

February 15, 2015

Deb Fournier, Esq.
NH Department of Health and Human Services
129 Pleasant St. Brown Building
Concord, NH. 03301-3857

RE: HCBS Transition Plan

Dear Attorney Fournier,

As Chair of the Provider Council of the Brain Injury Association of New Hampshire, I respectfully submit the following comments regarding the NH HCBS Transition Plan. It is important to note that the Provider Council includes representation from private providers, Area Agencies, the Brain Injury Association of NH, and DHHS. This document seeks to advocate for the best possible settings and treatment practices for the people we serve, but I want to stress that we are not speaking for every provider or council member. Rather it is meant to be a general observation, and should be taken as our desire to be a part of this process. Many of us have years of experience in caring for adults living with a brain injury, and are anxious to offer workable and pragmatic solutions to the challenges that these new CMS guidelines present.

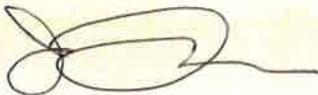
We support the concept of identifying and emphasizing community-based residential treatment and rehabilitation concepts for the population we serve. It may be helpful to reflect on the identity and needs specific to people living with a brain injury, and who exhibit a level of needed care that qualifies for waiver funding.

In 1994, New Hampshire showed its commitment to residents living with brain injuries by instituting the Home and Community Based Medicaid Waiver for individuals with acquired brain disorders (HCBS-ABD). According to criteria established by NH DHHS, this forward-thinking program identified those living with *“Damage to the brain which results in physical, cognitive, speech/language or behavioral functioning. This damage may be caused by external physical force, insufficient blood supply, toxic substance, and malignancy, disease producing organisms, congenital disorders, birth trauma or degenerative processes.”* This definition seeks to include *“Those whose injuries are considered moderate to severe and who exhibit varying degrees of difficulty in cognitive, emotional, behavioral, physical and social areas. They suffer permanent disabilities which may affect their ability to return to a pre-injury lifestyle.”*

This segment of the population needs careful consideration as DHHS seeks to apply general guidelines that are designed to mandate certain specific activities or environmental settings. Community-based care really boils down to replicating daily life for individuals who, as noted above, have special challenges returning to a pre injury lifestyle. Services should be delivered in a normalized fashion to the greatest extent possible. As caregivers, we continually assess our approaches and practices to insure they do not devolve into limiting factors. At the same time, there is an obligation to help assure the safety and well-being of those we serve. Over the years, DHHS has formulated comprehensive life safety guidelines that are developed and enforced for the protection of person and caregiver alike. Those requirements and practices should be dovetailed into person centered care plans that respect the rights and desires of the person served.

Going forward, to the extent there are opportunities for constructive input, such as committees, forums, etc., the Brain Injury Association, and the Provider Council would sincerely appreciate the opportunity to participate in this project.

Thank You for your kind attention.



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Chair

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Ellen Edgerly