

New Hampshire
Department of Health & Human Services



REVISED STATEWIDE TRANSITION PLAN

Updated January 2023

Acknowledgements

The State of New Hampshire has two groups leading the efforts to become fully compliant with the Home and Community Based Services expectations.

The first is the Waiver Transition Team which includes Christine Santaniello, Director, Division of Long Term Supports and Services, Sandy Hunt, Bureau Chief, Bureau of Developmental Services, Wendi Aultman, Bureau Chief, Bureau of Elderly and Adult Services, Kristina Ickes, Choices for Independence Administrator, Kaarla Weston, subject matter expert for Department of Health and Human Services, Long Term Supports and Services; Linda Bimbo, Project Director, and Mary St Jacques, HCBS Project Coordinator, both from the Institute on Disability. The team meets monthly to coordinate the Waiver Transition process for the State of New Hampshire.

The second group is the Advisory Task Force which is made up of 16 members and was established in March 2015 to provide consumer and stakeholder feedback on the development activities for the Statewide Transition Plan. The group is advisory in nature and includes representatives from a broad array of stakeholders, including those potentially most impacted by the new rules. There is representation from the following groups:

- Adult Day Services Association
- Brain Injury Association
- Developmental Disability Council
- Disability Rights Center (NH P&A organization)
- Elder Rights Coalition
- Granite State Independent Living (NH's Center for Independent Living)
- Medical Care Advisory Committee (3)
- NH Association of Counties
- NH Association of Residential Care Homes
- NH Health Care Association
- NH Legal Assistance
- Office of Long Term Care Ombudsman
- People First of New Hampshire
- Private Provider Network
- Case Management Organizations

New Hampshire's transition process will continue to include those listed above as well as other stakeholder groups as we move toward full compliance with the Home and Community Based Services expectations.

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Executive Summary of revisions based on CMS feedback and state edits:

New Hampshire received feedback from CMS requesting revisions to the statewide transition plan to obtain final approval. Based on that feedback the dates in the Transition Plan have been updated, the Re-Evaluation Processes has been revised to allow a longer period of transition should the need arise, and the Relocation Process has been updated to align with the Re-Evaluation Process and include the finalized state Residency Agreement.

Revisions to this version of the statewide transition plan include but are not limited to:

- Clarified the date by which all remediation will be completed for CFI Short Term Monitoring Goal #1. [Please see page 78.](#)

Any revisions that are related to language but would not change the intent of the information are not included in the list above.

I. Purpose and Approach

In March of 2014, the Centers for Medicare and Medicaid Services (CMS) put into effect new regulatory requirements for Medicaid-funded Home and Community Based Services (HCBS) settings, including residential and non-residential settings. The regulations require that home and community based waiver services are provided in community-like settings and describe the required qualities of Medicaid-funded HCBS settings. The regulations require that the “community-like” settings be defined by the nature and quality of the experiences of the individual receiving services.

The purpose of these regulations is to ensure that HCBS recipients are able to live in and have opportunities to access their community as well as to receive services in the most integrated settings. This includes, but is not limited to, opportunities to seek employment and work in competitive settings, engage in community life, control personal resources, and participate in the community, just as people who live in the community but who do not receive HCBS, do.

All states are required to develop a plan to show how they will establish compliance with these new regulations. New Hampshire submitted an initial draft framework of its plan to CMS in March of 2015. That draft framework was comprised of four main components: (1) Identification: review of existing state standards, policies, regulations, and statute to determine state level changes that are needed to align with the federal requirements; (2) Assessment: development, implementation and validation of assessments completed by providers and participants; (3) Remediation: development of a comprehensive, statewide transition plan based on assessment results; and (4) Outreach and Engagement: engagement of stakeholders in the transition plan process.

From April 2015 through December 2015, New Hampshire was engaged in the first three elements of this plan: identification, assessment and remediation. The culmination of that work informed the remediation steps within the following Statewide Transition Plan.

An interdisciplinary team, called the Waiver Transition Team (WTT), also identified as the Transition Work Group in the initial Transition Framework, was tasked with the development of this plan. The WTT is comprised of representatives from New Hampshire Department of Health and Human Services (NH DHHS) which houses New Hampshire's single state Medicaid agency, and the division of Long-Term Supports and Services (LTSS) as well as the University of New Hampshire Institute on Disability - University Center for Excellence in Disability (UCED). NH DHHS partnered with the University of New Hampshire Institute on Disability (IOD) to manage the assessment and plan development process. The IOD is an experienced research and project management organization that provided data collection, data analysis and remediation planning based on the assessment work it conducted.

Throughout the assessment process, the Waiver Transition Team met monthly with the HCBS Advisory Taskforce, comprised of 16 members representing HCBS waiver participants, HCBS waiver providers, and other New Hampshire advocates and stakeholders. The Waiver Transition Team worked with the Advisory Taskforce during the development of the assessment tools as well as during the implementation of the assessment instruments, incorporating many of the suggestions and concerns expressed by the members of that taskforce into its assessment work.

The following Statewide Transition Plan describes the steps New Hampshire proposes to take to assure that Medicaid-funded HCBS sites in New Hampshire achieve full and ongoing compliance with the HCBS settings requirements, with specific timeframes for identified actions and deliverables.

II. Overview of HCBS Waivers in New Hampshire

New Hampshire's Department of Health and Human Services is the state's largest agency; it provides services for at risk and vulnerable individuals, children, families and seniors and administers programs and services ranging from cash assistance and nutritional support to supports and services for mental health services, developmental disabilities, acquired brain disorders, substance abuse and public health. DHHS is also the single state Medicaid agency and as such is the hub for the administration of all four of the Home and Community Based Services 1915 (c) Medicaid-funded waivers in New Hampshire. 1915 (c) Waivers, approved by CMS, allow states to provide long-term care services in home and community settings rather than institutional settings.

There are four approved Section 1915(c) Medicaid Waivers in New Hampshire:

- The Developmental Disabilities Waiver: #NH 0053.R05.00
- The Acquired Brain Disorders Waiver: #NH 4177.R04.00
- The In-Home Supports Waiver: #NH 0397.R02
- The Choices for Independence Waiver: #NH 0060.R06.01

New Hampshire completed an in-depth review of the four waivers. After careful consideration, the state determined that its In-Home Support Waiver, which provides services for children with developmental disabilities in their homes, includes settings that are considered in compliance because all services are provided in the participant's home. These settings will be

included in the ongoing monitoring plan to ensure compliance, especially in relation to isolation. The three other waivers include settings that require review for compliance with the new Federal requirements: 1) services for individuals with a developmental disability (DD), 2) services for individuals with an acquired brain disorder (ABD), and 3) Choices for Independence (CFI) – services for individuals 65+ years, and individuals with physical and other disabilities ages 18-64 years.

A. DD/ABD Waivers and Services

The New Hampshire developmental services system, under the administration of the New Hampshire Bureau of Developmental Services (BDS) offers individuals with developmental disabilities (DD) and acquired brain disorders (ABD) a wide range of supports and services within their own communities through the DD and ABD Waivers.

Services may include service coordination, comprehensive residential and non-residential supports, community support services, supported employment, personal care services, respite, environmental modifications and assistive technology. There are ten Area Agencies designated by the State of New Hampshire to oversee the provision of services under the DD/ABD waivers. The Area Agencies provide services themselves and/or contract with vendor agencies, home providers and families to support participants. The provider of services is determined by the participant.

The following service areas were included in the Settings Rule Review:

- **He-M 1001: Community Residence**

A community residence is defined as an agency residence or family residence that provides residential supports (typically, adult foster care home or staffed residence), and is certified under He-M 1001.

- **He-P 814: Residential Care and Supported Residential Care Level (4 or more)**

A community residence which supports more than three individuals and is licensed versus certified.

- **He-P 807: Residential Treatment and Rehabilitation**

Residential Treatment and Rehabilitation Facility means a place, excluding hospitals as defined in RSA 151-C:2, which provides residential care, treatment and comprehensive specialized services relating to the individual's medical, physical, psychological, vocational, educational and or substance abuse therapy needs.

- **He-M 507: Community Participation Services (CPS) (Day Services)**

CPS means habilitation, assistance, and instruction provided to individuals that:

- (1) Improve or maintain their performance of basic living skills;
- (2) Offer vocational and community activities, or both;
- (3) Enhance their social and personal development;
- (4) Include consultation services, in response to individuals' needs, and as specified in service agreements, to improve or maintain communication, mobility, and physical and psychological health; and

(5) At a minimum, meet the needs and achieve the desired goals and outcomes of each individual as specified in the service agreement.

- **He-M 518: Employment Services** - embedded in services/budgets that are typically within 507, 525, & 521
 - (a) Establish the requirements for employment services for persons with developmental disabilities and acquired brain disorders served within the state community developmental services system who have an expressed interest in working;
 - (b) Provide access to comprehensive employment services by staff qualified pursuant to He-M 518.10; and
 - (c) Make available, based upon individual need and interest:
 - (1) Employment;
 - (2) Training and educational opportunities; and
 - (3) The use of co-worker supports and generic resources, to the maximum extent possible.

- **He-M 525: Participant Directed and Managed Services (PDMS)** combined/ day services only
 - Participant directed and managed services enable individuals who have a developmental disability or acquired brain disorder to direct their services and to experience, to the greatest extent possible, independence, community inclusion, employment, and a fulfilling home life, while promoting personal growth, responsibility, health, and safety.

- **He-M 521: PCS (Personal Care Services)** combined/ day services only
 - Provide minimum standards for residential services or combined day and residential services for individuals with developmental disabilities or acquired brain disorders who reside in their families' homes.

The following service areas are considered to be in compliance based on the Setting Rule Review. These services are provided in the participant's home and are residential services only:

- **He-M 525: PDMS (Participant Directed Managed Services)** Residential only
 - Participant directed and managed services enable individuals who have a developmental disability or acquired brain disorder to direct their services and to experience, to the greatest extent possible, independence, community inclusion, employment, and a fulfilling home life, while promoting personal growth, responsibility, health, and safety.

- **He-M 521: PCS (Personal Care Services)** Residential only
 - Provide minimum standards for residential services or combined day and residential services for individuals with developmental disabilities or acquired brain disorders who reside in their families' homes.

B. Choices for Independence Waiver and Services

The CFI program, under the administration of the New Hampshire Bureau of Elderly and Adult Services (BEAS), is designed to support adults with chronic illnesses and the elderly. It does so by providing long term supports and services (LTSS) for individuals that are clinically eligible for nursing home placement, but choose to remain living in the community or at home. The definition of "community" under this waiver is broad and includes many types of non-nursing home settings such as Assisted Living and Residential Care Homes.

Supports and services are provided to individuals at these types of residences as long as the costs of services do not exceed a certain percentage of what the costs would otherwise be if they were provided in a nursing home. CFI offers participants a degree of consumer direction or self-direction in which they are able to choose some of their care service providers.

The following service areas were included in the Settings Rule Review:

- **He-P 818: Adult Day Services**

Adult Day Program (ADP) means a program that provides one or more of the following services, for fewer than 12 hours a day, to participants 18 years of age and older:

- (1) Supervision;
- (2) Assistance with ADLs;
- (3) Nursing care;
- (4) Rehabilitation;
- (5) Recreational, social, cognitive and physical stimulation; and
- (6) Nutrition.

- **He-P 813: Adult Family Care Residence**

Adult family care (AFC) means a housing option for eligible individuals under the New Hampshire choices for independence waiver program, which includes a combination of personal care, homemaking and other services that are provided to a person in the certified residence of an unrelated individual in accordance with a person-centered plan.

- **He-P 804: Assisted Living Residence, Residential Care Services**

Assisted living residence–residential care (ALR-RC) means a long term care residence providing personal assistance at the residential care level pursuant to RSA 151:9, VII(a)(1).

- **He-P 805: Supported Residential Health Care Services**

Supported residential health care facility (SRHCF) means a long-term care residence providing personal assistance at the supported residential care level pursuant to RSA 151:9VII(a)(2).

The following service areas were considered to be in compliance based on the Setting Rule Review. The services are provided in a participant’s home:

- **He-P 601: Certified Other Qualified Agencies**
“Other qualified agency (OQA)” means an entity certified in accordance with He-E 601 to offer personal care services and/or intermediary services.
- **He-P 809: Home Health Care Services**
“Home health care provider (HHCP)” means any organization or business entity, whether public or private, whether operated for profit or not, which is engaged in arranging or providing, directly or through contract arrangement, one or more of the following services: nursing services, home health aide services, or other therapeutic and related services, which can include but are not limited to, physical and occupational therapy, speech pathology, nutritional services, medical social services, personal care services and homemaker services which may be of a preventative, therapeutic, rehabilitative, health guidance or supportive nature to persons in their places of residence.
- **He-P 819: Case Management Services**
“Case management agency (CMA)” means an organization employing 2 or more people that, in consultation with the client in the client’s place of residence, arranges for and coordinates the delivery of care and services to meet the physical, emotional, medical, nursing, financial, legal and social services needs of the client.
- **He-P 822: Home Care Services**
“Home care service provider agency (HCSPA)” means any organization or business entity, except as identified in He-P 822.02(e), whether public or private, whether operated for profit or not, which is engaged in providing, through its employees, personal care services and/or homemaker services which may be of a supportive nature to persons in their places of residence.

III. Approach to developing the Statewide Transition Plan

New Hampshire submitted a Transition Framework to CMS on March 16, 2015 that provided an outline of the action items to be followed in the development of a comprehensive Statewide Transition Plan. See Attachment A in the Appendix. The following section details the implementation of the Transition Framework:

A. Inventory

1. Rules, regulations, and standards:

A thorough list of state rules, regulations, policies, and standards that may relate to the HCBS settings rule was compiled. A comprehensive assessment of the extent to which New Hampshire standards, rules, regulations and other requirements comply, do not comply or are silent with the Federal HCBS settings requirements was conducted by waiver type.

The following were reviewed:

New Hampshire Statutes & Rules Reviewed in the 42 CFR 441.301(c)(4) Analysis
 1915(c) Waiver Settings for Individuals with Developmental Disabilities and Acquired Brain Disorders

Statute		Title
RSA 126-A:19-24	http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-19.htm http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-20.htm http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-21.htm http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-22.htm http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-23.htm http://www.gencourt.state.nh.us/rsa/html/X/126-A/126-A-24.htm	Community Living Facilities
RSA Ch. 137-K	http://www.gencourt.state.nh.us/rsa/html/x/137-k/137-k-mrg.htm	Brain and Spinal Cord Injuries
RSA Ch. 151	http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XI-151.htm	Residential Care and Health Facility Licensing
RSA Ch. 161-I	http://www.gencourt.state.nh.us/rsa/html/XII/161-I/161-I-mrg.htm	Personal Care Services
RSA Ch. 161-J	http://www.gencourt.state.nh.us/rsa/html/XII/161-J/161-J-mrg.htm	Assisted Living Residences, Independent Living Retirement Communities, and Housing for Older Persons
RSA Ch. 170-A	http://gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-170-A.htm	Interstate Compact on the Placement of Children
RSA Ch. 170-E	http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-170-E.htm	Child Day Care, Residential Care, and Child-Placing Agencies
RSA Ch. 171-A	http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-171-A.htm	Services for the Developmentally Disabled
RSA Ch. 171-B	http://www.gencourt.state.nh.us/rsa/html/XII/171-B/171-B-mrg.htm	Involuntary Admission for Persons Found Not Competent to Stand Trial
RSA Ch. 540	http://www.gencourt.state.nh.us/rsa/html/lv/540/540-mrg.htm	Actions Against Tenants
RSA Ch. 540-A	http://www.gencourt.state.nh.us/rsa/html/LV/540-A/540-A-mrg.htm	Prohibited Practices and Security Deposits
RSA Ch. 540-B	http://www.gencourt.state.nh.us/rsa/html/LV/540-B/540-B-mrg.htm	Rental of Shared Facilities
Rules		Title

Pt. He-C 6446	http://www.gencourt.state.nh.us/rules/state_agencies/he-c6400.html	Foster Family Care Licensing Requirements
Pt. He-M 202	http://www.gencourt.state.nh.us/rules/state_agencies/he-m200.html	Rights Protection Procedures for Developmental Services
Pt. He-M 310	http://www.gencourt.state.nh.us/rules/state_agencies/he-m300.html	Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community
Pt. He-M 503	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Eligibility and the Process of Providing Services
Pt. He-M 505	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Establishment and Operation of Area Agencies
Pt. He-M 506	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Staff Qualifications and Staff Development Requirements for Developmental Service Agencies
Pt. He-M 507	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Community Participation Services
Pt. He-M 513	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Respite Services
Pt. He-M 517	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Medicaid –Covered HCBS for Persons with Developmental Disabilities and Acquired Brain Disorders
Pt. He-M 518	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Employment Services
Pt. He-M 521	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Certification of Residential Services, Combined Residential and Day Services, or Self-Directed Day Services Provided in the Family Home
Pt. He-M 522	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder
Pt. He-M 524	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	In-Home Supports
Pt. He-M 525	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Participant Directed and Managed Services

Pt. He-M 526	http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html	Designation of Receiving Facilities for Developmental Services
Pt. He-M 1001	http://www.gencourt.state.nh.us/rules/state_agencies/he-m1000.html	Certification Standards for Community Residences
Pt. He-P 814	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p814.pdf	Community Residences and the Residential Care and Supported Residential Care Level
Pt. He-P 807	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p807.pdf	Residential Treatment and Rehabilitation Facilities

New Hampshire Statutes & Rules Reviewed in the 42 CFR 441.301(c)(4) Analysis
1915(c) Waiver Settings for Choices for Independence Waiver

Statute		Title
RSA Ch. 151	http://www.gencourt.state.nh.us/rsa/html/xi/151/151-mrg.htm	Residential Care and Health Facility Licensing
RSA Ch. 151-E	http://www.gencourt.state.nh.us/rsa/html/XI/151-E/151-E-mrg.htm	Long-Term Care
RSA Ch. 161-I	http://www.gencourt.state.nh.us/rsa/html/XII/161-I/161-I-mrg.htm	Personal Care Services
RSA Ch. 161-J	http://www.gencourt.state.nh.us/rsa/html/XII/161-J/161-J-mrg.htm	Assisted Living Residences, Independent Living Retirement Communities, and Housing for Older Persons
RSA Ch. 161-M	http://www.gencourt.state.nh.us/rsa/html/XII/161-M/161-M-mrg.htm	Senior Citizens Bill of Rights
RSA Ch. 540	http://www.gencourt.state.nh.us/rsa/html/lv/540/540-mrg.htm	Actions Against Tenants
RSA Ch. 540-A	http://www.gencourt.state.nh.us/rsa/html/LV/540-A/540-A-mrg.htm	Prohibited Practices and Security Deposits
RSA Ch. 540-B	http://www.gencourt.state.nh.us/rsa/html/LV/540-B/540-B-mrg.htm	Rental of Shared Facilities
Rules		Title
Pt. He-E 801	http://gencourt.state.nh.us/rules/state_agencies/he-e800.html	Choices for Independence Program

Pt. He-E 803	http://gencourt.state.nh.us/rules/state_agencies/he-e800.html	Adult Medical Day Care Services
Pt. He-E 805	http://gencourt.state.nh.us/rules/state_agencies/he-e800.html	Targeted Case Management Services
Pt. He-P 601	http://www.gencourt.state.nh.us/rules/state_agencies/he-p600.html	Certified Other Qualified Agencies
Pt. He-P 804	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p804.pdf	Assisted Living Residence- Residential Care Licensing
Pt. He-P 805	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p805.pdf	Supported Residential Health Care Facility Licensing
Pt. He-P 809	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p809.pdf	Home Health Care Providers
Pt. He-P 813	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p813.pdf	Adult Family Care Residence
Pt. He-P 818	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p818.pdf	Adult Day Programs
Pt. He-P 819	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p819.pdf	Case Management Agencies
Pt. He-P 822	http://www.dhhs.nh.gov/oos/bhfa/documents/he-p822.pdf	Home Care Service Provider Agencies

2. Inventory of eligible sites/covered settings

Based on the list of settings types that were eligible for inclusion in the settings review process, New Hampshire developed a Master List of settings. This Master List included type of service (by regulation number), provider name, site address, and contact information. For the DD/ABD Waiver sites under 521 and 525, the information was organized by DUCK (Division Unique Client Key) number.

The information for the Master List was accessed on March 30, 2015 from the Department of Health and Human Services' Office of Program Support (the certification and licensing entity for the State of New Hampshire), and Long Term Supports and Services for the services provided in family homes that were identified to be included. Over time, the list was revised for various reasons, including the providers no longer in business, setting currently not providing services, and/or new providers being identified. The Master List continued to change over the course of the initial phase of the transition process in order to effectively address all eligible settings. Part of the ongoing monitoring efforts identified later in this document are meant to ensure ongoing updating, monitoring and revision of the list as provider information changes. Additionally, New Hampshire's expectation is full compliance for new settings, as well as ongoing compliance for

existing settings. These benchmarks are addressed in detail in the ongoing monitoring section of this plan.

The following chart details the number of DD/ABD setting types, by service, that were determined by the review, to be included in the plan:

Oversight Provided by:	OPS (Office of Program Support)	OPS (Office of Program Support)	OPS (Office of Program Support)	OPS (Office of Program Support)	DHHS-LTSS (Bureau of Developmental Services)	DHHS-LTSS (Bureau of Developmental Services)
Regulation #	He-M 1001	He-P 807	He-P 814	He-M 507 He-M 518	He-M 525	He-M 521
Service Area	Community Residence	Residential Treatment/ Rehab	Community Residence 4 or more	Day Services (CPS) Employment Services	PDMS* combined	PCS* combined
Type of Service	Res	Res	Res	Non-Res	Non-Res	Non-Res
Program Identifier	Certification #	License #	License #	Certification #	Duck #	Duck #
Waiver Funding	DD / ABD	ABD	DD/ABD	DD / ABD	DD / ABD	DD / ABD
Total # of sites per service setting	1046	3	22	63	770	80
Waiver Total	TOTAL DD/ABD SITES = 1,984					

*Services may be provided in individual/private homes.

The following chart details the number of CFI setting types, by service, that were determined by the review, to be included in the plan. None of the services can be provided in individual/private homes:

Oversight Provided by:	OPS (Office of Program Support)	OPS (Office of Program Support)	OPS (Office of Program Support)
Regulation #	HeP-818	HeP-813	He-P 804 & 805
Service Area	Adult Day Services	Adult Family Care Residences	Residential Care
Type of Service	Non-Res	Res	Res
Program Identifier	License #	License #	License #
Waiver Funding	CFI	CFI	Primarily CFI with a few DD/ ABD
Total # of sites per service setting	13	3	73
Waiver Total	TOTAL CFI SITES = 89		

3. Review of Existing Processes

In order to determine New Hampshire’s current level of compliance, the Waiver Transition Team reviewed existing processes across the three eligible waivers to evaluate their current contribution to determining compliance as well as the development of targeted surveys.

New Hampshire has many systems/groups in place that support review and compliance for services provided under the Home and Community Based Services waivers. They include:

- Certification or Licensing
 - Office of Program Support (OPS)
 - Conduct annual (DD/ABD, CFI) or bi-annual (DD/ABD) visits to provider sites to ensure compliance with state laws and regulations
 - When deficiencies are identified, they are reviewed by the Bureau Liaison who works in the region of the site receiving the deficiency
 - Provider agencies (DD/ABD)
 - Conduct monitoring review of those sites meeting specific criteria in between Office of Program Support certification/licensing visits
 - Department of Health and Human Services Long Term Supports and Services (DHHS-LTSS)
 - Requests are made to them for the certification of services being provided in private family homes (under He-M 525 or He-M 521)
 - Ongoing compliance expectations are monitored by the Area Agency
- Complaint Reporting (DD/ABD, CFI)
 - Bureau of Elderly and Adult Services (BEAS)
 - Completes complaint investigations for participants using criteria identified in state law
 - Disability Rights Center
 - Provides information, referral, advice, and legal representation and advocacy to individuals with disabilities on a wide range of disability-related problems
 - Office of Client and Legal Services (OCLS)
 - Completes complaint investigations for participants receiving services under the DD/ABD waiver, using criteria outlined in the state regulations
 - Complaints of abuse, neglect and exploitation are investigated by BEAS in addition to OCLS
 - Ombudsman’s Office
 - Follow up on concerns on behalf of participants in Long Term Care settings
- Human Rights Committees (DD/ABD)
 - Each Area Agency serving individuals with Developmental Disabilities and Acquired Brain Disorders has a stakeholder committee that oversees the implementation of behavior plans and rights restrictions. Any restrictions to participants’ rights must be approved by the committee as well as the individual and/or guardian and/or representative.
- Statewide Quality Improvement Committee (DD/ABD)
 - Includes representation from all ten Area Agencies
 - Identifies trends and areas for improvement across the DD/ABD system
 - Representative from DHHS-LTSS attends the meetings
- National Core Indicators (NCI) Process (DD/ABD)

- The DD/ABD waiver participants are part of the NCI consumer survey process. Data is collected by highly trained interviewers related to service delivery and that data is compared to other states participating in the NCI process. The data is used to identify trends and quality measures to improve the supports being provided to participants. Surveys completed in New Hampshire are:
 - Consumer Surveys
 - Family/Guardian Surveys
- Employment Data Process (DD/ABD)
 - The state collects employment data for all participants under the DD/ABD waiver who are working. The data is collected and reports are distributed to stakeholders identifying number of those employed, number of hours worked, rate of pay, benefits, etc.
- Risk Identification, Mitigation, and Planning Process (CFI)
 - Process through Bureau of Elderly and Adult Services that supports a participant's desire to live life the way they choose while providing the safeguards necessary to protect his/her health and welfare
- Risk Management Committee Process (DD/ABD)
 - Statewide committee focused on a continuum of care for individuals experiencing challenging behaviors through the use of assessment, plans and collaboration
- Health Risk Screening Tool (HRST) Process (DD/ABD)
 - Process used to identify and track health risks making it possible to design a plan tailored to meet the unique health and safety needs of each individual in the least restrictive setting.
 - Process completed by the Service Coordinator and reviewed by the nurse
- Assistive Technology and Equipment Center (ATEC) (DD/ABD)
 - Highly specialized clinical program providing evaluation and consultation services in the area of assistive technology.
- Elderly and Incapacitated Adult Fatality Review Committee (DD/ABD/CFI)
 - Legislatively mandated committee with representation from DHHS-LTSS, Ombudsman's office, New Hampshire Hospital, Victims Advocate, Coroner's Office, and Licensing and Certification.
 - The committee performs comprehensive systemic reviews on fatalities involving elderly and incapacitated adults. Areas for improvement are identified, addressed, and trends are published.
- Bureau of Developmental Services (DD/ABD)
 - Re-designation process:
 - Area Agencies go through a process every five years to be designated as the agency to oversee services for a particular area of the state. The process is outlined in He-M 505, Establishment and Operation of Area Agencies. The purpose of the rule is to define the procedures and criteria for the establishment, designation, and re-designation of area agencies, and to define their role and responsibilities. The process is performed by DHHS-LTSS staff and provides feedback to the Area Agency for areas of improvement.
 - Service Coordination Review (DD/ABD):

- Each Area Agency completes a record review self-assessment of an identified number of records. DHHS-LTSS staff then complete a review of the records to ensure compliance. A report is written and corrective action steps are identified. Agencies submit corrective action which is reviewed to determine ongoing compliance.
- Separate review processes occur for:
 - In Home Support Services
 - Participant Directed and Managed Services
 - Other service types
- Complaint Investigation Review (DD/ABD):
 - Every six months the Bureau reviews the founded complaints and meets with provider agencies to ensure that recommendations from the complaints have been implemented through on-site verification
- Service Agreement review (DD/ABD):
 - Initially, and when there is a funding change, every participant's service agreement is reviewed by DHHS-LTSS for approval for ongoing services under He-M 521, 524 and 525. All others are reviewed during the re-designation process
- Statewide Training Committee for DD/ABD services:
 - Facilitated by Community Support Network Incorporated (CSNI)
 - Includes ten area agencies and provider agencies
 - Ensures that training meets regulatory requirements
 - Identifies new areas for staff development
- Statewide Service Coordinator Supervisor Group (DD/ABD):
 - Facilitated by DHHS-LTSS
 - Includes representation from all service coordinator organizations
 - Works collaboratively to address issues related to service delivery
- Statewide In-Home Support Coordinators Group (DD/ABD):
 - Facilitated by CSNI
 - Includes representation from all service coordinator organizations
 - Works collaboratively to address issues related to in-home support services, as outlined in He-M 524
- Statewide Participant Directed and Managed Services Representative Committee (DD/ABD):
 - Facilitated by CSNI
 - Includes representation from all service coordinator organizations
 - Works collaboratively to address issues related to PDMS/PCS services as outlined in He-M 525 and He-M 521
- Statewide ABD Coordinators Group (DD/ABD):
 - Facilitated by CSNI
 - Includes representation from all service coordinator organizations
 - Works collaboratively to address issues related to ABD services as outlined in He-M 522
- Statewide Participant Directed and Managed Services Representative Committee (DD/ABD):
 - Facilitated by CSNI

- Includes representation from all service coordinator organizations
- Works collaboratively to address issues related to PDMS/PCS Services as outlined in He-M 525 and He-M 521
- Office of Public Guardian/Tri-County Guardianship Services (DD/ABD, CFI):
 - DHHS-LTSS has contracts to provide guardianship for those participants who have no other option for support with decision making
- Sentinel Event Reporting/Review process (DD/ABD):
 - Quality improvement process designed to gather information about serious health or safety situations involving individuals with DD/ABD
 - Review of situation occurs and areas for individualized and/or systemic improvements occur
- START (Systemic, Therapeutic, Assessment, Resource, and Treatment) (DD/ABD):
 - Statewide network of certified START Coordinators representing the 10 Area Agencies supporting the needs of individuals with IDD and behavioral health needs
- Supports Intensity Scale (SIS) Process (DD/ABD):
 - Standardized evaluation process that identifies practical supports people with developmental disabilities need to lead independent lives
 - Completed for each participant and updated every five years or as needed

In addition, New Hampshire has a variety of participant and other stakeholder groups that provide advocacy and input into the delivery of waiver services. They include:

- Board of Directors (DD/ABD):
 - Area Agencies, as nonprofit organizations are governed by Boards of Directors, He-M 505 requires one third of the board composition be made up of consumers of services.
- Brain Injury Association of New Hampshire
 - Designed to create a better future through brain injury prevention, education, advocacy, and support
- Community Support Network Incorporated (CSNI)(DD/ABD):
 - Executive Directors from the ten area agencies work collaboratively on behalf of the service delivery system to ensure a uniform approach to issues impacting the participants of service
- Developmental Disabilities Council (DD/ABD):
 - An agency appointed by the governor to represent and advocate for people with developmental disabilities
- Disabilities Rights Center (DD/ABD CFI):
 - Provides information, referral, advice, and legal representation and advocacy to individuals with disabilities on a wide range of disability-related issues, concerns, and problems
- Family Support Councils (DD/ABD):
 - All ten regions have a council made up of participant families who work with each region's board to oversee the work of the area agencies
- New Hampshire Association of Residential Care Homes (CFI):
 - Association representing all Residential Care Homes
 - Work to identify and address issues/concerns regarding provision of care in Residential Care Homes

- New Hampshire Adult Day Services Association (CFI):
 - Association representing all Adult Day Service providers
 - Work to identify and address issues/concerns regarding provision of care in Adult Day Service settings
- New Hampshire Legal Assistance (CFI):
 - Organization that offers clients high quality civil legal services to address the legal problems that affect their daily survival and most basic needs. These services range from simple legal information and advice to vigorous and thorough representation in all of New Hampshire’s courts and before many of the local, state, and federal agencies which play large roles in their lives
- Private Provider Network (DD/ABD):
 - Representatives from vendor agencies who contract with area agencies work collaboratively to ensure consistency among vendor agencies for the benefit of the participants of service
- Quality Council (DD/ABD):
 - Legislatively created Council that is charged to provide leadership for consistent, systemic review and improvement of the quality of the developmental disability and acquired brain disorder services provided within New Hampshire's developmental services system
- Self -Advocacy Groups (DD/ABD):
 - Many of the ten area agencies have a self-advocacy group within the region. Additionally there is a statewide self-advocacy group with representation from most area agencies. The purpose is to identify issues of importance and work with other stakeholders to improve the service delivery system in its support of individuals with developmental disabilities and acquired brain disorders
- Service Coordinators (DD/ABD):
 - Required to obtain satisfaction information on a quarterly basis as outlined in He-M 503
 - Have monthly contact regarding participant’s services as per He-M 503
- (Waiver Transition) Advisory Task Force (DD/ABD/CFI):
 - Group of stakeholders to work with the Waiver Transition Team to develop and monitor New Hampshire’s Statewide Transition Plan

Each of the processes/groups noted above have a role in the Statewide Transition Plan as outlined in our remediation plan. Please see Remediation Plan for more details.

4. Development of Assessment Tools

The Waiver Transition Team developed two surveys to contribute to the information available to determine compliance: one for providers and one for participants (see Attachments B and C in the Appendix). Questions were developed to assess whether the required characteristics were present for each type of setting (residential and non-residential). The Exploratory Questions for residential and non-residential settings provided by CMS as part of the Statewide Transition Plan Toolkit were reviewed as the New Hampshire survey questions were developed. In addition, the Advisory Task Force reviewed and contributed to the survey questions and offered their specific wording. The questions were grouped into topic areas; such as choice of setting, access to personal funds,

and participation in activities and were comprised of a range of 1-5 questions to collect detailed information.

a. Assessments

1) Assessment of state standards and level of compliance

NH DHHS completed a thorough review of all standards, rules, and regulations to determine their current level of compliance with the settings requirements. The following is the state’s assessment of the extent to which its standards, rules, regulations, or other requirements comply, do not comply or are silent with the Federal HCBS settings requirements.

a) DD/ABD Regulatory Review

The regulatory review identified the need for modifications. For the detailed analysis and remediation steps and timelines see Attachment F in the Appendix.

The following steps integrate the detailed regulatory review with the general remediation steps to ensure compliance with the Federal HCBS rules.

DD/ABD REGULATORY GOAL #1			
Process: Regulatory Revision & Training	Verification/Validation	Timeline	Entity Responsible
1. Review the regulations for HCBS settings under the DD/ABD waiver, including: <ul style="list-style-type: none"> a. He-M 503, Eligibility and the Process of Providing Services b. He-M 507, Community Participation Services c. He-M 518, Employment Services d. He-M 521, Certification of Residential Services, Combined Residential and Day Services, or Self-Directed Day Services Provided in the Family Home e. He-M 522, Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder f. He-M 524, In-Home Supports g. He-M 525, Participant Directed Managed Services h. He-M 1001 Certification Standards for Community Residences 	<ul style="list-style-type: none"> • Comprehensive review of regulations by legal team completed; see Attachment F in the Appendix. 		DHHS-LTSS Legal Team
2. Revise the regulations as necessary to ensure that recommendations from legal team are implemented <ul style="list-style-type: none"> a. He-M 503 has been revised effective 7/25/15 b. He-M 310 has been revised effective 4/25/15 	<ul style="list-style-type: none"> • He-M 503 and He-M 310 will be used as a guidelines for additional regulatory revisions 		DHHS-LTSS

3. Create HCBS Education Tool to note issues related to HCBS expectations that are not covered in the current regulations, for certification/licensing visits while regulations are being revised.	<ul style="list-style-type: none"> • HCBS Education Tool template form to be used while regulations are being updated 		Office of Program Support
4. Share form and expectations with providers			Office of Program Support
5. Revise/approve the regulations following the state's Administrative Procedures Act .	<ul style="list-style-type: none"> • Updated regulations will be on the New Hampshire Office of Legislative Services Web site • Regulations will be sent to all providers 		DHHS-LTSS
6. Provide additional training to stakeholders regarding new regulatory requirements.	<ul style="list-style-type: none"> • Training sessions held 	Ongoing	DHHS-LTSS
7. Update Certification/Licensing tools to correspond with HCBS expectations and regulatory revisions.	<ul style="list-style-type: none"> • Updated Certification/Licensing tools 		DHHS-LTSS, Office of Program Support
8. Identify implementation date	<ul style="list-style-type: none"> • Notification sent to providers 	September 1, 2018	Office of Program Support

DD/ABD Regulatory Goal #2			
Process: Update all policies related to the transition process so they correspond to the HCBS expectations	Verification/Validation	Timeline	Entity Responsible
1. Update policies related to the transition process, once regulations are updated. Will include at a minimum: <ul style="list-style-type: none"> • Rights policy • Health information • Person centered planning • Staff training 			Providers
2. Policies will be submitted to Office of Program Support at certification/licensing visits	<ul style="list-style-type: none"> • Updated policies 	At scheduled certification / licensing visit	Providers, OPS

b) CFI Regulatory Review

The regulatory review identified the need for modification. For the detailed analysis and remediation steps and timelines see Attachment G in the Appendix.

The following steps integrate the detailed regulatory review with the general remediation steps to ensure compliance with the Federal HCBS rules:

CFI REGULATORY GOAL #1			
Process: Regulatory Revision & Training	Verification/Validation	Timeline	Entity Responsible
1. Review the regulations for HCBS settings under the CFI waiver, including: a. He-E 801 Choices for Independence b. He-P 804 Assisted Living Residence - Residential Care Licensing c. He-P 805 Assisted Living Residence - Supported Residential Health Care Licensing d. He-P 813 Adult Family Care Residence e. He-P 818 Adult Day Programs f. He-P 819 Case Management Agencies	<ul style="list-style-type: none"> Review of regulations by legal team completed; see Attachment G in the Appendix. 		DHHS-LTSS Legal Team
2. Revise the regulations as necessary to ensure that expectations regarding all areas are included			DHHS-LTSS, Providers, Stakeholders
3. Revise/approve the regulations following the state's Administrative Procedures Act	<ul style="list-style-type: none"> Updated regulations will be available on the New Hampshire Office of Legislative Services Web site. Regulations will be sent to all providers. 	June 2022	DHHS-LTSS, Stakeholders
4. Create HCBS Education Tool to note issues related to HCBS expectations that are not covered in the current regulations, for licensing visits while regulations are being revised	<ul style="list-style-type: none"> HCBS Education Tool template form to be used while regulations are being updated 		Office of Program Support
5. Share tool and expectations with providers			Office of Program Support
6. Provide training to stakeholders regarding new regulatory requirements	<ul style="list-style-type: none"> Training sessions will be offered to providers, participants, families, guardians, and Case Management agencies. 		DHHS-LTSS
7. Revise Licensing tool to correspond with HCBS expectations and regulatory revisions	<ul style="list-style-type: none"> Updated Licensing tools 		DHHS-LTSS, Office of Program Support
8. Identify implementation date	<ul style="list-style-type: none"> Notification sent to providers 		Office of Program Support

CFI REGULATORY GOAL #2			
Process: Update all policies related to the transition process so they correspond to the HCBS expectations	Verification/Validation	Timeline	Entity Responsible
1. Update policies related to the transition process, once regulations are updated. Will include at a minimum: <ul style="list-style-type: none"> • Rights policy • Health information • Person centered planning • Staff training 			Providers
2. Policies will be submitted to Office of Program Support at next certification/licensing visit	<ul style="list-style-type: none"> • Updated policies 	At scheduled licensing visit	Providers

Both the DD/ABD and CFI settings will be monitored for compliance with the new regulatory updates through the certification and licensing processes. The status of sites will be monitored through the data analysis that will occur.

2) Advisory Task Force

New Hampshire’s Advisory Task Force was established in March 2015 to provide consumer and stakeholder feedback on the development of the Statewide Transition Plan. The group is advisory in nature and includes representatives from a broad array of stakeholders, including those potentially most impacted by the new rules. That being said, the membership was selected to represent broader groups rather than specific organizations, and eliminates the opportunity for conflicts of interest. All members provided insight into the process from a consumer advocacy perspective. Several members were supported to participate through the provision of a stipend and mileage reimbursement to attend meetings. The 16 member task force includes representatives from:

- Adult Day Services Association
- Brain Injury Association
- Developmental Disability Council
- Disability Rights Center (NH P&A organization)
- Elder Rights Coalition
- Granite State Independent Living (NH’s Center for Independent Living)
- Medical Care Advisory Committee (3)
- NH Association of Counties
- NH Association of Residential Care Homes
- NH Health Care Association
- NH Legal Assistance
- Office of Long Term Care Ombudsman
- People First of New Hampshire
- Private Provider Network

The Advisory Task Force is facilitated by members of the Waiver Transition Team (see list on page 4) including the Institute on Disability, New Hampshire’s UCED. The Advisory Task Force has met monthly since its inception and has provided valuable feedback to the regulatory inventory review, provider and participant survey processes, and other activities related to the development of a comprehensive Statewide Transition Plan. Meeting minutes can be found at <https://www.dhhs.nh.gov/dcbcs/bds/transition.htm>. The Advisory Task Force will continue to meet quarterly throughout the transition, ensuring the transparency of the process by monitoring progress and participating in the remediation steps as per the remediation plan.

3) Completion of Assessments

Provider Self Assessments - The initial survey effort included outreach to the providers recorded on the Master List requesting that they complete a self-assessment. There were 1,513 provider self-assessment responses across the three waivers including residential and non-residential providers. The surveys were distributed broadly via email, mail (when no email contact information was available), and through the Area Agency system. The surveys were not mandated and although tracking according to the Master List by site address was possible, not all respondents included their address or the waiver type. The responses were general at best with minimal documentation of compliance across 100% of domains. While we were confident of compliance in many areas, the self-assessments were not as helpful due to the volume of unanswered areas.

Participant Surveys – The data from participants was collected in several ways. Surveys were provided to Area Agency staff for DD and ABD Waiver participants and Case Managers and Ombudsman’s Office for CFI participants to assist with the surveys. Additionally, Community Participation providers were asked to assist with data collection. Some participants were able to provide information and enter the data into the survey database while others submitted the information in a paper format. It was then entered into the database by IOD staff. There were 476 general participant survey responses from among the DD/ABD and CFI waivers. In addition, individual participant surveys were conducted, when possible, at each validation site visit. The questions were the same and data was entered into the database. There were 383 additional participant responses from among the DD/ABD and CFI waivers for a total of 859 survey responses.

4) Validation Visits

The following chart summarizes the number of settings that were selected for on-site validation visits for both residential and non-residential types of settings.

WAIVER	TYPE OF SETTING	TOTAL # OF SITES	# OF SITES VISITED
ABD/DD	NON-RES	913	164*
	RES	1,071	254*
CFI	NON-RES	13	13
	RES	76	43
TOTAL		2,073	474

*not mutually exclusive

A representative sample of eligible settings across the waivers was selected for validation site visits. The methodology used to determine the settings selected for on-site validation visits included:

- Input from the Advisory Task Force for settings/sites they thought should be included in the on-site visits.
 - Feedback given was included in the identification of sites if the sites met the criteria for an HCBS setting
- Input from the state’s Certification and Licensing offices
 - Feedback given was included in the identification of sites
- At least one site for each provider of service was identified
 - CFI (typically had one site per provider)
 - DD/ABD (typically had multiple sites per provider)
 - Both those being served on the Developmental Disability and Acquired Brain Disorder waivers were represented in the visits
- For providers that had multiple sites, a random selection process was used:
 - The more sites a provider had, the larger the number of sites chosen for an on-site visit
 - If a provider had both non-residential and residential types of settings at least one site was chosen for each type of setting
- If a setting was identified for an on-site visit and the provider was no longer in business or the setting was serving no waiver participants, an alternative site was chosen
- Participants were selected at the site visit
- For providers who refused participation in the process, the site addresses were given to the Department of Health and Human Services’ Office of Program Support (OPS) which oversees the certification and licensing process
 - OPS completed unannounced on-site visits to complete the validation process.

Validation Team Members Selection and Training Process

To conduct validation field visits, New Hampshire hired a team of 15 Validation Team members and a Project Coordinator who completed on-site validation visits. The qualities that the team members needed to possess, which were identified by the Advisory Group, included a values-based philosophy, non-judgmental attitude, ability to conduct visits in a neutral manner, consistency in approach, and a commitment to the project’s goal.

Each potential candidate met with the Project Director or Project Coordinator to ensure that they had the qualities required to be part of the Validation Team. The final selection of team members included a variety of experience and backgrounds. The team included:

- Institute on Disability Leadership staff. The Leadership Series is a seven-month training session for adults with disabilities, parents or family members of children with disabilities, and LEND Trainees. It is based on the national Partners in Policymaking model.
- Graduates of the Leadership Series as described above
- Family members of individuals with Intellectual Disabilities or Acquired Brain Disorders
- Former Bureau of Elderly and Adult Services Complaint Investigator
- Bureau of Developmental Services Complaint Investigator (current)
- Community Volunteer
- Former Bureau of Developmental Services Staff
- Former Employment Specialist/Direct Support Professional
- Former Director of Quality Improvement for agency supporting individuals with Intellectual Disabilities and Acquired Brain Disorders

Each team member attended training provided by the Project Coordinator or Project Director. The training was developed by the Project Director in collaboration with the Advisory Group. Training included an overview of the HCBS rule expectations, a review of the provider assessment, participant surveys, and expectations of the on-site visit. Each team member reviewed a list of provider agencies and identified potential conflicts of interest. This information was used to ensure that team members were not assigned sites that could be considered a potential conflict.

Team members were assigned sites by the Project Coordinator. During the visit, the team member completed a provider survey (see Attachment B) with the person responsible for the provision of services, and a participant survey (see Attachment C) with a recipient of services. Team members completed the surveys and noted any issues or concerns that arose. Any issues related to health and safety were immediately brought to the Project Coordinator for follow-up.¹ Data was entered into the qualtrics survey database for compilation and analysis for development of the Statewide Transition Plan.

During each on-site validation visit a provider survey and participant survey was conducted when possible. This allowed a cross-walk between the provider and participant responses at a particular site.

Data analysis and results

Based on the information gathered from the provider self-assessments, provider on-site validation visits, and participant surveys (general and site specific) the following chart outlines New Hampshire’s estimate of settings, both residential and non-residential, that fully comply, could comply with modifications, and those that cannot comply or are presumed to be institutional.

WAIVER	TYPE OF SETTING			# THAT COULD BE IN COMPLIANCE WITH	# THAT ARE PRESUMED NON-HCBS
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¹ There were three issues reported to DHHS-LTSS; these were addressed immediately.

		TOTAL # OF SITES	# THAT FULLY COMPLY	REMEDICATION PLAN	REQUIRE FURTHER ACTION
ABD/DD	NON-RES	913	0	913	0
	RES	1,071	0	1,070	1
CFI	NON-RES	13	0	13	0
	RES	76	0	73	3
TOTAL		2,073	0	2,069	4

The State of New Hampshire has identified one site under the DD/ABD Waivers that would be presumed institutional because it is on the grounds of a public institution. The state has conducted an assessment at the site per the state’s Heightened Scrutiny Process, as outlined in this plan in Section V (1), Heightened Scrutiny, in order to request heightened scrutiny. Details of the review can be found in Attachment H in the Appendix.

In addition, three sites under the CFI Waiver have been identified that would be presumed institutional because they are on the grounds of, or immediately adjacent to, a public institution. At this time the state is investigating options that could be implemented regarding these sites. Once that determination is made, the state will either implement the Heightened Scrutiny Process as outlined in Section V (1), Heightened Scrutiny, or notify CMS of its plan of action.

New Hampshire will be supporting all providers with resources and education regarding isolation. The state has developed a separate Isolation Monitoring Process for DD/ABD settings and CFI settings, which can be found in Attachments I and J respectively. The process outlines the specific steps that the state will be implementing through the transition process to ensure that participants are not isolated. Monitoring of the isolation issue will be ongoing and follow up actions will be taken if necessary as outlined in the process.

Across the waivers and settings we found pockets of excellence and near full compliance. The mission of the New Hampshire developmental services system is to join with local communities to support individuals of all ages with developmental disabilities or acquired brain disorders and their families to experience as much freedom, choice, control and responsibility over the services and supports they receive as desired. Likewise, services and supports provided under the Choices for Independence Waiver are intended to assist people to live as independently as possible in safety and with dignity. However, there is always room for learning and improvement and the following remediation plans outline those opportunities.

The evaluation process resulted in identifying that both the DD/ABD and the CFI waiver systems have many best practice processes in place that could potentially be replicated from one to the other. These efforts are identified in the remediation plans below. The state did recognize that there are more monitoring efforts/processes in place under the DD/ABD waiver and that this is an opportunity for the CFI waiver providers to look at enhanced options for the provision of services. A collaborative approach will be used so that each waiver system can incorporate the other waivers’ best practices into the work that is being done.

New Hampshire's Statewide Transition Plan is broken down into three phases. The first phase focuses on systemic efforts designed to educate providers, participants and stakeholders. The second phase will identify systems, practices and policies that can be enhanced, updated and/or implemented. The third phase is an assessment of the state's status toward full compliance, including a self-assessment, additional site visits, and data analysis relevant to the topic areas identified by the HCBS rule. The three phases will occur simultaneously in many cases. A diagram of the state's implementation flow chart can be found as Attachment D in the Appendix. While New Hampshire has many pockets of excellence, the focus of our Transition Plan is to identify how to enhance the current systems, ultimately having a consistent approach and implementation strategy to Home and Community Based Services across all waivers. Due to the ongoing commitment to quality services, the State of New Hampshire has developed remediation goals for all topic areas identified under the HCBS standards. Areas of excellence will be used to support settings that require further enhancement.

The STP outlines goals for all settings to be compliant with the CMS expectations. All steps outlined for the goal will be achieved prior to the completion date.

1. DD/ABD Analysis and Results

The following is an analysis of the data collected during the site visits. For the DD/ABD waiver settings, New Hampshire gathered information on 418 settings. There were 334 providers and 327 participants who provided information regarding residential services, day services, or both day and residential services. Some of the sites provided both types of services so the information is not mutually exclusive. The total number of visits reflects 21% of the total number of sites (1,984) providing Home and Community Based Services, which is statistically significant with a high level of confidence.

New Hampshire's DD/ABD service delivery system is broken down by geographic regions. There are ten regions in the state, each of which has an Area Agency designated by the state to oversee the services being delivered within the region. Many area agencies directly provide residential and non-residential services to participants, while some do not. Area agencies may contract with vendor agencies, as well as home care providers to support participants in both residential and non-residential settings. Typically a vendor, whether an area agency or a private provider, has multiple settings where services are provided. All service settings are monitored through the state's certification and licensing agency. Area agencies also contract with families when the participant has determined that they want to direct/manage their own services.²

There are 59 vendor agencies throughout the state in addition to the ten area agencies. During the on-site visit process, team members went to 57 of the 59 vendors and all 10 of the area agencies. Typically vendors and area agencies have more than one site where they provide services. The state completed visits to 97% of the providers of service which is statistically significant. Site visits will be ongoing during the course of the transition plan. Although additional site visits will occur, it may not change the current transition plan implementation strategies identified in this plan.

² Contracts are under He-M 521 and 525 and are referenced as non-residential in this plan because the residential services are considered to be in compliance since they occur in a participant's home. This process is focused on the day services.

Below each graph are remediation steps related to the topic area, including policy/practice changes, provider training and education, and steps to ensure ongoing monitoring and compliance.

General implementation strategies are detailed below for DD/ABD settings, followed by topic area goals.

DD/ABD GENERAL IMPLEMENTATION STRATEGY #1			
Process: Create Standardized Service Agreement template for use by all providers.	Verification/Validation	Timeline	Entity Responsible
1. Create Service Agreement Template to include: <ul style="list-style-type: none"> a. Expectations of HCBS b. Incorporating the Health Risk Screening Tool (HRST) results c. Incorporating the Supports Intensity Scale (SIS) results 	<ul style="list-style-type: none"> • Draft Service Agreement Template 		DHHS-LTSS
2. Pilot the template			DHHS-LTSS
3. Revise template based on feedback, as appropriate	<ul style="list-style-type: none"> • Finalized Service Agreement Template 		DHHS-LTSS
4. Share final template with Advisory Task Force			DHHS-LTSS
5. Provide training for providers	<ul style="list-style-type: none"> • Training schedule 		DHHS-LTSS
6. Identify implementation date <ul style="list-style-type: none"> a. Share with providers 	<ul style="list-style-type: none"> • Implementation notification 		DHHS-LTSS, Office of Program Support
7. Use HCBS Education Tool for documenting when the Service Agreement template isn't used	<ul style="list-style-type: none"> • HCBS Education Tool will be used until the regulations are updated (Certification/Licensing tool is imbedded in the regulation and can't be modified without completing the state's Administrative Procedure for regulations) 		Office of Program Support, Providers
8. Update Certification/Licensing tool to include use of standardized template for Service Agreement	<ul style="list-style-type: none"> • Revised Certification/Licensing Tool 	July 1, 2016	Office of Program Support
9. Cite deficiencies related to use of template	<ul style="list-style-type: none"> • Upon completion of the regulatory revisions 	Sept 1, 2017	Office of Program Support

10. Analyze Data as per General Implementation Strategy # 3	<ul style="list-style-type: none"> Data Report 	Ongoing	Office of Program Support, Waiver Transition Team
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DD/ABD GENERAL IMPLEMENTATION STRATEGY #2

Process: Implement HCBS Education Tool to be used during certification/licensing visits while the regulatory revisions are being made. Once the regulations are revised, General Implementation Strategy # 3 will be followed and items noted on the HCBS Education Tool will be considered deficiencies.	Verification/Validation	Timeline	Entity Responsible
1. Create HCBS Education Tool for certification/licensing visits that occur while the regulations are being revised. <ul style="list-style-type: none"> a. The HCBS Education Tool will identify all expectations outlined by the HCBS rule that are not currently in the regulations. b. Those expectations that are currently in the regulations would continue to be noted as a deficiency (out of compliance with the regulation) 	<ul style="list-style-type: none"> Draft form 		Office of Program Support, Waiver Transition Team
2. Present draft form to the Advisory Task Force for feedback			Office of Program Support, Waiver Transition Team
3. Revise form, as applicable	<ul style="list-style-type: none"> Finalized form 		Office of Program Support
4. Offer trainings for providers <ul style="list-style-type: none"> a. Identify implementation date 	<ul style="list-style-type: none"> Attendance 		Office of Program Support, Waiver Transition Team
5. Office of Program Support staff will note any items related to the HCBS expectations	<ul style="list-style-type: none"> Certification/Licensing results 	March 1, 2018	Office of Program Support
6. Analyze HCBS Education Tool data: <ul style="list-style-type: none"> a. Identify trends b. Systemic issues c. Provider issues 	<ul style="list-style-type: none"> Data report 	Ongoing	Office of Program Support,

d. Plan			Waiver Transition Team
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DD/ABD GENERAL IMPLEMENTATION STRATEGY #3			
Process: Update Certification/Licensing Process.	Verification/Validation	Timeline	Entity Responsible
1. Review and revise current certification/licensing process <ul style="list-style-type: none"> i. Include expectation that all sites be HCBS compliant when a certification application is submitted to the Office of Program Support ii. Identify criteria that would facilitate an annual certification rather than a two year certification process 			DHHS-LTSS, Office of Program Support
2. Update Application for Certification to include statement that the provider acknowledges that they are in full compliance with HCBS expectations	<ul style="list-style-type: none"> • Revised Application form 		Office of Program Support
3. Develop standardized process for those sites that meet the criteria for a skip-a-year certification visit <p>Create standardized forms to be used for the internal review completed during the skip-a-year process by providers:</p> <ul style="list-style-type: none"> a. Include HCBS expectations b. Include regulatory requirements c. Process include a minimum of two HCBS participants d. Plan of correction form 	<ul style="list-style-type: none"> • New process finalized • Standardized forms developed • Implementation timeframe identified 		Providers, Office of Program Support
4. Share updated process with Advisory Task Force	<ul style="list-style-type: none"> • Updated forms 		Waiver Transition Team
5. Provide training for providers on new procedures: <ul style="list-style-type: none"> a. Standardized process for skip-a-year monitoring b. Standardized forms for skip-a-year process c. Plans of correction d. Implementation date 	<ul style="list-style-type: none"> • Mandatory Training for providers 	Sept - Dec 2018	Office of Program Support
6. Analyze certification data to include: <ul style="list-style-type: none"> a. Identify trends b. Systemic issues c. Provider issues d. Plan for improvements 	<ul style="list-style-type: none"> • Data Report 	Ongoing	Office of Program Support,

			Waiver Transition Team, Statewide QI Group
7. Data analyzed every 6 months, focusing on HCBS requirements to monitor progress and ongoing compliance	<ul style="list-style-type: none"> Data report 	Ongoing	Waiver Transition Team, Providers, Office of Program Support

DD/ABD GENERAL IMPLEMENTATION STRATEGY #4

Process: Revise the applicable provider contracts to include compliance with HCBS expectations.	Verification/Validation	Timeline	Entity Responsible
1. Review current contract templates for providers			DHHS-LTSS
2. Revise applicable contracts to include HCBS compliance and that Area Agency contracts with vendors include adherence to all HCBS expectations	<ul style="list-style-type: none"> Applicable contracts will include expectation for compliance with federal HCBS requirements 		DHHS-LTSS
3. Complete applicable contracts with Area Agencies	<ul style="list-style-type: none"> Updated contracts signed 		DHHS-LTSS
4. Area Agencies provide copy of updated vendor/home provider contracts to DHHS-LTSS	<ul style="list-style-type: none"> Updated contracts submitted to DHHS-LTSS 	July 2021	Area Agencies

DD/ABD GENERAL IMPLEMENTATION STRATEGY #5

Process: Revise Medicaid enrollment process for DD/ABD providers.	Verification/Validation	Timeline	Entity Responsible
1. Review current enrollment process for DD/ABD providers			DHHS-LTSS

DD/ABD GENERAL IMPLEMENTATION STRATEGY #6

Process: Additional training on HCBS and state expectations for providers.	Verification/Validation	Timeline	Entity Responsible
1. Identify workgroup to develop training process	<ul style="list-style-type: none"> Workgroup identified 		Waiver Transition Team
2. Develop training for providers of services impacted by the settings expectations	<ul style="list-style-type: none"> Training outline created 		DHHS-LTSS,

<ul style="list-style-type: none"> a. Certified and Licensed Residential Homes b. Community Participation Services c. Employment Services d. Participant Directed and Managed Services (with day program) e. Residential Services, Combined Residential and Day Services, or Self-Directed Day Services Provided in the Family Home 			Waiver Transition Team
3. Share training outline with Advisory Task Force	<ul style="list-style-type: none"> • Training outline 		DHHS-LTSS, Advisory Task Force
4. Revise Service Agreement to include information regarding what the participant should expect	<ul style="list-style-type: none"> • Standardized Service Agreement template 		DHHS-LTSS
5. Create training schedule	<ul style="list-style-type: none"> • Training offered as needed 		DHHS-LTSS
6. All providers attend mandatory training	<ul style="list-style-type: none"> • Attendance taken • Attendance list given to DHHS-LTSS 		Providers
7. All providers train their staff	<ul style="list-style-type: none"> • Training documentation be given to Certification/Licensing staff at next licensing visit 		Providers
8. Provider orientation include training on HCBS expectations	<ul style="list-style-type: none"> • Updated orientation training 	Currently a stand-alone training. Will become part of orientation once He-M 310 is updated	Statewide Training Group
9. Training be included on Certification/Licensing tool	<ul style="list-style-type: none"> • Updated tool 		Office of Program Support
10. Develop an information sheet on HCBS expectations for the toolkit	<ul style="list-style-type: none"> • Information sheet 		Waiver Transition Team
11. Deficiencies will be tracked	<ul style="list-style-type: none"> • Certification/Licensing Data 	Ongoing	Office of Program Support

12. Certification data will be analyzed as per General Implementation Strategy # 3	<ul style="list-style-type: none"> Data report 	Ongoing	Office of Program Support, Waiver Transition Team
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DD/ABD GENERAL IMPLEMENTATION STRATEGY #7			
Process: Develop HCBS toolkit for providers and participants.	Verification/Validation	Timeline	Entity Responsible
1. Identify place(s) to maintain the items that will be part of the toolkit <ul style="list-style-type: none"> a. Electronic version b. Paper copies 			Waiver Transition Team
2. Develop written process for how the items will be updated and/or revised	<ul style="list-style-type: none"> Written process 		Waiver Transition Team
3. Toolkit to include process for updating of items	<ul style="list-style-type: none"> Revision Process 	Ongoing	Waiver Transition Team

Following are the provider and participant survey questions, analysis with percentages and numbers, and graphs with percentages, which represent the assessment results related to specific HCBC settings standards. In the analysis, R = residential and NR = non-residential. Below the graphs are remediation steps related to the topic area, including policy/practice changes, provider training and education, and steps to ensure ongoing monitoring and compliance.

HCBS Standard: *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.*

- Participation in activities

Remediation steps related to Participation in Activities are included in DD/ABD General Implementation Strategy #6, beginning on page 33, which involves training regarding HCBS expectations.

- Community Participation

The following details the remediation steps related to Community Participation:

DD/ABD TOPIC AREA GOAL #1			
Process: Enhance opportunities for activities, community participation and community integration in order to prevent isolation.	Verification/Validation	Timeline	Entity Responsible
<p>1. Provider contracts to be reviewed and revised to include the expectation of access and support to attend community activities, as a requirement in residential settings</p> <ul style="list-style-type: none"> • Area Agency template for services provided in family homes (as per He-M 521, He-M 524, and He-M 525) include this expectation 	<ul style="list-style-type: none"> • Updated contracts be submitted to DHHS-LTSS as needed • Area Agency template for contracted services include this requirement 		DHHS-LTSS, Providers
<p>2. Contracts be specific to include:</p> <ol style="list-style-type: none"> a. Community access and participation occur during service provision in all service settings. b. How not providing community access and participation with the broader community will be addressed c. Community access and participation needs to be documented, including frequency, choices offered, and choice of support person d. Documentation of community access/participation be included in progress notes e. Community access/participation services be documented specific to the service setting in which they occurred (i.e. residential progress notes reflect community participation that occurred during residential services only) 			DHHS-LTSS, Providers
<p>3. Community access/integration requirement be incorporated into the certification/licensing tool</p>	<ul style="list-style-type: none"> • Revised certification/licensing tools 		Office of Program Support
<p>4. DHHS-LTSS Request for Certification forms for residential services provided in the family home (He-M521, He-M 524, He-M525) reflect the expectation of community access/participation</p>	<ul style="list-style-type: none"> • Request for Certification form for 521, 524 and 525 settings be updated 		DHHS-LTSS
<p>5. Quarterly satisfaction form be revised to include community access/participation</p>	<ul style="list-style-type: none"> • Revised Quarterly Satisfaction form 	May 2020	Waiver Transition Team

- Community Employment

According to the New Hampshire Developmental Services Employment Report from June 2015 progress continues toward assisting individuals with developmental disabilities and/or acquired brain disorders with accessing employment. Employment data reflects that 36.66% of all individuals served (21-64) are employed. According to the National Report on Employment Services and Outcomes (2014) New Hampshire rates 6th for integrated employment and outcomes. For more information go to <https://www.dhhs.nh.gov/dcbcs/bds/documents/bdsemploymentreport062015.pdf>

The following two topic area goals detail the remediation steps related to Community Employment:

DD/ABD TOPIC AREA GOAL #2			
Process: Enhance knowledge about employment and its impact on benefits.	Verification/Validation	Timeline	Entity Responsible
1. Develop training for participants, families, guardians and service coordinators to address concerns about employment and its impact on benefits	• Training outline	Currently being offered	NH Statewide Employment Committee, GSIL
2. Offer training to providers and participants on employment with a focus on how employment impacts benefits and options to mitigate the impact a. Training be mandatory for Service Coordinators	• Training schedule		NH Statewide Employment Committee
3. Develop a user friendly guide for participants, families and providers	• Draft guide brought to Advisory Group for feedback		NH Statewide Employment Committee
4. Revise guide, as appropriate, based on Advisory Group feedback	• Final version of guide		NH Statewide Employment Committee, Advisory Task Force
5. Put guide in the provider toolkit			Waiver Transition Team

DD/ABD TOPIC AREA GOAL #3			
Process: Continue to enhance the opportunities for participants to find meaningful employment.	Verification/Validation	Timeline	Entity Responsible
1. Employment Leadership Committee continue its work to increase the number of participants who are working, based on the participant's choice			Employment Leadership Committee
2. Data be collected	• Data Report		Providers
3. Data be analyzed for trends, areas for improvement	• Data Report		Employment Leadership Committee
4. Data be shared with Advisory Task Force	• Data Report		Waiver Transition Team, Employment Leadership Committee
5. Quarterly satisfaction form be revised to include questions regarding employment	• Revised Form	Jan. 2017	Waiver Transition Team

- Access to Personal Funds

The following details the remediation steps related to Access to Personal Funds:

DD/ABD TOPIC AREA GOAL #4			
Process: Identify options for easy access to funds for participants.	Verification/Validation	Timeline	Entity Responsible
1. Update the person centered planning process to include a discussion around spending money and the participant's preference regarding how they access their funds	• Standardized Service Agreement template		DHHS-LTSS
2. Finalized template will be shared with the Advisory Task Force	• Service Agreement Template		DHHS-LTSS
3. Certification/Licensing tool be updated to include the requirement for documentation of how and when the participant will receive their spending money	• Updated certification/licensing tool once the regulations have been revised		Office of Program Support
4. Determine implementation date for use of template	• Notification to providers		Office of Program Support
5. Certification/Licensing staff identify deficiencies related to service agreement including discussion regarding access to personal funds	• Certification/Licensing data	Mar 1, 2018	Office of Program Support

6. Data will be analyzed as per General Implementation Strategies # 2 and #3	<ul style="list-style-type: none"> • Data Report 	Ongoing	Office of Program Support, Waiver Transition Team
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- Integration and Access to the Community

The remediation steps for Integration and Access to the Community are included in DD/ABD General Implementation Strategy #6, beginning on page 33, which involves training regarding HCBS expectations.

HCBS Standard: *The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*

- Choice of Setting

In order to build capacity across the state to assure non-disability specific living options are available, NH continues to provide/develop the following:

NH continues to work with its network of providers of services to increase capacity of various options for both residential and non-residential services.

NH relies heavily on the adult foster care system (known in NH as Enhanced Family Care or Shared Family Living) for providing supports to individuals. These family arrangements are non-disability specific and offer those requiring supports the opportunity to live in a family environment that is focused on the individual's needs.

NH continues its support of integrated community employment, which is the only option for individuals receiving HCBS funding. Oversight of NH's employment activities occur through the state's Employment Leadership Committee which consists of stakeholders from across the state.

NH has added Community Integration Services to its 2021 waiver renewals which will utilize activity based interventions to address the assessed needs of an individual as a means to health and well-being as outlined in the service agreement. Community integration services are designed to support and enhance a person's level of functioning, independence and life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by a disability.

NH continues to ensure that individuals have their choice of services and who provides them, both disability and non-disability specific. NH has engaged in the Charting the LifeCourse Community of Practice and has been educating self-advocates, families and stakeholders about the LifeCourse

framework. One of the primary principles includes access of all people to community supports. This helps individuals and families consider a greater array of options for supports that do not focus on just the disability service delivery system.

The state has provided technical assistance to groups of families who have identified creative options to support their family members in different and unique ways for their residential supports. These opportunities allow for individuals to enjoy more independence with supervision, as needed.

Services can be provided in individual owned and/or family homes which is a non-disability specific setting. The state has enhanced its most recent IHS and DD Waivers to support families in using this option. NH continues to make self-direction available within its waivers to ensure that families have as much control over supports as they choose.

Participants select the setting in which they wish to receive services and it is documented in the person-centered planning document (Service Agreement) annually. Available options are discussed, and the participant then makes an informed decision. The participant can choose to change service settings and/or providers at any time.

It is the expectation of the state that all providers of services meet the HCBS expectations. It is part of the contractual agreement with each of the designated area agencies.

The state's He-M 503, Service Agreement Process is very specific about expectations for individual choice making of service settings. It states:

503.07 Service Guarantees

(c) The environment or setting in which an individual receives services shall be the least restrictive, most integrated setting that promotes that individual's:

- (1) Freedom of movement;
- (2) Ability to make informed decisions;
- (3) Self-determination; and
- (4) Participation in the community.

(d) An individual, guardian, or representative may select any person, any provider agency, or another area agency as a provider to deliver one or more of the services identified in the individual's service agreement. All providers shall comply with the rules pertaining to the service(s) offered and meet the provisions specified within the individual's service agreement. They shall also enter into a contractual agreement with the area agency and operate within the limits of funding authorized by it.

NH plans to implement a Money Follows the Person Demonstration Expansion Plan. During the planning phase, NH DHHS will use MFP funds to engage technical experts and build its capability

to assess HCBS system capacity and determine what additional providers or services are needed, particularly for self-directed services and equitable care for historically underserved communities. Additionally, plan development will include using funds to advance state rebalancing strategies, including direct service workforce challenges, i.e., workforce capacity, recruitment, retention, and training needs.

The following details the remediation steps related to Choice of Setting:

DD/ABD TOPIC AREA GOAL #5			
Process: Enhance the participants input into the decision making about their choice of setting.	Verification/Validation	Timeline	Entity Responsible
1. Review the current process for selection of service site, including: <ul style="list-style-type: none"> a) Who is involved b) How are options presented c) Role of participant, guardian, Service Coordinator d) Identify choices offered in the Service Agreement and if there is a less restrictive alternative e) Identify ways to ensure that the participant is able to see/visit the service site before making a choice 			DHHS-LTSS
2. Revise the Service Agreement template to include the choices that were offered and the participant’s decision	<ul style="list-style-type: none"> • Standardized Service Agreement template with HCBS expectations in it 		DHHS-LTSS
3. Certification/Licensing Tool include use of the standardized Service Agreement template <ul style="list-style-type: none"> a) Use the HCBS Education Tool until the regulations are updated as per Regulatory Goal #1 	<ul style="list-style-type: none"> • Deficiency data will show the number of deficiencies related to choice of setting being documented 	March 1, 2018	Office of Program Support

HCBS Standard: *Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.*

- Freedom from Coercion

The following two Topic Area Goals detail the remediation steps related to Freedom from Coercion:

DD/ABD TOPIC AREA GOAL #6

Process: Update individual rights booklet & create training for participants to include all regulatory and HCBS expectations.	Verification/Validation	Timeline	Entity Responsible
1. Identify people to work on updating the rights booklet and develop training options for participants	<ul style="list-style-type: none"> Identify stakeholders to work on process 		DHHS-LTSS
2. Revise rights booklet to include new regulatory and HCBS expectations	<ul style="list-style-type: none"> Draft booklet developed 		Self-Advocates, Waiver Transition Team
3. Obtain feedback from Advisory Task Force and self-advocates	<ul style="list-style-type: none"> Revise booklet based on feedback 		Self-Advocates, Waiver Transition Team
4. Develop a training that can be offered to participants of service, using multi-media options	<ul style="list-style-type: none"> Training outline be shared with Advisory Group 		Self-Advocates, Advisory Task Force
5. Pilot training with participants to get feedback	<ul style="list-style-type: none"> Trainings offered 		Self-Advocates, DHHS-LTSS
6. Revise training based on participant feedback	<ul style="list-style-type: none"> Finalized version of training will be available in multiple formats 		Self-Advocates, DHHS-LTSS
7. Ensure that all providers have access to revised booklet and training options	<ul style="list-style-type: none"> Finalized version of rights booklet will be available to all participants, providers and stakeholders 		DHHS-LTSS
8. Training be offered to participants	<ul style="list-style-type: none"> Training schedule and attendance 		Providers
9. Rights booklet be included in the participant toolkit	<ul style="list-style-type: none"> Rights booklet 	Mar 2023	Waiver Transition Team

DD/ABD TOPIC AREA GOAL #7			
Process: Develop a process for any modifications to the expectations of Home and Community Based Settings (e.g., access to food at any time, privacy expectations,	Verification/Validation	Timeline	Entity Responsible

etc.) to ensure that modifications are identified, documented and approved as per HCBS and state expectations.			
1. Develop policy, to include: a. Modifications are participant specific b. Modifications are not impacting others at the site c. Documentation is present in person centered planning document as outlined by HCBS d. Approval by Human Rights Committee and guardian, as appropriate	<ul style="list-style-type: none"> Provider Policy 		Providers
2. All provider staff be trained on the policy: a. During orientation b. Annually	<ul style="list-style-type: none"> Provider training 		Providers, Statewide Training Committee
3. Certification/Licensing tool include requirement of the written documentation and approval of modifications. a. Use the HCBS Education Tool until the regulations are updated as per Regulatory Goal #1	<ul style="list-style-type: none"> Revised Certification/Licensing tool 		Office of Program Support
4. Certification/Licensing staff will identify through certification/licensing visits if modification expectations are being implemented by providers	<ul style="list-style-type: none"> Certification/Licensing data 	March 1, 2018	Office of Program Support
5. Data will be analyzed as outlined in DD/ABD General Implementation Strategy #2	<ul style="list-style-type: none"> Data analysis 	Ongoing	Waiver Transition Team, Office of Program Support

- Privacy of Health Information

The following details the remediation steps related to Privacy of Health Information:

DD/ABD TOPIC AREA GOAL #8			
Process: Update policy for obtaining, storing and sharing health information	Verification/Validation	Timeline	Entity Responsible
1. Providers update policies regarding how health information is obtained, stored and shared with others, both internally and outside of the provider organization a. Policy includes training for new staff	<ul style="list-style-type: none"> Updated policy is submitted to the Office of Program Support during the next Certification/Licensing visit. 		Providers
2. Providers offer training to all staff a. Training is documented	<ul style="list-style-type: none"> Attendance 		Providers

b. Training topic is included in the orientation process for new staff	<ul style="list-style-type: none"> Updated orientation expectations 		
3. Policy is available to all participants, representatives and guardians in electronic and paper format	<ul style="list-style-type: none"> Updated policy for each provider 	Ongoing	Providers

- Dignity and Privacy

The following details the remediation steps related to Dignity and Privacy:

DD/ABD TOPIC AREA GOAL #9			
Process: Ensure that there are privacy expectations, including but not limited to:	Verification/Validation	Timeline	Entity Responsible
<ul style="list-style-type: none"> Lockable doors Choice of roommates Freedom to furnish and decorate their sleeping or living units 			
1. Meet with the Fire Marshall’s office for guidance regarding locks on bedroom and bathroom doors: <ol style="list-style-type: none"> Determine if there are any requirements outlined by the NFPA that need to be considered Determine if there are options that would be best practice to meet the intent of the HCBS rule and ensure the health and safety of the participants 	<ul style="list-style-type: none"> Meeting minutes 		DHHS-LTSS, Waiver Transition Team, Office of Program Support
2. Identify how to implement the “lock requirement” of the HCBS expectations <ol style="list-style-type: none"> Options for types of locks Measures to be taken if there’s an emergency and doors are locked Expectations for modifications 	<ul style="list-style-type: none"> Written documentation of recommended options and steps to be taken in case of an emergency. 		Providers
3. Written information to be shared with all providers	<ul style="list-style-type: none"> Implementation guideline 		Providers
4. Identify implementation date of the expectation	<ul style="list-style-type: none"> Notice sent out to providers about expectations 		DHHS-LTSS, Office of Program Support
5. Providers develop policy regarding: <ol style="list-style-type: none"> Implementation of locks Emergency measures if doors are locked and access is needed 	<ul style="list-style-type: none"> Policy 		Providers

c. Process to be used if there are modifications that need to be implemented			
6. Policy be submitted to Office of Program Support at the next certification/licensing visit	<ul style="list-style-type: none"> Policy 		Providers, Office of Program Support
7. Revise Certification/Licensing tool to include locks on doors to bedrooms and bathrooms	<ul style="list-style-type: none"> Revised Certification/Licensing tool 		Office of Program Support
8. Certifiers to cite deficiencies if expectations aren't met	<ul style="list-style-type: none"> Certification/Licensing data 	March 17, 2022	Office of Program Support

- Decision Making

The following details the remediation steps related to Decision Making:

DD/ABD TOPIC AREA GOAL #10			
Process: Enhance participants ability to voice their preferences, even when they have a guardian	Verification/Validation	Timeline	Entity Responsible
1. Identify ways to increase the ability of participants to make their own decisions, including: <ul style="list-style-type: none"> a. Role of guardians b. Guardianship options that may give more autonomy to the participant 			Statewide Training Committee
2. Develop training for: <ul style="list-style-type: none"> a. Participants b. Guardians c. Families d. Representatives e. Staff 			Providers, Statewide Training Committee
3. Offer training <ul style="list-style-type: none"> a. Include training requirement in orientation for new staff 	<ul style="list-style-type: none"> Attendance 	Supported Decision Making Training Jan 2022	Providers
4. Create information sheet for participants, families and representatives	<ul style="list-style-type: none"> Draft information sheet 	DD Council Website	Providers
5. Information sheet brought to Advisory Task Force for feedback	<ul style="list-style-type: none"> Revised information sheet 		Providers

6. Make information sheet available a. On-line b. Paper version	<ul style="list-style-type: none"> Places to access information sheet identified 		Providers, DHHS-LTSS
7. Include information sheet in provider toolkit	<ul style="list-style-type: none"> Information sheet in toolkit 		Waiver Transition Team

- Communication

Details of the remediation steps related to Communication are addressed in DD/ABD General Implementation Strategy #6, beginning on page 33, which involves training regarding HCBS expectations.

HCBS Standard: *Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.*

- Access to the Environment

The following two topic area goals detail the remediation steps related to Access to the Environment:

DD/ABD TOPIC AREA GOAL #11			
Process: Identify a process to be used if there is limited access to the environment to ensure that all options and resources have been explored for the participant to have full access if possible.	Verification/Validation	Timeline	Entity Responsible
1. Identify situations where a participant is unable to access all areas of a provider site			Provider
2. Schedule an evaluation to determine if there are options for enhancing accessibility, if appropriate	<ul style="list-style-type: none"> Evaluation referral 		Provider, Service Coordinator
3. For each participant who is impacted, create written documentation of: a. The area that is not accessible by the participant b. Why the area is unavailable to participant i. Safety ii. Structural limitations iii. Other c. If/what the impact is of the restriction on the participant d. Results of the accessibility evaluation, if applicable	<ul style="list-style-type: none"> Person centered plan will include information 		Service Coordinator

i. Are environmental modifications needed?			
4. Certification/Licensing tool will be revised to include requirement that all modifications be documented in the person centered plan	• Revised tool		Office of Program Support
5. Certifiers will note any deficiencies related to this issue during the certification/licensing visits.	• Certification/Licensing Data	March 1, 2018	Office of Program Support
6. Analyze Licensing data as per DD/ABD General Implementation Strategies # 2 and #3	• Data report	Ongoing	Waiver Transition Team

DD/ABD TOPIC AREA GOAL #12			
Process: Develop process for participants to have keys or alternative option for accessing their homes if desired.	Verification/Validation	Timeline	Entity Responsible
1. Investigate options and financial resources for participants to have a secure way to enter their home <ul style="list-style-type: none"> a. Keypad b. Key c. Other options 	• List of options		Statewide Quality Improvement Committee
2. Certification/Licensing tool be updated to include requirement for documentation of key option(s)	• Revised tool	March 17, 2022	Office of Program Support
3. Analyze Licensing data as per DD/ABD General Implementation Strategies # 2 and #3	• Data report	Ongoing	Waiver Transition Team, Office of Program Support

HCBS Standard: *Facilitates individual choice regarding services and supports, and who provides them.*

- Individual (Informed) Choice

The following details the remediation steps related to Individual (informed) Choice:

DD/ABD TOPIC AREA GOAL #13			
Process: Update provider policies regarding informed choice.	Verification/Validation	Timeline	Entity Responsible
1. Providers will update policy to ensure compliance with HCBS expectations	• Updated Policy		Providers

2. Provider training will be updated to include new policy requirements	<ul style="list-style-type: none"> Updated Policy 		Providers
3. Providers will submit updated policy to the Office of Program Support	<ul style="list-style-type: none"> Updated Policy 		DHHS-LTSS
4. Training on informed choice be part of orientation	<ul style="list-style-type: none"> Updated orientation training 		Providers
5. Certification/Licensing tool be updated to include this requirement	<ul style="list-style-type: none"> Revised tool 		Office of Program Support
6. Deficiencies will be tracked during monitoring visits	<ul style="list-style-type: none"> Certification/Licensing data 		Office of Program Support
7. Data will be analyzed as per General Implementation Strategies # 2 and #3	<ul style="list-style-type: none"> Data Analysis report 	Ongoing	Office of Program Support, Waiver Transition Team

- Role in Person Centered Plan

The following details the remediation steps related to Role in Person Centered Plan:

DD/ABD TOPIC AREA GOAL #14			
Process: Enhance the person centered service planning process.	Verification/Validation	Timeline	Entity Responsible
1. Research available options that could be utilized to create an enriched planning process		Use of Charting the LifeCourse and Community of Practice	Statewide Service Coordinator Supervisors, Statewide Training Group
2. Identify training opportunities that could be offered to those who facilitate person centered planning meetings	<ul style="list-style-type: none"> List of options be identified to assist Service Coordinators with person centered planning process 		Statewide Service Coordinator Supervisors, Statewide Training Group
3. Identify ways to offer training opportunities <ol style="list-style-type: none"> a. In person b. On-line 			Statewide Service Coordinator Supervisors, Statewide Training Group

4. Provide training opportunities to those who facilitate planning meetings			Statewide Service Coordinator Supervisors, Statewide Training Group
5. All facilitators of person centered planning meetings be trained	<ul style="list-style-type: none"> Attendance for training 		Service Coordinators
6. Develop information sheet for those who facilitate the person centered planning process	<ul style="list-style-type: none"> Information sheet 		Statewide Service Coordinator Supervisors, Statewide Training Group
7. Make information sheet available <ol style="list-style-type: none"> Electronically On paper In the provider toolkit 			Statewide Service Coordinator Supervisors, Statewide Training Group
8. The planning process be revised to include: <ol style="list-style-type: none"> The expectation that participants receive a copy of their plan All expectations identified in the remediation plan, as appropriate Incorporation of the HRST and SIS into service planning 	<ul style="list-style-type: none"> Providers update their policy to include expectations 	March 1, 2018 Updated Jan 2020	Providers
9. Providers submit updated policy to Office of Program Support	<ul style="list-style-type: none"> Updated policy 	Updated Jan 2020	Providers, Office of Program Support

HCBS Standard: *In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:*

- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant,*

and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

a) Settings Agreements

The following details the remediation steps related to Settings Agreements:

DD/ABD TOPIC AREA GOAL #15			
Process: Develop Lease/Tenancy Agreements for all residential sites.	Verification/Validation	Timeline	Entity Responsible
1. Obtain a copy of the residency agreement templates used at CFI sites for residential settings to use as an example			DHHS-LTSS
2. Meet to discuss options and expectations for residential sites, including: <ul style="list-style-type: none"> a. Templates b. Legal implications c. Contractual implications 	<ul style="list-style-type: none"> • Meeting minutes 		DHHS-LTSS, Community Support Network Incorporated (CSNI)
3. Create standardized template: <ul style="list-style-type: none"> a. Includes all of HCBS expectations b. Reviewed by legal counsel for implications 	<ul style="list-style-type: none"> • Standardized template 		DHHS-LTSS
4. Share template with providers and Advisory Task Force			DHHS-LTSS, Providers
5. Policy created by each provider to include expectations that Settings Agreements are: <ul style="list-style-type: none"> a. Part of person centered planning process b. Signed by provider(s) and participants c. Reviewed with participant even if they have a guardian d. Completed annually e. Each provider have a policy regarding settings agreements 	<ul style="list-style-type: none"> • Policy 		DHHS-LTSS, Providers
6. Implementation date determined <ul style="list-style-type: none"> a. All person centered plans to include settings agreement 	<ul style="list-style-type: none"> • Date determined 		DHHS-LTSS, Office of Program Support
7. Training developed <ul style="list-style-type: none"> a. Schedule identified 			DHHS-LTSS

8. Mandatory training occurs for all Service Coordinators	<ul style="list-style-type: none"> Attendance 		DHHS-LTSS
9. Certification/Licensing tool revised to include use of settings agreement template for those participants receiving HCBS funding in applicable settings	<ul style="list-style-type: none"> Certification/Licensing tool revised 		Office of Program Support
10. Certifiers will identify any deficiencies	<ul style="list-style-type: none"> Certification/Licensing data 	June 2022	Office of Program Support
11. Certification/Licensing data will be analyzed as per DD/ABD General Implementation Strategies #2 and #3	<ul style="list-style-type: none"> Data analysis report 	Ongoing	Office of Program Support, Waiver Transition Team

- *Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors, individuals sharing units have a choice of roommates in that setting and individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*

b) Choice of Roommate

The following details the remediation steps related to Choice of Roommate:

DD/ABD TOPIC AREA GOAL #16			
Process: Identify choice of roommate in Person Centered Planning Process	Verification/Validation	Timeline	Entity Responsible
1. Update provider policy to include discussion around choice of roommate as part of the person centered planning process	<ul style="list-style-type: none"> Revised policy 		Provider
2. Choice of roommate be documented in the Service Agreement	<ul style="list-style-type: none"> Update service agreement template to include the expectation of a choice in roommate 		DHHS-LTSS
3. Certification/Licensing tool be revised to include choice of roommate being included in the Service Agreement for those participants receiving HCBS funding in applicable settings	<ul style="list-style-type: none"> Revised tool 		Office of Program Support

4. Certifiers will identify any deficiencies	<ul style="list-style-type: none"> • Certification/Licensing data 	March 1, 2018	Office of Program Support
5. Certification/Licensing Data will be analyzed as per DD/ABD General Implementation Strategies # 2 and #3	<ul style="list-style-type: none"> • Data Report 	Ongoing	Office of Program Support, Waiver Transition Team

- *Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*

c) Own Schedule

Details of the remediation steps related to Own Schedule are addressed in DD/ABD General Implementation Strategy #6, beginning on page 33 which involves training regarding HCBS expectations.

d) Choice Related to Meals/Snacks

The remediation steps related to Choice Related to Meals/Snacks are addressed in DD/ABD General Implementation Strategy #6 beginning on page 33 which involves training regarding HCBS expectations.

e) Visitors

- *Individuals are able to have visitors of their choosing at any time.*

The remediation steps related to Visitors are addressed in DD/ABD General Implementation Strategy #6 beginning on page 33 which involves training regarding HCBS expectations.

a) Physical Environment

- *The setting is physically accessible to the individual.*

The remediation steps related to Physical Environment are addressed in DD/ABD General Implementation Strategy #6 beginning on page 33, which involves training regarding HCBS expectations.

b) Choices for Independence (CFI) Analysis and Results

The following is an analysis of the data collected during the site visits. For the CFI waiver settings, New Hampshire gathered information on 56 settings that provide services. There were 56

providers and 56 participants who gave information regarding residential services or day services. There were 43 residential providers and 43 participants interviewed as well as 13 non-residential providers and 13 participants. The total number of visits reflects 59% of the total number of residential sites (73) and 100% of the number of non-residential sites (13) providing Home and Community Based Services, which is statistically significant with a high level of confidence. Below is an analysis of the data collected during the site visits and related remediation steps including policy/practice changes, provider training and education, and other steps to ensure ongoing monitoring and compliance.

General implementation strategies are detailed below for CFI settings, followed by topic area goals.

CFI GENERAL IMPLEMENTATION STRATEGY #1			
Process: Establish a workgroup of CFI waiver providers to lead the efforts toward HCBS compliance.	Verification/ Validation	Timeline	Entity Responsible
1. Identify CFI waiver providers and participants to be part of the work group			CFI Providers, Waiver Transition Team
2. Develop a work plan for achieving the goals outlined in the remediation plan	<ul style="list-style-type: none"> • Work Plan 		Workgroup, Waiver Transition Team
3. Follow work plan to ensure full compliance with HCBS expectations		Ongoing	Workgroup, Waiver Transition Team
4. Give updates to the Advisory Task Force		Quarterly	Workgroup

Process: Revise the Medicaid enrollment process for CFI providers.	Verification/Validation	Timeline	Entity Responsible

CFI GENERAL IMPLEMENTATION STRATEGY # 2			
Process: Develop standardized forms and policies for CFI providers.	Verification/Validation	Timeline	Entity Responsible
1. Establish workgroup of CFI providers			Waiver Transition Team, CFI Providers
2. Identify policies and forms that can be standardized	<ul style="list-style-type: none"> List of forms and policies 		Workgroup
3. Create templates	<ul style="list-style-type: none"> Templates for HCBS policies and CFI provider forms 		Workgroup, Providers
4. Share templates with providers	<ul style="list-style-type: none"> Draft templates 		Workgroup, Providers
5. Revise templates, if appropriate	<ul style="list-style-type: none"> Revised templates 		Workgroup
6. Put policies and templates into the provider toolkits	<ul style="list-style-type: none"> Standardized policies and forms 		Waiver Transition Team
7. Policies related to HCBS expectations will be submitted to OPS at the next licensing visit	<ul style="list-style-type: none"> Updated policies 		Providers Office of Program Support
8. Analyze licensing data as per CFI General Implementation Strategy #6	<ul style="list-style-type: none"> Data report 	Ongoing	Waiver Transition Team, Office of Program Support

CFI GENERAL IMPLEMENTATION STRATEGY #3			
Process: Revise the Medicaid enrollment process for CFI providers.	Verification/Validation	Timeline	Entity Responsible
1. Review current enrollment process for CFI providers		Complete	DHHS-LTSS

CFI GENERAL IMPLEMENTATION STRATEGY #4			
Process: Develop training on HCBS and state expectations.	Verification/Validation	Timeline	Entity Responsible
1. Identify workgroup to create training	<ul style="list-style-type: none"> • Workgroup member list 		DHHS-LTSS, Waiver Transition Team
2. Develop training for providers of services <ul style="list-style-type: none"> a. Assisted Living Facilities b. Adult Day Services c. Case Management Agencies d. Adult Family Care Residences 	<ul style="list-style-type: none"> • Training outline created 		Workgroup
3. Share training outline with Advisory Task Force			Workgroup
4. Revise training based on feedback	<ul style="list-style-type: none"> • Revised training outline 		Workgroup
5. Develop training for participants of services, their families and/or guardians <ul style="list-style-type: none"> a. Include how to make a complaint 	<ul style="list-style-type: none"> • Finalized training outline created 		Workgroup
6. Share training outline with Advisory Task Force	<ul style="list-style-type: none"> • Meeting minutes 		Workgroup
7. Revise training based on feedback	<ul style="list-style-type: none"> • Revised training outline 		Workgroup
8. Create training schedule <ul style="list-style-type: none"> a. For providers b. For participants 	<ul style="list-style-type: none"> • Schedule will be available on DHHS website and ARCH website 		Workgroup
9. All providers attend training	<ul style="list-style-type: none"> • Attendance taken • Attendance list given to DHHS-LTSS 		Providers
10. All providers train their staff as applicable <ul style="list-style-type: none"> a. Requirement for all new staff 	<ul style="list-style-type: none"> • Training documentation be given to Licensing staff at next licensing visit 	August 2017	Providers
11. HCBS Information sheet be created for providers and participants <ul style="list-style-type: none"> a. Information sheet be put in the provider toolkit 	<ul style="list-style-type: none"> • Information sheet 		Workgroup
12. Certifiers will identify any deficiencies	<ul style="list-style-type: none"> • Certification/ Licensing data 		Office of Program Support

13. Certification/Licensing Data will be analyzed per CFI General Implementation Strategy #6	<ul style="list-style-type: none"> Data Report 	Ongoing	Office of Program Support, Waiver Transition Team
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CFI GENERAL IMPLEMENTATION STRATEGY #5			
Process: Develop a standardized tool for licensing visits that includes HCBS expectations.	Verification/Validation	Timeline	Entity Responsible
1. Revise regulations, as recommended (see regulatory review)	<ul style="list-style-type: none"> Updated regulations 	In Process	DHHS
2. Review and revise current licensing tool to include compliance with HCBS expectations	<ul style="list-style-type: none"> Standardized tool 		Office of Program Support
3. Mandatory training for providers on new procedures and expectations for licensing <ul style="list-style-type: none"> a. Tool for licensing visits 	<ul style="list-style-type: none"> Attendance 		Office of Program Support, Providers

CFI GENERAL IMPLEMENTATION STRATEGY #6 - Deleted

CFI GENERAL IMPLEMENTATION STRATEGY #7			
Process: Develop HCBS toolkit for providers and participants.	Verification/Validation	Timeline	Entity Responsible
1. Identify place(s) to maintain the items that will be part of the toolkit <ul style="list-style-type: none"> a. Electronic version b. Paper copies 			Waiver Transition Team
2. Develop written process for how the items will be updated and/or revised	<ul style="list-style-type: none"> Written process 		Waiver Transition Team
3. Toolkit to include process for updating of items.	<ul style="list-style-type: none"> Revision Process 	Ongoing	Waiver Transition Team

CFI GENERAL IMPLEMENTATION STRATEGY #8			
Process: Update the complaint process for CFI participants.	Verification/Validation	Timeline	Entity Responsible
1. Identify workgroup	<ul style="list-style-type: none"> Workgroup membership 		Waiver Transition Team BEAS, Ombudsman's office
2. Develop process for complaint resolution	<ul style="list-style-type: none"> Draft process 		Waiver Transition Team, BEAS, Ombudsman's office
3. Written process be included in provider and participant toolkits	<ul style="list-style-type: none"> Information sheet 		Waiver Transition Team
4. Information regarding the complaint process be given to all participants at their annual person centered planning meeting	<ul style="list-style-type: none"> Information sheet 	At next person centered planning meeting	Providers

HCBS Standard: *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.*

1. Participation in Activities

The remediation steps related to Participation in Activities are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

2. Community Participation

The following two CFI Topic Area Goals detail the remediation steps related to Community Participation:

CFI TOPIC AREA GOAL #1			
Process: Enhance opportunities for activities, community participation and community integration in order to prevent isolation.	Verification/Validation	Timeline	Entity Responsible
1. Create a work group to address: <ol style="list-style-type: none"> a. Increased/improved opportunities for participants to engage in activities that are meaningful within the setting b. Ways that providers are able to offer opportunities for the participants to access the community on a regular basis c. Training opportunities for providers to learn how to engage Participants in ongoing, meaningful activities, including how to engage those with dementia and other medical issues d. Identify/develop resources that would assist in creating these opportunities such as identifying activities/resources that are available within the community and including them in the toolkit 	<ul style="list-style-type: none"> • Workgroup identified 		Providers, Waiver Transition Team, NHARCH
2. Develop an information sheet with resources to assist existing and new providers	<ul style="list-style-type: none"> • Information sheet 		Workgroup
3. Each provider develop a plan on how they will implement ongoing opportunities for on-site and community activities on a frequent, ongoing basis	<ul style="list-style-type: none"> • Provider plans 		Providers

CFI TOPIC AREA GOAL #2			
Process: Investigate opportunities to support innovative options for community participation and integration in order to prevent isolation.	Verification/Validation	Timeline	Entity Responsible
1. Identify workgroup to identify and develop innovative opportunities			Waiver Transition Team DHHS-LTSS

2. Workgroup identify resources that could support community integration and participation for providers	<ul style="list-style-type: none"> List of resources 		Workgroup
3. Workgroup to develop resource guide that identifies innovative options for providers	<ul style="list-style-type: none"> Draft Resource Guide 		Workgroup, DHHS-LTSS
4. Present guide to DHHS-LTSS			Workgroup, DHHS-LTSS
5. Revise guide, if needed	<ul style="list-style-type: none"> Final Resource Guide 		Workgroup
6. Share Resource Guide with Advisory Task Force	<ul style="list-style-type: none"> Resource Guide 	Included in revised Admission Agreement	Workgroup

3. Community Employment

The following details the remediation steps related to Community Employment:

CFI TOPIC AREA GOAL #3			
Process:	Verification/Validation	Timeline	Entity Responsible
1. Add employment supports as a covered service under the CFI waiver.	<ul style="list-style-type: none"> Approved waiver 	Draft Waiver submitted Mar 2022	DHHS-LTSS

4. Access to Personal Funds

The following details the remediation steps related to Access to Personal Funds:

CFI TOPIC AREA GOAL #4			
Process: Identify ways that participants can have access to funds.	Verification/Validation	Timeline	Entity Responsible
1. Providers work with participants, guardians, representative payees to identify how the participants can have funds available to them <ol style="list-style-type: none"> Identify in the person centered plan how the process of spending money will be handled and the participant’s preferences Work with participant to identify ways for them to have money in their home for easy access 	<ul style="list-style-type: none"> Admission Agreement 	June 2019	Providers, Guardians, Participants, CFI workgroup

2. Licensing tool will be revised to include the expectation that access to funds will be documented in the person centered plan	<ul style="list-style-type: none"> Revised licensing tool 		Office of Program Support
3. Licensors will document any deficiencies related to access to funds	<ul style="list-style-type: none"> Licensing tool 		Office of Program Support
4. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> Data report 	Ongoing	Waiver Transition Team, Office of Program Support

5. Integration and Access to the Community

This section focused on the location of the setting and whether it is integrated in the community or presumed to be institutional.

The remediation steps related to Integration and Access to the Community are included in CFI Topic Area Goal #1 and Topic Area Goal #2 beginning on page 57.

HCBS Standard: *The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.*

6. Choice of Setting

The following details the remediation steps related to Choice of Setting:

CFI TOPIC AREA GOAL #5			
Process: Enhance the participants input into the decision making about their choice of setting.	Verification/Validation	Timeline	Entity Responsible
1. Review the current process for selection of service site, including: <ol style="list-style-type: none"> Who is involved How are options presented Role of participant/ guardian/Case Manager Identify choices offered for service provider in the Person centered plan Identify ways to ensure that the participant is able to see/visit the service site before making a choice 		In Process	Providers, Guardians, Participants
2. Providers develop policy outlining how this process will occur	<ul style="list-style-type: none"> Updated policies 		Providers

3. Develop information sheet for participants	<ul style="list-style-type: none"> Information sheet 		Case Management Agencies
4. Documentation of the choices available to the participant and their decision about the site be included in the person centered planning document	<ul style="list-style-type: none"> Updated person centered planning template 		Providers

CFI TOPIC AREA GOAL #6			
Process: To enhance the choices for participants, adopt and implement the philosophy of least restrictive setting³ when identifying the options available regarding where to live.	Verification/Validation	Timeline	Entity Responsible
1. Identify workgroup			Providers, Waiver Transition Team
2. Identify all available options for residential settings, including options used under the DD/ABD waiver	<ul style="list-style-type: none"> List of current and potential options 		Workgroup
3. Develop plan for implementing new options, including resources and technical assistance needed	<ul style="list-style-type: none"> Draft plan 		Workgroup
4. Present plan to DHHS-LTSS for feedback			Workgroup, Waiver Transition Team
5. Use feedback to revise plan	<ul style="list-style-type: none"> Revised plan 		Workgroup
6. Revise plan	<ul style="list-style-type: none"> Finalized plan 		Workgroup
7. Implement plan	<ul style="list-style-type: none"> Increased options for participants 	Ongoing	Providers, DHHS-LTSS, Waiver Transition Team
8. Educate providers, including Case Management Agencies, about the options	<ul style="list-style-type: none"> Training 		Workgroup, DHHS-LTSS, Waiver Transition Team

³ Olmstead v. L.C., 527 U.S. 581, 119 S.Ct. 2176 (1999) ("the Olmstead decision"), the Supreme Court construed Title II of the Americans with Disabilities Act (ADA) to require states to place qualified individuals with mental disabilities in community settings, rather than in institutions (least restrictive environment).

9. Create information sheet with options for CFI participants	• Information sheet		Workgroup
10. Put information sheet in the participant toolkit	• Information sheet		Waiver Transition Team

HCBS Standard: *Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.*

7. Freedom from Coercion

The following two topic area goals detail the remediation steps related to Freedom from Coercion:

CFI TOPIC AREA GOAL #7			
Process: Develop training for participants, their families and guardians regarding rights and HCBS expectations.	Verification/Validation	Timeline	Entity Responsible
1. Convene work group to create a training regarding expectations that participants should have regarding: <ul style="list-style-type: none"> a. Privacy b. Dignity c. Respect d. Freedom from coercion and restraint e. Access to food at any time f. Patient’s Bill of Rights g. Complaint process h. Ombudsman’s role 			Providers
2. Develop training	• Training outline		Workgroup
3. Training outline brought to Advisory Task Force for feedback			Workgroup, Advisory Task Force
4. Training revised based on feedback	• Revised training		Workgroup
5. Offer training at provider sites for participants, guardians, and families.	• Training Schedule		Providers, Workgroup
6. Training be offered to staff: <ul style="list-style-type: none"> a. At orientation b. Annually 	• Attendance	Ongoing	Providers
7. Licensing tool include training requirement	• Updated licensing tool		Office of Program Support
8. Deficiencies be noted for lack of training	• Licensing data		Office of Program Support

9. Analyze licensing data as per CFI General Implementation Strategy # 5	<ul style="list-style-type: none"> Data report 	Included in revised Admission Agreement	Waiver Transition Team, Office of Program Support
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CFI TOPIC AREA GOAL #8			
Process: Create a process to use for any modifications to the expectations of Home and Community Based Settings.	Verification/Validation	Timeline	Entity Responsible
1. Convene a workgroup to develop modification policy			Workgroup
2. Develop standardized policy for CFI waiver providers regarding modifications of HCBS expectations <ul style="list-style-type: none"> a. Access to alcohol was a common theme where restrictions are in place in the provider settings b. Written policy must include all the requirements outlined by CMS c. Modifications must be documented in the participant’s person-centered plan 	<ul style="list-style-type: none"> Draft process developed Draft process brought to Advisory Task Force 	Included in revised Admission Agreement	Providers
3. Train providers on the expectations	<ul style="list-style-type: none"> Attendance 		Providers
4. All provider staff be trained on the policy. <ul style="list-style-type: none"> a. Upon hiring b. Annually 	<ul style="list-style-type: none"> Attendance will be taken at trainings 	Ongoing	Workgroup
5. Licensing tool be updated to include requirements	<ul style="list-style-type: none"> Updated tool 		Office of Program Support
6. Licensors cite deficiencies as appropriate	<ul style="list-style-type: none"> Licensing data 		Office of Program Support
7. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> Data report 	Ongoing	Waiver Transition Team, Office of Program Support

8. Privacy of Health Information

The following details the remediation steps related to Privacy of Health Information:

CFI TOPIC AREA GOAL #9			
Process: Update policy for obtaining, storing and sharing health information.	Verification/Validation	Timeline	Entity Responsible
1. Providers update policies regarding how health information is obtained, stored and shared with others, both internally and outside of the provider organization a. Policy include training for new staff	<ul style="list-style-type: none"> • Updated policy is submitted to the Office of Program Support during the next licensing visit 		Providers, Office of Program Support
2. Providers offer training to all staff a. Training is documented b. Training is included in orientation for new staff	<ul style="list-style-type: none"> • Attendance 		Providers
3. List of staff trained given to Office of Program Support at the next licensing visit	<ul style="list-style-type: none"> • Training List 		Providers
4. Policy is available to all participants, families and guardians: a. Electronic format b. Paper format	<ul style="list-style-type: none"> • Updated Policy 		Providers
5. Licensing tool be updated to include requirements	<ul style="list-style-type: none"> • Updated tool 		Office of Program Support
6. Licensors cite deficiencies as appropriate	<ul style="list-style-type: none"> • Licensing data 		Office of Program Support
7. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> • Data report 	Ongoing	Waiver Transition Team, Office of Program Support

9. Dignity and Privacy

The following details the remediation steps related to Dignity and Privacy:

CFI TOPIC AREA GOAL #10			
Process: Ensure that the opportunity is available for locks on bedroom doors.	Verification/Validation	Timeline	Entity Responsible
1. Meet with the state’s Fire Marshal’s office for direction on how to proceed with locking of bedroom and bathroom doors <ul style="list-style-type: none"> a. Are there any expectations outlined by the NFPA that need to be considered b. Are there options that would be best practice to meet the intent of the HCBS rule and ensure the health and safety of the participants 	<ul style="list-style-type: none"> • Meeting minutes 		DHHS-LTSS Waiver Transition Team, Office of Program Support
2. Identify how to implement the lock requirement of the HCBS expectations <ul style="list-style-type: none"> a. Options for types of locks b. Measures to be taken if there’s an emergency and doors are locked 	<ul style="list-style-type: none"> • Written documentation of recommended options and steps to be taken in case of an emergency 		Providers
3. Implementation guidelines be shared with all providers	<ul style="list-style-type: none"> • Implementation guidelines 		Providers
4. Identify implementation date of the expectation	<ul style="list-style-type: none"> • Notice sent out to providers about expectations 		DHHS-LTSS, Office of Program Support
5. Providers develop policy regarding: <ul style="list-style-type: none"> a. Implementation of locks b. Emergency measures if doors are locked and access is needed c. Documentation of participant’s choice regarding locks 	<ul style="list-style-type: none"> • Policy 	Included in revised Admission Agreement	Providers
6. Revise licensing tool to documentation of the participant’s decision regarding lockable doors on their bedroom and bathroom	<ul style="list-style-type: none"> • Revised licensing tool 		Office of Program Support
7. Licensing to cite deficiencies if expectations aren’t met	<ul style="list-style-type: none"> • Licensing data 		Office of Program Support
8. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> • Data report 	Ongoing	Waiver Transition Team,

			Office of Program Support
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10. Decision Making

The following details the remediation steps related to Decision Making:

CFI TOPIC AREA GOAL #11			
Process: Enhance participant’s ability to make their own decisions.	Verification/Validation	Timeline	Entity Responsible
1. Identify ways to increase the ability of participants to make their own decisions, including <ul style="list-style-type: none"> a. Role of guardians b. Guardianship options that may give more autonomy to the participant 			Providers
2. Develop training for: <ul style="list-style-type: none"> a. Participants b. Guardians c. Families d. Staff 			Providers
3. Offer training <ul style="list-style-type: none"> a. Include training requirement in orientation for new staff 	<ul style="list-style-type: none"> • Attendance 	Ongoing	Providers
4. Create information sheet for participants, families and guardians	<ul style="list-style-type: none"> • Draft information sheet 		Providers
5. Information sheet brought to Advisory Task Force for feedback	<ul style="list-style-type: none"> • Revised information sheet 		Providers, Advisory Task Force
6. Make information sheet available <ul style="list-style-type: none"> a. Electronic version b. Paper version c. Toolkit 			Providers, DHHS-LTSS

11. Communication

The remediation steps related to Communication are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

HCBS Standard: *Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.*

12. Access to the Environment

The following two topic area goals detail the remediation steps related to Access to the Environment:

CFI TOPIC AREA GOAL #12			
Process: Develop process for participants to have the opportunity for keys to their homes and/or rooms.	Verification/Validation	Timeline	Entity Responsible
1. Investigate options for participants to have a secure way to enter their home and/or room: a. Keypad b. Key c. Other options		Included in revised Admission Agreement	Providers
2. Offer choices to participants regarding keys			Providers, Families, Guardians
3. Document choices and participants response in their person centered plan	<ul style="list-style-type: none"> Person centered plan 		Providers
4. Licensing tool be updated to include requirement for documentation of key option(s)	<ul style="list-style-type: none"> Revised tool 		Office of Program Support
5. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> Data report 		Waiver Transition Team, Office of Program Support

CFI TOPIC AREA GOAL #13			
Process: Implement a process to identify and document when access is limited in a provider setting.	Verification/Validation	Timeline	Entity Responsible
1. Identify situations where a participant is unable to access all areas of a provider site	<ul style="list-style-type: none"> Person centered plan will be updated 	Included in revised Admission Agreement	Providers
2. For each participant who is impacted, create written documentation of: a. The area that is not accessible by the participant b. Why the area is unavailable to participant c. If/what the impact is of the restriction on the participant	<ul style="list-style-type: none"> Modification policy documentation will be in place 		Providers
3. Follow the modification policy, as appropriate	<ul style="list-style-type: none"> All required documentation will 	Ongoing	Providers

	be part of the person centered plan		
4. Documentation will be included in the person centered plan		Ongoing	Providers
5. Licensing tool will be revised to include requirement that all situations be documented in the person centered plan	<ul style="list-style-type: none"> Revised licensing tool 		Office of Program Support
6. Licensors will note any deficiencies related to this expectation during the licensing visits	<ul style="list-style-type: none"> Licensing data 	Ongoing	Office of Program Support
7. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> Data report 	Ongoing	Waiver Transition Team, Office of Program Support

HCBS Standard: *Facilitates individual choice regarding services and supports, and who provides them.*

13. Individual (Informed) Choice

The following details the remediation steps related to Individual (informed) Choice:

CFI TOPIC AREA GOAL #14			
Process: Update provider policies regarding informed choice.	Verification/Validation	Timeline	Entity Responsible
1. Providers will update policy to ensure compliance with HCBS expectations	<ul style="list-style-type: none"> Updated Policy 		Providers
2. Provider training will be updated to include new policy requirements			Providers
3. Providers will submit updated policy	<ul style="list-style-type: none"> Submission to OPS at next licensing visit 	Included in revised Admission Agreement	DHHS-LTSS
4. Training on informed choice be part of orientation	<ul style="list-style-type: none"> Updated orientation training 		Providers
5. Licensing tool be updated to include this requirement	<ul style="list-style-type: none"> Revised tool 		Office of Program Support

6. Deficiencies will be tracked during monitoring visits	<ul style="list-style-type: none"> Licensing data 		Office of Program Support
7. Analyze Licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> Data report 		Waiver Transition Team, Office of Program Support

14. Role in Person Centered Plan

The following details the remediation steps related to Role in Person Centered Planning:

CFI TOPIC AREA GOAL #15			
Process: Enhance process for implementation of care plans/person centered planning to ensure optimal input of participant.	Verification/Validation	Timeline	Entity Responsible
1. Identify work group to enhance the current process of person centered planning. Work group will include a variety of stakeholders			Providers
2. Investigate other types of processes being used for person centered planning (DD/ABD services, etc.) <ul style="list-style-type: none"> a. Create standardized forms for all providers to use 		Use of Charting the LifeCourse and Community of Practice	Workgroup
3. Develop standardized: <ul style="list-style-type: none"> a. Person centered planning process b. Person centered planning template 	<ul style="list-style-type: none"> Draft process and document 		Workgroup
4. Share draft process and obtain feedback/input			Workgroup
5. Revisions will be made based on feedback	<ul style="list-style-type: none"> Finalized process and template 	June 2022	Workgroup
6. Develop training for the revised process	<ul style="list-style-type: none"> Training outline 		Workgroup
7. Offer training to all stakeholders who would be impacted: <ul style="list-style-type: none"> a. New process b. Standardized forms c. Implementation date d. Tracking of process through licensing 	<ul style="list-style-type: none"> Training schedule will be developed Notifications will be sent to those impacted by the changes 		Workgroup

8. Create information sheet for provider toolkit	<ul style="list-style-type: none"> Information sheet 		Workgroup
9. Revise licensing tool to include the use of standardized forms for planning of services	<ul style="list-style-type: none"> Updated licensing tool 		Office of Program Support
10. Licensors will monitor the ongoing use of the new process through annual licensing visits		Ongoing	Office of Program Support
11. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> Data report 	Ongoing	Waiver Transition Team, Office of Program Support

HCBS Standard: *In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:*

- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.*

a) Settings Agreements

The following details the remediation steps related to Settings Agreements:

CFI TOPIC AREA GOAL #16			
Process: Update Settings Agreements for all residential sites, to be sure all HCBS expectations are met.	Verification/Validation	Timeline	Entity Responsible
1. Expectations to include: <ul style="list-style-type: none"> a. Settings Agreements are part of person centered planning process b. Signed by provider(s) and participants <ul style="list-style-type: none"> i. Reviewed with participant even if they have a guardian c. Completed annually d. Each provider have a policy 		Included in revised Admission Agreement	Providers

2. Provider policy updated to include all HCBS and state expectations regarding settings agreements	<ul style="list-style-type: none"> Updated policies 		Providers
3. Policies and revised templates sent to DHHS-LTSS	<ul style="list-style-type: none"> Updated Settings Agreement Policy for each provider 		Providers, Office of Program Support
4. Implementation date determined a. All person centered plans to include settings agreement	<ul style="list-style-type: none"> Date shared with providers 		DHHS-LTSS
5. Training to occur regarding expectations for the person centered planning process and settings agreements	<ul style="list-style-type: none"> Attendance taken 		Providers
6. Licensing tool revised to include use of settings agreement template for those participants receiving HCBS funding in applicable settings	<ul style="list-style-type: none"> Updated tool 		Office of Program Support
7. Licensors identify any deficiencies related to this expectation	<ul style="list-style-type: none"> Licensing data 		Office of Program Support
8. Analyze licensing data as per CFI General Implementation Strategy #5	<ul style="list-style-type: none"> Data report 	Ongoing	Waiver Transition Team, Office of Program Support

- Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors, individuals sharing units have a choice of roommates in that setting and individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.*

b) Choice of Roommate

The remediation steps related to Choice of Roommate are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.*

c) Own Schedule

The remediation steps related to Own Schedule are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

d) Choice Related to Meals/Snacks

The remediation steps related to Choice Related to Meals/Snacks are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

- *Individuals are able to have visitors of their choosing at any time.*

e) Visitors

The remediation steps related to Visitors are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

- *The setting is physically accessible to the individual.*

f) Physical Environment

The remediation steps related to Physical Environment are addressed in CFI General Implementation Strategy #4 beginning on page 54, which involves training regarding HCBS expectations.

IV. Monitoring and Ongoing Compliance

1. DD/ABD MONITORING GOALS

Below are the monitoring and ongoing compliance steps that will be used to ensure that all sites are in compliance and continue to be in compliance with the Home and Community Based Settings expectations. We have broken the monitoring goals into two categories, short-term and ongoing. Short-term goals include timelines, ongoing monitoring goals do not include timelines because they will continue indefinitely.

SHORT-TERM:

DD/ABD SHORT-TERM MONITORING GOAL #1			
Process: Re-evaluate the status of the state’s compliance with the HCBS expectations.	Verification/ Validation	Timeline	Entity Responsible
1. Revise self-assessment tool	<ul style="list-style-type: none"> • Updated tool 	Dec 2021	Waiver Transition Team Advisory Task Force (review at ATF meeting in Dec)

2. Send out mandatory self-assessment survey to providers and optional participant/guardian survey		March 2022	Waiver Transition Team
3. Analyze data a. NCI surveys b. Certification/Licensing data c. Survey responses d. Self-assessment data e. Complaint data f. Employment data g. Satisfaction data	<ul style="list-style-type: none"> Data report 	Apr. – May 2022	Waiver Transition Team
4. Determine if the setting is compliant	<ul style="list-style-type: none"> Data obtained 	Apr. – May 2022	Waiver Transition Team
5. Identify areas of concern: a. Systemic areas a. Type of service (whole Life) b. Provider specific	<ul style="list-style-type: none"> Assessment form 	Apr. – May 2022	Waiver Transition Team
6. Develop remediation plan for areas of concern, as applicable a. Systemic areas b. Provider specific	<ul style="list-style-type: none"> Remediation Form 	Apr. – May 2022	Waiver Transition Team
7. Implement remediation form	<ul style="list-style-type: none"> Action steps completed 	September 2022	Waiver Transition Team, Other stakeholders, as appropriate
8. Share results with Advisory Task Force	<ul style="list-style-type: none"> Data Report 	December 2022	Waiver Transition Team, Advisory Task Force
9. Implement Relocation Process if necessary (see Relocation Process under section V, Settings Not In Compliance)	<ul style="list-style-type: none"> Relocation of participant 	As identified in Individualized Relocation Plan no later than March 17, 2023.	DHHS-LTSS, Waiver Transition Team

DD/ABD SHORT-TERM MONITORING GOAL #2			
Process: To ensure transparency of the transition process provide annual report to	Verification/Validation	Timeline	Entity Responsible

stakeholder groups regarding status of Statewide Transition Plan.			
1. Develop reporting format	<ul style="list-style-type: none"> Report Template 		Waiver Transition Team
2. Develop status update on the progress that the state is making toward achieving full HCBS compliance	<ul style="list-style-type: none"> Annual Report 		Waiver Transition Team
3. Post annual report on DHHS website	<ul style="list-style-type: none"> Annual Report posted 	Oct. 2016 - 2022	Waiver Transition Team

DD/ABD SHORT-TERM MONITORING GOAL #3			
Process: Re-designation and governance processes for Area Agencies be used for monitoring during the transition period.	Verification/Validation	Timeline	Entity Responsible
1. Revise re-designation process	<ul style="list-style-type: none"> Revised process 		DHHS-LTSS
2. Complete re-designation process on two Area Agencies per year during transition period	<ul style="list-style-type: none"> Re-designation reports 	Annually	DHHS-LTSS
3. Feedback to Area Agencies include focus areas related to the HCBS	<ul style="list-style-type: none"> Re-designation reports 	Annually	DHHS-LTSS
4. Areas of concern be brought to the Advisory Task Force	<ul style="list-style-type: none"> Re-designation reports 	Annually	Waiver Transition Team

SHORT-TERM MONITORING GOAL #4			
Process: Enhance the efficiency of the certification/licensing process by standardizing the forms used by providers.	Verification/Validation	Timeline	Entity Responsible
1. Identify/convene workgroup			DHHS-LTSS, Waiver Transition Team, Office of Program Support
2. Identify forms that can be standardized for all providers	<ul style="list-style-type: none"> List of forms 		Workgroup, Office of Program Support
3. Share list of forms with all providers for feedback			Workgroup
4. Create standardized forms	<ul style="list-style-type: none"> Draft forms 		Workgroup,

			Office of Program Support
5. Share forms with all providers for feedback			Workgroup
6. Revise forms based on feedback	<ul style="list-style-type: none"> Finalized forms 		Workgroup
7. Distribute forms to providers			Workgroup
8. Offer training to all providers	<ul style="list-style-type: none"> Attendance Sheets 		Workgroup, Office of Program Support
9. Determine implementation date a. Notify providers			Office of Program Support
10. Implement use of standardized forms for certification process			Providers, Office of Program Support
11. Certification/licensing tool revised to include use of standardized forms	<ul style="list-style-type: none"> Updated tool 	July 2020	Office of Program Support
12. Certifiers/Licensors identify any deficiencies related to this expectation	<ul style="list-style-type: none"> Certification/licensing data 	Ongoing	Office of Program Support
13. Analyze certification/licensing data as per DD/ABD General Implementation Strategies # 2 and #3	<ul style="list-style-type: none"> Data report 	Ongoing	Waiver Transition Team, Office of Program Support

ONGOING:

DD/ABD ONGOING MONITORING GOAL #5		
Process: Ongoing oversight by Advisory Task Force, ensuring transparency of the process and the progress being made.	Verification/Validation	Entity Responsible
1. Advisory Task Force meet on a quarterly basis to monitor status on remediation plan, or more frequently if needed	<ul style="list-style-type: none"> Meeting minutes taken Minutes include status on remediation steps Minutes continue to be posted on-line 	DHHS-LTSS, Advisory Task Force
2. Enhance membership of Advisory Task Force to include additional stakeholders	<ul style="list-style-type: none"> New member added to roster of Advisory Task Force 	Advisory Task Force

a. Representative from a public guardian organization		
3. Advisory Task Force members participate in work groups, as appropriate	<ul style="list-style-type: none"> Advisory Task Force members bring status updates to larger Advisory Group 	Advisory Task Force

DD/ABD ONGOING MONITORING GOAL #6

Process: Complete additional site visits.	Verification/Validation	Entity Responsible
1. Additional site visits will be completed during the transition to monitor the status of the changes that are being implemented	<ul style="list-style-type: none"> A list of additional site visits will be kept 	DHHS-LTSS, Office of Program Support, Waiver Transition Team
2. Sites for visits will be determined by a combination of the following: <ul style="list-style-type: none"> a. New sites being certified/licensed b. Sites where concerns are identified c. Random selection 		DHHS-LTSS, Office of Program Support, Waiver Transition Team
3. Sites will be given a remediation follow up form, as appropriate	<ul style="list-style-type: none"> Remediation Form (see Attachment E in Appendix) 	On-site team member
4. Provider will develop action plan outlining remediation steps and submit Remediation Plan to the Waiver Transition Team within 21 days	<ul style="list-style-type: none"> Remediation Form 	Provider
5. Remediation Plan will be reviewed	<ul style="list-style-type: none"> Remediation Form 	Waiver Transition Team
6. Verification will be done	<ul style="list-style-type: none"> Remediation Form 	Waiver Transition Team
7. Plan will be approved or additional actions will be requested	<ul style="list-style-type: none"> Remediation Form 	Waiver Transition Team
8. If additional actions are requested, provider will complete actions and steps #4-7 will be implemented	<ul style="list-style-type: none"> Remediation Form 	Provider, Waiver Transition Team

DD/ABD ONGOING MONITORING GOAL #7- Deleted

DD/ABD ONGOING MONITORING GOAL #8

Process: Use the quarterly satisfaction process required in He-M 503, Eligibility and the Process of Providing Services and He-M 522, Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder to ensure ongoing compliance with HCBS expectations.	Verification/Validation	Entity Responsible
1. Revise quarterly satisfaction requirements to include questions regarding the HCBS expectations	<ul style="list-style-type: none"> Revised expectations 	DHHS-LTSS

a. Include the providers of service on the form to be used in the analysis of the data		
2. Create standardized format for collecting the data	• Statewide standardized format	DHHS-LTSS, Workgroup
3. Make providers aware of new expectations		DHHS-LTSS
4. Develop process for analyzing the data a. Statewide report b. Provider specific reports	• Data collection	DHHS-LTSS
5. Present reports to providers a. Area Agencies b. Private Provider Network		DHHS-LTSS
6. Develop Action Steps for follow up, as needed a. By provider b. Systemic		DHHS-LTSS, Providers
7. Present information to Advisory Task Force		DHHS-LTSS, Advisory Task Force

DD/ABD ONGOING MONITORING GOAL #9		
Process: Analyze statewide complaint data to monitor trends, identify focus areas and action plan.	Verification/Validation	Entity Responsible
1. Develop process for analyzing complaint data		DHHS-LTSS
2. Identify trends, action steps and plan for statewide efforts to decrease complaints, specifically those related to HCBS expectations	• Report format developed	DHHS-LTSS, Office of Client and Legal Services
3. Continue to review follow-up actions taken by provider in response to complaints	• Six month report	DHHS-LTSS, Waiver Transition Team

DD/ABD ONGOING MONITORING GOAL #10		
Process: Analyze statewide employment data to monitor the status of New Hampshire's efforts regarding employment as it relates to the HCBS expectations.	Verification/Validation	Entity Responsible
1. Develop process for analyzing the employment data	• Process identified	Statewide Employment Group, Waiver Transition Team

2. Identify areas of follow up and create action steps, as appropriate	<ul style="list-style-type: none"> Reporting format developed 	Statewide Employment Group, Waiver Transition Team
3. Share information with: <ol style="list-style-type: none"> Providers Advisory Task Force 		Statewide Employment Group, Waiver Transition Team

DD/ABD ONGOING MONITORING GOAL #11 - Deleted

2. CHOICES FOR INDEPENDENCE MONITORING GOALS

SHORT-TERM:

CFI SHORT-TERM MONITORING GOAL #1			
Process: Follow-up assessment of statewide status on transition process for HCBS compliance.	Verification/Validation	Timeline	Entity Responsible
1. Revise self-assessment tool	<ul style="list-style-type: none"> Updated tool 		Waiver Transition Team
2. Send out mandatory self-assessment survey to providers and optional participant/guardian survey			Waiver Transition Team
3. Analyze data <ol style="list-style-type: none"> Licensing data Survey responses Self-assessment data Complaint data Quality assessment data 	<ul style="list-style-type: none"> Data report 		Waiver Transition Team
4. Identify areas of concern for providers: <ol style="list-style-type: none"> Systemic areas Provider specific 	<ul style="list-style-type: none"> Assessment form 		Waiver Transition Team
5. Develop remediation plan for areas of concern <ol style="list-style-type: none"> Systemic areas Provider specific 	<ul style="list-style-type: none"> Remediation Form 	September 2022	Waiver Transition Team

6. Implement remediation form	<ul style="list-style-type: none"> Action steps completed 	December 2022	Waiver Transition Team, Other stakeholders, as appropriate
7. Share results with Advisory Task Force			Waiver Transition Team, Advisory Task Force
8. Implement Relocation Process if necessary (see Relocation Process under section V, Settings Not In Compliance)	<ul style="list-style-type: none"> Relocation of participant 	As identified in Individualized Relocation Plan, no later than March 17, 2023.	DHHS-LTSS, Waiver Transition Team

CFI SHORT-TERM MONITORING GOAL #2			
Process: Analyze the rates paid to providers under the CFI waiver to ensure that there continues to be options for participants.	Verification/Validation	Timeline	Entity Responsible
1. Identify workgroup			DHHS-LTSS
2. Review current pay rate for services under the CFI waiver			Workgroup
3. Develop options for change			Workgroup
4. Present options to senior management at DHHS		Complete	Workgroup, DHHS-LTSS

CFI SHORT-TERM MONITORING GOAL #3			
Process: To ensure transparency of the transition process provide annual report to stakeholder groups regarding status of Statewide Transition Plan.	Verification/Validation	Timeline	Entity Responsible
1. Develop reporting format	<ul style="list-style-type: none"> Report Template 		Waiver Transition Team
2. Develop status update on the progress that the state is making toward achieving full HCBS compliance	<ul style="list-style-type: none"> Annual Report 		Waiver Transition Team
3. Post annual report on DHHS website	<ul style="list-style-type: none"> Annual Report posted 	Oct. 2016 - 2021	Waiver Transition Team

CFI SHORT-TERM MONITORING GOAL # 4 - Deleted

ONGOING:

CFI ONGOING MONITORING GOAL #5		
Process: Ongoing oversight by Advisory Task Force, ensuring transparency of the process and the progress being made.	Verification/Validation	Entity Responsible
1. Advisory Task Force meet on a quarterly basis to monitor status on remediation plan, or more frequently if needed	<ul style="list-style-type: none"> • Meeting minutes taken • Minutes include status on remediation steps • Minutes continue to be posted on-line 	DHHS-LTSS, Advisory Task Force
2. Enhance membership of Advisory Task Force to include additional stakeholders a. Representative from a public guardian organization	<ul style="list-style-type: none"> • New member added to roster of Advisory Task Force 	Advisory Task Force
3. Advisory Task Force members participate in work groups, as appropriate	<ul style="list-style-type: none"> • Advisory Task Force members bring status updates to full Advisory Task Force 	Advisory Task Force

CFI ONGOING MONITORING GOAL #6			
Process: Develop quality monitoring process for Adult Day Services settings.	Verification/Validation	Timeline	Entity Responsible
1. Identify workgroup			DHHS-LTSS, Quality Assurance and Improvement Office, Waiver Transition Team
2. Develop assessment process to include: a. Self-assessment b. Expectations i. Record review ii. Interviews c. Follow up review by DHHS-LTSS	<ul style="list-style-type: none"> • Draft assessment process 		Workgroup

d. Report of findings e. Corrective Action Plan f. Frequency of process			
3. Develop assessment tool	• Draft assessment tool		Workgroup
4. Bring tool and assessment to providers for feedback			Workgroup
5. Revise tool, as appropriate	• Revised tool		Workgroup
6. Train providers on process and tool	• Attendance		Workgroup, DHHS-LTSS
7. Determine implementation date			Waiver Transition Team
8. Implement process		Dec. 2022	DHHS-LTSS, Providers
9. Analyze data from process a. Identify systemic areas for improvement b. Identify provider specific areas for improvement	• Data Analysis	Ongoing	Waiver Transition Team
10. Data analysis shared with a. Providers b. Advisory Task Force	• Data report	Ongoing	DHHS-LTSS, Providers

CFI ONGOING MONITORING GOAL #7			
Process: Develop quality monitoring process for Assisted Living Settings.	Verification/Validation	Timeline	Entity Responsible
1. Identify workgroup			DHHS-LTSS Quality Assurance and Improvement Office, Waiver Transition Team, CFI Workgroup
2. Develop assessment process to include: a. Self-assessment b. Expectations i. Record review ii. Interviews c. Follow up review by DHHS-LTSS d. Report of findings e. Corrective Action Plan	• Draft assessment process		Workgroup

f. Frequency of process			
3. Develop assessment tool	<ul style="list-style-type: none"> Draft assessment tool 		
4. Bring tool and assessment process to providers for feedback			Workgroup
5. Revise tool, as appropriate	<ul style="list-style-type: none"> Revised tool 		Workgroup
6. Train providers on process and tool	<ul style="list-style-type: none"> Attendance 		Workgroup DHHS-LTSS
7. Determine implementation date			Waiver Transition Team
8. Implement Process		Dec. 2022	DHHS-LTSS, Providers
9. Analyze data from process <ul style="list-style-type: none"> Identify systemic areas for improvement Identify provider specific areas for improvement 	<ul style="list-style-type: none"> Data Analysis 	Ongoing	Waiver Transition Team
10. Data analysis shared with <ul style="list-style-type: none"> Providers Advisory Task Force 	<ul style="list-style-type: none"> Data report 	Ongoing	DHHS-LTSS, Providers

CFI ONGOING MONITORING GOAL #8		
Process: Implement ongoing quality monitoring process for Case Management Agencies.	Verification/Validation	Entity Responsible
1. Review of 20 cases per office to include: <ul style="list-style-type: none"> Interview with staff Participants Record review 		DHHS-LTSS; Quality Assurance and Improvement Office, Providers
2. Analyze data: <ul style="list-style-type: none"> Statewide report Agency report Systemic issues 	<ul style="list-style-type: none"> Data Report 	DHHS-LTSS; Quality Assurance and Improvement Office
3. Providers complete corrective action plan for areas of concern	<ul style="list-style-type: none"> Corrective Action Plans 	Providers
4. Reviews occur annually		DHHS-LTSS; Quality Assurance and Improvement Office, Providers

CFI ONGOING MONITORING GOAL #9		
Process: Analyze statewide complaint data to monitor trends, identify focus areas and action plan.	Verification/Validation	Entity Responsible
1. Develop process for analyzing complaint data		DHHS-LTSS, DHHS-BEAS, Ombudsman's Office
2. Identify trends, action steps and plan for statewide efforts to decrease complaints, specifically those related to HCBS expectations	<ul style="list-style-type: none"> Report format developed 	DHHS-LTSS, BEAS
3. Review follow-up actions taken by provider in response to complaints	<ul style="list-style-type: none"> Six month report 	DHHS-LTSS

CFI ONGOING MONITORING GOAL #10			
Process: Enhance the Risk Identification, Mitigation and Planning (RIMP) Process.	Verification/Validation	Timeline	Entity Responsible
1. Identify workgroup			DHHS-LTSS; Quality Assurance and Improvement Office,
2. Review/revise the current RIMP process			Workgroup
3. Update process, including: <ol style="list-style-type: none"> When it will be used Who will be part of the process Outcome of process Who will be responsible for outcomes 	<ul style="list-style-type: none"> Revised policy Updated referral form Updated planning tool 	Complete	Workgroup
4. Present updated policy, form and tool to the Advisory Task Force			Workgroup Advisory Task Force
5. Train providers on the process	<ul style="list-style-type: none"> Attendance 		Workgroup
6. Put the policy, form and tool in the provider toolkit for providers to access			Waiver Transition Team
7. Provide data to stakeholder groups annually	<ul style="list-style-type: none"> Data Report 	Ongoing	Waiver Transition Team

CFI ONGOING MONITORING GOAL #11 - Deleted

CFI ONGOING MONITORING GOAL #12		
Process: Complete additional site visits.	Verification/Validation	Entity Responsible
1. Additional site visits will be completed during the transition to monitor the status of the changes that are being implemented	<ul style="list-style-type: none"> A list of additional site visits will be kept 	DHHS-LTSS, Office of Program Support, Waiver Transition Team
2. Sites for visits will be determined by a combination of the following: <ol style="list-style-type: none"> New sites being certified/licensed Sites where concerns are identified Random selection 		DHHS-LTSS, Office of Program Support, Waiver Transition Team
3. Sites will be given a remediation follow up form, as appropriate	<ul style="list-style-type: none"> Remediation Form (see Attachment E in Appendix) 	On-site team member
4. Provider will develop action plan outlining remediation steps and submit Remediation Plan to the Waiver Transition Team within 21 days	<ul style="list-style-type: none"> Remediation Form 	Provider
5. Remediation Plan will be reviewed	<ul style="list-style-type: none"> Remediation Form 	Waiver Transition Team
6. Verification will be done	<ul style="list-style-type: none"> Remediation Form 	Waiver Transition Team
7. Plan will be approved or additional actions will be requested	<ul style="list-style-type: none"> Remediation Form 	Waiver Transition Team
8. If additional actions are requested, provider will complete actions and steps #4-7 will be implemented	<ul style="list-style-type: none"> Remediation Form 	Provider, Waiver Transition Team

V. Settings Not in Compliance

Based on the state’s assessment there is one site in the DD/ABD Waiver and three sites in the CFI Waiver that are considered presumptively non-home and community based due to location. The state has completed a review on the DD/ABD site below as per the New Hampshire’s Heightened Scrutiny process as outlined in section “1” below, and is requesting heightened scrutiny for that site. The state will be completing additional assessment regarding the issue of isolation as part of the remediation plan and will initiate the heightened scrutiny process, or Relocation process, as needed. The state will focus its efforts on enhancing providers’ ability to ensure that participants are not isolated. Monitoring will occur through certification/licensing visits, service coordination visits, provider documentation and participant satisfaction information. Any site that is determined

to be isolating will have the opportunity to develop and implement a remediation plan, or the Heightened Scrutiny process may be initiated, or the relocation process may be implemented.

The following chart details the settings that are presumed to be institutional because they are on the grounds of, or immediately adjacent to, a public institution, and for which the state will request heightened scrutiny or seek other alternatives to assure their compliance with the HCBS expectations.

SITES PRESUMED NOT IN COMPLIANCE DUE TO LOCATION					
WAIVER	PROVIDER	TYPE OF SETTING	ADDRESS	TOWN/CITY	ZIP CODE
DD/ABD	EASTER SEALS	RES	87 PLEASANT ST	CONCORD	03301
CFI	CHESHIRE COUNTY	RES	201 RIVER ROAD	WESTMORELAND	03467
	MERRIMACK COUNTY	RES	325 DANIEL WEBSTER HWY	BOSCAWEN	03303
	ROCKINGHAM COUNTY	RES	117 NORTH ROAD	EXETER	03833

1. Request for Heightened Scrutiny

New Hampshire has implemented the following process for any requests that will be made to CMS for heightened scrutiny. The process is for current and future requests for heightened scrutiny and therefore does not have the validation and/or timeframe categories included. New Hampshire has revised its Heightened Scrutiny Process based on CMS changes. Additionally, New Hampshire developed a separate process for settings on the Choices for Independence waiver that meet the criteria for Heightened Scrutiny. Based on feedback from the Advisory Task Force, a flow chart was developed for each process and they can be found attachments B and C. Requests for Heightened Scrutiny will be submitted to CMS before October 31, 2022.

Process: DD/ABD Heightened Scrutiny Process	Entity Responsible
1. Site is identified as needing heightened scrutiny review based on the CMS criteria and/or stakeholder input. Setting is put on the potential heightened scrutiny list	DHHS-LTSS
2. Notification that there is a need for a heightened scrutiny review is made: <ul style="list-style-type: none"> • To the individual/family/guardian • Provider of services, and/or • Area Agency 	DHHS-LTSS
3. Provider completes Provider Self-Assessment Tool	Provider
4. Waiver Transition Team reviews information	WTT

<p>5. On-site visit occurs to gather information to validate responses in Provider Self-Assessment, including:</p> <ul style="list-style-type: none"> • Interview with participants based on the exploratory questions designed by CMS • Interviews with staff based on the exploratory questions designed by CMS • Review of documentation <ul style="list-style-type: none"> • Schedules • Provider qualifications for staff • Staff training • Service definitions • Modifications to expectations 	<p>DHHS-LTSS</p>
<p>6. Complete summary of review to determine next steps for the setting which include:</p> <ul style="list-style-type: none"> • Remove setting from the potential heightened scrutiny list • Setting be forwarded to the Commissioner for review 	<p>WTT</p>
<p>7. Upon review of the remediation plan, (if one is needed), and action steps taken, the final determination as to whether to submit the setting to CMS will be made</p>	<p>WTT</p>
<p>8. Put information into New Hampshire’s “Request for Heightened Scrutiny” format if applicable</p>	<p>Waiver Transition Team</p>
<p>9. Determine whether to proceed with the request for heightened scrutiny</p>	<p>DHHS-LTSS</p>
<p>10. Notification will be made to the provider agency as to whether the request will be made to CMS for heightened scrutiny</p>	<p>DHHS-LTSS</p>
<p>11. If a request will be made to CMS for heightened scrutiny, the state will:</p> <p>a) Share Request for Heightened Scrutiny information through the public notice procedure outlined by CMS, to include:</p> <ul style="list-style-type: none"> (a) A list of the affected settings by name and location and the number of individuals served in each setting. (b) Any and all justification from the state why the setting is home and community based and not institutional (reviewer reports, interview summaries, etc.) (c) Provide enough detail such that the public has an opportunity to support or rebut the state’s information (d) Be subject to a public comment period. State will respond to the public comments when they submit the proposed transition plan. Responses will include explanations as to why the state is or is not changing its decision 	<p>DHHS-LTSS</p>
<p>12. Develop responses to public comments</p>	<p>DHHS-LTSS</p>
<p>13. Submit Heightened Scrutiny request to CMS. Submission will include:</p> <ul style="list-style-type: none"> • Summary of interviews • Reviewer reports 	<p>DHHS-LTSS</p>

<ul style="list-style-type: none"> • Pictures, if appropriate • Public comments and state responses • Regulatory information • Consumer experience survey information 	
14. Determination is made by CMS regarding approval of request	CMS
15. If CMS approves request: <ul style="list-style-type: none"> • Provider and/or Area Agency is notified • Individual/family guardian is notified • Office of Program Support is notified 	DHHS-LTSS
16. In the event that CMS does not approve request and the request is under the Transition Plan, the state will: <ul style="list-style-type: none"> • Use the remaining transition period to bring the setting into compliance with all requirements or, • Transition individuals from that setting to a compliant setting or, • Transition the coverage authority to one not requiring provision in a home or community based setting, or • Transition to non-Medicaid reimbursement 	CMS
17. In the event that CMS does not approve request and the site is included in a new 1915(c) waiver, new 1915(i) state plan amendment, or new 1915(k) CFC SPA, federal funding will cease until full compliance is obtained. Upon full compliance, reimbursement will be reinstated	CMS
18. Given approval, the state will ensure ongoing compliance through steps identified in the Statewide Transition Plan	DHHS-LTSS
19. Changes to those sites approved for heightened scrutiny will require notification to CMS for the following: <ul style="list-style-type: none"> • An increase in licensing capacity or • The establishment of additional disability-oriented settings in close proximity (e.g., next door), or • Changes in the ways in which community integration is realized 	DHHS-LTSS, Office of Program Support
20. Office of Program Support will notify DHHS if changes to the site have been made	Office of Program Support
21. Notification of changes will be made to CMS	DHHS-LTSS
22. CMS will determine if a re-evaluation of the setting is needed based on changes to the site	CMS
23. State will ensure ongoing compliance with monitoring strategies identified in the Statewide Transition Plan	DHHS-LTSS

Heightened Scrutiny Process for settings on the Choices for Independence Waiver	Entity Responsible
1. Setting is identified as meeting at least one of the criteria for potential heightened scrutiny	Waiver Transition Team (WTT)
2. Notification that there is a setting requiring review for potential heightened scrutiny is made to: <ul style="list-style-type: none"> • Provider of services 	WTT

Heightened Scrutiny Process for settings on the Choices for Independence Waiver	Entity Responsible
3. Training is provided as appropriate, including: <ul style="list-style-type: none"> • The Heightened Scrutiny Process • Provider Self-Assessment Form • Provider Self-Assessment Instruction Guide 	WTT
4. Provider Self-Assessment (PSA) is completed and discussion occurs regarding: <ul style="list-style-type: none"> • Areas of compliance • Areas needing improvement 	Provider WTT
5. On-site visit is scheduled <ul style="list-style-type: none"> • Including notification of guardians 	Provider WTT
6. On-site visit occurs <ul style="list-style-type: none"> • Participant specific data gathered at this time a) On-site process will include as appropriate: <ul style="list-style-type: none"> • Participant/guardian interviews • Provider interview • Documentation review: <ol style="list-style-type: none"> 1. Schedules 2. Provider qualifications for staff 3. Staff training 4. Service definitions 5. Modifications to expectations 	WTT
7. Upon review of the remediation plan, (if one is needed), and action steps taken, the final determination as to whether to submit the setting to CMS will be made	WTT
8. Based on validation of evidence during on-site review, the Final Recommendation Form is completed indicating: <ol style="list-style-type: none"> 1. The setting be removed from the potential heightened scrutiny list <ol style="list-style-type: none"> a. Reasons must be identified 2. Further action steps be taken to ensure compliance as identified on request form <ol style="list-style-type: none"> a. An updated action plan be submitted to the WTT 3. Submit completed summary request form for HS to the commissioner 	WTT
9. If a request will be made for heightened scrutiny the Heightened Scrutiny Summary Form will be completed.	WTT
10. The Heightened Scrutiny Summary Form will be reviewed by the Commissioner <ul style="list-style-type: none"> • If approved, HS request will go out for public comment • If not approved, additional follow up will be done to address areas of concern 	Department of Health and Human Services Long-Term Supports and Services (DHHS-LTSS)
11. Information is posted for 30 days for public comment, as per CMS expectations	WTT

Heightened Scrutiny Process for settings on the Choices for Independence Waiver	Entity Responsible
12. Public comments are responded to and are submitted as part of the heightened scrutiny request to CMS	WTT
13. CMS reviews the Heightened Scrutiny request	Centers for Medicare and Medicaid Services
14. CMS approves the heightened scrutiny request: <ul style="list-style-type: none"> • Provider, individual/family, guardian and Office of Legal and Regularly Services are notified. DHHS-LTSS will ensure ongoing compliance with monitoring strategies identified in the Statewide Transition Plan 	CMS DHHS - LTSS
15. CMS denies the heightened scrutiny request: <ul style="list-style-type: none"> • DHHS-LTSS will use the remaining transition period to bring the setting into compliance following the heightened scrutiny process. Transition individuals from that setting to a compliant setting following the relocation process • Transition to non-Medicaid reimbursement • Transition coverage authority to one not requiring provision in a home and community-based setting 	DHHS-LTSS
16. DHHS-LTSS will ensure ongoing compliance with monitoring strategies identified in the Statewide Transition Plan	DHHS-LTSS
17. Changes to those sites approved for heightened scrutiny will require notification to CMS for the following: <ul style="list-style-type: none"> • An increase in licensing capacity or • The establishment of additional disability-oriented settings in close proximity (e.g., next door), or • Changes in the ways in which community integration is realized 	DHHS-LTSS, Office Legal and Regulatory Services (OLRS)
18. Office of Legal and Regulatory Services will notify DHHS if changes to the setting have been made	OLRS
19. Notification of changes will be made to CMS	DHHS-LTSS
20. CMS will determine if a re-evaluation of the setting is needed based on changes to the setting	CMS

2. Relocation of Beneficiaries

New Hampshire’s plan is to ensure that all sites are in compliance with the HCBS expectations by the end of the transition period. All transitions to a new setting will include a transition plan and will be individualized based on the needs of the participant. If there is an indication that any provider will be unable to ensure compliance, the process below will be implemented:

DD/ABD RELOCATION PROCESS		
Process: Relocate any participants if the site will not meet the HCBS expectations by the transition deadline. All transitions will be individualized and focused on	Timeline	Entity Responsible

<p>1. Determination made that a setting will not meet HCBS requirements and participants need to relocate</p>	<p>Apr - May 2022</p>	<p>Waiver Transition Team</p>
<p>2. Letter sent to participant/guardian/family within 30 days of determination which includes:</p> <ul style="list-style-type: none"> a. The reason for relocation b. The options available c. How an individualized transition plan will be developed and implemented d. Expectations regarding critical services and supports e. Notice of relocation process follow up survey 	<p>May – June 2022</p>	<p>DHHS - LTSS</p>
<p>3. Meeting is held to develop an individualized transition plan for the relocation of the participant, facilitated by the service coordinator/case manager within 30 days of determination of need to relocate:</p> <ul style="list-style-type: none"> a. Plan must be approved by participant and/or guardian 	<p>Within 30 days of the date of the letter</p>	<p>Area Agencies</p>
<p>4. Individualized Transition Plan is implemented</p>	<p>As outlined in the individualized transition plan no later than March 17, 2023</p>	<p>Service Coordinator and service providers, as appropriate</p>
<p>5. Transition Survey sent to participant</p>	<p>30 days after transition</p>	<p>DHHS - LTSS</p>
<p>6. Any issues identified through the survey process are addressed</p>	<p>Within 30 days of the receipt of the survey</p>	<p>Service Coordinator</p>
<p>7. Ongoing Monitoring goals will be used to ensure compliance within new setting continues</p>	<p>Ongoing</p>	<p>As outlined in the Ongoing Monitoring Goals in the Statewide</p>

		Transition Plan
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CFI RELOCATION PROCESS		
Process: Relocate any participants if the site will not meet the HCBS expectations by the deadline.	Timeline	Entity Responsible
1. Determination made that a setting will not meet HCBS requirements and participants need to relocate	Apr - May 2022	Waiver Transition Team
2. Letter sent to participant/guardian/family within 30 days of determination which includes: <ul style="list-style-type: none"> a. The reason for relocation b. The options available c. How an individualized transition plan will be developed and implemented d. Expectations regarding critical services and supports e. Notice of relocation process follow up survey 	May – June 2022	DHHS - LTSS
3. Meeting is held to develop an individualized transition plan for the relocation of the participant, facilitated by the service coordinator/case manager within 30 days of determination of need to relocate: <ul style="list-style-type: none"> a. Plan must be approved by participant and/or guardian 	Within 30 days of the date of the letter	Case Manager and service providers, as appropriate
4. Individualized Transition Plan is implemented	As outlined in the individualized transition plan, no later than March 17, 2023.	Case Manager and service providers, as appropriate
5. Transition Survey sent to participant	30 days after transition	DHHS - LTSS

6. Any issues identified through the survey process are addressed	Within 30 days of the receipt of the survey	Case Manager
7. Ongoing Monitoring goals will be used to ensure compliance within new setting continues	Ongoing	As outlined in the Ongoing Monitoring Goals in the Statewide Transition Plan

VI. Public Comment and Related Changes

The following information contains material developed by the Department regarding its proposed revised Statewide Transition Plan. Contents include public notices, revised Statewide Transition Plan documents. The following information was provided in the Manchester Union Leader and Nashua Telegraph on Monday, December 31, 2018.

**Revised Statewide Transition Plan
Home and Community Based Services Settings Requirements**

Pursuant to 42 C.F.R. §441.301(c)(6)(iii), notice is hereby given that the New Hampshire Department of Health and Human Services intends to submit a revised Statewide Transition Plan to the Centers for Medicare and Medicaid Services (CMS) to detail its assessment and remediation plan for ensuring that New Hampshire’s Medicaid-funded Home and Community-Based Services (HCBS) are provided in settings whose qualities meet new federal requirements at 42 C.F.R. §441.301(c)(4), which became effective March 17, 2014. All states are required to develop a plan to show how they will establish compliance with the new regulations.

Summary of Updated Draft Statewide Transition Plan

Pursuant to 42 C.F.R. §441.301(c)(6)(iii), notice is hereby given that the New Hampshire Department of Health and Human Services intends to submit a revised Statewide Transition Plan to the Centers for Medicare and Medicaid Services (CMS) to detail its assessment and remediation plan for ensuring that New Hampshire’s Medicaid-funded Home and Community-Based Services (HCBS) are provided in settings whose qualities meet new federal requirements at 42 C.F.R. §441.301(c)(4), which became effective March 17, 2014. All states are required to develop a plan to show how they will establish compliance with the new regulations.

Summary of Updated Draft Statewide Transition Plan

The regulations do not specifically define HCBS settings; rather they describe the required qualities of Medicaid-funded HCBS settings. The regulations require that the “community-like”

settings be defined by the nature and quality of the experiences of the individual receiving services and applies to both residential and day services settings.

The purpose of these regulations is to ensure that HCBS recipients are able to live in and have opportunities to access their community as well as to receive services in the most integrated settings. This includes opportunities to seek employment and work in competitive settings, engage in community life, control personal resources, and participate in the community just as people who live in the community, but who do not receive HCBS, do.

New Hampshire has revised its Statewide Transition Plan (STP) based on CMS feedback, to show how it will establish compliance with these new regulations. An executive summary within the STP explains the revisions made to the document.

A copy of the revised draft Statewide Transition Plan can be found at <https://www.dhhs.nh.gov/dcbcs/bds/transition.htm>

Hard copies of the Statewide Transition Plan can be picked-up at NH Department of Health and Human Services, 105 Pleasant Street, Main Building, Concord, NH 03301-3857.

To learn more about home and community based care settings requirements, please visit the CMS website: <https://www.medicaid.gov/medicaid/hcbs/guidance/hcbs-final-regulation/index.html>

Opportunity for Public Input

Public comments may be submitted until midnight on Friday, February 1, 2019. Comments may be submitted by email to HCBCtransitionplan@dhhs.nh.gov or by regular mail to Maureen DiTomaso, NH Department of Health and Human Services, 105 Pleasant Street, Main Building, Concord, NH 03301-3857.

Response to Public Input

The summary of public comments, including the full array of comments whether in agreement or not with the state's determination of the system-wide compliance and/or compliance of specific settings/types of settings; a summary of modifications to the Statewide Transition Plan made in response to public comment; and in cases where the state's determination differs from public comment, the additional evidence and rationale the state used to confirm the determination will be found in Attachment D in the Appendix at the completion of the public comment period.

VII. APPENDIX:

