Crystal Francis  
Division of Medicaid and Children’s Health, Region I  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center, Room 2275  
Boston, MA 02203  

RE: New Hampshire’s Home and Community-Based Services Waiver Program for Individuals with Developmental Disabilities (NH.0053), Home and Community-Based Care Waiver for Individuals with Acquired Brain Disorder (NH.4177) and Home and Community-Based Services Waiver for Children with Developmental Disabilities (NH.0397).

Dear Crystal:

Attached you will find New Hampshire’s July 1, 2017 Corrective Action Plan (CAP) Progress Report for the Home and Community-Based Waivers outlined above. I look forward to our call, scheduled for July, when we can discuss the progress and planning thus far.

If you have any questions or need additional information, please feel free to contact me at (603) 271-5023 or christine.santaniello@dhhs.nh.gov. Thank you.

Sincerely,

Christine L. Santaniello  
Director

cc: Ciera Lucas, CMS  
    Kaarla Weston, BDS  
    Deb Fournier, NH DHHS  
    NH CAP Stakeholder Advisory Group  

The Department of Health and Human Services' Mission is to join communities and families  
in providing opportunities for citizens to achieve health and independence.
New Hampshire Home and Community Based Services (HCBS) Corrective Action Plan
Waivers NH.0053, NH.4177, and NH.0397
Effective Date: April 21, 2017
Progress Report: July 1, 2017

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.
<table>
<thead>
<tr>
<th>Action Item</th>
<th>Start Date</th>
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<th>Responsible Office</th>
<th>Milestone</th>
<th>Desired Outcome</th>
<th>Status</th>
<th>Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform Providers of the need to develop a Direct Payment Option</td>
<td>4/1/2017</td>
<td>4/15/2017</td>
<td>BDS</td>
<td>1. Current Direct Delivery Providers, families, consumers, etc. are informed that changes are required to comply with 1902(a)(32) direct payment provisions.</td>
<td>Clear, concise information is shared.</td>
<td>Completed. 2 letters were sent out, February 13, 2017 and May 26, 2017.</td>
<td>6/26/2017</td>
<td>2/13/2017</td>
</tr>
<tr>
<td></td>
<td>4/1/2017</td>
<td>4/15/2017</td>
<td>BDS</td>
<td>2. Written communication will go out to all families, providers and stakeholders notifying them of the need for change and the plan to engage them throughout the process (ensuring them of the state’s efforts to minimize disruption for individuals served).</td>
<td>Clear, concise information is shared.</td>
<td>Completed. 2 letters were sent out, February 13, 2017 and May 26, 2017.</td>
<td>6/26/2017</td>
<td>2/13/2017</td>
</tr>
<tr>
<td></td>
<td>4/1/2017</td>
<td>5/30/2017</td>
<td>BDS</td>
<td>3. Specific Process that BDS will take moving forward will be communicated.</td>
<td>Clear, concise information is shared with timelines.</td>
<td>Corrective Action Plan Information session held on May 16, 2017, with 130 people in attendance. An additional letter was sent out on May 26, 2017. All information is posted on BDS' Website.</td>
<td>6/26/2017</td>
<td>5/30/2017</td>
</tr>
<tr>
<td>Responsibilities for direct bill providers outlined</td>
<td>7/1/2017</td>
<td>8/30/2017</td>
<td>BDS</td>
<td>1. Responsibilities will be defined between the Area Agency and Direct Bill Provider.</td>
<td></td>
<td></td>
<td>6/26/2017</td>
<td>5/30/2017</td>
</tr>
<tr>
<td>Identify system (both IT and general infrastructure) adjustments that are necessary to effectuate the changes</td>
<td>7/1/2017</td>
<td>9/30/2017</td>
<td>BDS</td>
<td>1. Identify staffing and IT resources needed.</td>
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</tbody>
</table>

NH Home and Community Based Services (HCBS) - Corrective Action Plan - Waivers NH.0055, NH.4177, and NH.0397
Effective Date: April 21, 2017 - OHCDS Progress Report July 1, 2017
Page 1
To assure NH’s Developmental Services Organized Health Care Delivery System:
1. permits providers to waive their right of direct payment and accept their payment through the OHDDS; and
2. offers the provision of and system for providers without assigning payment through the OHDDS

To be completed by July 1, 2018

<table>
<thead>
<tr>
<th>Action Items</th>
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<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies and Guidelines Developed</td>
<td>9/1/2017</td>
<td>9/30/2017</td>
<td>BDS in collaboration with NH's MMIS Vendor, Conduent</td>
<td>1. Responsibilities will be outlined as to the roles of each party.</td>
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<tr>
<td>Training and Work Plan Developed</td>
<td>3/1/2017</td>
<td>3/31/2017</td>
<td>BDS</td>
<td>Based on the outcome of above, a work plan and training plan will be developed.</td>
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<tr>
<td>Information shared with Providers</td>
<td>11/1/2017</td>
<td>11/30/2017</td>
<td>BDS</td>
<td>1. Information will be shared with providers on the direct bill process. It will clearly outline the responsibilities associated.</td>
<td>Clear, concise information is shared, including system requirements.</td>
<td></td>
<td></td>
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<tr>
<td>Role of Oversight for OHDDS determined</td>
<td>11/1/2017</td>
<td>1/31/2018</td>
<td>BDS</td>
<td>Clear understanding of the role of the Area Agency both when providers choose to direct bill or when they reassign their payment to the OHDDS, and BDS oversight strategies and quality improvement.</td>
<td>Clear role identification and expectations for BDS and Area Agencies (in fulfillment of their various activities).</td>
<td></td>
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<tr>
<td>Medicaid Enrollment Process</td>
<td>12/1/2017</td>
<td>6/30/2018</td>
<td>Conduent, MMIS Vendor, BDS Providers</td>
<td>Providers will enroll as Medicaid providers.</td>
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<td></td>
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<td></td>
<td>NHDHIS Contracting unit</td>
<td>2. Contracts developed for Providers who Direct Bill.</td>
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<tr>
<td>OHDDS Administrative Fee</td>
<td>1/31/2018</td>
<td>4/1/2018</td>
<td>BDS</td>
<td>Fee developed and approval/authorization for administrative claiming.</td>
<td>To ensure continued oversight at a community level of service delivery; Cost allocation plan adjustment.</td>
<td></td>
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</table>
To assure NH's Developmental Services Organized Health Care Delivery System:
a) permits providers to waive their right of direct payment and accept their payment through the OHDDS; and
b) offers the provision of an system for providers without assigning payment through the OHDDS

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<tbody>
<tr>
<td>Billing Training</td>
<td>5/1/2018</td>
<td>5/31/2018</td>
<td>BDS</td>
<td>Training for providers who will direct bill.</td>
<td>To ensure providers are aware of the required steps to ensure payment.</td>
</tr>
<tr>
<td>Direct Bill</td>
<td>7/1/2018</td>
<td>ongoing</td>
<td>BDS</td>
<td>Providers choosing to direct bill have the option to do so.</td>
<td></td>
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<tr>
<td>Action Items</td>
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<td>Desired Outcome</td>
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<tr>
<td>Sharing and Stakeholder Engagement</td>
<td>2/3/2017</td>
<td>3/15/2017 (and ongoing)</td>
<td>Bureau of Developmental Services (BDS)</td>
<td>1. Current Case Management Providers, families, consumers, etc. are informed that changes are required.</td>
<td>Stakeholders have a clear understanding of why changes are required.</td>
</tr>
<tr>
<td></td>
<td>2/3/2017</td>
<td>2/15/2017</td>
<td>BDS</td>
<td>2. Written communication will go out to all families, providers and stakeholders notifying them of the need for change and the plan to engage them throughout the process (assuring them of the state's efforts to minimize disruption for individuals served).</td>
<td>Clear, concise information is shared.</td>
</tr>
<tr>
<td></td>
<td>3/15/2017</td>
<td>4/15/2017</td>
<td>BDS</td>
<td>3. Specific Process that BDS will take moving forward will be communicated.</td>
<td>Clear, concise information is shared with timelines.</td>
</tr>
<tr>
<td>Stakeholder Workgroup developed</td>
<td>4/1/2017</td>
<td>5/1/2017</td>
<td>BDS</td>
<td>1. Representatives including providers, families, and other stakeholders will be identified for the BDS workgroup guiding this change.</td>
<td>Shared participation and decision making, including many opportunities for meaningful input.</td>
</tr>
<tr>
<td>Action Items</td>
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<td>Responsible Office</td>
<td>Milestone</td>
<td>Desired Outcome</td>
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<tr>
<td>Assessment of current case management system functioning</td>
<td>5/1/2017</td>
<td>8/1/2017</td>
<td>BDS</td>
<td>1. Develop and implement survey to case management participants.</td>
<td>From consumer/family perspective, with a focus on choice determination: what is working, what is not working, what needs to be changed, what needs to remain the same.</td>
</tr>
<tr>
<td></td>
<td>5/1/2017</td>
<td>8/1/2017</td>
<td>Stakeholders</td>
<td>2. Review NCI data regarding case management.</td>
<td>Satisfaction, areas for improvement while implementing change.</td>
</tr>
<tr>
<td></td>
<td>5/1/2017</td>
<td>8/1/2017</td>
<td>Consultants</td>
<td>3. Service System Mapping.</td>
<td>Identify which areas are conflict free, which areas are not, which areas are in-between, and areas where the regulatory exception applies.</td>
</tr>
</tbody>
</table>
|                                                                             | 5/1/2017   | 8/1/2017                | BDS Consultants    | 4. Review claims data.                                                   | 1. Which providers are providing case management, direct services for clients.  
2. Establish number of individuals will be impacted by COI mitigation.                                                                                                                                  |        |      |                 |
2. Can current providers accommodate?  
3. Are additional providers needed?                                                                                                                                         |        |      |                 |
|                                                                             | 5/1/2017   | 8/1/2017                | BDS Consultants    | 6. Assess role of case management in existing agencies.                  | Determine what is being done that will need to be modified in a case management system free from conflict of interest.                                                                                       |        |      |                 |
|                                                                             | 5/1/2017   | 8/1/2017                | BDS Consultants    | 7. Rate Structure                                                        | Is the case management rate sufficient for stand alone case management?                                                                                                                                   |        |      |                 |

NH Home and Community Based Services (HCBS) - Corrective Action Plan - Waivers NH.0053, NH.4177, and NH.0397  
Effective Date: April 23, 2017 - COI Progress Report July 1, 2017  
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<th>Desired Outcome</th>
<th>Status</th>
<th>Date</th>
<th>Completion Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop Report</td>
<td>8/1/2017</td>
<td>9/1/2017</td>
<td>BDS</td>
<td>1. Report out on what data is telling NH.</td>
<td>Road map for future work.</td>
<td></td>
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<tr>
<td></td>
<td>8/1/2017</td>
<td>9/1/2017</td>
<td>BDS</td>
<td>2. Evaluate options for compliance (informed by technical assistance).</td>
<td>Determine data-informed, geographic area-tailored solutions.</td>
<td></td>
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<tr>
<td>Stakeholder Engagement</td>
<td>9/1/2017</td>
<td>9/30/2017</td>
<td>BDS</td>
<td>1. Reporting out on findings.</td>
<td>1. Sharing of information found, sharing of options available for compliance, suggested milestones.</td>
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<tr>
<td></td>
<td>9/1/2017</td>
<td>9/30/2017</td>
<td>Consultants</td>
<td>2. Describe options for compliance and national best practices to inform stakeholders of federal priorities, requirements and national best practices.</td>
<td>Facilitated discussion resulting in meeting schedule, committee role, communication.</td>
<td></td>
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</tr>
<tr>
<td>Development of Implementation Plan</td>
<td>10/1/2017</td>
<td>12/1/2017</td>
<td>BDS</td>
<td>3. Suggestions for development of work plan.</td>
<td>Stakeholders voice is included and part of the process.</td>
<td></td>
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</tr>
<tr>
<td>Service Gap Identification</td>
<td>11/1/2017</td>
<td>1/31/2018</td>
<td>BDS</td>
<td>1. Outline plan for each area of state.</td>
<td>Demonstrate how NH will come into compliance.</td>
<td></td>
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</tr>
<tr>
<td>Rule Review and Revision</td>
<td>12/1/2017</td>
<td>6/1/2018</td>
<td>Stakeholders</td>
<td>2. Identify benchmarks and compliance indicators.</td>
<td>For gaps identified in Assessment phase, determine any gaps that may exist in new system.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rate Modeling</td>
<td>12/1/2017</td>
<td>12/31/2017</td>
<td>BDS</td>
<td>1. Review of Case Management Rates.</td>
<td>1. Are they sufficient to meet the new system?</td>
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<tr>
<td></td>
<td>12/1/2017</td>
<td>12/31/2017</td>
<td>Consultants</td>
<td>2. Do they need to be modified?</td>
<td>2. If they need to be modified, request additional funding for SFY 2020.</td>
<td></td>
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<tr>
<td></td>
<td>12/1/2017</td>
<td>12/31/2017</td>
<td>BDS</td>
<td>3. Implement rule revision process.</td>
<td>3. Rules will be compliant for 7/1/2018 implementation.</td>
<td></td>
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</tr>
</tbody>
</table>

NH Home and Community Based Services (HCBS) - Corrective Action Plan - Waivers NH.0053, NH.4177, and NH.0397  
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Page 3
To develop a Case Management system for the State of New Hampshire that is conflict free. Target date for compliance: July 1, 2018

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<th>Action Item</th>
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<tbody>
<tr>
<td></td>
<td>2/1/2018</td>
<td>6/1/2018</td>
<td>NHDNHS Contract Unit</td>
<td>Contracts executed for 7/1/2018</td>
<td></td>
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<tr>
<td>Gap Plan</td>
<td>2/1/2018</td>
<td>2/28/2018</td>
<td>BDS</td>
<td>Develop plan to meet identified gaps.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>3/1/2018</td>
<td>3/15/2018</td>
<td>BDS</td>
<td>If funding is required, call with CMS to discuss implementation dates.</td>
<td>Sufficient funding for change to a system free of COI.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Quality improvement</td>
<td>3/1/2018</td>
<td>Ongoing</td>
<td>BDS (with stakeholder engagement)</td>
<td>Quality improvement strategies for restructured case management delivery system.</td>
<td>Develop strategies and performance measures to ensure strong case management and strong individual autonomy and choice.</td>
<td></td>
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</tr>
<tr>
<td>Case Management Transition</td>
<td>7/1/2018</td>
<td>7/30/2018</td>
<td>BDS</td>
<td>1. Seamless transition from one organization to another, if required.</td>
<td>Case Management System in NH compliant with the regulatory conflict of interest provisions.</td>
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<tr>
<td></td>
<td>7/1/2018</td>
<td>7/30/2018</td>
<td>Area Agencies/ Case Management</td>
<td></td>
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<tr>
<td></td>
<td>7/1/2018</td>
<td>7/30/2018</td>
<td>Provider Agencies</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Develop SFY 20/21 budget request for any changes unable to be executed within the existing budget</td>
<td>9/1/2018</td>
<td>10/1/2018</td>
<td>BDS</td>
<td>Inclusion in State of NH budget for SFY 2020/2021 biennium for any additional costs associated with the transition.</td>
<td>Sufficient funding for change to a system free of COI.</td>
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</table>

NH Home and Community Based Services (HCBS) - Corrective Action Plan - Waivers NH.0053, NH.4177, and NH.0397
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Dear Interested Parties:

I am sending you this letter to provide an update regarding the status of New Hampshire’s 1915(c) Waivers for Developmental Services and Acquired Brain Disorder Services.

The New Hampshire Department of Health and Human Services (DHHS) through the Bureau of Developmental Services (BDS) is in the process of renewing these waivers. As part of this process, the Centers for Medicare and Medicaid Services (CMS) has required BDS to provide a Corrective Action Plan (CAP) for two areas of the service delivery system:

1. Conflict of Interest in Case Management to be in compliance with the Home and Community Based Setting (HCBS) regulations requiring the separation of case management and direct service delivery; and

2. New Hampshire’s Organized Health Care Delivery System, relating to the payment process to providers.

We are currently working with CMS to obtain approval of a CAP. This will serve as a framework for the process that New Hampshire will undertake to reach compliance with CMS’ standards. It is not a commitment to an identified, specific model for delivery of services; instead, it is a roadmap that New Hampshire will follow to develop a structure that meets federal requirements. I want to assure you that the proposed process relies heavily on stakeholder engagement at all levels. Once New Hampshire receives approval of its CAP, I will share that broadly. It is only together that we can begin the process towards compliance.

As you know, any change involving the service delivery system requires a thoughtful, well planned, and rich stakeholder engaged process to ensure no disruption to the service delivery system.

I look forward to working with all of you in this very important process and we will keep you informed at each step in resolving CMS’s concerns. Thank you.

Sincerely,

[Signature]
Christine L. Santaniello
Director
Name
Agency
Address

Dear:

The New Hampshire Department of Health and Human Services (DHHS) through the Bureau of Developmental Services (BDS) is in the process of renewing the Developmental and Acquired Brain Disorder Waivers. As part of this process, the Centers for Medicare and Medicaid Services (CMS) has required BDS to provide a Corrective Action Plan (CAP) for two areas of the service delivery system:

1. Conflict of Interest in Case Management to be in compliance with the Home and Community Based Setting (HCBS) regulations requiring the separation of case management and direct service delivery; and
2. New Hampshire’s Organized Health Care Delivery System, relating to the payment process to providers.

We are currently working with CMS to obtain approval of a CAP. This will serve as a framework for the process that New Hampshire will undertake to reach compliance with CMS’ standards. It is not a commitment to an identified, specific model for delivery of services; instead, it is a roadmap that New Hampshire will follow to develop a structure that meets federal requirements. This process will rely heavily on stakeholder engagement at all levels.

We are forming the “Stakeholder Advisory Group” and are interested in having you or a representative from your organization participate. An information session regarding the HCBS rules and the impact on the NH Service Delivery System will be held on Tuesday May 16th from 2-4 pm in the Tom Fox Chapel at BDS. It would be very helpful if you or your representative attend this session, as it will set the necessary framework for our work moving forward.

Please contact Peggy Sue Greenwood at 271-5034 or Peggy.Greenwood@dhhs.nh.gov to let her know who will be representing your organization on this Stakeholder Advisory Group and if he/she will be attending the information session.

I look forward to working with all of you in this very important process and we will keep you informed at each step in resolving CMS’s concerns. Thank you.

Sincerely,

Christine L. Santaniello
Director

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The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.
NH Bureau of Developmental Services
* Information Session*

Home and Community Based Care Waivers

The New Hampshire Bureau of Developmental Services is pleased to offer an Information Session to discuss upcoming changes that are required in the NH Home and Community Based Care Waivers – to include the Developmental Disability (DD) Waiver, Acquired Brain Disorder (ABD) Waiver, and In Home Supports (IHS) Waiver.

Presenters include Robin Cooper, Director of Technical Assistance and Mary Sowers, Director of Special Projects from the National Association of State Directors for Developmental Disabilities Services (NASDDDS).

Robin has extensive waiver experience from her work at Wisconsin DHSS and Mary brings several years of experience working for the State of Maryland and Centers for Medicare and Medicaid Services (CMS).

The changes required by CMS will require change NH’s service delivery system (see back of this page for details). The goal of this Information Session is to share with interested parties the current requirements of CMS and how these changes will impact the NH Service Delivery System.

**WHEN:** Tuesday, May 16, 2017
2:00 – 4:00 PM

**WHERE:** Bureau of Developmental Services – Main Building
Tom Fox Chapel
105 Pleasant Street
Concord, NH 03301
(Enter main doors, and dial #271-5143)

Please RSVP to Debra LeCompte by calling BDS at 603-271-5143 or email: Debra.LeCompte@dhhs.nh.gov

*"If accommodations are needed for communication access such as interpreters, CART (captioning), assistive listening devices, or other auxiliary aids and/or services, please Maureen DiTomaso at 603-271-5018 or Maureen.Ditomaso@dhhs.nh.gov. At least 5 business days advance notice is requested in order to assure availability; requests made fewer than 5 days prior to the event will attempt to be accommodated but cannot be guaranteed."*
NH Waiver Renewal Action Steps as Required by Centers for Medicare and Medicaid Services

The State of New Hampshire, Department of Health and Human Services (DHHS) through its Bureau of Developmental Services (BDS) is in the process of renewing/updating the following Section 1915(c) waivers:

- Developmental Disability (renewal)
- Acquired Brain Disorder (renewal)
- In Home Supports for Children (amendment)

During the Request for Additional Information (RAI) phase of the waiver renewal process, the Centers for Medicare and Medicaid Services (CMS) determined that New Hampshire was out of compliance with direct pay and conflict of interest regulations. CMS requested that the state develop a Corrective Action Plan (CAP) to come into compliance.

NH has submitted a CAP to CMS which addresses the following requirements:

- Develop a timeline and implementation plan to provide services that comply with Conflict of Interest (COI) Regulations for those receiving Waiver Services under the following NH Waivers: Developmental Disability, Acquired Brain Disorder, and In Home Supports for Children.

- Develop a timeline and implementation plan to ensure that NH’s Organized Health Care Delivery System (OHCDS) under the following NH Waivers: Developmental Disability, Acquired Brain Disorder, and In Home Supports for Children that does the following:

(a) Permits providers to voluntarily waive their right of direct payment and accept payment through the OHCDS; and,

(b) Offer the provision of and system for direct payment for providers without assigning payment to the OHCDS.

Both outcomes identified above represent changes to New Hampshire’s Developmental Services System and will require stakeholder engagement and system development.
Greetings,

As an interested party in how community-based developmental services are provided in the State of New Hampshire, I want to give you an update of the status of New Hampshire’s Corrective Action Plan (CAP). This is a required component to New Hampshire’s provision of Home and Community-Based Services (HCBS) under the 1915 (c) waivers for Individuals with Developmental Disabilities, Individuals with Acquired Brain Disorders, and Children’s in-Home Support Services.

The Center for Medicaid and Medicare (CMS) is requiring New Hampshire to make changes in two areas of the service delivery system:

1. Conflict of Interest in Case Management to be in compliance with the Home and Community Based Setting (HCBS) regulations requiring the separation of case management and direct service delivery; and
2. New Hampshire’s Organized Health Care Delivery System, relating to the payment process for providers.

New Hampshire’s Corrective Action Plan was approved by CMS on April 21, 2017. This will serve as a framework for the process that New Hampshire will undertake to reach compliance with CMS’ standards. It is not a commitment to an identified, specific model for delivery of services; instead, it is a roadmap that New Hampshire will follow to develop a structure that meets federal requirements. We are in the process of updating our website; you can expect to find a copy of the approved CAP on our website (https://www.dhhs.nh.gov/dcbes/bds/index.htm) no later than June 2nd. In the meantime, if you would like a copy, please call or e-mail Deb LeCompte at 271-5143 or Debra.LeCompte@dhhs.nh.gov.

While the requirement to separate case management and direct service delivery may cause changes in how services are provided at the local level, it is the intent and commitment of all involved to ensure the focus remains on the individual and family served as we comply with the federal requirements.

New Hampshire has formed a Stakeholder Advisory Group as part of the CAP. The first Stakeholder Advisory Group will be held on June 21 from 1-3 in the Tom Fox Chapel in the Main Building at the Department of Health of Health Services - Bureau of Developmental Services, 105 Pleasant Street, Concord, NH. All Stakeholder Advisory Group meetings are open to the public and the materials will be posted on BDS’ website.

I look forward to working together on this! Thank you.

Sincerely,

Christine Santanello
Director

The Department of Health and Human Services’ Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.
CAP Stakeholder Advisory Group
6/21/17
1PM – 3PM Fox Chapel

Agenda:

I. Welcome and Introductions

II. CAP Overview

III. Role of Stakeholder Advisory Group

IV. Getting Started Power Point

V. Schedule for Next Meetings

VI. Questions from Advisory Group

VII. Questions from Public