

Innovations in the Balancing Incentive Program: New Hampshire

The logo for the Balancing Incentive Program features a yellow arch above the word "BALANCING" in a large, black, sans-serif font. Below "BALANCING" is a dark blue rectangular box containing the words "INCENTIVE PROGRAM" in white, all-caps, sans-serif font.

BALANCING
INCENTIVE PROGRAM



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States are continuously updating their balancing efforts. This case study presents state information as of September 2016.

The Balancing Incentive Program, authorized by Section 10202 of the 2010 Affordable Care Act, sought to improve access to community-based long-term services and supports (LTSS). Through September 30, 2015, participating states received enhanced Federal Medical Assistance Percentage (FMAP) on eligible services. States that spent less than half of their total LTSS dollars on community LTSS in 2009 received 2% enhanced FMAP; states that spent less than 25% received 5% enhanced FMAP. As part of the Program, participating states were required to undertake three structural changes: 1) the No Wrong Door (NWD) system, 2) a Core Standardized Assessment (CSA), and 3) conflict-free case management. States were also required to spend Program funds on activities that enhance community LTSS for the Medicaid population. With Centers for Medicare & Medicaid Services (CMS) approval, states have until September 30, 2017, to spend the funds earned under the Program. Finally, by the end of the Program, states should have met the “balancing benchmark,” i.e., spend a certain percentage of total LTSS dollars on community LTSS (25% or 50% depending on the 2009 starting point).

Introduction

In an effort to learn more about how states are transforming their LTSS systems under the Balancing Incentive Program, CMS and its technical assistance provider, Mission Analytics, selected five Program states that implemented structural changes successfully and used Program funds innovatively to expand access to community LTSS. In the spring of 2016, Mission Analytics conducted site visits to these states, interviewing key state staff and stakeholders, and developed case studies based on findings.

New Hampshire was the first state to participate in the Balancing Incentive Program, joining in April 2012. New Hampshire was awarded \$28.6 million through 2% enhanced FMAP on its community LTSS. In addition to supporting the structural changes, the state has used funds to enhance access to care.

Mission Analytics conducted a site visit with New Hampshire in May 2016, holding interviews with state staff and contractors and visiting several NWD agencies. This case study summarizes findings from the site visit along with information submitted by New Hampshire through its quarterly progress reports. The case study highlights elements that have enabled New Hampshire to effectively promote community LTSS: 1) establishing a NWD system, 2) engaging the community, and 3) serving specialized populations, such as veterans, service members, and their families and youth with behavioral health needs. Many states can learn from New Hampshire’s experiences because New Hampshire successfully fostered cross-agency collaboration, truly breaking down silos of community LTSS access.

Program at a Glance

Operating Agency: Department of Health and Human Services (DHHS)

Collaborating Agencies: Bureau of Elderly and Adult Services; Bureau of Mental Health Services (BMHS); Bureau of Developmental Services (BDS); Division of Client Services (DCS); Bureau of Community Based Military Programs

Project Director: Donald Hunter

Start Date: April 2012

Award Amount: \$28.6 million

Structural Changes

NWD System: New Hampshire created a NWD system of partner organizations, developed a community LTSS website (NHCarePath.org), implemented a statewide outreach and education campaign, hired eligibility coordinators to support individuals looking for community LTSS, created an initial LTSS screening process and tools, and made enhancements to the application portal (NH Easy) and the client eligibility database (New Heights) to streamline the application and eligibility determination process.

CSA: The New Hampshire Medical Eligibility Assessment for Long Term Care Services is used for elderly individuals and individuals with physical disabilities. The state adopted the Scales of Independent Behavior and the Supports Intensity Scale for individuals with developmental disabilities. The Adults Needs and Strengths Assessments and the Child and Adolescent Needs and Strengths are used for individuals with mental illness. All of the CSA instruments capture the core dataset as specified by Program requirements.

Conflict-free case management: New Hampshire implemented firewalls, a beneficiary complaint system, state monitoring and approval of assessments, and proof of beneficiary choice of provider to mitigate conflict.

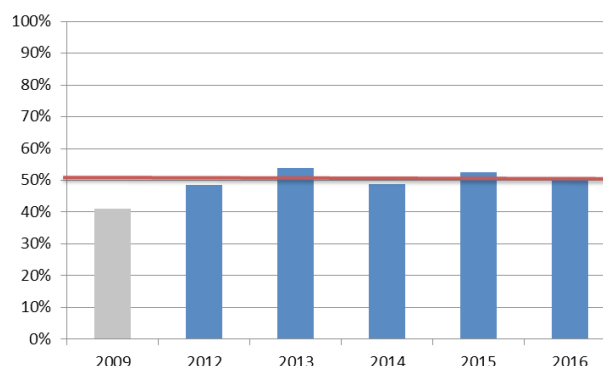
Use of Funds

New Hampshire is using most of its funds to support NWD system activities, support the CSA, and provide core competency trainings for provider staff.

Balancing Benchmark

The percent of total LTSS dollars spent on community LTSS rose from **41% in 2009** to **51% in 2016**.

Percent of Total LTSS Spent on Community LTSS



Establishing a NWD System

Under the Balancing Incentive Program, New Hampshire strengthened the relationships among partner organizations to establish a NWD system. This effort involved fostering collaboration among NWD entities, hiring eligibility coordinators, streamlining the eligibility and enrollment process, and integrating IT systems.

Fostering Collaboration

The NWD system includes the existing Aging and Disability Resource Center (ADRC) network – known as ServiceLink Resource Centers (ServiceLink) – and other community-based partners that provide eligibility and enrollment functions, including the Area Agencies for Developmental Services (AADs) and the Community Mental Health Centers (CMHCs), which are private not-for-profit agencies contracted with DHHS to provide publicly funded developmental and mental health services. The NWD system is strengthened through partnerships with the Bureau of Elderly and Adult Services, BMHS, BDS, DCS, and the Bureau of Community Based Military Programs.

Prior to the Balancing Incentive Program, many of these organizations operated in siloes and did not work closely with each other. Recognizing the need to better serve individuals in need of community LTSS, New Hampshire emphasized the importance of cross-organization collaboration. The NWD agencies interviewed reported that it was initially difficult to break down siloes, but they eventually recognized that more progress could be made if they worked together.

Promoting a Cultural Shift

New Hampshire's Balancing Incentive Program helped align and solidify a cultural shift in DHHS to prioritize community LTSS and better coordinate the activities of initiatives that shared a common goal of promoting community LTSS. In the years leading up to the Balancing Incentive Program, DHHS undertook several initiatives that aimed to strengthen community-based services. In 2013, New Hampshire transitioned its fee-for service Medicaid program to a statewide managed care program, which strengthened services offered through the Home and Community-Based Services (HCBS) Waiver. In 2012, CMS awarded New Hampshire a State Innovation Model Round 1 (SIM 1). New Hampshire received a \$1.6 million SIM1 grant that helped improve care coordination across systems for individuals in need of long-term support services. New Hampshire continued to leverage person-centered counseling under several ADRC grants.

Many thoughtful discussions took place during the implementation of managed care and the SIM1, which helped foster cultural change within DHHS and establish patient-centeredness as a guiding principle in many state programs. The Balancing Incentive Program provided the state with additional resources and opportunities to solidify this cultural shift. In particular, the Program fostered cross-division collaboration within DHHS and external partners to work towards common goals. The broad coalition enjoyed the support and input from executive leadership, program management, advocates, and service providers.

To foster collaboration, New Hampshire facilitates meetings with partner organizations on a monthly basis. New Hampshire's small geographic size allows the NWD partners to meet regionally every other month, and for all NWD partners to meet at the DHHS office in Concord, New Hampshire on the alternating months. These meetings serve as a forum for partner organizations to exchange information, share successes and challenges, voice concerns, and identify and inform areas for improvement with the DHHS Program team. For example, when the NWD system was ready to be piloted, several partner organizations noted that they did not feel sufficiently prepared for implementation. This led the Program team to provide additional training and guidance so that the

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NWD partner organizations would feel more supported during the implementation process.

NWD system partners also benefit from frequent communication with Program staff within DHHS. Individuals from partner organizations that were interviewed felt that they could directly contact the Program team when they needed assistance. This helps expedite the process for getting concerns or questions resolved and prevents the spread of misinformation. For example, when an individual requesting LTSS from an NWD partner experienced an impasse during the eligibility determination process, the NWD partners reported that being able to speak directly with DHHS, instead of going through an intermediary, was more effective in ensuring that the necessary steps, such as submitting corrected paperwork, were taken to continue progressing through the eligibility determination.

Establishing Eligibility Coordinators

The NWD system has also benefited from five eligibility coordinators hired with Program funds to facilitate the application and eligibility determination process for community LTSS and to support DHHS in identifying operational and systems improvements. The eligibility coordinators are co-located and rotate among the community NWD partner agencies throughout different regions of the state. New Hampshire felt that co-location in NWD agencies would be essential because these agencies have the “highest degree of face-to-face interaction” with individuals in need of community LTSS. The Program team equipped the eligibility coordinators with the tools and training and direct access to internal DHHS systems to properly navigate individuals through the application and eligibility determination process.

Across several interviews with NWD agencies, NWD staff members and beneficiaries consistently expressed their appreciation for the role that the eligibility coordinators serve. The eligibility coordinators bring a wealth of experience and educational training to their position, such as experience at CMHCs and community-based LTSS providers, as well as credentials in social work and behavioral health. The eligibility coordinators support the regional NWD agencies by working directly with clients in-person or over the phone, and often have the ability to resolve delays in the application or eligibility determination process by drawing upon resources they have been provided with, such as access to internal DHHS application systems, including the Medicaid eligibility system.

Eligibility coordinators received formal training for their roles, which included a session on financial eligibility, six weeks of orientation and shadowing DHHS staff in the Bureau of Elderly and Adult Services and the Division of Children, Youth and Families (DCYF), and observation of medical determination processes in the Disability Determination and Long Term Care units (both in the DCS). Additionally, New Hampshire provided the eligibility coordinators with training designed for DCS, Family Service Specialists, who are individuals working in DHHS district offices that interview clients or family members and determine eligibility for state-sponsored programs.

The Value of Eligibility Coordinators: A Beneficiary Story

“Our family is new to the [Medicaid waiver] system...I was given [an eligibility coordinator’s] name and email from [a NWD entity] to use should I have any questions regarding my daughter’s services. I sent [the eligibility coordinator] an email for the first time and was amazed at how quickly she responded...I had a few problems with my daughter’s eligibility status...our case was still pending months after we were granted eligibility status...It didn’t take long to realize that if I wanted a quick answer, [the eligibility coordinator] was the person to contact... There has not been a single time when [the eligibility coordinator] did not reach out within hours and have an answer for me...In short, I would be lost without [the eligibility coordinator]. I can’t say enough about her.”

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Because the work of the Family Service Specialists closely aligns with that of the eligibility coordinators, the training was a helpful tool for the eligibility coordinators to familiarize themselves for eligibility determination processes for state-sponsored programs such as Medicaid.

Developing a Coordinated Enrollment and Eligibility Determination Process

Individuals apply for community LTSS by contacting a NWD entity, most commonly through telephone or email. Many individuals report to NWD entities that they heard of the entity through word of mouth, whereas others are referred by primary care physician or through school districts. Additionally, individuals can self-refer to a NWD entity by completing a Level I screen on the NH EASY—New Hampshire’s online application portal for state-sponsored programs—which will trigger a follow up from the eligibility coordinators, who receive the results of the Level I screen and subsequently contact the individual to refer to appropriate services. Eligibility coordinators receive completed Level I screens through the NH EASY LTSS Inbox feature, which is housed within the internal NH EASY portal that DHHS staff have access to and serves as a repository of all pending and completed state-sponsored program applications.

Once an individual is referred or self-refers, typically an options counselor or intake coordinator at the NWD entity will initiate the application process by collecting baseline information to assess if it is likely that an individual is eligible to receive services. Under the current system, NWD partners transfer information through the standardized paper-based Community Medicaid Long Term Services and Supports “Referral Form.” The first part of the form tracks the individual’s request, their contact information, the referring and receiving entity, and a concise assessment of the individual’s financial and functional needs. The second part of the form authorizes the release of this information for the eligibility and enrollment process. Memorandums of Understanding among NWD partners and DHHS and among NWD partners govern information transfer guidelines and protected information security.

As part of this process, individuals are offered Person Centered Options Counseling at ServiceLink. If it appears that an individual is not likely eligible, the options counseling staff can support, guide, and connect individuals to other LTSS choices that are available. If it appears that an individual likely is eligible, an options counselor or eligibility specialist will initiate the financial eligibility and functional assessment processes. Some NWD entities do not have a separation between intake coordinators and eligibility specialists and conduct functional eligibility assessments directly. Other NWD entities closely coordinate with DHHS staff to conduct the full functional assessment.

Through the full functional assessment, the eligibility specialist is responsible for identifying the individual’s full scope of needs and determining eligibility for appropriate services. Some NWD entities allow the eligibility specialist to approve the final eligibility determination whereas others use the outside eligibility specialist’s recommendation to make a final decision. The individual is then notified of eligibility status and, depending on the entity, may be assigned a case manager.

NWD agencies work to provide community LTSS needed by referred individuals or connect those individuals to appropriate services from direct service providers. In the event that an individual needs services that fall outside of the scope of that particular entity, it is common that the individual will be connected to another NWD entity, typically in the form of a “warm hand-off” so as to ensure continuity of care. The hand-off from a referring entity to another NWD entity typically occurs over the phone and is often facilitated by an eligibility coordinator or staff performing Person Centered Options Counseling.

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Integrating LTSS IT Systems

New Hampshire is using Balancing Incentive Program funding to enhance two existing state IT systems: 1) NH EASY Gateway to Services (NH EASY), which is the web portal to 2) New Hampshire Empowering Individuals to Get Help Transitioning to Self-sufficiency (New HEIGHTS), which is the client eligibility system. These two separate systems will eventually be fully integrated with one another to encourage clients to apply for assistance and make the eligibility determination process more transparent through an upgrade to the screening functionality. This upgrade will allow providers and clients to screen for all benefits, including Medicaid, and evaluate their potential eligibility. New Hampshire contracted with Deloitte to assist in the future modification of existing systems and development of the automated referral system, which are expected to be piloted in late 2016.

New Hampshire is implementing rolling enhancements to its automated client eligibility system, New HEIGHTS, to streamline processes and eligibility determination. New HEIGHTS is a fully integrated eligibility system that provides shared client intake, common client notices, and other features across programs to fully automate multi-program eligibility determination. New HEIGHTS will be used by DHHS case workers who also work across benefit programs to provide a single point of access for clients and to improve the overall efficiency of service delivery. These upcoming enhancements include an automated CSA instrument, Choices for Independence (CFI) Medicaid waiver application tracking, and eligibility algorithm.

New Hampshire is also making enhancements to its NH EASY application portal to increase client and provider access to status and case information. NH EASY is an innovative, web-based application that is fully integrated with New HEIGHTS and allows providers and clients to screen, apply for, and subsequently check real-time benefit status. The system is currently being enhanced to fully automate the LTSS screening and eligibility determination process, which was previously all paper-based. Additionally, the New HEIGHTS enhancements will include improved web functionality, such as a live chat feature for clients and the capacity to administer user experience surveys.

Engaging the Community

A memorable name and easily identifiable logo are important elements of advertising any NWD system, as they help the program gain visibility. New Hampshire therefore developed branding materials for NHCarePath, the official name of the NWD system. To promote NHCarePath in the community, the Balancing Incentive Program team developed a rich, user-friendly website, conducted a media outreach campaign, and organized an LTSS conference for long-term care professionals and provider organizations.

Website

In May 2015, New Hampshire launched a community LTSS website, NHCarePath.org, which is a centralized location for individuals seeking information about LTSS. The development of the website was informed by internal and external stakeholders and developed through a partnership between Millennium Integrated Marketing (who was also responsible for the statewide outreach and education campaign) and the New Hampshire Department of Information Technology. The NHCarePath website contains links to other useful web-based resources, such as NH EASY, and features many resources for consumers, such as a community LTSS brochure, a drug and alcohol abuse treatment locator, as well as NWD Partner trainings, tools, and resources (including consumer booklets to provide information on Medicaid waivers and home and community-based services), and can be translated into over 100 languages.

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The NHCarePath website’s primary function is to help individuals and caregivers determine the full range of LTSS options available to them. The website features a “Search for Services” link, which connects users to the ServiceLink community resource directory. This tool allows individuals to input their geographical location, age, and gender, and filter by category of services to find LTSS options. The resource directory search will return a list of LTSS options that an individual may qualify for, as well as displaying the location, web address, contact information, and hours of operation of agencies providing those LTSS services and supports. The NHCarePath website also has a “Caregiver” link that connects individuals to resources, including respite care and caregiver support groups. Additionally, the website is organized into search links on the left sidebar, which are broken down broadly by patient population and category of services/supports.



New Hampshire worked with Millennium Integrated Marketing to boost website usage by improving functionality, accessibility, and content. Millennium managed, monitored, and analyzed digital campaigns to boost traffic to the site. New Hampshire also promoted the NHCarePath website on social media platforms such as Facebook and Twitter. The website experienced 8,943 new users within the first three months of the initial launch in May 2015 and continues to generate steady website traffic.

NHCarePath Website Homepage

The screenshot shows the NHCarePath website homepage. At the top, there is a navigation bar with links for "Skip Navigation", "Text Navigation", and "High Contrast On | Off". Below this is a large blue banner with the text "YOUR PATH TO GUIDANCE SUPPORT CHOICE" and social media icons for Facebook and Twitter. To the right of the banner is the NHCarePath logo and tagline. Below the banner is a secondary navigation bar with links for "PARTNER RESOURCES: Tools | Training | Outreach | Consumer Booklet | Partner Logo". The main content area is divided into three columns. The left column contains a sidebar with links to various services and topics. The middle column features a "Welcome" section with a brief introduction and a list of partner resources. The right column includes a search bar, a "News & Events" section with a link to a press release, and a "Quick Links" section with several resource links.

Home

[Search for Services](#)

[Caregivers](#)

[Developmental Disability / Acquired Brain Disorders](#)

[Elderly and Adults](#)

[Financial Assistance](#)

[Housing/Community Living](#)

[Medicaid](#)

[Mental Health](#)

[Personal and Legal Rights](#)

[Planning for Your Future / Palliative Care](#)

[Substance Use Concerns](#)

Welcome

In New Hampshire, there are many paths available to help people of all ages live better in their communities. NHCarePath connects you to a range of information, assistance, and care throughout New Hampshire, from caregiver resources and services for aging, disability and independent living to counseling and financial planning tools. NHCarePath also connects you to statewide partners that provide services and supports, including:

- Department of Health and Human Services (DHHS)
- ServiceLink
- Area Agencies offering developmental services
- Community Mental Health Centers

If you’re a caregiver, family member, older adult, a person living with a disability, or anyone wanting to access services and supports in New Hampshire, you are invited to explore the website or call 1 (866) 634-9412 to find assistance with your individualized needs.

Search for...

News & Events

[Children’s Mental Health Awareness Day](#)

[Governor Hassan and DHHS Commissioner Meyers Announce New 24/7 Substance Use Crisis Hotline](#)

Quick Links

[Community Services Brochure](#)

[NHCarePath Conference Materials](#)

[NH Bureau of Community Based Military Programs](#)

[NH Alcohol and Drug Treatment Locator](#)

[NH Tobacco Helpline](#)

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Outreach Campaign

On May 1, 2015, New Hampshire launched a statewide outreach and education campaign to promote NHCarePath. Millennium Integrated Marketing facilitated the design of branding for NHCarePath and development of outreach materials. The goal of the campaign was to inform residents about New Hampshire's NWD system to make it easier for individuals to seek community LTSS. The campaign includes information for consumers, providers, and community partners; a series of print, radio, and television PSAs; and digital and social media outreach.

Millennium has captured the reach of the media campaign through "estimated impressions," which are determined by the number of times the outreach material have been viewed. For example, the NHCarePath billboard, which was located on a central highway in New Hampshire's largest city, is estimated to have been viewed over 5 million times.

In addition, New Hampshire has also catalogued all existing informational materials available from NWD partners and copies of all of these materials are being collected to develop a plan for improving consumer access to this information. The Program team also designed a high-level comprehensive brochure that identifies what the community LTSS options are and where to access them.

LTSS Conference

On September 26, 2014, New Hampshire held the conference "NHCarePath: Opening Doors to Community Long-Term Services and Supports". Over 350 professionals, provider organizations, and NWD Partners who serve individuals and their families in accessing community based LTSS attended the conference. The conference informed participants about efforts in New Hampshire to rebalance Medicaid funding for community LTSS with an emphasis on greater access to home and community based services and supports. Conference presenters included members of the Program team and other DHHS staff as well as representatives from partner organizations.

Estimated Impressions as of June 30, 2016	
Print Local news advertisements	33,700,920
Billboard Located on highway	5,255,440
Radio Local radio advertisements	1,777,378
Television Comcast advertisement	1,717,417
Social Media Facebook and Twitter	634,124
Direct Mail Over 180,000 mailings	193,135
Outreach Materials 116,440 print materials	126,440



NH CARE PATH
Opening Doors to Community Long-Term Services & Supports
An all-day conference for long-term care professionals and those who serve our military and their families
funded by the Balancing Incentive Program

Conference Guide

Date: September 26, 2014
Time: 9:15am–3:30pm (registration begins at 8:30)
Location: Radisson Hotel Downtown Manchester
700 Elm Street, Manchester NH

This conference is brought to you by the New Hampshire Department of Health and Human Services through funding from the Balancing Incentive Program.

Serving Specialized Populations

Ask the Question

New Hampshire is using Balancing Incentive Program funding to support an innovative initiative that is increasing access to Medicaid-funded community LTSS by identifying veterans, service members, and their families. The Ask the Question campaign was created in response to a study conducted by the New Hampshire Legislative Commission on Post Traumatic Stress Disorder and Traumatic Brain Injury in 2012. The Commission developed a statewide survey of 1,200 NH veterans to identify barriers that the military-veteran population commonly faces in accessing care. Many veterans reported that the most significant challenge to accessing proper care is the lack of understanding of their specialized needs by providers. Additional outreach and survey work also found that many care providers in New Hampshire are not properly trained in providing care to veterans.

The Ask the Question campaign is improving service and care for this population by better engaging and educating our service providers. Primarily, the campaign encourages clinicians to ask every patient they treat whether they or a family member “has ever served in the military?” The campaign encourages clinicians to specifically use the phrase “served in the military” because not all military members identify as veterans. The phrasing is purposefully meant to be broad in order to capture all veterans, service members, and their family members. Providers are encouraged to ask this question in order to more thoroughly identify and understand a patient’s full range of needs and to better inform the patient’s care plan.

The campaign is implementing its outreach and education efforts through regionally-based teams. In addition to conducting outreach with health care and medical services organizations, these outreach teams also meet with aging and senior services organizations, children’s services organizations and school systems, faith-based groups, and employment and vocational services organizations. As of May 2016, the outreach teams have reached nearly 2,000 service providers all across New Hampshire. The Ask the Question website (nhaskthequestionnh.com), along with other social media, has reached over 7 million impressions in its first 8 months.

“When it came time that DHHS was looking at ways to support better integrated access to care for veterans as part of the Balancing Incentive Program, we were really passionate, interested and eager to... work on these programs...to really try to make serving the military population with cultural competence a norm.”

—Bureau of Community Based Military Programs

RENEW

New Hampshire is also using Balancing Incentive Program funds to expand Rehabilitation for Empowerment, Natural Supports, Education, and Work (RENEW), a program that provides services to youth with emotional and behavioral challenges. RENEW was developed in 1996 by staff at the University of New Hampshire Institute on Disability to provide school-to-career transition planning and individualized wraparound services for youth who have behavioral health needs. The program is being implemented at schools, CMHCs, and community-based providers. The RENEW model focuses on supporting youth to design and pursue a plan to transition from school to adult life. The program is helping increase high school completion, employment, and post-secondary education participation for youth with behavioral health needs.

Through increased funding from the Balancing Incentive Program, RENEW is better able to provide training and coaching to community-based agencies and schools seeking to implement the RENEW model by using a comprehensive facilitator’s manual, a set of tools to use with youth and teams, implementation assessments, and

process and outcome data collection instruments. RENEW also works with schools, community-based providers, and mental health agencies to develop the systems and infrastructure necessary to implement and sustain the RENEW model.

Next Steps

While New Hampshire has made significant progress in undertaking structural changes to increase access to community LTSS, work still remains to ensure continued success of the newly established systems and processes. New Hampshire will focus its efforts on improving existing IT systems to fully automate the LTSS application and eligibility determination process. Process enhancements will be sustained as improved operational and business practices by all NWD partners, at the state and community levels. New Hampshire will also continue to conduct and monitor outreach and education campaign efforts to promote its NWD system.

New Hampshire will continue to identify and pursue opportunities to sustain its Balancing Incentive Program efforts, including federal program funds, grants, administrative claiming, and enhanced IT funding. New Hampshire will also continue to monitor the percent of total LTSS dollars spent and identify strategies for supporting community based LTSS efforts.