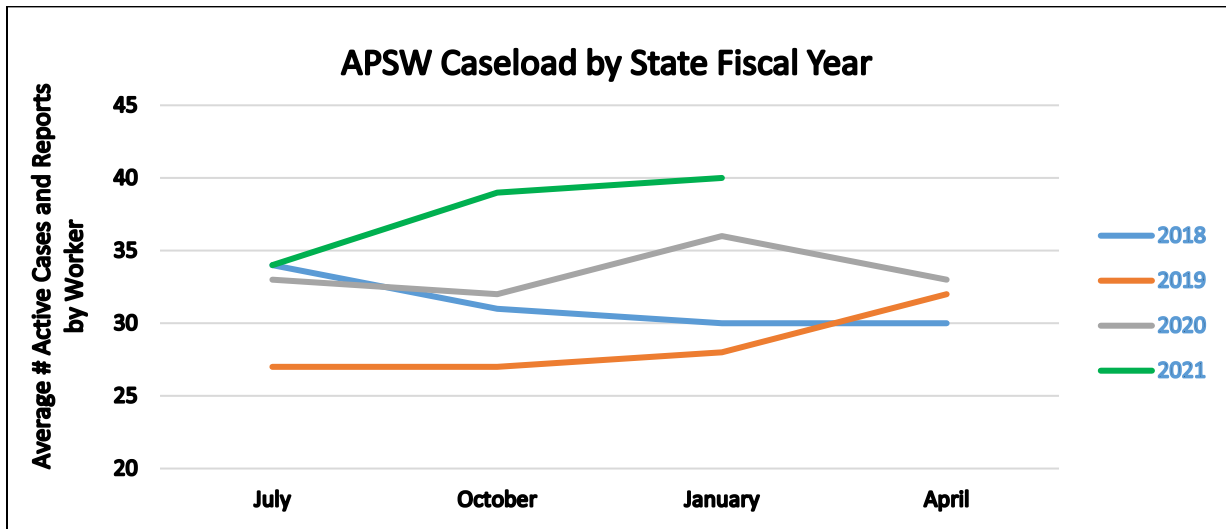


DLTSS Division III Follow Up
Items 65-69

Item 65 -- Provide information as to whether DHHS could benefit from having language in HB2 to allow for planning related to increasing nursing facility capacity considering future demographic trends.

The Department will need to do a more in depth assessment of this need in partnership with the Counties. The Department will need to review the capacity in nursing homes, identify occupancy, and do a needs assessment. The assessment will inform next steps in regards to the moratorium and at this point in time the Department does not need any modification to HB2.

Item 66 -- Provide information on caseloads for adult protective services staff. Following are the caseloads for the APS over the past four years:



As caseloads rise thus far this fiscal year, BEAS is closely monitoring and shifting staff as needed. Right now, the caseload may be higher because of COVID isolation and associated reports for clients. BEAS will review February and March caseloads to determine if the trend comes into closer alignment with previous years. BEAS APS is fully staffed and was prioritized for filling vacancies during the hiring freeze. If the BEAS Modernization Project which was submitted as part of the Capital request is not funded, then the Department will need to extend staffing bandwidth by 4.5 full time employees (FTEs).

It is important to note that the BEAS Modernization Project highlighted in the DLTSS Div III presentation on slide 9, and again below, specifically assists Adult Protective Services with processing and extending staffing bandwidth. As a cost avoidance for this project, BEAS has identified 4 APS workers (FTEs) and 0.5 FTE for the Data Management Unit. The Central Intake Lean Project, which was referenced in the Div III presentation, recommended hiring 2 APS workers due to the increasing number of calls and reports. The increase in reports accounted for the other 2 APSWs in the DOs. The 0.5 FTE for the data management unit is for processing all the paper authorizations and claims. All of these might not be needed if we were able to automate the processes. As a reminder, the Governor’s capital request did not include the BEAS Modernization Project. It is mission critical that capital requests be reviewed within the context of program operations as the technology infrastructure supports the program administration and informs staffing levels.

The BEAS Options System, which was developed in 1998 and initially installed in 1999, was deployed in response to Y2K issues with the older legacy system. It is a client server based application that should be upgraded to meet current needs with a web-enabled version. It is used to manage BEAS social worker caseloads, the adult protection program, service authorization and provider payments related to the Social Services Block Grant and the Older American's Act services.

The BEAS business model has evolved over the last ten years to include a higher percentage of field work by social workers, ServiceLink personnel, and contract agencies. This necessitates remote system access, off-line access, and enhanced system functionality for a variety of locations and user types. *The current application does not meet the needs of the current business model. Without the upgrade, new business practices will not be supported and additional personnel will be required to enter data into the system.* The upgrade could be rolled out in phases by business function; adult protection program, provider driven services, and provider payments. This project will include leveraging work done on the DCYF Bridges Modernization project using the Department standard Salesforce platform. This project will be broken out into system releases using the Agile Methodology for implementing system functionality and interfaces with the NH First Financial System and the Enterprise Business Intelligence data warehouse.

The current system does not allow for: 1.) tracking APS reports relevant to scams, 2.) tracking APS reports relevant to gaps in service delivery, and 3.) a dashboard for oversight of the APS program with reporting access available to the APS Administrator and BEAS Bureau Chief. The current system categorizes these, scams and gaps, as “self-neglect” and a granular approach to tracking these issues is very important in 2021 while it was not pertinent in 1999 when the system was developed. Right now, to provide a report on APS investigations specific to scams and to track trends, APS would have to manually review case data and shift personnel from investigation work to manual data inventory and reporting via an Excel spreadsheet.

The SFY22-23 budget request for this system modernization is the third time BEAS has submitted for modernization. The time is critical in SFY22-23 to modernize so the Department not only has a supported platform, but has information technology that supports current practices of caseworkers and meets needs for oversight and compliance.

Slide 9 – DLTSS Div III Presentation -- Bureau of Elderly and Adult Services Modernization: The 23 year old system needs to be updated to help BEAS better manage BEAS social worker caseloads, the Adult Protective Services Program, service authorization and provider payment processing. Without the upgrade improved business processes are not supported, customer service could decline, and additional personnel will be needed for data entry and manipulation. Federal Financial Participation is anticipated at 40% of the total cost of \$6,795,427.

Item 67 -- Provide information related to transfer of funding for "atypical" service recipients moving from accounting unit 2154 (504) to accounting unit 2152 (504).

The Governor’s budget increases for CFI rates for Case Management, Homemaker, and Personal Care Services. These are noted below (TF is Total Funds and CTY is the County Share).

Case Management	\$2,956,990 (TF)	\$1,478,495 (CTY)
Homemaker	\$ 84,492 (TF)	\$ 42,246 (CTY)
Personal Care	\$4,662,102 (TF)	\$2,331,051 (CTY)
Total	\$7,703,584 (TF)	\$3,851,792 (CTY)

For the County Cap, following is a breakdown of what was added in the Governor’s phase (which includes the CFI rates increases noted above):

Case Management	\$ 2,956,990 (TF)	\$1,478,495 (CTY)
Homemaker	\$ 84,492 (TF)	\$ 42,246 (CTY)
Personal Care	\$ 4,662,102 (TF)	\$2,331,051 (CTY)
Rate Increase	\$ 6,356,482 (TF)	\$3,176,651 (CTY)
Total	\$14,060,066 (TF)	\$7,028,443 (CTY)

The change in County participation from the FY 21 Adjusted Authorized is \$21,988,952. This includes an increase for Personal Care Services, Case Management, Homemaker, and Percentage Rate increase stated above.

Following the statute (\$5M State contribution) creates an estimated increase of \$9,721,305 over SFY21.

BEAS moved Atypical expenses from 2154 (a 50/50 accounting unit) back to the 2152 County Participation AU with an estimated County share of \$4,000,000.

BEAS has provided for the anticipated Oceanside capacity development of a geriatric behavioral health unit at \$2,100,000 which has an estimated County share of \$1,000,000.

Item 68 -- Provide additional information related to ProShare payment (accounting unit 2161) budget.

Medicaid Director Henry Lipman and Medicaid Finance Manager Athena Gagnon will follow up with Rep. Erf as promised. Mr. Lipman can be reached at 271-9434 (work) or at 931-2478 (work cell).

Item 69 -- Provide web link related to Bureau of Developmental Disabilities corrective action plan.

New Hampshire is currently under a Corrective Action Plan (CAP) relative to three of the state's 1915 (c) Home and Community Based Services (HCBS) Waivers through the Center for Medicare and Medicaid (CMS). The three 1915 (c) waivers under this CAP are: Developmental Disability, Acquired Brain Disorder, and Children's In-Home Services. The focus areas of the CAP are:

1. Conflict of Interest regarding the provision of case management and direct service delivery; and
2. Compliance with Direct Pay rules, which allow qualified Medicaid providers to bill directly to the State.

The Department of Health and Human Services has worked closely with CMS regarding compliance dates for the CAP and the compliance date has been extended from the original compliance date of August 31, 2021 to July 1, 2023.

For more information please visit: <https://www.dhhs.nh.gov/dcbcs/bds/coi-cap.htm>