NHCASD Meeting Minutes April 24, 2026
In Person Concord School District
The Board Room- 22 Liberty Street -Concord NH 03301

Agenda Welcome and Roll Call Introductions (Admin)
*Determination of Quorum
Public Comments and/or Announcements
Acceptance of the March Meeting Minutes (Vote)
Danie Guinesso – Mental Health Center of Greater Manchester
Tina Cabana – Eligibility Related changes in Medicaid & Process updates
HB 1337, SB 670, SB 646 & Legislative Update
Department of Health and Human Services and Bureau of Developmental Services Update (Jessica Gorton & Dee Dunn Tierney)
Committee Update:

- Resource Sub Committee (vote)

Member updates/announcements

Members Attendance

Position/Agency/ Organization	Representative	Meeting Status
(a) The governor, or designee.	VACANT	
(b) The commissioner of the department of education, or designee.	Kate Scheer	
	Alternate: TBD	
(c) The commissioner of the department of health and human services, or designee	Deirdre Dunn Tierney	
	Alternate: Lisa Fontaine Storez	Present In-Person
(d) The director of the division of public health services, department of health and human services, or designee.	Courtney Keen	
	Alternate: Amanda Merrill	Present Virtual
(e) The bureau chief of the bureau of developmental services, department of health and human services, or designee.	Jessica Gorton	
	Alternate: Melissa Hardy	Present In-Person
(f) The bureau chief of the bureau of behavioral health, department of health and human services, or designee.	Carolyn Lewis	
	Alternate: TBD	
(g) The director of the Institute on Disability, University of New Hampshire, or designee.	Lesley Blecharczyk	Present In-Person
	Alternate: Vacant	
(h) A special education director, appointed by the New Hampshire Association of Special Education Administrators.	Jane Bergeron-Beaulieu	
	Alternate: Shelly Fagen	Present Virtual
(i) The president of the New Hampshire Medical Society, or designee.	VACANT	
(j) A representative of the New Hampshire Developmental Disabilities Council, appointed by the council.	Isadora Rodriguez-Legendre, Vice Chair	Present In-Person
	Alternate: TBD	
(k) An individual who has an autism spectrum disorder, appointed by the governor.	Amy Frechette	Present Virtual

(l) A family member of a person who has an AUTISM spectrum disorder, appointed by the governor.	Jennifer Baker	Present In-Person
(m) A representative of the Community Support Network, Inc., appointed by such organization.	Marissa Berg	Present In-Person
	Alternate: TBD	
(n) A representative of the New Hampshire Psychological Association, appointed by the association.	Michelle Ronayne	
	Alternate: Jena Motolla	
(o) The director of the office of Medicaid business and policy, department of health and human services, or designee.	Vernon Clough	Present In-Person
	Alternate: TBD	
(p) Up to 5 additional members, nominated by the council and appointed by the governor	1. Dawn Pelletier 2. Amy Rheaume 3. Elaine Strand 4. Nicollette King 5. Kelly Ehrhart	Present In-Person Present Virtual Present Virtual Present In-Person Present Virtual
(q) A person who has an autism spectrum disorder, appointed by the council.	Gina Cannon	Present In-Person
(r) A representative of the New Hampshire Nurses' Association, appointed by the association	Julianne Taylor	
	Alternate: Paula MacKinnon	
(s) A licensed speech-language pathologist, appointed by the New Hampshire Speech-Language-Hearing Association, Inc	Kathryn Greenslade	
	Alternate: **TBD**	

Guest
Carrie Schroeder & Danie Guinesso

Quorum Confirmation and Attendance
Shanon Smith conducted roll call to confirm attendance and establish quorum. The council confirmed that quorum requirements were met, with 15 members in total and 8 required to be present in person for quorum. A total of 11 members were present in person, and 5 members attended remotely.

Public Comments and/or Announcements

Acceptance of the March Meeting Minutes (vote)

Gina moved to approve March minutes as written. Jennifer second.

- A clarification was made that the reference to "New Hampshire transformation funding" should instead read "The Rural Health Transformation Grant." A few additional typographical errors were also noted for correction.

  ✓ Motioned passed with corrections, all in favor: Lisa Fontaine Storez, Amanda Merrill, Lesley Blecharezyk, Shelly Fagen, Isadora Rodriguez-Legendre, Amy Frechette, Jennifer Baker, Marissa Berg, Dawn Pelletier, Amy Rheaume, Elaine, Strand, Nicollette King & Gina Cannon
  Abstained: Melissa Hardy, Vernon Clough & Kelly Ehrhart

Mental Health Center of Greater Manchester – Danie Guinesso

Danie Guinesso from Mental Health Center of Greater Manchester provided an overview of the organization's services and efforts to better support individuals with autism and other neurodivergent conditions. As Director of the Children's Services Department, she oversees approximately 80 staff, including clinical providers and support staff. She noted that the organization is one of the largest community mental health agencies in New Hampshire and offers seven evidence-based practices across its programs.

The department has recently expanded its autism-related training and supports. Staff participated in an intensive full-day training led by Arianna DeAngelis from The Autism Project, an organization specializing in autism support and neurodivergent-informed care. Additional online training sessions included family perspectives and lived experience. The agency has now established ongoing monthly consultation meetings with The Autism Project, allowing clinicians to discuss cases and receive guidance on how to better support autistic individuals and families. Approximately 75 staff attended the training, with strong participation from both children's and adult services staff.

The department also offers social skills groups for various age ranges, including children ages 7–12 and teens 13 and older. Programs have been structured in several formats, including weekly clinical groups and vacation intensives meeting multiple days per week. The speaker noted that adult social skills groups are currently in development as part of the agency's expanding services for autistic adults.

Additional clinical services include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Dialectical Behavioral Therapy (DBT), and Radically Open DBT (RO-DBT). The agency continues to expand staff training in response to identified community needs and increasing demand for neurodivergent-affirming care.

During discussion, members asked whether developmental services eligibility impacts participation in groups or services. The representative explained that the agency works to remove barriers whenever possible and offers accommodation such as sensory rooms, fidgets, transition supports, and individualized planning with families prior to participation. Transportation remains one challenge the agency continues to address creatively.

The agency also provides Open Access intake services Monday through Thursday from 8:00 a.m. to 3:00 p.m., allowing children and adults to walk in for same-day intake assessments. Families are connected immediately with supports, including case management services, even if a clinician is not assigned that same day. The department also employs three nurse practitioners who provide medication management and consult weekly with clinical teams regarding diagnoses, medications, and treatment planning.

The representative further explained that the organization primarily serves Manchester and surrounding communities within its catchment area, including Auburn, Londonderry, Bedford, New Boston, Goffstown, and Hooksett. However, referrals from outside the catchment area may be accepted when the agency offers specialized services not available through another community mental health center.

Questions/Comments

Does the agency offer Illness Management and Recovery (IMR) groups for adults and whether those groups are available in person or virtually.

- The agency does provide IMR groups but was unsure whether virtual participation is currently available, noting that her primary focus is within children's services.
- Concerns shared about similar groups in Nashua being cancelled due to low attendance after only one participant attended for two consecutive weeks. Request made that any additional information about available adult groups be shared through Marissa or the Council Admin.

A participant noted that it is difficult to know what programs other community mental health centers across the state are offering. They asked whether, more broadly, centers throughout New Hampshire provide similar support for children and adults.

- In response, it was explained that there are ten community mental health centers statewide. While the speaker could not speak extensively about adult services, they shared that the children's department directors meet monthly, and adult services directors likely do as well. Some collaboration already occurs between centers, including sharing information about training and programming.
- Examples were mentioned of other centers, such as Seacoast, offering programming, although some services may have changed over time. The speaker offered to bring the topic to the children's directors' group to gather information from centers statewide about what programs they currently provide and potentially compile and share those resources more broadly.
- Participants emphasized that autism and behavioral health needs exist throughout the state, not only in larger cities such as Manchester or Concord. Concerns were raised about access challenges for families living in rural communities, where traveling long distances for services can be difficult. The group agreed that having similar or coordinated programming available statewide would be beneficial for families and individuals seeking support.
- A participant shared their experience working at a regional mental health center in Region 3, noting that many area mental health centers and area agencies offer similar core programs, such as In SHAPE, supported employment, nursing services, and children's programming, although the exact structure and services may differ by region.
- They commented that the programs being discussed appeared very impressive and noted that open access services at this center seemed stronger than what they had previously experienced in the Lakes Region. The participant emphasized that while programs are not identical across centers, many organizations are working toward similar goals in supporting children, adults, and families.
- The discussion also highlighted ongoing workforce and funding challenges across the mental health system. Participants noted that many organizations are "starving" for staffing and resources, but that newer initiatives, including Certified Behavioral Health Clinic (CBHC/CCBHC) models and rural health funding opportunities, may help expand training, staffing, and service availability in the future.
- One participant reflected on their own past experiences receiving psychiatric services years earlier, observing that the system has improved significantly over time. The group agreed that it is encouraging to see mental health centers, area agencies, and partner organizations continuing to expand and improve services statewide.
- A council member explained that part of the council's current work involves updating its resource directory and website through the Resource Committee. They noted that one goal is to gather more statewide information about autism-related services and programs offered through the various community mental health centers and area agencies.

- The member asked whether it would be possible to connect with the children's directors and adult services directors to collect information about programs, trainings, and autism-specific supports available in each region. They suggested that organizing resources by region on the website would help families and providers better identify services available in their local areas and keep information as current as possible.
- In response, a participant asked whether the council would prefer to attend a directors' meeting directly or instead have directors send information and resources electronically. It was acknowledged that programs and resources vary by region, and not every center may have the same offerings, but there was agreement that gathering and sharing whatever information is available would still be valuable.
- Another participant noted that materials shared during the meeting, including resource documents and business cards provided by Annie, had been scanned and distributed to committee members through the meeting materials. Members emphasized that compiling region-specific information would greatly improve the usefulness of the council's website and resource directory for individuals and families seeking services across the state.
- Participants discussed the importance of building provider capacity and peer support opportunities for individuals with autism and developmental disabilities. One speaker shared that providers who attended recent trainings have since joined the council and are continuing to grow their expertise and specialty knowledge in autism services.
- A parent described how long it took to build a supportive "village" for their son and shared that he now attends an autism support group in Bedford at North Star, which meets twice monthly and has been very helpful. However, transportation remains a significant barrier. The parent explained that their son previously had a driver's license but lost it following a medical issue, leaving family members responsible for transportation to appointments and support groups.
- Participants acknowledged that transportation challenges are common across the state, especially for individuals accessing behavioral health and support services. Suggestions included Medicaid transportation options, local bus routes in Manchester, and reimbursement opportunities through waiver services. One participant noted that transportation is considered a waiver-covered service and encouraged families to work with their service coordinators to explore reimbursement options for rides through services such as Uber or Lyft.
- The group also referenced recent transportation-related training materials and suggested sharing those resources more broadly through the council's website or resource network. Participants encouraged families to contact their Managed Care Organization (MCO) member services departments for additional guidance about available transportation supports and reimbursement options.

Eligibility Related changes in Medicaid & Process updates - Carrie Schroeder

Carrie Schroeder, Bureau Chief for the Bureau of Family Assistance, responsible for processing financial applications and determining eligibility for services.

- A brief overview was provided of how different parts of the Department of Health and Human Services (DHS) are structured. The presenter explained that DHS includes multiple divisions, including Long Term Supports and Services (which houses the Bureau of Developmental Services and Aging and Disability Services), the Division of Economic Stability (which includes eligibility-related services), and the Division of Medicaid Services. Although these divisions operate under the same department, they function separately, which can sometimes make coordination appear fragmented.
- Medicaid programs vary by state. It was emphasized that while Medicaid is a federal program created under the Social Security Act, each state has flexibility in how it designs and operates its programs within federal guidelines. As a result, "if you've seen one Medicaid program, you've seen one Medicaid program," meaning systems differ significantly across states in structure and delivery.
- In New Hampshire, Medicaid is jointly funded, with costs shared 50/50 between the state and the federal government. This is different from programs like Social Security, which are funded through individual payroll taxes.
- "One Big Beautiful Bill," signed July 4 of the previous year. The presenter noted that only selected highlights were being shared and that there is ongoing interest and questions about how these Medicaid changes may affect services and eligibility going forward.
- The Medicaid expansion population includes adults ages 19–64 who do not have disabilities and do not have dependent children. Under the new provisions, individuals in this group will be subject to work requirements beginning January 1, 2027, based on current information, though implementation details are still subject to change.
- Requirements would include approximately 80 hours per month of qualifying activity, which could include employment, community service, higher education, or participation in work programs, or a combination of these. The state will be responsible for tracking compliance with these requirements in order for individuals to maintain eligibility.
- Policy change primarily affects the Granite Advantage population and has limited direct impact on individuals receiving services through developmental disability (DD) waivers or home and community-based waivers. Fewer than 200 individuals receiving waiver services are currently also enrolled in Granite Advantage.
- Those individuals and families are being contacted to determine whether they wish to remain in the Granite Advantage program, as enrollment would subject them to the new requirements. The presenter emphasized that most waiver participants are not affected by the work requirements.

- Additional changes include a shift in redetermination frequency for Granite Advantage members, moving from annual eligibility reviews to every six months beginning in 2027. This would include both financial eligibility and level-of-care determinations.
- The total Granite Advantage population in New Hampshire is approximately 58,000 individuals, while the overlap with waiver populations is very small. They invited clarification on whether the small group of affected individuals is primarily enrolled in specific waivers such as Choices for Independence (CFI) or developmental disability waivers.

The federal legislation that pauses enrollment into the Medicare Savings Program (MSP) for certain new applicants.

- The Medicare Savings Program helps people who are dually eligible for both Medicare and Medicaid.
- These individuals can receive assistance from Medicaid to help pay Medicare premiums, copays, and other out-of-pocket costs.
- The program is especially important for dual-eligible individuals because Medicare does not cover 100% of healthcare costs.
- Under current interpretation of the bill, the pause would affect new enrollees, though details and full implications are still unclear.
- Limited information is currently available about how this change will be implemented or what the downstream impacts will be.
- Overall concern was expressed that changes to this program could significantly affect individuals who rely on it to make Medicare coverage affordable.

- The Medicaid system is complex, with families, staff, and stakeholders consistently reporting difficulty navigating eligibility, policies, and requirements.
- Medicaid eligibility involves multiple layers, including:
  - Federal requirements
  - State policies and laws
  - Financial eligibility determinations
  - Medical eligibility determinations
  - Developmental disability eligibility under RSA 171-A
  - Long-term care Medicaid, including 1915(c) waiver programs and nursing facility level of care
- As part of the DHS “road map” initiative (25–27), there is a statewide focus on improving customer service and simplifying eligibility processes, especially for long-term care Medicaid.
- Leadership emphasized a commitment to making eligibility processes easier to understand and more accessible for families and applicants.
- Application volume is increasing:
  - Approximately 900 more applications in 2025 compared to 2024

- Average of about 750 applications per month in 2026 so far
- Growth is occurring across waiver programs and nursing facility-related Medicaid
- Continued increases are expected heading into 2027

• State staff highlighted concerns about capacity, including an ongoing **hiring freeze**, while preparing for anticipated workload increases.

• The "Eligibility Made Easier" initiative is focused on:
- Improving outward-facing materials for families
- Reducing confusion caused by self-created or inconsistent checklists
- Clarifying letters and notices that are often difficult to interpret
- Supporting families in understanding what is required at each step

• Work underway includes collaboration with partners such as UNH and consultants (PCG) to improve:
- Initial application processes
- Interview preparation and expectations
- Required documentation guidance
- Redetermination processes and what information is truly necessary
- Alignment of state vs. federal documentation requirements
- Reduction of unnecessary or redundant verification requests

• Operational improvements being implemented:
- Creation of a simplified, user-friendly **overview handout/pamphlet** explaining the Medicaid eligibility process
- Development of a **checklist-based system** allowing applicants to track required documents more clearly
- Streamlining of notices to reduce the number of separate letters sent (often 5–7 per case)
- Consolidation of information in notices to reduce confusion and incoming calls/emails
- Procedural and system improvements to reduce administrative burden on staff and applicants
- Streamlining of financial "look-back" processes, including review of bank accounts and asset documentation
- Adjustments already implemented in January showing early improvements in processing efficiency

• Overall goal of the initiative:
- Reduce administrative complexity
- Improve clarity for families
- Increase efficiency for staff
- Prepare for increased Medicaid workload in 2027 and beyond

Questions

When the Granite Advantage program began, noting that it seemed distinct from traditional Medicaid. Staff clarified that Granite Advantage is part of the Medicaid expansion population and has been in place for several years, generally beginning around 2019, with continued extensions during the public health emergency period.

- It was explained that Granite Advantage is not a separate benefit program in terms of covered services; rather, the key difference is eligibility. This group includes adults ages 19–64 who do not have disabilities and do not have dependent children, and who earn above traditional Medicaid poverty thresholds but still meet low-income criteria.
- The discussion emphasized that Medicaid as a whole includes multiple eligibility categories and programs. Some Medicaid pathways are income-based, while others are based on disability, medical need, or other criteria. Granite Advantage represents one eligibility group within the broader Medicaid system rather than a separate benefit structure.
- A participant reflected that they had been on Medicaid for some time but was not previously aware of this specific expansion group. Staff clarified that Medicaid expansion was designed to extend coverage to low-income individuals who may not qualify under traditional categories and still cannot afford private insurance.

A question was also raised about whether children's Medicaid coverage would be affected by the new federal changes.

- Children are not subject to the new work requirements and continue to follow existing annual redetermination processes. No change to increased redetermination frequency was noted for children under current policy discussions.
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Concern raised that Medicaid letters often arrive with only ~2–3 days to respond despite a 10-day deadline due to printing and mail delays.

- Staff acknowledged mailing delays and noted discussions about extending response timeframes (e.g., to 15 days) to reflect USPS realities and reduce rework.
- Both families and staff are impacted when cases close and must be reopened due to tight timelines.
- NH EASY online system was discussed: helpful for document upload but still often seen as difficult to use.
- System is supported by a contractor, with ongoing enhancements driven by user and stakeholder feedback.
- Participants were encouraged to submit feedback through NH EASY to improve usability and address bottlenecks.

Families experiencing issues with long-term care Medicaid applications (e.g., stalled or "stuck" cases) should be directed to the **Long-Term Care customer service team**.

- Contact options include:
- Phone: **271-9700** (choose Option 5 for Long-Term Care)
- Dedicated Long-Term Care email address for case review and follow-up
- The Long-Term Care queue is separate, but callers can still enter a general queue if they do not select the specific option.
- There is currently a **backlog of pending cases**, but outreach can help identify whether cases are missing information or simply need processing.
- For urgent or crisis situations (e.g., risk of losing services or housing), staff encouraged escalation directly to case managers, service coordinators, or leadership for immediate review.
- While prioritization is challenging due to high volume and waiting lists, safety-related situations are treated as high priority.

HB 1337, SB 670, SB 646 & Legislative Update

HB1337 – Repeal of the Council on Autism Spectrum Disorders

- Passed the House and moved to the Senate
- Public hearing held in the Senate, with all in-person testimony opposing repeal
- The bill has not yet been scheduled for an executive decision or further action
- Council members noted attendance and testimony at the hearing.

SB670 – Developmental Services Oversight Commission

- Establishes a developmental services oversight commission and related accountability measures
- Includes provisions related to reporting and review of abuse and fatalities in residential care
- Passed both the House and Senate with amendments
- Amendment incorporated language from the Attorney General regarding the Fatality Review Committee for incapacitated and vulnerable adults.

SB646 – Mental Health Standards of Care (Parity)

- Focuses on mental health parity requirements, ensuring mental health coverage is equivalent to other covered services under insurance and Medicaid
- Specifically references inclusion of autism-related services under coverage requirements
- Scheduled for executive session on the 29th, with no final decision yet.

Committee Update:

Resource Sub Committee

The Resource Subcommittee noted there was not enough time to hold a vote during today's meeting.

- It was confirmed that voting will occur at a later meeting after proper notice and review time.
- The committee discussed improving process going forward by:
  - Meeting earlier in the month
  - Sending materials out at least one week in advance for full council review before any votes

• Three proposed website resource updates were reviewed, including adding a new section for:

- School support
- Agency and school-related supports

• Meeting logistics clarified:

- Notes and proposed changes were sent to the administrative team for distribution
- The next full council meeting is scheduled for May 6th, 11:30–12:30
- The resource list will be sent out prior to that meeting for review, rather than voted on today.

Member updates/announcements

Kelly expressed interest in volunteering to serve as co-chair and shared that she had spoken with Isadora, who did not have the capacity to support her in the role. Kelly stated that if she were to serve as co-chair, she would need support in order to be successful.

• A standing agenda item was raised regarding **leadership transition for the council**.

• Members were encouraged to consider stepping into leadership roles, including:

- Chair
- Co-chair
- Vice chair

• Current leadership emphasized they are not stepping away but are encouraging new participation and shared leadership.

• Support would be available for anyone interested in a leadership role, including help with:

- Running executive meetings
- Developing agendas
- Coordinating speakers
- Administrative support from staff

  • It was noted that the most challenging part of leadership is typically managing meetings when discussions become complex or "wonky."

• Overall message: leadership roles are supported, manageable, and an opportunity for shared responsibility within the council.

A specialized subgroup within the Quality Council is conducting a system-wide review of services across agencies statewide, informed by incident and "built-in" reports.

- Purpose: Identify gaps in the system
- Goal: Develop recommendations to prevent individuals from "falling through the cracks" in services
- Focus: Strengthening coordination and closing systemic gaps in care and oversight
- Information is available on the Quality Council website, with meetings typically held via Zoom.

It was noted that ABEL is hosting a Medicaid task force, and members were encouraged to review its work.

- Additional information and updates can be found on the task force's website for those interested in Medicaid system issues and related initiatives.

Meeting Adjourn

Isadora motioned to adjourn the meeting. Jennifer seconded. All in favor.
Meeting adjourned at 2:00 PM