



NEW HAMPSHIRE  
**DHHS**  
DEPARTMENT OF  
**HEALTH & HUMAN SERVICES**

# **Systems Work Waiver Work Group**

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**February 2023**

**Jessica Gorton**

# Agenda

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1. Finalize Support Services
2. Review CMS Waiver Process
3. Discuss Next Steps

# Service Summary

Today, we will focus on the finalization of 15 Support Services.

## Residential Services

Community Residence – Staffed Services

Community Residence- Apartment

Community Residence – Intensive Treatment Services

Shared Living

Supported Living

In-Home Personal Care

Community Support Services

Live-In Caregiver Supports

Transitional Assistance Services

Stabilization Services – In Home

Stabilization Services – Out of Home

Chore Services

## Day Services

Community Participation Services

Transitional Employment Services

Supported Employment

Adult Medical Day Services

## Therapy Services

Occupational Therapy

Physical Therapy

Speech Language Pathology

## Support Services

Service Coordination [Still in Progress]

Support Brokerage

Remote Supports and Monitoring

Non-Medical Transportation

Respite

Homemaker Services

Assistive Technology

Home Modifications & Adaptations

Vehicle Modifications

Professional Assessment Monitoring and Consultation

Person-Centered Strategic Consultation

Behavior Supports

Individual Goods and Services

Stabilization Services – Non-residential

Special Medical Equipment and Supplies

Interpretation and Translation Services

# Support Services Final Overview (1 of 4)

Service Name	Scope	Limits
<b>Support Brokerage</b>	<ul style="list-style-type: none"> <li>• Provision of information and support for an individual who is self-directing their services (PDMS)</li> <li>• These services are provided by a Support Broker, a person who is knowledgeable of the service system</li> </ul>	<ul style="list-style-type: none"> <li>• Not available for people enrolled in the traditional services delivery model</li> <li>• A spouse of a legally responsible person may not be a support broker</li> <li>• A relative who is a support broker cannot serve as the individual's designated representative or provide any other waiver services</li> <li>• May not exceed 15 hours in the first three months of the service and</li> <li>• May not exceed 4 hours per month once orientation is complete</li> </ul>
<b>Remote Supports and Monitoring (RSM)</b>	<ul style="list-style-type: none"> <li>• Designed to provide support using non-invasive monitoring and communication technologies</li> <li>• RSM will enable providers to staff qualified individuals at a monitoring center with real time, two-way communication with the individual</li> <li>• Proper precautions will be taken to ensure that the technologies used do not undermine an individual's right to privacy</li> </ul>	<ul style="list-style-type: none"> <li>• An individual cannot receive Community Support Services and Remote Supports and Monitoring simultaneously</li> <li>• If an individual receives both Community Support Services and Remote Supports and Monitoring, the individual must receive their Community Support Services in person</li> </ul>
<b>Non-Medical Transportation</b>	<ul style="list-style-type: none"> <li>• Meant to enable waiver participants to gain access to waiver and other community services, activities, and resources</li> <li>• Includes travel for accessing community activities and resources that is not otherwise covered under another service in this waiver</li> </ul>	<ul style="list-style-type: none"> <li>• Shall not supplant medical transportation offered under the state plan</li> <li>• Shall not supplant emergency medical transport offered under the state plan</li> <li>• May not exceed \$5K annually for individual who do not require specialized transportation</li> <li>• May not exceed \$10K annually for individuals who require specialized transportation (wheelchair lifts, etc.)</li> </ul>

# Support Services Final Overview (2 of 4)

Service Name	Scope	Limits
<b>Homemaker Services</b>	<ul style="list-style-type: none"> <li>• Non-hands-on assistance with the performance of general household tasks and chore-type services (e.g. meal prep or routine household care)</li> <li>• Must be provided by a qualified homemaker</li> </ul>	<ul style="list-style-type: none"> <li>• May not be delivered concurrently with Respite services on the same day</li> </ul>
<b>Assistive Technology</b>	<ul style="list-style-type: none"> <li>• An item(or animal) that is used to increase or maintain the functional capabilities of an individual</li> </ul>	<ul style="list-style-type: none"> <li>• Annual limit of \$10K over the course of a 5-year period</li> </ul>
<b>Home Modifications &amp; Adaptations</b>	<ul style="list-style-type: none"> <li>• This service includes physical adaptations to the private residence of the individual.</li> <li>• Modifications and Adaptations include, but are not limited to: widening of doors, installation of ramps, installation of specialized flooring, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Improvements that are of general utility and not specific to direct benefit to the individual are excluded</li> <li>• No permanent adaptations will be made to rented property</li> <li>• These services are not available to individuals who reside in in Community Residence – Staffed Services, Community Residence Apartments or Community Residence – Intensive Treatment Services</li> </ul>
<b>Vehicle Modifications</b>	<ul style="list-style-type: none"> <li>• This service includes adaptations or alterations to a vehicle that belongs to the individual, or is the individual's primary means of transportation when residing in the family home</li> <li>• Adaptations include, but are not limited to: van lifts, tie downs, ramps, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Improvements that are of general utility and not specific to direct benefit to the individual are excluded</li> <li>• Regular vehicle maintenance is not included</li> <li>• Purchase or lease of a vehicle is excluded</li> </ul>
<b>Professional Assessment Monitoring and Consultation</b>	<ul style="list-style-type: none"> <li>• These services are available for individual's whose assessed needs in the area of medical, behavioral, therapeutic, health and personal well-being require a specialized assessment</li> <li>• These services include assessment, planning, and facilitated review of the assessment</li> </ul>	<ul style="list-style-type: none"> <li>• This must not supplant Early and Periodic Screening, Diagnostics, and Treatment services covered by the state plan</li> </ul>

# Support Services Final Overview (3 of 4)

Service Name	Scope	Limits
<b>Person-Centered Strategic Consultation</b>	<ul style="list-style-type: none"> <li>• Consultation to the individual to improve the quality of life for an individual through the use of person-centered strategies</li> <li>• Includes evaluating a person’s routine activities and working with their support plan to implement person-centered strategies in their environment and life</li> </ul>	<ul style="list-style-type: none"> <li>• The duration is not to exceed 12 months</li> </ul>
<b>Behavior Supports</b>	<ul style="list-style-type: none"> <li>• Clinical and therapeutic services necessary to improve an individual’s independence and community inclusion</li> <li>• These services include assessment, behavioral support plan development, specialized training delivery, plan evaluation, and professional consultations</li> </ul>	<ul style="list-style-type: none"> <li>• State plan resources must be exhausted before this service is used</li> </ul>
<b>Individual Goods and Services</b>	<ul style="list-style-type: none"> <li>• Services, equipment, or supplies not otherwise provided through the DD waiver or the State Plan</li> <li>• The items must decrease the need for other Medicaid services, promote inclusion in the community, and increase the individual’s safety in their home.</li> <li>• The individual must not have the funds to purchase the item.</li> </ul>	<ul style="list-style-type: none"> <li>• Experimental or prohibited treatments are excluded</li> <li>• State plan resources must be exhausted before this service is used</li> </ul>
<b>Stabilization Services – Non-residential</b>	<ul style="list-style-type: none"> <li>• Meant to provide temporary stabilization supports for people who would, due to either behavioral or environmental circumstances, be otherwise unable to participate in their non-residential services</li> <li>• This service is provided outside of the home</li> </ul>	<ul style="list-style-type: none"> <li>• 120-day limit unless BDS approves additional days</li> </ul>

# Support Services Final Overview (4 of 4)

Service Name	Scope	Limits
<b>Special Medical Equipment and Supplies</b>	These items include: devices that enable an individual to complete activities of daily living, devices that enable the individual to communicate with their environment, items necessary for life support, other items necessary to address individual functional limitations, and necessary medical supplies	Items that are no of direct medical or remedial benefit to the individual are excluded No experimental or alternative devises may be purchased State plan resources must be exhausted before this service is used
<b>Interpretation and Translation Services</b>	Services of an interpreter or translator	May not be provided by a relative, legally responsible person, or guardian May only be provided when other entities are not legally obligated to provide the service State plan resources must be exhausted before this service is used
<b>Respite</b>	<ul style="list-style-type: none"> <li>• Provision of short-term care for individuals in the absence of the people who normally provide care for the individual</li> <li>• These may be provided in or out of the individual's home</li> <li>• These services are available only to an individual who receives other services on the same day</li> <li>• Respite services are available for people who receive residential services in non-staffed residence settings</li> </ul>	<ul style="list-style-type: none"> <li>• Respite services are not available to people who receive Community Residence Services – Staffed Services, Community Residence – Apartment Services and Community Residence – Intensive Treatment Services</li> </ul>

# CMS Waiver Process





## What is a Waiver?

- Waivers are a way that states can develop services for people who need long term care.
- The Centers for Medicare and Medicaid Services (CMS) grants states the authority to operate these waivers.
- Waivers helps states tell the federal government (CMS) how they will deliver different services and how those services will be funded.

## When do waivers get updated?

- NH operates one waiver for adults with developmental disabilities.
- Waivers get updated when states make large changes to the services offered under a waiver.
- Waivers may also get updated when the state changes service rates or system governance.

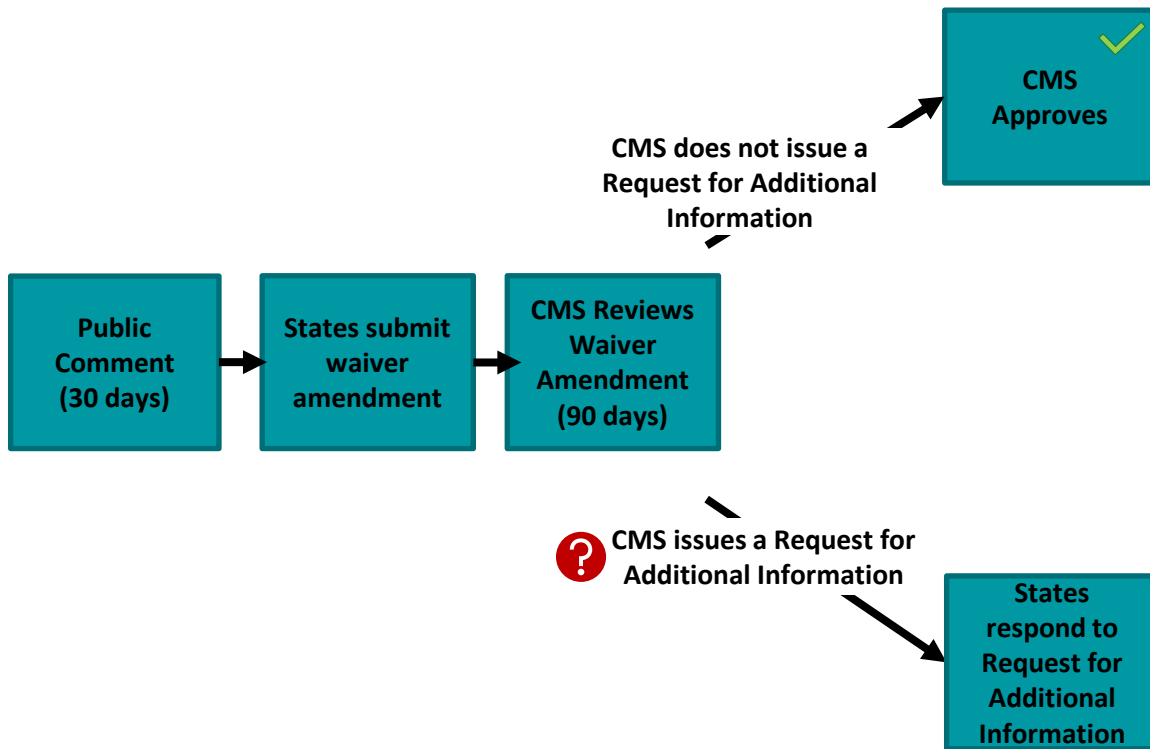
# CMS Waiver Process | What to Expect

**The guiding goal of this work group is to provide input on a Waiver amendment for BDS' Developmental Disabilities Waiver (DD Waiver) that updates the service array.**

- BDS routinely submits waiver amendments. (For example, a waiver amendment related to dental services is currently underway.)
- BDS needs to make a series of updates to the DD Waiver to ensure compliance with direct bill and conflict-free case management. Those updates will happen this year, but they are not meant to include the work of the Waiver work group.
- A 2<sup>nd</sup> amendment in 2023 will include changes related to the services we've discussed, and new rates.

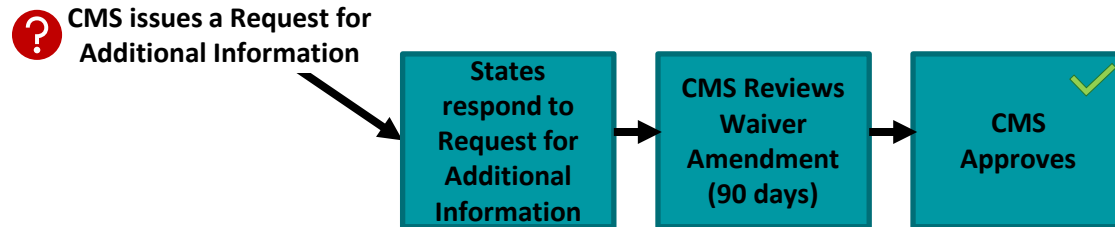
# CMS Waiver Process | Expected Timelines

Est. Total Review Time (Scenario 1): 90 days



## Process Highlights:

- CMS is required to either approve, disapprove, or issue a request for additional information (RAI) within 90 calendar days of submission
- Once a state submits an RAI response, CMS must approve or disapprove within a second 90-day period
- Waiver amendments require 30 days of public comment, which can overlap with the federal review period
- Around 80% of waiver actions are approved without RAIs
- States often take at least three months to respond to RAIs
- In total, the process is likely to take at least three months, and could take as long as a year.



Est Total Review Time (Scenario 2): 11 months

Source: <https://www.medicaid.gov/state-overviews/scorecard/state-spa-1915-processing/index.html>

# Next Steps



# Next Steps | Provider Qualifications Background

**Now that we've finished the scope of our new services, we need to further refine these services by defining provider requirements for each of them.**

CMS requires that for each services, states identify:

1. Provider Category and Type (Individual provider, agency, or both)
2. If a service can be provided by a legally responsible person, relative, and or a legal guardian
3. Provider qualifications (license, certification, or other standard)
4. Who is responsible for verifying that provider qualifications have been met
5. Service delivery method (participant-directed, provider-managed, or both)

**As a part of our service definition drafting conversations, we have discussed items 1 and 2.**

**Now, we will turn our attention to items 3, 4, and 5.**

# Next Steps

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1. BDS will draft initial provider qualifications and share with the work group for review
2. We may cancel our March meeting, so that BDS staff has time to comprehensively draft
3. BDS intends to announce public comment for Waiver Amendment #1 by March. Remember- this amendment is related to direct bill, not the work that our group is doing
4. In April and May, we will review and refine the provider qualifications