in methods to plan for the lifelong trajectory of goal attainment for individuals with developmental disabilities.
- Expanding opportunities for individuals and families to modify their homes and vehicles in ways that optimize independent movement and activity.
- Expanding access to emerging telehealth technologies such as remote monitoring systems and responsive communication devices.

Thank you for considering the above items as you contemplate the Department's plans for implementing the FMAP increase. Please feel free to contact me directly with any questions.

Sincerely,

Jonathan Routhier
Executive Director
jrouthier@csni.org
603-229-1982

Cc: Deborah Scheetz
Sandy Hunt

NH AHA ADVOCACY
NEW HAMPSHIRE ALLIANCE FOR HEALTHY AGING

June 8, 2021

Commissioner Shibinette
Office Of the Commissioner
NH Department of Health & Human Services
129 Pleasant St.
Concord, NH 03301

Dear Commissioner Shibinette,

On behalf of the New Hampshire Alliance for Healthy Aging (NH AHA), we are writing to provide recommendations for the plan the Department is developing for dissemination of funds for home and community-based services from the American Rescue Plan Act of 2021 (ARPA). Given that the ARPA funding provides states an increase of 10% to their Federal Medical Assistance Percentage (FMAP) for Home and Community Based Services (HCBS) delivered during the period beginning June 1, 2021, and ending on March 31, 2022, we recommend the following:

- A presumptive eligibility pilot to support access to services that help older adults and people with disabilities remain in their homes. Medicaid's complex eligibility process does not account for the practical realities most individuals and family caregivers face when they wish to avoid a nursing home admission under stressful circumstances—an unexpected hospitalization or a rapid deterioration of health at home. In those situations, timely access to services can mean the difference between someone returning to the community or entering a nursing home. In addition to any necessary costs related to prompt coverage, we would like to see increased staff at ServiceLink offices to provide outreach and application assistance.

- An innovations in long-term care program to explore new models of in New Hampshire such as a Green House Project style nursing facility or intergenerational living arrangements. As the second oldest state in the country, we need to find creative ways to meet the needs of our communities. Fostering settings where older adults enjoy an excellent quality of life and care, can be done cost effectively and would create an attractive workplace setting that can retain a quality workforce.

- Reinstatement of the successful long-term care stabilization program that enhanced the wages of the direct care workforce. We saw an increase in employees in the direct care workforce and a stabilization of shifts on evening hours and weekends when the Long-Term Care (LTC) stabilization program was put in place. There is an opportunity here with this federal funding to raise the wages of these critical workers. The LTC stabilization program results prove that low wages are a major factor limiting the ability to recruit and retain the direct care workforce to meet the needs of a growing older population at a pivotal time as we are emerging from the pandemic.

- **Coordinated outreach and application assistance** to assist the Department with the Medicaid re-determination process for 65,000 granite staters. This short-term investment would ensure people on the Medicaid waiver programs, including Choices for Independence (CFI), do not lose their services and health care coverage if they cannot effectively navigate this difficult process.

- An appropriately funded **healthy aging hub** housed at NH ServiceLink could partner with transportation, direct care providers, and community partners to make home and community-based services more accessible to older adults. By enhancing resources, staffing and community outreach at ServiceLink, the Department would capitalize on the existing infrastructure. We also envision the hub housing pilots like presumptive eligibility and the outreach and enrollment team to assist the community with eligibility and re-determinations in the communities where older adults are seeking those programs and supports.

- A **Family Caregiver pilot program** to pay family members to care for their loved ones. This is especially important with the workforce shortage. Improved participant directed services (PDS) that are in the CFI waiver right now could be assigned to 2 or 3 case management agencies with an additional staff person who would focus completely on outreach and education and enhanced access for individuals and families to use related to PDS. Right now, waiver PDS numbers represent a very low percentage of "services" used. More PDS support—using friends, family and other less traditional staff is one more tool in the toolbox. This was recently piloted successfully with the In-Home Supports Waiver due to workforce issues during Covid-19.

- Implement **performance standards** and a **case management tracking system** that the Department can use to support CFI waiver integrity. This will ensure that gaps in services are identified and addressed quickly. A waiver health and welfare special review team could regularly review those participants are getting needed services, there is communication with providers and case management, that there are choices of services, medical transportation, personal safety, and community inclusion.

Under the Allowable Use of Federal funding the requirements specify, *"The State shall implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen home and community-based services under the State Medicaid program."* Coupled with the language in subparagraph (a) that directs states to supplement, not supplant, the existing levels of state funds, we recommend the Department focus the enhanced funding on building infrastructure that supports the HCBS workforce, accessibility for the consumer, and enhanced availability of services including transportation and affordable housing for older adults.

Thank you for your consideration of these recommendations. Please let me know if you have any questions or need more details.

Sincerely,
Heather Carroll
Director of Advocacy, NH Alliance for Healthy Aging

HOMES
Home Medical Equipment and Service Association of New England

AAHOMECARE
American Association for Homecare

June 23rd 20121

RECEIVED
JUN 29 2021
DIRECTOR'S OFFICE

Henry Lipman, Medicaid Director
129 Pleasant Street
Concord, NH 03301

cc:
Lori Shibinette
Commissioner, Dept Health & Human Services

**Home Medical Equipment & Services Association of New England (HOMES) proposed enhancements to the Home and Community Based Services programs of Connecticut.**

In response to the unprecedented COVID-19 pandemic and logistical and financial strain it has caused on the American healthcare system, Congress enacted section 9817 of the American Rescue Plan Act of 2021. Section 9871 provides a temporary 10% increase to a State's FMAP for dates between April 1, 2021 to March 31, 2022. Per CMS guidance, States may apply the 10% increase in FMAP to, among other things, "home health care services" under section 1905(a)(7), that "enhance, expand, or strengthens" beneficiary access to home and community-based services (HCBS). "Home health care services" have been broadly defined by CMS in regulations to include "medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place," such as the patient's home.

The HOMES Association along with the American Association for Homecare respectfully submit the following suggestions as opportunities to enhance or improve HCBS services through investment in the Durable Medical Equipment providers in our state. We realize that it may not be possible to implement all of these suggestions and have prioritized based on the positive impact to the HCBS / DMEPOS community.

1. Increase DMEPOS reimbursement by 10% for claims with dates of service 04/01/2021 through 03/31/2022.
2. Create reimbursement for medically necessary care provided by Respiratory Therapists.
3. Create reimbursement for Assistive Technology Professionals (ATP's) currently required evaluate, fit & train beneficiaries for complex mobility equipment.
4. Provide coverage and reimbursement for power seat elevation systems and power standing systems used with Complex Power wheelchairs.
5. Increase Rates and Coverage policy for Personal Protective Equipment (PPE)
6. Allow/Expand Continuous Glucose Monitoring (CGM) Coverage
7. Add coverage for remote monitoring services to enhance management of chronic disease states.

***1. Increase DMEPOS reimbursement by 10% for claims with dates of service 04/01/2021 through 03/31/2022.***

- The COVID-19 Pandemic has significantly strained the supply chain for the HME industry contributing to significant increases in the costs for HME products and creating supply shortages throughout the country.
- DME providers have been on front line servicing COVID-19 patients in their homes providing home ventilation services, oxygen therapy, and other DME equipment and supplies.
- The services provided by the DME providers have been keeping patients in their homes and out of the hospitals which has allowed hospitals to manage their capacity to be able to treat the most critically ill.
- Access to Complex Rehab Technology was protected due to the increased efforts and in-person visits by the Assistive Technology Professionals while utilizing telehealth in conjunction with the PT/OT services for the safety of the patient. This model shortens the timeline for obtaining complex rehab services.
- Increased payment rates would help DME providers that have been financially struggling, and it would allow other DMEPOS providers to expand their offerings to cover a broader patient population and/or offer a more robust supply of goods.

***We request that the Department increase the Medicaid payment rates for DME providers and use the 10% FMAP increase to help offset additional costs.***

2. ***Create reimbursement for medically necessary care provided by Respiratory Therapists.***

- DME respiratory providers utilize certified or registered Respiratory Therapists (RTs) to provide value-added services such as patient monitoring, education, training, equipment set up, maintenance, and repair.
- Respiratory Therapists (RTs) make home visits and coordinate with the patient's prescribing and clinical care team to improve patient outcomes, compliance, and quality of life for the end user.
- Currently, DME respiratory providers that utilize RTs do so with no added reimbursement. RT home visits offer tremendous value to end users prescribed medically necessary oxygen equipment and related services, home mechanical ventilation therapy, tracheostomy care, positive airway pressure (PAP) therapy, and other related respiratory equipment, supplies and services.
- Additional payment that helps offset the cost of Respiratory Therapists would improve Medicaid recipient access to critical support services and other items in their homes by allowing DME providers to reinvest resources otherwise spent on absorbing the cost of RTs.

We request the Department utilize the enhanced 10% FMAP for HCBS provided by section 9817 of the American Rescue Plan Act to add coverage for DME providers to be reimbursed for sending certified or registered Respiratory Therapists to Medicaid recipient homes for medically necessary care.

3. ***Create reimbursement for Assistive Technology Professionals (ATP's) currently required evaluate, fit & train beneficiaries for complex mobility equipment.***
   - Currently DME providers of complex rehabilitation technology (CRT) are required to employ certified Assistive Technology Professionals (ATPs) to provide individually configured complex wheelchairs. While the evaluation, simulation, fitting, and training time required from these credentialed professionals is significant, there is no separate reimbursement provided for this time and expertise.
   - ATPs are key participants in the CRT evaluation and provision process, working as part of a team that includes the physician and typically a physical or occupational therapist. The ATP's primary role is matching the patient's identified functional and medical needs to the appropriate CRT products and configuration. Activities include in-person evaluations, equipment trials and simulations, home environment assessments, CRT configuration

recommendations, fitting and adjusting, and training on safe operation. In addition, ongoing follow up and adjustments are provided after the delivery.

- Additional payment would help offset the cost of ATPs and improve Medicaid beneficiary access to critical support services and other items in their home by allowing DME providers to reinvest resources otherwise spent on absorbing the cost of ATPs.
- Timely access and quality outcomes from CRT has been protected due to the increased efforts by ATPs for in-person evaluations, while streamlining the evaluation process and helping ensure the safety of the patient. This model prevents extended timeframes for obtaining CRT and supporting services. For this to be a sustainable option going forward, additional reimbursement is needed to compensate for the ATP's time and expertise and ensure positive outcomes for the patient requiring CRT.

We request that the Department utilize the enhanced 10% FMAP for HCBS provided by section 9817 of the American Rescue Plan Act to provide payment for DME providers of CRT that covers the expertise and involvement of an ATP in the process of providing this complex medically necessary equipment in the home.

4. ***Provide coverage and reimbursement for power seat elevation systems and power standing systems used with Complex Power wheelchairs.***

- Power seat elevation systems used with Complex Rehab Power Wheelchairs- this specialized technology provides significant medical and independence benefits to people with disabilities. Seat elevation is critical to activities of daily living participation and performance. Seat elevation improves transfers and reaching and reduces or eliminates neck and spine injuries from power wheelchair use.
- Power standing systems used with Complex Rehab Power wheelchairs- this specialized technology also provides significant health and independence benefits to people with disabilities. Standing systems improve joint mobility and muscle tone, increase strength and bone density, assist bladder and bowel management, enhance cardiovascular and respiratory functions, and reduce pressure injuries of the skin.
- Both systems provide medical and functional benefits while reducing costs to the Medicaid program by decreasing falls, skin breakdowns, muscle contractures, and numerous other avoidable medical complications of long term or permanent wheelchair use. They will also allow beneficiaries with mobility impairments to be more functional and less reliant on other caregivers, whether these caregivers are family members or paid homecare providers or personal assistants.

We request the Department utilize the enhanced 10% FMAP for HCBS provided by section 9817 of the American Rescue Plan Act to provide coverage and reimbursement for power seat elevation systems and power standing systems used with Complex Power wheelchairs.

5. ***Increase Rates and Coverage policy for Personal Protective Equipment (PPE)***

- Due to the pandemic, there has been a significant rise in demand for PPE, including medical grade gloves creating a strain on the manufacturing capacity. This increased demand along with increased manufacturing restraints such as raw material shortages, constraints with global manufacturers in locations such as China and Malaysia have led to significant cost increases on PPE.

We request the Department utilize the enhanced 10% FMAP for HCBS provided by section 9817 of the American Rescue Plan Act to provide increased coverage and reimbursement for gloves and other PPE.

6. ***Allow/Expand Continuous Glucose Monitoring (CGM) Coverage***

- The benefits of Continuous Glucose Monitoring have been shown to increase monitoring frequency, reduce time in hypoglycemia, and improve glucose control. The expansion/allowance of coverage for CGM will allow for better outcomes and lifestyle for patients diagnosed with diabetes.

We request the Department utilize the enhanced 10% FMAP for HCBS provided by section 9817 of the American Rescue Plan Act to provide/expand coverage of Continuous Glucose Monitoring.

7. ***Add coverage for remote monitoring services to enhance management of chronic disease states.***
   - Allow for service and reimbursement for remote patient monitoring by DME providers.
   - Allow for service and reimbursement of telehealth for ongoing monitoring of chronic disease management.
   - Allow for reimbursement of PAP compliance tracking and ongoing management of sleep apnea services.

We request the Department utilize the enhanced 10% FMAP for HCBS provided by section 9817 of the American Rescue Plan Act to add coverage for remote monitoring services to enhance management of chronic disease states.

The HOMES Association and AA Homecare welcome the opportunity to discuss our suggested enhancements to the HCBS / DMEPOS programs and the positive impact these changes will have on the beneficiaries of our state.

Sincerely,

Jason Morin MBA, RRT, CDME
President & CEO
Home Medical Equipment and Services Association of New England

THE DUPONT GROUP
PUBLIC AFFAIRS CONSULTING

Lori Shibinette, Commissioner
NH Department of Health and Human Services
Brown Building
129 Pleasant Street
Concord, NH 03301

Via email: LORI.SHIBINETTE@DHHS.NH.GOV

January 20, 2020

Dear Commissioner Shibinette:

As you may recall, during the Governor's call with the NH Community Behavioral Health Association (CBHA) and in the follow up conversations Roland Lamy and I had with you, mental health transitional and community housing was addressed. This discussion was in the context of finding additional ways to address the wait list for involuntary admissions at New Hampshire Hospital (NHH) by facilitating an improved and efficient discharge process through added step-down care in the community.

While we are hopeful that the expansion of Mobile Crisis Units in 2021 will address key elements of emergency services and reduce admissions that comprise the wait list at local hospital emergency rooms, designated receiving facilities, and NHH, there will still be the need for some form of housing to bolster capacity and care in the community. This issue was addressed in the original Ten-Year Mental Health Plan in 2008 supported by then-DHHS Commissioner Toumpas and Governor Hassan. Given the multiple ways DHHS is addressing the wait list crisis, it is difficult to pinpoint the exact capacity necessary in the community to address the growing concern about the involuntary wait list. While we have not completed our research, it is likely that the bed count in 2021 is well below what it was in 2011 when the Governor's budget proposed and the legislature authorized the funding of 75 new beds; for a variety of reasons, the State did not appropriate those dollars.

As noted on the Community Mental Health Centers (CMHC) spreadsheet we sent you recently, the ten CMHCs currently operate 84 transitional beds and 90 community beds. However, and as detailed below, those beds/services are paid at a Medicaid rate well below costs and potentially at a rate significantly lower than other vendors providing similar services.

As you and the Governor potentially address this issue in the context of the upcoming budget, the CMHCs are ready to assist, although each of the ten centers will have its own challenges associated with any expansion. As a first step, efforts should be made to preserve the beds that currently exist by adjusting rates to reflect the cost to operate. Chief among the challenges for any center to add additional capacity is ensuring that there is an adequate rate to sustain the services and property; sufficient workforce to staff these housing needs; and the availability of capital, especially in a rising real estate market.

Outlined below are some issues we think will need to be reviewed as we develop budget recommendations:

1. Determine the number of beds that are needed.
2. Map out the location for the needed beds by region. Review existing workforce capacity issues in that region.
3. A refreshed rate analysis should be undertaken to establish a cost-based rate which can be applied to existing and new beds. It is generally understood that the existing rate for both community and transitional beds is well below the cost to operate and lower than what is reimbursed to non-CMHC entities providing similar services.
4. Determine the capital cost needed to fund the proposed number of new beds.
5. Address the complexity to funding of beds within the CMHC payment model and how to modify the current MCO payment model to incorporate investments in existing and new beds.
6. The CMHCs are developing an analysis of the workforce issues associated with expansion of transitional and community beds to help inform the needs and timelines to add beds to the system.
7. The information and data developed from this work should also be used to review the right balance of congregate housing vs. independent community housing.

Once these determinations are made, a recommendation can be offered to fund the right number of beds at the right rate of reimbursement, in order to develop a policy for the upcoming 2022-2023 State operating budget.

In addition to the actual appropriation needed to retain the current beds and add new beds in a timely fashion, we believe it will also be necessary to establish class notes in the budget to assist with channeling the money into the CMHC payment model, potentially impacting MCO future amendments between DHHS and the MCOs. It might be advisable to find a method of contracting with the CMHCs in a fashion that streamlines the procurement process and avoids any failed contracting efforts. Development of an RFP in the middle of a fiscal year while the CMHC alternative payment model has already been negotiated will not provide additional funding to support this effort.

I hope this outline of mental health housing efforts is helpful. I would like to suggest that once you and your team have reviewed it, Roland and I could have the opportunity to re-connect with you on this matter. I have also taken the liberty of copying the Governor on this note in

order to keep him informed of our responsiveness to concerns he expressed this past fall to the CMHCs.

As we observed at the beginning of this letter, no segment of service stands alone. As NH expands housing services, we will need to have adequate staff on clinical treatment teams to meet the needs of additional clients. And beyond the review of these housing issues relative to the upcoming State budget, a broader conversation about the provision of housing within the mental health arena could include CBHA, DHHS and other housing voices.

I look forward to working with you on these matters.

Sincerely,

Jim Monahan

Cc: Governor Chris Sununu
Katja Fox, Director, Division of Behavioral Health

New Hampshire
State Commission on Aging

June 28, 2021

Commissioner Shibinette
Office of the Commissioner
NH Department of Health & Human Services
129 Pleasant St.
Concord, NH 03301

Dear Commissioner Shibinette,

The New Hampshire State Commission on Aging wishes to express its endorsement of the New Hampshire Alliance for Healthy Aging (NH AHA) letter sent on June 8th to your office. The letter provided recommendations to the NH Department of Health & Human Services regarding the dissemination of the American Rescue Plan Act of 2021 (ARPA) 10% increase to the Federal Medical Assistance Percentage (FMAP) for Home and Community Based Services (HCBS) delivered during the period beginning June 1, 2021, and ending on March 31, 2022. The Alliance for Healthy Aging engaged individuals and organizations from across the State to identify the following recommendations:

- Develop a **presumptive eligibility** pilot to support access to services that help older adults and people with disabilities remain in their homes. Timely access to services can mean the difference between someone returning to the community or entering a nursing home. The pilot ideally includes costs related to prompt coverage and increased staff at ServiceLink offices to provide outreach and application assistance.

- Support programs that focus on **innovations in long-term care** in New Hampshire. A culture change initiative could build system resiliency in advance of future public health emergencies and create an attractive workplace setting that can retain a quality workforce. Other models to pull from could include the Green House Project or intergenerational living arrangements.

- Reinstate the successful **long-term care stabilization program** that enhanced the wages of the direct care workforce. This program proved that low wages are a major factor limiting the ability to recruit and retain the direct care workforce needed to meet the needs of a growing older population. The stress burden of working in long-term care continues to be high as staff remain vigilant through what we hope is the tail end of the pandemic curve. This is a pivotal time to retain and recruit the necessary workers to ensure access to services in the community and in facilities the diligent compliance with infection prevention practices supporting their safe reopening.

- Support **coordinated outreach and application assistance** to assist the Department with the Medicaid re-determination process for 65,000 Granite Staters. This short-term investment would aid people on the Medicaid waiver programs, including Choices for Independence (CFI), to navigate this difficult process avoiding unnecessary loss of needed health care benefits.

- Design and invest in a **healthy aging hub** housed at NH ServiceLink. By enhancing resources, staffing, and community outreach at ServiceLink, and developing performance standards for ServiceLink organizations, the Department could capitalize on the existing infrastructure to make home and community-based services more accessible to older adults. ServiceLink organizations could be incentivized to better partner with transportation, direct care providers, and community partners. In addition they could also house pilots like the previously mentioned presumptive eligibility pilot and an outreach and enrollment team to assist their community members with Medicaid and Medicare eligibility and re-determinations.

- Develop a robust **Family Caregiver pilot program** to pay family members to care for their loved ones. This is especially important with the workforce shortage. Improved participant directed services (PDS) in the CFI waiver now could be assigned to case management agencies. An additional staff person could focus on outreach and education and enhanced access for individuals and families to use related to PDS. Right now, waiver PDS numbers represent a very low percentage of services used. More PDS support—using friends, family and other less traditional staff is one more tool in the toolbox. A trial of this via the In-Home Supports Waiver brought about by the workforce issues during Covid-19 was successful.

- Implement **performance standards** and a **case management tracking system** that the Department can use to support CFI waiver integrity. This could ensure that gaps in services are identified and addressed quickly. Adding a waiver health and welfare special review team to provide oversight to the standards and troubleshoot when issues arise could ensure participants are getting needed services, that there is communication with providers and case management, that there are choices of services, medical transportation, personal safety, and community inclusion.

Collectively these recommendations focus on reinforcing the resiliency of long-term care and building infrastructure that supports access for consumers to home and community based care. Thank you for your consideration of these recommendations. The Commission welcomes further discussion on the details of these recommendations.

Sincerely,

Polly K. Campion

Hon. Polly Campion, MS, RN
Chair
New Hampshire State Commission on Aging

Rebecca Sky

Rebecca Sky, MPH
Executive Director
New Hampshire State Commission on Aging

cc: Nancy Rollins, Interim Director Long Term Services and Support and Wendi Aultman, Bureau Chief, Bureau of Elderly and Adult Services

Aspire
Living & Learning

July 1, 2021

Lori Shibinette, Commissioner
NH Department of Health and Human Services
129 Pleasant St.
Concord, NH 03301

Dear Commissioner Shibinette:

We are writing to you regarding the increase in the Federal Medical Assistance Percentage (FMAP) for Home and Community Based Services made available under the American Rescue Plan Act this spring. We understand that NH will be submitting a plan to CMS for use of these funds.

Aspire Living & Learning supports approximately 100 individuals with intellectual and developmental disabilities through the waiver in NH. This includes residential services, Community Participation Services, Participant Directed and Managed Services, and specialty services. We support individuals with complex behavioral and other needs throughout the state and contract with 8 of the 10 area agencies.

As you know, the workforce crisis continues to be our number one issue in delivering quality services. The two recent 3.1% rate increases certainly helped us narrow the gap between the wages we have to offer and those found in most of our individual budgets. However, a significant gap remains. The need is great, not just for dollars for wages, but also taxes associated with those increases, benefits, and support for frontline managers.

Frontline managers are a key component of the workforce that is often overlooked in policy discussions. They end up doing significant hours of direct support due to staffing shortages, and juggle both these direct support responsibilities and supervision of DSPs. Additionally, enhanced training for these managers would go a long way to improving the DSP's experience and ultimately the individual's experience as well. We hope the NH plan for the FMAP increase will have a significant, but flexible, focus on stabilizing the workforce.

One other priority stands out for improving the efficiency and effectiveness of our service system. Technology infrastructure to capture billing and clinical data for the system is being built piecemeal agency by agency, resulting in a patchwork of systems that place an enormous administrative burden on private provider agencies who operate in more than one region. The FMAP increase is an opportunity to invest in a coordinated approach that would allow all of us

to focus on improving services without the constant retraining on multiple different systems. More coordinated efforts would also allow your department to better track how funding translates to life outcomes for the people we serve.

We appreciate the opportunity to provide this information and thank you for your support of the developmental services system.

Sincerely yours,

Lou Giramma
CEO

John Whittemore
Senior Director of Program Operations

CC: Nancy Rollins, Sandy Hunt

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Disabled and Elderly Health Programs Group

September 29, 2021

Henry Lipman
Medicaid Director
Department of Health and Human Services
Division of Medicaid Services
129 Pleasant Street
Concord, NH 03301

Dear Mr. Lipman:

We are pleased to inform you that New Hampshire's initial state spending plan and spending narrative submitted on July 12, 2021, meet the requirements set forth in the May 13, 2021, Centers for Medicare & Medicaid Services (CMS) State Medicaid Director Letter (SMDL) #21-003 and are receiving partial approval. New Hampshire qualifies for a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS) under section 9817 of the American Rescue Plan Act of 2021 (ARP). We have approved the temporary 10 percentage point increase to the state's FMAP for certain Medicaid HCBS listed in Appendix B of the SMDL. The increased FMAP is available for qualifying expenditures between April 1, 2021, and March 31, 2022. However, CMS needs additional information, as described beginning on the next page.

Full approval of the state spending plan and spending narrative is conditioned upon resolving the issues described below and upon the state's continued compliance with program requirements as stated in SMDL #21-003. These requirements are in effect as of April 1, 2021, and continue until March 31, 2024, or until the state has fully expended the funds attributable to the increased FMAP, whichever comes first.

It is important to note that CMS partial approval of the initial spending plan and spending narrative solely addresses the state's compliance with the applicable requirements set forth under section 9817 and fulfillment of the requirements as stated in SMDL # 21-003. This spending plan approval does not constitute approval for purposes of claiming federal financial participation (FFP). Approval of any activity in your state's spending plan does not provide approval to claim FFP for any expenditures that are not eligible for FFP. States must continue to comply with all existing federal requirements for allowable claims, including documenting expenditures and draws to ensure a clear audit trail for the use of federal funds reported on the Form CMS-37 Medicaid Program Budget Report and the Form CMS-64, Quarterly Medicaid Statement of Expenditures.

States should follow the applicable rules and processes for section 1915(c) waivers, other Medicaid HCBS authorities, including state plan amendments and section 1115 demonstrations, and other managed care authorities (as applicable), if they are making changes to an HCBS program and intend to use state funds equivalent to the funds attributable to the increased FMAP to pay the state share of the costs associated with those changes. CMS is available to provide continued technical assistance to states when implementing changes to HCBS programs under this provision.

**Additional Information Requested**

As your state further plans and develops the activities in its spending plan, CMS will need additional information on the following:

- Clearly indicate whether the following activities are targeted at providers delivering services listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit), or are focused on the services listed in Appendix B or that could be listed in Appendix B:
    - HCBS Workforce Incentives and Payment Enhancements, specifically residential care direct workforce, such as supportive housing, residential SUD, and mental health providers;
    - School Based and Early Support Services;
    - Integrated Healthcare Clinic for Individuals Experiencing Homelessness; and
    - Acquired Brain Disorder and/or Traumatic Brain Injury "Club House-Like Model" Pilot.

  If these activities are not focused on providers that are delivering services listed in Appendix B or that could be listed in Appendix B, explain how the activities enhance, expand, or strengthen HCBS under Medicaid.
- Confirm that the HCBS Workforce Incentives and Payment Enhancements for private duty nursing are limited to private duty nursing services provided in the home.
- Provide more detail on the Integrated Healthcare Clinic for Individuals Experiencing Homelessness activity, including the percentage of individuals who are expected to be Medicaid eligible and the percentage of Medicaid-eligible individuals who are expected to receive the services listed in Appendix B or that could be listed in Appendix B. If the participants are not Medicaid eligible and/or are not receiving services listed in Appendix B or that could be listed in Appendix B, explain how this activity enhances, expands, or strengthens HCBS under Medicaid.
- Confirm that the presumptive eligibility activity will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.
- Clarify how the state intends to use ARP section 9817 funds under the Program of All-Inclusive Care for the Elderly (PACE) or Dual Eligible Special Need Plan (D-SNP) Pilots, including whether the state intends to use the funds to study, plan, and/or implement a PACE program and/or a D-SNP.

***CMS will need additional information before it can determine whether these activities or uses of funds are approvable under ARP section 9817.*** Please update the state's spending plan and narrative to provide the information requested in this letter.

**General Considerations**

As part of this partial approval, CMS is noting the following:

- CMS expects your state to notify CMS as soon as possible if your state's activities to enhance, expand, or strengthen HCBS under ARP section 9817:
  - Are focused on services other than those listed in Appendix B or that could be listed in Appendix B (e.g., behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit). If any activities are not directly related to the services listed in Appendix B or services that could be listed in Appendix B, please explain how those activities enhance, expand, or strengthen HCBS under Medicaid;
  - Include room and board (which CMS would not find to be a permissible use of funds); and/or
  - Include activities other than those listed in Appendices C and D.

  ***CMS will need additional information before it can determine whether any of those activities or uses of funds are approvable under ARP section 9817.***
- HCBS provider pay increases funded through the 10 percent temporary increased FMAP will require an updated rate methodology. For section 1915(c) waiver programs, states are required to submit a waiver amendment for any rate methodology change. If retrospective approval will be required, the state should make the change in the Appendix K application.
- Consistent with regulations at 42 C.F.R. § 447.252(b), the state plan methodology must specify comprehensively the methods and standards used by the agency to set payment rates. The state plan methodology must be comprehensive enough to determine the required level of payment and the FFP to allow interested parties to understand the rate setting process and the items and services that are paid through these rates. Claims for federal matching funds cannot be based upon estimates or projections. The reimbursement methodology must be based upon actual historical utilization and actual trend factors.
- States providing HCBS through a managed care delivery system must comply with applicable federal requirements, including 42 C.F.R. part 438. States must also ensure that appropriate authority is granted for the services and activities to be covered as well as to deliver such services and activities through a managed care delivery system. Additionally, states will need to assess implications for its managed care plan contracts and actuarially sound capitation rates in order to operationalize any programmatic changes. States that seek to contractually require their managed care plans to increase HCBS provider payments must adhere to federal requirements for state directed payments in accordance with 42 C.F.R. § 438.6(c), including prior approval as required.
- If your state is reducing reliance on a specific type of facility-based or congregate service and increasing beneficiary access to services that are more integrated into the community, your state should be clear with stakeholders in your state's stakeholder engagement activities, as well as in submissions to CMS of required ARP section 9817 spending plans

and narratives and any resulting waiver or state plan amendments, about how these changes enhance the availability of integrated services in the specific waiver or state plan, and offset any reductions in previously covered services, in compliance with the home and community-based settings criteria or other efforts to increase community integration.

**Additional Information Related to the Quarterly Spending Plan and Narrative**

CMS is clarifying that New Hampshire's next quarterly spending plan and narrative is due 75 days before the quarter beginning January 1, 2022. Please refer to SMDL #21-003 for information on the quarterly reporting process. Your state's quarterly spending plans and spending narratives should:

- Describe how the state intends to sustain the activities it is implementing to enhance, expand, or strengthen HCBS under the Medicaid program including how the state intends to sustain its planned provider payment increases;
- Provide information on the amount or percentage of any rate increase or additional payment per provider and the specific Medicaid authorities under which the state will be making those rate changes or payments;
- Provide the additional information described above;
- Clearly indicate if your state has or will be requesting approval for a change to an HCBS program and be specific about which HCBS program, which authority it operates under, and when you plan to request the change;
- Provide projected and actual spending amounts for each of the state's planned activities to enhance, expand, or strengthen HCBS. In those projections, clearly identify if the state intends to draw down additional FFP for any activities, as well as the amount of state and federal share for any activities for which the state plans to claim additional FFP and whether those activities will be eligible for the HCBS increased FMAP under ARP section 9817;
- Clearly indicate whether your state plans to pay for capital investments or ongoing internet connectivity costs as part of any activity to enhance, expand, or strengthen HCBS. Capital investments and ongoing internet connectivity costs are permissible uses of funds to enhance, expand, or strengthen HCBS under section 9817 of the ARP. However, states must demonstrate how capital investments and ongoing internet connectivity costs would enhance, expand, or strengthen HCBS and ensure that capital investments will result in settings that are fully compliant with the home and community-based settings criteria. Further, approval of capital investments and ongoing internet connectivity costs in ARP section 9817 spending plans and narratives does not authorize such activities for FFP;
- Provide updated information (as appropriate) on the status and details of the state's proposed activities to enhance, expand, or strengthen HCBS; and
- Make other revisions needed to: update the amount of funds attributable to the increase in FMAP that the state has claimed and/or anticipates claiming between April 1, 2021, and March 31, 2022; update anticipated and/or actual expenditures for the state's activities to implement, to enhance, expand, or strengthen HCBS under the state Medicaid program between April 1, 2021, and March 31, 2024; update or modify the state's planned activities to enhance, expand, or strengthen HCBS; and report on the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS.

We extend our congratulations on this partial approval and look forward to working with you further throughout the implementation of ARP section 9817. Programmatic and financial questions and state HCBS quarterly spending plan and spending narrative questions for section 9817 of the ARP can be submitted to HCBSincreasedFMAP@cms.hhs.gov.

Sincerely,

Jennifer Bowdoin
Director, Division of Community Systems Transformation

cc: Nancy Rollins