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## **State Budget Update Update From CSNI**

Developmental services was well represented at a relatively sleepy budget hearing Monday afternoon before the full House Finance Committee.

Many of the usual health care provider groups and other advocates did not make the intense pleas to the committee as forcefully and in the numbers that we have seen in recent budget years. The lack of a strong attendance is likely a product of the short meeting notice, the weather, and most importantly, the fact that the governor's budget proposal is a reasonable first step with increased spending across state government.



Looking ahead, House budget writers have just 15 days to complete their recommendations on a spending plan. The full House has until April 6 to act on it. The chair of the Finance committee recently told his members to expect some "seven-day" work weeks to finish the budget.

### **SB 86 Rate Increase Bill Moving Forward**

Last week, the Senate Health and Human Services Committee voted unanimously to approve a 3% Medicaid rate increase to all providers. This would be in addition to the governor's recommended 3% for a total of 6% each year. This is only an initial step. We believe that 6% is a very good start, however, we are going to continue to advocate for additional rate increase as the budget and SB 86 move through the legislative process.

## **HB 2 Rate Increase Funding**

In addition to HB 1 and SB 86, HB 2 currently contains \$17 million in general funds (each year of the next budget) that can be used at the discretion of DHHS for provider rate increases. This is an area we will explore to ensure that DS is given fair access to these funds.

## **Legacy Budgets Bill Moving Forward**

On Monday, the Health and Human Services and Elderly Affairs (HHS&EA) committee voted 20-0 to endorse an amended version HB 642. The bill is now called the wait list registry and budget flexibility for services for the developmentally disabled act of 2023. HB 642 will allow DHHS to move funds to older budgets. All reasonable requests by Area Agencies must be funded or placed on the waitlist registry. The first sentence of the bill, prohibiting salary caps - was deleted by the committee. The reason it was deleted is because DHHS has ended the practice. The new law will be sunset in 2027. This will allow all the stakeholders to review the issues and submit any changes in a future legislative session.

## **BDS Pilot and Two-Tier Waiver Held in Committee**

The HHS&EA committee has decided to retain both HB 608 (pilot redesign ideas) and HB 317 (two tier waiver study). This means the bills will remain in committee until January. Following a robust discussion, the committee believes that currently, the issues here are best settled without legislation. The department has committed very publicly that every critical component of the BDS redesign (except those required by CMS) will be piloted/tested and that further stakeholder input will be incorporated into the plans. The committee made it clear that if that does not happen, these bills can be used as a vehicle to make changes next year. CSNI is disappointed that we couldn't find a HB 608 compromise. However, there could be opportunities to place some of the concepts discussed in HB 608 into HB 2 or other

legislation.

## **DS Quality Council Bill Adopted**

The HHS&EA committee approved an amended version of HB 238. This bill requires DHHS to seek out and receive input from the developmental quality control council. This bill was filed at the request of ABLE-NH as a response to the process used to create the A&M report and recommendations. There is disagreement with two members of the committee that is relative to remote participation in the meetings. CSNI supports this bill and the ability for members of the QC to attend meetings remotely in certain circumstances as proposed in the majority amendment.

Thank you to Representatives Stringham, Edwards and McMahon for their leadership on this very important legislation to the DD community!!



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