THE NH WORK AND COMMUNITY ENGAGEMENT REQUIREMENT
GRANITE ADVANTAGE PROGRAM ROUNDTABLE
April 17, 2019

Jo Porter
Lucy Hodder
Lauren LaRochelle
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>2:00 – 2:10 PM</td>
<td>Introductions – Group</td>
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<tr>
<td>2:10 – 2:15 PM</td>
<td>Meeting goals and RWJ project update – Jo Porter</td>
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<tr>
<td>2:15 – 2:30 PM</td>
<td>Procedural and legal update on the NH work requirement – Lucy Hodder</td>
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<td>2:30 – 2:50 PM</td>
<td>Implementation Activities – Henry Lipman</td>
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<td></td>
<td>Update</td>
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<tr>
<td></td>
<td>Introduce MCO representatives</td>
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<td></td>
<td>MCO involvement activities</td>
<td></td>
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<td></td>
<td>New Heights verification demo</td>
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<tr>
<td>2:50 – 3:50 PM</td>
<td>Provider Engagement Preparation – Group Discussion</td>
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<td></td>
<td>Manchester Community Health Center experience and strategies</td>
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<td></td>
<td>Others</td>
<td></td>
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<tr>
<td></td>
<td>Provider Engagement Questions and Strategies: Henry Lipman and all</td>
<td></td>
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<tr>
<td></td>
<td>Medically Frail populations</td>
<td></td>
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<td></td>
<td>Qualifying activities such as self-employment</td>
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<td>What are the potential opportunities to engage members pre-suspension counseling?</td>
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<td>How can Granite Advantage members be identified?</td>
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<td></td>
<td>What strategies exist for member enrollment status verification?</td>
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Overview

New Hampshire timeline

Brief New Hampshire update

Status of work/community engagement outside NH
Key Dates in NH Medicaid Expansion
(January 2019 to July 2019)

January 1, 2019
Granite Advantage Beneficiaries Transitioned to MCOs for coverage

June 1, 2019
Work/Community Engagement Participation Start Date

September 1, 2019
NH’s new MCO contracts will begin
Other Items to Watch

February 15, 2019: JLCAR approved the interim Granite Advantage Program rule; May 17, 2019: JLCAR expected to vote on the final rule.

Proposed Legislation

HB 690: Removing the Work Requirement of the New Hampshire Granite Advantage Health Care Program – Retained in Committee

SB 290: Modification/“Fix It” Bill– Passed Senate as amended; referred to House Health, Human Services & Elderly Affairs
New Hampshire – Letters
https://www.dhhs.nh.gov/medicaid/granite/

February 5, 2019: Notice to Granite Advantage Health Care Program members about Community Engagement Requirement

February 26, 2019: Notice sent indicating member’s Community Engagement status

April 2, 2019: Reminder letters sent to Medically Frail Granite Advantage members who have not yet submitted their Medical Frailty Form
### February 26 Letters

<table>
<thead>
<tr>
<th>Mandatory to Participate</th>
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<tbody>
<tr>
<td>• “Your community engagement status is mandatory”</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Mandatory to Participate and Previously Reported as Medically Frail</th>
<th></th>
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<tbody>
<tr>
<td>• “You have told us previously that you are Medically Frail”</td>
<td></td>
</tr>
<tr>
<td>• “You need to provide documentation from a licensed medical professional of your frailty”</td>
<td></td>
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<table>
<thead>
<tr>
<th>Mandatory to Participate and Subject to Another Work Requirement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• “Your community engagement status is mandatory”</td>
<td></td>
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<tr>
<td>• “Currently due to your enrollment in SNAP you are considered compliant with the Community engagement requirements while you remain active in SNAP”</td>
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<table>
<thead>
<tr>
<th>Exempt from Participating</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Your Community Engagement Status is “exempt”</td>
<td></td>
</tr>
<tr>
<td>• The Exemption reason is “disabled”</td>
<td></td>
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</tbody>
</table>
WORK/COMMUNITY ENGAGEMENT STATUS

Status of Waiver States, with a Closer Look at Arkansas, Kentucky New Hampshire Litigation
## Approved Work Requirement Waivers – Covered Populations and Age Exemptions as of April 1, 2019

<table>
<thead>
<tr>
<th></th>
<th>AR³ Enjoined</th>
<th>IN Implementing</th>
<th>KY⁴ Enjoined</th>
<th>AZ*</th>
<th>MI*</th>
<th>NH Implementing</th>
<th>OH*</th>
<th>UT*</th>
<th>WI*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansion Adults</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Adults²</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>(parents 60-100% FPL and childless adults 0-100% FPL)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age Exemptions</td>
<td>50+</td>
<td>60+</td>
<td>65+</td>
<td>50+</td>
<td>63+</td>
<td>65+</td>
<td>50+</td>
<td>60+</td>
<td>50+</td>
</tr>
<tr>
<td>Hours Required</td>
<td>80/ mth</td>
<td>Up to 20/wk</td>
<td>80/ mth</td>
<td>80/ mth</td>
<td>80/ mth</td>
<td>100/ mth</td>
<td>80/ mth</td>
<td>Job search/training if not working 30/ wk</td>
<td>80/ mth</td>
</tr>
</tbody>
</table>

1. Data compiled by The Henry J. Kaiser Family Foundation; Populations, exemptions, penalties or consequences, and other details vary significantly by waiver.
2. Groups such as Transitional Medical Assistance, family planning only, or former foster care youth, may be included in some states.
3. On March 27, 2019, the court set aside the Arkansas Works waiver amendment.
4. On March 27, 2019, the court set aside the reapproved Kentucky HEALTH waiver.

* Denotes a state where the work requirement waiver has been approved, but it is not implemented.
Pending Work Requirement Waivers – Covered Populations and Age Exemptions as of April 1, 2019

<table>
<thead>
<tr>
<th>Expansion Adults</th>
<th>AL</th>
<th>MS³</th>
<th>OK</th>
<th>SD⁴</th>
<th>TN</th>
<th>VI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Adults²</td>
<td>X (parents 0-18% FPL)</td>
<td>X (parents 0-27% FPL)</td>
<td>X (parents 0-45% FPL)</td>
<td>X (parents 0-50% in 2 counties)</td>
<td>X (parents 0-98% FPL)</td>
<td>X</td>
</tr>
<tr>
<td>Age Exemptions</td>
<td>60+</td>
<td>65+</td>
<td>&gt;50</td>
<td>60+</td>
<td>65+</td>
<td>65+</td>
</tr>
<tr>
<td>Hours Required</td>
<td>35/wk (or 20/wk for parents &amp; caretakers w/ a child under 6)</td>
<td>20/wk</td>
<td>Ramps up to 20/wk</td>
<td>80/mth or monthly milestones in individual plan</td>
<td>20/wk avg.</td>
<td>Ramps up to 80/mth</td>
</tr>
</tbody>
</table>

1. Data compiled by The Henry J. Kaiser Family Foundation; Populations, exemptions, penalties or consequences, and other details vary significantly by waiver.
2. Groups such as Transitional Medical Assistance, family planning only, or former foster care youth, may be included in some states.
3. See footnote 3 on slide 10.
4. See footnote 4 on slide 10.
* Denotes a state where the work requirement waiver has been approved, but it is not implemented.
Arkansas

June 1, 2018: work requirements took effect for ages 30-49

August 14, 2018: Complaint for Declaratory & Injunctive Relief filed

November 6, 2018: Plaintiffs file Motion for Summary Judgment

January 2019: requirements took effect for ages 19-29

March 27, 2019: Plaintiff’s Motion for Summary Judgment Granted; Remanded to HHS

April 11, 2019: Notice of Appeal filed by CMS and Arkansas
January 12, 2018: CMS approves Kentucky’s application

January 24, 2018: Complaint filed challenging Kentucky HEALTH

June 29, 2018: Court vacated and remanded Secretary’s approval

November 20, 2018: CMS reapproved Kentucky HEALTH

January 14, 2019: Complaint for Declaratory & Injunctive Relief

January 17, 2019: Plaintiffs file Motion for Summary Judgment

March 27, 2019: Summary Judgment granted to Plaintiffs and Remand

April 11, 2019: CMS files Notice of Appeal
New Hampshire

Philbrick v. Azar

March 20, 2019: Complaint for Declaratory and Injunctive Relief

Filed in the United States District Court for the District of Columbia – Judge Boasberg
Granite Advantage Health Care Program

Agenda

1. Granite Advantage Rule Update
2. Community Engagement
3. Key Outreach Activities to Date
4. Planned Outreach Activities to Date
5. Provider, Member and Stakeholder Feedback
6. Digital Outreach Campaign and Online Resources
Granite Advantage Rule Update

- DHHS is currently drafting the Regular Rule for Granite Advantage
  - Amended FIS due: April 26th
  - Final Proposal due: May 3rd
  - JLCAR Meeting: May 17th

- Key changes to Interim Rule include:
  - Adding reporting of self-employment
  - Clarifying curing rules and providing examples
  - Specifying inpatient hospitalization is good cause to cure non-compliance back to the date of admission assuming that the good cause form is submitted within one month of the admission date
  - Conforming forms to the Rule
**Community Engagement**

*DHHS’s focus between March 1\textsuperscript{st} and June 1\textsuperscript{st} is three-fold:*

1) Outreach to members and providers about exemptions and medical frailty for those members who should be exempt from the Community Engagement requirement and encourage such members to submit their exemption forms to DHHS prior to June 1, 2019.

2) Outreach to the Granite Workforce-eligible population about the program and the employment barrier reductions services available through the program to eligible Granite Advantage members.

3) Educate members who will be required to participate in Community Engagement as of June 1\textsuperscript{st} about the requirement, reporting hours, making up missing hours “curing”, and available resources.
Key Outreach Activities to date

- District Office Workshop sessions: Dedicated times for members to stop by the District Offices (DO) and meet with a DHHS representative to receive information about CE requirements and assistance with applying for an exemption.*
  - Twice weekly sessions at each DO from March 4-April 12th
  - As of April 16th through end of May, sessions will be every Wednesday from 2:00-4:00 in every DO
  - Additional Thursday sessions will be added in Mid-May
* Note: These sessions provide dedicated time and staff for CE discussion and questions. However, members can stop by a DO any time during regular business hours for information and assistance.

- Reminder letters sent out the beginning of April to Medically Frail who had not yet sent in their exemption forms and are mandatory to comply with CE June 1st.

- Outbound call campaign April 10th -11th to the Medically Frail who had not yet sent in their exemption form and are mandatory to comply with CE on June 1st

- Department meeting with various stakeholder groups and organizations to discuss and train on Community Engagement requirement, exemptions, reporting, and resources including Granite Workforce.
Planned Outreach Activities to date

- Reminder letters will be sent out the beginning of May to members who will be Mandatory on June 1\textsuperscript{st} to comply with CE requirement with information about qualifying activities, reporting hours, and applying for exemptions.

- Outbound call campaign in mid-May to this population reminding them of the June 1\textsuperscript{st} start date and providing information about reporting hours, exemptions, and resources.

- Reminder letters will be sent in June to the Medically Frail who have not yet submitted their exemption forms.

- Developing an outreach strategy for pre-suspension counselling in July.
  - Specific strategy for the medically frail under discussion

- Department has meetings planned with various stakeholder groups through June and will plan additional training sessions on reporting hours and curing through the summer.
Provider, Member, and Other Stakeholder Feedback

- How are members and their providers navigating the Community Engagement Requirement?
  - What are the main barriers to information and understanding the program
  - What are the main barriers to getting and submitting exemption forms
  - How can the Department improve their outreach strategy

- What are the main questions and concerns of members?

- What are the main questions and concerns of providers?

- Are Granite Workforce eligible members using the program?
  - Are providers and advocates aware of the program
  - What is the best outreach strategy for this population
New Hampshire Easy Digital Outreach and Communication Campaign

The Digital Inform Campaign through NH EASY for Granite Advantage. The purpose of the Campaign is to prepare, inform, and educate members about the community engagement requirement. Members will be able to:

- Learn about Granite Advantage.
- Prepare for Exemptions or Qualifying Activities.
- Access and use their NH EASY account; or open an account if they don’t have one.
- Understand how their NH EASY account can help inform of their Community Engagement status, submit forms, and track their hours.

- **NH EASY Granite Advantage Home Page**
  https://nheasy.nh.gov/#/granite-advantage

- **NH EASY Videos on the program**
  https://nheasy.nh.gov/#/granite-advantage/resources/videos

- **DHHS Website**
  https://www.dhhs.nh.gov/medicaid/granite/index.htm
Discussion

Provider Engagement Questions and Strategies

1. Preparation: Manchester Health Center Experience
2. Medically Frail Populations: The pathway for SUD treatment!
3. Qualifying activities such as self-employment?
4. What are the potential opportunities to engage members pre-suspension counseling?
5. How can Granite Advantage members be identified?
6. What strategies exist for member enrollment status verification?
Next Steps

• Who else to engage?
• What action steps are necessary?
• What are key gap areas?
• How can providers share strategies?
Contact Information

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