



**MINUTES**  
**Rate Structure Work Group Meeting**  
**Friday December 1, 2023 / 10:00AM - 12:00PM**  
**Held via: Zoom Webinar**

*Please reference the corresponding slide presentation for the detailed agenda, including topics and themes covered in the meeting and corresponding takeaways and applicable action items.*

Topic	Key Takeaways & Action Items
<b>SIS Assessment Process Update</b>	<p><b><u>Overview of SIS Assessment Process Update</u></b></p> <ul style="list-style-type: none"> <li>• The SIS-A currently is used as a tool to aid in service planning</li> <li>• In the future, the SIS-A will continue to be used to aid in service planning. It will also be used to match the individual’s level of need with service reimbursement rates for certain DD waiver services. The use of a standardized assessment will promote consistency and equity across the system for all people accessing services.</li> <li>• The SIS-A will NOT be used for:                         <ul style="list-style-type: none"> <li>○ Selection of services or service providers.</li> <li>○ Determining frequency or duration of services (this will still be identified by a team).</li> <li>○ Assigning an individual a total budget amount.</li> <li>○ Eligibility or waiver enrollment.</li> </ul> </li> <li>• <b>Question:</b> What will determine the list of things that the SIS-A will not be used for? Has BDS decided on a person centered planning yet?                         <ul style="list-style-type: none"> <li>○ <b>Department Response:</b> The team will use person centered planning practices in the service agreements to determine those things. There is a distinct difference between a true person centered plan and a service agreement decided upon by person centered planning practices; there is discussion outside of the scope of today’s meeting about a pure person centered planning methodology.</li> <li>○ <b>Comment:</b> My understanding is that although the SIS-A assessment won’t determine the final budget, it will allow someone to access specific reimbursement rates.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>○ <b>Department Response:</b> Correct, the SIS-A will help inform some reimbursement rates.</li><li>● <b>Question:</b> So is the SIS the 60% or greater variable or is it one part of the pie? And what are the other parts of the pie? I want to make sure we are looking at everything and not focusing on one data point that is a snapchat in time. If something changes in the needs, want to make sure services can change quickly. The exception process to the SIS-A will take too long.<ul style="list-style-type: none"><li>○ <b>Department Response:</b> We will have an exceptions process to the SIS. We understand that people's needs could have a significant change.</li><li>○ <b>Comment:</b> I would suggest that the SIS takes a 1/3 role, with a medical assessment and functional assessment as the other 2/3. Some people present their child as more capable than they are. If you tie two other assessments to it, things can be updated more quickly.</li><li>○ <b>Department Response:</b> We definitely want to make sure that when an individual's needs change, the system is responsive to that.</li><li>○ <b>Comment:</b> Looking at this from a business point, I don't know how to run a business based on a SIS-A assessment. It wasn't designed for this. To round the edges, we should have contemporary reporting alongside it.</li><li>○ <b>Comment:</b> These are important points being brought up about what other factors besides the SIS should factor into someone's rate. Looking at the slides, I don't understand where an individual with a history of high risk behaviors that occur on a low frequency basis will fall into the SIS-A levels. The system as it is now has demonstrated that providers won't support those individuals for a low rate.</li><li>○ <b>Comment:</b> There could be a ten page checklist for the risk assessment; from there, you could hone in on what tiers an individual is eligible for. I wouldn't limit it to one tier.</li><li>○ <b>Department Response:</b> We will be utilizing supplemental questions focusing on the individuals behavioral and medical needs. Those questions will touch on those concerns.</li></ul></li><li>● <b>Question:</b> How far along in the process of being able to administer the SIS-A is the state?<ul style="list-style-type: none"><li>○ <b>Department Response:</b> In November, 5 assessors completed their certification. They completed 16 in-person assessments in New Hampshire. Next week, the department has a meeting with PCG and AAIDD to discuss</li></ul></li></ul>
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	<p>IT integration. It will be reviewed by DHHS. There is a small group comprised of staff from area agencies who have previously worked with scheduling SIS assessments and two people from CSNI who will discuss how implementation would work.</p> <ul style="list-style-type: none"> <li>○ <b>Question:</b> We knew coming in to the new fiscal year we would be working with a backlog. It took time to get folks up and running. Is there a timeline for how many SIS's are targeted for each month?</li> <li>○ <b>Department Response:</b> We are actively working with the workgroup identified to ascertain what the backlog looks like. Doing the sample population did help with the backlog. The first step is identifying with the area agency what that backlog looks like; then we can set up timeline and resources.</li> <li>○ <b>Question:</b> Is there an intent to take the current SIS-As and refresh them?</li> <li>○ <b>Department Response:</b> I don't think we have decided that yet. We will have to make some priority decisions on who should be on Phase I of getting a new SIS assessment.</li> <li>○ <b>Question:</b> Those 400 sample assessments didn't uncover a gap with the SIS assessment technology, correct? Because you'd have to redo the existing SIS-As if there was a difference seen.</li> <li>○ <b>Myers and Stauffer Response:</b> We haven't identified any of those gaps in the data. I doesn't look like they are substantially different in terms of ways the assessment was conducted. It is standardized, so we wouldn't expect to see any differences there.</li> </ul>
<p><b>SIS Informed Services</b></p>	<p><b><u>Overview of SIS Informed Services</u></b></p> <ul style="list-style-type: none"> <li>● Community Participation Services (CPS)</li> <li>● Community Support Services (CSS)</li> <li>● Residential Services <ul style="list-style-type: none"> <li>○ Staffed Residential Homes</li> <li>○ Enhanced Family Care</li> <li>○ Self-Directed Residential Services <ul style="list-style-type: none"> <li>○ Participant Directed and Managed Services (PDMS)</li> </ul> </li> <li>○ 521 Residential Services</li> </ul> </li> <li>● Respite</li> <li>● Supported Employment (SEP)</li> </ul> <ul style="list-style-type: none"> <li>● <b>Question:</b> Is all respite going to be SIS-A driven? <ul style="list-style-type: none"> <li>○ <b>Department Response:</b> Right now, SIS-A will be used for respite on the DD waiver. Currently, it wouldn't apply to respite on other waivers.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Question:</b> Will there be different rates for Service Coordination? <ul style="list-style-type: none"> <li>○ <b>Department Response:</b> The determination has not been made at this time. While this is being reviewed, we also must consider rate parity as outlined in law.</li> </ul> </li> </ul> <p><b><u>Overview of General Rate Setting Formula</u></b></p> <ul style="list-style-type: none"> <li>• The DSP wage is only one component of the total rate. The general rate setting formula accounts for other components such as employee related expenses, productivity, mileage, program costs, and administrative costs.</li> <li>• <b>Question:</b> Can you review what goes into the daily rate? <ul style="list-style-type: none"> <li>○ <b>Myers and Stauffer Response:</b> For the daily rate, we will take the calculated amount and multiply it by the number of hours of service. It depends on the service what goes into the layers of the rate setting formula.</li> </ul> </li> <li>• <b>Comment:</b> The provider community is extremely concerned about how this will be used to determine provider stipends. <ul style="list-style-type: none"> <li>○ <b>Myers and Stauffer Response:</b> When we are talking about rates that need a stipend, it will be looked at differently. It doesn't equate to the DSP wage.</li> </ul> </li> <li>• <b>Question:</b> Are we going to be able to do forecasting? <ul style="list-style-type: none"> <li>○ <b>Department Response:</b> Yes, that is the goal. We will look at utilization and trend forward to project expenditures.</li> </ul> </li> </ul>
<p style="text-align: center;"><b>SIS Level Methodology</b></p>	<p><b><u>SIS-A Levels Developed for New Hampshire</u></b></p> <ul style="list-style-type: none"> <li>• New Hampshire is proposing to use seven SIS levels to align service reimbursement rates with the level of support needs.</li> <li>• <b>Question:</b> Is the lower right cell “Low to High” greater than “Extraordinary” Medical Support in the second to last row? <ul style="list-style-type: none"> <li>○ <b>Myers and Stauffer Response:</b> Yes, we should change it to “Low to Extraordinary”.</li> </ul> </li> <li>• <b>Question:</b> I looked at the slide from the last meeting, and this table seems like it is based off the new SIS-A. <ul style="list-style-type: none"> <li>○ <b>Myers and Stauffer Response:</b> It will be, but right now they are comparable.</li> <li>○ <b>Comment:</b> In the slide from last month, there were sections of the SIS-A not used in the calculation.</li> <li>○ <b>Myers and Stauffer Response:</b> The algorithm doesn't use all the sections, just the ones useful in rate setting. It is still relevant to the overall person center planning, it just isn't used for the rate calculations.</li> <li>○ <b>Comment:</b> There is a perception of disregarding sections that are critical to families and individuals. It might be important to address that head-on moving forward. You</li> </ul> </li> </ul>

	<p>understand the optics of excluding sections on personal preference from the algorithm.</p> <ul style="list-style-type: none"> <li>○ <b>Myers and Stauffer Response:</b> This is meant to get to one part of the service planning, not the entire thing. The entire assessment is helpful in the planning.</li> <li>● <b>Comment:</b> There are about 7125 possible outcomes and you have distilled that to 7 tiers. What was your methodology?       <ul style="list-style-type: none"> <li>○ <b>Myers and Stauffer Response:</b> The levels were based on similar algorithms used in other states; it is common to group this way. Even though there are 7000 possible outcomes, they tend to correlate. It's not usual that you will see all 7000 combinations; you usually see a more limited set of outcomes.</li> <li>○ <b>Question:</b> There will be an exception process?</li> <li>○ <b>Myers and Stauffer Response:</b> Yes, an exception process is always necessary since no assessment captures everything about an individual.</li> </ul> </li> </ul>
<p style="text-align: center;"><b>General Questions and Comments</b></p>	<ul style="list-style-type: none"> <li>● <b>Comment:</b> Providers may not want their name associated with this unless there is more involvement during the process. If the plan is to use the SIS for-A for a 60% or more determination, I won't agree to that. It is bureaucratic expedience. I don't want to see providers driven to Massachusetts because they have a more comprehensive assessment. I want to be actually actively engaged and be part of the process of developing this.       <ul style="list-style-type: none"> <li>○ <b>Comment:</b> I understand that we only have one piece of the pie here. I hope that given the enormous impact this can have on individuals and family, that there is considerable attention given to stakeholder feedback.</li> <li>○ <b>Department Response:</b> We have been listening and soliciting stakeholder feedback. It is really important to use to shape our timeline to ensure we have received the appropriate feedback before we move into any significant changes.</li> <li>○ <b>Comment:</b> I appreciate all the work that you guys are doing, the transparency and collaboration. I just want to ask for more.</li> <li>○ <b>Department Response:</b> This is not compliance, so we have time to get this right. We want to hear the input.</li> </ul> </li> <li>● <b>Question:</b> Is this what we're doing or is this what we're doing? I want to be clear about how we're speaking about this.       <ul style="list-style-type: none"> <li>○ <b>Department Response:</b> It is a presentation of the rates that we have identified that we are proposing will be SIS-informed. We plan to go through each rate to show the data that was reviewed and why it's on the table.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ <b>Question:</b> How the SIS is going to be used? Is it set in stone or a proposal? Will feedback that this isn't enough data be factored in?</li> <li>○ <b>Department Response:</b> This is how we are committed to do it. As we walk through each service, we are open to feedback. If someone is saying that they will not be able to determine a support need from the SIS, we will take that into consideration.</li> <li>○ <b>Comment:</b> This is the same issue that led to the billing system being screwed up for the entire state, where feedback is being selectively chosen to support a predetermined path.</li> <li>○ <b>Department Response:</b> We are listening to you; this is the time to discuss this. We are going to slow down and listen to feedback. There is nothing set in stone. The goal is innovative improvements for how we deliver services in New Hampshire.</li> <li>● <b>Comment:</b> Part of what I'm feeling is this sense of an illusion of choice when the options are narrowed down. This is a historical feeling, not necessarily current. <ul style="list-style-type: none"> <li>○ <b>Department Response:</b> That is certainly not our intention. We wanted to come prepared with an option to give something for a reaction.</li> </ul> </li> <li>● <b>Comment:</b> We're in a different and more inclusive place today than it was even in June. I'm a lot more comfortable with the current leadership and appreciate everything that is being done.</li> <li>● <b>Comment in Chat:</b> Could you circulate white papers that outline the use of the SIS-A for determination of level of support (hopefully inclusive of validity testing etc.) and show alternative approaches that you considered but rejected?</li> </ul>
<p><b>Next Steps</b></p>	<ul style="list-style-type: none"> <li>● BDS is listening to stakeholders and slowing the rate work process down. This will allow for more time to evaluate rates.</li> <li>● Discussed potential of surveying the Rate Work Group to collect feedback for future meeting topics and discussion.</li> </ul>