



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF LONG TERM SUPPORTS AND SERVICES

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Lori A. Shabinette  
Commissioner

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Director

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May 23, 2022

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

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

**REQUESTED ACTION**

Pursuant to the provisions of RSA 9:16-a, authorize the Department of Health and Human Services, Division of Long Term Supports and Services to transfer funds in the amount of \$300,000 for costs associated with Waiver/Nursing Facility Payments effective upon Fiscal Committee and Governor and Executive Council approvals through June 30, 2023. Funding source: 50% Federal Funds, 50% General Funds.

**05-95-48-482010-21520000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: DLTSS-ELDERLY&ADULT SVCS, WAIVER AND NURSING FACILITIES, WAIVER/NF PMTS-COUNTY PARTIC**

| Class                 | Description             | SFY22 Current Adjusted Authorized | Requested Action | Revised SFY22 Adjusted Authorized |
|-----------------------|-------------------------|-----------------------------------|------------------|-----------------------------------|
| 000 - 404362 - 16     | Federal Funds           | \$182,060,099                     | \$0              | \$182,060,099                     |
| 009 - 403011 - 18     | Private Local Funds     | \$123,689,436                     | \$0              | \$123,689,436                     |
|                       | General Funds           | \$35,230,523                      | \$0              | \$35,230,523                      |
| <b>Total Revenue</b>  |                         | <b>\$340,980,058</b>              | <b>\$0</b>       | <b>\$340,980,058</b>              |
| 041 - 500801          | Audit Fund Set Aside    | \$183,346                         | \$0              | \$183,346                         |
| 502 - 500891          | Payments To Providers   | \$3,011,457                       | \$0              | \$3,011,457                       |
| 504 - 500893          | Nursing Home Payments   | \$242,809,319                     | \$0              | \$242,809,319                     |
| 505 - 500894          | Mid Level Care Expenses | \$15,111,739                      | \$0              | \$15,111,739                      |
| 506 - 500895          | Elderly Adult Supp Serv | \$70,116,796                      | (\$300,000)      | \$69,816,796                      |
| 529 - 500370          | Home Health Services    | \$9,747,402                       | \$300,000        | \$10,047,402                      |
| <b>Total Expenses</b> |                         | <b>\$340,980,058</b>              | <b>\$0</b>       | <b>\$340,980,058</b>              |

**EXPLANATION**

Choices for Independence (CFI) services are home and community-based services under a 1915 (c) Home and Community Based Services (HCBS) Medicaid waiver through the Center for Medicare and Medicaid Services (CMS). Services are provided in private homes and residential care facilities to individuals who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3. All CFI participants are clinically eligible for nursing facility level of care, but desire to be served in the community. Funds are available in Class 506 (Home Care Providers) because expenses to date have been less than anticipated. Funds are needed in Class 529 (Home Health Services) to cover projected expenses that are higher than the budgeted amount. This projection is attributable to increased needs and requests for home health services including skilled nursing, home maker and home health aide.

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

1. Does the transfer involve continuing programs or one-time projects?  
Transfers are for continuing programs.
2. Is this transfer required to maintain existing program level or will it increase program level?  
Transfers are to maintain existing program levels.
3. Cite any requirements, which make this program necessary.  
42 CFR 441.301 provides the regulatory authority for the Choices for Independence 1915 (c) waiver program, an optional program, and is re-authorized by the Centers for Medicare and Medicaid Services (CMS) every five years, as well as, RSA 151-E Long Term Care and He-E 801 Choices For Independence Program.
4. Identify the source of funds on all account listed on this transfer.  
50% Federal Funds, 50% General Funds.
5. Will there be an effect on revenue if this transfer is approved or disapproved?  
DHHS draws the revenue based on actual expenditures. The transfer will not have any effect on revenues to be drawn for actual expenditures.
6. Are funds expected to lapse is this transfer is not approved?  
No.
7. Are personal services involved?  
No, there are not personal services involved in this transfer.

Area served: Statewide.

Respectfully submitted,



Lori A. Shibinette  
Commissioner