***WRITTEN TESTIMONY TEPLATE TO BE EMAILED TO FINANCE COMMITTEE AND ADDRESSED TO THE CHAIR OF THAT COMMITTEE***

Date

Dear Chairman Gray and Members of the Senate Finance Committee,

Good afternoon, my name is XXX and I live in Town, NH. I am asking you to support the developmental services budget and the proposed Medicaid rate increase. This proposed Medicaid rate increase will support the developmental disability system and workforce. There is currently a workforce crisis in New Hampshire for developmental services to attract and retain qualified workers. I am/my family member is supported by Area Agency Name through XXX [Early supports and services, In Home Supports Waiver, Family Support, DD waiver, ABD waiver.]

I want to tell you a bit about my (self, child, family member, friend, etc.) [Share a brief paragraph about yourself/child and why full funding is important to you/them and your family.

Thank you, Chairman Gray and members of the Senate Finance Committee, for considering my written testimony. I urge you to support a significant Medicaid rate increase for developmental services. This will help solve our severe workforce challenges and will better enable DHHS and service providers to implement the next state budget.

Picture of your family

Sincerely,

Name

Address

Email Address

Phone Number

This can be addressed to the Senate Finance Committee, Chairman Gray and emailed to all members on that committee:

James.Gray@leg.state.nh.us; Daniel.Innis@leg.state.nh.us; Regina.Birdsell@leg.state.nh.us; Howard.Pearl@leg.state.nh.us; Jeb.Bradley@leg.state.nh.us; Cindy.Rosenwald@leg.state.nh.us; Lou.Dallesandro@leg.state.nh.us; debra.martone@leg.state.nh.us

