

# NEW HAMPSHIRE SYSTEMS TRANSFORMATION

## SUMMARY OF FINAL EVALUATION REPORT

UNIVERSITY OF NEW HAMPSHIRE  
NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Evaluators:

Andrew Smith, PhD, University of New Hampshire Survey Center  
Laura Davie, New Hampshire Institute for Health Policy and Practice

Contributors:

Kerri Coons, NH Department of Health and Human Services,  
Bureau of Elderly and Adult Services  
Tracy Fowler, University of New Hampshire Survey Center  
Susan Fox, Institute on Disability  
Mary Maggioncalda, NH Department of Health and Human Services,  
Bureau of Elderly and Adult Services  
Amy Schwartz, New Hampshire Institute for Health Policy and Practice  
Sally Varney, NH Department of Health and Human Services,  
Division of Community Based Care Services

DECEMBER 2010



UNIVERSITY of NEW HAMPSHIRE

## CHAPTER I EXECUTIVE SUMMARY

---

New Hampshire's Systems Transformation Grant project implemented a comprehensive strategy to rebalance the system of supports for older adults and for adults with disabilities from a primarily provider-driven, medical model of care to a consumer-directed, person-centered system of supports. The State has accomplished many of the goals established in the comprehensive strategy. Systems change is not a quick or easy process and the five years of systems transformation funding, 2005-2010, has provided the initial impetus and support necessary to stimulate this change. But, these five years are only the beginning and the New Hampshire Department of Health and Human Services (NH DHHS) must continue the work begun through this initiative.

The Bureau of Elderly and Adult Services (BEAS) within NH DHHS was awarded the Systems Transformation Grant in 2005 with funding ending in 2010. Leadership and staffing for the project was led by BEAS. A contract was established between BEAS and the Institute on Disability (IOD) at the University of New Hampshire to provide project management, technical assistance and evaluation for the project. Subsequently, the University of New Hampshire Survey Center and New Hampshire Institute for Health Policy and Practice were retained for the evaluation portion of the grant.

The evaluation results on this project paint a mixed picture of accomplishment towards system rebalancing. The majority of the objectives and strategies identified with Goal 1, access, and Goal 2, choice and control, have been accomplished. The experiences of the Goal 4, IT, have been mixed. However, the activities and program outcomes achieved under the System's Transformation Grant were externally successful in bringing stakeholders together to inform system change, implementing a highly successful person-centered training across the state, streamlining the eligibility process, expanding access to community based programs for frail adults to needed areas of the state, and leveraging the broad range of CMS Real Choice grants to move New Hampshire closer to a consumer-directed, person-centered system of supports.



## CHAPTER II

### DATA SOURCES – BRIEF DESCRIPTION

---

\*A complete technical report can be found in Appendix A.

#### **GRANITE STATE POLL (GSP)**

Data about public awareness of long-term supports generally, and ServiceLink specifically were collected using the Granite State Poll, a quarterly survey of New Hampshire adults conducted by the UNH Survey Center.

#### **REFER7 DATABASE**

The State of New Hampshire Department of Health and Human Services (DHHS), Bureau of Elderly and Adult Services (BEAS) maintains, and has full administrative management of the Refer7 license and contract with RTM Designs.

The data within the database is populated and maintained in partnership with the 10 ServiceLink Resource Center (SLRC) contracts and their staff. Contact, client, referral, follow up, and unmet need data are all recorded by staff of the SLRCs statewide. Each Center Manager has the authority along with BEAS to pull data reports as needed.

#### **SERVICELINK CONSUMER SATISFACTION SURVEY**

The University of New Hampshire (UNH) Survey Center in partnership with the 10 statewide ServiceLink Resource Centers (SLRC) conducts an ongoing consumer satisfaction survey.

#### **MEDICAID DECISION SUPPORT SYSTEM (MDSS)**

The Medicaid Decision Support System (MDSS) utilizes the Advantage Suite application from Thomson Medstat Corporation to report and analyze paid claim information from the New Hampshire's Advanced Information Management (NHAIM) system. The NHAIM system is a fee for service claims processing and payment system, which supports provider management, prior authorization, and service history maintenance.

#### **NH DHHS-BEAS OPTIONS SYSTEM**

Elderly & Adult Services (EAS) Options is an information system application used to:

- Manage BEAS social worker caseload,
- Manage the adult protection program and State Registry,
- Manage service authorizations, and provider payments related to the Social Services Block Grant (SSBG) and the Older Americans Act (OAA) services, and
- Manage medical eligibility, case information, and service authorizations for the Medicaid Home and Community Based Care for the Elderly and



Chronically Ill (HCBC-ECI) waiver, Money Follows the Person and Nursing Facility programs.

**NH PARTICIPANT EXPERIENCE SURVEY**

The Participant Experience Survey (PES) project interviewed a representative sample of Home and Community Based Care Services Elderly and Chronically Ill waiver participants about the services and supports they receive. The Home and Community Based Care Services Elderly and Chronically Ill waiver program, formerly known as HCBC-ECI, has been renamed the Choices for Independence (CFI) program.



### CHAPTER III SYSTEMS TRANSFORMATION OVERVIEW

---

**MISSION STATEMENT:**

To create a dynamic and enduring community-based system of long-term supports so all New Hampshire citizens may live and age with respect, dignity, choice and control until the end of life.

**VISION STATEMENT:**

All New Hampshire citizens have access to the full array of long-term supports and services. This allows them to exercise personal choice and control and affords them dignity and respect throughout their lives. To the greatest extent possible, each of us is able to make informed decisions about our aging, health, and care needs. There is a high level of quality and accountability in everything offered and in everything provided. Over time, New Hampshire truly becomes an extended community of people who care about, value, and help one another.

***Why is long-term care systems transformation important in New Hampshire***

For decades New Hampshire has led the country in community services and supports for people with developmental disabilities and mental illness. Its long-term care (LTC) system for elders has lagged behind and was disjointed and highly dependent on nursing homes. The most significant areas of weakness identified in 2005, the year the Centers for Medicare and Medicaid Services (CMS) Systems Transformation Grant (STG) was awarded to New Hampshire, were barriers accessing home and community-based services, choice and control over those services, and lack of information and technology for people who are aging and/or have disabilities. Transforming the long-term care system is important to address these weaknesses; therefore activities aimed at balancing the money spent between institutional care and home-based care and creating a person-centered service delivery system were the major focus of the five year grant.

In 2005, New Hampshire spent \$237,000,000 on nursing homes compared to \$29,000,000 on home and community-based services for the elderly and chronically ill. At that time, New Hampshire Department of Health and Human Services (NH DHHS) had projected that LTC costs would grow from \$183.6 million in 2000 to \$279.5 million in 2005, to \$390.1 million in 2010 and to \$557.7 million in 2015. These projections did not



New Hampshire Systems Transformation Grant  
Final Evaluation Report

include the financial implications associated with Medicare Part D and “dual eligibles”. Clearly, the state could not sustain this level of growth within the LTC system and changes were needed to rebalance the system and control costs.

The cost of LTC was a major driver of the need for a comprehensive approach to systems change; however, in 2005 there was also a significant need to bolster the development of access, choice and control projects across the LTC system. In essence, to support the work of moving from a provider-driven system to a person-centered system. The focus of a person-centered system is on the individual, their assets, and their network of family and community supports in developing a flexible and cost effective plan to allow maximum choice and control over the supports necessary to live in the community. Within a person-centered system, individuals and providers work in full partnership to guarantee that each person’s values, experiences and knowledge drive the creation of an individualized plan as well as the delivery of services and supports. Person Centered Planning (PCP) is recognized as an important vehicle for empowering individuals to have a voice in the planning process and actively shape their futures.

The NH DHHS started the culture and paradigm shift in 1997, with the enactment of Senate Bill 409, which recognized that that LTC is a continuum and people have the right to choose the kind of care they want to receive and to have control over how that care is provided. Building on this statement of legislative intent, Senate Bill 324 was enacted in 2001 and established a consumer-directed personal care model for Medicaid recipients. This model was extended to those individuals paying privately in 2003. While these legislative efforts certainly provided a foundation for a person-centered system, participants in stakeholder meetings held in New Hampshire to discern the current status of the system identified many barriers to fulfilling this vision. Barriers such as an ingrained medical model of service delivery; workforce shortages in home and community-based programs; lack of funding and consensus on who should pay for LTC services; and competing rules, laws, and regulations across the spectrum of programs dealing with LTC.

Both balancing the cost of the system and shifting to a person-centered model of service delivery could only be achieved by the third major area identified in 2005, improving the information and technology system. Several factors have led to a fragmented information and technology system: the provider-driven system, the decentralization of programs through the implementation of the Aging and Disability Resource Center (ADRC) project, the increasing number of programs and departments which touch LTC, and the fragmented and insufficient funding streams for technology. New Hampshire recognized the need to streamline the information technology system which serves all LTC programs in order to achieve all other system transformation goals.



### ***Where New Hampshire started***

In 2005, New Hampshire stakeholders spanning the private and public LTC system completed a “systems readiness assessment.” Through a series of key stakeholder meetings, an assessment of the state’s current LTC system was completed and areas for focus identified. Eight areas were summarized in the 2005 application for Systems Transformation Grant funding; however, only seven are presented in this report. The area of housing was not a focused goal of New Hampshire’s STG or any subsequent activities. Please refer to the original grant application for more information.

One area of assessment was examining the extent to which the system has a shared vision. In the fall of 2001, NH DHHS, Bureau of Elderly and Adult Services (BEAS) embarked upon a public process to develop a vision and mission statement through statewide community meetings. The vision developed read: *“The NH long-term support system is person-centered, promoting the right and ability of individuals, families, and caregivers in need of supports to exercise choice and direction, thus maximizing the independence, dignity, and quality of life of the individuals receiving care.”* While the vision statement was not officially adopted by BEAS prior to 2005, it was used as a starting point for the STG project in the development of a shared vision statement (the statement is included on page 4).

The second area of assessment occurred in relation to the ease of access to LTC services. Prior to 2005, there was no single statewide coordination point, except for the state Medicaid agency, nor was there a single system that delivered uniform, non-duplicative programs and supports. Established in 2000, ServiceLink attempted to respond to the lack of coordinated care for seniors. It was a statewide network of locally-administered, community-based resources for seniors, adults with disabilities and their families. It primarily offered information and supported referral and did not have a formal service function. Building on the ServiceLink effort, in 2003, the State received an ADRC Grant that became the vehicle for advancing a single point of entry concept for older adults and adults with disabilities. In 2005, the ADRC model was field-tested in Belknap and Strafford Counties, and with two more pilots implemented in 2006. Statewide roll-out was anticipated by 2007. The model is known as ServiceLink Resource Centers (SLRC) in New Hampshire.

When fully implemented statewide, the SLRC model’s vision was to ensure that all older adults and individuals with disabilities in New Hampshire will have a single, inviting, accessible, culturally competent, and trusted place in their communities that will provide effective delivery of information and referral, counseling, education, and case management support related to LTC. The SLRCs will promote informed choice and self-direction, as well as support family caregivers.



New Hampshire Systems Transformation Grant  
Final Evaluation Report

Consumer-directed services was the third assessment area. Since the early 1990's, the developmental disabilities and independent living communities have led the transformation to a self-directed system. Both long-term care and mental health have lagged behind. In 2005, BEAS had only two programs which incorporated significant features of consumer-directed care programs. They were the Personal Care Services Program (PCSP) provided under the HCBC-ECI waiver program and the state plan Personal Care Attendant (PCA) program. The remaining programs were delivered under the more traditional, provider-managed model.

An assessment of the quality management system was also completed in 2005. New Hampshire's efforts on quality improvement at that time were taking place under the CMS Real Choice Systems Change Quality Assurance Quality Improvement (QA/QI) Grant awarded in October of 2004. The grant provided the structure needed for management of the HCBC-ECI waiver and was producing a replicable template that could be modified and adopted for use in all state waiver programs. An area of focus for the quality assurance grant was risk management. A process looking at both administrative and clinical processes was put in place. In addition, BEAS was focusing on developing a standardized clinical assessment tool and had established a quality workgroup. The workgroup included both internal and external stakeholders. The Participant Experience Survey was being adopted under QA/QI for use in evaluating the experience of participants within the HCBC-ECI waiver program.

The fifth area of assessment was information technology. In 2005, a variety of stand-alone, separate automated systems was in place under the larger umbrella of the LTC system. There was no common platform, standards, or architecture. The systems included the NewHEIGHTS benefit financial eligibility determination system for public assistance programs. NewHEIGHTS was the primary system for daily Medicaid recipient eligibility data to the State's Medicaid Management Information System (MMIS). MMIS is the Medicaid claims processing and information retrieval system that supports administration of the State's Title XIX and Medicaid-related programs. New Hampshire has a 'modular' MMIS comprised of distinct primary system components that interface with each other, including the New Hampshire Advanced Information Management (NHAIM) claims processing and payment system which supports provider management, prior authorization, and service history maintenance; the Pharmacy Benefits Management (PBM) system for processing of pharmacy claims, payment, and drug rebate management; and the Medicaid Decision Support System (MDSS) which is a Medicaid data repository.

Rebalancing of funding efforts between institutions and community-based services was a major assessment area. Prior to 2005, efforts to rebalance funding streams were active. Senate Bill 409 enacted revisions to the Medicaid matching share formula for LTC. The bill resulted in County and State governments equally sharing matching requirements for nursing home care, related medical services to Medicaid



New Hampshire Systems Transformation Grant  
Final Evaluation Report

nursing home recipients, and HCBC-ECI program services and related medical services provided to HCBC-ECI recipients. Increases in enrollments in home and community-based care versus nursing home placement since the enactment of Senate Bill 409 had been made. In 1998 the average monthly caseloads in home care was 1,282 while nursing homes were at 5,106; a difference of 3,824. By 2004, home care average monthly caseloads were 1,940 and nursing home 4,808; a difference of 2,920. While spending under Medicaid-funded nursing home expenditures had been controlled between 1999-2001, the funding allocation between institutional care (64%) and home and community-based care (36%) was out of balance, especially when comparisons to other states' funding balance and consumer preferences to remain in home and community-based settings are taken into account (Coleman, Fox-Grage & Folkemer, 2002).

Lastly, an assessment of New Hampshire's interagency and intra-agency collaboration was completed. A planning meeting with a broad range of LTC stakeholders met to plan for the submission of the Systems Transformation grant proposal. A sub-group discussed interagency and intra-agency collaboration and identified areas of collaboration and remaining challenges. Areas of current collaboration can be found in the original application. Areas where challenges to true collaboration still existed in 2005 were identified as:

- 1) Lack of a stable, collaborative cross-disability vision or strategy;
- 2) Collaborative efforts tend to be funding dependent, issue specific, and/or agency specific as inter/intra agency collaboration is not a core value "built into" or practiced by the system;
- 3) Increasing needs of people who are aging and acquiring disabilities and people with disabilities who are aging create greater competition for available resources;
- 4) Many stakeholders such as those representing minority and low-income communities are left out of collaborative processes due to lack of appropriate supports to participate;
- 5) Lack of strong collaboration across state departments; and
- 6) Lack of institutionalized processes to feed information about barriers at the community level to the state.

***OVERVIEW OF NEW HAMPSHIRE'S SYSTEMS TRANSFORMATION GRANT ACTIVITIES AND ACHIEVEMENTS***

The New Hampshire Department of Health and Human Services (NH DHHS) commitment to enhancing access to home and community-based services to prevent unnecessary institutionalization led to the STG application. The activities outlined were



New Hampshire Systems Transformation Grant  
Final Evaluation Report

intended to implement a comprehensive strategy to rebalance the system of supports for older adults and adults with disabilities from a primarily provider driven, medical model of care to a participant-directed, person-centered system of supports. In many respects, the State has accomplished this goal. The majority of the objectives and strategies identified with Goal 1, access, and Goal 2, choice and control, has been accomplished. The experiences of the Goal 4, IT, have been mixed. The State's strategy was to utilize the activities identified as part of Goal 4 as means to accomplish Goals 1 and 2. While specific activities were planned to support these goals, many were dependent upon the implementation of the State's new MMIS, which has been delayed for a variety of reasons.

The BEAS was awarded the STG in 2005 with funding ending in 2010. Leadership and staffing for the project were led by BEAS. A contract was established between BEAS and the Institute on Disability (IOD) at the University of New Hampshire to provide project management, technical assistance and evaluation for the project. Subsequently, the University of New Hampshire Survey Center and New Hampshire Institute for Health Policy and Practice were retained for the evaluation.

Significant progress has been made by BEAS in creating the culture change necessary to move from a medical model, provider driven system to a more person-centered/consumer driven model. There are significant challenges ahead and much work to be done, but the framework has been put in place to continue this forward movement. Key accomplishments include:

- Community Listening sessions were held in 17 communities and comments from over 355 people who attended these sessions were compiled and used to inform systems change efforts.
- Person centered planning has been embraced throughout the service delivery system.
- A participant directed model, including individualized budgeting, has been implemented.
- The Seniors Count model of community partnerships has been replicated in two communities.
- Quality assurance mechanisms now include the Participant Experience Survey in order to fully listen to the voice of program participants.
- A Coalition has been formed to address issues related to the direct care workforce.
- Sustainability of system transformation initiatives and accomplishments through programmatic changes, cultural shifts, and new funding sources to support continued change efforts.



New Hampshire Systems Transformation Grant  
Final Evaluation Report

NH has been successful in obtaining various Real Choice grants, funded by CMS, that have supported systems change throughout the long-term services and supports system. STG activities across the five-year project were diverse yet integrated and built on initiatives developed through previous Real Choice Systems Change grants.

Principles of a person-centered system were developed by a committee comprised of consumers, advocates, community providers, and state agency staff. The work of the STG around implementing Person-Centered Planning is integrated across many aspects of systems change. Community and state staff working in the Community Passport (New Hampshire's Money Follows the Person initiative), for all six independent case management agencies, in Transitions in Care giving (the AoA Nursing Home Diversion project), at several Service Link Resource Centers, as well as at numerous other community agencies, have been trained in person-centered planning. Trainings in person-centered planning are conducted four times a year throughout the state and have been very well received. A training manual is being completed and will be published in the fall of 2010. The New Hampshire legislature passed a law in 2007 mandating person-centered planning in long-term care services. This solidifies New Hampshire's commitment to person-centered planning for all persons regardless of age, disability or residential setting.

A participant directed service model within the HCBC-ECI has been designed and enrollment in this service began in July, 2010. Participant directed services were first piloted through Transitions in Caregiving, an AoA funded caregiver support program.

New Hampshire's application for renewal of its HCBC-ECI was submitted in the spring of 2007. This filing was timely in that efforts underway within the Real Choice grants were able to be included in this waiver renewal. Additional amendments are forthcoming with new services available under consumer direction and Money Follows the Person.

Quality assurance mechanisms that support a person-centered system have been designed and implemented. A core component of the quality assurance system is the Participant Experience Survey, which has been conducted twice, 2008 and again in 2010.

The Service Link Resource Centers (SLRC), New Hampshire's ADRC project, assures that people receive information about resources in a clear and effective manner; that eligibility for services is determined in an efficient and responsive manner; and that communities are engaged to support all people. The STG project supported the development of competencies for the Long Term Support Counselor position which is a key position in each SLRC. The development of these competencies is a step closer to assuring the quality delivery of information about resources related to options counseling. The SLRC's touch all of the system change initiatives providing the



New Hampshire Systems Transformation Grant  
Final Evaluation Report

community connection for state initiatives. For example, the Transitions in Caregiving project is implemented through the SLRC network.

The STG leveraged other federal and state funding opportunities to advance its work. Examples include:

- The STG strategic plan informed the development of New Hampshire's MFP Operational Protocols;
- The state was able to expand the availability of consumer directed service models to both the Medicaid and non-Medicaid populations; and
- The MFP project was the pilot for a quality assurance/risk management tool.

The role of the community in LTC has been strengthened through the replication of the Seniors Count model in 2 communities, along with the implementation of a project designed to prevent institutionalizations and hospitalizations by building on the social capital in the Lakes region. Legislation was passed to enable communities to establish community care and services planning boards and training has begun to help communities establish such boards.

The STG project supported the establishment of the New Hampshire Coalition for the Direct Care Workforce (CDCW) to address the critical shortages within the direct care workforce. The CDCW has conducted a survey of workers and completed a white paper outlining a number of policy issues (appendix C). The annual Real Choice conference in 2009 focused on the direct care workforce and the coalition presented the results of the survey and white paper. The coalition has also done a significant amount of work with the legislature. A LTC Caucus was established during the 2008/2009 legislative session and coalition representatives provided information and assistance to them. In the fall of 2009 a legislative briefing was conducted to share the results of the workforce survey and white paper. The white paper was the basis for New Hampshire's application to the Department of Labor and subsequent grant award to develop trainings and increase the direct care workforce labor market. The project, now known in New Hampshire as DirectConnect, utilizes the CDCW as its advisory board.

In addition to understanding the formal supports needed for home and community-based services, the STG allowed New Hampshire to begin to understand the informal supports. Not only through the parallel work under the Transitions in Caregiving grant, but through the collection of data through the 2009 and 2010 Behavioral Risk Factor Surveillance Survey (BRFSS) Caregiver module.

All STG activities and subsequent successes took place with the guidance of stakeholders and supports across the LTC system. Of significance, is that the mission, vision, and values statements developed by the STG planning group have been adopted by the Department of Health and Human Services and several other groups related to



New Hampshire Systems Transformation Grant  
Final Evaluation Report

Long Term Care. They were recently adopted by the Long Term Care Caucus, established through the Legislative Committee on Elderly Affairs.

The State attempted to fulfill the work promised under Goal 4 by using other information technology applications; e.g., the use of Lotus eForms and web-enabled ADRC resource data base, to enhance and increase access to services and to promote choice and control for consumers.

Information technology improvements have been utilized across all of these efforts to improve the efficiency and effectiveness of service delivery. Laptops and electronic signature pads have been purchased for all nurses who do medical eligibility determinations for the HCBC-ECI waiver, which has greatly decreased the amount of time to complete assessments and determine eligibility. The utilization of technology to connect parts of the long-term care service delivery system that are related but have previously functioned independent of one another is another promising practice. Two examples are expanding the use of the OPTIONS system, an internal tool, to independent case managers and ADRC staff, and automating the Medical Eligibility Determination form. Including external partners in the use of these IT-related tools improves the efficiency and effectiveness of our business practices, which will result in better access to services for our consumers.

New Hampshire has been able to effectively coordinate the work across all Real Choice grants and other systems change initiatives to leverage resources to promote systems transformation. Support for transforming New Hampshire's system of community-based long-term care is widespread, including the Governor's office, legislators, Department of Health and Human Services, community providers, families, and individuals. Efforts have been coordinated across all Real Choice grants, but specifically with the ADRC, the QA/QI, the Person-Centered Planning, and the Home Care Connections grants. New Hampshire is also a recipient of a Money Follows the Person award and this work has been closely integrated into the overall systems transformation effort. The Operational Protocols for the Money Follows the Person Project are informed by the Systems Transformation Grant strategic plan.

This summary of activities spanning the five-year grant period demonstrates the diverse yet integrated work in New Hampshire. The experiences of the State were definitely affected by its financial shortfall; however, despite a 25% vacancy rate and cutbacks in services, New Hampshire was able to use its Systems Transformation Grant to create an environment that is supportive of systems change that will be used as the state moves toward the implementation of the Health Care Reform legislation.



### ***Looking forward***

New Hampshire's STG project was intended to implement a comprehensive strategy to rebalance the system of supports for older adults and for adults with disabilities from a primarily provider-driven, medical model of care to a consumer-directed, person-centered system of supports. In many respects, the State has accomplished this goal. Systems change is not a quick or easy process and the five years of systems transformation funding has provided the initial impetus and support necessary to stimulate this change. But, these five years are only the beginning and the NH DHHS is committed to continuing the work begun through this initiative.

The STG implementation has demonstrated the necessity and value of unifying the long-term care eligibility application process. Having separate processes for medical eligibility and financial eligibility was identified as the biggest barrier affecting access timely to services and consumer-centered services. The New Hampshire DHHS plans to combine the two eligibility processes beginning January 2011.

Trainings in person-centered planning will continue to be held throughout the state to further disseminate knowledge and expertise in person-centered thinking. BEAS will continue to roll out individual budgeting through the participant-directed HCBC-ECI waiver program and through the New Hampshire Caregiver Support program. The Service Link Resource Centers continue to be developed as the one-stop resource for information, referral, and options counseling in New Hampshire. Most importantly, a culture of person-centered thinking is beginning to take root and is influencing policy and programmatic decisions at every level of the Long Term Care system.

The work of the STG has also informed the ADRC project in New Hampshire. Under the 2009 ADRC Enhancement Grant, a person-centered approach to hospital discharge planning is being developed, ongoing streamlining of processes under the long term care system is being evaluated, and a comprehensive evaluation of the long term care system is being designed.

Lastly, the NH DHHS is reviewing the opportunities under The Patient Protection and Affordable Care Act to enhance the states' long-term care systems. New Hampshire is reviewing the provisions and considering opportunities to further enhance access to person-centered, home and community-based care options.

