



## Bureau of Developmental Services Summer 2023 Newsletter

### Celebrating Success of July 1<sup>st</sup> Implementation

After six years, the Department of Health and Human Services, partner agencies, and stakeholders successfully achieved compliance with the Centers for Medicare and Medicaid Services (CMS) Corrective Action Plan (CAP) around direct billing and conflict-free case management.

- As of July 1, each agency authorized to provide Developmental Services is able to bill Medicaid directly for the services they provide, if they choose.
- Additionally, the ten area agencies continue to provide essential oversight and monitoring of services to the entire supports network.
- Finally, individuals who have had services in conflict (case management from a service coordinator who works for the same agency that provides their other direct services) are either now out of conflict or are actively engaged with a transition plan to be out of conflict.

This is a significant achievement, but also significant change to our service delivery system. While we celebrate the work that has been done, we know that support is needed throughout this transition so individuals and families can continue to receive the services they need and providers who render those services have strong operations. In June, the Bureau of Developmental Services (BDS) held three Individual and Family Information sessions to review the status of the Corrective Action Plan and answer questions from families. Throughout July, BDS worked closely with service providers to support them through this transition.

### Who are BDS Developmental Services Providers?

BDS has developed a directory of enrolled providers by service. This will be updated every two weeks throughout the summer and is for individuals, families, and service coordinators. The directory is available at [providerlistbyservice.pdf \(nh.gov\)](#). The eventual goal is to have this available through an individual's NH Easy account.

If you know a provider who is interested in joining the BDS network, please direct them to [Provider Information and Resources | New Hampshire Department of Health and Human Services \(nh.gov\)](#)

## Additional July 1, 2023 Updates

In addition to achieving compliance with the CAP on July 1, BDS wants to share the following additional changes, as of July 1, 2023:

### Cost of Care

Cost of Care is now only applicable to those who receive Residential Habilitation services in staffed homes or enhanced family care (EFC) homes. Cost of Care is the amount that an individual pays to a provider when an individual's net income is higher than the applicable standard of need allowance. Cost of Care will be paid directly to the Residential Habilitation provider. Individuals who do not receive Residential Habilitation in a staffed or EFC home or those that receive any other service, other than Residential Habilitation in a staffed or EFC home, will no longer have Cost of Care calculated and charged after July 1, 2023.

Please note, any individual who had Cost of Care billed through June 30<sup>th</sup> are still obligated to pay their outstanding balance.

### Out of Service Unit Update

BDS has received feedback that this update has caused some confusion for individuals and families. In an effort to clarify the intent, please see the guidance at

<https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/bds-systems-work> When a provider is chosen by an individual, they submit the cost of providing that service to the individual's service coordinator. Service coordinators develop budgets based on the number of days a provider is expected to be ready, willing and able to offer the service to the individual, as outlined in the Individual Service Agreement (ISA).

Out of Service (OOSvc) units are available for a provider to bill when an individual is unexpectedly not attending services as outlined in their ISA, as the provider was ready, willing and able to provide the service. Residential Habilitation, Community Participation Services (CPS) and Supported Employment (SEP) services can use OOSvc units.

OOSvc units are capped at 30 days per year for Residential Habilitation and pro-rated up to four weeks for CPS and SEP, based on the individual's weekly units. The 30 day OOSvc unit cap for Residential Habilitation does not mean that an individual cannot be absent more than 30 days. It means that their provider is able to bill up to 30 days of unplanned absences. If a person typically enjoys a vacation or trips throughout the year, this should be documented in the ISA and the budget is accounted for accordingly. Planned absences do not count towards OOSvc unit use, as long as they are identified in the ISA.

## Participant Directed and Managed Services Clarifications

BDS has heard requests for clarifications around particular aspects of Participant Directed and Managed Services (PDMS).

### **Prior Authorizations and PDMS**

In the past, when PDMS was a separate service, all expenses were put into one budget. In the 2021 1915(c) Home and Community Based Services Waiver amendment, PDMS changed from a distinct service to a delivery method as an option for all services. This requires that a separate prior authorization (PA) for each service be completed, instead of one PA that encompasses all of the services a person is receiving. The budget amount for PDMS has not changed, nor have the services as outlined in your ISA. The difference is that the budget must be submitted by individual prior authorizations (such as Community Participation Service, Residential Habilitation, or Supported Employment).

### **PDMS and Conflict-Free Status**

In the PDMS model, the employer authority is shared between the individual/their family and an area agency. Because of this shared employer authority, PDMS relationships are not considered conflicted.

### **PDMS and Cost of Care**

Cost of Care is not applicable in Participant Directed and Managed Service models.

# We Want Your Feedback!

## He-M 503 and He-M 505 Rules Open for Public Comment

On June 29, 2023 He-M 503 (Eligibility and the Process of Providing Services) and He-M 505 (Establishment and Operations of Area Agencies) opened for formal public comment.

Written public comment will be accepted until August 8<sup>th</sup>.

The proposed rules may be viewed and downloaded at: <https://www.dhhs.nh.gov/doing-business-dhhs/legal-services/administrative-rules/nh-administrative-rules-public-comment>

### He-M 503

- He-M 503 is a rule that explains how area agencies and service coordinators are to help people get access to services.
- It includes standards for the eligibility process and service planning.

### He-M 505

- He-M 505 is a rule that explains how area agencies are structured.
- The rule includes standards for performance for area agencies.

## Who Should I Contact if I Have a Question?

If you have a question about your services, please contact your service coordinator, provider agency, or area agency. Service coordinators, provider agencies, and area agencies are all working together to ensure individuals and families have access to the services as outlined in the ISA.

If you have a question about BDS system transformation, email [ddsystemswork@dhhs.nh.gov](mailto:ddsystemswork@dhhs.nh.gov)

Check the BDS website for frequent updates too! [Developmental Services | New Hampshire Department of Health and Human Services \(nh.gov\)](#)