

# APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

**Background:**

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.<sup>i</sup> This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

## Appendix K-1: General Information

**General Information:**

A. State: New Hampshire

B. Waiver Title(s):

In Home Support Waiver Developmental Disabilities Waiver Acquired Brain Disorder Waiver Choices for Independence Waiver for Elderly and Chronically Ill
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C. Control Number(s):

NH.0397.R03.03 – In Home Support NH.0053.R05.03 – Developmental Disabilities NH.4177.R05.03 – Acquired Brain Disorder NH.0060.R07.04 – Choices for Independence
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D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	<b>Pandemic or Epidemic</b>
<input type="checkbox"/>	<b>Natural Disaster</b>
<input type="checkbox"/>	<b>National Security Emergency</b>
<input type="checkbox"/>	<b>Environmental</b>
<input type="checkbox"/>	<b>Other (specify):</b>

E. **Brief Description of Emergency.** *In no more than one paragraph each,* briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for

each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

The purpose of this submission is to extend the end date of the previously approved Appendix K.

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus.

As of March 27, 2020, New Hampshire has 158 confirmed cases of COVID-19 and anticipates this number to increase. The populations served through the Division of Long Term Supports and Services, which includes the Bureau of Developmental Services (BDS) and the Bureau of Elderly and Adult Services (BEAS), may be particularly vulnerable to infection and resulting illness due to: (1) underlying health conditions; (2) reliance on support from others for activities of daily living; (3) deficits in adaptive functioning that inhibit ability to follow infection control procedures and readily adapt to extreme changes in daily living.

New Hampshire seeks temporary changes to the four 1915 (c) Home and Community Based Services (HCBS) waivers to accommodate potential issues with staffing shortages and the need for service provision outside of approved service descriptions to ensure that participant health and safety needs are addressed during the emergency. In addition, the state is looking at flexible options to ensure the stability of the HCBS system that has been firmly established as a cost effective option for participants, their families, and others engaged in care.

**F. Proposed Effective Date: Start Date: March 1, 2020 Anticipated End Date: No later than six (6) months after the expiration of the Public Health Emergency (PHE).**

**G. Description of Transition Plan.**

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

**H. Geographic Areas Affected:**

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus across the state of New Hampshire.

**I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:***

New Hampshire's State Emergency Plan can be found at:  
<https://www.nh.gov/covid19/>

New Hampshire's Declaration of State of Emergency:  
<https://www.governor.nh.gov/news-media/orders-2020/documents/2020-04.pdf>

## Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

### Temporary or Emergency-Specific Amendment to Approved Waiver:

*These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.*

a.  Access and Eligibility:

i.  Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

The state will increase the maximum cap of the In Home Support Waiver (IHS) as needed according to state guidance issued by the Bureau of Developmental Services to allow for additional Respite, Enhanced Personal Care and Assistive Technology for those participants who were at the \$30,000 cap at the time of the State of Emergency. Addition guidance may be forthcoming as the state manages emerging COVID-19 developments.

ii.  Temporarily modify additional targeting criteria.

[Explanation of changes]

None

b.  Services

i.  Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii.  Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

**IHS Waiver:**

The respite cap of 15% of the total IHS budget will be removed even if it is outside of the participant's approved budget or if the participant has already met the annual cap outlined in the service to allow a participant's family additional flexibility in obtaining supports to care for their family member during the COVID-19 crisis for emergency care provision.

If a participant requires assistive technology equipment to assist with electronic monitoring or door alarms, or other devices, for oversight in regards to social distancing, equipment can be requested, even if it is outside of the participant's approved budget or if the participant has already met the annual cap outlined in the service. The assistive technology cap of \$1,500.00 per individual will be removed.

**DD and ABD Waivers:**

The respite cap of 15% of the total Participant Directed and Managed Services (PDMS) budget will be removed to allow a participant's family additional flexibility in obtaining supports to care for their family member.

Respite services may be provided in a setting necessary to ensure the health and safety of participants.

If a participant requires assistive technology equipment to assist with electronic monitoring or door alarms, or other devices, for oversight in regards to social distancing, equipment can be requested if the participant has already met the annual cap outlined in the service. The assistive technology cap of \$1,500 per individual will be removed.

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

For certified and licensed residential settings, the State is suspending requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CDC recommendations for long term care facilities). The modification of this right is not required to be justified in the individual plan. The State is also suspending the requirements for an individual's right to choose with whom to share a bedroom. The modification of this right is not required to be justified in the individual plan.

Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in

recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.

Certified or Licensed homes that have a limited number of beds available may increase their capacity by requesting emergency certification or licensing as described below:

- If the home currently only has one to two individuals, an emergency certification request may be submitted to add a second or third bed.
- For homes that are already at 3 beds, a request must be made directly to the Community Residence Coordinator of Health Facilities Administration, to request licensure as 4 beds and above requires a license.
- For homes that are currently licensed for 4 or more beds, a request for additional beds above and beyond the number of currently licensed beds must be made by contacting the Community Residence Coordinator of Health Facilities Administration directly.

**CFI waiver:**

The respite cap of 30 days will be increased to 90 days.

If a participant requires assistive technology equipment to assist with electronic monitoring or door alarms, or other devices, for oversight in regards to social distancing, equipment can be requested and, the Specialized Medical Equipment (SME) cap may be raised as needed according to state guidance. The current cap is \$15,000 within 5 years. This would allow a participant who has already met the annual cap outlined in the service to receive additional special medical equipment (SME) during the emergency and if needed, waive the prior authorization requirement for SME.

If a participant requires environmental modification (EMOD) for assistance in excess of the current cap of \$15,000 within 5 years it may be raised as needed according to state guidance. This would allow a participant who has already met the annual cap outlined in the service to receive additional EMOD during the emergency and if needed, waive the prior authorization requirement for EMOD.

The limit for Community Transition Services will be increased as needed according to state guidance.

Allow Home Maker services to be provided in settings where Adult Family Care is delivered.

Allow Personal Care provider services to be provided in settings where Supportive Housing is delivered.

Allow Personal Emergency Response services to be provided in Residential and Adult Family Care Settings.

**iii. \_\_\_ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).**

[Complete Section A-Services to be Added/Modified During an Emergency]

**iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

IHS, DD and ABD Waivers: Respite services may be provided in any setting necessary to ensure the health and safety of participants.

Consultation services may be provided using remote/telephonic support when this type of support meets the health and safety needs of the participant.

Residential Habilitation may be provided in uncertified and unlicensed homes upon the approval of the individual/guardian.

Community Participation, Community Support and Supported Employment Services may be provided in a home environment or a setting that comports with CDC recommendations and that will ensure the health and welfare of the individuals served.

CFI Waiver only:

Homemaker services may be provided in Adult Family Care settings.

Personal Care services may be provided in any setting necessary to ensure the health and safety of participants.

**v. X Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]**

If the only temporary, safe, and accessible setting for a participant is outside of New Hampshire, the participant may receive HCBS waiver services in another state, until it is safe to return to their home. The services provided in another state must still be provided in accordance with the waiver service definition.

**c. X Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as

authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

DD/ABD Waivers:

Residential Habilitation, Community Participation Services (CPS), Community Support Services (CSS), Participant Directed and Managed Services (PDMS) and Supported Employment Services (SEP) may be rendered by relatives or legally responsible individuals when they have been hired by the service provider agency authorized on the Individual Service Agreement (ISA).

Relatives and legally responsible individuals must receive training on the participant's ISA for whom they are rendering these services. Training on the ISA must consist of basic health and safety support needs for that participant. When one of these services is rendered by relatives or legal guardians, the service provider agency authorized to render the service is responsible for ensuring that services are provided as authorized in the ISA and that billing occurs in accordance with waiver requirements.

**d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

**i. X Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

IHS, DD and ABD Waiver Specific:

**Explanation of Changes:** There is a delay in obtaining driver's and criminal record checks due to the COVID-19 emergency.

If the prospective staff has a background check on file with a different organization, which includes a criminal record check, driver's record check and Bureau of Elderly and Adult Services registry check, it may be transferrable to another agency regardless of how long ago it was conducted. Staff training is also transferable between agencies.

If the prospective staff is new and does not have a driver's or criminal record on file, the agency must obtain a self-attestation from the applicant that the applicant meets the requirements outlined in rules relative to background checks.

The agency must still submit a request for the required background checks prior to hiring and in the meantime a 90 day extension will be granted to obtain these documents and have them on file for all new staff.

TB testing requirements will be suspended for up to 60 days to reduce the burden on the healthcare system and reduce exposure of new employees to environments where sick people are present.

Allow for existing med-trained staff to continue to administer medications for up to 90 days, when their re-certification has lapsed with documented nursing approval.

Non-individual specific provider training requirements outlined in rules will be extended from 60 to 90 days.

All staff must receive training on any participants' Individual Service Agreements (ISA) for whom they are providing support. Training on the ISA must consist of basic health and safety support needs for that individual.

To allow for the transfer and onboarding of new staff to replace those who are sick, the requirement for "An Overview of Developmental Disabilities or Acquired Brain Disorder, or both, as appropriate, including the local and state service delivery system" prior to delivering services to an individual is waived for up to 60 days of hire. This is a waiver of He-M 1001.04 (c) 4, which indicates that this training must be provided prior to providing support to an individual.

CFI Waiver Specific: All staff must receive training on any participants' person centered plan of care for whom they are providing support. Training on the person centered plan of care must consist of basic health and safety support needs for that individual.

Provider training requirements outlined in He-E 801 will be extended from 60 to 90 days.

**Each Service Affected:**



All Services in all HCBS waivers are affected

**Each Provider Type:**

Any provider that is providing direct support

**Changes in Provider Qualifications:**

None

**ii. \_\_\_ Temporarily modify provider types.**

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

None

**iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.**

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

DD and ABD Waivers: When necessary, suspend provider certification or licensing requirements for residential and community participation service providers when COVID-19 pandemic impacts the ability for providers to obtain license or certification due to state staff or service provider availability.

Certification or licensing requirements will not apply to services that are delivered as an emergency alternative to the certified or licensed setting.

Residential Habilitation:

1. Maximum number of individuals served in a service location (licensed or certified) may be exceeded to address staffing shortages or accommodate use of other sites as quarantine sites.
2. Minimum staffing ratios as required by license or certification, service definition and individual plan may be exceeded due to staffing shortages.

Community Participation Services:

1. Minimum staffing ratios as required by certification, service definition, and individual plan may be exceeded due to staffing shortages.
2. The requirement to provide services in community locations is suspended.

State certification survey staff are, on a case-by-case basis, postponing agency certification reviews for those agencies impacted for residential and day service settings, which is defined as Habilitative Workshops, extended family homes, and congregate residential habilitation settings, even if they are able to make it in or out of the areas, until the area is no longer in a state of emergency.

If a temporary service site is identified for a certification review, as long as the site is deemed safe and sensible for the service being provided and there is no non-compliance with regulations that could reasonably be complied with, the site will be determined to be in compliance with certification requirements.

CFI Waiver:

Adult Family Care:

1. Maximum number of individuals served in a service location (licensed or certified) may be exceeded to address staffing shortages or accommodate use of other sites as quarantine sites.
2. Minimum staffing ratios as required by license or certification, service definition and individual plan may be exceeded due to staffing shortages.

e. X **Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements).** [Describe]

Level of Care (LOC) re-evaluation can be extended from 365 days of the initial evaluation and subsequent anniversary dates to 24 months from initial evaluations and subsequent anniversary dates.

IHS/DD and ABD Waivers: Annual assessments (health risk screening tool (HRST) / other required documentation) may be postponed up to one year and services will continue on a case by case basis when conditions do not allow a waiver participant, their representative, or critical staff to participate in a renewal due to illness or quarantine to allow sufficient time for the service coordinator to complete the annual renewal paperwork.

The annual physical requirement may also be extended if the participant is unable to safely reach their doctor's office, or the doctor's office is unavailable.

For service agreements that are expiring and currently meeting an affected waiver participant's needs, but a new person centered service plan is unable to be developed due to ongoing COVID-19 impacts, the time limit to approve the plan may be extended when monthly remote or telephonic monitoring is provided to ensure the plan continues to meet the participant's needs.

Waive Support Intensity Scale Assessments (SIS)/reassessment during the NH State of Emergency.

**f. X Temporarily increase payment rates.**

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

To respond effectively to the COVID-19 outbreak, the state requires flexibility to adjust providers' rates to ensure that sufficient providers are available for clients. The state may reimburse providers with an additional add on COVID-19 rate. This applies to all select services available under the approved waivers on a case by case basis when increased rate is required to maintain paid staff due to risk factors associated with COVID-19. .

**g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.**

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

The process for service agreement/plan of care development, will remain the same as outlined in the approved waiver, with the exception of timelines. Service agreements / plans of care may be extended when the service coordinator/case manager, the participant, guardian, and the participant's providers cannot convene a timely meeting due to the COVID-19 Emergency.

Service coordination/case management planning may also be conducted remotely through telephonic support or with other remote service access technology if the parties are able. Should the development and implementation of the service agreement/plan of care be extended, the current service agreement/plan of care will remain in effect. The service coordinator/case manager will document the contact with the participant, guardian, and team to discuss the extension, as well as the projected date in which the service agreement/plan of care will be able to be completed.

The process to monitor services are delivered as specified in the service agreement/plan of care will continue as outlined in the approved waiver, with the exception of in-person contact.

IHS/DD and ABD Waivers: Service coordination staff will monitor the services through a minimum of monthly contact.

CFI Waiver: Case Management staff will monitor the services through a minimum weekly contact.

- h. X Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]**

COVID-19 related deaths are considered “unanticipated deaths” for the purpose of sentinel event reporting for individuals receiving DHHS funded services captured in the Sentinel Event Reporting Policy PO.1003. The following updates are for agencies reporting sentinel events to assist with administrative burden in completion of written reporting forms:

- During this COVID-19 pandemic, Bureau of Program Quality (BPQ) is waiving the 72-hour written notification requirement and instituting a 7-calendar day timeframe for the completion and uploading of the Sentinel Event Reporting Form. The 24-hour verbal notification to the appropriate DHHS Bureau Administrator or designee remains in effect.
- On the reporting form, for those events that are believed to be COVID-19 related, in Section III, Sentinel Event Details, #13a, please start the description with a header of “COVID-19 Related”.

IHS/DD and ABD Waivers: A remote / electronic option for medication administration certification will be made available to provider agencies.

The Bureau of Developmental Services will track all positive COVID-19 results for waiver participants as reported by Area Agencies.

CFI Waiver: The Bureau of Elderly and Adult Services will track all positive COVID-19 results for waiver participants as reported by Independent Case Management Agencies.

**i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.**

[Specify the services.]

Participants that require hospitalization may receive temporary HCBS waiver services in a hospital setting where the participant requires these services for communication, behavioral stabilization and/or intensive personal care support needs.

HCBS services may be delivered in an acute care hospital if:

- 1) They are part of a plan of care;
- 2) They meet needs of the individual that are not addressed by hospital services;
- 3) They do not substitute services that the hospital is required to provide; and
- 4) They are designed to provide smooth transitions to home and community-based settings and to preserve functionality.

**j. X Temporarily include retainer payments to address emergency related issues.**

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Retainer payments may be provided in circumstances in which service closures are necessary due to COVID-19 containment efforts and provided there are not duplicative payments for the same service.

If a participant is being served by natural supports due to being displaced or is unable to safely reach the services location, the Bureau of Developmental Services (BDS) area agencies (the State of NH's designated organized health care delivery system) and Choices for Independence (CFI) Providers may access a retainer payment effective March 1, 2020 until the termination of the public health emergency. Retainer payments will not extend past the last day of the public health emergency (or any extension thereof).

Once the participant is displaced or unable to reach the services location, the service coordinator/case manager must be notified immediately. The service coordinator must notify the area agency, if applicable. The service provider must produce supporting documentation, which both they and the area agency, if applicable, will keep on file for when the Bureau of Developmental Services (BDS), Bureau of Elderly and Adult Services (BEAS) or they are audited. In addition, the area agency will sign an attestation for BDS and the provider will sign an attestation for BEAS that the retainer payment requested is needed to maintain home and community based service provider capacity by completing the Excel tabs in the file entitled *Retainer Payment Request Template with Attestation Payment Authorization 3-26-20*. Providers will have 30 days from the date for which a retainer payment is being billed to submit a retainer payment request. Retainer payment requests will be processed on a monthly billing cycle and will be paid through the Medicaid Management Information System as a lump sum payout. BDS and BEAS will make retainer payments, based on current Medicaid Home and Community Based Services waiver rates by procedure codes and modifiers, as follows:

1. **Residential Habilitation:** BDS will make retainer payments to area agencies on behalf of Residential Habilitation providers when an individual is absent from the home, due to the public health emergency, for more than absences built into their Residential Habilitation PA (365 minus units authorized on the PA). Absences beyond the absences built in are eligible for a retainer payment. For example: A Residential Habilitation PA was approved with 313 units. The number of absences built into the PA is 52 units (365 minus 313 equals 52). A retainer payment can be made for any absence beginning with absence # 53. No more than 30 days can be paid out during the duration of the Appendix K.
2. **Community Participation Services (CPS)/Community Support Services (CSS)/Supported Employment Program (SEP):** BDS will make retainer payments to area agencies on behalf of CPS /CSS / SEP providers when an individual is absent from services, due to the public health emergency, for no more than their average daily participation for the period of September 1, 2019 through February 29, 2020. For example, if an individual averages 4 hours per day of CPS/CSS/SEP during the period of September 1, 2019 through February 29, 2020, and that individual is unable to access services, the retainer payment to the provider will be for 4 hours a day for each day missed. If an individual has some partial service delivery, for example 2 hours a day, then the retainer payment would be for the additional 2 hours to equal the 4 average

daily hours. Retainer payments cannot be paid out on more than 30 days during the duration of the Appendix K, regardless of the number of hours paid.

3. **Adult Medical Day Services (AMDS):** BEAS will make retainer payments to adult medical day service providers for the authorized units per week, not to exceed the units listed in the individual's service agreement and service/prior authorization for those individuals not being served due to the public health emergency. No more than 30 days can be paid out during the duration of the Appendix K.

**k. \_\_\_ Temporarily institute or expand opportunities for self-direction.**

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

None

**l. \_\_\_ Increase Factor C.**

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

None

**m. \_\_\_ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]**

None

**Appendix K Addendum: COVID-19 Pandemic Response**

**1. HCBS Regulations**

- a.  Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

**2. Services**

- a.  Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
  - i.  Service coordination/Case management
  - ii.  Personal care services that only require verbal cueing
  - iii.  Residential habilitation

- iv.  Day habilitation / Community participation
- v.  Community support services
- vi.  Supported employment
- vii.  Participant directed and managed services
- viii.  Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
- ix.  Other *[Describe]:*

- b.  Add home-delivered meals
- c.  Add personal protective equipment, medical supplies and equipment (over and above that which is in the state plan)
- d.  Add Assistive Technology

**3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.**

- a.  Current safeguards authorized in the approved waiver will apply to these entities.
- b.  Additional safeguards listed below will apply to these entities.

**4. Provider Qualifications**

- a.  Allow spouses and parents of minor children to provide personal care services
- b.  Allow a family member to be paid to render services to an individual.
- c.  Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d.  Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

**5. Processes**

- a.  Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b.  Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c.  Adjust prior approval/authorization elements approved in waiver.
- d.  Adjust assessment requirements



- e.  Add an electronic method of signing off on required documents such as the person-centered service plan.

## Contact Person(s)

**A. The Medicaid agency representative with whom CMS should communicate regarding the request:**

**First Name:** Sandy  
**Last Name** Hunt  
**Title:** Bureau Chief  
**Agency:** Bureau of Developmental Services  
**Address 1:** 105 Pleasant Street  
**Address 2:** Main Building  
**City** Concord  
**State** NH  
**Zip Code** 03301  
**Telephone:** 603-271-5026  
**E-mail** [sandy.hunt@dhhs.nh.gov](mailto:sandy.hunt@dhhs.nh.gov)  
**Fax Number** 603-271-5166

**First Name:** Wendi  
**Last Name** Aultman  
**Title:** Bureau Chief  
**Agency:** Bureau of Elderly and Adult Services  
**Address 1:** 105 Pleasant Street  
**Address 2:** Main Building  
**City** Concord  
**State** NH  
**Zip Code** 03301  
**Telephone:** 603-724-7983  
**E-mail** [wendi.aultman@dhhs.nh.gov](mailto:wendi.aultman@dhhs.nh.gov)  
**Fax Number** 603-271-4643

**B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:**

**First Name:** Deborah  
**Last Name** Scheetz  
**Title:** Director  
**Agency:** Division of Long Term Supports and Services  
**Address 1:** 105 Pleasant Street  
**Address 2:** Main Building  
**City** Concord  
**State** NH  
**Zip Code** 03301  
**Telephone:** 603-271-5034  
**E-mail** [deborah.scheetz@dhhs.nh.gov](mailto:deborah.scheetz@dhhs.nh.gov)  
**Fax Number** 603-271-5166

## 8. Authorizing Signature

**Signature:**  
/S/

**Date:** January 8, 2021

State Medicaid Director or Designee

**First Name:** Henry  
**Last Name** Lipman  
**Title:** State Medicaid Director  
**Agency:** Division of Medicaid Services  
**Address 1:** 129 Pleasant Street  
**Address 2:** Brown Building  
**City** Concord  
**State** NH  
**Zip Code** 03301  
**Telephone:** 603-271-9434  
**E-mail** [henry.lipman@dhhs.nh.gov](mailto:henry.lipman@dhhs.nh.gov)  
**Fax Number**

## Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification			
Service Title:	In Home Support: Respite Care Services		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>Respite care services consist of the provision of short-term assistance, in or out of an eligible child's/individual's home, for the temporary relief and support of the family with whom the child/individual lives. Respite can be family arranged or area agency arranged. Respite services within the In Home Supports waiver are provided in combination with the other In Home Support Services described in this waiver.</p> <p><b>Changes due to COVID-19 Emergency:</b></p> <p>The respite cap of 15% of the total IHS budget will be removed even if it is outside of the participant's approved budget or if the participant has already met the annual cap outlined in the service to allow a participant's family additional flexibility in obtaining supports to care for their family member during the COVID-19 crisis for emergency care provision.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Individualized budgets should not allocate more than 15% of waiver services funding for Respite Care Services.			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>
			Agency. List the types of agencies:
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>
			Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

<p><b>Individual</b></p>	<p>None</p>	<p>None</p>	<p>Respite services within the In Home Supports waiver are provided in combination with the other In Home Support Services described in this waiver.</p> <p>Under family arranged respite, families make their own arrangements for respite services through the use of extended family, neighbors, or other people known to the family.</p> <p>All arrangements shall be at the discretion of, and be the responsibility of, the family.</p> <p>The respite service provider shall be trained in medication administration, if applicable.</p> <p>The State's responsibilities with regard to oversight and monitoring of respite services when provided by the family are accomplished through service review audits of individual In Home Supports records documentation to ensure that the services provided are in keeping with the needs identified in the individual service agreement and that appropriate screenings, as described in section C-2 have been completed.</p> <p>Under Area Agency arranged respite care, the following criteria applies:</p> <p>Providers shall be able to meet the day to day requirements of the child/individual served, including:</p> <p>Activities normally engaged in by the child/individual; and</p> <p>Any special health, physical and communication needs. · The Area Agency will arrange for training of respite care providers in the following areas:</p> <p>The value and importance of respite care to a family; Mission statement;</p> <p>Emergency first aid;</p> <p>The nature of developmental disabilities; Behavior management; and Communicable diseases.</p> <p>Other specialized skills may be required of the provider, as determined by the Area Agency in consultation with the family in need of respite care.</p> <p>Training identified above shall be required unless the provider's experience or education has included such training or the respite care</p>
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			<p>provider has, in the judgment of the Area Agency and the family, sufficient skills to provide respite care for a specific person.</p> <p>Medication administration shall be in compliance with applicable state laws and regulations, including delegation of tasks by a nurse to unlicensed providers per NHRSA 326.</p> <p>Respite care providers giving care in their own homes shall serve no more than 2 persons at one time.</p> <p>If respite care is provided overnight, respite care providers shall have a responsible person to contact who, in the judgment of the provider, is able to assist in providing care to a child/individual in the event that the provider is unable to meet the respite needs of the child/individual or comply with state's respite rules.</p> <p>Liability insurance shall be maintained and documented as follows:</p> <p>Providers providing respite care in their own homes shall maintain liability insurance coverage within their homeowners or tenants insurance policies;</p> <p>Providers who will be transporting children/individuals in their own automobiles shall so inform the family or guardian and shall carry automobile liability insurance;</p> <p>Providers shall send written proof of required liability insurance to the Area Agency; and</p> <p>The Area Agency shall carry liability insurance to cover potential liabilities in the provision of respite care related services.</p> <p>The following criteria shall apply to family arranged respite:</p> <p>Any family or individual determined to be eligible and approved by the Area Agency to receive respite care may make its own arrangements for respite care through the use of extended family, neighbors, or other people known to the family.</p> <p>In circumstances where the family arranges for respite care, all arrangements shall be at the discretion of, and be the responsibility of, the family except as noted below.</p>
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			<p>The Area Agency shall establish, and inform the family of, compensation amounts and procedures for family arranged respite care.</p> <p>If respite care is to be provided in a residence certified by the state, the provider shall be trained in medication administration in compliance with the State's Nurse Practice Act, NHRSA 326.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Individual</b>	<p><b>The family has the primary responsibility to ensure family arranged respite providers have the appropriate knowledge and training necessary to support their family member.</b></p> <p><b>The Area Agency has the primary responsibility to verify the qualification of service providers arranged by the Area Agency.</b></p> <p><b>The BDS provides additional verification upon on-site service audit/record reviews.</b></p>	<p><b>Prior to the delivery of services, the Area Agency verifies qualifications. Families verify the qualifications for family arranged respite providers prior to delivery of services.</b></p> <p><b>The BDS conducts on-site service audit/record reviews annually.</b></p>

**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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**Service Specification**

Service Title: In Home Support Waiver: Consultations

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

Consultations include:

Evaluation, training, mentoring, therapeutic recreation, assistive technology, and/or special instruction, which maximize the ability of the service provider, family, and/or other caregivers of a specific child/individual to understand and care for that child's/individual's developmental, functional, health and behavioral needs. Consultative Services shall not replace services available through the NH Medicaid State Plan, He-W 500 (including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits, He-W 546) or services available under the Rehabilitation Act of 1973 or Individuals with Disabilities Education Act. Any Consultative Services provided as a result of an EPSDT Screening are not covered services under the IHS Waiver.

Support and counseling regarding diagnosis and treatment of the individual to families for whom the day-to-day responsibilities of caregiving are becoming or have become overwhelming and a stressor to the family.

**Changes due to COVID-19 Emergency:**

If a participant requires assistive technology equipment to assist with electronic monitoring or door alarms, or other devices, for oversight in regards to social distancing, equipment can be requested, even if it is outside of the participant's approved budget or if the participant has already met the annual cap outlined in the service. The assistive technology cap of \$1,500.00 per individual will be removed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Funds for therapeutic activities have a service limit of \$1,200 per year assuming they are related to the individual's service agreement goals and desired outcomes.

Funds for assistive technology have a service limit of \$1,500 per year and must be directly related to the child's disability. The identified need, goals and outcomes must be documented in the individual's service agreement. Any acquisitions or leased items in this category must be based on an assessed need by a qualified provider and cannot be a benefit covered under the NH State Medicaid Plan.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Psychiatrist, psychologist, forensic specialist, or other consulting health care or disability professional with specialized knowledge.		

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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<b>Individual</b>	psychiatrist, psychologist, or other consulting health care or disability professional requiring licensure under state law to practice, the provider is required to have the appropriate licensure and/or certification as outlined in state law.	None	Other consulting health care or disability professionals with specialized knowledge will not need state licensure or certification, but will require meeting the requirements for their specialized field and He-M 524.10, as applicable. Forensic specialists are master's level clinicians with the expertise and experience to provide supports to individuals with developmental disabilities who are at risk for unsafe sexual behaviors or arson.
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Individual</b>	<b>The Area Agency has the primary responsibility to verify the qualification of service providers.</b>	<b>Prior to the delivery of services, the Area Agency verifies provider qualifications.</b>

**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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Service Specification			
Service Title:	Developmental Disabilities Waiver: Respite		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
Respite Services: Services 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.			
<b>Changes Due to COVID-19 Emergency:</b>			
Respite services may be provided in a setting necessary to ensure the health and safety of participants.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
None			
Provider Specifications			
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/> Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:	
	Respite Provider	Respite Provider	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/> Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian	
<b>Provider Qualifications</b> (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)

<b>Respite Provider</b>	None	None	<p>Applicant must have two unrelated references and no history of:</p> <ul style="list-style-type: none"> <li>a. Felony conviction; or</li> <li>b. Any misdemeanor conviction involving: <ul style="list-style-type: none"> <li>1. Physical or sexual assault;</li> <li>2. Violence;</li> <li>3. Exploitation;</li> <li>4. Child pornography;</li> <li>5. Threatening or reckless conduct;</li> <li>6. Theft; or</li> <li>7. Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.</li> </ul> </li> </ul> <p>Respite providers shall have knowledge and training in the following areas:</p> <ul style="list-style-type: none"> <li>(1) The value and importance of respite to a family;</li> <li>(2) The area agency mission statement and the importance of family-centered supports and services as described in He-M 519.04(a);</li> <li>(3) Basic health and safety practices including emergency first aid;</li> <li>(4) The nature of developmental disabilities;</li> <li>(5) Understanding behavior as communication and facilitating positive behaviors; and</li> <li>(6) Other specialized skills as determined by the area agency in consultation with the family.</li> </ul> <p>If the respite is to be provided in the respite provider's home, the home shall be visited by a staff member from the area agency prior to the delivery of respite.</p> <p>The staff member who visited the provider's home shall complete a report of the visit that includes a statement of acceptability of the following conditions using criteria established by the area agency:</p> <ul style="list-style-type: none"> <li>(1) The general cleanliness;</li> <li>(2) Any safety hazards;</li> </ul>
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			<p>(3) Any architectural barriers for the individual(s) to be served; and</p> <p>(4) The adequacy of the following:</p> <ol style="list-style-type: none"> <li>a. Lighting;</li> <li>b. Ventilation;</li> <li>c. Hot and cold water;</li> <li>d. Plumbing;</li> <li>e. Electricity;</li> <li>f. Heat;</li> <li>g. Furniture, including beds; and</li> <li>h. Sleeping arrangements.</li> </ol> <p>The following criteria shall apply to area agency arranged respite providers:</p> <p>(1) Providers shall be able to meet the day-to-day requirements of the person(s) served, including all of the services listed in He-M 513.04(m);</p> <p>(2) Respite providers giving care in their own homes shall serve no more than 2 persons at one time; and</p> <p>(3) If respite is provided overnight, respite providers shall identify a person for the area agency to contact who, in the judgment of the provider, is responsible and able to assist in providing respite to an individual in the event that the provider is unable to meet the respite needs of the individual or comply with these rules.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Respite Provider</b>	<b>The Area Agency has the primary responsibility to verify provider qualifications.</b>	<b>Verification of provider qualification happens prior to service delivery. Agencies employ a feedback mechanism to elicit the level of satisfaction with provider competency, which they have incorporated into the reimbursement strategy for respite providers.</b>

**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed
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**Service Specification**

Service Title: Developmental Disabilities Waiver: Assistive Technology

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

Assistive Technology Support Services: are intended to help individuals in selection, acquisition, and use of assistive technology devices. The Assistive Technology Support Services are designed to provide individuals with evaluation, consultation, coordination, training and technical assistance as well as acquisition, designing, fitting, and customizing of devices.

**Changes due to COVID-19 Emergency:**

If a participant requires assistive technology equipment to assist with electronic monitoring or door alarms, or other devices, for oversight in regards to social distancing, equipment can be requested if the participant has already met the annual cap outlined in the service. The assistive technology cap of \$1,500 per individual will be removed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This waiver service is not available to individuals who are eligible to receive such service through the Medicaid State Plan (including EPSDT benefits).

Computer or electronic devices obtained under this category must be based on the written recommendation of a licensed professional, be needed based on the individual's disability, be related to goals and objectives in the service agreement and are subject to an annual service limit of \$1,500; BDS may authorize additional funds based on an individual's assessed need and when a written recommendation is made by a licensed professional or a recognized entity, such as NHATECH, upon the recommendation of the Area Agency and the availability of funds.

Any items provided under this category must be based on an assessed need by a qualified provider and cannot be available as a benefit under the NH State Medicaid 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.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Clinician		Clinician	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Clinician</b>	OT, PT, Speech, or other licensed or certified clinician as applicable.	None	None

<b>Verification of Provider Qualifications</b>				
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>	
<b>Clinician</b>	<b>State licensing board(s) or certification entities as appropriate to license or certificate type.</b>		<b>Annual or other schedule as outlined by law or regulation.</b>	
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

**Service Specification**

Service Title:      Developmental Disabilities Waiver: Residential Habilitation / Personal Care Services

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

Residential Habilitation/Personal Care Services includes a range of individually tailored supports to assist with the acquisition, retention, or improvement of community living skills including: assistance with activities of daily living such as meal preparation, eating, bathing, dressing, personal hygiene, medication management, community inclusion, transportation, social and leisure skills, therapeutic recreation (up to the service limits specified in this waiver for therapeutic recreation), and adaptive skill development 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. Services are provided to eligible individuals with the following general assistance needs:

Level I: Intended primarily for individuals whose level of functioning is relatively high but who still require intermittent supports on a daily basis;

Level II: Intended for individuals whose level of functioning is relatively high but who nevertheless require supports and supervision throughout the day;

Level III: Intended for individuals whose level of functioning requires substantial supports and supervision;

Level IV: Intended for individuals whose level of functioning requires frequent supports and supervision;

Level V: Intended for individuals who have significant medical and /or behavioral needs and require critical levels of supports and supervision; and

Level VI: Intended for individuals who have extraordinary medical and behavioral needs and require exceptional levels of assistance and specialized care.

Level VII: intended for individuals with the most extensive and extraordinary medical or behavioral management needs.

Providers of this service must meet State standards. When provided in the home, all Residential Habilitation/Personal Care Services are provided in a State certified setting in accordance with either He-M 521 (Family Residence) which w/could include a private family home, He-M 525 (Certified Participant Directed and Managed Services) which w/could include a private family home, or He-M 1001 (Community Residences).

A Community Residence, He-M 1001, is either an agency residence or private residence exclusive of any independent living arrangement that:

- (1) Provides residential services for at least one individual with a developmental disability (in accordance with He-M 503) or acquired brain disorder (in accordance with He-M 522);
- (2) Provides services and supervision for an individual on a daily and ongoing basis, both in the home and in the community, unless the individual's service agreement states that the individual may be left alone;
- (3) Serves individuals whose services are funded by the department; and
- (4) Is certified pursuant to He-M 1001, Certified Community Residence.

Payment is not made for the cost of room and board, building maintenance, upkeep, nor improvement.

**Changes due to COVID-19 Emergency:**

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.



For certified and licensed residential settings, the State is suspending requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CDC recommendations for long term care facilities). The modification of this right is not required to be justified in the individual plan. The State is also suspending the requirements for an individual's right to choose with whom to share a bedroom. The modification of this right is not required to be justified in the individual plan.

Certified or Licensed homes that have a limited number of beds available may increase their capacity by requesting emergency certification or licensing as described below:

- If the home currently only has one to two individuals, an emergency certification request may be submitted to add a second or third bed.
- For homes that are already at 3 beds, a request must be made directly to the Community Residence Coordinator of Health Facilities Administration, to request licensure as 4 beds and above requires a license.
- For homes that are currently licensed for 4 or more beds, a request for additional beds above and beyond the number of currently licensed beds must be made by contacting the Community Residence Coordinator of Health Facilities Administration directly.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This waiver service is not available to individuals who are eligible to receive such service through the Medicaid State Plan (including EPSDT benefits).

Except in circumstances where BDS has determined that any additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Therapeutic recreation services provided as part of the residential habilitation/personal care service have a service limit of \$1,200 per year. BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as a specialty provider of therapeutic recreation, the recommendation of the Area Agency and the availability of funds.

**Provider Specifications**

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Direct Service Provider		Direct Service Provider	
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian

**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
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<p><b>Direct Service Provider</b></p>	<p>If services are being provided in conjunction with a practice act, provider must comply with the State’s licensure and certification laws as appropriate.</p>	<p>If medications are being administered by non-licensed staff in certified settings, staff members must be certified to administer medications in conjunction with He-M 1201.</p> <p>Medication Administration Training and Authorization: All staff and providers are required to complete Medication Administration Training as outlined in NH’s regulation He-M 1201 prior to administering medications to individuals receiving services in certified home or day settings. He-M 1201 training is conducted by a qualified, and BDS approved, registered nurse-trainer. Medication Administration Training consists of:</p> <p>8 hours of classroom instruction;</p> <p>Training regarding the specific needs of the individual;</p> <p>Standardized written testing; and</p>	<p>Qualified Providers: Direct Service Staff of an AA or provider agency/private developmental services agency must meet the following minimum qualifications for and conditions of employment identified in He-M 1001, 521, and or 525.</p> <p>Be at least 18 years of age</p> <p>Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description; and</p> <p>Meet professional certification and licensure requirements of the position.</p> <p>Prior to hiring a person, the provider agency, with the consent of the person, shall:</p> <p>Obtain at least 2 references for the person, at least one of which shall be from a former employer; and</p> <p>Complete, at a minimum, a New Hampshire criminal records check to ensure that the person has no history of:</p> <p>Felony conviction; or</p> <p>Any misdemeanor conviction involving:</p> <p>Physical or sexual assault;</p> <p>Violence;</p> <p>Exploitation;</p> <p>Child pornography;</p> <p>Threatening or reckless conduct;</p> <p>Theft;</p> <p>Driving under the influence of drugs or alcohol; or</p> <p>Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.</p> <p>Complete a motor vehicles record check to ensure that the potential provider has a valid driver’s license.</p> <p>Personnel records, including background information relating to a staff person’s qualifications for the position held, shall be maintained by the provider agency for a period of 6 years after that staff person’s employment termination date.</p> <p>No provider or other person living or working in a community residence shall</p>
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		<p>Clinical observation by the nurse-trainer.</p> <p>Ongoing supervision and quality assurance are conducted by an RN to ensure continued competency. This regulation and the accompanying curriculum have been approved by the New Hampshire Board of Nursing.</p>	<p>serve as the legal guardian of an individual living in that community residence.</p> <p>Prior to providing services to individuals, a provider shall have evidence of a negative mantoux tuberculin test, or if positive, evidence of follow up conducted in accordance with the Center for Disease Control Guidelines. Such test shall have been completed within the previous 6 months.</p> <p>Prior to delivering services to an individual, a prospective provider shall have received orientation in the following areas:</p> <ul style="list-style-type: none"> <li>Rights and safety;</li> <li>Specific health-related requirements of each individual including: <ul style="list-style-type: none"> <li>All current medical conditions, medical history, routine and emergency protocols; and</li> <li>Any special nutrition, dietary, hydration, elimination, and ambulation needs;</li> <li>Any specific communication needs;</li> <li>Any behavioral supports of each individual served;</li> <li>The individual's fire safety assessment pursuant to He-M 1001.06(m); and</li> <li>The community residence's evacuation procedures.</li> </ul> </li> <li>An overview of developmental disabilities including the local and state service delivery system;</li> <li>Clients rights as set forth in He-M 202 and He-M 310;</li> <li>Everyday health including personal hygiene, oral health, and mental health;</li> <li>The elements that contribute to quality of life for individuals including support to: <ul style="list-style-type: none"> <li>Create and maintain valued social roles;</li> <li>Build relationships; and Participate in their local communities;</li> <li>Strategies to help individuals to learn useful skills;</li> <li>Behavioral support; and Consumer choice, empowerment and self-advocacy.</li> </ul> </li> </ul>
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<b>Verification of Provider Qualifications</b>				
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>	
<b>Direct Service Provider</b>	<p><b>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</b></p> <p><b>In addition, DHHS's Bureau of Certification and Licensing, Health Facilities Administration reviews this during certification and licensing reviews.</b></p> <p><b>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</b></p>		<p><b>Verification of provider qualification happens prior to hiring and service delivery.</b></p> <p><b>The Bureau of Health Facilities Administration verifies provider qualifications at certification site visits.</b></p> <p><b>BDS conducts service review audits on a sampling of records on an annual basis.</b></p>	
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

**Service Specification**

Service Title: Developmental Disabilities Waiver: Community Participation Services (CPS)

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

Day Habilitation/Community Participation Services are provided as part of a comprehensive array of community-based services for persons with developmental disabilities that:

Assist the individual to attain, improve, and maintain a variety of life skills, including vocational skills;  
Emphasize, maintain and broaden the individual's opportunities for community participation and relationships;  
Support the individual to achieve and maintain valued social roles, such as of an employee or community volunteer;

Promote personal choice and control in all aspects of the individual's life and services, including the involvement of the individual, to the extent he or she is able, in the selection, hiring, training, and ongoing evaluation of his or her primary staff and in determining the quality of services; and  
Are provided in accordance with the individual's service agreement and goals and desired outcomes.

All community participation services shall be designed to:

Support the individual's participation in and transportation to a variety of integrated community activities and settings;

Assist the individual to be a contributing and valued member of his or her community through vocational and volunteer opportunities;

Meet the individual's needs, goals, and desired outcomes, as identified in his or her service agreement, related to community opportunities for volunteerism, employment, personal development, socialization, therapeutic recreation (up to the service limits specified in this waiver for therapeutic recreation), communication, mobility, and personal care;

Help the individual to achieve more independence in all aspects of his or her life by learning, improving, or maintaining a variety of life skills, such as:

Traveling safely in the community;

Managing personal funds;

Participating in community activities; and

Other life skills identified in the service agreement;

Promote the individual's health and safety;

Protect the individual's right to freedom from abuse, neglect, and exploitation; and

Provide opportunities for the individual to exercise personal choice and independence within the bounds of reasonable risks.

Community participation services shall be primarily provided in community settings outside of the home where the individual lives.

Levels of Day Habilitation/Community Support Services include:

Level I: Intended primarily for individuals whose level of functioning is relatively high but who still require intermittent supports on a regular basis;

Level II: Intended for individuals whose level of functioning is relatively high but who nevertheless require supports and supervision throughout the day;  
 Level III: Intended for individuals whose level of functioning requires substantial supports and supervision;  
 Level IV: Intended for individuals whose level of functioning requires frequent supports and supervision;  
 Level V: Intended for individuals who have significant medical and /or behavioral needs and require critical levels of supports and supervision; and  
 Level VI: Intended for individuals with the most extraordinary medical and behavioral needs and require exceptional levels of supervision, assistance and specialized care.

**Changes due to COVID-19 Emergency:**

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Except in circumstances where BDS has determined that any additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Therapeutic recreation services provided as part of the menu of day habilitation/community participation services have a service limit of \$1,200 per year. BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as a specialty provider of therapeutic recreation, the recommendation of the Area Agency and the availability of funds.

**Provider Specifications**

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Day Service Provider		Day Service Provider	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian



**Provider Qualifications** (*provide the following information for each type of provider*):

Provider Type:	License ( <i>specify</i> )	Certificate ( <i>specify</i> )	Other Standard ( <i>specify</i> )
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<p><b>Day Service Provider</b></p>	<p>If clinical consultants are used, they shall be licensed or certified as required by New Hampshire law.</p>	<p>If clinical consultants are used, they shall be licensed or certified as required by New Hampshire law.</p> <p>If medications are being administered by non-licensed staff in certified settings, staff members must be certified to administer medications in conjunction with He-M 1201.</p> <p>Medication Administration Training and Authorization: All staff and providers are required to complete Medication Administration Training as outlined in NH's regulation He-M 1201 prior to administering medications to individuals receiving services in certified day settings. He-M 1201 training is conducted by a qualified, and BDS approved, registered nurse-trainer. Medication Administration Training consists of:</p> <p>8 hours of classroom instruction;</p>	<p>Each applicant for employment shall meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description.</p> <p>Staff Qualifications and Training.</p> <p>(a) Day services staff and consultants shall collectively possess professional backgrounds and competencies such that the needs of the individuals who receive day services can be met.</p> <p>(b) Direct service staff may include professional staff, non-professional staff, and volunteers who shall be supervised by professional staff or by the director of day services or his or her designee.</p> <p>(c) Prior to a person providing day services to individuals, the provider agency, with the consent of the person, shall:</p> <ol style="list-style-type: none"> <li>(1) Obtain at least 2 references for the person; and</li> <li>(2) Complete, at a minimum, a New Hampshire criminal records check to ensure that the person has no history of: <ol style="list-style-type: none"> <li>a. Felony conviction; or</li> <li>b. Any misdemeanor conviction involving: <ol style="list-style-type: none"> <li>1. Physical or sexual assault;</li> <li>2. Violence;</li> <li>3. Exploitation;</li> <li>4. Child pornography;</li> <li>5. Threatening or reckless conduct;</li> <li>6. Theft;</li> <li>7. Driving under the influence of drugs or alcohol; or</li> <li>8. Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.</li> </ol> </li> </ol> </li> </ol> <p>(d) If clinical consultants are used, they shall be licensed or certified as required by New Hampshire law.</p> <p>(e) All persons who provide day services shall be at least 18 years of age.</p> <p>(f) Prior to delivering day services to an individual, the provider agency shall orient staff and consultants to the needs and interests of the individuals they serve, in the following areas:</p>
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		<p>Training regarding the specific needs of the individual; Standardized written testing; and Clinical observation by the nurse-trainer.</p> <p>Ongoing supervision and quality assurance are conducted by an RN to ensure continued competency. This regulation and the accompanying curriculum have been approved by the New Hampshire Board of Nursing.</p>	<p>(1) Rights and safety; (2) Specific health-related requirements including those related to: a. Current medical conditions, medical history and routine and emergency protocols; and b. Any special nutrition, dietary, hydration, elimination, or ambulation needs; (3) Any specific communication needs; (4) Any behavioral supports; (5) The individuals service agreements, including all goals and methods or strategies to achieve the goals; and (6) The day services evacuation procedures, if applicable. (g) Provider agencies shall: (1) Assign staff to work with an experienced staff member during their orientation if they have had no prior experience providing services to individuals; (2) Train staff in accordance with He-M 506 within the first 6 months of employment; and (3) Provide staff with annual training in accordance with their individual staff development plan.</p> <p>Prior to delivering services to an individual, a prospective provider shall have received orientation in the following areas:</p> <p>Rights and safety; Specific health-related requirements of each individual including: All current medical conditions, medical history, routine and emergency protocols; and Any special nutrition, dietary, hydration, elimination, and ambulation needs; Any specific communication needs; Any behavioral supports of each individual served; The individual's fire safety assessment pursuant to He-M 1001.06(m); and The community residence's evacuation procedures.</p>
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			<p>An overview of developmental disabilities including the local and state service delivery system;</p> <p>Clients rights as set forth in He-M 202 and He-M 310;</p> <p>Everyday health including personal hygiene, oral health, and mental health;</p> <p>The elements that contribute to quality of life for individuals including support to:</p> <p>Create and maintain valued social roles;</p> <p>Build relationships; and Participate in their local communities;</p> <p>Strategies to help individuals to learn useful skills;</p> <p>Behavioral support; and Consumer choice, empowerment and self-advocacy.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Day Service Provider</b>	<p><b>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</b></p> <p><b>In addition, DHHS's Bureau of Certification and Licensing, Health Facilities Administration reviews this during certification and licensing reviews.</b></p> <p><b>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</b></p>	<p><b>Verification of provider qualification happens prior to hiring and service delivery. The Bureau of Health Facilities Administration verifies provider qualifications at certification site visits. BDS conducts service review audits on a sampling of records on an annual basis.</b></p>

Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

**Service Specification**

Service Title:      Developmental Disabilities Waiver: Supported Employment Program (SEP)

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

Employment services for persons with developmental disabilities served within the state community developmental services system who have an expressed interest in working to:

Provide access to comprehensive employment services by qualified staff;

Make available, based upon individual need and interest: employment supports, transportation to work, training and educational opportunities; and the use of co-worker supports and generic resources, to the maximum extent possible.

All employment services shall be designed to:

Assist the individual to obtain employment, customized employment or self-employment, including the development of microenterprises that are appropriately integrated, that is based on the individual's employment profile and goals in the service agreement;

Provide the individual with opportunities to participate in a comprehensive career development process that helps to identify, in a timely manner, the individual's employment profile;

Support the individual to develop appropriate skills for job searching, including:

Creating a resume and employment portfolio;

Practicing job interviews; and

Learning soft skills that are essential for succeeding in the workplace;

Assist the individual to become as independent as possible in his or her employment, internships, and education and training opportunities by:

Developing accommodations;

Utilizing assistive technology; and

Creating and implementing a fading plan;

Help the individual to:

Meet his or her goal for the desired number of hours of work as articulated in the service agreement; and

Earn wages of at least minimum wage or prevailing wage, unless the individual is pursuing income based on self-employment;

Assess, cultivate, and utilize natural supports within the workplace to assist the individual to achieve independence to the greatest extent possible;

Help the individual to learn about, and develop appropriate social skills to actively participate in, the culture of his or her workplace;

Understand, respect, and address the business needs of the individual's employer, in order to support the individual to meet appropriate workplace standards and goals;

Maintain communication with, and provide consultations to, the employer to:

Address employer specific questions or concerns to enable the individual to perform and retain his/her job; and

Explore opportunities for further skill development and advancement for the individual;

Help the individual to learn, improve, and maintain a variety of life skills related to employment, such as:

Traveling safely in the community;

Managing personal funds;

Utilizing public transportation; and  
 Other life skills identified in the service agreement related to employment;

Promote the individual's health and safety;  
 Protect the individual's right to freedom from abuse, neglect, and exploitation; and  
 Provide opportunities for the individual to exercise personal choice and independence within the bounds of reasonable risks.

SEP Level I: Intended primarily for individuals whose level of functioning is relatively high but who still require intermittent supports on a regular basis;  
 SEP Level II: Intended for individuals whose level of functioning requires substantial supports and supervision;  
 SEP Level III: Intended for individuals with the most extensive and extraordinary medical or behavioral management needs.

**Changes due to COVID-19 Emergency:**

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

**Provider Specifications**

Provider Category(s) (check one or both):	X	Individual. List types:	X	Agency. List the types of agencies:
		Employment Consultant		Employment Consultant
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	X	Relative/Legal Guardian

**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
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<p><b>Employment Consultant</b></p>	<p>None</p>	<p>None</p>	<p>Employment professionals shall:  Meet one of the following criteria:  Have completed, or complete within the first 6 months of becoming an employment professional, training that meets the national competencies for job development and job coaching, as established by the Association of People Supporting Employment First (APSE) in “APSE Supported Employment Competencies” (Revision 2010), available as noted in Appendix A; or  Have obtained the designation as a Certified Employment Services Professional through the Employment Services Professional Certification Commission (ESPCC), an affiliate of APSE; and  Obtain 12 hours of continuing education annually in subject areas pertinent to employment professionals including, at a minimum:  Employment;  Customized employment;  Task analysis/systematic instruction;  Marketing and job development;  Discovery;  Person-centered employment planning;  Work incentives for individuals and employers;  Job accommodations;  Assistive technology;  Vocational evaluation;  Personal career profile development;  Situational assessments;  Writing meaningful vocational objectives;  Writing effective resumes and cover letters;  Understanding workplace culture;  Job carving;  Understanding laws, rules, and regulations;  Developing effective on the job training and supports;  Developing a fading plan and natural supports;  Self-employment; and  School to work transition.</p>
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			<p>At a minimum, job coaching staff shall be trained on all of the following prior to supporting an individual in employment:</p> <p>Understanding and respecting the business culture and business needs;</p> <p>Task analysis;</p> <p>Systematic instruction;</p> <p>How to build natural supports;</p> <p>Implementation of the fading plan;</p> <p>Effective communication with all involved;</p> <p>and</p> <p>Methods to maximize the independence of the individual on the job site.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Employment Consultant</b>	<p><b>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</b></p> <p><b>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</b></p>	<p><b>Verification of provider qualification happens prior to hiring and service delivery.</b></p> <p><b>BDS conducts service review audits on a sampling of records on an annual basis.</b></p>

Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed

## Service Specification

Service Title: Developmental Disabilities Waiver: Community Support Services (CSS)

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

### Service Definition (Scope):

Community Support Services: are intended for the individual who has developed, or is trying to develop, skills to live independently within the community. Community Support Services consist of assistance, excluding room and board, provided to an individual to improve or maintain his or her skills in basic daily living and community integration; to enhance his or her personal development and well-being in accordance with goals outlined in the individual's service agreement. Services may begin and continue for a time limited period while the individual is still residing with his/her family. If CSS services begin while the individual is still residing with his or her family, the service agreement must include specific goals and objectives specific to assisting the individual to develop skills for independent living in support of moving from the family home as well as the expected duration of the services to be provided prior to the individual moving out of the family home.

Community Support Services include, as individually necessary, assistance in areas such as: daily living skills, money management, shopping skills, food preparation, laundry, household maintenance, and use of community resources, community safety, social skills and transportation related to these achievement of individual goals and objectives. Persons receiving Community Support Services require the continuous availability of, and access to, services and supports, which shall assure that the individual's needs are met.

### **Changes due to COVID-19 Emergency:**

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.

### Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Except in circumstances where BDS has determined that any additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Provider Specifications					
Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:	
	CSS Staff		CSS Staff		
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	X	Relative/Legal Guardian	
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>					
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>		

<p><b>CSS Staff</b></p>	<p>None</p>	<p>None</p>	<p>Each applicant for employment shall meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description. Direct Service Staff of an AA or provider agency/private developmental services agency must meet the following minimum qualifications:</p> <p>Be at least 18 years of age</p> <p>Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description; and</p> <p>Meet professional certification and licensure requirements of the position.</p> <p>Prior to hiring a person, the provider agency, with the consent of the person, shall:</p> <p>Obtain at least 2 references for the person, at least one of which shall be from a former employer; and</p> <p>Complete, at a minimum, a New Hampshire criminal records check to ensure that the person has no history of:</p> <ul style="list-style-type: none"> <li>Felony conviction; or</li> <li>Any misdemeanor conviction involving: <ul style="list-style-type: none"> <li>Physical or sexual assault;</li> <li>Violence;</li> <li>Exploitation;</li> <li>Child pornography;</li> <li>Threatening or reckless conduct;</li> <li>Theft;</li> <li>Driving under the influence of drugs or alcohol; or</li> <li>Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.</li> </ul> </li> </ul> <p>Complete a motor vehicles record check to ensure that the potential provider has a valid driver's license.</p> <p>Personnel records, including background information relating to a staff person's qualifications for the position held, shall be maintained by the provider agency for a period of 6 years after that staff person's employment termination date.</p> <p>Prior to providing services to individuals, a provider shall have evidence of a negative</p>
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			<p>mantoux tuberculin test, or if positive, evidence of follow up conducted in accordance with the Center for Disease Control Guidelines. Such test shall have been completed within the previous 6 months.</p> <p>Prior to delivering services to an individual, a prospective provider shall have received orientation in the following areas:</p> <p>Rights and safety;</p> <p>Specific health-related requirements of each individual including:</p> <p>All current medical conditions, medical history, routine and emergency protocols; and</p> <p>Any special nutrition, dietary, hydration, elimination, and ambulation needs;</p> <p>Any specific communication needs;</p> <p>Any behavioral supports of each individual served;</p> <p>The individual's fire safety assessment pursuant to He-M 1001.06(m); and</p> <p>The community residence's evacuation procedures.</p> <p>An overview of developmental disabilities including the local and state service delivery system;</p> <p>Clients rights as set forth in He-M 202 and He-M 310;</p> <p>Everyday health including personal hygiene, oral health, and mental health;</p> <p>The elements that contribute to quality of life for individuals including support to:</p> <p>Create and maintain valued social roles;</p> <p>Build relationships; and Participate in their local communities;</p> <p>Strategies to help individuals to learn useful skills;</p> <p>Behavioral support; and Consumer choice, empowerment and self-advocacy.</p>
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<b>Verification of Provider Qualifications</b>		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification

<b>CSS Staff</b>	<b>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</b>  <b>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</b>	<b>Verification of provider qualification happens prior to hiring and service delivery.</b>  <b>BDS conducts service review audits on a sampling of records on an annual basis.</b>		
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

**Service Specification**

Service Title:	Developmental Disabilities Waiver: Participant Directed and Managed Services (PDMS) formerly Consolidated Developmental Services
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*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

Participant Directed and Managed Services - PDMS (formerly Consolidated Developmental Services)

PDMS enables individuals to maximize participant direction affording the option to exercise choice and control over a menu of waiver services and utilization of BDS authorized funding. This service category includes an individually tailored and personalized combination of services and supports for individuals with developmental disabilities and their families in order to improve and maintain the individual's need for transportation, opportunities and experiences in living, working, socializing, accessing therapeutic recreation (up to the service limits specified in this waiver for therapeutic recreation), personal growth, safety and health.

Individuals whose services are funded through PDMS direct and manage their services according to the definition of Direction and Management in State Administrative Rule He-M 525.

Community Support Services include, as individually necessary, assistance in areas such as: daily living skills, money management, shopping skills, food preparation, laundry, household maintenance, use of community resources, community safety, social skills and transportation related to these achievement of individual goals and objectives. Persons receiving Community Support Services require the continuous availability of, and access to, services and supports, which shall assure that the individual's needs are met.

**Changes due to COVID-19 Emergency:**

The respite cap of 15% of the total Participant Directed and Managed Services (PDMS) budget will be removed to allow a participant's family additional flexibility in obtaining supports to care for their family member.

Respite services may be provided in a setting necessary to ensure the health and safety of participants.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Individualized PDMS budgets should not allocate more than approximately 15% of waiver services funding for Respite Care Services.

Except in circumstances where BDS has determined that any additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Therapeutic recreation services provided as part of the menu of PDMS services have a service limit of \$1,200 per year. BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as a specialty provider of therapeutic recreation, the recommendation of the Area Agency and the availability of funds.

Computer or electronic devices obtained under this category must be based on the written recommendation of a licensed professional, be needed based on the individual's disability, be related to goals and objectives in the service agreement and are subject to an annual service limit of \$1,500; BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as NH ATECH, the recommendation of the Area Agency and the availability of funds. Any items provided under this category must be based on an assessed need by a qualified provider and cannot be available as a benefit under the NH State Medicaid Plan.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
		Direct Service Staff		Direct Service Staff
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	X	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	



<b>Direct Service Staff</b>	None	None	<p>Staff and providers must:</p> <p>a. Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description;</p> <p>b. Meet the certification and licensing requirements of the position, if any; and</p> <p>c. Be 18 years of age or older;</p> <p>(8) The employer, when not the individual or representative, shall provide information to the individual and representative regarding the staff development elements identified in He-M 506.05 to assist him or her in making informed decisions with respect to orientation and training of staff and providers; and</p> <p>(9)...the employer shall insure that the staff and providers receive the orientation and training selected by the individual or representative.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Direct Service Staff</b>	<p><b>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</b></p> <p><b>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</b></p>	<p><b>Verification of provider qualification happens prior to hiring and service delivery.</b></p> <p><b>BDS conducts service review audits on a sampling of records on an annual basis.</b></p>

Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed



Service Specification				
Service Title:	Acquired Brain Disorder Waiver: Respite			
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>				
Service Definition (Scope):				
Respite Services: Services 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.				
<b>Changes Due to COVID-19 Emergency:</b>				
Respite services may be provided in a setting necessary to ensure the health and safety of participants.				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
None				
Provider Specifications				
Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Respite Provider		Respite Provider
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<b>Respite Provider</b>	None	None	<p>Applicant must have two unrelated references and no history of:</p> <ol style="list-style-type: none"> <li>a. Felony conviction; or</li> <li>b. Any misdemeanor conviction involving: <ol style="list-style-type: none"> <li>1. Physical or sexual assault;</li> <li>2. Violence;</li> <li>3. Exploitation;</li> <li>4. Child pornography;</li> <li>5. Threatening or reckless conduct;</li> <li>6. Theft; or</li> <li>7. Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.</li> </ol> </li> </ol> <p>Respite providers shall have knowledge and training in the following areas:</p> <ol style="list-style-type: none"> <li>(1) The value and importance of respite to a family;</li> <li>(2) The area agency mission statement and the importance of family-centered supports and services as described in He-M 519.04(a);</li> <li>(3) Basic health and safety practices including emergency first aid;</li> <li>(4) The nature of developmental disabilities;</li> <li>(5) Understanding behavior as communication and facilitating positive behaviors; and</li> <li>(6) Other specialized skills as determined by the area agency in consultation with the family.</li> </ol> <p>If the respite is to be provided in the respite provider's home, the home shall be visited by a staff member from the area agency prior to the delivery of respite.</p> <p>The staff member who visited the provider's home shall complete a report of the visit that includes a statement of acceptability of the following conditions using criteria established by the area agency:</p> <ol style="list-style-type: none"> <li>(1) The general cleanliness;</li> <li>(2) Any safety hazards;</li> <li>(3) Any architectural barriers for the individual(s) to be served; and</li> <li>(4) The adequacy of the following: <ol style="list-style-type: none"> <li>a. Lighting;</li> <li>b. Ventilation;</li> <li>c. Hot and cold water;</li> <li>d. Plumbing;</li> <li>e. Electricity;</li> <li>f. Heat;</li> </ol> </li> </ol>
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			<p>g. Furniture, including beds; and</p> <p>h. Sleeping arrangements.</p> <p>The following criteria shall apply to area agency arranged respite providers:</p> <p>(1) Providers shall be able to meet the day-to-day requirements of the person(s) served, including all of the services listed in He-M 513.04(m);</p> <p>(2) Respite providers giving care in their own homes shall serve no more than 2 persons at one time; and</p> <p>(3) If respite is provided overnight, respite providers shall identify a person for the area agency to contact who, in the judgment of the provider, is responsible and able to assist in providing respite to an individual in the event that the provider is unable to meet the respite needs of the individual or comply with these rules.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Respite Provider</b>	<b>The Area Agency has the primary responsibility to verify provider qualifications.</b>	<p><b>Verification of provider qualification happens prior to service delivery. Agencies employ a feedback mechanism to elicit the level of satisfaction with provider competency. Satisfaction survey results are completed within one week following the provision of area agency arranged respite services by a respite service provider to a new family, in accordance with He-M 513.04(o) (<a href="http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html">http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html</a>). Area Agency staff shall contact the family in person, by telephone or by questionnaire to review the respite services provided. The information collected as a result of the family contact shall (1). Be documented in writing and maintained at the Area Agency; (2) minimally address those service requirements listed in (n) above; and (3) Report the family’s satisfaction or dissatisfaction with the respite services provided. Per He-M 513.01(4) the area agency is responsible to assist the family in the selection of area agency or family arranges respite services.</b></p> <p><b>During area agency arranged respite, wage is determined by the agency based on the qualifications of the respite provider. During family arrange respite, the families may be provided either a voucher or finite funds to pay respite providers within an hourly range based on the individual and family satisfaction.</b></p>

**Service Delivery Method**

<b>Service Delivery Method</b> ( <i>check each that applies</i> ):	X	Participant-directed as specified in Appendix E	X	Provider managed
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**Service Specification**

Service Title: Acquired Brain Disorder Waiver: Assistive Technology

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

Computer or electronic devices obtained under this category must be based on the written recommendation of a licensed professional, be needed based on the individual's disability, be related to goals and objectives in the service agreement and are subject to an annual service limit of \$1,500; BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as NH ATECH, the recommendation of the Area Agency and the availability of funds.

Any items provided under this category must be based on an assessed need by a qualified provider and cannot be available as a benefit under the NH State Medicaid Plan.

**Changes due to COVID-19 Emergency:**

If a participant requires assistive technology equipment to assist with electronic monitoring or door alarms, or other devices, for oversight in regards to social distancing, equipment can be requested if the participant has already met the annual cap outlined in the service. The assistive technology cap of \$1,500 per individual will be removed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Computer or electronic devices obtained under this category must be based on the written recommendation of a licensed professional, be needed based on the individual's disability, be related to goals and objectives in the service agreement and are subject to an annual service limit of \$1,500; BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as NH ATECH, the recommendation of the Area Agency and the availability of funds.

Any items provided under this category must be based on an assessed need by a qualified provider and cannot be available as a benefit under the NH State Medicaid Plan.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Clinician		Clinician	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Clinician</b>	OT, PT, Speech, or other licensed or certified clinician as applicable.	None	None

**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
<b>Clinician</b>	<b>State licensing board(s) or certification entities as appropriate to license or certificate type.</b>		<b>Annual or other schedule as outlined by law or regulation.</b>	
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

**Service Specification**

Service Title: Acquired Brain Disorder Waiver: Residential Habilitation / Personal Care Services

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):



Residential Habilitation/Personal Care Services includes a range of individually tailored supports to assist with the acquisition, retention, or improvement of community living skills including: assistance with activities of daily living such as meal preparation, eating, bathing, dressing, personal hygiene, medication management, community inclusion, transportation, social and leisure skills, therapeutic recreation (up to the service limits specified in this waiver for therapeutic recreation), and adaptive skill development 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. Services are provided to eligible individuals with the following general assistance needs:

Level I: Intended primarily for individuals whose level of functioning is relatively high but who still require intermittent supports on a daily basis;

Level II: Intended for individuals whose level of functioning is relatively high but who nevertheless require supports and supervision throughout the day;

Level III: Intended for individuals whose level of functioning requires substantial supports and supervision;

Level IV: Intended for individuals whose level of functioning requires frequent supports and supervision;

Level V: Intended for individuals who have significant medical and /or behavioral needs and require critical levels of supports and supervision;

Level VI: Intended for individuals who have extraordinary medical or behavioral needs and require exceptional levels of assistance and specialized care.

Level VII: Intended for individuals who have extraordinary medical and behavioral needs and require exceptional levels of assistance and specialized care.

Level VIII: intended for individuals with the most extensive and extraordinary medical or behavioral management needs.

Providers of this service must meet State standards. When provided in the home, all Residential Habilitation/Personal Care Services are provided in a State certified setting in accordance with either He-M 521 (Family Residence) which w/could include a private family home, He-M 525 (Certified Participant Directed and Managed Services) which w/could include a private family home, or He-M 1001 (Community Residences).

A Community Residence, He-M 1001, is either an agency residence or private residence exclusive of any independent living arrangement that:

- (1) Provides residential services for at least one individual with a developmental disability (in accordance with He-M 503) or acquired brain disorder (in accordance with He-M 522);
- (2) Provides services and supervision for an individual on a daily and ongoing basis, both in the home and in the community, unless the individual's service agreement states that the individual may be left alone;
- (3) Serves individuals whose services are funded by the department; and
- (4) Is certified pursuant to He-M 1001, Certified Community Residence.

Payment is not made for the cost of room and board, building maintenance, upkeep, nor improvement.

**Changes due to COVID-19 Emergency:**

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

For certified and licensed residential settings, the State is suspending requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CDC recommendations for long term care facilities). The modification of this right is not required to be justified in the individual plan. The State is also suspending the requirements for an individual's right to choose with whom to share a bedroom. The modification of this right is not required to be justified in the individual plan.

Certified or Licensed homes that have a limited number of beds available may increase their capacity by requesting emergency certification or licensing as described below:

- If the home currently only has one to two individuals, an emergency certification request may be submitted to add a second or third bed.
- For homes that are already at 3 beds, a request must be made directly to the Community Residence Coordinator of Health Facilities Administration, to request licensure as 4 beds and above requires a license.
- For homes that are currently licensed for 4 or more beds, a request for additional beds above and beyond the number of currently licensed beds must be made by contacting the Community Residence Coordinator of Health Facilities Administration directly.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Except in circumstances where BDS has determined that additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver is that which is required to enable the individual to access the Home and Community Based Services outlined in the individual's service agreement and are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Therapeutic recreation services provided as part of the menu of residential habilitation/personal care services have a service limit of \$1,200 per year. BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as a specialty provider of therapeutic recreation, the recommendation of the Area Agency and the availability of funds.

If the individual/guardian chooses the individual's spouse to provide personal care services, payment shall be available to the spouse, so long as it is determined that this is in the best interest of the individual and when at least one of the following applies:

1. The individual's level of dependency in performing activities of daily living, including the need for assistance with toileting, eating or mobility, exceeds that of his or her peers with an acquired brain disorder ;
2. The individual requires support for a complex medical condition, including airway management, enteral feeding, catheterization or other similar procedures; or
3. The individual's need for behavioral management or cognitive supports exceeds that of his or her peers with an acquired brain disorder.

The legally responsible person or spouse must meet all applicable provider qualifications, including the required criminal records check.

Additionally, in those instances where the spouse is providing personal care services, the spouse cannot provide more than 40 hours per week of personal care services. The case manager shall review on a monthly basis the hours billed by the spouse for the provision of personal care.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Direct Service Provider		Direct Service Provider	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p><b>Direct Service Provider</b></p>	<p>If services are being provided in conjunction with a practice act, provider must comply with the State's licensure and certification laws as appropriate.</p>	<p>If medications are being administered by non-licensed staff in certified settings, staff members must be certified to administer medications in conjunction with He-M 1201.</p> <p>Medication Administration Training and Authorization: All staff and providers are required to complete Medication Administration Training as outlined in NH's regulation He-M 1201 prior to administering medications to individuals receiving services in certified home or day settings. He-M 1201 training is conducted by a qualified, and BDS approved, registered nurse-trainer. Medication Administration Training consists of:</p> <p>8 hours of classroom instruction;</p> <p>Training regarding the specific needs of the individual;</p> <p>Standardized written testing; and</p>	<p>Qualified Providers: Direct Service Staff of an AA or provider agency/private developmental/ABD services agency must meet the following minimum qualifications for and conditions of employment identified in He-M 1001, 521, and or 525.</p> <p>Be at least 18 years of age</p> <p>Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description; and</p> <p>Meet professional certification and licensure requirements of the position.</p> <p>Prior to hiring a person, the provider agency, with the consent of the person, shall:</p> <p>Obtain at least 2 references for the person, at least one of which shall be from a former employer; and</p> <p>Complete, at a minimum, a New Hampshire criminal records check to ensure that the person has no history of:</p> <p>Felony conviction; or</p> <p>Any misdemeanor conviction involving:</p> <p>Physical or sexual assault;</p> <p>Violence;</p> <p>Exploitation;</p> <p>Child pornography;</p> <p>Threatening or reckless conduct;</p> <p>Theft;</p> <p>Driving under the influence of drugs or alcohol; or</p> <p>Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.</p> <p>Complete a motor vehicles record check to ensure that the potential provider has a valid driver's license.</p> <p>Personnel records, including background information relating to a staff person's qualifications for the position held, shall be maintained by the provider agency for a period of 6 years after that staff person's employment termination date.</p> <p>No provider or other person living or working in a community residence shall serve as the legal guardian of an individual living in that community residence.</p>
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		<p>Clinical observation by the nurse-trainer.</p> <p>Ongoing supervision and quality assurance are conducted by an RN to ensure continued competency. This regulation and the accompanying curriculum have been approved by the New Hampshire Board of Nursing.</p>	<p>Prior to providing services to individuals, a provider shall have evidence of a negative mantoux tuberculin test, or if positive, evidence of follow up conducted in accordance with the Center for Disease Control Guidelines. Such test shall have been completed within the previous 6 months.</p> <p>Prior to delivering services to an individual, a prospective provider shall have received orientation in the following areas:</p> <ul style="list-style-type: none"> <li>•Rights and safety;</li> <li>•Specific health-related requirements of each individual including:</li> </ul> <p>All current medical conditions, medical history, routine and emergency protocols; and</p> <p>Any special nutrition, dietary, hydration, elimination, and ambulation needs;</p> <p>Any specific communication needs;</p> <p>Any behavioral supports of each individual served;</p> <p>The individual's fire safety assessment pursuant to He-M 1001.06(m); and</p> <p>The community residence's evacuation procedures.</p> <p>An overview of acquired brain disorder including the local and state service delivery system;</p> <p>Clients' rights as set forth in He-M 202 and He-M 310;</p> <p>Everyday health including personal hygiene, oral health, and mental health;</p> <p>The elements that contribute to quality of life for individuals including support to:</p> <ul style="list-style-type: none"> <li>Create and maintain valued social roles;</li> <li>Build relationships; and Participate in their local communities;</li> <li>Strategies to help individuals to learn useful skills;</li> <li>Behavioral support; and Consumer choice, empowerment and self-advocacy.</li> </ul>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	

<b>Direct Service Provider</b>	<p><b>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</b></p> <p><b>In addition, DHHS's Bureau of Certification and Licensing, Health Facilities Administration reviews this during certification and licensing reviews.</b></p> <p><b>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</b></p>	<p><b>Verification of provider qualification happens prior to hiring and service delivery.</b></p> <p><b>The Bureau of Health Facilities Administration verifies provider qualifications at certification site visits.</b></p> <p><b>BDS conducts service review audits on a sampling of records on an annual basis.</b></p>		
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

**Service Specification**

Service Title: Acquired Brain Disorder Waiver: Community Participation Services (CPS)

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

Day Habilitation/Community Participation Services are provided as part of a comprehensive array of community-based services for persons with acquired brain injury that:

Assist the individual to attain, improve, and maintain a variety of life skills, including vocational skills; Emphasize, maintain and broaden the individual's opportunities for community participation and relationships; Support the individual to achieve and maintain valued social roles, such as of an employee or community volunteer; Promote personal choice and control in all aspects of the individual's life and services, including the involvement of the individual, to the extent he or she is able, in the selection, hiring, training, and ongoing evaluation of his or her primary staff and in determining the quality of services; and are provided in accordance with the individual's service agreement and goals and desired outcomes.

All community participation services shall be designed to:

Support the individual's participation in and transportation to a variety of integrated community activities and settings;

Assist the individual to be a contributing and valued member of his or her community through vocational and volunteer opportunities;

Meet the individual's needs, goals, and desired outcomes, as identified in his or her service agreement, related to community opportunities for volunteerism, employment, personal development, socialization, therapeutic recreation (up to the service limits specified in this waiver for therapeutic recreation), communication, mobility, and personal care;

Help the individual to achieve more independence in all aspects of his or her life by learning, improving, or maintaining a variety of life skills, such as:

Traveling safely in the community;

Managing personal funds;

Participating in community activities; and

Other life skills identified in the service agreement;

Promote the individual's health and safety;

Protect the individual's right to freedom from abuse, neglect, and exploitation; and

Provide opportunities for the individual to exercise personal choice and independence within the bounds of reasonable risks.

Community participation services shall be primarily provided in community settings outside of the home where the individual lives.

Levels of Day Habilitation/Community Support Services include:

Level I: Intended primarily for individuals whose level of functioning is relatively high but who still require intermittent supports on a regular basis;



Level II: Intended for individuals whose level of functioning is relatively high but who nevertheless require supports and supervision throughout the day;

Level III: Intended for individuals whose level of functioning requires substantial supports and supervision;

Level IV: Intended for individuals whose level of functioning requires frequent supports and supervision;

Level V: Intended for individuals who have significant medical and /or behavioral needs and require critical levels of supports and supervision; and

Level VI: Intended for individuals with the most extraordinary medical and behavioral needs and require exceptional levels of supervision, assistance and specialized care.

**Changes due to COVID-19 Emergency:**

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Except in circumstances where BDS has determined that additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver is that which is required to enable the individual at access the Home and Community Based Services outlined in the individual's service agreement and are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Therapeutic recreation services provided as part of the menu of day habilitation/community participation services have a service limit of \$1,200 per year. BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as a specialty provider of therapeutic recreation, the recommendation of the Area Agency and the availability of funds.

**Provider Specifications**

	X	Individual. List types:	X	Agency. List the types of agencies:
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Provider Category(s) <i>(check one or both):</i>	Day Service Provider	Day Service Provider		
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	X	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p><b>Day Service Provider</b></p>	<p>None</p>	<p>If clinical consultants are used, they shall be licensed or certified as required by New Hampshire law.</p> <p>If medications are being administered by non-licensed staff in certified settings, staff members must be certified to administer medications in conjunction with He-M 1201.</p> <p>Medication Administration Training and Authorization: All staff and providers are required to complete Medication Administration Training as outlined in NH's regulation He-M 1201 prior to administering medications to individuals receiving services in certified day settings. He-M 1201 training is conducted by a qualified, and BDS approved, registered nurse-trainer. Medication Administration Training consists of:</p> <p>8 hours of classroom instruction;</p>	<p>Each applicant for employment shall meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description. Staff must be trained in accordance with He-M 506 and 507 prior to providing day services.</p> <p>Qualified Providers: Direct Service Staff of an AA or provider agency/private developmental /ABD services agency must meet the following minimum qualifications for and conditions of employment identified in He-M 1001, 521, and or 525.</p> <p>Be at least 18 years of age</p> <p>Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description; and</p> <p>Meet professional certification and licensure requirements of the position.</p> <p>Prior to hiring a person, the provider agency, with the consent of the person, shall:</p> <p>Obtain at least 2 references for the person, at least one of which shall be from a former employer; and</p> <p>Complete, at a minimum, a New Hampshire criminal records check to ensure that the person has no history of:</p> <p>Felony conviction; or</p> <p>Any misdemeanor conviction involving:</p> <p>Physical or sexual assault;</p> <p>Violence;</p> <p>Exploitation;</p> <p>Child pornography;</p> <p>Threatening or reckless conduct;</p> <p>Theft;</p> <p>Driving under the influence of drugs or alcohol; or</p> <p>Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.</p> <p>Complete a motor vehicles record check to ensure that the potential provider has a valid driver's license.</p> <p>Personnel records, including background information relating to a staff person's qualifications for the position held, shall be</p>
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		<p>Training regarding the specific needs of the individual;</p> <p>Standardized written testing; and</p> <p>Clinical observation by the nurse-trainer.</p> <p>Ongoing supervision and quality assurance are conducted by an RN to ensure continued competency. This regulation and the accompanying curriculum have been approved by the New Hampshire Board of Nursing.</p>	<p>maintained by the provider agency for a period of 6 years after that staff person's employment termination date.</p> <p>Prior to providing services to individuals, a provider shall have evidence of a negative mantoux tuberculin test, or if positive, evidence of follow up conducted in accordance with the Center for Disease Control Guidelines. Such test shall have been completed within the previous 6 months.</p> <p>Prior to delivering services to an individual, a prospective provider shall have received orientation in the following areas:</p> <p>Rights and safety;</p> <p>Specific health-related requirements of each individual including:</p> <p>All current medical conditions, medical history, routine and emergency protocols; and</p> <p>Any special nutrition, dietary, hydration, elimination, and ambulation needs;</p> <p>Any specific communication needs;</p> <p>Any behavioral supports of each individual served;</p> <p>The individual's fire safety assessment pursuant to He-M 1001.06(m); and</p> <p>The community residence's evacuation procedures.</p> <p>An overview of acquired brain disorders including the local and state service delivery system;</p> <p>Clients rights as set forth in He-M 202 and He-M 310;</p> <p>Everyday health including personal hygiene, oral health, and mental health;</p> <p>The elements that contribute to quality of life for individuals including support to:</p> <p>Create and maintain valued social roles;</p> <p>Build relationships; and Participate in their local communities;</p> <p>Strategies to help individuals to learn useful skills;</p> <p>Behavioral support; and Consumer choice, empowerment and self-advocacy.</p>
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<b>Verification of Provider Qualifications</b>				
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>	
<b>Day Service Provider</b>	<p><b>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</b></p> <p><b>In addition, DHHS's Bureau of Certification and Licensing, Health Facilities Administration reviews this during certification and licensing reviews.</b></p> <p><b>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</b></p>		<p><b>Verification of provider qualification happens prior to hiring and service delivery. The Bureau of Health Facilities Administration verifies provider qualifications at certification site visits. BDS conducts service review audits on a sampling of records on an annual basis.</b></p>	
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

**Service Specification**

Service Title: Acquired Brain Disorder Waiver: Supported Employment Program (SEP)

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

Employment services for persons with Acquired Brain Injuries served within the state community developmental/ABD services system who have an expressed interest in working to:

Provide access to comprehensive employment services by qualified staff;

Make available, based upon individual need and interest: employment supports, transportation to work, training and educational opportunities; and the use of co-worker supports and generic resources, to the maximum extent possible.

All employment services shall be designed to:

Assist the individual to obtain employment, customized employment or self-employment, including the development of microenterprises that are appropriately integrated, that is based on the individual's employment profile and goals in the service agreement;

Provide the individual with opportunities to participate in a comprehensive career development process that helps to identify, in a timely manner, the individual's employment profile;

Support the individual to develop appropriate skills for job searching, including:

Creating a resume and employment portfolio;

Practicing job interviews; and

Learning soft skills that are essential for succeeding in the workplace;

Assist the individual to become as independent as possible in his or her employment, internships, and education and training opportunities by:

Developing accommodations;

Utilizing assistive technology; and

Creating and implementing a fading plan;

Help the individual to:

Meet his or her goal for the desired number of hours of work as articulated in the service agreement; and

Earn wages of at least minimum wage or prevailing wage, unless the individual is pursuing income based on self-employment;

Assess, cultivate, and utilize natural supports within the workplace to assist the individual to achieve independence to the greatest extent possible;

Help the individual to learn about, and develop appropriate social skills to actively participate in, the culture of his or her workplace;

Understand, respect, and address the business needs of the individual's employer, in order to support the individual to meet appropriate workplace standards and goals;

Maintain communication with, and provide consultations to, the employer to:

Address employer specific questions or concerns to enable the individual to perform and retain his/her job; and

Explore opportunities for further skill development and advancement for the individual;

Help the individual to learn, improve, and maintain a variety of life skills related to employment, such as:

Traveling safely in the community;

Managing personal funds;

Utilizing public transportation; and

Other life skills identified in the service agreement related to employment;

Promote the individual's health and safety;

Protect the individual's right to freedom from abuse, neglect, and exploitation; and

Provide opportunities for the individual to exercise personal choice and independence within the bounds of reasonable risks.

SEP Level I: Level I: Intended primarily for individuals whose level of functioning is relatively high but who still require intermittent supports on a regular basis;

SEP Level II: Intended for individuals whose level of functioning requires substantial supports and supervision;

SEP Level III: Intended for individuals with the most extensive and extraordinary medical or behavioral management needs.

**Changes due to COVID-19 Emergency:**

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:



Except in circumstances where BDS has determined that additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver is that which is required to enable the individual at access the Home and Community Based Services outlined in the individual's service agreement and are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
	Employment Consultant		Employment Consultant	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	X	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<b>Employment Consultant</b>	None	None	<p>Employment professionals shall:</p> <p>Meet one of the following criteria:</p> <p>Have completed, or complete within the first 6 months of becoming an employment professional, training that meets the national competencies for job development and job coaching, as established by the Association of People Supporting Employment First (APSE) in “APSE Supported Employment Competencies” (Revision 2010), available as noted in Appendix A; or</p> <p>Have obtained the designation as a Certified Employment Services Professional through the Employment Services Professional Certification Commission (ESPCC), an affiliate of APSE; and</p> <p>Obtain 12 hours of continuing education annually in subject areas pertinent to employment professionals including, at a minimum:</p> <ul style="list-style-type: none"> <li>Employment;</li> <li>Customized employment;</li> <li>Task analysis/systematic instruction;</li> <li>Marketing and job development;</li> <li>Discovery;</li> <li>Person-centered employment planning;</li> <li>Work incentives for individuals and employers;</li> <li>Job accommodations;</li> <li>Assistive technology;</li> <li>Vocational evaluation;</li> <li>Personal career profile development;</li> <li>Situational assessments;</li> <li>Writing meaningful vocational objectives;</li> <li>Writing effective resumes and cover letters;</li> <li>Understanding workplace culture;</li> <li>Job carving;</li> <li>Understanding laws, rules, and regulations;</li> <li>Developing effective on the job training and supports;</li> <li>Developing a fading plan and natural supports;</li> <li>Self-employment; and</li> <li>School to work transition.</li> </ul>
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			<p>At a minimum, job coaching staff shall be trained on all of the following prior to supporting an individual in employment:</p> <p>Understanding and respecting the business culture and business needs;</p> <p>Task analysis;</p> <p>Systematic instruction;</p> <p>How to build natural supports;</p> <p>Implementation of the fading plan;</p> <p>Effective communication with all involved;</p> <p>and</p> <p>Methods to maximize the independence of the individual on the job site.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Employment Consultant</b>	<p><b>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</b></p> <p><b>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</b></p>	<p><b>Verification of provider qualification happens prior to hiring and service delivery.</b></p> <p><b>BDS conducts service review audits on a sampling of records on an annual basis.</b></p>

Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed

## Service Specification

Service Title: Acquired Brain Disorder Waiver: Community Support Services (CSS)

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

### Service Definition (Scope):

Community Support Services are intended for the individual who has developed, or is trying to develop, skills to live independently within the community. Community Support Services consist of assistance, excluding room and board, provided to an individual to improve or maintain his or her skills in basic daily living and community integration; to enhance his or her personal development and well-being in accordance with goals outlined in the individual's service agreement.

Services may begin and continue for a time limited period while the individual is still residing with his/her family. If CSS services begin while the individual is still residing with his or her family, the service agreement must include specific goals and objectives specific to assisting the individual to develop skills for independent living in support of moving from the family home as well as the expected duration of the services to be provided prior to the individual moving out of the family home.

Community Support Services include, as individually necessary, assistance in areas such as: daily living skills, money management, shopping skills, food preparation, laundry, household maintenance, use of community resources, community safety, social skills and transportation related to these achievement of individual goals and objectives. Persons receiving Community Support Services require the continuous availability of, and access to, services and supports, which shall assure that the individual's needs are met.

### **Changes due to COVID-19 Emergency:**

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Except in circumstances where BDS has determined that additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver is that which is required to enable the individual at access the Home and Community Based Services outlined in the individual's service agreement and are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
	CSS Staff		CSS Staff	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	X	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p><b>CSS Staff</b></p>	<p>None</p>	<p>None</p>	<p>Each applicant for employment shall meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description.</p> <p>Direct Service Staff of an AA or provider agency/private developmental/ABD services agency must meet the following minimum qualifications:</p> <p>Be at least 18 years of age</p> <p>Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description; and</p> <p>Meet professional certification and licensure requirements of the position.</p> <p>Prior to hiring a person, the provider agency, with the consent of the person, shall:</p> <p>Obtain at least 2 references for the person, at least one of which shall be from a former employer; and</p> <p>Complete, at a minimum, a New Hampshire criminal records check to ensure that the person has no history of:</p> <ul style="list-style-type: none"> <li>Felony conviction; or</li> <li>Any misdemeanor conviction involving: <ul style="list-style-type: none"> <li>Physical or sexual assault;</li> <li>Violence;</li> <li>Exploitation;</li> <li>Child pornography;</li> <li>Threatening or reckless conduct;</li> <li>Theft;</li> <li>Driving under the influence of drugs or alcohol; or</li> <li>Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.</li> </ul> </li> </ul> <p>Complete a motor vehicles record check to ensure that the potential provider has a valid driver's license.</p> <p>Personnel records, including background information relating to a staff person's qualifications for the position held, shall be maintained by the provider agency for a period of 6 years after that staff person's employment termination date.</p> <p>Prior to providing services to individuals, a provider shall have evidence of a negative</p>
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			<p>mantoux tuberculin test, or if positive, evidence of follow up conducted in accordance with the Center for Disease Control Guidelines. Such test shall have been completed within the previous 6 months.</p> <p>Prior to delivering services to an individual, a prospective provider shall have received orientation in the following areas:</p> <p>Rights and safety;</p> <p>Specific health-related requirements of each individual including:</p> <p>All current medical conditions, medical history, routine and emergency protocols; and</p> <p>Any special nutrition, dietary, hydration, elimination, and ambulation needs;</p> <p>Any specific communication needs;</p> <p>Any behavioral supports of each individual served;</p> <p>The individual's fire safety assessment pursuant to He-M 1001.06(m); and</p> <p>The community residence's evacuation procedures.</p> <p>An overview of acquired brain disorder including the local and state service delivery system;</p> <p>Clients' rights as set forth in He-M 202 and He-M 310;</p> <p>Everyday health including personal hygiene, oral health, and mental health;</p> <p>The elements that contribute to quality of life for individuals including support to:</p> <p>Create and maintain valued social roles;</p> <p>Build relationships; and Participate in their local communities;</p> <p>Strategies to help individuals to learn useful skills;</p> <p>Behavioral support; and Consumer choice, empowerment and self-advocacy.</p>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	

<b>CSS Staff</b>	<b>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</b>  <b>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</b>	<b>Verification of provider qualification happens prior to hiring and service delivery.</b>  <b>BDS conducts service review audits on a sampling of records on an annual basis.</b>		
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed



**Service Specification**

Service Title:	Acquired Brain Disorder Waiver: Participant Directed and Managed Services (PDMS) formerly Consolidated Developmental Services
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*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

Participant Directed and Managed Services - PDMS (formerly Consolidated Developmental Services)

PDMS enables individuals to maximize consumer direction affording the option to exercise choice and control over a menu of waiver services and utilization of BDS authorized funding. This service category includes an individually tailored and personalized combination of services and supports for individuals with acquired brain disorders and their families in order to improve and maintain the individual's need for transportation, opportunities and experiences in living, working, socializing, accessing therapeutic recreation (up to the service limits in this waiver for therapeutic recreation), personal growth, safety and health.

Individuals whose services are funded through PDMS direct and manage their services according to the definition of Direction and Management in State Administrative Rule He-M 525.

**Changes due to COVID-19 Emergency:**

The respite cap of 15% of the total Participant Directed and Managed Services (PDMS) budget will be removed to allow a participant's family additional flexibility in obtaining supports to care for their family member.

Respite services may be provided in a setting necessary to ensure the health and safety of participants.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Individualized PDMS budgets should not allocate more than approximately 15% of waiver services funding for Respite Care Services.

Except in circumstances where BDS has determined that any additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Therapeutic recreation services provided as part of the menu of PDMS services have a service limit of \$1,200 per year. BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as a specialty provider of therapeutic recreation, the recommendation of the Area Agency and the availability of funds.

Computer or electronic devices obtained under this category must be based on the written recommendation of a licensed professional, be needed based on the individual's disability, be related to goals and objectives in the service agreement and are subject to an annual service limit of \$1,500; BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as NH ATECH, the recommendation of the Area Agency and the availability of funds. Any items provided under this category must be based on an assessed need by a qualified provider and cannot be available as a benefit under the NH State Medicaid Plan.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
		Direct Support Staff		Direct Service Staff
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	X	Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<b>Direct Support Staff</b>	None	None	<p>In accordance with He-M 525.06, staff and providers must:</p> <ul style="list-style-type: none"> <li>a. Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description;</li> <li>b. Meet the certification and licensing requirements of the position, if any; and</li> <li>c. Be 18 years of age or older;</li> </ul> <p>(1) The employer, when not the individual or representative, shall provide information to the individual and representative regarding the staff development elements identified in He-M 506.05 to assist him or her in making informed decisions with respect to orientation and training of staff and providers; and</p> <p>(2) The employer shall insure that the staff and providers receive the orientation and training selected by the individual or representative.</p>
<b>Direct Service Staff</b>	None	None	<p>Staff and providers must:</p> <ul style="list-style-type: none"> <li>a. Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description;</li> <li>b. Meet the certification and licensing requirements of the position, if any; and</li> <li>c. Be 18 years of age or older;</li> </ul> <p>(1) The employer, when not the individual or representative, shall provide information to the individual and representative regarding the staff development elements identified in He-M 506.05 to assist him or her in making informed decisions with respect to orientation and training of staff and providers; and</p> <p>(2) The employer shall insure that the staff and providers receive the orientation and training selected by the individual or representative.</p>
<b>Verification of Provider Qualifications</b>			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	

<b>Direct Support Staff</b>	<b>The Area Agency has the primary responsibility to verify provider qualifications.</b>	<b>Verification of provider qualification happens prior to service delivery. The certification process involves review of training records.</b>
<b>Direct Service Staff</b>	<b>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</b>  <b>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</b>	<b>Verification of provider qualification happens prior to hiring and service delivery.</b>  <b>BDS conducts service review audits on a sampling of records on an annual basis.</b>

**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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Service Specification			
Service Title:	Choices for Independence Waiver for the Elderly and Chronically Ill - Respite		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
Respite Services: Services 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.			
<b>Changes Due to COVID-19 Emergency:</b> The respite cap of 30 days will be increased to 90 days.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
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			
Provider Specifications			
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Respite Provider	Facilities licensed by the State to provide Residential Care Services
			Agencies licensed by the State under RSA 151:2 for home care
			Facilities licensed by the State as Nursing Facilities
			Agencies certified by the State as Other Qualified Agencies
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Facilities licensed by the State to provide Residential Care Services	Residential care, RSA 151:2		
Agencies licensed by the State under RSA 151:2 for home care	RSA 151:2-b, He-P 809 and He-P 822		
Facilities licensed by the State as Nursing Facilities	Nursing Facilities, RSA 151:2		
Agencies certified by the State as Other Qualified Agencies	OQA, RSA 161:I		

Individual	When participant Directed the individual or his/her representative		
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>	<b>Frequency of Verification</b>	
Individual	Individual	Prior to service delivery and ongoing thereafter	
Facilities licensed by the State to provide Residential Care Services	Bureau of Health Facilities and Licensing	Annual	
Agencies licensed by the State under RSA 151:2 for home care	Bureau of Health Facilities and Licensing	Annual	
Facilities licensed by the State as Nursing Facilities	Bureau of Health Facilities and Licensing	Annual	
Agencies certified by the State as Other Qualified Agencies	Bureau of Health Facilities and Licensing	Annual	
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
<b>Service Specification</b>			
<b>Service Title:</b>	Choices for Independence Waiver for the Elderly and Chronically Ill - Specialized Medical Equipment		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
<b>Service Definition (Scope):</b>			

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.

**Changes Due to COVID-19 Emergency:**

If a participant requires assistive technology equipment to assist with electronic monitoring or door alarms, or other devices, for oversight in regards to social distancing, equipment can be requested and, the Specialized Medical Equipment (SME) cap may be raised as needed according to state guidance. The current cap is \$15,000 within 5 years. This would allow a participant who has already met the annual cap outlined in the service to receive additional special medical equipment (SME) during the emergency and if needed, waive the prior authorization requirement for SME.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

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.

**Provider Specifications**

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		medical equipment and supply providers enrolled as NH Medicaid Providers		medical equipment and supply providers enrolled as NH Medicaid Providers

Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
medical equipment and supply providers enrolled as NH Medicaid Providers			Enrolled in the NH Medicaid Program to provide medical equipment and supplies. 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.

<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
<b>Individual</b>	When Participant Directed and Managed: the individual or his/her representative.		Prior to service delivery and periodically thereafter
<b>Agency</b>	Enrolled NH Medicaid Provider		Prior to service delivery and periodically thereafter
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed



Service Specification			
Service Title:	Choices for Independence Waiver for the Elderly and Chronically Ill - Environmental Accessibility Services		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>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 the installation of grab-bars, widening of doorways, modification of bathroom facilities, installation of a ramp or other adaptations to allow an individual to be safely transported in a vehicle, or installation of specialized electric equipment or plumbing systems that are necessary to accommodate the medical equipment and supplies 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.</p> <p><b>Changes Due to COVID-19 Emergency:</b></p> <p>If a participant requires environmental modification (EMOD) for assistance in excess of the current cap of \$15,000 within 5 years it may be raised as needed according to state guidance. This would allow a participant who has already met the annual cap outlined in the service to receive additional EMOD during the emergency and if needed, waive the prior authorization requirement for EMOD.</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
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.			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
	<input type="checkbox"/>		Environmental Accessibility provide
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
<b>Provider Qualifications</b> <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Environmental Accessibility provide			<p>Potential providers must be:</p> <p>(1.) Licensed if the work to be completed requires licensure;</p> <p>(2.) Registered with the NH secretary of state to do business in the state of NH;</p> <p>(3.) Insured with general liability insurance for person and property for a minimum amount of \$50,000; and</p> <p>(4.) Have submitted documentation of (1)-(3) above to the department's fiscal agent and be a NH</p> <p>Medicaid enrolled provider 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.</p>

<b>Verification of Provider Qualifications</b>				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
<b>Individual</b>	When Participant Directed and Managed: the individual or his/her representative.		Prior to service delivery and periodically thereafter	
<b>Agency</b>	Enrolled NH Medicaid Provider		Prior to service delivery and periodically thereafter	
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

**Service Specification**

Service Title:	Choices for Independence Waiver for the Elderly and Chronically Ill - Community Transition Services
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*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

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 and may include: security deposits that are required to obtain a lease on an apartment or home, essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, household appliances and utensils necessary for basic food preparation and not for diversionary or recreational purposes; bed/bath linens; set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy. 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 diversionary/recreational purposes.

**Changes Due to COVID-19 Emergency:**

The limit for Community Transition Services will be increased as needed according to state guidance.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

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.

Community Transition Services are one time services and represent onetime costs; in the event that costs related to this service negatively impact the cost effectiveness of an individual's budget, Commissioner approval should be sought to eliminate any potential barrier to an individual transitioning from an institutional or other provider operated living arrangement.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		CFI Waiver Medicaid Enrolled Providers		CFI Waiver Medicaid Enrolled Providers

Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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Community Transition Services			NH Enrolled CFI Medicaid Provider.
CFI Waiver Medicaid Enrolled Providers			NH Enrolled CFI Provider. 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.
<b>Verification of Provider Qualifications</b>			
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>
NH CFI Enrolled Medicaid Provider	DHHS Office of Quality Improvement		Annually
<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

**Service Specification**

Service Title: Choices for Independence Waiver for the Elderly and Chronically Ill - Adult Family Care

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

Personal care and services, homemaker, attendant care and companion services, and medication oversight (to the extent permitted by State law) provided in a licensed or certified (as required by law) private home by a principal care provider who lives in the home. Adult Family Care (AFC) 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.

**Changes Due to COVID-19 Emergency:**

Allow Home Maker services to be provided in settings where Adult Family Care is delivered.

Allow Personal Emergency Response services to be provided in Adult Family Care Settings.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

None

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Participant approves. AFC homes meet the requirements established in law.		DHHS approves providers to provide caregiver oversight. AFC homes meet the requirements established in law.	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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<p>DHHS approves providers to provide caregiver oversight. AFC homes meet the requirements established in law.</p> <p>Individual</p>	<p><b>RESIDENTIAL CARE AND HEALTH FACILITY LICENSING</b> laws:</p> <p>RSA 151:2 as follows:</p> <p>II. This chapter shall not be construed to require licensing of the following:</p> <p>(b) Facilities maintained or operated for the sole benefit of persons related to the owner or manager by blood or marriage within the third degree of consanguinity.</p> <p>151:9 as follows:</p> <p>VIII. The commissioner of the department of health and human services shall establish a program, by rule, to certify facilities that provide services to fewer than 3 individuals, beyond room and board care, in a residential setting, as an alternative to nursing facility care, which offers residents a homelike living arrangement, social, health, or medical services, including, but not limited to, medical or nursing supervision, medical care or treatment by appropriately trained or licensed individuals, assistance in daily living, or protective care.</p>	<p>Certificate (specify):</p> <p><b>RESIDENTIAL CARE AND HEALTH FACILITY LICENSING</b> laws:</p> <p>151:9 as follows:</p> <p>VIII. The commissioner of the department of health and human services shall establish a program, by rule, to certify facilities that provide services to fewer than 3 individuals, beyond room and board care, in a residential setting, as an alternative to nursing facility care, which offers residents a homelike living arrangement, social, health, or medical services, including, but not limited to, medical or nursing supervision, medical care or treatment by appropriately trained or licensed individuals, assistance in daily living, or protective care.</p> <p>Other Standard (specify):</p> <p>These private homes are certified, based on their size, as required by law and serve no more than two unrelated persons.</p>	<p>These private homes are certified, based on their size, as required by law and serve no more than two unrelated persons.</p> <p>NH Medicaid Enrolled.</p>

<b>Verification of Provider Qualifications</b>		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Agency</b>	DHHS approves the caregiver oversight agencies if they are licensed or certified to provide personal care and homemaking services, and have expertise in arranging home placements for adults. The NH Bureau of Licensing and Certification certifies the homes as required by state law.	Annually

<b>Individual</b>	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. Must be a NH Enrolled Medicaid Provider		Prior to service delivery and ongoing thereafter.	
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed

Service Specification			
Service Title:	Choices for Independence Waiver for the Elderly and Chronically Ill - Residential Care Facility Services		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
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.			
<b>Changes Due to COVID-19 Emergency:</b>			
Allow Personal Emergency Response services to be provided in Residential and Adult Family Care Settings.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
None			
Provider Specifications			
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Residential Care Facility
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Residential Care Facility	Residential Care, RSA 151:2		Enrolled NH Medicaid Provider
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Residential Care Facility	NH Bureau of Licensing and Certification		Annual
Service Delivery Method			



<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Specification			
Service Title:	Choices for Independence Waiver for the Elderly and Chronically Ill - Supportive Housing Services		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
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 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 cannot be separately billed.			
<b>Changes Due to COVID-19 Emergency:</b>			
Allow Personal Care provider services to be provided in settings where Supportive Housing is delivered.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
None			
Provider Specifications			
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Agency licensed by the State under RSA 151:2, for home health care services
Specify whether the service may be provided by (check each that applies):	<input checked="" type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
<b>Provider Qualifications</b> (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Agency licensed by the State under RSA 151:2, for home health care services	RSA 151:2-b		NH Enrolled Provider
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Agency licensed by the State under RSA 151:2, for home health care services	NH Bureau of Licensing and Certification		Annual

<b>Service Delivery Method</b>			
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed




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<sup>i</sup> Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.