



New Hampshire Department of Health and Human Services

*To join communities and families in providing opportunities
for citizens to achieve health and independence*



**Division of
Community Based Care Services
Bureau of Developmental Services
(BDS)**



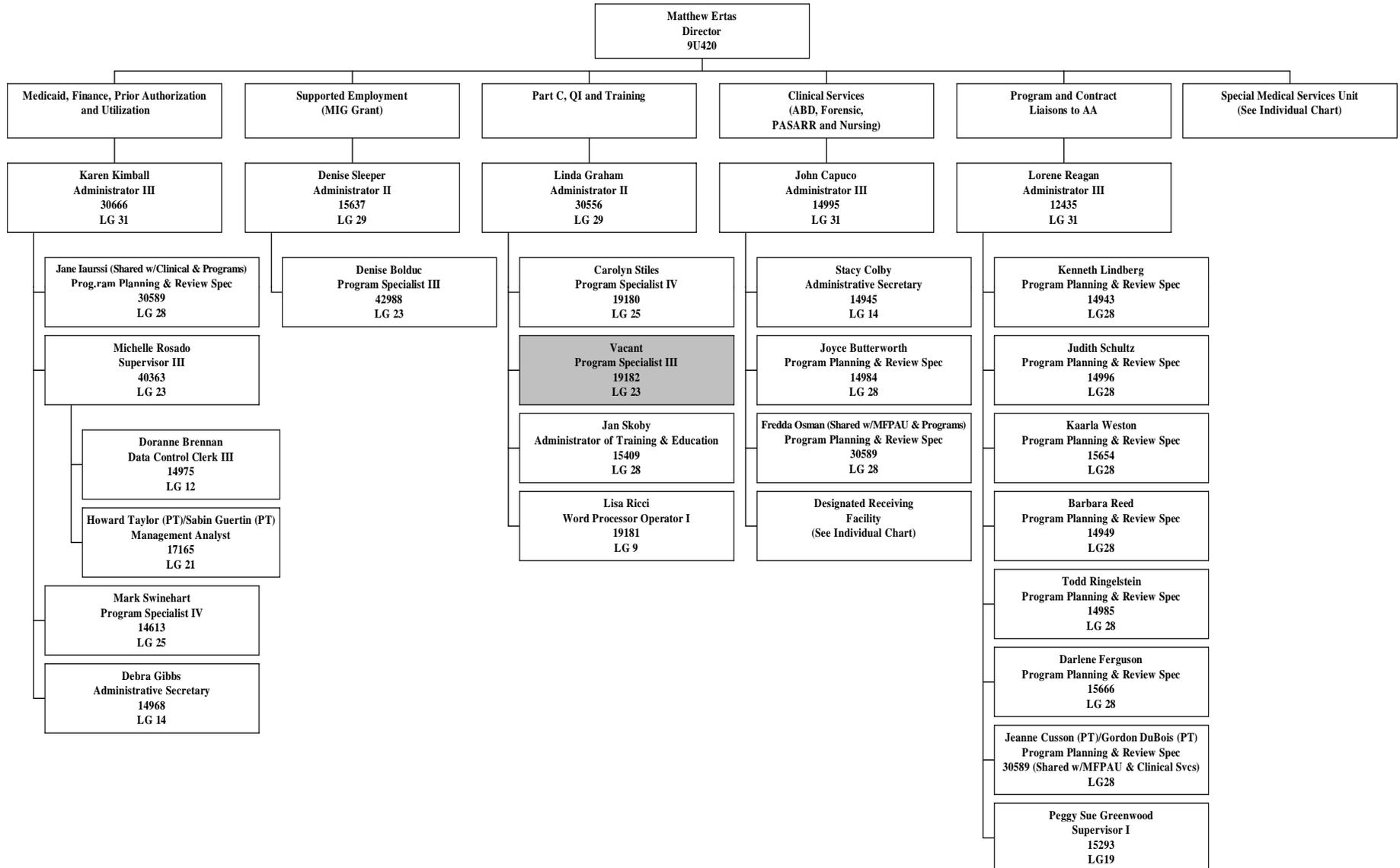
BDS

Mission Statement

BDS promotes opportunities for normal life experience for persons with developmental disabilities or acquired brain disorder in all areas of community life, including: employment, housing, recreation, and community associations. Family Support is a guiding principle for providing valuable assistance and cost effective services.



BDS





Organization

Community Based Services Program Support:

- Primary contact for all issues and stakeholders [including individuals, families, area and subcontract agencies, cooperating agencies, local officials]
- Facilitate all regional activities, including development of services, budgets, and biennial plans
- Monitor all regional activities, including service quality, budget development, Medicaid billing, and contracts

Clinical Services:

- Residential forensic treatment program providing supervision and services to individuals with MR/ID who are charged with felonies and found incompetent to stand trial.
 - Individuals are remanded to BDS for care, treatment, and public safety.
- Federally Mandated Pre-Admission and Annual Resident Review (PASARR)
- Nursing and Medication Administration under He-M1201
- Clinical consultation and training to AAs.

Finance & Medicaid Compliance:

- Annual determination of eligibility for waiver services by federal requirement
- Confirm approved funding and issue 7,000+/yr Prior Authorizations using New Heights, NHLeads, and MMIS.



Organization

Special Medical Services:

- Title V Program for Children with Special Health Care Needs (CSHCN) intended to assure health, safety, & well being of pregnant women, infants, children, youth, & CSHCN
- Provide specialty clinic services, consultation, care coordination, and financial assistance for CSHCN

Family Support:

- Provide oversight & federally mandated monitoring for 3,900+ Early Supports and Services eligible children birth through age 2, under Part C of IDEA.
- Facilitate activities of the Statewide Family Support Council and monitor regional Family Support Activities.

Medicaid to Schools:

- NH school districts receive more than \$18M in federal funds to provide health related services to 8,200+ special education eligible children with Individual Educations Plans (IEPs).



Personnel and Administrative Profile

Program and Contract Liaison Unit: 9 staff

- Provide leadership and vision to the developmental services system
- AA contract development and monitoring: Enrollment, Units of Service, Revenues and Expenses
- Allocate financial and clinical resources
- Assess service quality through stakeholder interviews
- Assess performance through AA Redesignation process
- Facilitate statewide and regional planning and training

Finance and Medicaid Compliance: 7 staff

- Manage operations of BDS' DD, ABD, and IHS HCBS Waivers
- Prepare BDS' biennial budget for evaluation & presentation to NH's legislature
- Approve Level of Care and Prior Authorization requests for all waiver services
- Resolve provider, Medicaid, New Heights, and EDS/HP interfaces/issues
- Manage and authorize BDS contract payments
- Monitor BDS Medicaid operations assuring integration of management, program, and financial goals



Personnel and Administrative Profile

SMS: 18 staff

- Provide care coordination for children with special medical needs
- Manage and monitor budget and quality of services provided by the Partners-in-Health Program, and promote partnership with Council for Children and Adolescents with Chronic Health Conditions (CCACHC)

DRF: 17 staff

- Assessment & stabilization of violent and sexually aggressive individuals
- Assure community & individual safety through a secure residential treatment setting for high risk sexual/aggressive behaviors on both an emergency and on going basis
- Provide sex offender specific treatment, as well as training in functional coping skills and activities of daily living to increase personal responsibility

Family Support (FS) and Part C: 5 staff

- Coordinate activities related to FS, FS Advisory Councils, or Early Supports and Services
- Collaborate to resolve administrative & family issues/concerns
- Review and provide feedback on FS Council goals within AA Regional Plans
- Develop resource materials and provide technical assistance
- Provide educational opportunities including annual FS Conference
- Manage Part C Grant and measure statewide compliance with federal requirements



Enabling Legislation

- RSA 171-A: Individuals with Developmental/Intellectual Disabilities
 - Intellectual Disability (ID)/Mental retardation (MR), autism, cerebral palsy, epilepsy, or a specific learning disability requiring treatment similar to that required for ID/MR.
- RSA 137-K Individuals with Acquired Brain Disorders (ABD)
 - Traumatic brain injury, Huntington's disease, strokes occurring prior to age 60.
- RSA 126-G: Family Support Services
- RSA 171-B: MR/ID Offenders
- RSA 126-I: Children and Adolescents with Chronic Health Conditions
- RSA 186-C: Medicaid to Schools



Target Populations Served

1. Developmental Disabilities (DD)
 - He-M 503 defines eligibility, (e.g. intellectual disability/mental retardation, autism, cerebral palsy)
 - Eligible individuals typically require extensive life long supports & services
2. Acquired Brain Disorders (ABD)
 - He-M 522 defines eligibility, (e.g. traumatic brain injury, Huntington's disease)
 - Require skilled nursing level of care or specialized residential services
 - Eligible individuals typically require extensive life long supports & services
3. In Home Support Services (IHS)
 - He-M 524 defines eligibility (child factors, such as behavioral issues, sleeping problems and parent factors, such as care responsibilities for other family members with disabilities or health problems)
 - Children with severe developmental disabilities living with their families
4. Early Supports and Services (Part C of IDEA)
 - He-M 510 defines eligibility (established condition, developmental delay, at risk)
 - PT, OT, & Speech for children, age 0-2, w/ or at risk of developmental delay



Target Populations Served

5. Medicaid to Schools

- Eligibility defined in He-M 1301 (Children with an IEP)

6. Family Support to Children with Chronic Health Conditions

- RSA 126-I; eligibility defined in He-M 523 (e.g. asthma, diabetes, heart conditions, etc.)
- Supports provided to 1,200+ children with severe and chronic health conditions

7. Forensic Services

- Eligibility defined in He-M 171-B (Individuals who have MR/ID, are charged with felonies, and found incompetent to stand trial)
- Individuals who, through clinical risk assessment, are found to be at risk to self and/or the community



Service Delivery

Developmental Disability & Acquired Brain Disorder services:

- Are provided through a regional system of 10 non-profit 501 (c) (3) organizations called Area Agencies (AA) which act as lead agencies to plan, provide, coordinate and oversee services
- Exercise local control through independent Boards of Directors
 - 1/3 of each Board's membership consists of consumers.

BDS contracts bi-annually with Area Agencies:

- BDS has a public/private partnership with local, non-profit agencies
- AAs provide services directly and/or through a subcontract agency

All BDS services are Community-Based:

- In 1991, NH was the first State to close its institution and operates a totally community-based service system
 - Only 10 other states and the District of Columbia have no institutions.



Service Delivery

Medicaid is the primary funding source for BDS services

- In FY '10 approximately 87% of the AA system's funds came from Medicaid
- BDS Medicaid in FY 10 brought \$122M+ of federal funds to state services

BDS operates three Medicaid Home and Community-Based Services (HCBS) Waivers

1. DD Waiver:

- FY '10, Enrollment: 3,759;
- Total Waiver Spending: \$168,370,158.

2. ABD Waiver:

- FY '10, Enrollment: 178
- Total Waiver Spending: \$15,985,542.

3. In-Home Support Waiver:

- FY 10 Enrollment: 271
- Total Waiver Spending: \$4,658,274.



Expected Outcomes

1. Provision of timely services:

- Most individuals eligible for services cannot be safe without the provision of supervision and supports
 - Number of people on the DD Wait List: 9 people (as of 9/30/2010)
 - Number of days on the Wait List: 30 days (as of 9/30/2010)
 - No one is on the ABD Wait List

2. Employment Services:

- Number of people employed: 1,112 individuals (as of 6/30/2010)
- Average hours worked: 9 hours per week (as of 6/30/2010)
- Average wage: \$7.33 per hour (as of 6/30/2010)

3. Early Supports and Services:

- Children referred for ESS are evaluated within 45 days of referral: 100%
- Children receiving ESS are served in natural settings (home or similar): 98%



Major Initiatives

1. Employment Services

- A cross-system initiative including BDS, BBH, and VR, funded by a Medicaid Infrastructure Grant (MIG) and intended to increase employment opportunities for individuals with disabilities
- Development of an employment database to gauge effectiveness & progress

2. Increase Clinical Resources

- To improve response to and better address
 - Those individuals with complex medical, behavioral, and/or psychiatric needs
 - Increase in the prevalence of Autism Spectrum Disorders

3. Quality Council

- Individuals with disabilities, family members, professionals provide leadership for review and improvement of quality of services



FY 2010 Costs

Source	Amount	% of Total	Enrollment		Per Person Cost
Family Support	\$7,685,966	3.36%		4,199	\$1,830
Early Intervention Services	\$11,624,085	5.08%		3,772	\$3,082
Day Services	\$32,855,021	14.36%		1,563	\$21,020
Residential	\$45,086,865	19.70%		891	\$50,603
Combined Day and Residential	\$70,981,412	31.02%		881	\$80,569
			Day=	714	
			Res=	866	
Independent Living/CSS	\$3,846,653	1.68%		395	\$9,738
Case Management	\$11,377,117	4.97%		3,074	\$3,701
Consumer Directed Services	\$16,553,366	7.23%		548	\$30,207
Unique Cost Centers	\$1,751,597	0.77%			
Non-BDS Funded	\$7,405,022	3.24%			
General Management	\$19,674,316	8.60%			
Total Expenditures	\$228,841,421	100.00%			



Costs

- Two New England States (MA, CT) operate public institutions (ICFs/MR) with 2009* average costs of:

Annual Per Person Costs

MA: \$178,417

CT: \$359,393

Daily Per Person Costs

MA: \$489.

CT: \$985

- The average cost for state operated institutional care settings (ICFs/MR) nationally in 2009*:

Annual Per Person Cost

\$190,779.

Daily Per Person Costs

\$523.

- NH's FY 2010 DD Waiver Average Costs:

Annual Per Person Cost

\$44,791

Daily Per Person Costs

\$123.

- NH ranks 34th nationally in terms of fiscal effort (i.e. spending on MR/IDD services per \$`1,000 of total state personal income)

*Preliminary data from State of the States in Developmental Disabilities, David Braddock Report



Challenges

- Increased and growing prevalence of Autism Spectrum Disorders (ASD)
 - One in 160 children is diagnosed as having ASD
- Increase in number of eligible individuals for the foreseeable future resulting in part from:
 - Increases in ASD: More children/adults with Autism and their care-giving families are for applying for services
 - Aging caregivers: Requesting more costly residential services for adult children, as they can no longer continue to provide care
 - Medical advancements: More people with disabilities are living longer and needing services



Contact Information

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