

Creating a Collective Approach to Address an Aging NH

NH Alliance for Healthy Aging
Quarterly Meeting
March 20, 202



Agenda

- Welcome and Housekeeping
- NHAHA Updates
- NHAHA Advocacy Update
- Break
- System of Care for Healthy Aging
- Table Discussions
- Wrap Up and Adjourn

Wifi

Network name: NHA_Guest

Password: guest2978

DEI Moment



AHA Direct Care Workforce Workgroup

Purpose

- Raise awareness of the need for direct care workers

How

- Convene a workgroup of individuals and organizations to develop strategies to improve conditions for direct care workers and inspire others to join the field

Strategies

- Improve direct care workers job quality and increase the numbers of direct care workers to meet demand
- Provide education and awareness of the need for direct care workers

AHA Direct Care Workforce Workgroup

Updates

- New facilitator and members in January 2024
- Currently developing goals for 2024
- Initial strategies and ideas for goals:
 - Providing education and awareness of the need for direct care workers
 - Reducing ageism and changing the stigma of long-term care and direct care workers to one that is desirable
 - Revisit the definition of 'direct care worker'
 - Dental-medical integration

AHA Direct Care Worker Council

- Established in 2022
- **Vision:** Support the creation of a sustainable *Direct Care Workforce Council*, led by direct care workers, for direct care workers.
- **Purpose:** To develop a community of direct care workers to share experiences, support one another, celebrate the profession, highlight, and promote the positive and meaningful aspects of direct caregiving to inspire others to join the profession.
- **8 Members**
 - 4 active members
 - Licensed Nursing Assistants, Homemakers, Personal Care Service Providers

AHA Direct Care Worker Council

Recent Efforts and Accomplishments

- Established consistent date and time for monthly meetings
- Meeting with Maine Direct Care and Support Professional Advisory Council
 - Collaborating to attend future meetings
 - Plan to meet with other states with Direct Care Worker Councils
 - Indiana
 - Iowa
 - Colorado
 - Oregon
- Updated recruitment flyer and distributed to Council members

AHA Direct Care Worker Council 2024 Goals

- Plan and host an in-person educational event and Council meeting by November 2024
- Establish a distribution list of 25 or more direct care workers by August 2024
- Create, implement, and sustain a quarterly newsletter for direct care workers by direct care workers by June 2024
- Revisit the purpose of the council and establish SMART goals for late 2024-2025

NEW HAMPSHIRE DIRECT CARE WORKER COUNCIL

Creating change through positivity, integrity, and compassion by direct care workers for direct care workers.



PURPOSE

This council seeks to develop and shape the profession. It is only for direct care workers.

The Council:

- Informs policy
- Provides a network for direct care workers
- Promote direct care work as a meaningful, respected position
- Provide expertise to employers, legislators, and stakeholders when making decisions about direct care work

WAYS TO PARTICIPATE



Attend virtual monthly council meetings



Receive updates, news, and activities about the council



Send us your thoughts! It could be ideas or stories, a resource you use, or a training you found valuable.



Sign up for our listserv [here](#) or use QR Code

GET IN TOUCH

Kristina Peterson, Coordinator
Kristina.Peterson1@unh.edu

AHA Direct Care Worker Council

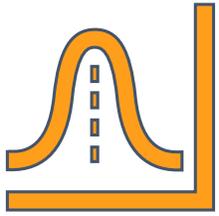
Priorities

- Promote awareness of the Council through distribution of flyer and recruitment of direct care workers (distribution list)
- Recruit and sustain attendance of 4 or more Council members at monthly meetings
- Host in-person direct care worker education and Council meeting
- Provide support and education to create direct care worker leadership for the Council in 2025

2023 Participant Survey Results



Respondent Characteristics (2023)



Sample Size

- Total number of respondents who answered one question: 83
- Total number of completed surveys: 47



Individual Information

- Average Age: 61
- Resident of respondents included 9 counties
- Respondents identified as predominately white (93%), female (66%), and heterosexual (90%).



Engagement

- **16% (11) are steering committee members (44%)**
- 19% (13) have attended ≤1 quarterly meetings
- 46% (31) have attended 2+ quarterly meetings
- 34% (23) are workgroup or committee members
- 31% (21) are on the mailing list but do not participate otherwise



Role

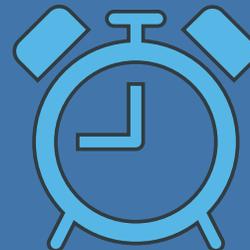
- 62% (n=29) participate as a provider
- 32% (n=15) participate out of personal interest
- 6% (n=3) participate as a community volunteer

NHAHA Participant Experience (2023)

Over the past year which of the following statements best reflects your overall NHAHA experience? (*n* = 65)

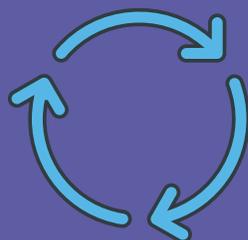


80% (52)
Understand the
goals and vision

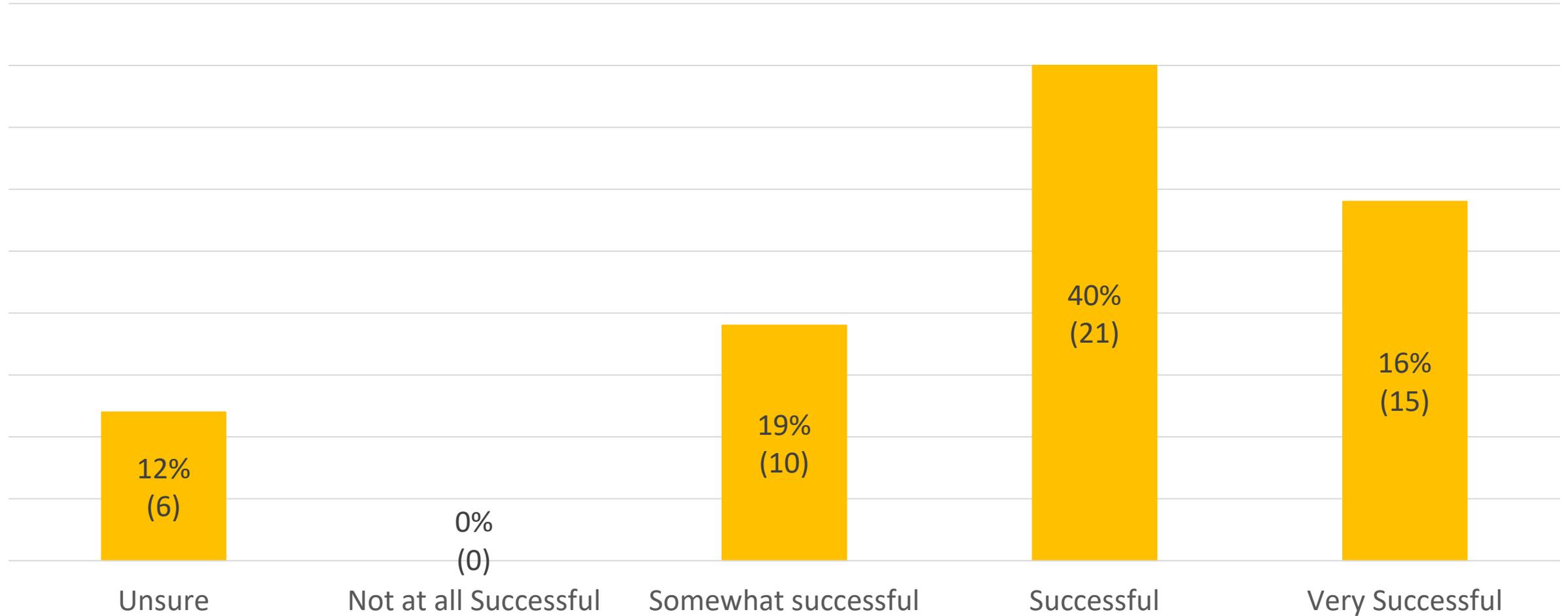


34% (22) Time
does not allow
me to
participate as
much as I would
like

48% (31) Feel
that I can
contribute to
vision of
NHAHA



Level of Success in Making Progress Towards Vision (2023)



■ N=52

NHAHA's Greatest Accomplishments in 2023 (n = 29)

- Advocacy
- Building awareness of NHAHA to ensure that information and resources are shared
- Acting as a convenor to develop strong networks
- NHAHA is seen as trusted source of information
- Diversity, Equity, and Inclusion work
- Reframing Aging



NHAHA Quarterly Meeting Advocacy Update



NEW HAMPSHIRE ALLIANCE
FOR HEALTHY AGING



the
Coffee
Break

TIME





NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

System of Care for Healthy Aging

NH Alliance for Healthy Aging

March 2024

Agenda

- Introductions
- Overview of System of Care for Healthy Aging
 - Goals & Objectives
 - Definition
 - Timeline
 - <https://www.dhhs.nh.gov/programs-services/adult-aging-care/system-care-healthy-aging>
- Medicaid Eligibility Changes effective January 1, 2024
 - Spousal Impoverishment
 - Resource Disregard
 - Lookback Period
- Presumptive Eligibility
- Personal Care Services
- CFI Rates
- Aging and Disability Resource Centers
- Person-Centered Counseling Program
- Questions, Discussions and Next Steps

Overview of System of Care for Healthy Aging

HB2 79:567 The state of New Hampshire is ranked as having one of the fastest growing number of older adults in the country. As the number of older adults increases, the need for long-term care will increase. Pursuant to the federal Older Americans Act, New Hampshire is required to promote the development and implementation of comprehensive, coordinated, statewide system of long-term services and supports that is responsive to the needs and preferences of older individuals and their family caregivers. The federal Americans with Disabilities Act prohibits unnecessary institutionalization of individuals with disabilities. RSA 151-E was established to provide Medicaid eligible elderly and chronically ill adults with a continuum of long-term care options. Despite these federal and state mandates, historically there has been a lack of investment in our state's system and programs for older adults and adults with disabilities. Rebalancing New Hampshire's systems to expand more home and community-based options will reduce the cost of providing services and allow our state to serve more people.

Definition of System of Care for Healthy Aging

RSA 151-E:24 IV

- I. A comprehensive and coordinated delivery system for the provision of long-term services and supports to New Hampshire's older adults and adults with disabilities.
- II. The system of care is intended to provide services to all older adults and adults with disabilities who require long-term services and supports.
- III. The system of care shall have the following characteristics:
 - a) A comprehensive array of long-term services and supports including, but not limited to, personal care, homemaker services, transportation, meal delivery or preparation, emergency response systems, adult day care, and family caregiver support to enable older adults and adults with disabilities to remain independent and in the setting of their choice.
 - b) An absence of significant gaps in services and barriers to services.
 - c) Sufficient administrative capacity to ensure quality service delivery.
 - d) Services that are consumer-driven, community-based, and culturally and linguistically.
 - e) Transparent, with information made available and known to consumers, providers.
 - f) A funding system that supports a full range of service options.
 - g) A performance measurement system for accountability, monitoring and reporting of system quality, access and cost.

Goals & Objectives

- I. Build upon existing infrastructure to establish a comprehensive and coordinated system of care to ensure that older adults and adults with disabilities have access to and timely delivery of supports and services and to ensure that they have a meaningful range of options.
- II. Reduce the cost of providing long-term care by expanding the availability of less costly home and community-based services.
- III. Require the Department of Health and Human Services to expand and improve access to home and community-based services for older adults and adults with disabilities in alignment with New Hampshire's State Plan on Aging, the Federal Older Americans Act, Americans with Disabilities Act, and Medicaid law.
- IV. The system of care referenced in this subdivision is meant to streamline access to long-term care supports and services and not intended to expand eligibility for any current Medicaid programs, including long-term care Medicaid or any home and community-based Medicaid waiver programs.

Timeline at a Glance

July – December 2023

- ✓ *Rate Increases*
- ✓ *Financial Eligibility Changes*
- ✓ *Hire staff positions*
- ✓ *Implement Lookback Changes*
- ✓ *Amend ADRC (ServiceLink) contracts*
- ✓ *Begin IT enhancements*
- ✓ *Expand who can be a provider of personal care*
- ✓ *Submit First Legislative Report*
- ✓ *RFP Development for Consultants*

July – December 2024

- ✓ *Continue work started with the plan*
- ✓ *Rate Study Report due to the Legislature*
- ✓ *Annual SOC Legislative Report*
- ✓ *Budget request*
- ✓ *Submit Presumptive Eligibility Waiver*

January – June 2024

- ✓ *Implement resource disregard*
- ✓ *Request for Applications for Aging and Disability Resource Center Services*
- ✓ *Contract for Consultants to support the plan*
- ✓ *Update He-E 801 CFI Rule*
- ✓ *IT enhancements – public facing dashboards, portal*
- ✓ *Work on Rate Study*
- ✓ *Begin work on plan for the system of care*

January – June 2025

- ✓ *Continue the work on the plan*
- ✓ *Budget*
- ✓ *Adjust CFI rates, based on funding*

Spousal Impoverishment Changes

Section 79:575 of HB2

FORMER POLICY

(prior to 01.01.2024)

A resource assessment is completed to determine what amount of a spouse's resources count towards the institutionalized spouse in a nursing home or applying/receives home and community-based 1915(c) services and what resources are protected for the community spouse.

NEW POLICY

(effective 01.01.24)

A resource assessment is completed to determine what amount of a spouse's resources count towards the institutionalized spouse in a nursing home and what resources are protected for the community spouse. A resource assessment is no longer a condition of eligibility in determining eligibility for home and community-based 1915 (c) services.

Resource Disregard Changes

Section 79:575 of HB2

FORMER POLICY

(prior to 01.01.2024)

Individuals seeking nursing facility and home and community-based 1915(c) waiver services (HCBS) shall not have a resource disregard.

NEW POLICY

(effective 01.01.24)

Individuals seeking nursing facility and home and community-based 1915(c) waiver services, a resource disregard shall be applied so that the effective resource limit is \$7,500.

Lookback Period Changes

Section 79:576 of HB2

FORMER POLICY

(prior to 01.01.2024)

The lookback period
for all asset transfers is
60 months.

NEW POLICY

(effective 01.01.24)

The lookback period for
all asset transfers is
up to
60 months.

Lookback Period Changes (cont'd)

Tier 1: 1-month lookback period. Applicants who have been receiving assistance with DHHS for 3 or more years. Since these applicants have had assets previously verified, they only need to provide current information.

Tier 2: 36- month lookback period. Applicants who are not in Tier 1 or Tier 3 only a 36-month lookback period is required and an AVS report will be ran. If nothing is found in 36- month check, do not need to check 37-60 months.

Note: If an applicant has real property, it will impact whether they are tier 2 or 3. A real property search will now be conducted pre-interview instead of post-interview. If the search shows transfer of real property, then 60-month lookback will be conducted. If the Medicaid applicant has real property, but it was not transferred a 36-month lookback will be requested.

Tier 3: 60-month lookback period. Applicants that have (i) an annuity and/or a funded trust, an IRA/other retirement account; or (ii) transferred real property, a 60-month lookback period is required and an AVS report for 60 months is obtained and reviewed.

In some cases, an applicant may have other valuable assets. For example, a time share, life estate, boat, RV, etc. If these assets were transferred within 60-months of application, the Family Services Specialist will review transfer.

Presumptive Eligibility (PE)

As part of the System of Care on Healthy Aging, the Department is required to submit an 1115 Demonstration Waiver to allow the State to implement a robust Presumptive Eligibility (PE) for home and community-based services (HCBS) on or before September 30, 2024.

The PE process permits individuals who plan to enroll in Choices for Independence (CFI) waiver services to self-attest to meeting financial and functional requirements. This amendment aims to expedite the delivery of benefits in the least restrictive setting while the state conducts a full assessment of eligibility for HCBS.

The overall objective 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 access to home and community-based services for individuals who are determined to be at risk of institutionalization.
2. Reduce utilization of institutional care while waiting for Medicaid eligibility determination.
3. Improve access to the range of options and consumer choice by coordinating with state.

- HB2 expanded who can be considered a provider of Personal Care Services.
 - Amended RSA 161-1:3-a to read as follows: 161-1:3-a Authorization of Legally Responsible Relative, Guardian, or Person Granted Power of Attorney. The Department may authorize reimbursement to a legally responsible relative, a guardian, or a person granted power of attorney by the eligible consumer, who provides personal care to an eligible consumer with special health care needs residing at home.
- He-E 801 must be amended to authorize change in rule.
- Update policies & procedures for implementation.

CFI Rates

- Medicaid Rate Increases – HB2 provided a 3% across the board rate increase for CFI services and targeted rate increases in October 2023 and January 2024.
- CFI Rate Study – Work group began meeting weekly in October
 - Rate study compared rates to approved rate methodology, compared rates to surrounding states, and compared rates to costs through the Bureau of Labor and Statistics.
 - CFI Provider Rate Study Questionnaire was sent to providers in December 2023 to solicit provider information on costs to validate cost assumptions.
 - Internal review of study and process for stakeholder review will be planned.
 - Rate study Legislative Report due 7/1/24. Rate study will be used make recommendations to inform SFY 26/27 budget.

Aging and Disability Resource Centers

- Transition from ServiceLink to ADRC.
- Continue to increase investments in the ADRCs to improve capacity as a resource to all community members.
- Set meaningful performance standards with reportable metrics for ADRCs, including metrics to measure reach per capita Aged 65+.
- Increase Outreach and Education about ADRC and its core services - Information and Referral, Person Centered Counseling, Family Caregiver Support, Medicare and Medicaid benefits coordination, Veterans Directed Services.
- DHHS is seeking CMS approval on a Medicaid Administrative Claiming Plan for ADRCs

Person-Centered Counseling Program

HB2 created a new person-centered counseling program in each contracted aging and disability resource center (ADRC) to provide support and assistance to persons living at home or in short or long-term institutional settings, including hospitals, to transition into community-based settings.

- **Referrals and support to access**, at a minimum, but not limited to:
 - > Assistance with completing Medicaid applications;
 - > Discharge planning;
 - > Older Americans Act (Title III) and Social Services Block Grant (Title XX) services and programs; and
 - > Referrals and access to community-based services, housing, and other supports and services to meet the needs of the individual and their family.
- Education on available community-based resources for long-term services and supports.
- Assist with guidance and support navigating hospital discharge protocols.

Existing Initiatives Supporting the System of Care

Bureau of Elderly and Adult Services Name Change – “Bureau of Adult and Aging Services” is age friendly and aligns with the overall vision, goals, objectives and strategies set forth in the current State Plan on Aging.

HCBS Reinvestment Funds – has enabled the Department to initiate some of the IT enhancements.

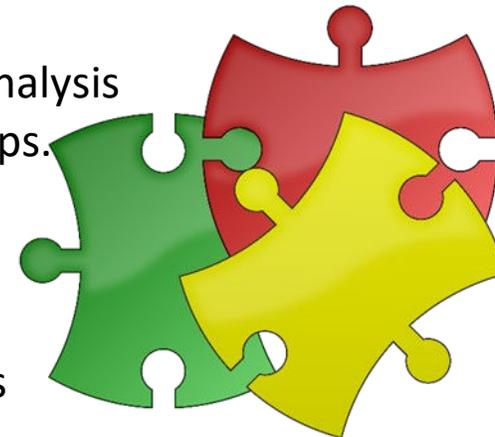
NWD Governance and Access Grant – Improve family and caregiver access to LTSS and Person-Centered Planning.

Money Follows the Person – Increase capacity to Home and Community Based Services.

Stakeholder Engagement – Systems Assessment and gap analysis listening sessions, key informant interviews and focus groups.

State Plan on Aging – Aligns with goals, objectives and strategies of the SPOA over the next four years.

State Commission on Aging – Aligns with the four priorities as reported to the Governor and the General Court.



Contact Information

Bureau of Elderly and Adult Services (BEAS) Contacts – BEAS@dhhs.nh.gov

Long Term Care (LTC) Medical Eligibility Unit: Phone: 271-9088

Kristina Ickes: BEAS Administrator IV

(603) 271-5035 Kristina.Ickes@dhhs.nh.gov

Medicaid Long Term Care Contact List -

<https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/ltss-system-of-care-ltc-contact-list.pdf>



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Questions or Feedback?

Table Discussions



- 1) What services and supports exist that are designed to reduce social isolation or loneliness?
- 2) What services and supports exist that reduce social isolation/loneliness as a secondary outcome?
- 3) How can NHAHA help support the reduction of social isolation/loneliness in older adults?
 - a) What can we do collectively?
 - b) What are the most pressing needs?

Save the Date!

2024 Quarterly Meetings

- Thursday, June 13th, 2024
- Thursday, September 12, 2024
- Wednesday, December 18, 2024



Engage with NHAHA



NHAHA website
www.nhaha.info



Facebook
<https://www.facebook.com/NHAHA603>



Twitter
<https://twitter.com/NHAHA603>



Linked In
<https://www.linkedin.com/company/the-new-hampshire-alliance-for-healthy-aging>



**Thank you for
participating!**

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