March 31, 2019 Progress Report:

The Committee’s continue to work actively to further the work of the CAP. Overall there are a total of approximately eighty participants working through the committee structure. The committee structure ensures transparency and diverse input and voices are part of the process.

The Communication Committee released a Frequently Asked Questions (FAQ) document in English and Spanish (attached). A FAQ podcast was also developed and is on the NH Family Voices website.

The Financial Management/Organized Health Care Delivery System and Direct Bill committees meet monthly and continue to make significant progress. The groups are comprised of a variety of stakeholders, some of which are on both committees, which is extremely helpful.

The Provider Selection Subcommittee is in the process of researching and identifying ways to leverage existing resources for the NH provider directory. The directory is one part of a larger strategy to empower individual and families to select the provider and/or case management they prefer, in an effort to maximize and ensure choice across the state.

The Direct Billing Subcommittee is focusing in two focus areas as this time: 1) identifying enhancements that must be made to NH’s existing provider manual and 2) rule and process revision to support direct billing for those agencies that choose this option.

In February, BDS met with the Area Agency leadership to review the timeline for compliance (attached). This was a very productive and collaborative meeting with robust discussion focused on the milestones for the system. This framework will assist the agencies with their regional planning.

Next Steps include, but are not limited to:

- Work within the legislative process to move the legislation forward for the RSA 171-A changes;
- Continuation of work groups;
- Set up quarterly meetings with the Area Agencies to review their compliance plan; Meet with the Area Agencies that may be having difficulty regarding plan development; and
- Present a presentation to be shared statewide regarding the required changes.
January 2, 2019 Progress Report:

All Area Agencies submitted initial plans for coming into compliance with Conflict of Interest for August 31, 2021. It is clear that each agency is working towards compliance, some are further along than others. As we still have over two years to come into full compliance, we are progressing as planned. BDS will initiate efforts to work with those agencies that need support to come into compliance.

The Communication Committee is finalizing a Frequently Asked Questions Document that will be distributed later this month. The committee is committed to the development of external communication so all receive consistent, unbiased, and factual information.

The remaining committees: The Provider Selection, Financial Management/ Organized Health Care Delivery System, and Direct Bill continue to meet monthly and all are making significant progress.

All committees have broad stakeholder involvement and engagement. Collectively, there are close to 70 active participants in the committees. All committees will be giving detailed progress reports at the Stakeholder Committee meeting later this month.

In December, the core BDS team met to go over progress to date and made plans for focus areas for calendar year 2019. As much of the work of the committees intersects, it was good to come together to discuss progress and next steps. We will be meeting with the area agencies in early February to review this.

As part of this work, BDS has drafted legislation to amend RSA 171-A during this legislative session. This is a required step prior to making any rule amendments and process changes.

BDS has submitted to the Center for Medicare and Medicaid (CMS) a revised Firewall Policy. Once BDS receives approval from CMS, we will be able to finalize and distribute the Only Willing Provider Policy to agencies.

Next Steps include, but are not limited to:

- Work within the legislative process to move the legislation forward for the RSA 171-A changes;
- Continuation of work groups;
- Finalize Only Willing and Qualified Provider Tool;
- Meet with the Area Agencies to review the action plan;
- Meet with the Area Agencies that may be having difficulty regarding plan development; and
- Develop a presentation to be shared statewide regarding the required changes.
October 1, 2018 Progress Report:

All Area Agencies are required to submit an initial plan for how they will meet compliance with Conflict of Interest by August 31, 2021. These are due October 1, 2018. Once received, the Bureau of Developmental Services (BDS) will review and determine where to focus assistance towards compliance. BDS will also prepare a report and submit with the next Progress Report.

BDS developed a Communication Committee with stakeholders in an effort to provide factual information regarding the Corrective Action Plan and Conflict of Interest. A letter was sent out to all HCBS Waiver participants impacted (attached) and the committee continues to meet to focus on communication.

The Provider Selection Committee continues to meet routinely as a result is making significant progress. Five workgroups have been established as part of the committee to further the work. The focus on this committee will be on how individuals and families select potential providers and will shift the current process.

The Financial Management Committee is focused on what functions will constitute administrative billing functions; these functions should be defined and distinctly different that the organized health care delivery functions and not fall into the role of service coordination. Applied Self Direction, as part of NH’s Technical Assistance met with the committee, which was extremely helpful. In addition, this group is looking at the financial aspect of direct bill.

The Direct Bill Committee continues to meet to separate out functions affiliated with the Area Agency as the Organized Health Care Delivery System and those of Provider/Direct Bill agencies. As part of this work, BDS has drafted legislation to amend RSA 171-A during this legislative session. This is a required step prior to making any rule amendments and process changes.

All committees are open to the public and have a mix of participants. All meeting times and minutes are on the BDS website.

Next Steps include, but are not limited to:

- Continuation of work groups;
- Finalize Only Willing and Qualified Provider Tool; and
- Continue to meet with Area Agencies regarding plan development; and
- Continue to develop external communication so all receive consistent and factual information.
July 1, 2018 Progress Report:

Work continues on many aspects of the Corrective Action Plan (CAP). During this reporting period, New Hampshire and the Center for Medicaid and Medicare (CMS) agreed on a new date for compliance, August 31, 2021.

Each of the ten Area Agencies have been asked to submit an initial plan as to how they will come into compliance with Conflict of Interest (COI). This initial plan is due October 1, 201. In the meantime, BDS has offered to meet with the area agencies to discuss strategies towards compliance. To date, three meetings have occurred and others are scheduled throughout the summer. These meetings have been positive, as we are able to break this down at an agency and individual level and discuss strategies that make sense for those served.

There are three existing workgroups related to the CAP, which are all actively meeting:

- Fee Structures, which includes 1) the Financial Management Services (FMS) structure and eventual rates for the provision of this for self-directed services and 2) the Organized Health Care Delivery System (OHCDS) rate.
- Direct Bill which is developing a structure for those providers who choose to direct bill.
- Provider Selection which is developing a structure for this process.

As a result of the June 21, 2018 Stakeholder Group an additional workgroup was added, Communication. The purpose of this group is to develop communication tools regarding compliance with the COI regulation. All workgroups are open to any and all stakeholders.

As you will see from the attached work plan, significant work is being done towards meeting compliance. A draft “Only Willing and Qualified Provider” policy has been developed. BDS is also working with other divisions within the Department of Health and Human Services, specifically Public Health and Quality Improvement, Data Analytics regarding rural exemption.

Next Steps include, but are not limited to:

- Continuation of work groups;
- Finalize Only Willing and Qualified Provider Tool;
- Continue to meet with Area Agencies regarding plan development; and
- Initiate necessary statute changes.

April 1, 2018 Progress Report:

A Stakeholder meeting was held on January 22, 2018. The focus of this meeting was the presentation of the Family Voices report, review of the provider survey data, and review of the environmental scan data.
Significant work was done during this period on Direct Bill components. BDS has had monthly work group meetings that focus on what rules, policies and processes are currently in place, what needs to be added to ensure oversight and quality measures are in place as well as clear guidelines as to roles and responsibilities for all parties involved. BDS continues to drill down towards what is needed systematically for this to move forward.

BDS continues to work with HSRI to assist with rate development as part of the Direct Bill process. Much of the time during this reporting period was spent on collecting data NH has, such as: Support Intensity Scale, Health Risk Screening Tool, Individualized Budget, type of service, and location. This is being conducted for each person receiving waiver services.

BDS worked this period with ASD to begin to develop the FMS rate. BDS is currently working with the Area Agencies to determine this so that we can work to remove this from the waiver for self-directed services for July 1, 2018 and be compliant.

During this period, BDS developed two training that will be held next quarter with ASD and HSRI to provide training to Area Agency and provider staff regarding self-direction and increasing family and natural supports to individuals and their families. While this is not directly related to New Hampshire’s CAP, it has a direct impact on increasing provider capacity in the state.

Next Steps include, but are not limited to:

- Finalizing FMS rate;
- Development of the cost allocation plan;
- Continued work on Environmental Scan and gap analysis; and
- Continued work on Direct Bill, including rate development.

January 1, 2018 Progress Report:

BDS has spent a significant amount of time since the last report working on the Mapping meetings and data. BDS has met with all ten Area Agencies and collected information regarding choice in New Hampshire. What follows below is a preliminary numbers regarding the services that are part of the CAP. BDS determined upon review of the Mapping data that additional provider information was needed. As a result, a survey was developed and distributed (see attached) with a return date of December 22, 2017. At the time of the submission of this report, BDS is in the process of analyzing this data and it is not able to provide it with this report. It is BDS’ intent to submit this as part of the Mapping report prior to the scheduled call between BDS and CMS on January 17, 2018.
Below is a summary of preliminary numbers regarding the services that are part of the CAP.

<table>
<thead>
<tr>
<th>Service</th>
<th>Provided by the Area Agency</th>
<th>Provided by Vendor Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>Residential</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>Community Support Services</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Community Participation</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>41%</td>
<td>59%</td>
</tr>
</tbody>
</table>

The full report will be submitted, as stated above to CMS prior to the scheduled call.

BDS contracted with New Hampshire Family Voices to conduct an online survey and family and participant forums. New Hampshire Family Voices held a total of thirteen forums (eight family, four participant, and one public guardian) during the months of October and November 2017. A total of seventy-six people participating in the family and participant forums. During this time, New Hampshire Family Voices also conducted an online survey of families and participants; 108 responses were received. Those that participated in the survey and/or forums expressed concerns with the following:

- Disruption of services created by the process of the separation of service delivery and case management;
- The cost of any separation and will this result in a reduction of services;
- Adding an additional layer of bureaucracy; and
- The loss of the safety net and the “provider of last resort,” for New Hampshire’s most vulnerable citizens.

A copy of the full report is attached.

As part of the Technical Assistance (TA) New Hampshire is receiving through CMS, work is continued with New Editions. In addition, Applied Self-Direction and Human Services Research Institute (HSRI) have been added to the TA team. Adding the expertise of Applied Self-Direction will assist New Hampshire with developing the Financial Management Services (FMS) outside of the 1915 (c) waivers and as a result, the Self-Directed Services will not be included in of the CAP. HSRI will be assisting New Hampshire with developing the rate structure for the separation of case management from service delivery as well as the Organized Health Care Delivery System (OHCDS) rate. Work has just begun with these additional consultants.

Sandy Hunt, BDS Bureau Chief has been added to the Core Team. Leslie Mason from the DHHS Office of Program Management has replaced Jim Kirby on the Core Team.
Attachments:

- Provider Survey;
- New Hampshire Family Voices Report

Next Steps:

- Finalize Environmental Scan (Mapping);
- Present Data to the Stakeholder Advisory Group;
- Develop rule, policy guidelines, and process regarding Direct Bill;
- Work on the FMS and cost allocation.
- Continued work towards rate development.

October 1, 2017 Progress Report:

An additional Stakeholder Advisory Group meeting was held on September 7, 2017. Approximately 45 people were in attendance. At this meeting, the Area Agencies presented the Intake/Eligibility and Service Development Process. Also at this meeting, there was discussion regarding the participant survey that will be completed this fall. The agenda and minutes to this meeting are attached.

As of the date of this report, ten agencies have completed the mapping meeting. The meetings are conducted at the Area Agency and on average take three hours. This is the first phase of the environmental scan that BDS is conducting as part of its review and attempt to understand the current state of the developmental services system in New Hampshire. This tool is extensive and we believe that we will need to have additional meetings collect additional data to fully capture and document our findings. This will assist us in a number of ways, including but not limited to: areas of the state that are conflict free, determine regional capacity, rate and cost data, OHCDS functions, and begin to outline what the provider certification/compliance process will include.

BDS is finalizing a survey that will be conducted by New Hampshire Family Voices. The purpose of this survey is to capture the current experience of participants regarding their services, including Case Management. We also want to find out what to be aware of as we move forward in this transformation. New Hampshire Family Voices will conduct and on-line survey as well as focus group for participants in each region of the state. The target date for completion is December 31, 2017.
During this quarter, New Hampshire amended its CAP, extending the date for compliance to January 1, 2019. This extension will allow New Hampshire to fully assess and understand the capacity and fiscal impacts of the change; develop materials and a monitoring system to ensure choice is given to participants; develop provider requirements for those that choose to direct bill; separate out self-direction and respite services from the Waiver, using a cost allocation plan; and develop a rate structure.

Attachments:

- Minutes from the September 7, 2017 Stakeholder Advisory Meeting;
- Mapping Tool; and
- CAP Action Plan with Status Updates.

Next Steps:

- Finish Mapping Meetings;
- Compile Mapping Data;
- Conduct Participant Survey and Focus Group; and
- Begin working on the cost allocation plan outside of the Waiver for Self-Directed Services and Respite.

New Hampshire continues to be making progress towards compliance. This has and continues to be an evolving process with a lot of participation from stakeholders, agencies, and BDS.

**July 1, 2017 Progress Report:**

The New Hampshire Department of Health and Human Services (DHHS) through its Bureau of Developmental Services (BDS) has been actively making progress with its Corrective Action Plan (CAP), approved by The Centers for Medicaid and Medicare Services, (CMS) on April 21, 2017.

BDS has formed a Core Team to focus on the implementation of the CAP. The Core Team consists of:

- Kaarla Weston, BDS Administrator III, Team Lead
- Jennifer Doig, BDS Finance Administrator
- Melissa Nemeth, Office of Client and Legal Services
- Chris Santaniello, BDS Director
- Jim Kirby, DHHS Project Management Office
During the week of May 15, 2017, BDS accessed technical assistance from Mary Sowers and Robin Cooper of NASDDDS. During their time in New Hampshire (NH), BDS hosted the following sessions:

- **Core Team Work Session**: Two sessions to frame the initial work over the summer.
- **Public Information Session**: This session, which approximately 130 people attended, was a combination of consumers, advocates, providers, and board members of agencies. The focus of the session was on: CMS regulations, a review of NH’s CAP, and the Stakeholder Process.
- **Organized Health Care Delivery System Session**: This targeted session included approximately forty participants and was attended by Area Agency and BDS Staff. The focus of this session was to answer any questions agencies may have, discuss the likely next steps, and hear what other states have done.

Subsequent to their visit and consultation, NH’s consultants assisted with the development of a Mapping Tool, which will be used with the Area Agencies as a way to understand the current services they provide and to begin to identifying capacity and potential gaps in services for individuals and families. On June 21, 2017, the Stakeholder Advisory Group met and approximately fifty people attended to review the scope of the CAP, the role of the Stakeholder Advisory Group as advisors and ambassadors, and began to agree as to the best methods to depict and analyze NH’s service delivery system.

NH is in the process of finalizing the Mapping Tool that will be used to assess the roles that the Area Agencies currently fill as the Organized Health Care Delivery System (OHCDS) in NH. Over the summer, BDS will work with the Area Agencies to complete this tool, providing an important framework for the current and new system.

The following Communication, which is attached, has gone out thus far:

- February 13, 2017 Letter
- Stakeholder Invitation
- CAP Information Session Invitation
- May 26, 2017 Letter
- June 21, 2017 Stakeholder Advisory Group Agenda

**Next Steps:**

- Collect the Initial Mapping Tool from each Area Agency;
- Analyze the data provided and determine next steps; and
- Develop regional provider capacity Mapping Tool for use in the fall.
NH looks forward to continuing to work on this important initiative together with our providers, consumers of services, local communities, and stakeholders.