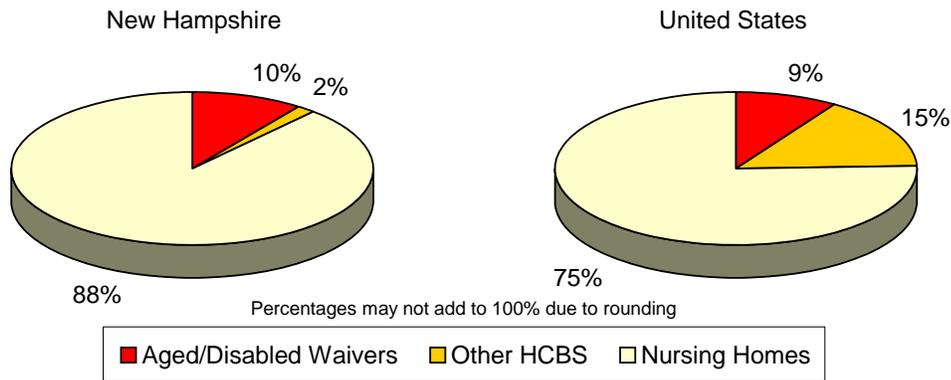


State Long-Term Care Reform in
NEW HAMPSHIRE

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in New Hampshire and the U.S., 2006



Compared to the U.S. average, New Hampshire allocates a much greater percentage (88 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to nursing homes, even though most people prefer to remain in their own homes and communities. In FY 2006, New Hampshire spent 10 percent on waiver services and 2 percent on personal care services (PCS).

Type of Service	Medicaid Participants ¹			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	1,489	2,510	+1,021	\$21	\$38	+\$17
Nursing Homes	7,147	7,290	+143	\$210	\$291	+\$82

Although New Hampshire spent 88 percent of its Medicaid LTC dollars on home and community-based services (HCBS) for people with developmental disabilities in 2006, the state has an unbalanced LTC system for older people and adults with physical disabilities. Many more Medicaid participants received nursing home services in 2004 than received HCBS. While the number of participants in nursing homes remained relatively constant from 1999 to 2004, the number of participants receiving HCBS increased significantly because of a doubling of the number of aged/disabled waiver beneficiaries. From FY 2001 to FY 2006,

¹ This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/development disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants' type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the *Tables* tab at the end of the full report *A Balancing Act: State Long-Term Care Reform (#2008-10)*.

the increase in Medicaid spending on nursing homes was nearly five times the increase in spending on HCBS.

Major Initiative

New Hampshire is one of the first states in the nation to develop a statewide Aging and Disability Resource Center (ADRC), called a Service Link Resource Center (SLRC). With a federal ADRC grant, the state created the SLRC as the single point of entry for LTC services for older people and adults with chronic conditions or disabilities. SLRC teams—which are located in local offices

throughout the state—provide information, referrals, assessment, and eligibility counseling for HCBS and nursing home admissions. State-contracted nurses who perform clinical assessments and counseling and financial eligibility staff are located within the local offices to conduct face-to-face functional and financial assessments for nursing home services and HCBS.

“Service Link Resource Center”

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SLRCs have reduced the amount of time between an individual’s application and the beginning of services. Also, consumers now have one place to contact for information and LTC services. A consumer satisfaction survey indicated that more than 90 percent of consumers said they would use SLRC again, and more than 94 percent said SLRC helped them make more informed decisions about their LTC needs.

Other Developments

Systems Transformation. New Hampshire received \$2.1 million through a federal Systems Transformation grant in 2005, which was used to develop and pilot a Rapid Response Team, increase awareness of its SLRC single-point-of-entry system, and create new community-service models, such as adult family care, to increase the availability of flexible supports and services.

Money Follows the Person. The state also was awarded an \$11.4 million Money Follows the Person Demonstration grant in 2007 to transition 370 people from nursing homes to community settings. In their grant abstract, state officials said the initiative would take “lessons learned” from the state’s previous nursing facility transition grants and expand the model statewide.