



Department of
**HEALTH &
HUMAN SERVICES**

Division of
Long Term
Supports
and Services



Human Services
Research Institute

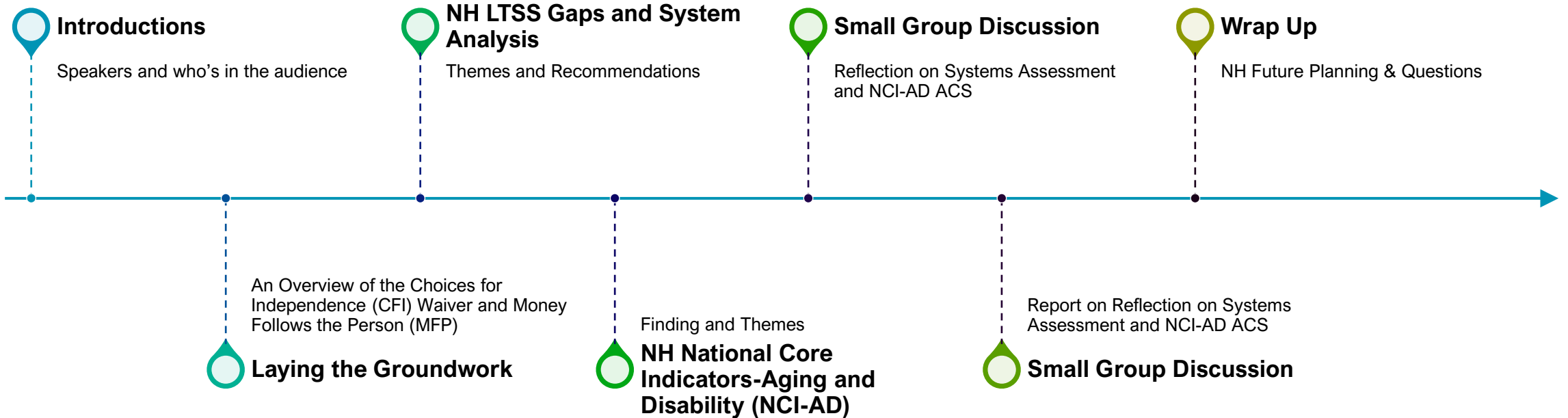


College of Health and Human Services
Center on Aging and Community Living

Identifying and Addressing the Behavioral Health Needs of Older Adults and People with Physical Disabilities in New Hampshire

- Lisa M. Dunham, Bureau of Adult & Aging Services, DHHS
- Alison Rataj, Center On Aging & Community Living, UNH
- Steph Giordano, Policy Associate, Human Services Research Institute

Agenda





Choices for Independence (CFI)



Money Follows the Person (MFP)





New Hampshire Home and Community Based Services (HCBS) System Assessment and Gap Analysis

Project Overview, Key
Themes, and
Recommendations

New Hampshire Home and Community Based Services (HCBS) System Assessment and Gap Analysis Aims



Understand long-term services and supports (LTSS) needs and assets in New Hampshire



Examine and map available long-term services and supports (LTSS) system resources, including home and community based (HCBS) services and capacity for self-direction



Identify gaps within long-term services and supports (LTSS) services, including gaps based on geography, demographics, or other community characteristics



Provide recommendations for closing gaps and maximizing self-direction and community-based services

*This work is funded by the federal Money Follows the Person (MFP) demonstration expansion grant



Project Activities

- Asset Mapping
- Community Engagement
 - Listening sessions
 - Focus groups
 - Key informant interviews
- Quantitative and Qualitative Data Analysis
- Final Report and Recommendations

Data Sources

Data analyses are available in final report. Information from data collected were used to develop recommendations.

Community Engagement

Used to help provide understanding/nuance experienced by people using/providing/managing services

- Three listening sessions
- 91 participants in key informant interviews
- 63 Choices for Independence (CFI) participants in interviews and focus groups (located in 7/10 counties)
- 19 nursing facility/assisted living residents

Quantitative Data

Used to assess general population trends, service utilization, potential gaps, etc.

- Medicaid claims (including Choices for Independence (CFI) waiver participants and Medicaid enrollees with a nursing home or psychiatric hospital stay)
- Choices for Independence (CFI) eligibility records and service authorization data.
- Choices for Independence (CFI) provider enrollment records.
- Public use data to describe population characteristics

Overarching current and planned state initiatives

Planned and current state initiatives helped provide context and a foundation for recommendations outlining additional activities that the state may consider.

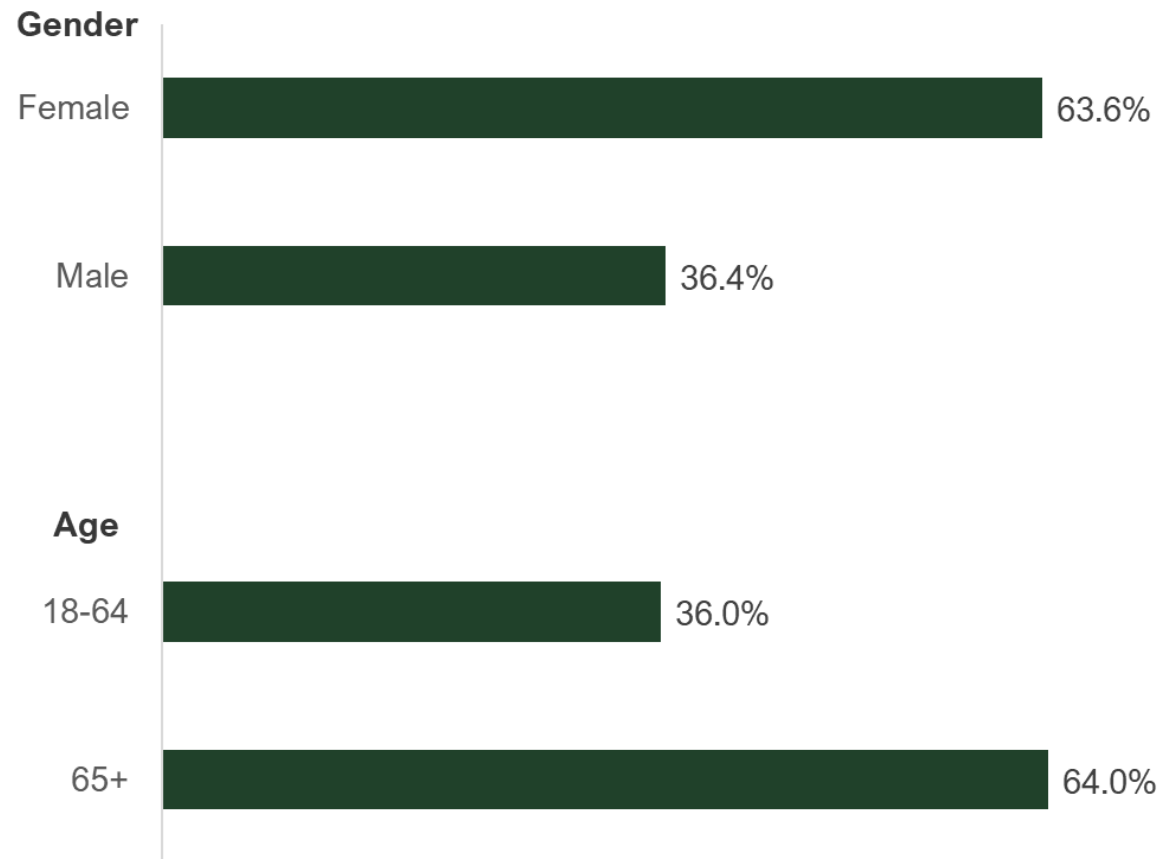
Overarching current and planned state initiatives

- **System of Care for Healthy Aging (House Bill 2, HB2),**
- **Money Follows the Person (MFP) Operational Protocol**
- **State Plan on Aging (2024-2027) outlines goals and activities for the NH aging network**
- **New Hampshire Case Management/Service Coordination Assessment and Training (CMAT) to cross**
- **National Core Indicator-Aging and Disabilities Adult Consumer Survey data collection**

Brief Glance at Numbers

Note these are a sample of data to describe the overall CFI population. Additional data analyses are available in the final report.

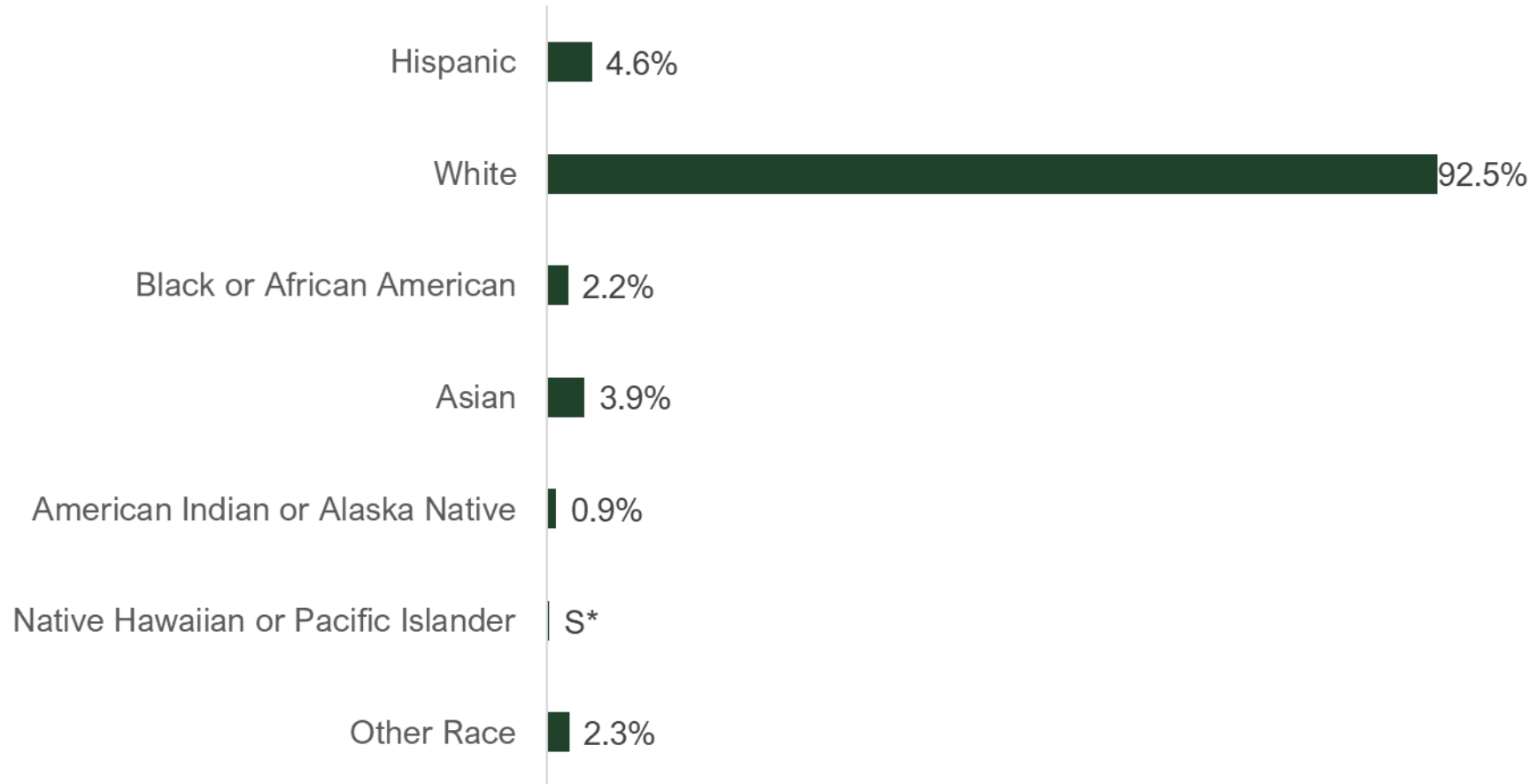
Choices for Independence Participants' Gender and Age, State Fiscal Year (SFY) 2023



Notes: A total of 4,508 participants had available gender information in 2023. A total of 4,500 participants had available age information in 2023.

Source: New Hampshire Medicaid Management Information System (MMIS) data.

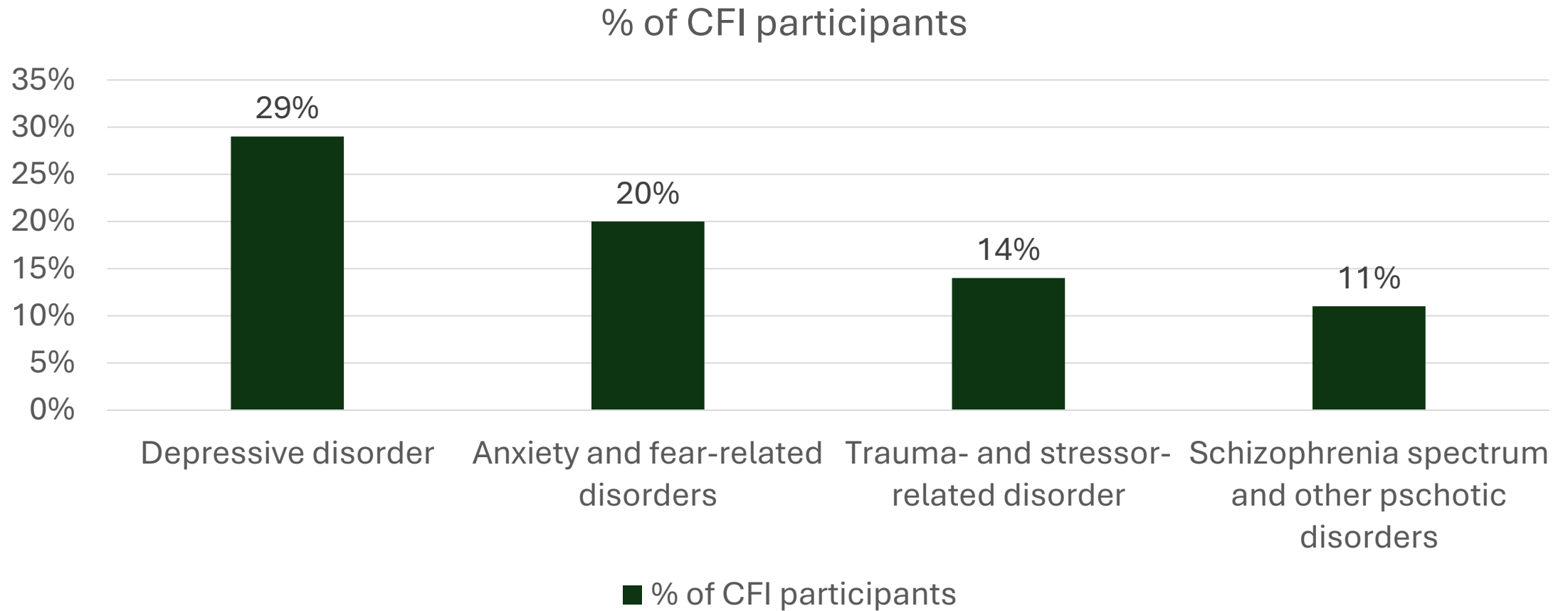
Choices for Independence Participants' Race/Ethnicity, State Fiscal Year (SFY) 2023



Notes: *S=Data for cell sizes less than 10 are suppressed to protect confidentiality. A total of 4,141 participants had available race/ethnicity information in 2023

Source: New Hampshire Medicaid Management Information System (MMIS) data.

Most common primary behavioral health diagnoses of CFI participants by diagnosis type



Source: New Hampshire Medicaid Management Information System (MMIS).

Active Mental Health Diagnoses of Nursing Facility Residents

	NH N	NH %	National %
Anxiety disorder	2,222	39.4%	33.7%
Bipolar disorder	289	5.1%	7.0%
Depression (other than bipolar)	3,090	54.8%	51.9%
Schizophrenia	293	5.2%	9.9%
Psychotic disorder other than schizophrenia	481	8.5%	7.4%
Post-traumatic stress syndrome	172	3.0%	1.7%

Source: Centers for Medicare & Medicaid Services, Minimum Dataset Frequency Information for Active Nursing Home Residents, Q3 2023.

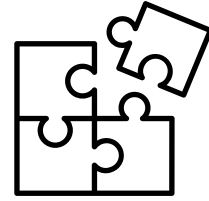
Themes from Key Informant Interviews

Overview of themes from key informant interviews and focus groups. The final report provides additional synthesis of themes.



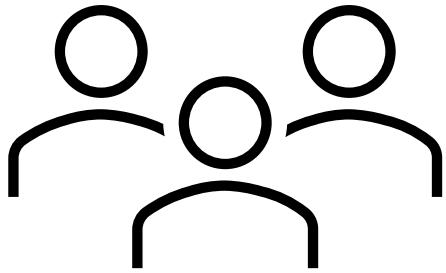
Overarching Strengths

- **Small state**
 - People know and want to support each other
- **People are dedicated**
 - State employees, provider staff
 - Informal networks and advocates
- **Existence of CFI as an option**



Overarching Challenges

- **CFI application process is long and complex**
- **Workforce**
- **Variability in case management agencies and individual case management**
- **Information supports happening in siloes**



Groups Who Face Greater Barriers*

(*not an exhaustive list)

- **People with MH and SUD needs**
- **People with higher, complex, and/or multi-faceted needs**
- **People labeled “problematic”**
- **Males with criminal history**
- **People living in rural areas**
- **People with limited or no English proficiency**
- **New immigrants**
- **People with mobility challenges; in hospice; homebound**
- **Unhoused**
- **People with low resources**
- **People with cognitive limitations**

Most Pressing Service Needs*

(*not an exhaustive list)

- Transportation
 - Social connections
 - Housing
 - Mental and behavioral health supports
 - In-home supports for ADLs/IADLs
- Basic necessities
 - Access to affordable healthcare
 - Food security
 - Intermediary residential options
 - Adult Day
 - Lack of preventative care – people in and out of ER

Recommendations

Select list of recommendations see full report for all recommendations.

Workforce

- Review rates on an ongoing basis
- Consider conducting NCI-AD State of the Workforce to support recruitment and retention strategies

Increase Awareness and Use of Self-Direction

- Explore opportunities for further increasing awareness
- Develop one-pagers on what is self-direction and various self-direction options, including Participant-Directed and Managed Services (PDMS)
- Provide FAQs and script for Aging and Disability Resource Centers (ADRC) options counselors and case managers to discuss self-direction option with potential and current Choices for Independence (CFI) participants
- Clarify case managers' roles and responsibilities related to the required Information and Assistance component of self-direction in Medicaid home and community-based services waivers

Increase Awareness and Support for Community Transition

- Increase information distribution on Home and Community-Based Services (HCBS) in institutional settings (e.g., Choices for Independence (CFI) one-pagers)
- Explore Aging and Disability Resource Centers (ADRC) capacity needed to adequately support education, planning for transition to community and conduct outreach with all nursing facility residents who indicate expectation of “discharge to community”

Increase coordination across systems/providers including behavioral health and direct communication with participants

- Ensure providers and case managers work together to provide supports

Increase choice; continue moving toward measuring quality as well as compliance

- Leverage new federal regulations requiring reporting and quality monitoring
 - Access Rule and Older Americans Act (OAA) final rule offers multiple new pathways and requirements to enhance equitable access to quality services and supports
- Use results from National Core Indicators- Aging and Disabilities Adult Consumer Survey implementation to benchmark and trend data for understanding quality; consider adding state-specific questions and larger sample in future iterations



Questions



New Hampshire National Core Indicators: Aging and Disability Participant Survey

 **NCI·AD**
NATIONAL CORE
INDICATORS
PEOPLE DRIVEN DATA



What does the survey measure?

Individual characteristics of people receiving services

Where people live

Gender

Race/Ethnicity

Disability

The nature of their experiences with services

Perception of services

Self-direction

Choice and Control

The context of their live

Involvement with family and friends

Access to community involvement

Safety

Health and well-being

Utilization of health services

Ability to manage chronic conditions

Mental healthcare

The NCI-AD Survey does not measure or collect:

- *The service organization name*
- *The names of service providers*
- *The participant's names*
- *Names of guardians, case managers or other support team members*
- *The facility the person lives in, if applicable*



Data Collection

Population: Choices for Independence Waiver Participants

Number of People Surveyed: 425

Survey Delivery: In-person, video conference, or over the phone

Survey Length: 30 to 50 minutes, sometimes longer

Survey Responses are:

- Anonymous and aggregated
- Used to understand the person's experience
- NOT used to evaluate or measure service delivery

Key Results



41% of participants had the presence of a mental health diagnosis



Participants with a mental health diagnosis **were significantly more worried about the security of their belongings** compared to those without a mental health diagnosis



59.3% of participants with a mental health diagnosis felt in control of their life compared to **68.0%** of those without a mental health diagnosis

Key Results

Participants with a mental health diagnosis had **poorer self-rated health** compared to participants without a mental health diagnosis



19.5% of participants with a mental health diagnosis skipped meals due to financial worries, compared to **6.2%** of participants without a mental health diagnosis

83.5% of participants with a mental health diagnosis knew who to talk to if they were mistreated, hurt, disrespected, or neglected

Participants with a mental health diagnosis were **significantly lonelier** than participants without a mental health diagnosis



Using the NH NCI-AD data



Compare outcomes to other states



Compare specific groups or geographic regions within states



Identify areas for quality improvement



Share outcomes with stakeholders and advocates for feedback and strategic planning



Benchmark and track progress toward quality improvement goals over time



Researchers also use data to look more closely at specific topics

Reflection

Break-out Groups



In Small Groups, consider...

- Do themes and out from the Gap Analysis and System Assessment and NCI-AD outcomes match what you see?
 - In what ways?
 - How does your experience differ?
- How can this information be useful in your work?
- What themes would you like to explore more?

NH Future Directions & Wrap-up

Placeholder





Questions

Contact Us!

**Lisa
Dunham**

Project Director, Money Follows the Person

lisa.m.dunham@dhhs.nh.gov

**Alison
Rataj**

**Research Scientist, Institute for Health Policy and
Practice, Center on Aging and Community Living**

alison.rataj@unh.edu

**Steph
Giordano**

**Research Associate, HSRI
Co-director, National Core Indicators**

sgiordano@hsri.org

Resources

**[New Hampshire Home-and Community-Based
Services System Assessment and Gaps Analysis](https://www.nci-ad.org)**

[nci-ad.org](https://www.nci-ad.org)
