



# CHOICES FOR INDEPENDENCE WAIVER – FEEDBACK SESSIONS

FACILITATED BY THE INSTITUTE ON DISABILITY – MAY 2021

Please note that this presentation provides a summary and high level description of the services in the CFI Waiver. You are encouraged to review the waiver in its entirety at the following link: <https://www.dhhs.nh.gov/dcbcs/bds/documents/cfiwaiver2017.pdf>

# WAIVER RENEWAL PROCESS & TIMELINE

Every five years the Centers for Medicaid and Medicare Services (CMS) requires that the states renew their Home and Community Based Care 1915 (c) waivers. The Bureau of Elderly and Adult Services (BEAS) is beginning this process for the Choices for Independence (CFI) Waiver.

Stakeholders will have multiple opportunities to give input during the waiver application process. These feedback sessions and comments will help inform the draft waiver. Another opportunity is through the 30-day public comment period, with multiple sessions offered to again collect feedback. This will occur after the waiver is drafted (Fall 2021). Ongoing feedback during the waiver application writing phase is welcomed. The formal input from the public comment sessions will be addressed and included in the waiver submission to CMS.

Stakeholder input is imperative and a driving force to help inform waiver changes in the application that will be submitted to CMS by February 28, 2022.

# CHOICES FOR INDEPENDENCE (CFI) WAIVER

01

The intent of the CFI Waiver services is to enable eligible individuals to remain in their homes and stay active in their communities.

02

Home and Community Based Services (HCBS) are intended to provide a comprehensive supports and services system that ensures the health, welfare and safety of individuals.

03

The CFI Waiver provides supports and services to individuals who are Medicaid eligible and meet nursing facility level of care through a network of community-based provider agencies who are directly enrolled as NH Medicaid Providers.

# SERVICES UNDER THE CURRENT CFI WAIVER

Adult Medical Day

Home Health Aide

Homemaker Services

Personal Care

Respite

Supported Employment

Financial Mgmt (Participant Directed)

Adult Family Care

Adult In-Home Services

Community Transition

Home Modification (Environmental Accessibility)

Home Delivered Meals

Non-Medical Transportation

Participant Directed & Managed Services (PDMS)

Personal Emergency Response System

Residential Care Facility Services

Skilled Nursing Services

Specialized Medical Equipment

Supportive Housing

In the coming slides, we will discuss each of the above services and receive Stakeholder input.

## ADULT MEDICAL DAY SERVICES (PG. 50)

- Provides a protective environment for individuals with cognitive impairments or who are at risk for isolation or institutionalization.
- Services include an array of social and health care services and provides day-time respite for primary caregivers.
- Services are furnished on a regularly scheduled basis, for one or more days per week.
- When Participant Directed and Managed, the individual or his/her representative shall define the provider qualifications that reflect sufficient training, expertise, experience and/or education to ensure delivery of safe and effective services, unless otherwise required by state or federal licensing or certification requirements.

# HOME HEALTH AIDE (PG. 53) / HOMEMAKER SERVICES (PG. 55)

## Home Health Aide

- These are services (defined in 42 CFR 440.70) that are provided in addition to home health aide services furnished under the approved State Plan.
- Home Health aide services under the waiver differ in nature, scope, supervision arrangements or provider type from home health aide services in the State Plan.
- When Participant Directed and Managed, the individual or his/her representative shall define the provider qualifications that reflect sufficient training, expertise, experience and/or education to ensure delivery of safe and effective services, unless otherwise required by state or federal licensing or certification requirements.

## Homemaker Services

- Non-hands-on general household services, such as light cleaning or meal preparation.
- When Participant Directed and Managed, the individual or his/her representative shall define the provider qualifications that reflect sufficient training, expertise, experience and/or education to ensure delivery of safe and effective services, unless otherwise required by state or federal licensing or certification requirements.

## PERSONAL CARE (PG. 57)

- Personal Care Services include a range of individually tailored supports to assist with activities of daily living (ADL) such as meal preparation, eating, bathing, dressing, personal hygiene, medication management, community inclusion, the transportation necessary to access the services outlined in the person-centered plan and social and leisure skills to assist the individual to reside in the setting most appropriate to his/her needs.
- Supports may include hands-on assistance, cueing, personal care, protective oversight, and supervision as necessary for the health and welfare of the individual.
- Services and supports may be furnished in the home or outside the home.
- When Participant Directed and Managed, the individual or his/her representative shall define the provider qualifications that reflect sufficient training, expertise, experience and/or education to ensure delivery of safe and effective services, unless otherwise required by state or federal licensing or certification requirements.

## RESPITE SERVICES (PG. 59)

- Services are provided to individuals unable to care for themselves;
- Furnished on a short-term basis because of the absence or need for relief of the caregiver normally providing the care.
- When Participant Directed and Managed, the individual or his/her representative shall define the provider qualifications that reflect sufficient training, expertise, experience and/or education to ensure delivery of safe and effective services, unless otherwise required by state or federal licensing or certification requirements.
- Amount, Frequency, and Duration:
  - Services are limited to the equivalent of 30, 24-hour days of care per state fiscal year/participant. Services are provided in units of time that are determined appropriate by the caregiver and case manager.



## SUPPORTED EMPLOYMENT (PG. 63)

- Individual Employment Services are the ongoing supports to individuals who, because of their disabilities, need intensive on-going supports to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce at or above the state's minimum wage.
- Supported employment services are individualized and may include any combination of the following services: vocational/job related discovery or assessment, person centered employment planning, job placement, job development, negotiation with prospective employers, job incentives planning and management, transportation, asset development and career advancement services.
- Other workplace support services including services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.
- Employment Services Providers must ensure that Employment Counselors meet specific criteria.

# FINANCIAL MGMT. SERVICES (FMS) (SUPPORTS FOR PARTICIPANT DIRECTION) (PG. 68)

- Service/function that assists the family or participant to:
  - manage and direct the disbursement of funds contained in the participant-directed budget;
  - facilitate the employment of staff by the family or participant, by performing as the participant's agent such employer responsibilities as processing payroll, withholding Federal, state and local tax and making tax payments to appropriate tax authorities; and
  - perform fiscal accounting and making expenditure reports to the participant or family and state authorities.
- Financial management services include employer functions such as assisting the participant to verify worker citizenship status, ensure criminal record and/or state or federal registry status is checked and confirmed, and process payroll.
- Budget management services include maintaining a separate account for each participant's budget; track and report participant funds, disbursements and the balance of participant funds; process and pay invoices for goods and services approved in the service plan.
- FMS also includes furnishing orientation/skills training to participants about their responsibilities when they function as the co-employer of their direct support worker

## ADULT FAMILY CARE (AFC) (PG. 70)

- Definition (He-P 813) Adult family care (AFC) means a housing option for eligible participants under the CFI waiver program, which includes a combination of personal care, homemaking, and other services that are provided to a participant who is a resident in a certified residence of an unrelated individual or the CFI waiver participant's relative in accordance with a person-centered plan.
- Adult Family Care services are provided to participants who receive them in conjunction with residing in the home.
- There shall be no more than 2 unrelated individuals living in the home, including participants in the Program.
- Separate payment shall not be made for homemaker services to participants receiving AFC, as those services are integral to and inherent in the provision of AFC.
- When Participant Directed and Managed, the individual or his/her representative shall define the provider qualifications that reflect sufficient training, expertise, experience and/or education to ensure delivery of safe and effective services, unless otherwise required by state or federal licensing or certification requirements.

## ADULT IN-HOME SERVICES (PG. 73)

- Adult In-Home Services provides non-medical care, supervision and socialization provided to isolated individuals to prevent institutionalization.
- When specified in the comprehensive care plan, this may include meal preparation, light housekeeping, laundry and shopping which are essential to the health and welfare of the participant.
- In-home services do not include hands-on care. Home health agencies that provide this service are not required to be certified to provide Medicare services.
- When Participant Directed and Managed, the individual or his/her representative shall define the provider qualifications that reflect sufficient training, expertise, experience and/or education to ensure delivery of safe and effective services, unless otherwise required by state or federal licensing or certification requirements.

## COMMUNITY TRANSITION SERVICES (PG. 75)

- **Definition:** Non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.
- Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board.
- Community transition services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources.
- Community transition services do not include monthly rental or mortgage expense, food, regular utility charges, and/or household appliances or items that are intended for purely diversional/recreational purposes.
- **Amount, Frequency, and Duration:**
  - Services must be prior authorized by DHHS and are limited to \$1,500/person per transition. This limit is independent of other service limits. This service does not include payment for rent. The payment of a security deposit is not considered rent.

## ENVIRONMENTAL ACCESSIBILITY (HOME MOD) SERVICES (PG.77)

- **Definition:** Physical adaptations to the Participant's home or vehicle, articulated in the person-centered plan, which are necessary to ensure the health, welfare and safety of the Participant or which will enable the Participant to function with greater independence and, without which, the Participant would require institutionalization.
- Services may include a variety of modifications that are necessary for the health and welfare of the Participant.
- Adaptations or improvements that are of general utility, add to the square footage of the home, or are not of direct medical or remedial benefit to the Participant, such as carpeting, roof repair, or air conditioning, are not included in this service.
- Does not include the purchase of a vehicle.
- **Amount, Frequency, and Duration:**
  - Services must be prior authorized by DHHS and are limited to \$15,000 per Participant per five-year period. This limitation is applied to this service independently of specified limits on other services (e.g.: Specialized Medical Equipment Services).

## HOME DELIVERED MEALS (PG. 80)

- This service provides the delivery of a nutritionally balanced meal to the Participant's home, that provides at least one-third of the recommended dietary allowances established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, as well as the Dietary Guidelines for Americans issued by the Secretary of the US Department of Health and Human Services and Agriculture.
- Further, emergencies or potentially harmful situations encountered during the delivery are reported to the appropriate manager.

## NON-MEDICAL TRANSPORTATION (PG. 82)

- Non-medical transportation is provided to enable participants to access the personal care services articulated in the person-centered plan.
- Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.
- When Participant Directed and Managed, the individual or his/her representative shall define the provider qualifications that reflect sufficient training, expertise, experience and/or education to ensure delivery of safe and effective services, unless otherwise required by state or federal licensing or certification requirements.
- Providers of non-medical transportation services must develop policies and procedures outlining requirements for individual license verification, insurance requirements and driver record checks for staff providing non-medical transportation.



## PARTICIPANT DIRECTED AND MANAGED SERVICES (PDMS) (PG. 84)

- PDMS assists waiver participants to avoid institutionalization and function in the community by affording the option to exercise choice and control over a menu of waiver services and utilization of DHHS authorized funding.
- This service category includes an individually tailored and personalized combination of services and supports for individuals in order to meet the individual's need for transportation, opportunities and experiences in living, working, socializing, personal growth, safety and health.
- Authorized services that are directed and managed by the individual who is actively involved in all aspects of the service arrangement include: Designing the services; Selecting the service providers; Deciding how the authorized funding is to be spent based on the needs identified in the person-centered plan; and performing ongoing oversight of the services provided.
- The participant may engage a legal representative to assist with participant direction and management.

## PERSONAL EMERGENCY RESPONSE SYSTEM (PG. 87)

- Definition: An electronic device that enables participants at high risk of institutionalization and who are alone for periods of time to summon help in an emergency.
- The Participant may also wear a portable “help” button to allow for mobility.
- The system is connected to the Participant’s telephone and programmed to signal a response center when activated. The response center is staffed by trained professionals 24 hours/day, seven days/week.
- Amount, Frequency, and Duration:
  - Services are limited to participants who live alone or who are alone for significant parts of the day who would otherwise require extensive supervision.

## RESIDENTIAL CARE FACILITY SERVICES (PG. 89)

- Definition: Supportive services provided in a licensed facility, including:
  - Assistance with activities of daily living and incidental activities of daily living; Personal care;
  - 24-hour supervision;
  - Incontinence management;
  - Dietary planning;
  - Non-medical transportation to community-based services and supports necessary to access the home and community-based supports outlined in the person-centered plan; and
  - Any other activities that promote and support health and wellness, dignity and autonomy within a community setting.
- Shared bedrooms do not accommodate more than two people.
- Personal care services listed above as part of this service are included in the rate paid to the provider and are not separately billed.

## SKILLED NURSING (PG. 90)

- Definition: Services listed in the comprehensive plan of care that are within the scope of the state's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical nurse under the supervision of a registered nurse, licensed to practice in the State.
- This service provides intermittent skilled nursing services on a long-term basis.

## SPECIALIZED MEDICAL EQUIPMENT SERVICES (PG. 93)

- Specialized Medical Equipment and Supplies include:
  - (a) devices, controls or appliances that are specified in the comprehensive care plan which enable participants to increase their ability to perform activities of daily living;
  - (b) devices, controls or appliances that are specified in the comprehensive care plan to perceive, control or communicate with the environment in which they live;
  - (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items;
  - (d) such other durable and non-durable medical equipment not available under the State Plan that is necessary to address participant functional limitations; and,
  - (e) necessary medical supplies not available under the State Plan.
- Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the State Plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation.
- The participant is included throughout the evaluation and selection process and has a choice of provider when more than one provider is available.
- Amount, Frequency, and Duration:
  - Purchases must be prior authorized by the DHHS and are limited to \$15,000 per participant for every five-year period. This limit is applied to this service independently of specified limits on other services.

## SUPPORTIVE HOUSING SERVICES (PG. 95)

- Definition: Services provided by a licensed agency in apartments located in publicly funded apartment buildings that include:
  - Personal care services, including assistance with activities of daily living and instrumental activities of daily living;
  - Supervision;
  - Medication reminders;
  - And other supportive activities as specified in the comprehensive care (person-centered) plan or which promote and support health and wellness, dignity and autonomy within a community setting.
- Personal care, medication reminders and other services identified as part of this service are included in the rate paid to the provider and can not be separately billed.

# OPTIONS TO VIEW THE CHOICES FOR INDEPENDENCE (CFI) WAIVER

- View online by visiting:  
<https://www.dhhs.nh.gov/dcbcs/bds/documents/cfiwaiver2017.pdf>
  
- Requests for a hard copy can be made by:
  - 1) Submitting a request via email or phone to:  
Ms. Lyn Spain  
[Lyn.spain@dhhs.nh.gov](mailto:Lyn.spain@dhhs.nh.gov)  
Phone: 603-271-9203
  
  - 2) Hard copies can be mailed or picked up at BEAS, with prior notice at:  
New Hampshire Department of Health  
and Human Services  
Bureau of Elderly & Adult Services  
The Main Building  
105 Pleasant Street  
Concord, NH 03301

# HOW TO PROVIDE YOUR INPUT:

- At the Feedback Sessions, verbal or written comments can be provided.
- Email comments to [DLTSSWaiverRenewal@dhhs.nh.gov](mailto:DLTSSWaiverRenewal@dhhs.nh.gov)
- Mail written comments to:

Ms. Lyn Spain  
New Hampshire Department of Health  
and Human Services  
*Attn: CFI Waiver Renewal Input*  
105 Pleasant Street  
Concord, NH 03301