



**STATE OF NEW
HAMPSHIRE
OFFICE OF THE GOVERNOR**

CHRISTOPHER T. SUNUNU
Governor

April 1, 2024

The Honorable Xavier Becerra
Secretary of Department of Health and Human Services
The Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Mr. Secretary:

As part of the State of New Hampshire's approach to establish a system of care for healthy aging, I have the pleasure of submitting the State of New Hampshire's amendment request for its section 1115(a) demonstration (the "Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver"), titled "Presumptive Eligibility for Home and Community Based Services."

New Hampshire Chapter 79:568, Laws of 2023, establishes a system of care for healthy aging. As part of implementing this statute, New Hampshire is seeking to engage in long-term services and supports (LTSS) program innovations by extending presumptive eligibility (PE) to individuals applying for home- and community-based services (HCBS) under the Department of Health and Human Service's 1915(c) waiver titled "Choices for Independence" (CFI). PE will be designed to prevent unnecessary institutionalization by allowing individuals who are otherwise Medicaid-eligible for a nursing facility level of care to exercise their choice to receive supportive services that allow them to stay in their home through the CFI waiver program.

PE will be an important component of New Hampshire's effort to establish a comprehensive and coordinated system of care. Through the system of care initiative, New Hampshire is working to build upon existing infrastructure to ensure that older adults and adults with disabilities have access to and timely delivery of supports and services.

This amendment will further the objectives of Title XIX by: 1) reducing the cost of providing LTSS through expanded availability of HCBS, which has a track record of being less costly (i.e., historically by a factor of ~36%) than care in nursing facilities; 2) improving access to HCBS in alignment with the State Plan on Aging, the Older Americans Act, and the Americans with Disabilities Act; 3) streamlining access to LTSS; and 4) promoting healthy aging and meaningful choices for care options, including the ability for older adults and adults with disabilities to receive the care they need in their homes and communities.

New Hampshire requests that the Centers for Medicare and Medicaid Services (CMS) waive section 1902(a)(10)(B) and section 1902(e)(14) of the Social Security Act (as well as any other federal statutes and regulations deemed necessary to implement the demonstration) to allow the State to

provide benefits for the PE population not available in the standard Medicaid State Plan and to accept self-attestation of income and resources for enrollment in Medicaid medical services, respectively.

The enclosed document reflects the requirements outlined in 42 CFR § 431.412(a) – Initial demonstration application content, discussions with CMS, and all public notice and transparency requirements established by federal law (specifically those outlined in 42 CFR § 431.408 – State public notice process).

The State of New Hampshire appreciates an expedited approval of this request, which will improve outcomes for older adults and adults with disabilities and further the State's goal of establishing a robust system of care for healthy aging.

Sincerely,



Christopher T. Sununu
Governor

Attachment

- cc: The Honorable Chiquita Brooks-LaSure, Administrator, Centers for Medicare and Medicaid Services
Mr. Daniel Tsai, Deputy Administrator and Director, Center for Medicaid and CHIP Services
Ms. Jacey Cooper, Director, State Demonstrations Group
Ms. Kathleen O'Malley, Project Officer, State Demonstrations Group
The Honorable Jeb Bradley, President of the NH Senate
The Honorable Sherman Packard, Speaker of the NH House
Commissioner Lori Weaver, NH Department of Health and Human Services



New Hampshire
Department of Health and Human Services

Substance Use Disorder Serious Mental Illness
Serious Emotional Disturbance
Treatment and Recovery Access
Section 1115(a) Research and Demonstration
Waiver

Amendment #4 Request

Presumptive Eligibility for Home and Community Based
Services

March 28, 2024

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I. Introduction

New Hampshire Chapter 79:568, Laws of 2023, establishes a System of Care for Healthy Aging. As part of the System of Care for Healthy Aging the New Hampshire Department of Health and Human Services (DHHS, or the Department) is required to submit an 1115 demonstration waiver in order to implement a robust program for presumptive eligibility (PE) for home and community-based services (HCBS) on or before September 30, 2024.

New Hampshire is seeking to engage in long-term services and supports (LTSS) program innovations by extending PE to individuals applying for HCBS under the Department's 1915(c) waiver, Choices for Independence (CFI). PE will be designed to prevent unnecessary institutionalization of individuals who are Medicaid-eligible for nursing facility services yet choose to receive services in less restrictive settings.

PE will be an important component of New Hampshire's effort to establish a comprehensive and coordinated system of care. Through the system of care initiative, New Hampshire is working to build upon existing infrastructure to ensure that older adults and adults with disabilities have access to and timely delivery of supports and services. This work is intended to result in several benefits, including: 1) reduced cost of providing long-term care through expanded availability of less costly HCBS; 2) improved access to HCBS in alignment with the State Plan on Aging, the Older Americans Act, and the Americans with Disabilities Act; 3) streamlined access to long-term care supports; and 4) promotion of healthy aging and the ability to have a meaningful choice in care options, including the ability for older adults and adults with disabilities to receive the care they need in their homes and communities (Source: NH Chapter 79:568, 151-E:22 I-III, and 151-E23).

II. Program Description, Goals, and Objectives

Program Description

DHHS is requesting approval from the Centers for Medicare & Medicaid Services (CMS) for an amendment to the Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment and Recovery Access (SUD-SMI-SED-TRA) Demonstration to include PE for individuals applying for the CFI waiver who are at risk of institutionalization. This proposed benefit will provide a select set of CFI waiver services to individuals during a PE period following a determination by a qualified entity on the basis of preliminary information that the individual appears to meet functional and financial eligibility requirements using simplified methodology prescribed by the state and approved by CMS. PE will extend Medicaid coverage to qualified individuals at risk of nursing home placement without the CFI HCBS waiver, pending final processing of their Medicaid application. This benefit will establish PE for individuals in need of expedited access to HCBS under Medicaid state plan and 1915(c) waiver authorities (CFI) and Medicaid medical coverage regardless of how individuals enter the LTSS system.

The demonstration will allow individuals to access HCBS benefits quickly, in the most appropriate and least restrictive setting, while full functional and/or financial eligibility are determined. This expedited path to services is intended to improve individuals' access to HCBS, and to prevent further decompensation which could lead to institutionalization in nursing facilities. Department analysis has shown that CFI is a significantly more cost-effective alternative to care in nursing facilities. Currently, individuals receiving HCBS through CFI represent an average cost of \$25,203 per fiscal year (based on State Fiscal Year 2023 or

“SFY23” actuals). Comparatively, individuals receiving care in a nursing facility represent an average cost of \$70,679 (based on SFY23 actuals). Increasing access to HCBS through CFI is a key goal of the PE benefit and larger LTSS system of care initiative.

This benefit is intended to be implemented on or around July 1, 2025. The State is not requesting any new changes to the SUD-SMI-SED-TRA Demonstration outside of those specified in this amendment request (notwithstanding changes previously submitted as part of the demonstration extension request dated September 30, 2022, i.e., the community reentry authority currently under CMS review).

Goals and Objectives

The overall objective of this amendment request is to expand and improve access to HCBS for older adults and adults with disabilities to ensure access to and timely delivery of supports and services and to ensure a meaningful range of options for beneficiaries.

Through this amendment, the State aims to achieve the following goals:

1. Improve the ratio of people using HCBS compared to institutional settings such as nursing facilities;
2. Reduce utilization rate of institutional care while waiting for Medicaid eligibility determination;
3. Reduce the average length of delay from the time an individual submits a Medicaid application until the time the individual begins to receive their first services in order to improve health outcomes and prevent decompensation while awaiting services; and
4. Improve access to the range of options and consumer choice by coordinating with state designated Aging and Disability Resource Centers and person-centered counseling.

Operation and Proposed Timeline

The demonstration will operate statewide. The State intends to implement the demonstration beginning July 1, 2025, through the end of the proposed demonstration extension period, which is June 30, 2029.

III. Eligibility, Delivery System, Benefits, and Cost Sharing

Eligibility

This demonstration will not affect any of the eligibility categories or criteria set forth in the New Hampshire Medicaid State Plan (the State Plan). Individuals aged 18 and older who qualify for an eligibility group approved in the current 1915(c) CFI HCBS waiver will be eligible for this demonstration. The following eligibility groups will be excluded:

- Temporary eligibility groups;
- Non-citizens qualifying for emergency services only benefits; and
- Family planning only.

Delivery System

No modifications to the current New Hampshire Medicaid fee-for-service or managed care arrangements are proposed through the presumptive eligibility amendment to the SUD-SMI-SED-TRA Demonstration; all enrollees will continue to receive services through their current

delivery system.

Benefits

Through this requested demonstration amendment, the State will provide the following benefits to PE eligible individuals. PE eligible individuals will receive CFI HCBS PE benefits through a person-centered planning process. Individuals cannot receive HCBS PE benefits while also receiving services under a 1915(c) waiver. HCBS PE services are not duplicative of services covered under private insurance, Medicare, State Plan Medicaid, or through other federal or state programs. The following list illustrates the select set of CFI waiver services intended to be covered under the PE demonstration:

- a. Case Management
- b. Cell Based PERS
- c. Community Transition
- d. Day Care Services (Adult Medical Day Care)
- e. Electronic Rx / Cell Based PERS
- f. Electronic Rx / PERS Device
- g. Electronic Rx Device Installation
- h. Electronic Rx Device Monthly Service
- i. Emergency Response System
- j. Home Delivered Meal
- k. Home Health Aide Per Visit
- l. Homemaker
- m. Personal Care Agency Directed
- n. Personal Care Consumer Directed
- o. Personal Care Special Rate
- p. Skilled Nurse Per Visit
- q. Specialized Medical Equipment
- r. Financial Management
- s. PDMS Personal Care
- t. PDMS Home Health Aide
- u. PDMS Homemaker
- v. PDMS Skilled Nurse
- w. Individual Directed Goods & Services
- x. Consultation

Cost Sharing

New Hampshire is not proposing any change to the cost sharing requirements under this amendment. Cost sharing will not differ from those provided under the 1915(c) CFI waiver.

IV. Demonstration Financing

Projected Enrollment and Expenditures

Please see the below summary of historical CFI waiver enrollment and expenditure data, from SFY19 through SFY23.

	SFY19	SFY20	SFY21	SFY22	SFY23
Member Months	44,276	46,040	46,513	46,970	45,465
Expenditures	\$62,682,027	\$65,764,038	\$70,936,725	\$83,250,366	\$85,672,542
Individual Members (Average of unduplicated participants across year)	3,690	3,837	3,876	3,914	3,789

Below is the projected future participation and expenditures for each demonstration year, specific to the demonstration population who will receive CFI services through PE. Note that these projections were calculated using historical CFI utilization data as a basis, as described more completely in the budget neutrality letter included. See Attachment 1 for additional information.

	SFY25	SFY26	SFY27	SFY28	SFY29
Member Months	2,544	2,544	2,544	2,544	2,544
Expenditures	\$5,941,363	\$6,633,700	\$7,406,714	\$8,269,806	\$9,233,472
Individual Members	848	848	848	848	848

The State anticipates that the amendment will not result in changes to annual Medicaid enrollment. Presumptive eligibility will allow individuals to access CFI services on a temporary basis prior to full eligibility determination, therefore increasing coverage via access to services. However, these individuals will not be enrolled in Medicaid beyond the temporary PE period until a Medicaid application has been received and full eligibility has been determined.

Historically, the percentage of individuals found eligible for the CFI waiver has varied across years. In state fiscal year 2020, 3,392 individuals applied for CFI. 1,384 individuals withdrew their applications prior to determination. Of the remaining applications, 64% were determined eligible for CFI, or 1,287 individuals.

Based on a March 2021 Guidehouse report, 13% of current New Hampshire nursing facility residents were determined to have low care needs. DHHS anticipates this population will likely be eligible for participation in PE, if desired. New Hampshire has identified a goal to utilize the Money the Follows the Person (MFP) program to support transitions for this population. Many of these individuals are already eligible for Medicaid but would require additional support from MFP to transition into the community and receive CFI services in a community-based setting.

V. Waiver and Expenditure Authorities

New Hampshire requests a waiver of amount / duration / scope requirements, 1902(a)(10)(B) of the Social Security Act (SSA), to allow the State to provide benefits for the PE population that are not available in the standard Medicaid State Plan. New Hampshire also requests a waiver of financial eligibility, Section 1902(e)(14) of the SSA, to allow the State to accept self-attestation of income, assets, and functional eligibility for enrollment in Medicaid medical services, as well as waiver of any other related federal statutes and regulations required to implement this authority.

No additional waivers of Title XIX or Title XXI are requested through this amendment.

VI. Demonstration Evaluation

Based on the goals defined in Section II, New Hampshire proposes the following evaluation plan. DHHS will contract with an independent evaluator to create a more definitive evaluation plan and to conduct this review.

Hypotheses and Research Questions

Research Question	Hypothesis	Measures
Research Question 1: Will the demonstration improve the ratio of people using HCBS compared to institutional settings such as nursing facilities?	Hypothesis 1: The demonstration will result in a higher percentage of people using HCBS, as compared to institutional settings such as nursing facilities.	<ul style="list-style-type: none"> • Number of people receiving HCBS through the CFI waiver • Ratio of people enrolled in HCBS as compared to total population receiving LTSS (calculated using number of people receiving HCBS as compared to LTSS in institutional settings)
Research Question 2: Will the demonstration reduce the utilization rate of institutional care while waiting for Medicaid eligibility determination?	Hypothesis 2: The demonstration will decrease the utilization rate of institutional care while waiting for Medicaid eligibility to be determined.	<ul style="list-style-type: none"> • Number of individuals who utilize institutional settings in the period between Medicaid application submission and eligibility determination
Research Question 3: Will the demonstration reduce the average length of delay from the time an individual submits a Medicaid application until the time the individual begins to receive their first service, thereby improving health outcomes and preventing decompensation while awaiting services?	Hypothesis 3: The demonstration will reduce the average length of delay from the time an individual submits a Medicaid application until the time the individual begins to receive their first service.	<ul style="list-style-type: none"> • Average length of time from the Medicaid application submission date until service initiation

Research Question 4: Will the demonstration improve rate of utilization of the Aging and Disability Resource Centers' person-centered counseling?	Hypothesis 4: The demonstration will improve the rate of utilization of the Aging and Disability Resource Centers' person-centered counseling.	<ul style="list-style-type: none"> Number of person-centered counseling encounters
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VII. Public Notice and Tribal Consultation

Public Notice and Public Hearings

The State conducted public notice in accordance with 42 CFR §431.408. Public notice of the State's request for this demonstration amendment and notice of public hearings was advertised in the newspapers of widest circulation (Union Leader, The Telegraph) and sent to an electronic mailing list maintained by DHHS, including the Medical Care Advisory Committee (MCAC) list serve. In addition, the public notice was posted to the State's Medicaid website at: [Presumptive Eligibility for Home and Community Based Services Public Input Sessions | New Hampshire Department of Health and Human Services \(nh.gov\)](#) which was subsequently advertised on social media (Facebook and Twitter). See Attachment 2 for a copy of the website and social media content, public notice, slides used at the hearings, and newspaper tear sheets.

DHHS held two dedicated public hearings on this amendment as follows:

Public Hearing #1 in Concord, NH

February 12, 2024, from 10:00 a.m. – 12:00 p.m.

Fred H. Brown Building Auditorium
128 Pleasant Street, Concord, NH 03301

Virtual Information: [Meeting Link](#)

Meeting ID: 269 760 344 562

Passcode: WMfr2V

Public Hearing #2, Virtual

Thursday February 22, 2024, from 4:30 p.m. – 6:30 p.m.

Virtual Information: [Meeting Link](#)

Meeting ID: 295 912 849 177

Passcode: PpGZ94

Please note that all MCAC meetings are open to the public and include an option for virtual participation. The minutes from both public hearings are included in Attachment 2.

Tribal Notice & Consultation

New Hampshire does not have any federally-recognized tribes.

Public Comment Period

The State offered a 30-day public comment period that was open from 9:00am on February 12, 2024, through 5:00pm on March 13, 2024. The following options were available for the public to share feedback:

1. E-mail
 - a. Carolyn Richards was the designated point of contact to receive public comments and monitored her own individual email, carolyn.s.richards@dhhs.nh.gov, as well as 1115EligibilityAmendment@dhhs.nh.gov, a dedicated mailbox for comments.
 - b. See Attachment 2 for emailed stakeholder letters received from the following organizations/individuals:
 - i. AARP New Hampshire
2. Mailed
 - a. Carolyn Richards was the designated point of contact for public comments and received mail at the following address:

Carolyn Richards
NH Department of Health and Human Services
Attn: SUD-SMI-SED-TRA Demonstration Extension
129 Pleasant Street
Concord, NH 03301
 - b. There were no comments received by mail during the public comment period.
3. Testimony at Public Hearings
 - a. See Attachment 2 for a summary of testimony from the public hearings.
 - b. The following individuals offered verbal comments that are summarized in the table below:
 - i. Carolyn Virtue
 - ii. Dawn McKinney
 - iii. Jennifer Rydeen
 - iv. Gina Balkus
 - v. Marcia Flinkstrom
 - vi. Marie Linebaugh
 - vii. Joanne (last name inaudible)
 - viii. Jonathan Field

The following table summarizes the comments received (verbally and in writing) and responses from the State:

Comment Theme	Interested Parties	State Response
Generally supportive of adding Presumptive Eligibility for the CFI waiver.	Carolyn Virtue AARP New Hampshire	DHHS very much appreciates the support and looks forward to partnering together with these and all stakeholders to implement the demonstration authority.

<p>Why will the new PE authority require a year to implement?</p>	<p>Dawn McKinney</p>	<p>DHHS anticipates it may take several months to receive official approval by CMS. Implementation will require systems changes, including edits to the MMIS and New HEIGHTS. The specifics of these system changes are dependent on the final terms and conditions of the CMS demonstration approval. Additional time will be necessary to train DHHS staff and staff from qualified entities. Potential contract changes may also be necessary.</p>
<p>Supportive of the role presumptive eligibility will play in allowing individuals on hospice to receive more immediate caregiving support in their homes.</p>	<p>Jennifer Rydeen Gina Balkus Marcia Flinkstrom</p>	<p>DHHS very much appreciates the support and looks forward to partnering together with these and all stakeholders to implement the demonstration authority. Individuals who elect hospice care will be eligible for CFI PE, provided services are not duplicative or curative in nature.</p>
<p>Could Home Health Agencies (HHA) serve as a designated qualified entity to make PE determinations? HHAs work directly with people and could help expediate the process.</p>	<p>Jennifer Rydeen</p>	<p>DHHS thanks you for this input. We will consider this important feedback during the implementation phase.</p>
<p>Recommendation that certain hospice agencies become qualified entities due to the ability of hospice social workers to directly help families apply for PE.</p>	<p>Gina Balkus</p>	<p>DHHS thanks you for this input. We will consider this important feedback during the implementation phase.</p>
<p>How long would the time period for presumptive eligibility be?</p>	<p>Gina Balkus</p>	<p>The eligibility period begins on the day on which the qualified entity determines that the individual is eligible and ends with the following:</p> <ol style="list-style-type: none"> 1) The day on which an individual's Medicaid eligibility decision is made; or 2) The last day of the month

		<p>following the month in which the initial PE was determined (when a formal Medicaid application has not been filed).</p> <p>DHHS anticipates the PE period will be, on average, around three months. Note that individuals are only eligible for one PE period per year (12 months).</p>
Would contracts be required for qualifying entities?	Gina Balkus	<p>DHHS anticipates that qualified entities would require a formal agreement with the department. Contracts are the most common formal agreement, DHHS will determine the options for formal agreements during the implementation phase of the PE work.</p>
Would DHHS issue a RFP for qualified entities?	Gina Balkus	<p>DHHS thanks you for this question. We will outline the criteria for becoming qualified entities during the implementation phase of the PE work.</p>
What is meant by the fact that people on PE are subject to Medicaid recovery requirements?	Gina Balkus	<p>Standard Medicaid recovery requirements would remain in place regarding Estate Recovery. .</p>
Supportive of the fact that PE will help provide case management that will help seriously ill individuals complete the Medicaid application process more quickly.	Marie Linebaugh	<p>DHHS very much appreciates the support and looks forward to partnering together with these and all stakeholders to implement the demonstration authority.</p>
How will DHHS address potential issues with availability of caregiving staff?	Marcia Flinkstrom	<p>Thank you for this question. DHHS continues to explore ways to mitigate workforce shortages, including potential flexibilities such as paid family caregivers. DHHS will continue efforts to strengthen the direct care workforce.</p>

What would occur if someone is receiving services through PE but is then determined ineligible for Medicaid?	Joanne (last name inaudible)	If someone receiving PE is found ineligible, services will end the day that the individual is determined ineligible. The individual beneficiary will not be required to pay back any of the Medicaid services.
Will providers be notified that the participant is on PE when receiving referrals?	Jonathan Field	DHHS thanks you for this question. We will outline the specifics of how PE status will be communicated to relevant parties during the implementation phase of the PE work.
Suggest establishing PE approval goal as “same day” to address crisis needs.	AARP New Hampshire	DHHS thanks you for this input. We will consider this important feedback during the implementation phase.
Suggest establishing preliminary care plan goal as “same day” and HCBS delivery within-in 24 hours to address crisis needs.	AARP New Hampshire	DHHS thanks you for this input. We will consider this important feedback during the implementation phase.
Suggest clarifying that any time limit imposed on PE service periods is related to participants’ failing to submit requested documentation for a full eligibility determination and that PE services will not be time limited if eligibility determination delays are due to lack of state processing capacity.	AARP New Hampshire	DHHS will keep eligibility for PE open until a formal eligibility decision has been made. Although DHHS estimates this time period to be around three months on average, there is no time limit for the length of time an individual can receive services through PE, assuming they have filed a complete Medicaid application that is under review with the state.
Suggest making the full menu of Medicaid HCBS available during the PE period.	AARP New Hampshire	DHHS thanks you for this input. The current iteration of PE has been targeted to the set of services described in the application. New Hampshire will plan to review and reevaluate the service array included in future demonstration amendments.
Suggest specifying that Medicaid will retain a minimum of 90% of the	AARP New Hampshire	DHHS thanks you for this input. We will consider this important feedback during

financial risk for service costs associated with an incorrect PE determination.		the implementation phase.
Suggest specifying that the state will explore sharing the cost of incorrect PE determinations with the federal government.	AARP New Hampshire	DHHS thanks you for this input. If granted this authority, New Hampshire will coordinate closely with CMS to define fiscal responsibility for PE individuals who are ultimately found ineligible.
Suggest specifying that certain state and federal program enrollment may be used as a proxy for financial eligibility (SSI, food stamps).	AARP New Hampshire	DHHS thanks you for this input. We will consider this important feedback during the implementation phase.
Suggest specifying that PE will allow self-attestation of income and assets with optional post-PE approximate verification through state and publicly available data sources.	AARP New Hampshire	DHHS currently accepts self-attestation of income and assets for Medicaid PE determinations and plans to continue operating this policy through PE for CFI.
Suggest specifying that the state PE program will allow self-attestation of citizenship and residency requirements.	AARP New Hampshire	DHHS currently accepts self-attestation of citizenship and residency requirements for Medicaid PE determinations, and plans to continue operating this policy through PE for CFI.
Suggested including a requirement that the PE program provide staff application assistance and multiple pathways for application, including verbal/interview format, email, on-line, by phone, and/or through a home visit.	AARP New Hampshire	DHHS thanks you for this input. We will consider this important feedback during the implementation phase.
Suggest specifying that the PE program will provide significant staff assistance to PE participants and their families to complete their full Medicaid application and assemble required documentation on schedule.	AARP New Hampshire	DHHS thanks you for this input. We will consider this important feedback during the implementation phase.
Suggest specifying that the PE program will use abbreviated level of care and financial eligibility screening	AARP New Hampshire	DHHS thanks you for this input. If granted this authority, New Hampshire will coordinate closely with CMS

tools.		to define the processes and tools used to screen for PE.
Suggest specifying that PE service providers will be paid in the same manner and at the same frequency as regular HCBS program providers.	AARP New Hampshire	DHHS thanks you for this input. New Hampshire intends to reimburse providers for PE services in the same manner as all HCBS services. If granted this authority, DHHS will define details of provider reimbursement during the implementation phase.
Suggest specifying that PE staff will receive comprehensive training on program documents, processes, and applicant assistance.	AARP New Hampshire	DHHS thanks you for this input. If granted this authority, DHHS intends to provide comprehensive training and support to all appropriate staff on PE. DHHS will coordinate closely with CMS to define the details of this training during the implementation phase.
Suggest specifying that the Department will form and support a stakeholder advisory group to provide feedback on program design drafts throughout the development process.	AARP New Hampshire	DHHS thanks you for this input. If granted this authority, DHHS will continue to engage stakeholders for support throughout the planning and implementation process.

Changes Subsequent to Public Comment

Following conclusion of the public comment period, DHHS made the following changes to the version of this document that was first made available to the public on February 9, 2024

1. Section II – In response to public comments, DHHS updated the Program Description section to remove the description of PE as “limited period” in order to resolve potential confusion over time limits for PE,
2. Section IV – Per CMS technical guidance, DHHS updated the Demonstration Financing section to include historical CFI data, an explanation of how projections were calculated, a revised description of expected enrollment changes, additional information on prior eligibility determinations for CFI, and data on low-needs nursing residents who are a likely new target population for PE,
3. Section V – DHHS updated the Waiver and Expenditure Authorities section to clarify the specific waivers that New Hampshire is requesting from CMS,
4. Section VI – Per CMS Guidance, DHHS updated the Demonstration Evaluation section

to reframe the research goals as research questions,

5. Section VII – DHHS updated the Public Notice and Tribal Consultation section to reflect the final logistical details of the public notice and comment period, summary of all feedback received, and the State’s response to that feedback; and
6. DHHS revised multiple sections to correct minor typographical errors as well as to standardize the usage of certain acronyms and defined terms for purposes of enhancing readability without changing the meaning.

VIII. Attachments

1. Compliance with Budget Neutrality Requirements



17335 Golf Parkway
 Suite 100
 Brookfield, WI 53045
 USA
 Tel +1 262 784 2250

milliman.com

Sarah A. Wunder, FSA, MAAA
 Senior Consulting Actuary

sarah.wunder@milliman.com

March 28, 2024

Henry Lipman, FACHE
 Medicaid Director
 New Hampshire Department of Health and Human Services
 129 Pleasant Street
 Concord, NH 03301
 Sent via email: henry.lipman@dhhs.nh.gov

Re: 1115 IMD Waiver Amendment Budget Neutrality Limits – CFI Presumptive Eligibility

Dear Henry:

At your request, we are providing the New Hampshire Department of Health and Human Services (DHHS) with budget neutrality limits for presumptive eligibility for the Choices for Independence (CFI) population under an amendment to the 1115 waiver for the Substance Use Disorder Treatment and Recovery Access (SUD-TRA) 1115 Demonstration including the SMI / SED and dental amendments.

RESULTS

Table 1 shows the budget neutrality limit for the Presumptive Eligibility for CFI Medicaid Eligibility Group (MEG) for the SFY 2025 through SFY 2029 period.

Table 1 New Hampshire Department of Health and Human Services 1115 IMD Demonstration Waiver Amendment SFY 2025 through SFY 2029 Budget Neutrality Limits					
MEG	DY1 – SFY 2025	DY 2 – SFY 2026	DY 3 – SFY 2027	DY 4 – SFY 2028	DY 5 – SFY 2029
Presumptive Eligibility for CFI	\$2,335.44	\$2,607.59	\$2,911.44	\$3,250.71	\$3,629.51

METHODOLOGY

We developed historical base year costs in the budget neutrality template for the Presumptive Eligibility for CFI MEG.

The 'IMD Historical' tab in the CMS budget neutrality template contains two options for calculating the base year costs for the starting point of the budget neutrality calculations.

- Historical PMPM Cost by MEG: The top section contains actual historical expenditures, member months, and PMPM costs by MEG.
- Alternate Development: The bottom section requires the input of the total estimated expenditures services.

Per CMS direction, we populated both sections and the PMPMs resulting from the alternate development section are used as the base year costs in the budget neutrality.

Historical PMPM Cost by MEG

We estimated total actual expenditures for SFY 2021 through SFY 2023 using actual per capita costs for the home and community based services and procedure codes that will be offered to the Presumptive Eligibility for CFI population per DHHS instructions. We applied these costs to the total number of newly members enrolled in CFI in SFY 2023 that were not previously eligible for CFI as an estimate for the Presumptive Eligibility for CFI population. This historical data shows a 11.7% annual PMPM trend from SFY 2021 to SFY 2023.

Alternate Development

We developed an estimated SFY 2024 cost in the Alternate Development section of the "IMD Historical" tab by starting with SFY 2023 fee-for-service (FFS) costs (described above) and adjusting for known provider reimbursement changes and one additional year of trend.

Estimated Eligible Member Months

DHHS provided the total number of newly members enrolled in CFI for SFY 2023 that were not previously eligible for CFI as an estimate for the Presumptive Eligibility for CFI population. We assumed each individual would stay in the Presumptive Eligibility for CFI MEG for three months.

Currently State Plan FFS (e.g., Carved Out) or Not Currently State Plan but Otherwise Approvable (Including Pending SPAs)

We summarized SFY 2023 FFS expenditures for the CFI population for the home and community-based services that will be offered to the Presumptive Eligibility for CFI population. Per DHHS, the list of applicable services and procedure codes are listed in Table 2.

Table 2 New Hampshire Department of Health and Human Services 1115 IMD Demonstration Waiver Amendment Services and Procedure Codes			
Service	Procedure Code	Modifier 1	Modifier 2
Case Management	T1016	HC	U1
Cell Based PERS	S5161	HC	U1
Community Transition	T2038	HC	U1
Day Care Services (Adult Medical Day Care)	S5102	HC	U2
Electronic Rx / Cell Based PERS	S5185	HC	U5
Electronic Rx / PERS Device	S5185	HC	U3
Electronic Rx Device Installation	S5185	HC	U2
Electronic Rx Device Monthly Service	S5185	HC	U1
Emerg Response System	S5161	HC	
Home Delivered Meal	S5170	HC	
Home Health Aide Per Visit	T1021	HC	
Homemaker	S5130	HC	
Personal Care Agency Directed	T1019	HC	U1
Personal Care Consumer Directed	T1019	HC	U2
Personal Care Special Rate	T1019	HC	U4
Skilled Nurse Per Visit	T1030	HC	
Specialized Medical Equipment	T2029	HC	
Financial Management	T2040	HC	
PDMS Personal Care	T1019	HC	U3
PDMS Home Health Aide	G0156	HC	U3
PDMS Homemaker	S5130	HC	U1
PDMS Skilled Nurse	T1030	HC	U1
Consultation	T2041	HC	

We adjusted the SFY 2023 experience to account for the Medicaid provider rate increases appropriated under House Bill 2 effective July 1, 2023, October 1, 2023, and January 1, 2024. These provider rate increases are substantial and result in a 33% increase to the historical PMPM expenditures.

We also applied one year of 11.7% trend (the average trend observed from SFY 2021 to SFY 2023) to the reimbursement-adjusted SFY 2023 PMPM to estimate the SFY 2024 PMPM as the starting point on the "IMD Without Waiver" tab given the constraint of the budget neutrality template.



A negligible portion of total CFI member months included stays in an institution for mental diseases (IMD). Therefore, we included all costs in the "Current State Plan FFS" column.

CAVEATS AND LIMITATIONS ON USE

This letter is designed to assist DHHS with developing updated budget neutrality limits for the 1115 IMD demonstration waiver renewal to include considerations for the Presumptive Eligibility for CFI population. This information may not be appropriate, and should not be used, for other purposes.

Milliman has developed certain models to estimate the values included in this letter. The intent of the models was to estimate budget neutrality limits for the 1115 IMD demonstration waiver amendment. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOPs).

The information contained in this letter has been prepared for DHHS. To the extent that the information contained in this letter is provided to third parties, this letter should be distributed in its entirety. Any user of this information must possess a certain level of expertise in actuarial science and healthcare modeling, so as not to misinterpret the information presented.

We constructed several projection models to develop the capitation rates shown in this letter. Actual results will vary from estimates and actual results will depend on the extent to which future experience conforms to the assumptions made in these calculations. It is certain that actual experience will not conform exactly to the assumptions used herein. DHHS should monitor emerging results and take corrective action when necessary.

In preparing this information, we relied on information from DHHS regarding the list of services, historical expenditures, historical enrollment, projected costs under the demonstration, and the expected return on investment for certain initiatives. We accepted this information without audit but reviewed the information for general reasonableness. Our results and conclusions may not be appropriate if this information is not accurate.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet the qualification standards for performing the analyses in this letter.



Please call us at 262 796 3474, if you have any questions.

Sincerely,



Sarah A. Wunder, FSA, MAAA
Senior Consulting Actuary

SAW/mb

Attachments (Provided in Excel)

2. Public Notice Materials

A – Public Comment Website and Social Media Posts



Public Notices

Date: February 09, 2024

Contact

Carolyn Richards, Federal Waivers Administrator
 | 1115EligibilityAmendment@dhhs.nh.gov

Escape Site

Presumptive Eligibility for Home and Community Based Services Public Input Sessions

The NH Department of Health and Human Services (DHHS) is applying for an amendment to its Section 1115(a) Research and Demonstration Waiver from the Centers for Medicare and Medicaid Services (CMS). This amendment will enable DHHS to engage in Long Term Supports and Services (LTSS) program innovations by extending presumptive eligibility to individuals applying for home and community-based services under the Department’s 1915(c), Choices for Independence (CFI) waiver.

DHHS is interested in public input on the amendment request for the Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment and Recovery Access (SUD-SMI-SED-TRA) Section 1115(a) Research and Demonstration Waiver. DHHS is convening two Public Hearings to seek public input on this amendment request. Comments will be considered at the Medical Care Advisory Committee (MCAC) meeting on February 12, 2024. All MCAC meetings are open to the public.

The MCAC meeting Public Hearing will be held:

- Monday, February 12, 2024, from 10 a.m. - 12 p.m.**
 Fred H. Brown Building Auditorium
 129 Pleasant Street, Concord, NH 03301

 Microsoft Teams meeting
[Click here to join the meeting](#)
 Meeting ID: 269 760 344 562
 Passcode: WMfr2V

The second Public Hearing will be held virtually:

- Thursday, February 22, 2024, from 4:30 p.m. – 6:30 p.m.**
 Microsoft Teams meeting
[Click here to join the meeting](#)
 Meeting ID: 295 912 849 177
 Passcode: PpGZ94

Read the [full public notice](#) , [abbreviated public notice](#) , [public notice slide deck presentation](#)  and the DRAFT [Presumptive Eligibility Amendment Application](#) .

 Portable Document Format (.pdf) . Visit nh.gov for a [list of free .pdf readers](#) for a variety of operating systems.



TDD Access: Relay NH [1-800-735-2964](tel:1-800-735-2964)

- [Contact](#)
- [Subscribe to Newsletters](#)
- [Find a DHHS Location](#)
- [Communication Access & Language Assistance](#)
- [Non-Discrimination Policy](#)
- [Contact Web Team](#)

- [COVID-19 Resources](#)
- [NH Government Careers](#)
- [NH Travel & Tourism](#)
- [NH Web Portal - NH.gov](#)
- [ReadyNH.gov](#)
- [Transparent NH](#)



NH Department of Health and Human Services

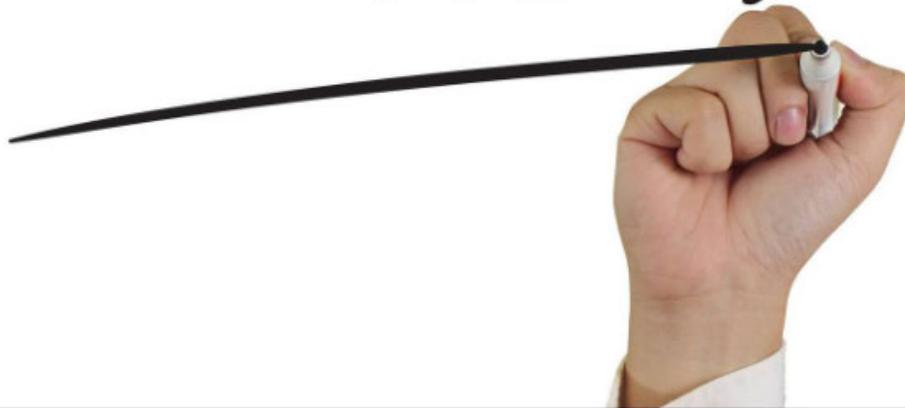
February 12 · 🌐



THIS MORNING: Provide feedback on a Medicaid waiver amendment that would allow some Granite Staters to start receiving select home- and community-based services through Medicaid as soon as they apply for care, rather than after their application is fully processed.

To provide input on the amendment, attend the public Medical Care Advisory Committee Meeting this morning, February 12, from 10 a.m. - 12 p.m. in the Fred H. Brown Building Auditorium at 129 Pleasant Street in Concord. A virtual option is also available. See the full public notice for call-in details, as well as other opportunities to provide your comments: <https://bit.ly/3wbWifu>

WE WANT TO
HEAR FROM YOU



👍 7

5 shares



NH Department of Health and Human Services

February 9 · 🌐



🗣️ We want to hear from you! 🗣️

NH DHHS is applying for a Medicaid waiver amendment that would allow some Granite Staters to start receiving select home- and community-based services through Medicaid as soon as they apply for care, rather than after their application is fully processed. Read the full public notice here: <https://bit.ly/3wbWifu>

Have input on the amendment? Let us know in person, virtually, or with written comments! See how you can participate below:

🗣️ Attend the public Medical Care Advisory Committee Meeting on February 12, 2024 from 10 a.m. - 12 p.m. in the Fred H. Brown Building Auditorium at 129 Pleasant Street in Concord. A virtual option is also available. See the public notice for call-in details.

🗣️ Attend a virtual public hearing on February 22, 2024 from 4:30 - 6:30 p.m. See the public notice for call-in details.

✍️ Write down your comments and either email or mail them to us! See the public notice for contact details.

WE WANT TO
HEAR FROM YOU



B – Public Notice

NH Department of Health and Human Services

Public Notice for Proposed

Substance Use Disorder Serious Mental Illness and Serious Emotional Disturbance
Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver
Amendment #4 Request: Presumptive Eligibility for Home and Community-Based Services
February 12th, 2024

Notice is hereby given that, as part of its ongoing efforts to maintain and improve access to home and community-based services in the State, the NH Department of Health and Human Services (DHHS) is applying for an amendment to its Substance Use Disorder Serious Mental Illness and Serious Emotional Disturbance Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver from the Centers for Medicare and Medicaid Services (CMS). This amendment will enable DHHS to engage in Long Term Supports and Services (LTSS) program innovations by extending presumptive eligibility to individuals applying for home and community-based services under the Department's 1915(c), Choices for Independence (CFI) waiver.

This proposed request would amend New Hampshire's existing Section 1115(a) Research and Demonstration Waiver. The current demonstration provides NH authority for a number of behavioral health expenditures, as well as the provision of medical assistance in the form of adult dentures coverage. The following beneficiaries are currently covered by New Hampshire's existing demonstration authorities:

- Beneficiaries under age 65 who are otherwise eligible and primarily receiving treatment and withdrawal management services for substance use disorder (SUD) who are short-term residents in facilities that meet the definition of an institution for mental diseases (IMD);
- Beneficiaries ages 21-64 who are otherwise eligible and primarily receiving short-term inpatient psychiatric treatment or short-term residential mental health treatment for serious mental illness (SMI) in an IMD; and
- Beneficiaries who are otherwise eligible and receiving SUD, SMI or Serious Emotional Disturbance (SED) treatment while an inmate of a public institution within NHDOC's system of state prisons, for a tailored package of care coordination services to be provided during the period 45 days prior to release (Tailored Medicaid Services to Support Successful Community Reentry or "Community Reentry").
- Beneficiaries aged 21 and older who reside in nursing facilities and are in need of removable dentures.

This proposed amendment would add authority for expanded presumptive eligibility for individuals applying for the CFI waiver. There are no proposed changes to the delivery system.

Overview of Presumptive Eligibility Authority

New Hampshire Chapter 79:568, Laws of 2023 establishes a System of Care for Healthy Aging. As part of the System of Care on Healthy Aging the New Hampshire Department of Health and Human Services (DHHS, or the Department) is required to submit an 1115 Demonstration Waiver in order to implement a robust presumptive eligibility (PE) for home and community-based services (HCBS) on or before September 30, 2024.

New Hampshire is seeking to engage in long-term services and supports (LTSS) program innovations by extending PE to individuals applying for HCBS under the Department's 1915(c), Choices for Independence (CFI) waiver. PE will be designed to prevent unnecessary institutionalization of individuals who are Medicaid-eligible for nursing facility services yet choose to receive services in less restrictive settings.

PE will be an important component of New Hampshire's effort to establish a comprehensive and coordinated system of care. Through the system of care initiative, New Hampshire is working to build upon existing infrastructure to ensure that older adults and adults with disabilities have access to and timely delivery of supports and services. This work is intended to result in several benefits, including: 1) reduced cost of providing long-term care through expanded availability of less costly HCBS; 2) improved access to HCBS in alignment with the State Plan on Aging, the Older Americans Act, and the ADA; 3) streamlined access to long-term care supports; and 4) promotion of healthy aging and the ability to have a meaningful choice in care options, including the ability for older adults and adults with disabilities to receive the care they need in their homes and communities (Source: NH Chapter 79:568, 151-E:22 I-III, and 151-E23).

Demonstration Hypothesis and Evaluation Approach

The goals of the PE component of the demonstration are:

1. Improve the ratio of people using HCBS compared to institutional settings such as nursing facilities;
2. Reduce utilization rate of institutional care while waiting for Medicaid eligibility determination;
3. Reduce the average length of delay from the time an individual submits a Medicaid application until the time the individual begins to receive their first services in order to improve health outcomes and prevent decompensation while awaiting services; and
4. Improve access to the range of options and consumer choice by coordinating with state designated Aging and Disability Resource Centers and person-centered counseling.

Please see below for the full table highlighting the draft goals and associated hypotheses and measures.

Goals	Hypothesis	Measures
Goal 1: Improve the ratio of people using HCBS compared to institutional settings such as nursing facilities.	Hypothesis 1: The Demonstration will result in a higher percentage of people using HCBS, as compared to institutional settings such as nursing facilities.	<ul style="list-style-type: none"> • Number of people receiving HCBS through the CFI waiver • Number of people receiving LTSS in institutional settings • Ratio of people enrolled in HCBS as compared to total population receiving LTSS
Goal 2: Reduce utilization rate of institutional care while waiting for Medicaid eligibility determination.	Hypothesis 2: The Demonstration will decrease the utilization rate of institutional care while waiting for Medicaid eligibility	<ul style="list-style-type: none"> • Number of individuals who utilize institutional settings in the period between Medicaid application submission and eligibility determination
Goal 3: Reduce the average length of delay from the time an individual submits a Medicaid application until the time the individual begins to receive their first service in order to improve health outcomes and prevent decompensation while awaiting services.	Hypothesis 3: The Demonstration will reduce the average length of delay from the time an individual submits a Medicaid application until the time the individual begins to receive their first service.	<ul style="list-style-type: none"> • Average length of time from the Medicaid application submission date until service initiation
Goal 4: Improve rate of utilization of the Aging and Disability Resource Centers person centered counseling.	Hypothesis 4: The Demonstration will improve the rate of utilization of the Aging and Disability Resource Centers person centered counseling.	<ul style="list-style-type: none"> • Number of person centered counseling encounters

Eligibility and Benefits

This demonstration will not affect any of the eligibility categories or criteria set forth in the New Hampshire Medicaid State Plan (the State Plan). Individuals aged 18 and older who qualify for an eligibility group approved in the current 1915(c) CFI HCBS Waiver will be eligible for this demonstration. The following eligibility groups will be excluded:

- Temporary eligibility groups;
- Non-citizens qualifying for emergency services only benefits; and
- Family planning only.

Through this requested demonstration amendment, the State will provide the following benefits to PE eligible individuals. PE eligible individuals will receive CFI HCBS PE benefits through a person-centered planning process. Individuals cannot receive HCBS PE benefits while also receiving services under a 1915(c) waiver. HCBS PE services are not duplicative of services covered under private insurance, Medicare, State Plan Medicaid, or through other federal or state programs. The following list illustrates the select set of CFI waiver services intended to be covered under the PE Demonstration:

- a. Case Management
- b. Cell Based PERS
- c. Community Transition
- d. Day Care Services (Adult Medical Day Care)
- e. Electronic Rx / Cell Based PERS
- f. Electronic Rx / PERS Device
- g. Electronic Rx Device Installation
- h. Electronic Rx Device Monthly Service
- i. Emergency Response System
- j. Home Delivered Meal
- k. Home Health Aide Per Visit
- l. Homemaker
- m. Personal Care Agency Directed
- n. Personal Care Consumer Directed
- o. Personal Care Special Rate
- p. Skilled Nurse Per Visit
- q. Specialized Medical Equipment
- r. Financial Management
- s. PDMS Personal Care
- t. PDMS Home Health Aide
- u. PDMS Homemaker
- v. PDMS Skilled Nurse
- w. Individual Directed Goods & Services
- x. Consultation

Waiver and Expenditure Authorities

New Hampshire requests a waiver of comparability, 1902(a)(10)(B), to allow the State to provide benefits for the PE population that are not available in the standard Medicaid State Plan. New Hampshire also requests a waiver of financial eligibility, Section 1902(e)(14), to allow the State to accept attestation of income and resources for enrollment in Medicaid medical services, as well as waiver of any other related federal statutes and regulations required to implement this authority.

No additional waivers of Title XIX or Title XXI are requested through this amendment.

Enrollment and Expenditure Projections

Below are the projected enrollment and expenditures for each demonstration year.

Projected Enrollment and Expenditures

	SFY25	SFY26	SFY27	SFY28	SFY29
Member Months	2,544	2,544	2,544	2,544	2,544
Expenditures	\$5,941,363	\$6,633,700	\$7,406,714	\$8,269,806	\$9,233,472
Individual Members	848	848	848	848	848

Cost sharing will not be part of this demonstration. There will be no changes other than those described above.

Opportunities to Provide Feedback

The 30-day public comment period for Amendment #4 is from Monday, February 12th, 2024 until Wednesday, March 13th, 2024 at 5:00 pm (Eastern). All comments must be received by 5:00 pm (Eastern) on Wednesday, March 13th, 2024.

Public Hearings

DHHS will host two public hearings during the public comment period:

The MCAC meeting Public Hearing will be held:

- Monday, February 12, 2024, from 10 a.m. - 12 p.m. at Fred H. Brown Building Auditorium, 129 Pleasant Street, Concord, NH 03301
- Microsoft Teams meeting

- [Click here to join the meeting](#)
- Meeting ID: 269 760 344 562
- Passcode: WMfr2V

The second Public Hearing will be held virtually:

- Thursday, February 22, 2024, from 4:30 p.m. – 6:30 p.m.
- Microsoft Teams meeting
 - [Click here to join the meeting](#)
 - Meeting ID: 295 912 849 177
 - Passcode: PpGZ94

If accommodations are needed for communication access such as interpreters, CART (captioning), assistive listening devices, or other auxiliary aids and/or services, please contact Carolyn Richards at Carolyn.S.Richards@dhhs.nh.gov or (603) 271-9439. Every effort will be made to accommodate needs identified with advance notice.

Ways to Submit Comments

DHHS would like to hear your comments about the amendment request. After hearing the public's ideas and comments about the proposed changes, DHHS will make final decisions about what changes to make to the amendment request and then submit to CMS for final approval. The summary of comments will be posted for public viewing at <https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-waivers-and-demonstrations> along with the amendment request when it is submitted to CMS.

There are several ways to give your comments to DHHS:

- Attend either of the public hearing or MCAC meeting held at the dates / locations noted above. At these events, you can give verbal or written comments to DHHS representatives. Additional information about providing comments is noted below.
- Email comments to 1115EligibilityAmendment@dhhs.nh.gov
- Mail written comments to:
Carolyn Richards
NH Department of Health and Human Services
Attn: 1115(a) Presumptive Eligibility Amendment
129 Pleasant Street
Concord, NH 03301

When mailing or emailing please specify "Presumptive Eligibility Amendment" as the subject.

Additional Information

Requests for a hard copy of the document should be submitted by mail to:

Carolyn Richards
NH Department of Health and Human Services
Attn: 1115(a) Presumptive Eligibility Amendment
129 Pleasant Street
Concord, NH 03301

A hard copy of the amendment request can also be picked up at DHHS, which is located at:

NH Department of Health and Human Services
Fred H. Brown Building Reception
129 Pleasant Street
Concord, NH 03301

All information regarding the proposed amendment request can be found on the DHHS web site at <https://www.dhhs.nh.gov/programs-services/medicaid> under "Helpful Resources". DHHS will update this website throughout the public comment and application process.

C – Public Hearing Slides



NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

**PUBLIC HEARING FOR:
SUBSTANCE USE DISORDER SERIOUS MENTAL ILLNESS AND SERIOUS
EMOTIONAL DISTURBANCE TREATMENT AND RECOVERY ACCESS SECTION
1115(a) RESEARCH AND DEMONSTRATION WAIVER**

Presumptive Eligibility for Home and Community Based Services

AMENDMENT REQUEST

**Public Hearings: February 12, 2024 10:00 AM to 12:00 PM
February 22, 2024 4:30 PM to 6:30 PM Virtual**

Agenda

- Presumptive Eligibility Overview
- Objective and Goals
- Eligibility and Benefits
- Budget Neutrality
- Timeline
- Opportunities for Public Input
- Contact Information

Overview of Presumptive Eligibility (PE)

- New Hampshire Chapter 79:568, Laws of 2023 establishes a System of Care for Healthy Aging.
- As part of the System of Care for Healthy Aging, the New Hampshire Department of Health and Human Services (DHHS, or the Department) Must submit an 1115 Demonstration Waiver in order to implement a robust presumptive eligibility (PE) for home and community based-care services (HCBS) on or before September 30, 2024.
- Through the system of care initiative, New Hampshire is working to build upon existing infrastructure to ensure that older adults and adults with disabilities have access to and timely delivery of supports and services.

Aims:

- Reduce cost by expanding HCBS
- Improve access to HCBS
- Promote healthy aging and ability to have meaningful choice

Presumptive Eligibility Overview Continued

Objective

The overall objective of this amendment request is to expand and improve access to home and community-based services for older adults and adults with disabilities to ensure access to and timely delivery of supports and services and to ensure a meaningful range of options.

Goals

1. Improve the ratio of people using HCBS compared to institutional settings such as nursing facilities;
2. Reduce utilization rate of institutional care while waiting for Medicaid eligibility determination;
3. Reduce the average length of delay from the time an individual submits a Medicaid application until the time the individual begins to receive their first services in order to improve health outcomes and prevent decompensation while awaiting services; and
4. Improve access to the range of options and consumer choice by coordinating with state designated Aging and Disability Resource Centers and person-centered counseling.

Presumptive Eligibility Overview Continued

Eligibility

- Presumptive Eligibility will be available Statewide to individuals aged 18 and older who qualify for an eligibility group approved in the current 1915(c) CFI HCBS Waiver.
- Will allow individuals to access HCBS benefits quickly, in the most appropriate and least restrictive setting, while full functional and/or financial eligibility are determined.
- The eligibility period will be no more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Participants in HCBS PE are subject to Medicaid estate recovery requirements.

Qualified Entity

- Presumptive eligibility will be determined by state designated qualified entities who will make a determination that the individual appears to meet functional and financial eligibility requirements.
- Under PE, Qualified Entities may include DHHS designated Aging and Disability Resource Centers and hospitals.

Benefits

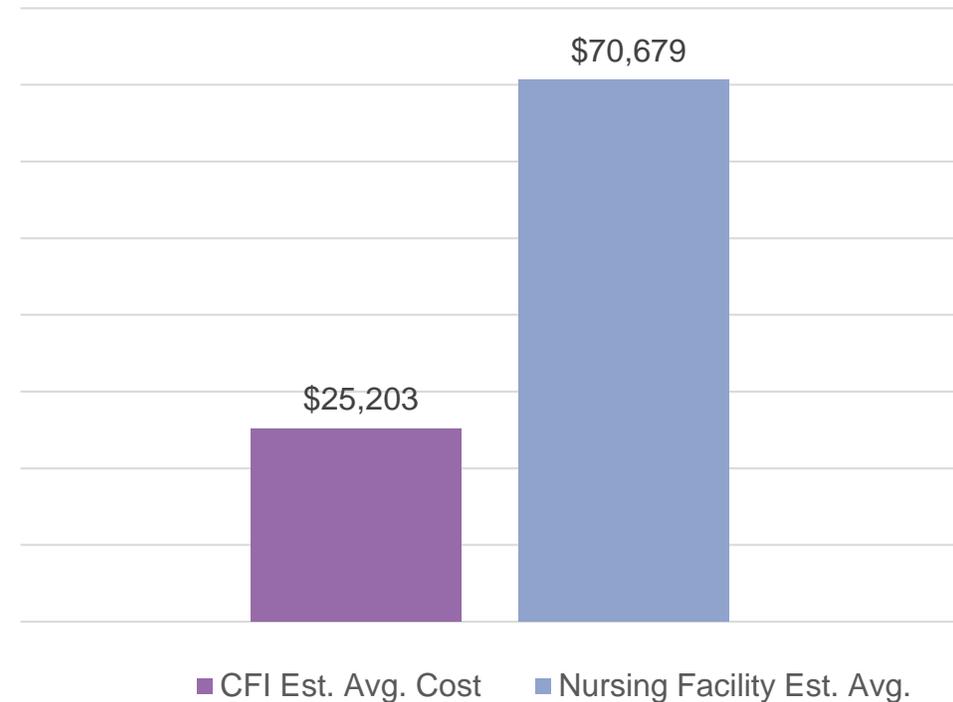
Through this requested demonstration amendment, the State will provide the following benefits to PE eligible individuals. PE eligible individuals will receive State Plan and CFI HCBS PE benefits through a person-centered planning process. The following list illustrates the select set of CFI waiver services intended to be covered under the PE Demonstration:

- **Case Management**
- **Community Transition Services**
- **Personal Emergency Response Systems**
- **Home Delivered Meals**
- **Home Health Aide**
- **Home Maker**
- **Personal Care**
- **Skilled Nursing**
- **Specialized Medical Equipment**
- **Financial Management**
- **Participant Directed and Managed Services**

Cost Effectiveness of CFI vs Nursing Facility Care

- The demonstration will allow individuals to access HCBS benefits quickly, in the most appropriate and least restrictive setting, while full functional and/or financial eligibility are determined.
- Department analysis has shown that CFI is a significantly more cost-effective alternative to care in nursing facilities.
- Currently, individuals receiving HCBS through CFI represent an average cost of \$25,203 per fiscal year (based on SFY23 actuals).
- Comparatively, individuals receiving care in a nursing facility represent an average cost of \$70,679 (based on SFY23 actuals).

Cost of CFI vs Nursing Facility Care



Budget Neutrality

NH DHHS worked with its actuarial partners at Milliman to project budget neutrality limits for this amendment.

Projected Annual Budget Neutrality Expenditures for Presumptive Eligibility Authority

- \$2,335 per member per month in SFY25 (first year of demonstration extension)
- Figures are subject to change based on final technical specifications as determined in partnership with CMS

Projected Enrollment and Expenditures by Demonstration Year

	SFY25	SFY26	SFY27	SFY28	SFY29
Member Months	2,544	2,544	2,544	2,544	2,544
Expenditures	\$5,941,363	\$6,633,700	\$7,406,714	\$8,269,806	\$9,233,472
Individual Members	848	848	848	848	848

Timeline*

Public Comment and Submission		Planning and Development			
2/2024-3/2024	4/2024	6/2024	6/2024	6/2024-7/2025	7/2025
Public Comment Period 2/12/24 - 3/13/24	Submit Amendment to CMS	Anticipated Approval from CMS	<ul style="list-style-type: none"> • Provider Engagement & Training • Contracts & Contract Amendments • Business System Changes • Review Department Rules & Processes 	<ul style="list-style-type: none"> • Public Awareness & Engagement • Operations Assessments 	Presumptive Eligibility Implementation

The demonstration will operate statewide. The State intends to implement the demonstration beginning July 1, 2025, through the end of the proposed demonstration extension period, which is June 30, 2029.

*Dates and activities are subject to change

Opportunities for Public Comment

DHHS will offer two opportunities for public hearings

Public Hearing #1

MCAC Meeting

Monday, February 12, 2024

10:00 a.m. – 12:00 p.m.

Fred H. Brown Building Auditorium

129 Pleasant Street

Concord, NH 03301

Microsoft Teams meeting

Meeting ID: 269 760 344 562

Passcode: WMfr2V

Or call in (audio only)

+1 603-931-4944,,558298096#

Phone Conference ID: 558 298 096#

Public Hearing #2

Virtual Session

Thursday, February 22, 2024

4:30 - 6:30 pm

Microsoft Teams meeting

Meeting ID: 295 912 849 177

Passcode: PpGZ94

Or call in (audio only)

+1 603-931-4944,,783209441#

Phone Conference ID: 783 209 441#

Contact Information

- Email: 1115EligibilityAmendment@dhhs.nh.gov
- Mail: Carolyn Richards
NH Department of Health and Human Services
Attn: SUD-SMI-SED-TRA Demonstration
129 Pleasant Street
Concord NH 03301
(603)271-9439

The complete version of the Presumptive Eligibility for Home and Community Based Services Amendment is available for public review at: <https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-waivers-and-demonstrations>. All public comments must be received by 5:00 pm (Eastern) on Wednesday, March 13, 2024.



Comments

D – MCAC Meeting Agenda

Medical Care Advisory Committee (MCAC)
Brown Building Auditorium, 129 Pleasant Street, Concord
Teams (SEE p.2 for NEW CALL-IN NUMBERS)

Monday, February 12, 2024
10:00am – 12:00pm

AGENDA

10:00-10:05

Introductions/Announcements

Holly Stevens, Chair

10:05-10:10

Review/Approval: January 8, 2024

Holly Stevens, Chair

10:10-10:15

Agenda Items – February 12, 2024

Members

- Tracking Upcoming Future Agenda Items:
 - State Plan Case Management
 - MCO Prior Authorization Oversight -March

10:15-10:25

Legislative Update

Rob Berry, Esq., Medicaid Counsel

10:25-10:35

Proposed Rules:

He-W 506: Staff Qualifications and Staff Development Requirements
For Developmental Services Agencies

Melissa Nemeth, Esq.
Director Office of Client & Legal Services

He-M 518: Employment Services

10:35-11:00

**Public Hearing for Presumptive Eligibility for
Home and Community-Based Care Services**

Kristina Ickes, Elderly and Adult Services &
Henry Lipman, Medicaid Director

11:00-11:20

End of Continuous Coverage Requirement: Medicaid Unwind

Henry Lipman, Medicaid Director &
Deb Fournier, UNH Health Law & Policy

11:20-11:25

Eligibility Matters/Unwind

Carolyn Virtue, Vice-Chair

11:25-11:45

**Medicaid Redeterminations and Community
Mental Health Centers' Uncompensated Care**

Patricia Carty, Mental Health Center
of Greater Manchester

11:45-11:55

He-E 310 Subcommittee: Joan Fitzgerald, Cheryl Steinberg, Lisa DiMartino, Carolyn Virtue, Emily Johnson

Status on Rules:

He-M 503: Adopted

He-M 504: Adopted

He-M 505: Adopted

- He-M 507:** Posted for public comment, public comments received, Bureau of Developmental Services (BDS) working on final proposal
- He-M 522:** DHHS working on initial proposal
- He-M 1001:** DHHS working on initial proposal
- He-M 517:** Posted for public comment, public comments received, BDS working on final proposal

11:55-12:00

Department Updates

- | | |
|--|--|
| <ul style="list-style-type: none"> • Adult Dental • Disability Determination Unit (DDU) • Medicaid Care Management (MCM) 3.0 • Home and Community Based Services (HCBS) Spending Plan • Waivers <ul style="list-style-type: none"> - Substance Use Disorder-Serious Mental Illness (SUD-SMI) 1115 Demonstration Waiver - 1915(j) Personal Care State Plan Amendment - 1915(i) Supportive Housing State Plan Amendment | <ul style="list-style-type: none"> Sarah Finne, DMD, Medicaid Dental Director Scott Beckwith, Bureau of Family Assistance Henry Lipman, Medicaid Director Henry Lipman, Medicaid Director Henry Lipman, Medicaid Director |
|--|--|

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E – MCAC Draft Meeting Minutes

Medical Care Advisory Committee (MCAC)

February 12, 2024

Minutes

Members: Lisa Adams, Michael Auerbach, Kathy Bates, Brooke Belanger, Ben Bradley, Jake Berry, Vanessa Blais, Tamme Dustin, Joan Fitzgerald, Ellen Keith, Kara Nickulas, Karen Rosenberg, Rhonda Siegel, Lisabritt Solsky Stevens, Holly Stevens (Chair), Kristine Stoddard, Carolyn Virtue

Alternates: Gina Balkus, Deodonne Bhattarai, Emily Johnson, Isadora Rodriguez-Legendre, Jonathan Routhier, Kristen Schmidt, Susan Silsby, Nichole VonDette

Excused: N/A

DHHS: Scott Beckwith, Lisa Bell, Robert Berry, Uma Bhusari, Brian Clark, Sara Cleveland, Vernon Clough, Jody Farwell, Krysten Finefrock, Sarah Finne, Jane Gronbeck, Reuben Hampton, Katherine Kaplan, Kristina Ickes, Jessica Kennedy, Sara Lacharite, Jillian Landry, Henry Lipman, Ellen MacNeil, Lindsey Magee, Olivia May, Jordan McCormick, Melissa Nemeth, Catrina Rantala, Carolyn Richards, Laura Ringelberg, Rebecca Ross, Erica Ross-Skianes, Lyn Spain, Dawn Tierney

Guests: Danielle Amero, Marcia Bagley, Lisa Beaudoin, Jacquie Captioner, Patricia Carty, Rachel Chumbley, Allison Deptula, Sarah Doherty, Juliet Domb, Brooke Holton, Robert Hockmuth, Krystyl Jenkins, Lisa Kazakis, Josh Krintzman, Heidi Kroll Gallagher, William Keena, Connor Laing, Debra Lang, Trina Loughery, Lisa Madden, Ellen McCahon, Diane McGuire, Lara McIntyre, Michael Miller, Jay Nagy, Susan Paschell, Tina Pettengill, Amy Pidhurney, Ann Potoczak, Jillian Salmon, Rich Sigel, Kurt Strohmeier, Donna Toomey, Arlene Wiseman

Review/Approval: January 8, 2024

- The minutes were approved.

Agenda Items – March 11, 2024

- Carolyn Virtue requested an update of the Centers for Medicare and Medicaid Services Corrective Action Plans that are currently in place. The Department will circulate this update following the meeting.
- Dawn McKinney reported concerns around the handling of Medicaid for Employed Adults with Disabilities (MEAD) cases. Dawn McKinney will touch base with Rob Berry offline and raise for a future MCAC agenda item as needed.

Legislative Update

- Rob Berry, Esq., presented the legislative update.
- HB 1010 is relative to expanding maternity options and midwifery access, was heard at public hearing on 1/31/24. It would prevent the adoption of rules that prohibit excluding certain types of birth from midwifery care. By and large, the public and various stakeholder groups were opposed to this bill. The Department is monitoring and does not have an official position.
- HB 1028 is relative to the definition of mental illness and has a public hearing scheduled for Wednesday.
- HB 1571 is relative to requiring insurance coverage for monitoring devices for diabetes. New

Hampshire Medicaid already covers the items of interest in this but there is a subcommittee work session on 2/14.

- HB 1593 is relative to funding for developmental services community integration and has an executive session on 2/14.
- HB 1604 is relative to the use of electronic medical records and was scheduled for public hearing last Wednesday. Brooke Belanger noted that the last two provisions were struck and what is left is that an insurance company cannot mandate a provider's use of an electronic medical record.
- HB 1616 is relative to parental consent on student participation in Medicaid to Schools and has an executive session tomorrow. There were some questions for the Department about how Medicaid to Schools programs operate.
- HB 1660 is relative to coverage of certain procedures for minors. A public hearing was held on this two weeks ago. This would prohibit gender reassignment surgery for individuals under 18.
- HB 1663 is relative to confidentiality. The Department has serious concerns on this bill as it expands privacy protections for individuals in such a way that would hinder the Department from performing many duties and obligations. Department did express concerns at the hearing. The provider community as a whole is opposed to the bill. The only support in testimony was an interest group from Minnesota.
- HB 1683 is relative to the coverage of circumcision. Rob Berry testified on that bill a few weeks ago. There are some concerns with this as it promulgates a specific and exhaustive list of when circumcision would be covered and there is no avenue for any other medical necessity so the Department will propose language to that effect.
- HB 1702 is relative to repealing the Liquor Commission Fund. The Department has noted grave concerns with this bill. The biggest issues are that the way it is currently drafted would upend funding for the Granite Advantage program by making it a general fund. The other issue is the impact on the Governor's Commission on Alcohol and Other Drugs; the sponsor represented that this was not his intention and there is work session tomorrow at 10am which the Department will attend. There is an amendment drafted.
- HB 1706 is relative to notice required prior to circumcision procedure. The Department has expressed concerns regarding having to approve notice forms for circumcision procedures which it does not feel it is qualified to do, compared to health care providers. This has been suggested to the Committee.
- SB 312 is relative to third party liability in Medicaid.
- SB 337 is relative to doula and lactation consultant certification. The Department worked with stakeholders and there is a finance executive session scheduled tomorrow.
- SB 401 removes prospective repeal of the Granite Advantage Trust Fund. Department is monitoring.
- SB 409 is relative to ambulance services and would provide the ability for Medicaid to reimburse ambulance providers who arrive at a scene but do not transport individuals. We are supportive of that bill but would need CMS approval before implementation.
- SB 455 has an executive session tomorrow.
- SB 497 concerns the Disproportionate Share Hospital fund and was requested by the Department; we will continue to monitor.
- SB 554 is relative to Medicaid provider enrollment and was heard on January 31.
- SB 555 is relative to Pharmacy Benefit Managers and rebates. The Department has concerns stemming from potential program changes to a single Pharmacy Benefit Manager model and how this legislation would impact that change.

- One question was raised on the legislative updates. Dawn McKinney asked who should be contacted for questions about a fiscal note and Rob Berry advised it is appropriate to connect with the subject matter expert at DHHS.

Proposed Rules:

He-W 506 Staff Qualifications and Staff Development Requirements for Developmental Services Agencies

He-W 518 Employment Services

- Melissa Nemeth, Esq., presented on these rules.
- Both of these rules were approaching their expiration so the Department developed preliminary edits, provided edits to stakeholders and drafted proposals for both rules. Because they were coming up on their expiration, they needed to be looked at, but some other changes are included to bring these rules into alignment with other recently adopted rules.
 - There are updated definitions, updating provisions related to program integrity and bringing other definitions into alignment with other rules. For both rules, language is included clarifying the staff qualifications and staff development requirements. For He-M 518, language is included to update eligibility requirements, employment planning requirements and covered services. There are also updates on the waiver request process and reporting requirements.
- Karen Rosenberg said the Quality Council has submitted comments on both of these rules and was not sure if those comments are reflected. Melissa Nemeth will retrieve that information and follow up with Karen Rosenberg.
- Jonathan Routhier asked if Melissa Nemeth could speak to the changes in He-W 506 around criminal records and the striking out of the specific issues that would prevent someone from being qualified to provide services. Melissa Nemeth responds that with the addition of He-M 504, much of this information is included already and has now been removed here to eliminate duplication.

Public Hearing for Presumptive Eligibility for Home and Community-Based Care Services

- Kristina Ickes and Carolyn Richards presented the slide presentation included at the end of these minutes summarizing the Department's proposed changes.
- Carolyn Richards expressed her enthusiasm and support for the provisions described. Dawn McKinney asked if federal approval is expected sometime in July 2024 but the implementation does not begin until July 2025, why is there a year in between these dates? Carolyn Richards responded that this will be in line with the Substance Use Disorder-Serious Mental Illness demonstration waiver so this timeline will be kept in the same 5-year extension period. The implementation may take longer, and Dawn Tierney added that there are significant system changes that need to occur to multiple systems as well as policy changes.

Medicaid Redeterminations and Community Mental Health Centers' Uncompensated Care

- Patricia Carty shared the following comments which she asked to represent as stated in the minutes:
 - Thank you for your time today. My name is Patricia Carty, and I am the Chief Executive

Officer of the Mental Health Center of Greater Manchester. I am here today representing my organization and the other 9 Community Mental Health Centers (CMHC) in the state regarding the serious impact of the Medicaid unwind on the mental health system of care and the patients we serve.

- As you are aware, the Federal Covid Pandemic Emergency order was enacted in March 2020 to address this public health crisis. Among other actions, it protected the eligibility of all low-income persons receiving Medicaid benefits for the duration of the Emergency order. It also meant that upon the termination of the Emergency Order, which occurred on 3/31/23, the eligibility for Medicaid benefits had to be redetermined for all recipients beginning with a disenrollment. Appropriate notices were sent to recipients with instructions and timeframes for response. There were also additional timeframes for reconsideration if a person's Medicaid was closed due to ineligibility or failure to respond.
- Much preparation for this transition occurred. CMHCs are very aware of the challenges of the people we serve and the challenges with redetermination under normal circumstances, but this unwind was not a "normal" circumstance. We have approached this challenge by utilizing lists provided to us by DHHS proactively and now monthly to identify those being disenrolled; when patients are willing, they authorize us to have authorized representative status, which allows ease of access to their NH Easy account online, which we do as a matter of course; weekly meetings with DHHS Eligibility Coordinators to review patient status and follow up on outstanding items, we are helping our patients to complete new Medicaid applications as needed. We have contacted the Navigator Program for assistance and advice to aid us in getting patients reinstated; we contact our managed care organization partners monthly for member lists. We have participated in all stakeholder calls and our Benefits Director has worked directly with NH Care Path and the NH Redetermination Task Force so that we are informed to be able to serve our patients in the best way possible regarding their benefits, which we take seriously as part of our case management obligation.
- The best-laid plans still have shortfalls and unintended consequences. There has been a serious impact on those challenged with behavioral health issues and, in turn, the CMHCs who serve them. We have a significant number of individuals in active treatment who have been disenrolled and have struggled with the process of redetermination for a variety of reasons, leaving them without healthcare insurance. Many disenrolled patients are eligible patients, meaning they meet the criteria for state-supported services as having a severe or severe and persistent mental illness, or they are children or youth with severe emotional disturbance. As a CMHC, we have an obligation by rule to serve our eligible patients regardless of their ability to pay.
- As a result, the CMHCs are enduring month-over-month revenue losses, weakening the care system. I will inform you of the direct impact on the Mental Health Center of Greater Manchester and The Community Behavioral Health Association has gathered data on this impact across all 10 CMHCs.
 - Since the unwind began through 12/31/2023:
 - 1506 patients have been disenrolled or ultimately closed.
 - Of that total, 977 are state-eligible (669 adults, 308 children).
 - Of the total number, 442 have been reinstated with Medicaid (332 state eligible).
 - 413 active MHCGM patients continue to have lapsed Medicaid (250 state eligible).

- Total decline of Medicaid PMPM patients is 557.
 - Medicaid revenue decline YTD for FY24 compared to FY23 is \$2,946,167
- The total revenue loss to date translates into increased uncompensated care and has diminished our limited cash reserves.
- The CMHC system of care is not like a hospital system or other provider types. For us, out of all the revenue received by The Mental Health Center of Greater Manchester, Medicaid revenue is by far our largest revenue source. In our case, our Medicaid revenue is currently 86% of our revenue, in the case of our overall system, the CMHCs range is between 65% and 90%. In comparison to hospitals, for example, who may average 6-10% of Medicaid revenue. What this means is that when stress on our primary funding source happens, we do not have the ability to lean on other funding sources to offset the cost of care.
- The CMHC's strength in serving our communities relies on the strength of each Center. Currently, this system has been weakened, which in turn can impact our ability to provide needed services and, for the Mental Health Center of Greater Manchester, ultimately impact the lives of the 11,000 individuals and families we serve each year.
- The CMHCs cannot be more grateful for the legislature acknowledging and addressing our workforce challenges by committing to Medicaid rate increases. But our ability to materialize these rate increases for our staff has now been compromised by this issue of uncompensated care as an unintended consequence of the Medicaid unwind. The services we provide come from one precious resource, our workforce! So, in the face of financial stress, and with the demand for services being what it is in our state, the last thing a CMHC wants to do is limit or reduce our investment in the most precious resource we have, the workforce and further diminish our capacity to serve our communities and the adults, older adults and children living and struggling with their mental and emotional health.
 - Thank you for your attention to this important issue.
- Brooke Belanger noted that hospitals have significant uncompensated care as well and the key issue is to support patients in responding to redetermination notices.
- Bill Keena shared the concerns raised and sees the impact of uncompensated care. He stated the managed care organizations are working to retain members.
- Patricia Carty shared that CMHCs are doing direct outreach including home visits to support redeterminations.
- LisaBritt Solsky Stevens asked how many closures are erroneous closures, which could not be validated in the meeting.
- Lisa Madden reinforced the need to understand consequences of terminations and shared that part of the solution is the system of proofs and redetermination. She raised an experience with an individual case of contradictory proof requests.
- Emily Johnson agrees with the feedback that there are opportunities to improve the eligibility process.
- Kate Kaplan introduced herself as the new service link administrator for the state. She had been hearing a lot about difficulties happening with unwind and what she is hearing is that the verifications are a big issue. If we can find a way to better communicate what is needed, we may see some clarity.
- Patricia Carty mentioned there was feedback to DHHS on the communications.

End of Continuous Coverage Requirement: Medicaid Unwind

- Henry Lipman opened his remarks by moving to a part of the presentation (available n to respond to the comments raised. A key strategy to improve the likelihood of someone retaining coverage is improving ex parte renewals. The presentation shows record levels of ex parte renewals, enabled through the federal e(14) authorities that have been adopted.
- 94% of the non-protected population and 92.4% of the protected population renewed in the month of January which are record numbers. In December, it was 91.3% for the non-protected and 54.7% for the protected. And in November, nearly 90% and about 53% respectively.
- The Department completed 30,000 voluntary redeterminations before the start of the unwind and has adopted several flexibilities under federal authorities to assist this process, including the zero income renewals and 90 days of retroactive coverage.
- In the Medicaid program, there is no open enrollment period so eligibility may always be established.
- Issues have been brought to the Department's attention which are being worked on, and New Hampshire has committed a leading effort to support redeterminations. That being said, there are challenges and Henry Lipman responds to cases raised to him individually.
- For mental health centers, taking advantage of the retroactive eligibility opportunity is still an option to recover members. When we had a static population, we produced a report but now that the population is less stable the same reporting process is not as reliable. AmeriHealth Caritas was able to share a provider program to allow insights on upcoming redeterminations. Some of these cases get very complex—for example, aging out of one waiver program into a new one which requires a new determination. Each case raised to the Medicaid team is addressed and the team is committed to resolving them and mental health centers should feel free to raise cases to the Medicaid team.
- The number one reason people in the protected group didn't renew was being over income.
- Brooke Belanger asked how long the eligibility flexibilities will last and Henry Lipman responded they will extend at least until December.

Rules Subcommittee He-E 310

- Carolyn Virtue presented on this item. The Subcommittee on He-E 310 met twice. The rule is overreaching beyond statutory authority in 151. It has come out in the discussions that much of the language in He-E 310 has been brought over from other rules such as the He-M rules for the Developmental Disabilities waivers and the mental health rules. The problem with that is that both of those programs have robust statutes from which the rules were promulgated. The subcommittee wants these rules to look at enabling statute. When the subcommittee last met, there was a robust discussion and members were very excited about our ability to work with the Department. At the end of the meeting, we learned that the Department is under a Plan of Correction and they had included creation of this rule in their plan to move forward. The rule needs to be filed in April to meet a deadline with the Centers for Medicare and Medicaid Services. There is another meeting Thursday. Carolyn Virtue and the Subcommittee would recommend putting the rule forward with the portions that implement the settings rule criteria plan of correction and then work on the remainder of the rule. She asked if there is statute needed to accomplish what is being put forth in the rule and how can this be worked on? The Department will follow up.
- Cheryl Steinberg made comments about seeking further information on the long term care ombudsman and civil rights ombudsman and ombudsmen for Long Term Services and Supports and Adult Protective Services.

Department Updates

- There was limited time for Department updates but Scott Beckwith reported the Developmental Disabilities Determination Unit changed the contractor serving as the medical review team. The prior contract ran out in December and a new contractor onboarded in January. It has been slow getting cases up and running. The vendor is TDB Communications out of Washington, DC and they are a veteran run small business. In the next meeting, this agenda item will be earlier in the agenda to ensure proper time to cover this topic.

F – Newspaper Tear Sheets

**NH Department of Health and Human Services
Substance Use Disorder Serious Mental Illness and
Serious Emotional Disturbance
Treatment and Recovery Access Section 1115(a)
Research and Demonstration Waiver
Presumptive Eligibility Amendment**

Notice is hereby given that, as part of its ongoing efforts to maintain and improve access to home and community-based services in the State, the NH Department of Health and Human Services (DHHS) is applying for an amendment to its Section 1115(a) Research and Demonstration Waiver from the Centers for Medicare and Medicaid Services (CMS). This amendment will enable DHHS to engage in Long Term Supports and Services (LTSS) program innovations by extending presumptive eligibility to individuals applying for home and community-based services under the Department's 1915(c), Choices for Independence (CFI) waiver.

DHHS is interested in public input on the amendment request for the Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment and Recovery Access (SUD-SMI-SED-TRA) Section 1115(a) Research and Demonstration Waiver. DHHS is convening two Public Hearings to seek public input on this amendment request. Comments will be considered at the Medical Care Advisory Committee (MCAC) meeting on February 12, 2024. All MCAC meetings are open to the public.

The MCAC meeting Public Hearing will be held:

- **Monday, February 12, 2024, from 10 a.m. - 12 p.m.** at Fred H. Brown Building Auditorium, 129 Pleasant Street, Concord, NH 03301

Microsoft Teams meeting

Meeting ID: 269 760 344 562 Passcode: WMfr2V

The second Public Hearing will be held virtually:

- **Thursday, February 22, 2024, from 4:30 p.m. – 6:30 p.m.**

Microsoft Teams meeting

Meeting ID: 295 912 849 177 Passcode: PpGZ94

The complete version of the Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver Amendment Request is available for public review at: <https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-waivers-and-demonstrations>. All public comments must be **received by 5:00 pm (Eastern) on Wednesday, March 13, 2024.**

Comments will be accepted: (1) at either of the two scheduled Public Hearings referenced above; (2) emailed to 1115EligibilityAmendment@dhhs.nh.gov; or (3) mailed to Carolyn Richards, NH Department of Health and Human Services, Attn: 1115(a) Presumptive Eligibility Amendment, 129 Pleasant Street, Concord, NH 03301

Legal Notice

Public notice re RSA 7:19-a, II(d)

Pursuant to the requirements of RSA 7:19-a, II(d), notice is hereby given that a pecuniary benefit transaction or transactions which will exceed \$5,000 during the fiscal year will occur between The Majestic Theatre and Matthew T. Morin, Treasurer. Compensation at a rate of \$100 per performance for lighting/sound technician and \$200 for production set build, expected to total approximately \$8,500 during the calendar year 2024.

ATTEST: Majestic Theatre 880 Page Street Manchester, NH 03109 (UL - Feb. 9)

Legal Notice

CITY OF MANCHESTER

The following regulations governing standing, stopping and parking, as approved by the Committee on Public Safety, Health, & Traffic, in accordance with the provisions of Chapter 335 of the Sessions Laws of 1951 and the Ordinances of the City of Manchester were adopted at a meeting of the Board of Mayor and Aldermen held on February 06, 2024, as follows:

NO PARKING ANYTIME

On Bridge Street, south side, from Highland Street to Mammoth Road Board of Mayor and Aldermen s/Matthew Normand City Clerk

(UL - Feb. 9)

Legal Notice

The City of Claremont is seeking bids for

AIRPORT PLANNING AND ENGINEERING SERVICES

For more details please visit: www.claremontnh.com/procurement

(UL - Feb. 9, 11, 12)

Legal Notice

The Planning Board for the Town of Derry will hold a public hearing on **Wednesday, February 21, 2024, at 7:00 p.m.** at the Derry Municipal Center, 14 Manning Street, to review the following proposal. This meeting will be in person and virtual.

256 Investment Associates, LLC
PID 31043, 56 Crystal Avenue Site Plan Review
(Common Man Roadside)

POSTED: DATE -

FEBRUARY 7, 2024

Derry Municipal Center
Derry Public Library & Taylor Library (by e-mail)
Union Leader for publication, Friday, February 9, 2024

(UL - Feb. 9)

Legal Notice

Environmental Review:
Water Infrastructure Project
FUNDING RECIPIENT: Stony Brook Cooperative
PROJECT TITLE: Water System Interconnection and Distribution Replacement
PROJECT ADDRESS: 55 Trade Wind Lane, Rochester NH, 03867
WATER SYSTEM PWS#/#PROJECT #: 2003040

The Stony Brook Cooperative has applied for funds through the State of New Hampshire American Rescue Plan Act (ARPA) and Drinking Water and Groundwater Trust Fund (DWGTF) to finance a water infrastructure improvement project for the Stony Brook Cooperative.

The project scope includes interconnecting the water system to the City of Rochester's public water system, replacement of approximately 7,600 linear feet of water main throughout the community, and replacement of 126 service lines for all homes. Once the new distribution system is in place, tested, and fully operational, the old lines will be abandoned in place and the Stony Brook Cooperative PWS infrastructure will be taken offline.

All required permits and approvals will be obtained prior to construction.

Whereas this project constitutes only a minor project and no significant environmental impacts are anticipated, a Finding of No Significant Impact (FONSI) is proposed.

PUBLIC REVIEW

This public notice is published in accordance with Env-Dw 1300 and a 30-day comment period will be held. Comments will be accepted through March 10, 2024 when the public notice will end. The full document is available at: <https://www.des.nh.gov/news-and-media/drinking-water-infrastructure-project-stony-brook-cooperative-water-system> and comments may be addressed to the following locations: Edgewater Strategies, Attn: Abigail Fopiano, 26 Chalet Drive, Gilford NH, 03249 abby@edgewaternh.com; or NHDES, Attn: Kala Day, Environmental Review Coordinator, PO Box 95, 29 Hazen Dr, Concord NH 03302-0095, or by email at: envreview@des.nh.gov. (UL - Feb. 9)

Legal Notice

THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH NH CIRCUIT COURT

9th Circuit - Family Division - Manchester
35 Amherst St.
Manchester NH 03101-1801
Telephone: 1-855-212-1234
TTY/TDD Relay: (800) 735-2964
<https://www.courts.nh.gov>

CITATION BY PUBLICATION - NOTICE OF PARENTAL RIGHTS TO: TIAMARIE NEMROW 74 RIMMON ST. MANCHESTER, NH 03103
Case Number:

656-2024-TR-00001

Preliminary Hearing

A petition to terminate parental rights over your minor child(ren) has been filed in this Court. You are hereby cited to appear at a Court to respond to this petition as follows:

Date: February 21, 2024

Time: 3:30 PM

Time Allotted: 30 Minutes

35 Amherst St.

Manchester NH 03101

Courtroom 202-9th Circuit-Family Division-Manchester

CAUTION TO RESPONDENT

It is very important that you personally appear in this Court on the date, time and place provided in this notice. If you fail to personally appear, you may be defaulted and your parental rights may be terminated even if you are represented by an attorney who has filed a written appearance and/or personally appears at this hearing.

IMPORTANT RIGHTS OF PARENTS

THIS PETITION IS TO DETERMINE WHETHER OR NOT YOUR PARENTAL RIGHTS OVER YOUR CHILD(REN) SHALL BE TERMINATED. TERMINATION OF THE PARENT/CHILD RELATIONSHIP MEANS THE TERMINATION SHALL DIVEST YOU OF ALL LEGAL RIGHTS, PRIVILEGES, DUTIES AND OBLIGATIONS, INCLUDING BUT NOT LIMITED TO THE LOSS OF ALL RIGHTS TO CUSTODY, VISITATION AND COMMUNICATION WITH YOUR CHILD(REN). IF TERMINATION IS GRANTED, YOU WILL RECEIVE NO NOTICE OF FUTURE LEGAL PROCEEDINGS CONCERNING YOUR CHILD(REN).

You are hereby notified that you have a right to be represented by an attorney. You also have the right to oppose the proceedings, to attend the hearing and to present evidence. If you desire an attorney, you may notify this Court within ten (10) days of receiving this notice and upon a finding of indigency, the Court will appoint an attorney without cost to you. If you enter an appearance, notice of any future hearings regarding this child(ren) will be by first class mail to you, your attorney and all other interested parties not less than ten (10) days prior to any scheduled hearing. Additional information may be obtained from the Family Division Court identified in the heading of this Order of Notice.

If you will need an interpreter or other accommodations for this hearing, please contact the court immediately.

Please be advised (and/or advise clients, witnesses, and others) that it is a Class B felony to carry a firearm or other deadly weapon as defined in RSA 625:11, V in a courtroom or area used by a court.

BY ORDER OF THE COURT

January 31, 2024

Mary A. Barton, Clerk of Court

(608)

C: Heidi B Barba, ESQ

(UL - Feb. 2, 9)

Legal Notice

MORTGAGEE'S SALE OF REAL ESTATE

By virtue of and in execution of the Power of Sale contained in a certain mortgage given by **Delbert J. Ouellette Jr. and Marie E. Ouellette** to Mortgage Electronic Registration Systems, Inc., as mortgagee, as nominee for AEGIS Lending Corporation, dated April 26, 2005 and recorded with the Cheshire County Registry of Deeds in Book 2238, Page 0568, of which mortgage U.S. Bank Trust Company, National Association, as Indenture Trustee, as successor-in-interest to U.S. Bank National Association, as Indenture Trustee, Successor in Interest to Wachovia Bank National Association, as Indenture Trustee for Aegis Asset Backed Securities Trust 2005-3, Mortgage-Backed Notes is the present holder by assignment, for breach of conditions of said mortgage and for the purpose of foreclosing the same, the mortgaged premises located at **128 Bowlder Road and 153 Bowlder Road, Sullivan, Cheshire County, New Hampshire** will be sold at a Public Auction at **12:00 PM on March 8, 2024**, being the premises described in the mortgage to which reference is made for a more particular description thereof. Said public auction will occur on the Mortgaged Premises located at 128 Bowlder Road, Sullivan, Cheshire County, New Hampshire.

For mortgagor's title, see deed recorded with the Cheshire County Registry of Deeds in Book 2238, Page 556, Book 2486, Page 747, and Book 3078, Page 220.

NOTICE TO THE MORTGAGOR AND ALL INTERESTED PARTIES: YOU ARE HEREBY NOTIFIED THAT YOU HAVE A RIGHT TO PETITION THE SUPERIOR COURT FOR THE COUNTY IN WHICH THE MORTGAGED PREMISES ARE SITUATED, WITH SERVICE UPON THE MORTGAGEE, AND UPON SUCH BOND AS THE COURT MAY REQUIRE, TO ENJOIN THE SCHEDULED FORECLOSURE SALE.

THE AGENTS FOR SERVICE OF PROCESS ARE:

U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION, AS INDENTURE TRUSTEE, AS SUCCESSOR-IN-INTEREST TO U.S. BANK NATIONAL ASSOCIATION, AS INDENTURE TRUSTEE, SUCCESSOR IN INTEREST TO WACHOVIA BANK NATIONAL ASSOCIATION, AS INDENTURE TRUSTEE FOR AEGIS ASSET BACKED SECURITIES TRUST 2005-3, MORTGAGE-BACKED NOTES, 425 Walnut Street, Cincinnati, OH 45202 (Mortgagee)

PHH MORTGAGE CORPORATION, C/O CORPORATION SERVICE COMPANY, 10 Ferry Street, Suite 313, Concord, NH 03301 (Mortgagee Servicer)

You can contact the New Hampshire Banking Department at 53 Regional Drive #200, Concord, NH 03301 Tel (603) 271-3561 and by email at nhbd@banking.nh.gov

FOR INFORMATION ON GETTING HELP WITH HOUSING AND FORECLOSURE ISSUES, PLEASE CALL THE FORECLOSURE IN-

FORMATION HOTLINE AT 800-437-5991. THE HOTLINE IS A SERVICE OF THE NEW HAMPSHIRE BANKING DEPARTMENT. THERE IS NO CHARGE FOR THIS CALL.

LIENS AND ENCUMBRANCES: The Mortgaged Premises shall be sold subject to any and all easements, unpaid taxes, liens, encumbrances and rights, title and interests of third persons of any and every nature whatsoever which are or may be entitled to precedence over the Mortgage.

NO WARRANTIES: The Mortgaged Premises shall be sold by the Mortgagee and accepted by the successful bidder "AS IS" AND "WHERE IS" and with all faults. Except for warranties arising by operation of law, if any, the conveyance of the Mortgaged Premises will be made by the Mortgagee and accepted by the successful bidder without any express or implied warranties whatsoever, including, without limitation, any representations or warranties with respect to title, possession, permits, approvals, recitation of acreage, hazardous materials and physical condition. All risk of loss or damage to the Mortgaged Premises shall be assumed and borne by the successful bidder immediately after the close of bidding.

TERMS OF SALE: To qualify to bid, bidders must register to bid and present to the Mortgagee or its agent the sum of Five Thousand Dollars and 00/100 (\$5,000.00) by certified check or other form of payment acceptable to the Mortgagee or its agent prior to the commencement of the public auction. The balance of the purchase price must be paid in full by the successful bidder by certified check within thirty (30) days from the date of the public auction, or on delivery of the foreclosure deed, at the option of the Mortgagee. The deposits placed by unsuccessful bidders shall be returned to those bidders at the conclusion of the public auction. The successful bidder shall execute a Memorandum of Foreclosure Sale immediately after the close of bidding. If the successful bidder fails to complete the purchase of the Mortgaged Premises, the Mortgagee may, at its option, retain the deposit as liquidated damages.

RESERVATION OF RIGHTS: The Mortgagee reserves the right to (i) cancel or continue the foreclosure sale to such subsequent date or dates as the Mortgagee may deem necessary or desirable, (ii) bid upon and purchase the Mortgaged Premises at the foreclosure sale, (iii) reject any and all bids for the Mortgaged Premises and (iv) amend or change the terms of sale set forth herein by announcement, written or oral, made before or during the foreclosure sale. Such change(s) or amendment(s) shall be binding on all bidders.

Other terms to be announced at sale.

U.S. Bank Trust Company, National Association, as Indenture Trustee, as successor-in-interest to U.S. Bank National Association, as Indenture Trustee, Successor in Interest to Wachovia Bank National Association, as Indenture Trustee for Aegis Asset Backed Securities Trust 2005-3, Mortgage-Backed Notes Present holder of said mortgage, by its Attorneys Susan W. Cody Korde & Associates, P.C., 900 Chelmsford Street, Suite 3102 Lowell, MA 01851 (978) 256-1500 POW 22-039352 Ouellette

Legal Notice

NOTICE OF FORECLOSURE SALE

Pursuant to a power of sale contained in a certain mortgage deed given by **JESSICA LYNN STEVENS NKA JESSICA LYNN HINKLEY** to Jack L. Bradley, his successors or assigns, as lender, dated November 20, 2009, recorded in the Grafton County Registry of Deeds at Book 3663, Page 0205, in execution of said power, for mortgage conditions broken, will sell on the mortgaged premises (108 Durfee Road) in Warren, Grafton County, New Hampshire, at

PUBLIC AUCTION

on **March 13, 2024 at 11:00 A.M.** local time, all of said holder's right, title and interest in and to the real estate described in said mortgage deed.

This foreclosure sale will be made for the purpose of foreclosure of all rights of redemption of the said mortgagor(s) therein possessed by them and any and all persons, firms, corporations or agencies claiming by, from, or under them.

Said premises will be sold "as is" in all respects, including, but not limited to, the physical condition of the premises and the rights, if any, of any occupants of the premises.

To the mortgagor(s) and any and all persons, firms, corporations or others claiming by, from or under them: YOU ARE HEREBY NOTIFIED THAT YOU HAVE THE RIGHT TO PETITION THE SUPERIOR COURT FOR THE COUNTY IN WHICH THE MORTGAGED PREMISES ARE SITUATED, WITH SERVICE UPON THE MORTGAGEE, AND UPON SUCH BOND AS THE COURT MAY REQUIRE, TO ENJOIN THE SCHEDULED FORECLOSURE SALE.

For information on getting help with housing and foreclosure issues, please call the foreclosure information hotline at 1-800-437-5991. The hotline is a service of the New Hampshire Banking Department. There is no charge for this call. The New Hampshire Banking Department can be contacted at 53 Regional Dr., #200, Concord, NH 03301 at Tel. No. 603.271.3561 and email at nhbd@banking.nh.gov.

For Service of Process, Mortgagee's agent is Craig, Deachman & Associates, PLLC and address is 1662 Elm Street, Manchester New Hampshire 03101.

Terms of sale will be Five

Thousand Dollars (\$5,000.00) cash or certified check satisfactory to the said holder, to be paid at the time of the sale, and the balance to be paid on delivery of foreclosure deed within forty-five (45) days thereafter. The said holder reserves the right to waive any of the above terms at its discretion. The said holder reserves the right to cancel or postpone the sale to such subsequent dates as the holder may deem necessary or desirable.

JACK L. BRADLEY
By His Attorneys,
CRAIG, DEACHMAN & ASSOCIATES, PLLC
1662 Elm Street
Manchester, NH 03101
(603) 665-9111
January 23, 2024
(UL - Jan. 26; Feb. 2, 9)

Legal Notice

THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH NH CIRCUIT COURT

9th Circuit - Family Division - Manchester
35 Amherst St.
Manchester NH 03101-1801
Telephone: 1-855-212-1234
TTY/TDD Relay: (800) 735-2964
<https://www.courts.nh.gov>

CITATION BY PUBLICATION - NOTICE TO THE ALLEGED FATHER

TO: JOSHUA SCOTT UNKNOWN

Case Number:

656-2024-TR-00011

Notify Court

Pursuant to NH RSA 170-B: 6(II), you are hereby notified that you have been named an alleged father of a minor child born on August 28, 2012, in Manchester, New Hampshire. If you intend to claim paternity over this child, you must notify this Court by the date and time listed below. If you do not notify the Court by this date and time, your right to claim paternity and any right to notice of any proceedings concerning the child will be forfeited.

Date: March 12, 2024

Time: 9:00 AM

Time Allotted: 30 Minutes

35 Amherst St.

Manchester NH 03101

Courtroom 302-9th Circuit-Family Division-Manchester

CAUTION

You should respond immediately to this notice to prepare for trial and because important hearings will take place prior to trial. If you fail to appear personally or in writing, you will waive your rights to a hearing and your right to claim paternity.

If you will need an interpreter or other accommodations for this hearing, please contact the court immediately.

Please be advised (and/or advise clients, witnesses, and others) that it is a Class B felony to carry a firearm or other deadly weapon as defined in RSA 625:11, V in a courtroom or area used by a court.

BY ORDER OF THE COURT

January 29, 2024

Mary A. Barton, Clerk of Court

(608)

C: Heidi B. Barba, ESQ.

(UL - Feb. 2, 9)

Legal Notice

CITY OF MANCHESTER

Please be advised that the Board of Mayor and Aldermen of the City of Manchester, NH adopted the following ordinance at a meeting to be held on February 06, 2024:

"An Ordinance amending the Zoning Ordinance, Chapter 155 of the City of Manchester Code of Ordinances, to provide reasonable accommodations to disabled persons by defining 'disability' and adopting RSA 674:33, V."

Board of Mayor and Aldermen s/Matthew Normand

City Clerk

(UL - Feb. 9)

Legal Notice

NH Department of Health and Human Services
Substance Use Disorder Serious Mental Illness and Serious Emotional Disturbance

Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver Presumptive Eligibility Amendment

Notice is hereby given that, as part of its ongoing efforts to maintain and improve access to home and community based services in the State, the NH Department of Health and Human Services (DHHS) is applying for an amendment to its Section 1115(a) Research and Demonstration Waiver from the Centers for Medicare and Medicaid Services (CMS). This amendment will enable DHHS to engage in Long Term Supports and Services (LTSS) program innovations by extending presumptive eligibility to individuals applying for home and community-based services under the Department's 1915(c), Choices for Independence (CFI) waiver.

DHHS is interested in public input on the amendment request for the Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment and Recovery Access (SUD-SMISED-TRA) Section 1115(a) Research and Demonstration Waiver. DHHS is convening two Public Hearings to seek public input on this amendment request. Comments will be considered at the Medical Care Advisory Committee (MCAC) meeting on February 12, 2024. All MCAC meetings are open to the public.

The MCAC meeting Public Hearing will be held:

- Monday, February 12, 2024, from 10 a.m. - 12 p.m. at Fred H. Brown Building Auditorium, 129 Pleasant Street, Concord, NH 03301
- Microsoft Teams meeting [Click here to join the meeting](#) Meeting ID: 269 760 344 562 Passcode: Wmfr2V

The second Public Hearing will be held virtually:

- Thursday, February 22,

2024, from 4:30 p.m. - 6:30 p.m.
Microsoft Teams meeting [Click here to join the meeting](#) Meeting ID: 295 912 849 177 Passcode: PpGZ94

The complete version of the Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver Amendment Request is available for public review at: <https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-waivers-and-demonstrations>. All public comments must be received by 5:00 pm (Eastern) on Wednesday, March 13, 2024.

Comments will be accepted: (1) at either of the two scheduled Public Hearings referenced above; (2) emailed to 1115EligibilityAmendment@dhhs.nh.gov; or (3) mailed to Carolyn Richards, NH Department of Health and Human Services, Attn: 1115(a) Presumptive Eligibility Amendment, 129 Pleasant Street, Concord, NH 03301 (UL - Feb. 9)

Legal Notice

ADVERTISEMENT FOR BIDS BEDFORD ROAD CULVERT REPLACEMENT TOWN OF NEW BOSTON NEW BOSTON, NEW HAMPSHIRE

Separate sealed bids for the above-mentioned project will be received by the OWNER at the following location:

New Boston Town Hall

7 Meetinghouse Hill Road

New Boston,

New Hampshire 03070

Attention: Benji Knapp,

Road Agent

Sealed bids for the construction of the BEDFORD ROAD CULVERT REPLACEMENT will be received at this location until 1:30 PM Local Time on Wednesday, March 6, 2024. No late bids, telephone, faxed, or emailed bids will be accepted. On that same day all bids will be publicly opened and read aloud.

The project consists of the following:

Project work includes but is not limited to: implementation of provided traffic control & detour plans, construction layout, erosion controls, tree clearing, stumping & grubbing, temporary stream diversion, common excavation, Concrete Systems Inc (CSI) precast footings, rigid frame bridge & Uwall retaining walls, structural backfill, stream restoration & plantings, roadway selects, binder course pavement, wearing course pavement, gravel shoulders, guardrail and permanent establishment of vegetation growth. All project work shall take place while maintaining appropriate traffic control and erosion control throughout construction. The New Boston Highway Department has engaged CSI to perform structural engineering of precast bridge, footing and Uwall retaining walls. Shop drawings from CSI are expected to be available for distribution by February 23, 2024, if not sooner. Contractor will be responsible to engage CSI to manufacture and deliver precast components.

The Town reserves the right to reduce or increase scope of work based on available funds. The Town of New Boston has secured a \$400,000 Culvert Flood Risk Assistance Grant from NHDES to perform this work in 2024. The Town is advancing a Warrant Article to fund the balance of construction costs. Following a successful vote the Town intends to award the project to the selected bidder on or before March 15, 2024.

There will be a **Mandatory Pre-Bid Meeting** held at the New Boston Town Hall on Friday, February 16, 2024 at 10:00 AM, which all bidders are required to attend. Representatives of the owner and engineer will attend the meeting to discuss the project. Engineer will transmit to all prospective bidders of record such addenda as engineer considers necessary in response to questions arising from the meeting. Oral statements made at the pre-bid meeting may not be relied upon and will not be binding or legally effective.

Contract Documents may be viewed at the following locations on February 12, 2024 during normal business hours:

Northpoint Engineering, LLC

119 Storrs Street - Suite 201

Concord, NH 03301

Town of New Boston -

Town Hall

7 Meetinghouse Hill Road

New Boston,

New Hampshire 03070

Associated General Contractors of NH

48 Grandview Road

Bow, NH 03304

Construction Summary

of New Hampshire

734 Chestnut Street

Manchester, NH 03104

Digital copies of Contract Documents may be obtained from Northpoint Engineering, LLC of Concord, NH by email request to kevin@northpointeng.com. No paper sets will be distributed by the Issuing Office. Contractor must be registered plan holder with Northpoint Engineering to submit qualified bid proposal.

All questions or Requests for Information with regard to the Contract Documents should be addressed (in writing only) to the attention of:

Kevin M. Leonard, P.E.

Northpoint Engineering, LLC

119 Storrs Street

G – Letters of Comment Received

Carolyn Richards, Federal Waivers Administrator
NH Department of Health and Human Services
29 Pleasant Street
Concord, NH 03301

Re: 1115(a) Presumptive Eligibility 1115 Waiver Amendment

Dear Ms. Richards:

On behalf of our state's 225,000 AARP members, AARP New Hampshire appreciates the opportunity to express our strong support for amending the current 1115 Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment and Recovery Access demonstration waiver to implement Medicaid presumptive eligibility (PE) for individuals 18 and over in need of home- and community-based services (HCBS). AARP NH applauds the State's initiative to implement PE for people likely to qualify for Medicaid with the goal of providing immediate access to consumer preferred HCBS to avoid a nursing home placement or the health and safety risks associated with a lack of required services at home.

The ultimate success of a PE program's ability to accomplish New Hampshire's goals of supporting healthy aging, preventing or delaying institutionalization, and reducing state long-term care (LTC) costs through rebalancing toward HCBS will depend on the specifics of the program design and implementation as some state PE program designs work better than others. The Department's current program outline as presented in the draft of the 1115 amendment request and associated public hearing slides provides the framework for a strong and successful system, including quick access to Medicaid medical and HCBS services through simplified eligibility methodologies, a robust menu of available HCBS, statewide availability of presumptive eligibility, program implementation through qualified aging services entities, and an expedient implementation timeline.

As this outline is finalized, we recommend including some additional specifics in the amendment application that we believe are important to a successful program that will be able to support the state's outcome goals for PE. These recommendations include the following:

- **Approval Goal:** Establish PE approval goal as "same day" for level of care and financial eligibility to address crisis needs.
- **Preliminary Care Plan:** Establish preliminary care plan goal as "same day" and associated HCBS delivery with-in 24 hours to address crisis needs.
- **PE Time Limits:** Clarify that any time limit imposed on PE service periods is related to participants' failing to submit requested documentation for a full eligibility determination and that PE services will not be time limited if eligibility determination delays are due to lack of state processing capacity.
- **PE HCBS:** Make the full menu of Medicaid HCBS available during the PE period to fully support the success of participants and family caregivers attempting to avoid institutional care.
- **Financial Risk:** Specify that Medicaid will retain at least 90% of the financial risk for service costs associated with an incorrect PE determination, with no more than 10% accruing to providers or delegated agents.
- **Cost Sharing:** Specify that the state will explore sharing the cost of incorrect PE determinations with the federal government as allowed under an 1115 demonstration waiver.
- **Proxy Eligibility:** Specify that certain state and federal program enrollment may be used as a proxy for financial eligibility (e.g., food stamps, SSI, etc.).

- **Financial Eligibility:** Specify that the state PE program will allow self-attestation of income and assets with optional post-PE approximate verification through state and publicly available data sources.
- **Residency:** Specify that the state PE program will allow self-attestation of citizenship and residency requirements.
- **PE Application:** Include a requirement that the PE program provide staff application assistance and multiple pathways for application, including verbal/interview format, email, on-line, by phone, and/or through a home visit.
- **Full Medicaid Application:** Specify that the PE program will provide significant staff assistance to PE participants and their families to complete their full Medicaid application and assemble required documentation on schedule.
- **Streamlined Application:** Specify that the PE program will use abbreviated level of care and financial eligibility screening tools.
- **PE Provider Payments:** Specify that PE service providers paid in the same manner and at the same frequency as regular HCBS program providers (i.e., PE providers payments will not be withheld until full Medicaid approval).
- **PE Staff:** Specify that PE staff will receive comprehensive training on program documents, processes, and applicant assistance.
- **Waiver Development Advisory Committee:** Specify that the Department will form and support a stakeholder advisory group to provide feedback on program design drafts throughout the development process, including consumer advocates, HCBS providers, and aging experts.

We appreciate the opportunity to offer our support for this important effort and look forward to commenting on the 1115 waiver amendment application details once it is published. If you have any questions, please feel free to contact me at 603-678-2389 or at mpadmore@aarp.org.

Sincerely,

Michael Padmore
Associate State Director of Advocacy and Outreach
AARP New Hampshire

H – Summary of Testimony from Public Hearing

Jennifer Riding: I'm a social worker with the Manchester Visiting Nurse Association. I work for the Hospice team, I wanted to express my appreciation on everyone who's worked on this. Speaking from the perspective of someone in the field working with folks on Hospice who often have not applied for CFI and we do home Hospice.

So they're primarily in the home this.

The Medicaid CFI benefit is integral to their success as a home patient, because we often feel like we're in the dark when we're completing the application, because often we send the application out, we tend to wait for.

Notification of whether they're eligible or not, and that can take some time.

Not having a direct contact to ask is really hard for us in the field because we're as much in the dark as they are.

A lot of our families are elderly and have elderly caring for them that require personal care that they just can't do.

Some of the other folks that we've cared for through the year, as I can think of a few people that were even younger dying of cancer, who had to quit their jobs and were alone in their homes with no caregiver at all.

One person in particular was a 58 year old gentleman who had absolutely no caregiver. We did apply for CFI and you know he as much as we try to be in the home.

We're really only in there for about an hour a day, so the rest of the time he was there by himself and sadly did die before he received notification that he was eligible for Medicaid. So it was unfortunate that he really had absolutely no caregiver during his end of life besides us, which was a real challenge.

So the other point that I wanted to make is that because we are directly involved with people, if home Health Agency is could be a state designated qualified entity and be allowed to make the PE determinations, it would help us to get help in the home more quickly.

Hey, that would alleviate a lot of the stress and worry that our dying patients feel when they're applying for CFI, and it would help them. You know, stay in the home and not have to use the other more expensive alternative.

So thank you so much again, I really, really appreciate those who are working on this.

Gina Balkus: I'm the CEO at the Home Care Hospice and Palliative Care Alliance of New Hampshire and its advocacy affiliate, the Granite State Home Health and Hospice Association.

Our alliance members are very excited that the department is applying for this presumptive eligibility waiver for CFI UMM.

I think that certainly one of the challenges, especially for our most critical ill patients is the time that it takes for them to become, to achieve their eligibility determination and then access services.

So the previous speaker I think gave a really good example and the times that I hear about this the most is from Hospice social workers who are really trying to help those patients who are at end of life, who need support in their home to receive Hospice care at home on. And it's something that we've talked to the department of about before and really feel that this could that presumptive eligibility could be a viable solution to solving this problem of patients who die before they are able to receive supportive services at home.

So we fully support this and we would like to have certain Hospice agencies, all of which are Medicare certified to become qualifying entities, they all have Hospice social workers on their teams.

They're required to, and the social workers are in an excellent position to understand the families needs and help explore, you know, whether or not they are likely to meet the financial eligibility requirements and certainly are well aware of the clinical requirement.

They're clinical needs, so I think that Hospice agencies would be excellent qualifying entities and hope that you will include that in your presumptive eligibility waiver application.

I did have a couple questions about the slide presentation and when you mentioned single time periods within a year, generally how long would a time period for presumptive eligibility be?

A: We did get a few public comments related to that and we will address that in more detail when we put the responses together.

So the eligibility period is defined as and a period that begins on the date on which the qualified entity determines that the individual is eligible and ends with the earlier of one of two things; whichever comes first, one is in the case of an individual on whose behalf a Medicaid application is filed, the day in which the decision is made on that full Medicaid application. They can receive presumptive eligibility up until they apply and for presumptive eligibility and received it for a month and received services for a month and then they became fully eligible for the choices for independence waiver and 30 days later the presumptive eligibility period would end at when they're full eligibility starts.

In the case of an individual who has who's on behalf of Medicaid application has not been filed, so the immediately when somebody applies for presumptive eligibility simultaneously, they should be applying for their full application for Medicaid and getting that going.

Umm, but if an application has not been filed the last day of the month following the month in which they were determined eligible.

So for example, if somebody is determined eligible for presumptive eligibility and that is made on February 1st and a full Medicaid application is filed on February 15th.

The individual is determined ineligible for Medicaid on February 28, when the PE ends on February 28th, or it takes until July 1st to make an eligibility to termination on their full application.

So sometimes it may take longer and to get all of the paperwork, as you know, in regular full eligibility and they would be presumptively eligible up until and the date of that full application eligibility happening.

So if it takes, if they applied and became eligible for presumptive eligibility on February 1st, and it takes until July 1st to make a determination on their full eligibility, presumptive eligibility would end on July 1st.

Gina Balkus: Another question I had is relative to contracts and contract amendments.

A: So are those contracts with qualifying entities they're not with MCO's because MCO aren't involved in CFI, so is it the qualifying entities that you would have contracts with. We anticipate that any entities that we are determining or to be eligible to be designated as qualified entities would have some formal agreement with the department, contracts is the most common formal agreement, but I think that, uh, depending on who the qualified entity is and what formal relationship we already there may be other options. So contracting you would be the most common one and it would be in reference to the qualified entities at this time

Gina Balkus: So if, for instance, let's just, let's just say that you allowed Hospice agencies to become acute QE, then would you issue like a request for proposal for to become a QE?

A: I think we can take that under consideration and take it back for the for us to be able to talk through that as a team. We haven't had that question yet or haven't fully vetted what the options would be and in order to have that agreement with qualified entities. So we can take that comment back and talk about that internally and provide a response.

Gina Balkus: And then one last question, because I'm sure there are other people who may want to speak your reference to that, people on PE are subject to state Medicaid recovery requirements. Can you explain that?

A: I can explain that more fully during the response period when we put together the full responses, but essentially that would mean any estate recoveries where we see transfers of assets or property transition of property where there may be a penalty but in place.

Marie Obrador: I'm a social worker. The visiting nurses on the home care side and I just wanna speak on behalf of patients that are not, you know, end of life that have serious illnesses and that the Alzheimer's, Parkinson's, MS or cancer, many which are debilitating diseases and they really struggle getting through the Medicaid application. Start simply with the financial I've seen people go a year trying to get through the application process, and in the meantime they don't have access to the transportation to get to their medical appointment and the people I see are short term. They don't have people in the community to help with the application process. I think with this presumptive eligibility, having access to case management might actually help them with getting the paperwork completed to speed up that Medicaid process.

Marsha Flinkster: I'm a social worker also in Hospice. I work at Cornerstone VNA in Rochester and I basically wanted to just reiterate with the other Hospice social workers have talked about when I have similar stories, just as everyone has about the wait time and people going without caregivers, the you know, when I have a wife in her 80s and that husband is the patient and he's in his 80s, it's a it's really hard situation.

Joanne, North Country Home Health and Hospice: Just a question if somebody umm has the presumptive Medicaid, like you said, February 1st to February anyway by February 28th and then by July 1st they're found ineligible because of financial. What happens then?

A: It may sound confusing because you're not seeing it in writing so I'm trying to be as clear as I can about it, but I we will provide some additional examples, What would happen if somebody was not determined eligible, fully eligible for the choices for independence Waiver program, but they got presumptive eligibility their presumptive eligibility would end the next month. So for example, if somebody applied for PE and they were determined eligible for that on February 1st and also submitted a full Medicaid application or did and it wasn't determined eligible or they're full Medicaid application is not filed at all. We don't have anything on file and they decide they're not going to file their presumptive eligibility Period would end March 31st, so that next fall month. when they become eligible for the presumptive eligibility, that also makes them eligible for state plan services as well. So they would get state plan and the set of benefits that we have put forward for presumptive eligibility during that presumptive eligibility time.

Jonathan Field: Will potential providers be notified that the participant is on presumptive eligibility when receiving a referral?

A: That is definitely something we need to consider in terms of when we're discussing how we're going to operationalize this through the Medicaid information system, the MMIS system as well as through the New HEIGHTS system and how we particularly. Presumptive the presumptive eligibility period that somebody is on versus full eligibility and how that gets communicated with authorizations and such. So that's something that we need to consider and take back.