



THE NH WORK AND COMMUNITY ENGAGEMENT REQUIREMENT GRANITE ADVANTAGE PROGRAM ROUNDTABLE

April 17, 2019

Jo Porter

Lucy Hodder

Lauren LaRochelle

Roundtable Agenda

2:00 – 2:10 PM	Introductions – Group
2:10 – 2:15 PM	Meeting goals and RWJ project update – Jo Porter
2:15 – 2:30 PM	Procedural and legal update on the NH work requirement – Lucy Hodder
2:30 – 2:50 PM	Implementation Activities – Henry Lipman <ul style="list-style-type: none">○ Update○ Introduce MCO representatives○ MCO involvement activities○ New Heights verification demo
2:50 – 3:50 PM	Provider Engagement Preparation – Group Discussion <ul style="list-style-type: none">○ Manchester Community Health Center experience and strategies○ Others Provider Engagement Questions and Strategies: Henry Lipman and all <ul style="list-style-type: none">○ Medically Frail populations○ Qualifying activities such as self-employment○ What are the potential opportunities to engage members pre-suspension counseling?○ How can Granite Advantage members be identified?○ What strategies exist for member enrollment status verification?

Overview



New Hampshire timeline



Brief New Hampshire
update



Status of work/community
engagement outside NH



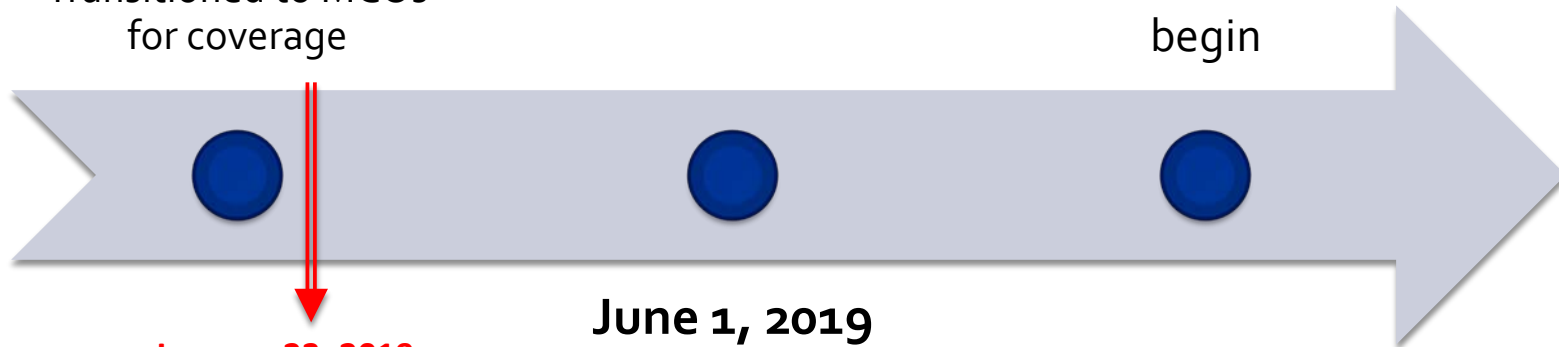
Key Dates in NH Medicaid Expansion (January 2019 to July 2019)

January 1, 2019

Granite Advantage
Beneficiaries
Transitioned to MCOs
for coverage

**September 1,
2019**

NH's new MCO
contracts will
begin



January 23, 2019
Work/Community
Engagement
Roundtable

June 1, 2019
Work/Community
Engagement
Participation Start Date

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

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

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

February 26 Letters

Mandatory to Participate

- “Your community engagement status is mandatory”

Mandatory to Participate and Previously Reported as Medically Frail

- “You have told us previously that you are Medically Frail”
- “You need to provide documentation from a licensed medical professional of your frailty”

Mandatory to Participate and Subject to Another Work Requirement

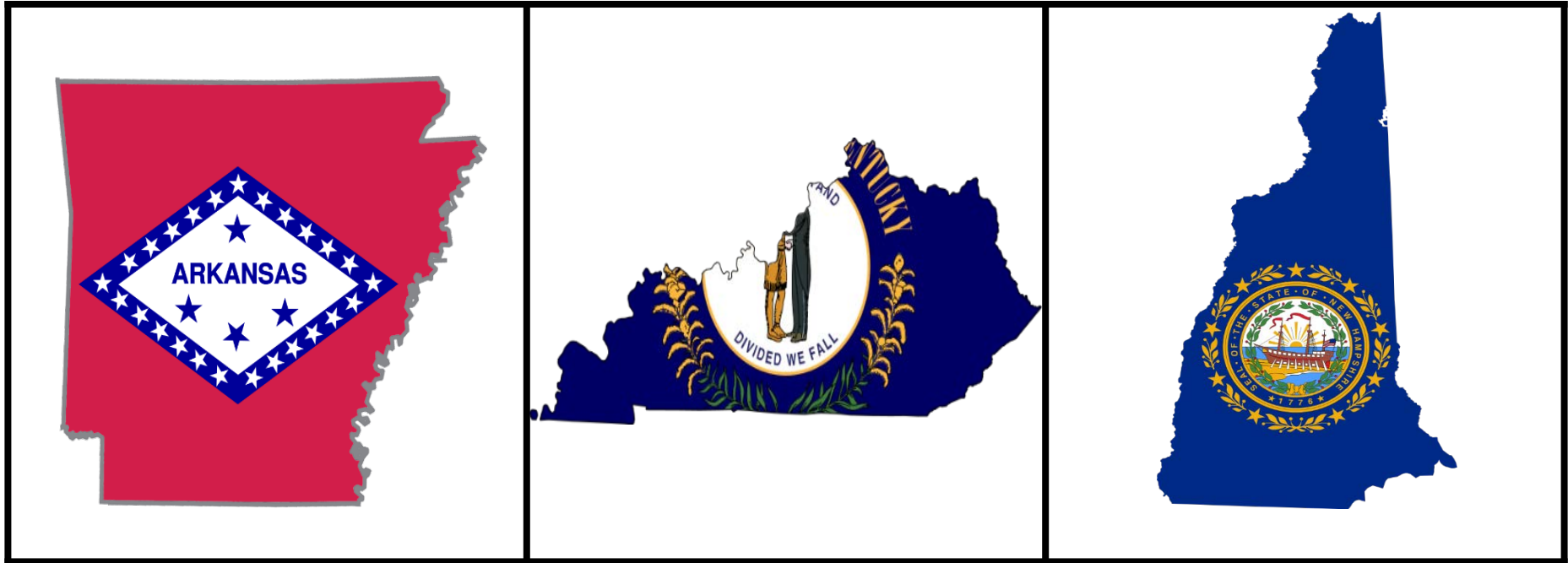
- “Your community engagement status is mandatory”
- “Currently due to your enrollment in SNAP you are considered compliant with the Community engagement requirements while you remain active in SNAP”

Exempt from Participating

- Your Community Engagement Status is “exempt”
- The Exemption reason is “disabled”



[HTTPS://NHEASY.NH.GOV/#/GRANITE-ADVANTAGE](https://nheasy.nh.gov/#/granite-advantage)



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, 2019¹

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

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, 2019¹

	AL	MS ³	OK	SD ⁴	TN	VI
Expansion Adults						X
Traditional Adults²	X (parents 0-18% FPL)	X (parents 0-27% FPL)	X (parents 0-45% FPL)	X (parents 0-50% in 2 counties)	X (parents 0-98% FPL)	X
Age Exemptions	60+	65+	>50	60+	65+	65+
Hours Required	35/wk (or 20/wk for parents & caretakers w/ a child under 6)	20/wk	Ramps up to 20/wk	80/mth or monthly milestones in individual plan	20/wk avg.	Ramps up to 80/mth

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**

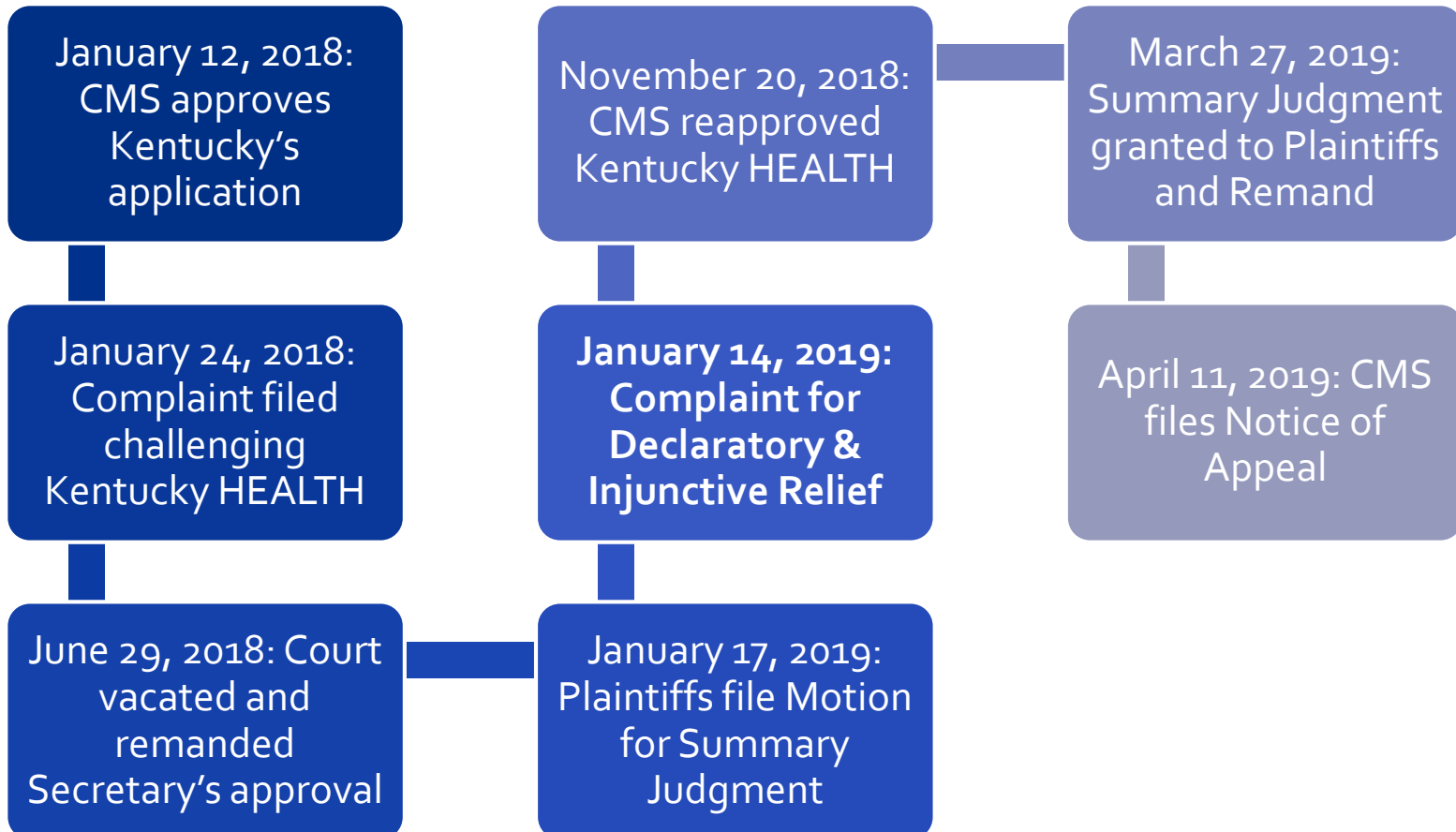
**November 6, 2018: Plaintiffs file Motion for
Summary Judgment**

**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**

Kentucky



New Hampshire

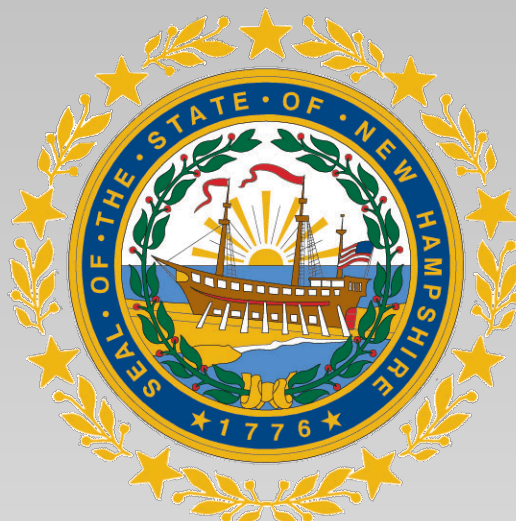
Philbrick v. Azar

March 20, 2019: Complaint for Declaratory
and Injunctive Relief

Co

Filed in the United States District Court for
the District of Columbia – Judge Boasberg





State of New Hampshire Department of Health and Human Services

Granite Advantage Health Care Program

**UNH School of Law
Institute for Health Policy and Practice
Roundtable Discussion April 17 2019**

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 1st and June 1st 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 1st 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 1st 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 1st 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

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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?



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