New Hampshire

RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Spring Issue 2012

PUTTING THE SQUEEZE ON CARE

Welcome *to the Spring Issue and a look at the changing landscape of disability services in New Hampshire. Once a national model for community-based services, State budget cuts have resulted in a crumbling community mental health system and a return to a waiting list for developmental services. The State's current move to put all Medicaid services under managed care has individuals with disabilities and their families rightfully worried.*

Susan Covert, Editor

CAN YOU GET ME OUT OF HERE?

By Julia Freeman-Woolpert, M. Ed., Disabilities Rights Center

On a visit to the Glencliff Home Amy Messer, Disabilities Rights Center Legal Director, was met at the entrance by Kenny who pleaded, "Can you get me out of here?" DRC monitors conditions at state institutions, including New Hampshire Hospital and the Glencliff Home, as part of its mandate to protect the rights of people with disabilities.

Kenny has a mental illness and physical disabilities resulting from a motor vehicle accident. In the 25 years since his accident, Kenny - for the most part - lived independently receiving support from his community mental health center. He had a garden, raised chickens, enjoyed weight-lifting, and was a competitive wheelchair racer who finished the Boston Marathon.

Kenny spent a brief time at New Hampshire Hospital. When he was ready to be discharged his mental health providers were unable to find community housing. Kenny was transferred to the Glencliff Home. The placement that was intended to be temporary has lasted seven years with no end in sight.

Located in a remote area of the White Mountains, Glencliff opened in 1909 as a sanatorium for tuberculosis patients. Today it is a state operated nursing home solely for people with mental illness and developmental disabilities. Formerly known

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A collaborative effort by the

Disabilities Rights Center, Institute on Disability, and NH Council on Developmental Disabilities

as Glencliff Home for the Elderly, for many decades it served older residents. Though its population is now younger (in 2010, 28% of residents were in their 40s or 50s), once admitted, Glencliff residents almost never leave. Between 2005 and 2010 only two people returned to their communities. More people die at Glencliff than go home.

On February 9, 2012, the Disabilities Rights Center, along with the law firm Devine Millimet and other legal advocates, filed a class action lawsuit against the State of New Hampshire. The suit charges the Governor and other State officials with violating the Americans with Disabilities Act (ADA), the Rehabilitation Act, and the Nursing Home Reform Act (NHRA) for their failure to provide community services to avoid the unnecessary institutionalization of individuals with disabilities.* Kenny is a named plaintiff in the lawsuit.

Kenny loves his family but rarely sees them. He missed his father's funeral because he had no way to get there. He values his privacy - something almost nonexistent in institutions - but must share a bedroom with a roommate and eat his meals in a cafeteria. More than anything, Kenny wants to regain control of his life and move back to his community. With community supports, Kenny could return to his hometown and live in his own apartment; without them he will likely spend the rest of his life at Glencliff.

The suit calls upon the State to fix its broken mental health system and expand community services, as required by federal law. Clinically effective community mental health services include mobile crisis intervention, assertive community treatment, supportive housing, and supported employment. With coordinated psychiatric, rehabilitation, and medical supports in place, people with mental illness can live at home, hold down jobs, and be active members of their community.

In the late 1980s, New Hampshire was recognized by the National Institute of Mental Health as a leader in providing services in community settings. However, the State's commitment to community-based services was short-lived, and the rates of institutionalization have risen as community services have declined. From 1989 to 2010 annual admissions to New Hampshire Hospital increased by 150%, from about 900 to about 2,300.

New Hampshire, according to the U.S. Department of Justice, "has continued to fund costly institutional care at New Hampshire Hospital and the Glencliff Home, even though less expensive and more therapeutic alternatives could be developed in community settings." On average, community services cost a fraction of institutional services.

Jayne McCabe, Kenny's public guardian, said, "I have seen time and time again that people like Ken, who could successfully live in their communities, are instead put into an institution for lack of community alternatives. People with mental illness are our friends, our neighbors, our families, ourselves. By bringing this lawsuit, it is my fervent hope that people with mental illness can return to and remain in their home communities."

More information on the lawsuit can be found at **http://www.drcnh.org/mentalhealthcrisis.html**.

** The ADA and the Rehabilitation Act mandate an end to discrimination (including unnecessary institutionalization) against persons with disabilities. Before granting admission to a nursing facility, the NHRA requires the State to determine whether the needs of an individual with mental illness could be met in a community setting.*

On March 27, 2012 the U.S. Department of Justice intervened in the community mental health class action suit, to learn more see page 14 of this issue.

Photographer – Julia Freeman-Woolpert

Named plaintiff Amanda and her mother attend the press conference to announce the filing of the class action lawsuit.

Disabilities Rights Center Presents... In Streaming Video

The Crisis in NH Mental Health Services

Amy Messer, Legal Director at the Disabilities Rights Center, discusses the current crisis in NH mental health services and the class action lawsuit, Lynn E v. Lynch.

http://www.drcnh.org/DRCpresentsvideo39MHOlmstead.html

Diane Carigan

August 1, 1963 – December 22, 2011

In Memoriam

This issue of the RAP Sheet is dedicated to Diane Carigan. Diane was a passionate advocate who fought for equal rights for individuals with disabilities. She was co-founder of People First of New Hampshire and a member of the Lakes Region Self Advocacy Group. A graduate of the Institute on Disability's Leadership Series, Diane served two terms on the Disabilities Rights Center Board of Directors and was an officer in 2010-2011.

Diane worked for the Newfound Area School District in the Project Promise Afterschool Program. At the time of her passing she was proudly working toward her GED.

Diane was a refreshingly honest and outspoken person. She will be remembered for her great warmth, sensitivity, and wonderful sense of humor. Our thoughts are with her family and her many friends.

Diane's outspokenness and advocacy shine in her article, Sticking Up for People's Rights, published in the Spring 2006 Issue of RAP Sheet. (For a link to back issues of the Rap Sheet visit the DRC website at - http://www.drcnh/rapsheet.htm)

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IMPLEMENTING MANAGED CARE IN NH – THE CHALLENGES AND CONSEQUENCES

Deborah Fournier, Esq., New Hampshire Fiscal Policy Institute

In 2011, the New Hampshire legislature approved changes in law that requires the use of managed care in the state's Medicaid program. Administered through the Department of Health and Human Services, Medicaid provides health care coverage for approximately 130,000 New Hampshire residents. While children comprise the largest number of Medicaid recipients, the program also provides health care coverage and long-term support to other groups including senior citizens and people with disabilities.

The term managed care can be used in different ways. It can refer to how health care is paid for or how access to health care is controlled. Most often, managed care refers to how health care is paid for. New Hampshire currently uses some managed care tools in its Medicaid program and in the past has had managed care contracts. Forty-seven states have formal managed care contracts in their Medicaid programs. However, unlike New Hampshire, most states do not require *all* Medicaid members to be in a managed care system. Typically, seniors and people with disabilities are covered through fee for service Medicaid.

By requiring all Medicaid recipients to be in a managed care system, many policymakers hope to lower health care costs and improve the quality of health care provided. The idea is to change Medicaid so it no longer pays for individual patient claims under a fee for service arrangement. Instead, New Hampshire would have a capitated payment system where private vendors under contract with the State are paid a fixed sum each month for each patient, no matter how much or how little care a patient uses in that month. The vendors will manage care using a network of providers through which Medicaid members will receive their health care services. The expectation is that contracted vendors will find cost-saving efficiencies while still providing quality care.

The Department of Health and Human Services plans to contract with three out of state vendors to implement Medicaid managed care in New Hampshire. The implementation will occur in three phases. In Phase 1, slated to begin in July 1, 2012, medical care and mental health services for Medicaid recipients will be under a managed care system. In Phases 2 and 3, to begin in 2013 and 2014, Medicaid managed care will include home and community based care services, care for members who receive both Medicare and Medicaid (referred to as "dually eligible" or "duals"), and nursing home services. Every Medicaid recipient will receive care through, an as yet undefined, "medical home."

In moving to Medicaid managed care, the goals for maintaining quality of care and access to care must be clearly spelled out *and* carefully monitored by the state. The contracted vendors will need to have appropriate types of providers in their networks; otherwise New Hampshire Medicaid recipients may have difficulty accessing the care that they need. The State will need to ensure that the vendors offer combinations of benefits that can meet the needs of different Medicaid populations including children, seniors, and people with disabilities. Vendors also will need managed care arrangements that can adequately serve Medicaid members in New Hampshire's rural regions, as well as those in the state's more urban areas.

It will be important to keep in mind that financial savings from managed care may not be achieved right away. Putting all Medicaid populations into managed care will be a challenge. Separating out medical services from specialty and long-term care may make integration and coordination of care harder and make it difficult to realize savings in the short-term.

The Department of Health and Human Services will be seeking input from the public and those affected by the changes as managed care is implemented. Engagement with all stakeholders will be critical to ensure that this major change will meet the needs of New Hampshire residents served by the Medicaid program.

Three Out of State Companies Selected to Manage NH's Medicaid Program

At the time this issue went to print, Health and Human Services Commissioner Nick Toumpas was set to brief the Executive Council on contracts for the three companies that have been recommended to manage the state's $2.2 billion Medicaid program. Six firms submitted bids for the Medicaid contract; the three selected are Meredian Health Care, Centene Corporation, and Boston Medical Center. Meredian, a Detroit-based company that operates managed care in Michigan, Illinois, and Iowa, will be known as Granite Care Meredian Health Care of New Hampshire. Centene, out of St. Louis provides managed care in ten states and will be known as Granit State Health Plan. Boston Medical Center, affiliated with Boston University Medical School, is the fourth-largest health insurer in Massachusetts.

Disabilities Rights Center Presents... In Streaming Video and on public access television

For over three years, DRC has produced a public access television show at Concord TV, bringing viewers news and information about disability rights and resources. A recent show on Medicaid Managed Care featured experts Deborah Fournier, Esq., Policy Analyst at the New Hampshire Fiscal Policy Institute, and Michelle Winchester, J.D., representing the Institute for Health, Law, and Ethics, UNH School of Law in a discussion with host Cindy Robertson, DRC Senior Staff Attorney. **http://www.drcnh.org/DRCpresentsvideo38Managedcare.html**

MANAGED CARE MEDICAID AND COMMUNITY MENTAL HEALTH SERVICES: WHAT CONSUMERS AND FAMILIES CAN EXPECT

By Louis Josephson, Ph.D. CEO, Riverbend Community Mental Health Inc.

Here is what is supposed to happen:

As of the writing of this article, New Hampshire Department of Health and Human Services (HHS) is poised to announce the selection of up to three managed care organizations (MCOs) to manage the health and mental health care of citizens using Medicaid. Once the MCOs are announced, the State's ten mental health centers will enter into negotiations with these corporations on how much they will get paid for services, how staff are credentialed, what new business processes are needed, and much more. Medicaid recipients who fall into the group whose care will be managed in the first year of the contract will be contacted so they can choose a MCO. Some Medicaid recipients, including consumers who receive both Medicare and Medicaid, can opt-out (decide against) joining a MCO. The first year of the managed care contract will not include consumers with "spend-downs" - consumers who have too many financial assets to be eligible for Medicaid, but who become eligible after incurring enough medical expenses each month to offset their excess income.

The expectation is that on July 1, 2012 the selected MCOs will begin to actively manage the care of consumers, families, and children on Medicaid.

Here is what we don't know:

- If the MCOs do not have contracts with HHS until mid-March at the earliest is it realistic that care managed services will be ready to go live on July 1?

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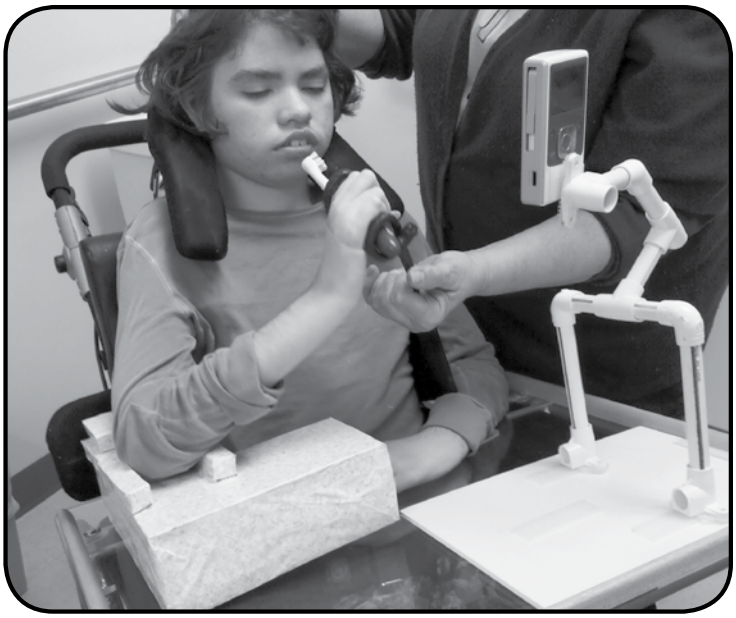
WE ALREADY HAVE MANAGED CARE IN NEW HAMPSHIRE

By Rebecca Whitley, Esq., Staff Attorney, Disabilities Rights Center

Under the New Hampshire Medicaid Program, skilled nursing services (also known as private duty nursing) are available for individuals who require a level of care that can only be provided by a registered nurse (RN) or licensed practical nurse (LPN). The New Hampshire Department of Health and Human Services (DHHS) has contracted with a private company, Schaller Anderson, to administer skilled nursing services. Requests for Medicaid private duty nursing go through Schaller Anderson and the company decides whether to approve, reduce, or deny requested services. This process is a form of *managed care*.

As New Hampshire moves to put *all* Medicaid services under managed care, it may be helpful to look at the experiences of families of children covered by Medicaid who require skilled nursing services. The Disabilities Rights Center (DRC) has received an increasing number of calls from parents who have complaints about Schaller Anderson.



Photographer – Courtesy Hopkinton School District

Elena Spahr receives skilled nursing services that support her to live at home with her family.

Schaller Anderson requires a review or recertification of a child's skilled nursing hours every 12 weeks, regardless of the child's medical situation. There is no published policy or regulation requiring such frequent recertification that, in some cases, is over burdensome and unnecessary. While a more frequent review of the need for care may be appropriate for a patient recovering from a recent hospitalization, it does not make sense for individuals who have significant and complex medical conditions that are unlikely to improve. Schaller Anderson has been unwilling to adjust its review period, even when doctors provide documentation that the child's condition likely will not change.

Schaller Anderson has denied or reduced many requests for skilled nursing care. Families are concerned that the company is reducing services without regard to their child's medical needs. The State is permitted to impose certain coverage limits for skilled nursing services for individuals 21 and older. However, under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions of the federal Medicaid Act, these coverage limits do **not** apply to individuals under 21. Under federal law, the only applicable question in determining the hours of skilled nursing service for an individual under 21 is: *How many hours are necessary to correct or ameliorate a child's illness or condition?* This must be determined individually based upon medical necessity.

A treating physician has primary responsibility for determining the medical necessity of a patient's treatment needs. Federal law requires that the State and Schaller Anderson give significant weight to a treating physician's recommendation regarding the need for skilled nursing. Families have reported to DRC that the company rarely, if ever, has any contact with their child's doctor.

The DRC is aware that Schaller Anderson is reducing skilled nursing hours, in part because it has determined that the family should meet some of their child's nursing needs. Requiring parents to provide **skilled** nursing care, not only places a significant burden on the family, it also violates both State and federal law. Families who have children with significant medical needs are already under considerable stress. DRC is concerned that placing additional and unreasonable demands on these families will result in unnecessary and expensive institutionalization of their children.

Families report that Schaller Anderson is asking them to accept non-skilled care from a personal care attendant

(PCA) or a license nursing assistant (LNA), in place of skilled nursing services. Families are worried that this reduced level of care may be inappropriate and potentially unsafe for their children. Parents should work with their child's primary care doctors, specialists, and nurses to identify and carefully review their child's unique **medical needs** to determine whether skilled or non-skilled care is appropriate. Questions regarding the difference between skilled and non-skilled tasks or whether an LNA or PCA is permitted to provide for a patient's medical needs can be directed to the New Hampshire Board of Nursing or the DRC.

Finally, DRC is concerned that Schaller Anderson's reductions and denials of services are forcing parents to endure a lengthy, drawn-out, and contentious administrative appeals process. Parents who have the resources to appeal have had many of Schaller Anderson's decisions overturned by DHHS's administrative appeals unit. However, even for some families who have won on appeal, Schaller Anderson once again reduced their child's services at the very next 12-week certification.

If you have a question about denial of care or would like more information, please contact the Disabilities Rights Center at **1-800-834-1721** (voice or TTY) or visit our website at **www.drcnh.org**.

For another article by Attorney Whitley about your rights to skilled nursing, visit **www.drcnh.org/skillednursing.html**

DRC Attorney Rebecca Whitley was interviewed for this March 15 NHPR story:

State Cuts Nursing for Sick Kids; Parents Raise Alarm

http://www.nhpr.org/post/state-cuts-nursing-sick-kids-parents-raise-alarm

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- It is impossible to know how many consumers with Medicare and Medicaid will choose to opt out of managed care; this presents a challenge for the community mental health centers. Centers won't know how to budget and set staffing levels as it is likely that managed care Medicaid enrollees will be approved for less care by the managed care companies.

Here is what I am worried about:

- New Hampshire HHS does not seem to have a clear plan or means of funding the 30,000+ individuals that community mental health centers are mandated to serve, but who do not have Medicaid.
- MCOs are promising to save HHS millions of dollars over the next two to three years by managing care for Medicaid beneficiaries. Traditionally, MCOs realize savings by reducing how much service consumers and families use, by paying providers of care less for their services, and by delaying payments to providers of care. New Hampshire's community mental health system is already reeling from several years of State budget cuts. Resource reductions under managed care will force mental health centers to make even deeper cuts to needed services.
- The federal Department of Justice recently found New Hampshire's mental health system to be out of compliance with the Americans with Disabilities Act and the *Olmstead* ruling, meaning that residents in need of mental health services are not receiving appropriate levels of care. If managed care reduces resources for an already stressed system, consumers will continue to languish in hospitals and nursing homes instead of receiving the care they need to live in their communities.

Managed care may be a foregone conclusion, but I am counting on consumers and families to be vigilant and to advocate for the mental health care that they are entitled to under Medicaid. I am also counting on HHS's Bureau of Behavioral Health to keep a watchful eye on the MCOs to ensure that they are not putting company profits above the needs of people as New Hampshire heads down this new path for saving money on Medicaid beneficiaries.

WHY FAMILIES ARE CONCERNED ABOUT

By Bob James, Executive Director, One Sky Community Services

To understand why New Hampshire families are worried about managed care corporations taking over developmental services, we need to look at our history.

In 1991 New Hampshire closed Laconia State School and Training Center, replacing the state run institutional model of care with an area agency system. For people with developmental disabilities and their families, the closure of Laconia ended an era of neglect and abuse and ushered in one of hope and opportunity. After decades – actually centuries - of exclusion, New Hampshire began to welcome citizens with developmental disabilities back into their communities.

From the very start, the area agency system was designed to ensure services would be community-based and operated by locally governed nonprofit agencies. Area agency boards not only include business and community leaders, but as required by law must have strong representation by consumers and family members. The area agency system was built upon the values of inclusion and personal empowerment. Throughout its history, the area agency system has emphasized the importance of supporting people with disabilities to develop strong and meaningful relationships within their communities. Those drawn to work in New Hampshire's developmental services system rightfully see themselves as engaged in a new civil rights movement.

Photographer – Julia Freeman-Woolpert

Former Laconia State School resident Frank Vinciguerra protests budget cuts to community services.

New Hampshire's area agency system has been recognized as a model for other states, and for more than three decades, our developmental services have been ranked among the best in the nation. (New Hampshire is currently #4 in the UCP report, *A Case for Inclusion*).

With the passage of legislation in 2011, Medicaid services – including developmental services – that are currently overseen by the Department of Health and Human Service will be contracted out to private managed care corporations. The move to managed care will impact both the delivery and oversight of New Hampshire's long-term disability services.

The move to managed care - what upsets families?

Being kept in the dark. While families have been informed that *significant* changes will be made in the developmental services system, they have no idea what these changes will be – and they won't find out until after the managed care corporations have been chosen and the initial contracts issued. State contracting in New Hampshire is not a public process. The state's service system will change on a grand scale and families are very concerned that decisions that will profoundly affect their lives are being made in private by a very small group of people in Concord.

Not having a seat at the table. For thirty years, New Hampshire's disability community has lived by the principle "Nothing About Us Without Us". The State has honored this principle and there has been a longstanding tradition of successful collaboration between families and their area agencies. Under managed care this will be replaced with top-down decision making where individuals with disabilities and their families have very little opportunity for input.

Rushing forward. In moving to managed care, the social safety net that 130,000 New Hampshire citizens depend upon will be outsourced to out-of-state corporations. With contracts ultimately worth $ 1.4 billion, this is the largest change ever initiated within New Hampshire government. The timeline, as dictated by the legislature, allows no time

MANAGED CARE

to study the impact of this move or to develop a pilot project that could assess how developmental services would fare under managed care. Faced with similar circumstances, the state of Florida studied the issue and concluded it was unwise to include long-term developmental services in their state's managed care plan. Families don't understand this rush for change and worry if managed care fails or flounders, they and their loved ones will be the ones who pay the price.

Learning on the job. Managed care companies admit their expertise and experience is in managing medical care (like HMO's). Having no experience in the world of long-term care, means corporations will be learning as they go. Families want to know, "Why are we taking a system that is running well and turning it over to companies who don't know anything about long-term disability services?"

What do families worry about?

Family Support is likely to change. In New Hampshire, family support services are overseen by local Family Support Councils. This consumer driven program has the flexibility to use resources in ways that meet the specific needs of individual families. It is a nationally recognized model. Families worry that under managed care, family support will be reduced to a tightly defined service category, one that might - or might not - be included in an individual's budget.

A capitated approach will mean reduced services. A typical managed care organization contract involves capitation; this means the company is contracted to manage care for X number of individuals @ X number of dollars. Families are concerned that the corporations' focus on earning profits will result in a reduction of funding for existing individual budgets and an overall erosion in the availability and quality of services.

Individualized services may be deemed too costly. Families fear that managed care will bring a return to congregate services. They worry that a system operated by for-profit companies that have not been part of New Hampshire's move to deinstitutionalize services may abandon an individualized approach to services in order to reduce costs and increase company profits.

Family advocacy for services will be diminished. Currently, families play a vital role in helping legislators understand the importance of funding developmental services. Once the State budget has been passed, locally governed area agencies whose boards include consumers, families, and community members decide how to best use State dollars to meet the needs in their region. Under managed care, these funds will go to out-of-state corporations; local control and family input will no longer be part of the picture. Will families fight for a rate increase for an out-of-state company that has not included them in decision making about services? Over the long run, the absence of a strong family voice will result in less legislative support to meet the needs of New Hampshire citizens with disabilities.

Developmental services will feel like an HMO. The out-of-state corporations that want to provide long-term disability services are the same ones that run HMO's. Families have no reason to assume that these companies will manage long-term care any differently. Families' experiences with HMOs include being limited to providers in specific networks, jumping hoops for referrals, continually rising premiums, top-down decision making, and a profound lack of personal contact. It is not surprising that families aren't interested in trading what they have now for something like that.

NEW HAMPSHIRE MEDICAID MANAGED LONG-TERM

Michelle Winchester, J.D., representing the Institute for Health, Law and Ethics, University of New Hampshire School of Law

In 2011 the New Hampshire Legislature enacted a law directing the Department of Health and Human Services (DHHS) to convert the State's Medicaid program to a managed care model. The target date for implementation is July 1, 2012. The DHHS plan is to have an acute care services program in place by that date, primarily including costs like hospital, physician, and laboratory services.

Although not required under the law, all Medicaid funded home and community-based long-term services and supports (LTSS) are to be included in the managed care program. LTSS are those medical and social services that enable people with disabilities or chronic health conditions to live at home and participate in their communities. In New Hampshire Medicaid funded community programs provide assistance with activities of daily living, in-home care, employment supports, crisis intervention, respite care, environmental modifications, adult day care, emergency response services, and more.

Mental health LTSS are part of the 2012 managed care implementation. Home and community-based care waiver services - for people with developmental disabilities, elders, and adults with physical disabilities - are not expected to be incorporated under managed care before July 1, 2013.

The Managed Care Organization Model

The new law allows the DHHS to choose and implement the type of managed care model that offers the "best value, quality assurance, and efficiency, maximizing the potential for savings, and presenting the most innovative approach compared to other externally administered models." While some states are engaging in innovative designs, Medicaid managed care arrangements are most commonly primary care case management arrangements, pre-paid health plans, or managed care organization (MCO) health plans. With such a short implementation timeline, it is not surprising that New Hampshire chose a common arrangement, a health plan provided by a MCO. So, the question is - what experience do managed care organizations have in LTSS?

In 2011, only 11 states included Medicaid LTSS in a MCO health plan. In ten of these states only frail elders and adults with physical disabilities were included and in six states participation was voluntary. Only Wisconsin has included managed LTSS for people with developmental disabilities; however, participation here has been voluntary and existing community agencies have had the opportunity to act as the MCO.

Additionally, Medicaid mental health LTSS are not usually included in a standard acute care health plan. In a 2010 Kaiser Family Foundation survey, 21 of 36 states reported carving out mental health services from MCO contracts. These services are most often provided through pre-paid health plans, much like the community mental health center arrangement originally planned for New Hampshire up until the fall of 2011.

To date there is little evidence on LTSS cost savings or improved consumer outcomes in MCO plans.

For more information about Medicaid Managed Care for long-term supports and services, please see the following reports from the Kaiser Family Foundation:

A Profile of Medicaid Managed Care Programs in 2010: Findings from a 50-State Survey
http://www.kff.org/medicaid/8220.cfm

Examining Medicaid Managed Long-Term Service and Support Programs: Key Issues To Consider
http://www.kff.org/medicaid/8243.cfm

A Guide to the Medicaid Appeals Process
http://www.kff.org/medicaid/upload/8287.pdf

What New Hampshire Can Learn from Experienced States

Slow this process down and plan carefully. . .

New Hampshire Medicaid managed care implementation is on a very fast track. However, a managed LTSS system is complex. New Hampshire should heed the advice of experienced states - slow this process down and bring stakeholders into the process in a meaningful way, both for input and buy-in.

The State also should consider that Medicaid pays for nearly half of all LTSS and therefore has a great deal of influence on the whole infrastructure, for people with and without Medicaid. It is important to carefully plan the managed care model and get it right, not only to assure quality services and access for Medicaid recipients, but to also promote and protect a solid LTSS infrastructure for all New Hampshire citizens.

New Mexico met monthly with stakeholders for two years before starting its managed care program.

Carefully consider the role of community providers . . .

Other states tapped the expertise and resources of the community-based providers which have long played a vital role in managing LTSS and looked at their potential roles as MCOs. Today, New Hampshire LTSS are managed primarily by the:

- DHHS, with local independent case managers, for elders and adults with physical disabilities;
- Local Area Agencies for people with developmental disabilities; and
- Local Community Mental Health Centers for people with mental illness.

The State should weigh whether to give local providers the opportunity to act as an MCO. Careful consideration should be given to the capabilities of local organizations, the importance of their roles in and outside of Medicaid, and the impact of outside MCOs on those capabilities and roles.

Oregon is developing collaborative care organizations, community-based networks of local health care providers providing integrated care.

Ensure sufficient DHHS staff to monitor MCO efforts and establish an ombudsman office for home and community-based LTSS . . .

Other states have found that ensuring access and quality in Medicaid managed care programs requires rigorous quality measures and strong State oversight, including an ombudsman. With current budget cuts resulting in significant staff shortages at the DHHS, the State's capacity to oversee managed care will need to be addressed. Establishing an ombudsman office, like the State's Nursing Home Ombudsman, also would be prudent.

Minnesota, Colorado, and Oregon have a Medicaid Managed Care Ombudsman.

PREPARING FOR CHANGE

Medicaid Managed Care has become a big topic in New Hampshire. It isn't easily understood, creates more questions than answers, and has people very worried about what will happen to themselves or their family members once it goes into effect.

Photographer – Julia Freeman-Woolpert

ABLE- NH meeting on State budget cuts.

To help make sense of all this, ABLE NH, CSNI, the New Hampshire Leadership Series, and the Disabilities Rights Center are sponsoring an advanced leadership training on managed care. Individuals with disabilities, caregiving families, and service providers are currently participating in the three-day series. Training is focused on:

- Helping people better understand managed care and the potential impact of Medicaid managed care for long-term supports and services.
- Researching and sharing information about the out-of-state companies that are awarded contracts to "manage the care" of New Hampshire Medicaid recipients.
- Considering the actions that advocacy organizations, service providers, and individuals can take to ensure their voices are heard as the State moves to implement Medicaid managed care.

Training organizers believe that an informed and committed group of people can have an impact on changes to New Hampshire's Medicaid program, particularly those affecting the delivery of long-term services and supports. As the State begins to roll out Medicaid managed care, participants in the series will assess whether additional sessions are needed.

Changes are definitely coming. Now is the time to come together to help influence those changes in ways that make sense for you and your family, your community, and your state. If you would like to be involved in this effort, please contact ABLE NH at **www.ablenh.org**

ABLE NH advocates for the civil and human rights of all children and adults with disabilities and promotes full participation by improving systems of supports, connecting families, inspiring communities, and influencing public policy.

Save the Date

ABLE NH 1st Annual Spring Banquet

Saturday April 28, 2012
6-11pm

Bektash Shrine Center
189 Pembroke Rd., Concord, NH

"Come join us in celebrating a good year and what is to come."

Includes:

- Buffet dinner
- Cash Bar
- DJ and Dancing
- Awards
- Silent Auctions
- Door Prizes

Tickets: $35.00 each - includes dinner buffet and entry for door prizes

For tickets, contact a chapter near you:

Brandy Rhorer	603.755.1614	Wolfeboro, Concord, & the Seacoast
Jenn Pineo	603.616.7170	Littleton
Linda Quintanilha	603.494.1183	Peterborough & Manchester
Deb Opramalla	603.899.3132	Jaffrey-Ringe
Jenn MacIntosh	603.831.8291	Keene

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U.S. DEPARTMENT OF JUSTICE INTERVENES IN NH'S MENTAL HEALTH CLASS ACTION LAWSUIT

On March 27th the United States Department of Justice filed a motion to intervene in the mental health class action lawsuit, *Lynn E. v. Lynch*. In February six individuals represented by the Disabilities Rights Center, Devine Millimet, the Center for Public Representation, and the Judge David L. Bazelon Center for Mental Health Law filed a lawsuit against the state of New Hampshire for its failure to provide community mental health services to avoid the needless institutionalization of individuals with mental illness.

"It is an important development that the United States has come to New Hampshire, committed to enforcing the law and ending segregation," said Amy Messer, DRC Legal Director and one of the lead attorneys for the plaintiffs. "Unnecessary institutionalization is discrimination. It is a violation of federal law, and it is happening here in New Hampshire."

After a full investigation in New Hampshire, the U.S. Department of Justice found the same problems in the mental health system that the DRC and the N.H. Community Behavioral Health Association have identified: a crumbling community mental health system that has led to increasing institutionalization of people with mental illness.

The U.S. Department of Justice complaint affirms that because of a lack of adequate and effective community based alternatives, "...people with mental illness are often given no choice but to enter an institution to receive needed mental health services from the State." It adds that, "many are forced to be readmitted multiple times, and many remain institutionalized for unnecessarily prolonged periods."

New Hampshire once had a nationally recognized community mental health system, but that system has steadily eroded in the last decade. Community hospital emergency departments are full as a result of an inadequate community mental health system. As noted by the US Department of Justice, "[g]aps and weaknesses in the state's mental health system too often subject individuals with mental illness to needless trauma, especially during a crisis...This needlessly traumatic process, rife with delayed treatment and undue restrictions, is costly and not therapeutic."

"The intervention of the Department of Justice highlights the magnitude of the problem," said Elaine Michaud of Devine Millimet, attorney for the plaintiffs. "It is one more step in the direction toward obtaining the critical services people with mental illness need in order to be able to fully participate in community life."

SAVE THE DATE

NEW HAMPSHIRE
COUNCIL ON DEVELOPMENTAL DISABILITIES

3 Day Social Role Valorization Training

May 21, 22, 23, 2012

Time: 8:30 AM to 6:30 PM

Location: NH Audubon Society
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You must attend all 3 days - limited to 60 people

Cost: $150.00 per person *(Includes lunch and refreshments)*

For more information contact:
David Ouellette at 603-271-7040
David.L.Ouellette@ddc.nh.gov

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IOD TRAINING & EVENTS

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Teaching Children with Learning Disabilities, Attention Disorders, & Executive Function Issues

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Date: May 17, 2012

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Location: IOD Professional Development Center, Concord, NH

Presenter: Jonas Taub, MA

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Will address the basics of operating an iPad as well as how to teach with an iPad, manage iPads in a school, and use apps for specific disabilities and activities.

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Time: 9am – 3pm | **Cost:** $115

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May 21, 2012 - *iPad Training for Rehabilitation Professionals*

Time: 9am – 1pm | **Cost:** $79

Presenter: Nicole Finch, MS

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Dates: August 6-8, 2012 | **Time:** 8am – 4pm

Location: Grappone Conf. Ctr., Concord, NH

*Visit **www.iod.unh.edu/asi** for the most up-to-date conference details.*

SEVENTH ANNUAL APEX SUMMER LEADERSHIP INSTITUTE

Multi-tiered Systems of Support: Teamwork, Leadership, and Data-Based Decision-Making to Prepare Every Student for Career and Adult Life

Dates: August 15-16, 2012

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New Hampshire

RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Spring Issue 2012

NH Council on Developmental Disabilities
21 South Fruit Street, Suite 22, Room 290
Concord, NH 03301-2451

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TDD access also through NH Relay Service: 1-800-735-2964 (Voice and TDD)
E-mail: advocacy@drcnh.org ✦ Website: www.drcnh.org
"Protection and Advocacy System for New Hampshire"

The Disabilities Rights Center is dedicated to eliminating barriers to the full and equal enjoyment of civil and other legal rights for people with disabilities.

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The Institute on Disability advances policies and systems changes, promising practices, education and research that strengthen communities and ensure full access, equal opportunities, and participation for all persons.

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Dignity, full rights of citizenship, equal opportunity, and full participation for all New Hampshire citizens with developmental disabilities.

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