

Home and Community Based Services – Waiver Settings Transition Project

Advisory Taskforce Meeting

February 10, 2016 – 9am to 12noon

Minutes

1. Overview of draft Statewide Transition Plan (STP)

The final draft of the STP was released on 2/5/16. ATF members were provided a link in the meeting notice email. Members shared that the short timeline between access to the draft STP and this meeting made it difficult to review and comment. Members were reminded that this is the beginning of the public feedback process and that they will have an opportunity to comment through March 5, 2016.

Comments included:

- Inventory of eligible settings – an overview of the total DD/ABD and CFI sites was presented. It was clarified that the list of sites was “point in time” (March 2015) however the number of sites was adjusted when new sites were developed and others were deleted as no longer providing that service. The number of sites was reviewed by regulation number and a discussion of the number of site visits was raised. (see next comment)
- Validation visits – the number of validation visits which included interviews with site staff and individual participants was reviewed. ATF members asked how sites were selected. Site selection included feedback from the ATF, Office of Program Support (licensing and certification), the DRC, and other stakeholders. At least one site for each provider was identified and for those with multiple sites a random selection process was used. A discussion of the findings and how the STP addressed them ensued.
- Data analysis and results – compliance with the HCBS expectations was reviewed and although there are pockets of excellence none of the sites was considered in compliance. The goals identify the steps to get there. ATF members asked about the sites that are considered non-HCBS due to location and how the heightened scrutiny works. Heightened scrutiny is pursued by the state when a site is considered in or able to be in compliance except for where they are located. The STP includes information about the process in Section V and detailed information about the sites is in the Appendix.

2. Review of draft DD/ABD Goals

A summary of the DD/ABD goals can be found in the Appendix: Attachment K. They are arranged by type of goal, the specific page where details can be found, and the process that the goal relates to. There was a brief discussion but ATF members stated that they needed time to review the goals in detail in order to provide substantive feedback.

3. Review of draft CFI Goals

A summary of the CFI goals can be found in the Appendix: Attachment K. They are arranged by type of goal, the specific page where details can be found, and the process that the goal relates to. There was a brief discussion but ATF members stated that they needed time to review the goals in detail in order to provide substantive feedback.

4. Public meeting schedule

The Public Comment period includes an opportunity to submit written comments as well as four meetings that can be attended in person or via videoconference as follows:

Public comments may be submitted until midnight on Saturday, March 5, 2016. Comments may be submitted by email to HCBCtransitionplan@dhhs.state.nh.us or by regular mail to Deborah Fournier, NH Department of Health and Human Services, 129 Pleasant Street, Brown Building, Concord, NH 03301-3857.

The State will host four public hearings during the public comment period.

Public Hearing #1

Thursday, February 11, 2016

9:30-11:30 a.m.

Portsmouth Public Library

Levenson Community Room

175 Parrott Avenue

Portsmouth, NH 03801

Public Hearing #2

Friday, February 12, 2016

1:00 - 3:00 p.m.

Littleton Regional Health Care

600 St. Johnsbury Road

Littleton, NH 03561

Public Hearing #3

Tuesday, February 16, 2016

1:00pm – 3:00pm

New Hampshire Hospital Association

125 Airport Road, Room 1

Concord, NH 03301

Public Hearing #4

Wednesday, February 17, 2016

3:00 – 5:00pm

Historical Society of Cheshire County

246 Main Street Keene, NH 03431

ATF members were encouraged to attend and let others know about the meetings as well.

5. Next meeting: March 9, 2016 – at IOD, 10am – 12 noon

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Advisory Taskforce Meeting

March 9, 2016 – 10am to 12 noon

Minutes

Attendance: John Fenley, Cindy Robertson, Rosemary Simino, Deb Gaudreault, John Richards, Cindy Gaudreault, Deb Fournier, Mary St. Jacques, Linda Bimbo, David Ouelette, Isadora Rodriguez-Legendre, Ryan Donnelly, Richard Royse, Kaarla Weston, Cheryl Steinberg and Darlene Cray.

- Introductions
- Update – The state has been given until 4/30 to submit plan. Apologize if this process has not been as communicative as planned and may have caused concern. We will be working with provider groups to revise the plan based on public feedback.
- Public Comments – We have held 5 hearings in 40 days and continue to receive written feedback. DHHS needs to digest all comments and include responses in the plan. We apologize for the short timeline from release of plan to feedback. It clearly didn't give people enough time to give meaningful feedback therefore the timeline was extended as requested. A number of stakeholders requested to push back timeline for submission. We are not sure CMS will allow extension but Deb will ask and report back.
- Summary of STP Feedback – a summary of the themes of the feedback provided in the public comment meetings and received in writing was reviewed. ATF members discussed and provided additional feedback related to the themes.

Discussion: how to implement rules for HCBS rules for Medicaid people only, ARCH and NHHA opposed to applying rules to all settings under 804/805? What are cost implications? What exists in NH (rules, licensing, etc.) that already complies with HCBS rules? Does the Patient Bill of Rights cover the compliance issues? Regulatory review has been done but may need to review in relation to funding source. Small group to address questions. Perhaps include NHLA and DRC reps in small work group.

Will let this group know how many written comments and emails have been received as public comment.

- Going forward:
 - Work groups – work groups may be included in the plan and ATF members voiced their interest in participation:

- Rights booklet (DD/ABD) – John F, (People First) DD Council, SALT team (self-advocacy leadership team) – use videoconferencing when possible
- Lease/tenancy agreement (DD/ABD) – John E (Cr Mtn)
- Standardized forms (CFI) – Cindy G

Once the plan is submitted Mary will email members re areas we are looking for help with and will then form groups.

- This group will continue to meet monthly until STP formally submitted. Next meeting: April 13, 2016 – at IOD. We will reassess move to quarterly meetings at that time.

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Advisory Taskforce Meeting

June 8, 2016 – 10am to 12 noon

Minutes

Attendance: Cindy Gaudreault, Ryan Donnelly, Lisa DiMartino, Mary St Jacques, John Fenley, Cheryl Steinberg, Karen Rosenberg, Deb Fournier, Heather Hannafin, Linda Bimbo, Kaarla Weston

1. STP submission – DHHS submitted STP on May 26, 2016
2. Questions:
 - a. How did work with CFI providers? Went well (Cindy)
3. Themes of Public Feedback - Impact on final STP

The following is a summary of the edits to the STP due to public feedback. Much of response to public feedback was for clarification. Some comments related were not specific to STP but wanted to advocate for current service setting.

a. Transparency and Stakeholder Engagement

- Concern around ability to give feedback in the time identified
 - Extended the comment period for public feedback
 - Added another public meeting

b. Requirements and Broad Application of Expectations

- Concerns around requirements and the impact on participants in Assisted Living Facilities
 - A workgroup was formed and met to discuss concerns
 - To be sure that the requirements didn't impact the private pay participants in the Assisted Living Facility, the expectations will be in He-E 801 which is specific to those receiving services under the Choices for Independence Waiver
 - Cheryl – doing this violates patient bill of rights. Discriminates based on source of payment. Is this comment reflected in public feedback?
 - DHHS has legal disagreement with that position. Need to check if this is reflected in the public response. If not included we can send an amendment to reflect that concern was raised.

c. Lockable Doors

- Concerns were raised about participants health and safety
 - Proposed language was created for He-E 801 which addresses how the lockable door requirement can be met

- d. Access to food at any time
 - Concerns regarding those in ALF
 - Proposed language was created for He-E 801
- e. Visitors of their choosing at any time
 - Concerns regarding those in ALF
 - Proposed language was created for He-E 801
- f. Choice of roommate
 - Did not change STP
 - Discussion – all parties to roommate selection are included. Every situation is different.
- g. Limiting choice for people with Developmental Disabilities
 - Did not change STP
- h. State Resources to monitor and enforce compliance
 - Did not change STP
 - Discussion – concerned about need. Will CMS address?
 - Leadership is aware and will be considered during budget process. Not sure how CMS will respond. Note – Medicaid funds include a 50% match from the state.
 - Discussion – what is the role of the Ombudsman’s Office?
 - Separate from licensing and certification. No real authority and separate role (i.e. mediation). Not part of DHHS. They are represented on the committee but she is not here today.
- i. Substantive comments on the STP
 - Issue regarding “concern form” and expecting providers to comply with expectations that are not in the state regulations
 - The form was changed to the HCBS Education Tool and will be used to educate providers of the upcoming changes to certification and licensing expectations
 - Discussion – are concerns subject to 91a and made public?
 - Not saying they are not subject to 91a but concerns will not be posted. Tool will be used to educate.
 - It was identified that two regulations had not been included in the regulatory review (804 and 818).
 - Those two additional regulations were reviewed and included in the STP
 - It was identified that it would be good to standardize CFI forms and policies
 - A goal to develop these for providers was added to the STP
 - There was concern raised about the development of a Human Rights Committee for CFI participants

- This goal was removed from the STP
 - Discussion – not convinced that Ombudsman’s Office can address all the needs.
 - STP will address through formalizing the complaint process.
 - It was recommended to formalize the CFI complaint process
 - A goal was developed to address this suggestion
 - It was identified that ten of the requests for heightened scrutiny didn’t meet the criteria of an institutional setting based on the CMS definition
 - Those requests were removed from the STP
 - Discussion – additional sites may require heightened scrutiny based on location or specific to CMS requirements related to isolation. There is a process outlined in the STP.
4. Other
- a. ATF will participate in review of forms, processes, etc, as part of its continuing role of ensuring transparency of the transition process
 - b. Note – annual reports will be written and posted on the DHHS website so that all stakeholders will know the status of the STP
 - c. Can we add representative from Case Management companies to ATF? (yes)
5. Next Steps
- Action plan before approval of STP
 - Participation on workgroups. The list of workgroups that are part of the STP are below:

● Development of training on HCBS expectations	DD/ABD	Heather Kaarla
● Update participant rights booklet & create training or participants	DD/ABD	John F
● CFI workgroup to lead the efforts for HCBS compliance	CFI	
● Develop standardized forms and policies for CFI providers	CFI	
● Development of training on HCBS and state expectations for providers	CFI	Kaarla
● Enhance opportunities for activities, community participation and community integration in order to prevent isolation	CFI	Lisa Cindy
● Investigate opportunities to pilot innovative options for community participation and integration in order to prevent isolation	CFI	John F Cindy
● To enhance the choices for participants, adopt and implement the philosophy of least restrictive setting	CFI	

when identifying the options available regarding where to live		
• Development of training on HCBS for participants, families and guardians	CFI	Lisa, John F Kaarla
• Create a process to use for any modifications to the expectations of HCBS settings	CFI	
• Enhance process for implementation of care plans/person centered planning to ensure optimal input of participant	CFI	Cindy
• Develop Quality Monitoring Process for Adult Day Programs	CFI	
• Develop Quality Monitoring Process for Assisted Living Settings	CFI	

Work group discussion –

- Missing. Work group to identify settings that isolate. Will that include from stakeholders (like DRC)?
 - Will look at licensing and certification info, satisfaction info to determine isolation review
 - Karen R would like to work on the isolation process and formalization of CFI complaint process
- Cindy will check with CFI colleagues to see who is interested in helping with work groups
- ATF members to reach out to colleagues to participate on work groups
- Create calendar of work group meetings for all to access
- All on hold until CMS approves STP, hoping for 90 days
- Possible to review and provide input into work groups at ATF meetings? Yes.
- Possibility of participating via videoconference.
- Frequency of meetings
 - Next meeting – September 14, 2016, 10am -12 noon at IOD

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Advisory Taskforce Meeting September 14, 2016 – 10am to 12 noon Minutes

Attendance: Richard Royse, Jonathan Routhier, Mary St Jacques, Melissa Mandrell, Kaarla Weston, Lorene Reagan, Lindsay Allsop, Kristina Ickes, Cheryl Steinberg, Cynthia Goodreault, Linda Bimbo

1. Introductions
2. Status of Statewide Transition Plan
 - Submitted 5/26/16, awaiting feedback/initial approval from CMS
 - Attended HCBS conference in DC, given ok to move forward with initial implementation (education, training, work groups etc.)
 - CMS has adjusted expectations as STPs have been reviewed and may continue to update guidance
 - NH recognized as collaborative in STP design and implementation
 - Do we need to pay attention to waiver renewal submissions? Yes, the STP process has been included in the waiver renewal
 - CFI waiver renewal in process, group being formed
3. Service Agreement Template
 - Currently DD/ABD programs only, not CFI waiver services
 - The SA is in full implementation currently, includes reference to compliance with HCBS settings rules
 - Document sent out prior to the meeting for review
 - Document finalized however amendments may be needed, BDS working on it
 - Some families and providers have raised concerns
4. Education Tool
 - Not applicable to CFI waiver services at this time
 - DD/ABD tool to be used by surveyors during certification review in addition to current certification tool
 - Training for providers as well as surveyors will occur
 - CFI education tool will include compliance issues but look different than DD/ABD tool
5. Workgroup participation (see below)
 - Still need people for workgroups
 - Most are time limited; timelines are identified in the process for the goal
 - Can be non-taskforce members

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Participation on workgroups. The list of workgroups that are part of the STP are below:

○ Development of training on HCBS expectations	DD/ABD
○ Update participant rights booklet & create training for participants	DD/ABD
○ CFI workgroup to lead the efforts for HCBS compliance	CFI
○ Develop standardized forms and policies for CFI providers	CFI
○ Development of training on HCBS and state expectations for providers	CFI
○ Enhance opportunities for activities, community participation and community integration in order to prevent isolation	CFI
○ Investigate opportunities to pilot innovative options for community participation and integration in order to prevent isolation	CFI
○ To enhance the choices for participants, adopt and implement the philosophy of least restrictive setting when identifying the options available regarding where to live	CFI
○ Development of training on HCBS for participants, families and guardians	CFI
○ Create a process to use for any modifications to the expectations of HCBS settings	CFI
○ Enhance process for implementation of care plans/person centered planning to ensure optimal input of participant	CFI
○ Develop Quality Monitoring Process for Adult Day Programs	CFI
○ Develop Quality Monitoring Process for Assisted Living Settings	CFI

- Cindy will share any draft policies or procedures with her AL group for feedback
- Cheryl interested in forms and policy groups
- Jonathan offered assistance from CSNI Quality Committee on rights booklet
- Let Mary know if you know of anyone interested in participating

6. Draft STP annual report

- Format good, include proposed timeline with status
- Report = information provided is status on goals of STP, some areas reflect progress and others completed
- Suggestion: ask someone uninvolved in process to review to ensure the message is working (i.e. Family Voices, SCOA representative)
- Note that we will include data in various ways going forward
- Suggestion – include data from STP in annual report
- Pg. 13 – question about toolkit and location, will link to project page
- Most info referenced in greater detail in STP
- Pg. 17 – question about developing a contract between CFI providers and DHHS, needed to measure compliance (expectations). Perhaps it could be part of the Medicaid Provider requirement vs. a “contract”.

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- Agreement also needed between DHHS and case management agencies
- 7. Other
 - Will STP timelines be adjusted based in implementation issues (i.e. training) – yes
 - i. Example – locks on doors, first step is consult with Fire Marshall
 - Timelines – current settings can transition to compliance through 2019. However, new settings must be in compliance at outset
 - Assisted Living settings continue to raise concerns about cost and compliance with expectations (i.e. key to front door)

Next Meeting December 14, 2016 at the IOD

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**Advisory Taskforce Meeting
December 14, 2016**

**No meeting held in December
2016**