

MINUTES
New Hampshire State Commission on Aging
Monday, February 22, 2021 10:00 a.m.-noon
Held via Video Teleconference

Present: Polly Champion, Chair; Carol Stamatakis, Vice Chair; Roberta Berner, Clerk; Wendi Aultman and Deborah Scheetz, DHHS; Richard Lavers, NHES; Susan Buxton, Long-Term Care Ombudsman; Sunny Mulligan Shea, DOJ; Lynn Lippitt, NH Housing Finance Authority; Janet Weeks, DOL; Elizabeth Bielecki, Director of DMV, DOS; Appointed by the Governor: Kristi St. Laurent, Rev. Susan Nolan, Susan Denopoulos Abrami, Susan Ruka, Suzanne Demers, Susan Emerson, Daniel Marcek; Harry Viens, Kathy Baldrige.

Rebecca Sky, Executive Director.

Absent: Sen. Ruth Ward, Rep. James MacKay, John Kennedy, Patrick Herlihy, DOT.

Guest Presenters: Dustin Schmidt and Tamyra Porter, Guidehouse.

Guests: 28 members of the public (Cheryl Steinberg, Jon Eriquezzo, Heather Carroll, Jennifer Rabalais, Beth Todgham, Marcia Garber, Elaine Paez, Martha McLeod, Beverly Cotton, Anne Diefendorf, Todd Russell, Caleb Gilbert, Carissa Elphick, Kay Drought, Marianne Jackson, George McGlaris, Nick Toumpas, Nancy Rollins, John Wilson, Kate Horgan, Ray Bower, Craig Labore, David Ross, Ann Turner, Rich Crocker, Amy Clark, Jill Sheing, Wendy Hawkes)

I. Welcome, Roll Call, Approval of Minutes

Chair Polly Champion called the meeting to order at 10 a.m., provided an overview of the agenda, welcomed the Commission and guests and read “A Checklist to Ensure Meetings Are Compliant with The Right-to-Know Law During The State Of Emergency.” The State of Emergency has been declared by the Governor as a result of the COVID-19 pandemic.

A requirement of such compliance is to take a roll call attendance. When each member answers, he or she also must state whether there is anyone else in the room during the meeting. Clerk Roberta Berner called the roll, also asking that the members of the public and presenters attending the teleconference identify themselves.

Minutes from the January meeting were sent out to Commission members with the agenda for review prior to the February meeting.

Lynn Lippitt made a motion, seconded by Daniel Marcek, to approve the January minutes. By roll call vote, the following members approved the motion: Polly Champion, Roberta Berner, Wendi Aultman, Richard Lavers, Susan Buxton, Sunny Mulligan Shea, Lynn Lippitt, Janet Weeks, Carol Stamatakis, Elizabeth Bielecki, Susan Denopoulos Abrami, Rev. Susan Nolan, Suzanne Demers, Daniel Marcek, Susan Ruka, Kristi St. Laurent, Susan Emerson, Harry Viens and Kathy Baldrige. The motion to approve the January minutes was approved by 19 members.

II. Guidehouse Report Review (*Slides at end of minutes*)

Deborah Scheetz, Director, Division of Long Term Supports and Services (LTSS) at the New Hampshire Department of Health and Human Services (NH-DHHS), presented a

review of the Guidehouse Report, “New Hampshire Long Term Supports and Services (LTSS) for Seniors and Individuals with Physical Disabilities.” Guidehouse staff Dustin Schmidt and Tamyra Porter also took part in the presentation. The presentation focused on stakeholder engagement findings regarding the state’s LTSS system and suggested improvements in the delivery of long-term care.

Deborah Scheetz noted that the pandemic had an effect on the timeline for the work and that NH-DHHS had been hampered since 20 percent of the positions in the department were unfilled for a variety of reasons (760 vacancies). Many departmental staff were working remotely during the project, and for partners (e.g., nursing home administrators, home and community-based care providers), participating in the project as well as handling the strain caused by COVID-19, meant that their involvement was “a major lift.”

Deborah noted a few of the achievements of the NH-DHHS-Division of LTSS during the pandemic: re-opening of adult day services, expansion of contracts for nutritional providers, changes in ServiceLink operations, long term care re-opening guidance development, weekly technical assistance for long term care providers, long term care workforce stabilization efforts, facilities and licensing changes, Office of Long-Term Ombudsman operation changes, and staff involvement in the State Emergency Operations Center.

The Guidehouse project has been underway since August 2020, with a four-month hiatus in 2021 because of the pandemic. More than 100 stakeholders have taken part, including NH Bureau of Elderly and Adult Services (BEAS) staff and 12 key informant groups. The project focused on how LTSS are accessed, how service coordination and management could be improved, and the quality and delivery of LTSS.

Dustin Schmidt noted the following findings from stakeholder engagement:

- Workforce issues are especially pronounced in rural areas.
- Home and community-based services’ reimbursement rates should be reviewed.
- Delivery systems are often siloed, and can vary considerably from county to county.
- BEAS could benefit from more staff resources and better data collection systems.
- Pulling together all of the documentation to determine financial eligibility for Medicaid can be arduous and time-consuming. On average, the process in the state takes 65 days. The Centers for Medicare and Medicaid Services (CMS) require that the process be completed within 90 days, with some exceptions.

Deborah Scheetz said that the Governor’s FY 22-23 budget includes \$7.7 million in rate increases in home and community-based services (personal care, homemaker services, case management rate parity). She added that processing of Medicaid disability determinations has improved and the backlog has been whittled down. The ability to hold remote meetings and offer more flexible hours has been helpful. She briefly discussed additional system changes: the modernization of the LTSS OPTIONS system, and revisions to adult protective services intake and registry.

She provided information about the Electronic Visit Verification System, which must be implemented by all states for Medicaid-funded Personal Care Services provided in the home by January 1, 2020 (okayed to delay until 2021) and Home Health Services by January 1, 2023, under the federal 21st Century Cures Act. New Hampshire must identify and contract with a qualified vendor to provide the software and possibly hardware to meet federal requirements. Federal financial participation is anticipated to be 90 percent of the total cost of \$5,660,000.

Following the presentation, Chair Campion opened the floor to questions from Commission members and asked that public attendees post their questions in the “chat” function.

Carol Stamatakis asked if there was a written report that could be accessed and also asked if the State Commission on Aging might have a role to play. Deborah Scheetz responded that the report is in draft form and needs to be reviewed internally before it is issued publicly. She said that the Commission could help support the following prioritized needs identified in the Governor’s budget:

- Rate increases for providers;
- Moving forward with the Electronic Visit Verification System;
- Moving forward with Medicaid Management Information System procurement;
- Strengthening staffing within BEAS and LTSS now that the hiring freeze has ended.

Chair Campion asked for a one-pager regarding the goals and priorities that the Commission could help support.

Questions provided by public attendees included the following:

- Do rate increases include the 3.1% across-the-board increase for Medicaid in addition to the targeted increases shared today? The answer is that yes, the requested increases to personal care, homemaker, and case management are in addition to the across-the-board 3.1% increase included in the Governor’s budget.
- Could the counties see the budget request breakdown, since counties’ budgets support the non-federal share of LTSS and the information would be helpful to review? Deborah Scheetz responded affirmatively.
- Is there likely to be an increase in the rate for adult day care? Deborah Scheetz responded that the only three areas targeted for increases in rates were those she cited previously.

III. Operational Infrastructure Task Force Update (Polly Campion, Chairing)

A. State Budget Review Process

Earlier this year the Commission planned to have representatives of state departments discuss their budgets, and specifically the sections of their budgets that were relevant to New Hampshire’s older adults. Rich Lavers, NHES, spoke at the January meeting about the Department of Employment Security budget. At the January meeting several Commission members expressed concerns about the timing of the presentations and suggested that in order for the Commission members to gain a better understanding of departmental budgets, another season might be preferable.

The matter was referred at the January meeting to the COA Operational Infrastructure Task Force to consider.

Chair Campion reported that the Task Force agreed and decided to postpone the budget presentations. Instead, Commission members will break into small groups this summer to delve into departmental budgets for a greater understanding. With members' deeper knowledge, the Commission will be better informed to make recommendations during future budget cycles. Rebecca Sky added that Commission members should consider attending relevant budget hearings coming up over the next several months.

B. Providing Guidance to Legislature or Governor (Draft document included in meeting materials)

With today's meeting materials, the Task Force distributed a draft document outlining guidance for providing input to the Legislature and Governor. Another draft document detailing the role of members included expectations regarding providing testimony and statements to the public.

Rich Lavers said that a multi-agency legislative group meets regularly during the Legislative Session and tracks items of interest. He offered to facilitate Rebecca's involvement in the group.

Lynn Lippitt commended the guidance as well-done and comprehensive. Dan Marcek suggested that there be more guidance regarding individuals speaking in public when the Commission has taken a position. For example, could a Commission member address a Rotary Club about the Commission's position on an issue? Commission leadership agreed that this area of the document could use a little more work.

Chair Campion asked if anyone would oppose using this framework now, since we are in the middle of a legislative session. Rebecca had prepared a straw poll to approve the use of the guidance, not to use the draft guidance, or to use the guidance with additions. Seventy-eight percent of Commission voters approved the use of guidance, and 22 percent said that they approved it using it for now with additional changes to come.

Rebecca asked if members would like a session on understanding the legislative process. Martha McLeod, representing the Alliance for Healthy Aging and New Futures, offered to assist with a training on the ins and outs of advocating at the NH Statehouse.

C. Role of Member Document/On-Boarding (Draft documents included in meeting materials)

These documents, circulated before the January and February Commission meetings, were approved by consensus.

D. Review of Bills Currently Following

Rebecca reviewed bills likely to be of interest to the Commission. She highlighted those addressing the following topics: broadband access, COVID-19 response, advance directives and guardianship, housing and taxes, Choices for Independence, State Health Assessment/State Health Improvement Plan, adult protective services, workforce, nursing home standards, and a rehabilitation bed pilot program. Harry Viens added that Commission members may want to follow bills related to educational funding.

IV. COVID-19 Emerging Issues Task Force Update (Susan Buxton and Suzanne Demers, Co-Chairs) (Draft issue brief re. vaccination roll-out included in meeting materials)

Co-Chair Susan Buxton said that the Task Force continues to address issues related to broadband access. The Task Force had also crafted an issue brief on the vaccination roll-out, sent out with meeting materials as a working document, not for distribution. She said that the state had been highly successful in vaccinating those in long-term care facilities. New Hampshire is rated right at the top in the country for the percentage of the LTC workforce getting vaccinated. The state has also prioritized older adults for the first rounds of vaccinations, since that is the population group most greatly impacted by COVID-19. There have been concerns about getting the vaccine to those without ready internet access or transportation, as well as to those who are homebound.

Chair Champion commended the working paper for its helpful information. She has been able to bring the information to the State Disaster Medical Advisory Committee (SDMAC), a committee advisory to NH-DHHS. She said that the SDMAC is considering how best to take advantage of the new one-dose Johnson & Johnson vaccine for meeting the needs of populations difficult to reach and vulnerable. SDMAC also is discussing ways to utilize community-based resources such as the public health networks and senior centers. Chair Champion asked if information about accessing the vaccine could be prepared by BEAS for delivery through the Meals on Wheels network.

V. Public Input

During public input, Martha McLeod reiterated the availability of the Alliance for Healthy Aging and New Futures to train Commission members or the Commission as a whole to advocate at the state level.

VI. Adjournment

Chair Champion declared the meeting adjourned at 11:57 a.m. The next meeting of the Commission will take place on Monday, March 15, 2021 from 10 a.m. to noon via Zoom.

New Hampshire Long Term Supports and Services (LTSS) for Seniors & Individuals with Physical Disabilities

Stakeholder Engagement Findings Regarding LTSS System Delivery Improvements

February 22, 2021



Introduction

As part of efforts to improve New Hampshire's (NH) long-term services and supports (LTSS) delivery system for seniors and individuals with physical disabilities, DHHS/BEAS contracted with Guidehouse (formally Navigant) and ADvancing States to support stakeholder engagement and to identify opportunities for improvement.

- **DHHS's goal was to identify challenges with its current service delivery network for seniors and individuals with physical disabilities. NH's developmental services system was excluded from this assessment.**
- **This assessment was NOT an opportunity to use capitated managed care plans.**

Meeting Objective

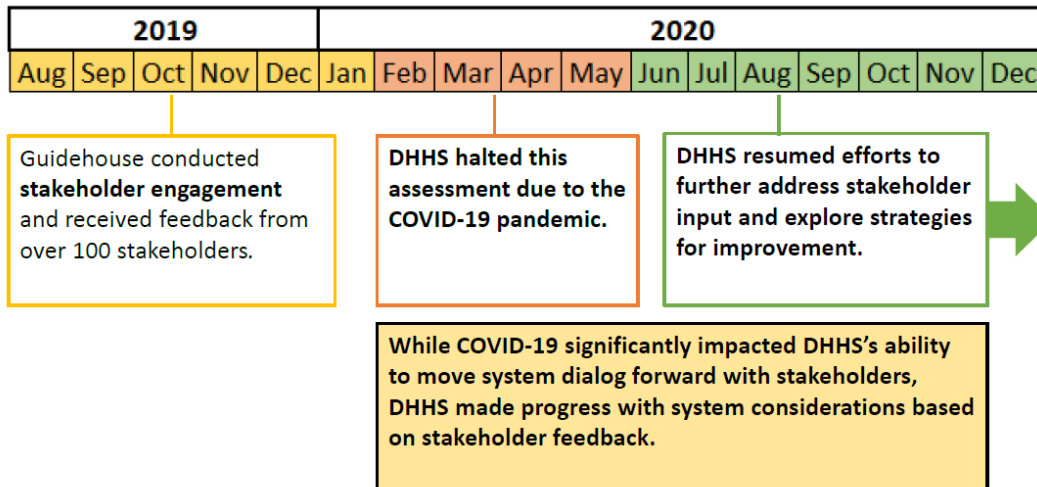
The goal of this meeting is to review stakeholder feedback, collected during Aug. 2019 – Jan. 2020, regarding opportunities to improve NH's LTSS delivery system.

During the meeting, we will:

1. Review stakeholder feedback
2. Review DHHS activities
3. Review DHHS next steps



Timeline



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Stakeholder Engagement

Objective Areas



Stakeholders

Guidehouse received feedback from over **100 stakeholders**



BEAS Program Staff
(7 staff members)



12 Key Informant Groups
(Over 60 people participated)



Supplemental Survey
(47 people responded)

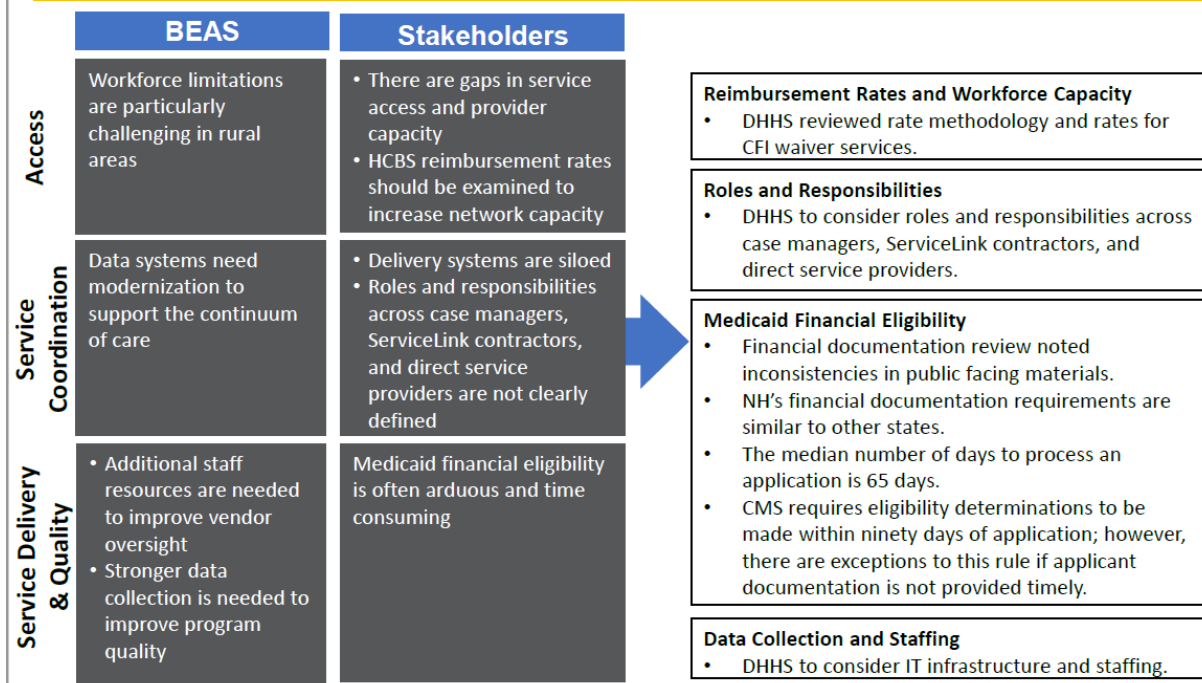


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|-------------------------------------------------------|-----------------------------------------------------------------------------|
| 1. Nursing Facilities (NF Administrators) | 7. Adult Day Service Providers |
| 2. County Nursing Facilities Group | 8. Home Care Group (Home Care Association/Provider executives and managers) |
| 3. ServiceLink Contractors | 9. Granite State Independent Living Center (GSIL) |
| 4. Case Managers Group | 10. Hospital Association |
| 5. Commission on Aging and Alliance for Healthy Aging | 11. Elliot Health System |
| 6. Nutrition and Transportation Providers | 12. AARP |

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Key Findings



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DHHS Action to Address Stakeholder Findings

Complete

- CFI Waiver Rate Study:** As part of NH's CFI waiver renewal application (due to CMS in early 2022), Guidehouse conducted a rate study for the CFI waiver using publicly available cost inputs and market prices. All CFI waivers rates are supported by a rate setting method accepted by CMS.
 - Governor's budget includes a \$7,703,584 increase. The increase is attributable to rate increases effective 7\1\2021 as follows:
 - Personal Care from \$4.89 to \$5.62
 - Homemaker from \$5.09 to \$5.40
 - Case Management Rate Parity across all 4 HCBS Waivers resulting in a \$2,956,990 increase.
- Medicaid Disability Determinations:** The Disability Determination Unit implemented several new processes to reduce its backlog and processing times.

Ongoing Activities

- As part of the CFI waiver renewal, DHHS is:
 - Considering moving state plan targeted case management (TCM) services for CFI waiver participants into the CFI waiver to improve quality and performance.
 - Updating the waiver assurance performance measures to improve vendor oversight and quality.
- DHHS is updating public-facing materials related to Medicaid LTSS eligibility to better define financial documentation requirements and to ensure that requirements are described consistently across materials.

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Next Steps



1. Continue to support all state efforts to fight COVID-19, including continuing to apply temporary flexibilities to policies and preparing for a resumption of “normal” state operations.



2. Consider making permanent LTSS solutions tested during the COVID-19 pandemic that improved quality, costs, and access to care.



3. Update the CFI waiver application taking into consideration stakeholder feedback.



4. Update public-facing materials related to Medicaid LTSS eligibility.

