



MINUTES
Rate Work Group Meeting
Friday, April 19, 2024 / 10:00AM - 12:00PM
Held via: Microsoft Teams Meeting

Rate Work Group Member Attendance: Laurie Vachon, DLTSS; Jessica Gorton, BDS; Peggy Greenwood, BDS; Melissa Hardy, BDS; Jessica Kennedy, BDS; Lindsey Magee, BDS; Melissa Morin, BDS; Christy Roy, DHHS; Susan Ryan, DHHS; Allysa Voisine, BDS; John Jenkins, Jr., A&M; Kerri Zanchi, A&M; Krista Stephani, MSLC; Lesley Beerends, MSLC; Martin McNamara, MSLC, Cynthia Mahar, Erin Hall, Ellen McCahon, Kim Shottes, Marissa Berg, Matthew Cordaro, Shelley Kelleher, Sudip Adhikari, William Walker

Note: Members of the public who joined as attendees in listen-only mode are not included in this list.

Please reference the corresponding slide presentation for the detailed agenda, including topics and themes covered in the meeting and corresponding takeaways and applicable action items.

Topic	Key Takeaways & Action Items
Exceptions Experience/Trends in Other States	<p><u>Exceptions Process Development Conversation Continued</u></p> <ul style="list-style-type: none"> This week the agenda is focused on the Exceptions Review Timeline and Exceptions Review Team. <p><u>Items for Consideration:</u></p> <ul style="list-style-type: none"> What is the experience/trend of exceptions requests from other states? <p><u>Other State Examples for Experience/Trends of Exceptions Request Process:</u></p> <ul style="list-style-type: none"> Presented information summarizing the experiences with exceptions in Rhode Island and Virginia. This included talking about factors that influenced exceptions volume. <p><u>Discussion During Rate Work Group Meeting</u></p> <ul style="list-style-type: none"> BDS: Goal for New Hampshire is to develop a system that makes sense for individuals in New Hampshire, including what is considered to be an exception. Comment: Do you know in Rhode Island and Virginia who conducts the SIS?

	<ul style="list-style-type: none">○ RI: State social workers○ VA: Maximus - Contractor○ Some states have more than one SIS vendor.● A&M: How states structure their programs influences the number of exceptions.● Comment: What model are we closest to compare to for other states? Is there another state similar to what New Hampshire is proposing to do?<ul style="list-style-type: none">○ BDS: Final decisions have not been made yet, but they are developing a system that takes parts from various states.○ Comment: Is there a state that is similar?○ BDS: At this point, exceptions process may look similar to Virginia, as well as the customized rate process. New Hampshire has its own ideas on applying a SIS level to the rates, rather than a service package level. New Hampshire is using ideas from various states.○ Comment: I wouldn't like to see a system like California or New York where they over engineered the system and the fiscal impact was exceptional, so services were impacted.○ BDS: Once the system is implemented, tracking exceptions will also inform adequacy of rates in the future.○ Comment: Is New Hampshire going to take the approach similar to health insurance, where there is an automatic annual renewal unless there is a change in a situation? Are the exceptions going to be limited to certain qualifying events or will there be a proactive approach to get extra supports in place prior to an incident?○ BDS: This will be discussed later in the presentation. New Hampshire does have Crisis funding available and the goal is to continue to provide Crisis funding.○ A&M: Program design factors impact the volume of exceptions. Rhode Island has an exception factor triggered on emergent situations, which can be driving a higher percentage than other states.
--	--

<p style="text-align: center;">Exceptions Request Timelines - State Examples</p>	<p><u>Items for Consideration:</u></p> <ul style="list-style-type: none"> • What is the suggested cadence for Exceptions Review Team meetings? • Should there be stipulations around the time period in which exceptions should be requested? <p><u>Other State Examples for Exceptions Request Process:</u></p> <ul style="list-style-type: none"> • Presented information for the Exceptions Request Process in Virginia, Rhode Island, and Maine. <p><u>Feedback Received</u></p> <ul style="list-style-type: none"> • Presented feedback from the Assessment Focus Group related to these considerations. • Feedback received from the Rate Work Group Members prior to Rate Meeting include: <ul style="list-style-type: none"> ○ Concerns on when the SIS exceptions process can occur and potential delays with ISA and budget. ○ Exception team needs to quickly convene to address the need/recommend approving temporary increase in funding. ○ Frequency of meetings should be determined by volume of requests, as proposed, frequency may not meet the need. • Feedback received in March 15, 2024 Rate Work Group meeting: <ul style="list-style-type: none"> ○ Rule needs to clearly outline timeframe for process of each step. 30-day turnaround is currently used as ideal. Uniform procedure also critical to ensure consistency. Timeframe from the time an individual requests a change until it is submitted to BDS. Turnaround from time submitted to BDS for exception...Cadence of review team meetings. ○ Timeline for acknowledgement of receipt as well as timeline for SC to notify the team. Consider 7 days from time exception received until the team is notified. ○ Exception team should schedule the review within 14 calendar days of receipt and make a decision within 7 calendar days of the meeting. Goal to keep within the
---	--

30-day timeline. Acknowledgement should include this information.

Discussion During Rate Work Group Meeting

- Comment: Can we consider doing the 1st and 3rd day of the week so providers/individuals know when an exception request will be reviewed? This allows for easier planning with families. This will also ensure the request will not take more than 14 days for review and 21 days from submission to decision. Also, include an emergency meeting clause for urgent requests.
- Comment: If an application is received, have it be known in which meeting the documentation will be reviewed. I agree people like to know when it will be reviewed. I agree with uniform procedures, but want to take it one step further. There should be a process to use information from the crisis funding request for the long term exceptions process. Reduce administrative burden.
- Comment: Can we consider information from a pre-discussion meeting by a group to determine if it is a short term need or long term request? Crisis funding vs. exception request.
- Comment: What will be the situation where there is a true crisis at hand? Is there a process to evaluate?
 - BDS: There is a current process to evaluate a crisis process to determine if certain conditions are met. The policy is on the BDS website and seems to be working well. At this point, we do not anticipate this process changing.
 - Comment: There is enough ambiguity in the process to allow for flexibility for situations.
 - BDS: The goal of the exceptions process is to not replace the crisis process.
- BDS: Do we want to ensure two options for evaluation, one through the normal service planning process and another through an emergency process? This would be through the current “Crisis Process” team.
 - Comment: It could be a good thing to add, but it could be evaluating if it is a potential crisis, not an emergent crisis.

	<ul style="list-style-type: none">• BDS: Let's talk about the stipulations around the time periods exceptions should be requested.<ul style="list-style-type: none">○ Comment: There should be a limit to the time period to apply for an exception. Consider a 60 day period to request an exception and then follow the normal appeal process. We also should consider if an individual gets an exception, a new SIS should be done within a year after.○ Comment: There could be concerns this will put undue pressure on the system.○ BDS: There should be a consideration for requiring a new SIS, not a default.○ Comment: Consider medical/behavioral changes as a potential request for a new SIS. The team could discuss to ensure the services being provided meet the individual's needs. If so, then follow the normal cadence for the SIS assessment. Let the exception stand until there is a determination that services no longer meet the individual's needs. This could be at a quarterly/annual service agreement meeting. A limit of two exceptions in a 5 year period should be implemented.○ Comment: A standard review form/process should be developed to document reasons why or why not the exception should continue.○ BDS: Agree. We do not want to overburden anyone.○ Comment: Include a timeframe for review. If the situation for review is less than a year, then it should be crisis, not an exception, unless there is a situation where a higher rate is necessary to ensure service planning. Example, a new provider is identified and selected, but will require commitment of ongoing funding. How will this impact the Area Agencies as far as a DAADS function?○ BDS: This will need to be determined. Guidance should be provided, but still have flexibility in the system.○ Comment: There should be an exception to exceptions policy, such as BDS override. There
--	--

	<p>should also be a standard review period of the practices, such as every two years.</p> <ul style="list-style-type: none">○ Comment: What are you going to use to determine rates if a SIS is not in place?○ BDS: Also, what if a SIS is expired? These are good things we need to determine.○ Comment: If an individual needs services, they need to have access. Crisis funding should cover these situations until a SIS can be in place.○ Comment: Will this tax the Crisis funding for transitions, such as from New Hampshire Hospital? We have a lot of conversations prior to discharge with the team. The team should be allowed to determine support needs until the SIS can be done, suggested within 6 months.○ Comment: We need to have a policy for situations when individuals need services in an emergent situation when they have not previously received services.○ Comment: Crisis funding should not be used for more than six months. <ul style="list-style-type: none">● BDS: If an exception is submitted and it is denied, is there a limit to the number of times they can apply for an exception?<ul style="list-style-type: none">○ Comment: There should be a limit on who can submit an exception. It is suggested service coordinators should only be able to submit exceptions. There should also be a consideration for the Area Agency to review the exception application.○ Comment: There could be other reasons to re-apply for a denied exception. Many times family members may request a service coordinator keep applying for an exception because they do not agree with the decision.○ Comment: I agree families put service coordinators in difficult situations and maybe having a pre-meeting can help limit the number of exceptions.
--	---

	<ul style="list-style-type: none">○ BDS: Is there a certain time frame for re-applying for multiple denied exceptions? Will that help with conversations with families?○ Comment: Do we have to follow certain appeal processes?○ BDS: Yes○ Comment: Then that should provide the guidance.○ Comment: There are always exceptions. I suggest guidelines are written appropriately because you can't address every situation.○ Comment: Who would be the Area Agency team? Providers would need to coordinate.○ Comment: Would have to determine who is designated for that role.○ Comment: I am curious to hear from other Area Agencies. I feel this is a bureaucratic overlay and we should determine the purpose of this and value. This could be another administrative burden.○ BDS: Would the role of the Area Agency be to provide information and advice to the team to determine if an exception process should be applied?○ Comment: Not necessarily. We are already involved with the crisis reviews.○ BDS: For consideration, what would the role be if they are not going through a crisis review process? Area agencies should be notified of any changes so they can perform the quality review of services. Considerations should be made on how the area agencies will operationalize this review. The area agency should be copied when an exception was requested and decision made.○ Comment: There are some providers that continue to provide services and figure out how to make things work in various situations. Where it changes is when there is an individual who has a diagnosis requiring immediate changes. Area agencies need to make sure the individuals are provided with services.
--	--

	<ul style="list-style-type: none"> ○ BDS: Determining the Area Agency’s role in a pre-review needs to be determined and how to operationalize the process. ○ Comment: I am not sure, from an Area Agency process, if I want to be bogged down with this. But maybe it needs to tie into the DAADS responsibility to provide technical guidance to service coordination. ○ BDS: Does the Area Agency need to provide a stamp of approval or do they just need to be notified? This is a question that will need to be answered. ○ Comment: Area Agencies should be the gatekeeper for at least the first pass. ○ Comment: Service coordinators should be able to submit for approval, but Area Agencies should be able to state if they agree or disagree with the exceptions request. ○ Comment: Service coordinators should also be able to document their agreement/disagreement with the exceptions request. ○ BDS: Do you envision the form to have a box to check for endorsed/not endorsed or also have an area to document why? ○ Comment: Florida has a form requiring ten items to be documented and then whether or not the request is endorsed/not endorsed and provide narrative. ○ BDS: This could help the exceptions review team. ○ Comment: I like the idea of knowing why an exception process is endorsed. ○ Comment: It needs to be determined if it is necessary? Maybe it doesn’t have to be but if an endorsement is there, does that lend more value? ○ Comment: We will need to ensure there isn’t a conflict of an Area Agency endorsing exceptions for a service they provide. ○ BDS: Yes, this will need to be reviewed. ○ Comment: We will develop this process, but know in a year, the process can look much different.
--	---

	<ul style="list-style-type: none"> ○ BDS: We want to make sure to document the actual practice, as it is rolled out. We want to make sure to review the process and update to meet practice. ○ Comment: The process should be standardized to the extent possible and use NHEasy as much as possible.
Next Steps	<ul style="list-style-type: none"> ● We did not discuss the review team during the April meeting. We would like to continue the discussion for May meeting. We suggest the Rate Work Group look at the slides for next month and start thinking about recommendations. Specifically, start looking at the information starting on slides 8 through 10. We will continue discussion on the exceptions process. ● May 17 will also summarize and review the Rate Work Group feedback/recommendations on the SIS-A exceptions. ● Future agenda will talk about the annual cost report. Aiming to have ready in July/August for providers to complete.
Questions	<ul style="list-style-type: none"> ● When can we anticipate discussing rates again? <ul style="list-style-type: none"> ○ BDS: We estimate we will resume rate discussions in June or July.