

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

14A mac

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964

August 8, 2019

The Honorable Mary Jane Wallner, Chairman
Fiscal Committee of the General Court, and

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

REQUESTED ACTION

Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division for Behavioral Health to budget and expend prior year carry forward Balancing Incentive Program Grant (BIP) funds from the Center for Medicare and Medicaid Services in the amount of \$1,436,338 effective upon date of Fiscal Committee and Governor and Executive Council approval, through September 30, 2019, and further authorize the funds to be allocated as follows. 100% Federal Funds.

05-95-49-490510-29850000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: COMM-BASED CARE SVCS DIV, COMMUNITY BASED CARE SERVICES, BALANCE INCENTIVE PROGRAM BIP

Class/Object	Class Title	Current Authorized Budget	Increase/ (Decrease) Amount	Revised Modified Budget
SFY 2020				
000-401933	Federal Funds	\$731,953	\$1,436,338	\$2,168,291
	General Funds	\$0	\$0	\$0
Total Revenue		\$731,953	\$1,436,338	\$2,168,291
041-500801	Audit Fund Set Aside	\$1,986	\$182	\$2,168
080-500713	Out of State Travel	\$6,351	\$18,649	\$25,000
102-500731	Contracts for Program Svcs	<u>\$723,616</u>	<u>\$1,417,507</u>	<u>\$2,141,123</u>
Total Expense		\$731,953	\$1,436,338	\$2,168,291

EXPLANATION

The purpose of this request is to budget grant funds carried forward from FY19. The Balancing Incentive Program Grant was originally awarded on March 1, 2012 with a Supplemental Award received on March 25, 2015. The performance period for New Hampshire has been extended and is still open. The grant has been used to enhance community based long-term services and supports for Medicaid recipients across New Hampshire, with the goal of allowing those needing long-term care to remain in their homes and communities to the greatest extent possible, while keeping institutional services available when needed.

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August 8, 2019
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As a result of a slow start in program operations, there remains an estimated \$1.1 million in grant funds to be spent on services. Additionally, due to portions of the funding being matched with other Federal dollars, an estimated \$1 million was earned in revenue to be spent on further services. With CMS approval, \$2M of the remaining balance will be used to pay Integrated Delivery Networks for achievements made through the Delivery System Reform Incentive Payment Program. Specifically, the achievement of infrastructure deliverables including implementation of Health Information Technology, Shared Care Plans, real-time notification of admission, discharge and transfer events from hospital emergency department; workforce enhancement including recruitment, training and education; and integration of primary and behavioral healthcare through the use of multidisciplinary care teams, colocation of primary and/or behavioral health, closed loop referrals and direct and secure messaging of medical records.

Additionally, the Department is required under the Community Mental Health Agreement to provide in-reach services at the Glenclyff Home. These services include conducting regular meetings with residents and their families on the opportunities to transition to community-based settings with needed supports. This funding will pay for a community care coordinator who will oversee the linkages to referrals and community supports and services.

Funds will be used for:

- | | |
|-----------|---|
| Class 041 | Audit fund set aside expense. |
| Class 080 | Support of DHHS participation in meetings and conferences in order to obtain information that will help NH improve and/or enhance community-based Long Term Supports and Services. |
| Class 102 | Contract payments to providers that improve integration between primary and behavioral health providers, support care transitions from institutional to community settings and enhance and expand workforce capacity within community settings. These efforts will address New Hampshire's needs and opportunities in alignment with Departmental goals and transformation efforts. |

Listed below are answers to standard questions required of all Fiscal Committee item requests, related to RSA 14:30-a, VI "Expenditure of funds over \$100,000 from any Non State Source", or RSA 124:15,"Positions Authorized" or both and All Emergency requests:

1. Is the action required of this request a result of the Continuing Resolution for FY 2020?

No, these funds were carried forward from SFY19.

2. If this request is **retroactive** what is the significance and importance of the action being effective from an earlier date?

N/A

3. Is this a previously funded and ongoing program established through Fiscal Committee and Governor and Executive Council action? (If so, include as an attachment the original documents as approved and cite the specific dates of authorization and end dates for each action as part of your answer to this question.)

The Honorable Mary Jane Wallner, Chairman
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August 8, 2019
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Yes, this was originally funded and established through Fiscal Committee and Governor and Executive Council action. The item was approved by the Fiscal Committee on November 8, 2012, FIS 12-274 and by Governor and Executive Council on December 5, 2012, Item #42, both effective through June 30, 2013. The funds were budgeted in subsequent bienniums.

4. Was funding for this program included in the FY 2018-2019 enacted Budget or requested and denied?

The funding for this program was included in the FY 2018 – FY 2019 enacted budget.

5. Is this program in total or in part, included in the vetoed FY 2020-2021 Operating Budget proposal currently pending for your department, or was it requested and denied?

No, this program was not included in the vetoed FY 2020-2021 Operating Budget.

6. Does this program include, either positions or consultants, and if so are the positions filled, vacant, or have offers pending? (Please provide details for each position and note whether consultant contracts have been awarded.)

N/A

7. What would be the effect should this program be discontinued or not initiated as a result of this request being denied?

NH would lose the opportunity to utilize these federal funds to support efforts underway, resulting in these efforts not progressing as robustly as these funds would allow them to.

Area served: Statewide.

Source of Funds: 100% Federal from the Center for Medicare and Medicaid Services.

In the event that federal funds become no longer available, general funds will not be requested to support the program expenditures.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

Balancing Incentive Program Grant

Fiscal Situation

049-490510-29850000

Original Grant Award	\$26,460,000
Additional Amount Awarded	<u>2,170,000</u>
Total BIP Award	\$28,630,000
Additional Revenue Earned	<u>1,060,689</u>
Available to Spend	\$29,690,689
Expended to Date SFY13-19	<u>\$27,522,398</u>
Balance Available	<u>\$ 2,168,291</u>
Current Adjusted Authorized	\$ 731,953
Requested Action	<u>1,436,338</u>
Revised Adjusted Authorized	<u>\$ 2,168,291</u>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

MAR 25 2015
Nicholas Toumpas, Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, New Hampshire 03301-3857

additional award

Dear Mr. Toumpas:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) has awarded New Hampshire additional funds for the State Balancing Incentive Payment Program grant under Section 10202 of the Affordable Care Act (hereafter referred to as the "Balancing Incentive Program.")

The Balancing Incentive Program provides a strong financial incentive to stimulate greater access to non-institutionally based long-term services and supports (LTSS.) We support New Hampshire for earning the initial award and pursuing additional funds to continue to increase access to non-institutionally based LTSS.

The period of performance for this grant award remains April 1, 2012 through September 30, 2015. New Hampshire will receive an enhanced match rate of 2% for non-institutional LTSS. Your award amount is \$28.63 million which is based upon your projected expenditures, representing an increase of \$2.17 million. The terms and conditions of the initial New Hampshire Balancing Incentive Program award remain in effect.

Thank you for your commitment to improving the LTSS that is so critical to the lives of thousands of beneficiaries. We look forward to continuing to work with you throughout the grant period.

Sincerely,

Jennifer Burnett
Division Director
Division of Community Systems Transformation

cc:

Donald Hunter, New Hampshire Bureau of Behavioral Health
Kathi Ingle, New Hampshire Financial Management Specialist
Barbara Holt, Ph.D.
Richard McGreal, CMS Associate Regional Administrator
Debbie Abshire, CMS Technical Director, Budget and Grants

*per Don, this award is
\$2,174,464.00
5/20/15*

total of: \$28,634,464.00

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STATE OF NEW HAMPSHIRE

FIS 12 274

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate Commissioner

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9410 1-800-852-3345 Ext. 8560
Fax: 603-271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

FISCAL COMMITTEE
Received <u>8/23/12</u>
Filing Date _____

August 17, 2012

Representative Ken Weyler, Chairman
Fiscal Committee of the General Court, and

[Signature] 11/8/12
 Approved by Fiscal Committee Date

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Pursuant to the provisions of Chapter 224:14, II, Laws of 2011, Additional Revenues, authorize the Department of Health and Human Services, Division of Community Based Care Services, to accept and expend Balancing Incentive Payment Program federal funds from the Centers for Medicare and Medicaid Services in the amount of \$4,730,040.00 effective upon date of Fiscal Committee and Governor and Executive Council approval, through June 30, 2013, and further authorize the allocation of these funds in the accounts below.

05-95-95-958010-3316 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS,
HHS: COMMISSIONER-COMMUNITY BASED CARE SERVICES, BALANCING INCENTIVE PROGRAM

Class/Object	Class Title	Chapter 224, Laws of 2011 Operating Budget	Increase/ (Decrease) Amount	Revised Modified Budget
SFY 2013				
000-401933	Federal Funds	\$0.00	\$4,730,040.00	\$4,730,040.00
	General Fund	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Total Revenue		\$0.00	\$4,730,040.00	\$4,730,040.00
020-500200	Current Expenses	\$0.00	\$50,000.00	\$50,000.00
021-502668	Food – Institutions	\$0.00	\$7,500.00	\$7,500.00
041-500801	Audit Fund Set Aside	\$0.00	\$4,730.00	\$4,730.00
067-500557	Training & Providers	\$0.00	\$330,500.00	\$330,500.00
068-500561	Remuneration	\$0.00	\$5,500.00	\$5,500.00
069-500567	Promotional & Marketing Expense	\$0.00	\$100,000.00	\$100,000.00
070-500704	In-State Travel Reimbursement	\$0.00	\$2,000.00	\$2,000.00
080-500713	Out-Of State Travel Reimbursement	\$0.00	\$25,000.00	\$25,000.00

102-500731	Contracts for Program Services	\$0.00	\$3,894,810.00	\$3,894,810.00
502-500891	Payments to Providers	\$0.00	<u>\$310,000.00</u>	<u>\$310,000.00</u>
Total Expense		\$0.00	<u>\$4,730,040.00</u>	<u>\$4,730,040.00</u>

EXPLANATION

The Department of Health and Human Services, Division of Community Based Care Services seeks approval to accept and expend in State Fiscal Year 2013 Balancing Incentive Program grant funds in the amount of \$4,730,040 from the Centers for Medicare and Medicaid Services. New Hampshire will receive an enhanced match rate of 2% for non-institutional long-term services and supports until September 30, 2015. The total award of \$26.46 million is based upon the projected expenditures and is dependent on the actual amount spent on non-institutional long-term services and supports and the implementation of the required structural changes. The balance of this grant will be budgeted in future State fiscal years. A copy of the award letter is attached.

The Centers for Medicare and Medicaid Services requires that Balancing Incentive Program funds be used to enhance community-based long-term care services and supports for Medicaid beneficiaries across New Hampshire. The goal is to allow those needing long-term care through Medicaid to remain in their homes and communities to the greatest extent possible, while keeping institutional services available when they are necessary. These Federal funds can only be used for Medicaid-allowable, non-institutionally based, long-term supports and services for the balancing incentive period, and can not be used to supplant or offset existing State, local or private funding.

Through a collaborative partnership between the Department, consumers, families, caregivers and providers, New Hampshire will improve information about long-term care services and supports (including those available in local communities), streamline the application and eligibility determination processes, assist those applying for these services, and strengthen the existing infrastructure across the long-term system of care. These efforts will build on New Hampshire's successes over the last 30 years, leverage the strengths of our current agencies and providers, and coordinate closely with current initiatives going forward.

The funds requested will be utilized in two general areas – long-term care infrastructure improvements and core competency trainings. Building on the points above, key efforts will focus on three required structural changes. NH will establish a "No Wrong Door" system to enable beneficiaries to access long-term care services and supports through an organization, coordinated network, toll-free phone line, or internet portal. This will leverage existing efforts to provide long-term care applicants with a single contact person to actively assist them with understanding and meeting application requirements. NH will also implement a core standardized assessment that identifies support needs and informs service planning. Third, case management practices will be improved to ensure that plans of care are created independently from the availability of funding (no financial conflict of interest), that they support person-centered planning, and that services and supports are monitored to assure that they meet the beneficiaries' needs and achieve desired outcomes. Core competencies will be improved through the development of web-based trainings so that providers, staff, families, and caregivers can utilize practices that are proven to be successful in keeping those in need of long-term care services and supports in their communities and out of institutions.

Should Fiscal Committee and Governor and Executive Council determine not to approve this request, more individuals in need of long-term care will be unable to obtain needed services and supports in their communities, resulting in increased utilization of higher cost institutional services. In addition, a certain number of people

Representative Ken Weyler, Chairman, and
His Excellency, Governor John H. Lynch
August 17, 2012
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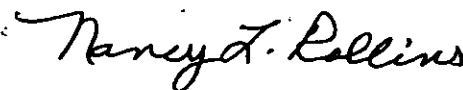
currently being cared for in institutional settings will have to remain in those settings, due to the continued shortage of available community services and supports that could fulfill their needs.

Geographic area served: Statewide.

Source of Funds: 100% Federal.

If federal funds become no longer available, general funds will not be requested to support the program expenditures.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

Enclosures

Division of Community Based Care Services

Balancing Incentive Program Grant

Fiscal Situation

010-095-095-958010-33160000

Grant Award	\$26,460,000.00
SFY-2013 Appropriation	<u>4,730,040.00</u>
Balance to be budgeted in future fiscal years	<u>\$21,729,960.00</u>

**DEW
8/13/2012**

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



Center for Medicaid & CHIP Services

MAR 01 2012

Nicholas Toumpas, Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, New Hampshire 03301-3857

Dear Mr. Toumpas:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) has awarded New Hampshire the nation's first State Balancing Incentive Payment Program grant under Section 10202 of the Affordable Care Act (hereafter referred to as the "Balancing Incentive Program.")

The Balancing Incentive Program provides a strong financial incentive to stimulate greater access to non-institutionally based long-term services and supports (LTSS.) The passage of the Balancing Incentive Program reflects Congress' recognition of the demographic and fiscal imperatives to reshape our long-term care system to meet the needs of our beneficiaries and assure the future viability of the system. We commend New Hampshire for being the first State to take advantage of this important opportunity.

The period of performance for this grant award is April 1, 2012 through September 30, 2015. New Hampshire will receive an enhanced match rate of 2% for non-institutional LTSS. Your award is \$26.46 million which is based upon your projected expenditures and is dependent on the actual amount spent on non-institutional LTSS and the implementation of the required structural changes. This funding will be available through the end of the Period of Performance, or until the entire \$3 billion appropriation for the Balancing Incentive Program has been expended, whichever occurs first.

Please review the attached terms and conditions. In addition to the general terms and conditions, this grant award contains programmatic and grant specific terms and conditions. Your assigned CMS Project Officer will schedule a call in the next few days to discuss the details of your award and to answer any questions you may have concerning your award. By drawing grant funds from your account, you have accepted the terms and conditions of this grant award.

Thank you for your commitment to improving the LTSS that are so critical to the lives of thousands of beneficiaries. We look forward to working with you throughout the grant period.

Sincerely,

A handwritten signature in black ink that reads "Cindy Mann". The signature is written in a cursive, flowing style.

Cindy Mann
Director



Office of the Speaker

STATE OF NEW HAMPSHIRE

HOUSE OF REPRESENTATIVES

*Add'l Information
Handout to FIS 12-274*

September 12, 2012

Mr. Nicholas A. Toumpas, Commissioner
Department of Health and Human Services
129 Pleasant St
Concord, NH 03301

RE: Fiscal Item 12-274 and Joint Health Care Reform Oversight Committee

Dear Commissioner Toumpas:

I am writing today relative to a fiscal item submitted by the Department of Health and Human Services (DHHS) for the fiscal committee meeting of September 14. The item (12-274) is relative to the acceptance of \$4.7 million in federal funding for the Balancing Incentive Payment Program. This funding is derived from the Affordable Care Act (ACA), according to documentation provided by DHHS with the fiscal item.

As you are undoubtedly aware, RSA 420-N:3, III states,

The [Joint Health Care Reform Oversight] committee shall provide legislative oversight, policy direction, and recommendations for legislation with respect to the Act [ACA] as it determines appropriate. The committee shall also review existing rules, bulletins, or policies adopted pursuant to 2010, 243 and may require the repeal of such rules, bulletins, or policies.

However, DHHS did not submit the materials contained in FIS 12-274 to the Joint Health Care Reform Oversight Committee for approval. Clearly, the acceptance of these funds involves a policy change based upon ACA. Accordingly, I am asking that DHHS withdraw this item, and submit it for approval to the Joint Health Care Reform Oversight Committee instead. If the Department does not do so, the House position will be to table the item until it has been reviewed by the Oversight Committee.

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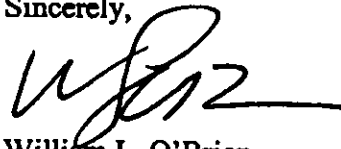
Additionally, at the meeting of the Oversight Committee today, Deputy Medicaid Director Lisabritt Solsky stated, according to the draft minutes of the meeting, that, "The Oversight committee only has authority over waiver or rules, and this is not a waiver or a rule, so we're here just to advise you about what we're doing." This statement was relative to enhancing Medicaid rates for primary care.

Let me make clear that the legislative intent of the enabling language for the Oversight Committee, as well as the language of the statute itself, were designed to make the committee's purview as broad as possible, and not to limit its scope. That is specifically why the term "policies" was included in the statute.

It is our strong belief that Director Solsky's comments were inconsistent with the purpose of the committee, and if it come from an effort to limit legislative involvement in implementing ACA, that you take steps to correct your staff's misunderstanding.

I look forward to hearing your response and to confirming the Department's compliance with the spirit and letter of RSA 420-N:3, III. Please do not hesitate to contact me if you have any questions or comments.

Sincerely,



William L. O'Brien
Speaker of the House

cc: The Honorable Peter Bragdon, President, New Hampshire Senate
The Honorable Ken Weyler, Chair, Legislative Fiscal Committee
The Honorable John Hunt, Chair, Joint Health Care Reform Oversight Committee