



Jeffrey A. Meyers  
Commissioner

Deborah H. Fournier  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*OFFICE OF MEDICAID SERVICES*  
*BUREAU OF DEVELOPMENTAL SERVICES*

105 PLEASANT STREET, CONCORD, NH 03301  
603-271-5034 1-800-852-3345 Ext. 5034  
Fax: 603-271-5166 TDD Access: 1-800-735-2964  
[www.dhhs.nh.gov/ombp](http://www.dhhs.nh.gov/ombp)

**Corrective Action Plan (CAP) Stakeholder Advisory Group**

**September 7, 2017 Meeting Minutes**

**STAKEHOLDER ADVISORY GROUP MEMBERS IN ATTENDANCE:**

- Sarah Aiken – Quality Council
- Paul Chudzicki – Office of Public Guardian
- Lisa DiMartino – Consumer representative appointed by MCAC
- Pam Dushan – Area Agency Senior Director (Region 9)
- Jon Eriquezzo – Private Provider Network
- Susan Goddard – Area Agency Family Support Director (Region 7)
- Erin Hall – Brain Injury Association
- Jayne McCabe – Tri County CAP
- Le-Ann Milinder – Private Provider Network
- Mark Mills – Community Support Network
- David Ouellette – People First of NH
- Stephanie Patrick – Disability Rights Center
- Jennifer Pineo – Statewide Family Support Council
- Mindy Pond – Area Agency Senior Director (Region 6)
- Isadora Rodriguez-Legendre – Developmental Disability Council
- Richard Royse – Community Support Network
- Lenore Scuito – Area Agency Senior Director (Region 8)
- Steve Wade – Brain Injury Association

**BUREAU OF DEVELOPMENTAL SERVICES (BDS):**

- Kaarla Weston – Administrator III
- Chris Santaniello- Director

Members of the public also attended (sign in sheet attached).

## **I. INTRODUCTIONS**

## **II. CORRECTIVE ACTION PLAN OVERVIEW – CHRIS SANTANIELLO**

- BDS worked with the Center for Medicaid and Medicare (CMS) and the compliance date has been extended to January 1, 2019.
- Updated Corrective Action Plan will be distributed and posted to the BDS webpage when updates have been approved by CMS.

## **III. THE BUREAU OF DEVELOPMENTAL SERVICES OVERVIEW – CHRIS SANTANIELLO**

- Gave a PowerPoint presentation on overview of the Bureau of Developmental Services (attached).

## **IV. AREA AGENCY PRESENTATION – MINDY POND, GATEWAYS COMMUNITY SERVICES**

- Reviewed a PowerPoint presentation that maps the intake process through funding of services from the Area Agency perspective (attached).
  - Question – when is a family or individual notified that they have the right to disagree or appeal during the process? Mindy responded that during intake and eligibility process individuals and their families are notified of their rights, but that a decision needs to be made in order to file an appeal. Once decisions are made, individuals and families receive information on rights to file appeals.
  - Question – what about when there is a reduction and/or change in services, do the individuals know that they do not have to negotiate but can appeal? Mark Mills answered that notification is built into the ISA process.
  - Question – within the presentation, it stated “150 days prior to services, the final budget & clinical service plan is finalized”, is the 150 days a regulation? Mindy Pond responded that “150 days” is not a regulation, but policy guidance.
  - Question – How does this effect services for people under 21? Chris Santaniello noted that within He-M 503 rule it does that that state that services are provided for individuals with a high-school diploma or be age 21. Chris clarified when asked that it must be a high-school diploma not a certificate of attendance.
- John Eriquezzo and the Private Provider Network will be presenting the service initiation during the next stakeholders meeting.
- Steve Wade agreed to work with Mindy Pond to put together a similar mapping tool for ABD process.

## **V. MAPPING TOOL UPDATE – KAARLA WESTON**

- BDS will go to all Area Agencies to complete the mapping tool. Two (2) Area Agency visits have been completed so far (Gateways – Region 6 and Community Partners – Region 9).
- Visits so far have taken over three (3) hours. The discussions have been thoughtful and helpful with great interchanges.

- Core members at these meetings have included CFO's, Executive Directors, Budget Tracking System (BTS) Managers, Directors of Family Services, Directors of Service Coordination, Intake Coordinators and Directors of Quality Assurance.
- The mapping process is a work in progress. If anyone can identify additional information we should be gathering and/or have ideas, please feel free to contact us.
  - Question about firewalls. Kaarla responded that the information is being compiled from information gathered during the mapping tool visit with the Area Agencies.
  - Question – will BDS develop the definition of “firewall” or is there a national and/or CMS definition? Kaarla answered that we are further refining the definition. It will be part of the final report. Each Area Agency current has their own definitions and that is what we are currently compiling from the visits. Chris Santaniello will share the CMS definition of “firewall.”
  - Question about what the decision making process will be after the mapping tool visits are completed? Kaarla responded a report will be generated and brought to the Stakeholder Advisory Group.
  - Question – in the last meeting it was discussed that Area Agencies could not be direct service providers and provide case management, how are consumers informed that they have choice about this? Mindy Pond responded that in her agency information is given at intake and when individuals are eligible for services that they have the right to choose their service coordinator. It's part of the conversation with families. Chris Santaniello noted that part of the revised Corrective Action Plan was to add more steps in this area. Currently each Area Agency does it differently. BDS will develop documentation and create standardized forms and put protections in place to ensure choice. It will be BDS' responsibility to monitor that choice is given.
  - Question - what instructions were Area Agencies were given on how to fill out and how is it determined that the information given is accurate? Kaarla answered that the Area Agencies were sent the mapping tool ahead of time but were asked to wait until their scheduled visit in order to complete it. The mapping tool is based on approximation and not time studies. There may be a better way going forward, but this is a first pass to gathering information, we do expect to go back out to the Area Agencies and refine the information.
  - Question – will BDS be doing one on one interviews with case managers away from the Area Agencies so they can be open and unfiltered? Chris Santaniello said that BDS has thought about this, possible via a survey or a focus group, but no decision has been made yet.

## **VI. CONFLICT OF INTEREST IN CASE MANAGEMENT PARTICIPANT SURVEY – KAARLA WESTON**

- Distributed a draft of the survey.
- This could be done via survey monkey or paper.
- We are looking for data to support and open opportunities to discuss conflict free case management.
- We do not want to include so much that people do not want to complete the survey. Please review survey questions and give feedback based on what information is essential and/or what information may be missing. We want to know what families want and what is important to them.
- BDS is requesting feedback be submitted by Friday, September 15, 2017.

- BDS anticipates the survey will be finalized and sent towards the end of October or early November.
  - Concerns/Questions/Observations:
    - Sometimes people do not know the name of their Service Coordinator, or they do not identify them as such, the individual could just know them as “that nice person that comes each month” but not realize it is their Service Coordinator. Terminology can be different from Area Agency to Area Agency. This needs to be defined at the beginning of the survey.
    - If individual is under guardianship, who will receive the survey?
    - How to know who is filling out survey online? This needs to be clear and possibly have a field.
    - Many individuals do not have email.
    - There could be a difference between what a guardian thinks of case manager and what the individual thinks.
    - What about families who have multiple individuals receiving services?
    - Why is there a question regarding the requirement of separation if it is something we’ve been mandated to do?
    - There needs to be definitions and expectations included on what to expect from a Service Coordinator. Also include definitions of Firewall and Advocacy
    - Sometimes guardians/individuals are fearful to request changes, this is a good opportunity to gather information without fear of retaliation or loss of services.
    - For Firewall we need to expand question to determine how they chose their provider agency. What choices were they really given or presented with? Area Agencies could only be presenting their services. Maybe expand to ask if the individual knew that they could ask for an external provider?
    - Suggested a focus group similar to the mapping script. Possibly to have a volunteer sit with family in a trusted environment to help complete.

BDS will have more detail regarding the process at the next meeting.

**ATTACHMENTS:**

COI Stakeholder meeting sign-in sheets

BDS PowerPoint

AA Mapping of Funding Process – Over 21

AA Mapping of Funding Process – Under 21

Draft – Mapping Tool

Draft – Conflict of Interest in Case Management Survey

# NH CAP Stakeholder Advisory Group Meeting

September 7, 2017

1PM - 3PM

Tom Fox Chapel

Group	Representative	Email	Attended
AA Family Support Coordinator - Region 7	Susan Goddard	<a href="mailto:susan.goddard@moorecenter.org">susan.goddard@moorecenter.org</a>	✓
AA Service Coordinator - Region 6	Mindy Pond	<a href="mailto:mpond@gatewayscs.org">mpond@gatewayscs.org</a>	✓
AA Service Coordinator - Region 8	Lenore Scuito	<a href="mailto:lsciuto@oneskyservices.org">lsciuto@oneskyservices.org</a>	✓
AA Service Coordinator - Region 9	Pam Dushan	<a href="mailto:pdushan@communitypartnersnh.org">pdushan@communitypartnersnh.org</a>	✓
Brain Injury Association	Erin Hall	<a href="mailto:erin@bianh.org">erin@bianh.org</a>	✓
Brain Injury Association	Steve Wade	<a href="mailto:steve@bianh.org">steve@bianh.org</a>	✓
Community Support Network (CSNI)	Becky Bryant	<a href="mailto:rbryant@lrscs.org">rbryant@lrscs.org</a>	
Community Support Network (CSNI)	Mark Mills	<a href="mailto:mmills@pathwaysnh.org">mmills@pathwaysnh.org</a>	✓
Community Support Network (CSNI)	Richard Royce	<a href="mailto:rroyse@communitybridgesnh.org">rroyse@communitybridgesnh.org</a>	✓
Consumer appointed by MCAC	Lisa DiMartino	<a href="mailto:garylisa@metrocast.net">garylisa@metrocast.net</a>	✓
Disability Rights Center	Ben Sahl	<a href="mailto:bens@drcnh.org">bens@drcnh.org</a>	
Disability Rights Center	Stephanie Patrick, ED	<a href="mailto:stephaniep@drcnh.org">stephaniep@drcnh.org</a>	✓
Institute on Disability	Linda Bimbo	<a href="mailto:linda.bimbo@unh.edu">linda.bimbo@unh.edu</a>	
Institute on Disability	Mary St Jacques	<a href="mailto:mary.stjacques@unh.edu">mary.stjacques@unh.edu</a>	
NH Developmental Disability Council	Isadora Rodriguez-Legendre	<a href="mailto:isadora.rodriguez-legendre@ddc.nh.gov">isadora.rodriguez-legendre@ddc.nh.gov</a>	✓
Office of Public Guardian (OPG)	Mary Michaud, MSW, NCG	<a href="mailto:mmichaud@opgnh.org">mmichaud@opgnh.org</a>	
Office of Public Guardian (OPG)	Paul Chudzicki	<a href="mailto:pchudzicki@opgnh.org">pchudzicki@opgnh.org</a>	✓
People First of NH	Jason Smith	<a href="mailto:jasonpeople1st@gmail.com">jasonpeople1st@gmail.com</a>	
People First of NH	David Ouellette	<a href="mailto:david.ouellette@ddc.nh.gov">david.ouellette@ddc.nh.gov</a>	✓
Private Provider Network	Jon Eriquezzo	<a href="mailto:jeriquezzo@cmf.org">jeriquezzo@cmf.org</a>	✓
Private Provider Network	Le'Ann Milinder	<a href="mailto:lmilinder@ippi.org">lmilinder@ippi.org</a>	✓
Quality Council	Sarah Aiken	<a href="mailto:saiken@communitybridgesnh.org">saiken@communitybridgesnh.org</a>	✓
Statewide Family Support Council	Jennifer Pineo	<a href="mailto:jsp@nhfv.org">jsp@nhfv.org</a>	✓
Tri County CAP	Jayne McCabe	<a href="mailto:jmccabe@tccguardianship.org">jmccabe@tccguardianship.org</a>	✓

## Tom Fox Chapel

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NH CAP Stakeholder Advisory Group Meeting  
September 7, 2017  
1PM - 3PM  
Tom Fox Chapel

Please print your name	Group/Representing Agency	Email
Susan Goddard	AA7 → FS	susan.goddard@morecenter.org
Lorrie Winslow	NeuroRestorative	lorrie.winslow@neurorestorative.com
JON ERICQUEZO	CROTCHED MT.	terryquyzo@cmf.org
MENDA Howell	RRI	MHowell@resresources.com
DALE HEON	NHS Region 1	DHeon@NorthWestN.org
Tom Duxon	Community Partners	rduxon@communitypartnershi.org
Lucas Smith	One Sky	L.Smith@onesky-services.org
Richard Royce	Community Bridges	
John Cordaro	Easter Seals	jcordaro@eastersealsnh.org
Sarah Aiken	Quality Council	saiken@communitybridgesnh.org
Steve Wodt	Brain Injury Assn	Steve@brant.org
Deb Gaudin-Hoch	ISN	GaudinHoch@ishnh.com
Michelle Donovan	Living Innovations	mdonovan@livinginnovations.com
Jennifer Spivey	State FS Council	jennspivey@yahoo.com / jsp@nhfr.org
Emily Manire	Nashua Center	emanire@nashuacenter.org
Sylvia Dow	VISIONS	vtchsorg@gmail.com
Isadora Rodriguez-Legendre	NH CDD	isadora.rodriguez-legendre@ddc.nh.gov
MANG KARRITT	Nashua Center	

## NH CAP Stakeholder Advisory Group Meeting

September 7, 2017

1PM - 3PM

## Tom Fox Chapel

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### Tom Fox Chapel

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# ***State of New Hampshire- Bureau of Developmental Services Overview***

**Corrective Action Plan  
Stakeholder Advisory Meeting  
September 7, 2017**



# Developmental Services

RSA 171-A , enables the State of New Hampshire, through the Department of Health and Human Services, to establish, maintain, implement, and coordinate a comprehensive service delivery system for individuals with developmental disabilities.

RSA 171-A further defines the role of the Area Agency, to be the agency that is responsible for administering area-wide programs and services. The services outlined in law that the Area Agency are responsible for include, but are not limited to: diagnosis and evaluation, service coordination, community living arrangements, employment and day services, and programs designed to enhance personal and social competence.

He-M 505, Establishment and Operation of Area Agencies, further outlines the role of the Area Agency.



# Bureau of Developmental Services - Overview

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## Community Based Services Program Support:

- Primary contact for all issues and stakeholders [including individuals, families, area and subcontract agencies, cooperating agencies, local officials].
- Facilitate all regional activities, including development of services, budgets, and regional system evaluation (Redesignation).
- Monitor all regional activities, including service quality, complaint investigations, budget development, Medicaid billing, and contracts.

## Clinical Services:

- Residential forensic treatment program providing supervision and services to individuals with DD/ID who are charged with felonies and found incompetent to stand trial. Individuals are remanded to BDS for care, treatment, and public safety.
- Nursing and Medication Administration under He-M1201.
- Clinical consultation and training to Area Agencies and Provider Agencies.

## Finance & Medicaid Compliance:

- Annual determination of eligibility for waiver services
- Confirm approved funding and issue approximately 8,000 prior authorizations for services each year.



# Bureau of Developmental Services - Overview

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## Special Medical Services:

- Title V Program for Children with Special Health Care Needs (CSHCN) who have, or are at risk for, a chronic medical condition, disability, or severe health care need.
- Provide specialty clinic services, consultation, care coordination, and financial assistance for CSHCN.

## Family Support:

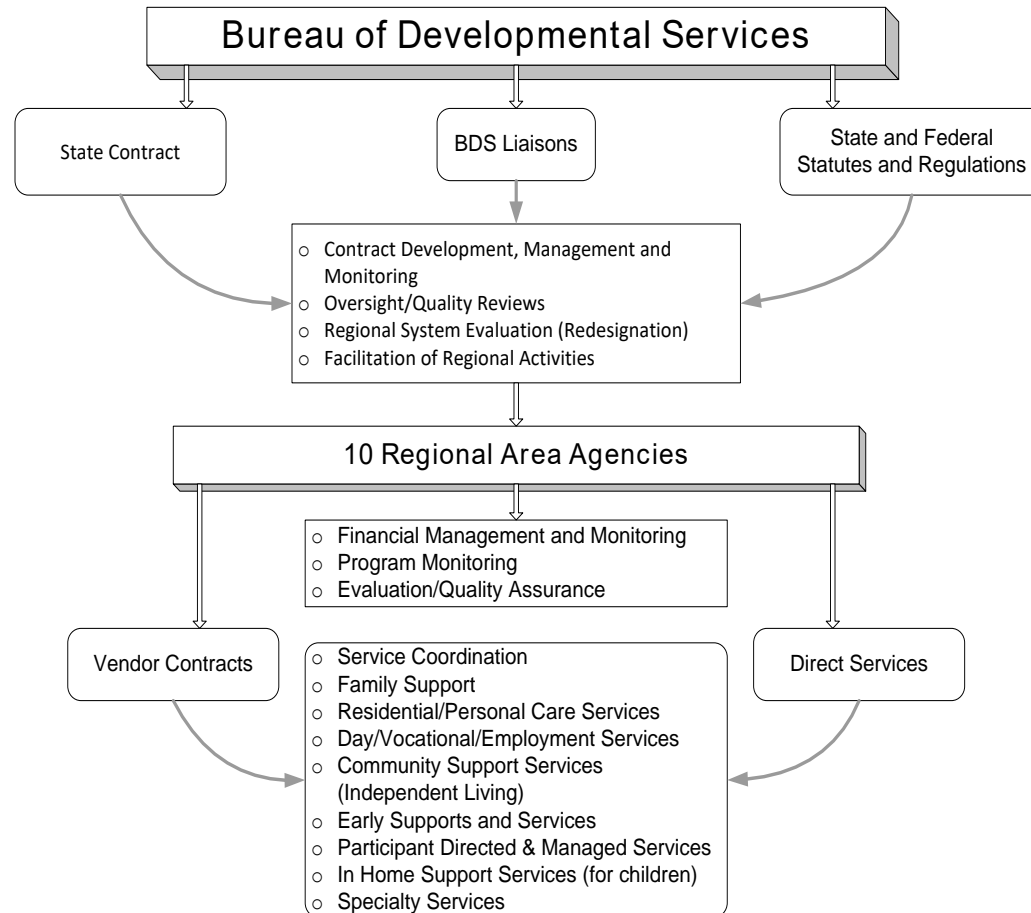
- Provide oversight & federally mandated monitoring for 3,700+ Early Supports and Services eligible children birth through age 2, under Part C of IDEA.
- Facilitate activities of the Statewide Family Support Council and monitor regional Family Support Activities.

## Medicaid to Schools:

- NH school districts receive more than \$35M in federal funds to provide Medicaid covered health related services to more than 10,000 children eligible for special education who have Individual Education Plans (IEPs).



# Bureau of Developmental Services



# Individuals Served - Bureau of Developmental Services (BDS)

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**New Hampshire provides the majority of services with three Home and Community Based Services (HCBS) 1915 (c) waivers through the Center for Medicaid and Medicare Services (CMS).**

## Developmental Disabilities

### **Services include: Client Eligibility**

- Typically require life long supports and services, can range from support during the day and/or at work up to 24/7 residential.
- He-M 503 defines eligibility- e.g., developmental disability, intellectual disability, autism, cerebral palsy.

## Acquired Brain Disorder

### **Services include: Client Eligibility**

- Typically require extensive life long supports and services, can range from support during the day and/or for work up to 24/7 residential.
- He-M 522 defines eligibility, e.g. traumatic brain injury, Huntington's disease. Require skilled nursing level of care or specialized residential services

## In Home Support Services (IHS)

### **Services include: Client Eligibility**

- Personal care services for children living at home with their families.
- Children up through the age 21, eligibility defined in He-M 524.



# Individuals Served -Bureau of Developmental Services

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**BDS also provides the following services not operated through the HCBS Waivers.**

## Early Supports and Services (Part C of IDEA)

### **Services include: Client Eligibility**

- Home-based model, PT, OT, Speech and Educator services.
- He-M 510 defines eligibility, for children birth through age 2, with an established condition or at risk of a developmental delay

## Medicaid to Schools

### **Services include: Client Eligibility**

- Medically related services outlined in a student's Individual Education Plan (IEP).
- Defined in He-M 1301, children who qualify for special education and have an IEP.

## Family Support to Children with Chronic Health Conditions

### **Services include: Client Eligibility**

- Family support services to aid families in the care of their children who have chronic health conditions.
- Defined in He-M 523, children who have severe and chronic health conditions e.g. asthma, diabetes, heart conditions, etc.





# Individuals Served- Bureau of Developmental Services

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## Forensic Services

### **Services include: Client Eligibility**

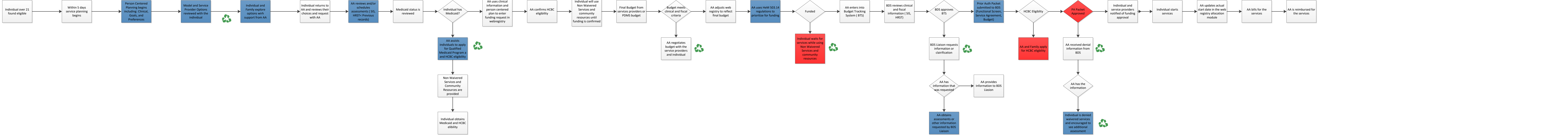
- 24/7 services in a secure setting, with an ultimate goal to a less-restrictive setting.
- Eligibility defined in He-M 171-B. Individuals who have DD/ID, are charged with felonies, and found incompetent to stand trial; and/or Individuals who, through clinical risk assessment, are found to be at risk to self and/or the community

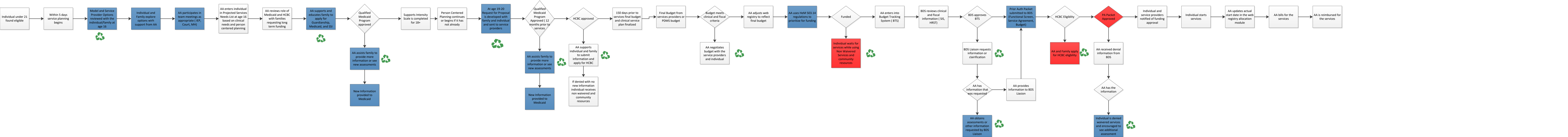


# Delivery System

Providers	Type of Provider	Delivery System
<ul style="list-style-type: none"><li>• Are organized through a regional system of 10 non-profit 501 (c) (3) organizations called Area Agencies (AA).</li><li>• Area Agencies act as lead agencies to plan, provide, and oversee services and serve as the Organized Health Care Delivery System.</li></ul>	<ul style="list-style-type: none"><li>• Area Agencies.</li><li>• Exercise local control; governed by a local Board of Directors.</li><li>• One-third of board membership must be consumers of BDS services.</li></ul>	<ul style="list-style-type: none"><li>• BDS has a public/private partnership with local, non-profit agencies.</li><li>• AAs provide services directly and/or through a subcontract service provision.</li><li>• All services are community based.</li><li>• In 1991, NH was the first state in the nation to close it's institution for people with developmental disabilities.</li><li>• Only 13 other states and the District of Columbia do not have an institution for individuals with developmental disabilities.</li></ul>







**Conflict of Interest and Organized Health care delivery  
9/2017**

**Structure Threshold**

**Conflict of Interest of Case Management & Organized Health Delivery**

- 1. Gateways is an independent Service Coordination System**
- 2. Majority of Direct services Gateways provides are not Developmental Disability Waiver services Gateways**  
**Direct Service Operations:**
  - CFI Elder case management
  - Alvirne Adult Day Program for Elders
  - Gateways Early Supports and Services
  - Gateways Autism Services
  - Gateways Fiscal Intermediary of Veterans and Elders
  
  - Gateways Participant Directed Services
- 3. Corporate Affiliation/ Managed service agreements with The PLUS Company meets the conflict of interest threshold**
  - Separate 501(c)3
  - Voluntary Management Service agreement for back room operations, IT, Payroll/ benefit products and software practices signed yearly by Boards
  - Voluntary consolidated audits
  - No majority board control on Boards. Gateways CEO and one other Board member hold seats.
  - Gateways and The PLUS Company via contract buy management services- management services, property management etc.

This tool will be used as a baseline. For some questions, please think of it as an episode, it may be the only way to answer questions. Others you may think of an entire position. Please do not fill this out to "give to" the Bureau of Developmental Services (BDS) employees when they come to your agency. They will be discussing this with you and a BDS person will be filing out the form electronically during the meeting. You are getting the tool now so you can begin to prepare for the meeting. We may come back to ask additional questions, we may revise this after we try this with a few agencies. We first have to "map," how the system operates today. We will then try to determine, what is the cost of each function. If it is not a Service Coordinator function, who provides it and how will we pay for it? What needs to be included in the fee for the Organized Health Care Delivery System Functions (OHCDS) and how do we separate that out from what is currently billed under Service Coordination. This is not the final tool, this is just the starting point.

Region #

Area Agency FunctionsTotal Number of Individuals Served

Total Number of Individuals Served:

Total Number of Waiver-eligible/enrolled Individuals Served:

FY18 ANNUAL BUDGET:

Please answer the following questions for waiver services only

Direct Service	Number of people using service	% provided by AA	% provided by vendor agencies	Total Revenue by Service	Comments re: capacity, at capacity; room to grow, etc.
Case Management					
Traditional Residential					
PDMS					
CSS					
CPS/DAY					
Supported Employment					
Medical Respite					
Respite					

Do you have existing firewalls within your organization to mitigate conflict of interest?

If yes, please describe:

If no, do you have any thoughts on any firewalls which you could implement to mitigate the perception of conflict of interest?

Financial and Functional Considerations and Factors							
As-Is Financial and Functional Analysis	Currently Reimbursed Y/N	← If yes, reimbursed by (choose one):	Provided by Service Coordinator type position Y/N	← If no, provided by (choose one):	Percent of Job Function	Annual Compensation - include wages, benefits, taxes	Comments
<b>Intake/Eligibility:</b>							
Initial contact with referral source							
Gathering of initial information							
Review of eligibility information							
Eligibility recommendation							
Follow up and connection with initial with Service Coordinator							
Transfer Among Regions Process							
<b>Comments:</b>							
<b>Conditional Eligibility Review:</b>							
Gathering of initial information							
Review of eligibility information							
Eligibility recommendation							
Follow up and connection with initial with Service Coordinator							
<b>Comments:</b>							
<b>Benefits Management:</b>							
Medicaid enrollment							
Monitoring of Benefits							
Representative Payee							
<b>Comments:</b>							
<b>Quality Monitoring:</b>							
Provide training on personal rights, complaint process, abuse/neglect/exploitation/service concerns							
Answer questions from staff/community members/individuals/families re: quality/service issues							
Coordinate Complaint Investigations							
Following up on recommendations made by investigators							
Ensure that service documentation is maintained for services meeting all waiver and regulatory							
Corrective action plans from file reviews need to be written & submitted							
Previous audit recommendations need to be addressed and not repeated.							
Monitor Service Quality							
Follow-up on quality improvement concerns and plans							
Governance Audit							
Redesignation							



Financial and Functional Considerations and Factors							
As-Is Financial and Functional Analysis	Currently Reimbursed Y/N	← If yes, reimbursed by (choose one):	Provided by Service Coordinator type position Y/N	← If no, provided by (choose one):	Percent of Job Function	Annual Compensation - include wages, benefits, taxes	Comments
Comments:							
<b>Assessments:</b>							
Environmental Modifications							
Supports Intensity Scale (SIS)							
Health Risk Screening Tool (HRST)							
Assistive Technology							
Risk Management Assessment							
Risk Management Plans							
Systemic, Therapeutic, Assessment, Resource, and Treatment (START)							
Mental Health							
Psychiatric							
Behavioral Consultation(s)							
NCI -Schedule NCI, submit background information to Odessa							
Misc. Consults and Specialty Services (SSL)							
Other, please list:							
Comments:							
<b>Person Centered Planning/Service Agreement/ Service Design</b>							
Transition Planning: Attending school/transition meetings, as needed							
Coordinate and arrange for Service Plan meeting							
Facilitate Service Plan Meeting							
Obtain all necessary signatures and releases							
Write Service Plan into HRST, noting Person Centered Goals							
Develop progress notes, schedules, other essential documents for service delivery							
Distribute documents related to Service Plan							
Conduct Quarterly Satisfaction reviews							
Create and process amendments, as needed							
Comments:							
<b>Service Development:</b>							
Develop Request for Proposals (RFP's)							
Work with individual/family/guardian on selection process							
Review RFP's							

Financial and Functional Considerations and Factors							
As-Is Financial and Functional Analysis	Currently Reimbursed Y/N	← If yes, reimbursed by (choose one):	Provided by Service Coordinator type position Y/N	← If no, provided by (choose one):	Percent of Job Function	Annual Compensation - include wages, benefits, taxes	Comments
Negotiate contracts and budget							
Select vendor/provider							
Comments:							
Notifications							
Mortality Notification							
Mortality Reviews							
Follow-up, as required to mortality reviews							
Sentinel Event Report							
Additional Sentinel Event information							
Follow-up, as required to sentinel events							
Communication with Bureau of Developmental Services (BDS), as needed on individual/family issues.							
Respond to BDS' inquiries regarding specific individual/family situations							
Comments:							
Wait List Management:							
Enter into Registry							
Update Registry entries as needed							
Manage Wait List for region							
Manage Distribution of Wait List dollars							
Keep registry current and up to date							
Comments:							
Budget:							
Development of individual budget							
Submit budget to BDS							
Prepare information for high-cost conference calls for budget submission							
Enter approved budget into BTS							
Develop Prior Authorization							
Submit Prior Authorization							
Monitor Prior Authorization							
Complete utilizations reviews on service use							
Develop and submit reallocation requests to BDS							
Comments:							

Financial and Functional Considerations and Factors							
As-Is Financial and Functional Analysis	Currently Reimbursed Y/N	← If yes, reimbursed by (choose one):	Provided by Service Coordinator type position Y/N	← If no, provided by (choose one):	Percent of Job Function	Annual Compensation - include wages, benefits, taxes	Comments
<b>Certification:</b>							
Prepare certification submissions for: 521 and 525 service arrangements							
Prepare employment data report for agency and state reports/ submit to NH Leads							
Submit initial certification for day and residential services							
Submit renewal certification for day and residential services							
Monitor to ensure programs meet certification							
Review corrective action plan for deficiencies, monitor for compliance.							
Ensure that service documentation is maintained: Service Agreements must be complete & files must contain all information relative to meeting a file review/audit. Previous audit recommendations need to be addressed and not repeated.							
<b>Comments:</b>							
<div></div>							
<b>Committee Membership</b>							
Coordinate with Human Rights Committee, for behavioral consult & review							
Developmental Disability Nurses of New Hampshire							
Family Support Council							
Intestine Treatment Services (ITS) Planning Committees (various)							
Risk Management Committee process; Risk Identification							
Statewide ABD Coordinators Group							
Statewide In Home Support Coordinator Group							
Statewide Participant Directed and Managed Services Representative Committee							
Statewide Service Coordinator Supervisor Group							
Respond to employment initiatives and BDS reporting							
Prepare for clinical audits, all waivers, complete self assessments, write corrective action plans.							
<b>Comments:</b>							
<div></div>							

## Conflict of Interest in Case Management Survey

**1. Age of participant (the person that receives services from the Area Agency):**

**2. What services do you receive?**

**3. Do you know who your Service Coordinator is?**

☐ Yes

☐ No

**4. How long have you had this person as your Service Coordinator?**

☐ Less than 1 year

☐ 1-2 years

☐ 2-5 years

☐ 5+ years

**5. Do you find this person helpful?**

☐ Yes

☐ No

Why or why not? (please explain):

**6. If you are unhappy with your Service Coordinator, do you know how to address this?**

☐ Yes

☐ No

Please explain:

**7. How often do you see/talk to your service coordinator (on average)?**

☐ Weekly

☐ Monthly

☐ Quarterly

☐ Not sure

☐ When I need something

☐ I do not see/talk to my service coordinator

**8. If you or your family member receives day, residential or in-home services, did you choose the provider agency that provides this service?**

☐ Yes

☐ No

**9. If no, did you want to?**

☐ Yes

☐ No

☐ Other (please specify):

**10. Are you happy with the agency that provides this service?**

☐ Yes

☐ No

Why or why not?

**11. Does the same agency provide you with both service coordination and your direct service outlined above?**

☐ Yes

☐ No

**12. On a scale of 1-10, how happy are you with your services? (1 = lowest, 10 = highest):**

	1	2	3	4	5	6	7	8	9	10
Service Coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct Service (day, residential, or in-home services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on why you rated as you did:

**13. If you wanted to change service providers, would you know how to request to do this?**

☐ Yes

☐ No

**Moving forward with the provision of HCBS services through the 1915 c waivers, NH will be required to separate out the provision of case management and direct services to ensure waiver participants have freedom of choice. What that means is that if one agency provides you with your service coordination that same agency cannot provide you with your direct service, day or residential services and the direct service provider cannot provide case management. The Center for Medicaid and Medicare (CMS) has implemented rules regarding the separation of case management and direct service as there has been a concern, at the federal level, that when these two services happen together there could be a conflict of interest. CMS has required NH move in this direction.**

**14. What do you think about this requirement of separation:**

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. As we move forward with the implementation of this requirement, what do you want us to keep in mind?**

**Please comment:**

**16. Other comments:**

**Thank you for your time.**

DRAFT