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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES
BUREAU OF DEVELOPMENTAL SERVICES

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CAP Stakeholder Advisory Group

October 5, 2017 Meeting Minutes

I. INTRODUCTIONS

II. CORRECTIVE ACTION PLAN UPDATE – PRESENTER CHRIS SANTANIELLO

Chris Santaniello, provided a high level overview of the modest changes that were made in the Corrective Action Plan (CAP) submitted to the Center for Medicaid and Medicare (CMS); she noted implementation details have been added and compliance has been moved to January 1, 2109. This was distributed. She further mentioned that the agencies have just completed a statewide mapping exercise as part of the corrective action plan. That data will be useful for New Hampshire to determine how to move forward toward compliance. She shared that she has concerns with the low unemployment and current staffing concerns and the impact that any change may highlight this. We need to ensure that we don't disrupt individual's services

III. PROVIDER PRESENTATION – REPRESENTATIVES LE'ANN MILINDER AND JON ERIQUEZZO

The Private Provider Network (PPN) lead a discussion related to choice within developmental services and noted some discrepancies with how processes varied from region to region. Although not officially endorsed by all members of the PPN, according to some members of the PPN, various concerns exist regarding the way Requests For Proposals (RFP) are written, received, and they believe a series of conflicts exist that need to be addressed. They noted that they believe that choices are often limited based on the service coordinators bias. A copy of their presentation is attached.

The representatives of PPN suggested the following idea for the advisory committee to consider relating to compliance and maximizing choices:

1. A transparent standardized process for RFP's across area agencies
2. State wide centralized resource for listing of providers and vendor fairs in all regions to which all families are invited.
3. Discuss the idea of a preferred vendor list and the criteria to get on the list.
4. Discuss and address the lack of transparency in the current RFP process.
5. What role does SIS and HRST have in the RFP process or budget analysis on an individual basis.

A variety of responses were provided to the PPN presentation; including a response from Community Support Network, Inc. (CSNI), and a few Area Agency Executive Directors.

Ultimately, Chris Santaniello suggested a subgroup should be identified to develop a standardized RFP and invited attendees to join the committee. At that time a sign in sheet was offered for interested parties.

- **Action Plan:** BDS will facilitate a meeting of the RFP Subcommittee.

IV: MAPPING UPDATE – PRESENTER KAARLA WESTON

Kaarla Weston confirmed that all ten area agencies engaged in a mapping exercise during the month of September. The results of this environmental scan will be analyzed and used in the plan for compliance. The analysis will illustrate data pertaining to the percentage of waived services currently being provided by the agencies versus the subcontract agencies. Additional data was compiled relative to the functions of the agency and organized health care delivery system versus the service coordination role, of which a cost analysis may be beneficial when considering rates. The mapping exercise provided an opportunity to review the agencies' vendor list and compare it to the vendor list within the HRST database; 63 vendors were identified. A few agencies noted that they have data regarding the number of rejections or silent responses from vendors during the RFP process. This will be compiled into a report.

V. PARTICIPANT SURVEY – PRESENTER JENN PINEO

Jenn Pineo representing Family Voices provided a copy of the survey, which will be completed on Survey Monkey, regarding Conflict of Interest (COI). She also discussed the forums which will be held in each region and confirmed that sessions will be open to people from any area agency at any time. The language in the survey was simplified in an effort for it to be easily understood by consumers. She is hoping that the surveys and forums will be completed so a report can be completed by the end of December. All of the forums will be held in a consistent manner to ensure accurate and consistent information is presented.

NEXT MEETING: To be determined. The Mapping Data needs to be developed into a report as does the survey and forum data. Because of this, there may not be a meeting until January 2018.

ATTACHMENTS:

COI Stakeholder meeting sign-in sheets
Corrective Action Plan Updates
Provider Presentation PowerPoint
Participant Survey

COI STAKEHOLDER ADVISORY GROUP 10-5-17

Please Print Your Name	Group/Agency Name	Email	Attended
Melissa Nemeth	BDS		yes
Erin Hall	BIANH	erin@bianh.org	✓
Lenore Scinto	O.S.		✓
Eric Johnson	NHIS	ejohnson@northhamhs.org	✓
Stephanie Patnick	DRC		✓
Meg Rennie	LRCS	Margaret.Rennie@lsn	✓
Joan ERICQUZZO	DPN	JERICQUZZO@CME-ORG	✓
P. Rumbley	LRCS		
TON BUNNEL	COMMUNITY BRIDGES	tbunnell@communitybridgesnh.org	✓
Deb Schloth	Ref 1	dschloth@northhamhs.org	✓
Mary St Jacques	IOD	mary.stjacques@unh.edu	✓
Isabel Rodriguez-Legendre	DDC	1	✓
Lisa Di Martino	MCAE		✓
PAUL CHWOZICKI	OPH		
Michelle Donovan	Living Innovations	mdonovan@livinginnovations.com	
Rebecca Bryant	LRCS	rebecca.bryant@LRIS.ORG	✓
SUSAN SILSBY	EASTERSEALS	SSILSBY@EASTERSEALSNH.ORG	✓
Keith Stocker	Community Partners	keithstocker@communitypartnersnh.org	✓

COI STAKEHOLDER ADVISORY GROUP 10-5-17

Please Print Your Name	Group/Agency Name	Email	Attended
Paula Dushan	Community Partners	pdushan@communitypartnersnh.org	✓
DALE HEON	North Shore Home Serv		
MAKIL MULLY	CSNI / Pathways	mully@pathwaysnh.org	✓
Jonathan Routhier	CSNI	jrouthier@csni.org	✓
Lisa Beaudeau	ABLE N/H	lisa.beaudeau@gmail.com	✓
Jayde McCabe	TRI-COUNTY CAP	JMcCabe@TCGuardians.org	
Ann Potoczak	Community Bridges	apotezak@communitybridgesnh.org	✓
Susan Goddard	The Moore Center	susan.goddard@moorecenter.org	✓
Karen Kimball	NH Healthy Families	KKimball@conline.com	✓
Mindy Pond	Gateways Comm. Svcs - FS	mpond@gatewayscs.org	✓
Sara Blaine	Residential Resources	sblaine@resources.com	✓
Sandy Pelletier	Galena		✓
Jennifer Pineo	State FS Council	jennpineo@yahoo.com / jsp@nhfr.org	✓
LeAnn Milinder	IPPI/PPN	lmilinder@ippi.org	✓
Jerry Donovan	Robin Hill / ^{BIANH} Provider Chair	jerry@robinhillfarm.com	✓
Sarah Miller	CB	Saillen@communitybridgesnh.org	✓
Richard Royce	Community Bridges	rroyce@communitybridgesnh.org	✓
Ellen McCabe	Helm / CSNI	emccahan@helmkco.com	✓

COI STAKEHOLDER ADVISORY GROUP 10-5-17

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

Deb Schlatt
 Penny Ronley
 Tom Bunnell

Jerry Donovan
 Ellen Mccan
 Linda Resie

Eric John San

**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
Progress Report: October 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.

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 an 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.

To develop a Case Management system for the State of New Hampshire that is conflict free. Target date for full compliance: July 1, January 1 2018 2019.								
Action Items	Start Date	Completion Target Date	Responsible Office	Milestone	Desired Outcome	Status	Date	Completion Date
Sharing and Stakeholder Engagement	02/03/2017	03/15/2017 (and ongoing)	Bureau of Developmental Services (BDS)	1. Current Case Management Providers, families, consumers, etc. are informed that changes are required.	Stakeholders have a clear understanding of why changes are required.	Completed <i>Two letters were sent out, February 13, 2017 and May 26, 2017</i>	03/08/2017 <i>06/26/2017</i>	02/13/2017
	02/03/2017	02/15/2017	BDS	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).	Clear, concise information is shared.	Completed <i>Two letters were sent out, February 13, 2017 and May 26, 2017</i>	03/08/2017 <i>06/26/2017</i>	02/13/2017
	03/15/2017	04/15/2017	BDS	3. Specific Process that BDS will take moving forward will be communicated.	Clear, concise information is shared with timelines.	<i>Corrective Action Plan Information Session held on May 16, 2017. One Hundred and Thirty (130) people were in attendance. Additional letter sent out on May 26, 2017. All information posted on BDS' Website.</i>	<i>06/26/2017</i>	<i>05/30/2017</i>
Stakeholder Workgroup developed	04/01/2017	05/01/2017	BDS	1. Representatives including providers, families, and other stakeholders will be identified for the BDS workgroup guiding this change.	Shared participation and decision making, including many opportunities for meaningful input.	<i>Stakeholder Group formed. Invitation letter went out April 10, 2017. All attended the May 16, 2017 information session and first formal meeting was held on June 21, 2017. Fifty (50) people attended this session.</i>	<i>06/26/2016</i>	<i>date of letter</i>

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To develop a Case Management system for the State of New Hampshire that is conflict free. Target date for full compliance: July 1, January 1 2018 2019.								
Action Items	Start Date	Completion Target Date	Responsible Office	Milestone	Desired Outcome	Status	Date	Completion Date
Assessment of current case management system functioning Develop Report	05/01/2017	08/01/2017 12/01/2017	BDS	1.Develop and implement survey to case management participants.	From consumer/family perspective, with a focus on choice determine: what is working, what is not working, what needs to be changed, what needs to remain the same.	<i>This survey is currently being finalized.</i>		
	05/01/2017	08/01/2017 12/01/2017	Stakeholders	2. Review NCI data regarding case management.	Satisfaction, areas for improvement while implementing change.	<i>Is in the process of being summarized for an upcoming Stakeholder Meeting.</i>		
	05/01/2017	08/01/2017 12/01/2017	Consultants	3. Service System Mapping.	Identify which areas are conflict free, which areas are not, which areas are in-between, and areas where the regulatory exception applies.	<i>The tool has been developed and BDS has conducted ten sessions with the Area Agencies.</i>		
	05/01/2017	08/01/2017 10/01/2017	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.	<i>Data is being collected and summarized.</i>		
	05/01/2017	08/01/2017 12/01/2017	BDS Consultants	5. Assess provider capacity.	1. Understanding of provider capacity and workforce issues. 2. Can current providers accommodate? 3. Are additional providers needed?	<i>This is in process as part of the Mapping Exercise outlined above.</i>		
	05/01/2017	08/01/2017 12/01/2017	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.	<i>This is in process as part of the Mapping Exercise outlined above.</i>		
	05/01/2017	08/01/2017 12/01/2017	BDS Consultants	7. Rate Structure	Is the case management rate sufficient for stand alone case management?	<i>The data collected from the Mapping Exercise will be used to assist with this.</i>		
Maureen Elizabeth DiTomaso: This section was moved to the Development of Implementation Plan section								

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Action Items	Start Date	Completion Target Date	Responsible Office	Milestone	Desired Outcome	Status	Date	Completion Date
	8/1/2017 12/01/17	09/01/2017 01/01/2018	BDS	1. Report out on what data is telling NH.	Road map for future work.			
	8/1/2017 12/01/17	09/01/2017 01/01/2018	BDS	2. Evaluate options for compliance (informed by technical assistance).	Determine data-informed, geographic area-tailored solutions.			
Stakeholder Engagement	09/01/2017	09/30/2017 01/31/2018	BDS	1. Reporting out on findings.	1. Sharing of information found, sharing of options available for compliance, suggested milestones.			
	09/01/2017	09/30/2017 01/01/2018	Consultants	2. Describe options for compliance and national best practices to inform stakeholders of federal priorities, requirements and national best practices.	Facilitated discussion resulting in meeting schedule, committee role, communication.			
	09/01/2017	09/30/2017 01/01/2018	Stakeholders	3. Suggestions for development of work plan.	Stakeholders voice is included and part of the process.			
Cost Allocation Plan	09/15/2017	06/01/2018	BDS DHHS	NH will work on a cost allocation plan. for the Fiscal Intermediary Servcies. in-Respite and Self-Directed-Models	This will ensure there is no Conflict of Interest for the provision of this function.	BDS is currently conducting research in this area.		

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Action Items	Start Date	Completion Target Date	Responsible Office	Milestone	Desired Outcome	Status	Date	Completion Date
Service Gap Identification	11/01/2017	01/31/2018	BDS	For gaps identified in Assessment phase, determine any gaps that may exist in new system.	1. Plan for resolution of identified gaps in the Service Delivery System.	<i>The data collected from the Mapping Exercise will be used to assist with this.</i>		
			Stakeholders					
Rule Review and Revision	12/01/2017	06/01/2018 12/01/2018	BDS	1. Identify rules that will need to be amended for compliance in new system. 2. Implement rule revision process	Rules will be compliant for 1/1/2019 implementation.			
Rate Modeling	12/01/2017	12/31/2017 02/01/2018	BDS	1. Review of Case Management Rates	1. Are they sufficient to meet the new system?			
	12/01/2017	12/31/2017 02/01/2018	Consultants		2. Do they need to be modified?			
	12/01/2017	12/31/2017 02/01/2018	BDS		3. If they need to be modified, request additional funding for SFY 2020.			

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Action Items	Start Date	Completion Target Date	Responsible Office	Milestone	Desired Outcome	Status	Date	Completion Date
Contract Development	01/01/2018	1/31/2018 06/01/2018	BDS NH DHHS Contract Unit	Contracts for Case Management Providers.	Develop contracts/provider agreements for Case Management Providers. Contracts executed for 7/1/2018			
	02/01/2018	06/01/2018	NHDHHS Contract Unit		Contracts executed for 7/1/2018			
Development of Implementation Plan	10/01/2017 01/01/2018	12/01/2017 03/01/2018	BDS	Demonstrate how NH will come into compliance.	1. Outline plan for each area of state: to not exceed 1/1/2018. The plan will take into account workforce and other capacity issues for each part of the state.			
	10/01/2017 01/01/2018	12/01/2017 03/01/2018	Consultants		2. Identify bench marks and compliance indicators.			
	01/01/2018	03/01/2018	BDS Stakeholder Advisory Group Members Providers	Development of written material that clearly communicates choice and the process to request separation of case management and direct services.	Current Participants will have information regarding choice and know how to request separation of case management and direct services.			
	03/10/2018	03/31/2018	BDS Stakeholder Advisory Group Members Providers	Material distributed widely in a variety of forms	Material is easily accessible and understandable			
	03/10/2018	04/30/2018	BDS Consultants	Choice is offered to all waiver participants.	Quality measure developed to ensure choice is offered.			

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Action Items	Start Date	Completion Target Date	Responsible Office	Milestone	Desired Outcome	Status	Date	Completion Date
Gap Plan	02/01/2018	02/28/2018 05/01/2018	BDS	Develop plan to meet identified gaps.				
			Stakeholders					
Determine funding needed for implementation	02/01/2018	02/28/2018 05/01/2018	BDS	Is additional funding needed?	If needed, quantify for SFY 20/21 budget.			
	03/01/2018	03/15/2018 05/01/2018	BDS	If funding is required, call with CMS to discuss implementation dates.	Sufficient funding for change to a system free of COI.			
Quality Improvement	03/01/2018	Ongoing	BDS (with stakeholder engagement)	Quality improvement strategies for restructured case management delivery system.	Develop strategies and performance measures to ensure strong case management and strong individual autonomy and choice			
Develop SFY 20/21 budget request for any changes unable to be executed within the existing budget	09/01/2018	10/01/2018	BDS	Inclusion in State of NH budget for SFY 2020/2021 biennium for any additional costs associated with the transition.	Sufficient funding for change to a system free of COI.			
Case Management Transition	07/01/2018 11/01/2018	07/30/2018 01/01/2019	BDS	1. Seamless transition from one organization to another, if required.	Case Management System in NH compliant with the regulatory conflict of interest provisions			
	07/01/2018 11/01/2018	07/30/2018 01/01/2019	Area Agencies / Case Management					
	07/01/2018 11/01/2018	07/30/2018 01/01/2019	Provider Agencies					

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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 OHCDs: and
b) offers the provision of and system for providers without assigning payment through the OHCDs

To be completed by ~~July 1, 2018~~ **January 1, 2019**

Action Items	Start Date	Completion Target Date	Responsible Office	Milestone	Desired Outcome	Status	Date	Completion Date
Inform Providers of the need to develop a Direct Payment Option	4/1/2017	4/15/2017	BDS	1. Current Direct Delivery Providers, families, consumers, etc. are informed that changes are required to comport with 1902(a)(32) direct payment provisions.		completed	3/8/2017 <i>Completed. 2 letters were sent out, February 13, 2017 and May 26, 2017.</i>	2/13/2017
	4/1/2017	4/15/2017	BDS	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).	Clear, concise information is shared.	completed	3/8/2017 <i>2 letters were sent out, February 13, 2017 and May 26, 2017.</i>	2/13/2017
	4/1/2017	5/30/2017	BDS	3. Specific Process that BDS will take moving forward will be communicated.	Clear, concise information is shared with timelines.	<i>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.</i>	<i>6/26/2017</i>	<i>5/30/2017</i>

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 OHCDs: and
b) offers the provision of and system for providers without assigning payment through the OHCDs

To be completed by ~~July 1, 2018~~ **January 1, 2019**

Action Items	Start Date	Completion Target Date	Responsible Office	Milestone	Desired Outcome	Status	Date	Completion Date
Responsibilities for direct bill providers outlined	7/1/2017	8/30/2017 6/30/18	BDS	1. Responsibilities will be defined between the Area Agency and Direct Bill Provider.		<i>The data collected from the Mapping Exericse will be used to assist with this.</i>		

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 OHCDs: and
b) offers the provision of and system for providers without assigning payment through the OHCDs

To be completed by ~~July 1, 2018~~ **January 1, 2019**

Action Items	Start Date	Completion Target Date	Responsible Office	Milestone	Desired Outcome	Status	Date	Completion Date
Identify system (both IT and general infrastructure) adjustments that are necessary to effectuate the changes	7/1/2017	9/30/2017 12/1/17	BDS	1. identify staffing and IT resources needed	Align with BDS IT RFP process.	<i>A Request for Information has been completed and in the process of being distributed. This outlines the anticipated systme needs.</i>		
	9/30/2017 12/01/17	4/1/2018 06/30/18	BDS (in collaboration with NH's MMIS Vendor, Conduent	1. Establish changes; beta test systems adjustments and process improvements				
Policies and Guidelines and Rule Changes Developed	9/1/2017 01/01/18	9/30/2017 6/30/18	BDS	1. Responsibilities will be outlined as to the roles of each party.				
Provider Certification Developed	5/1/2018	7/30/2018	BDS DHHS Certification	Provider Certification Process developed for those that direct bill	Qualified providers that meet regularatory and quality framework.			
Training and Work Plan Developed	10/1/2017 7/1/18	10/31/2017 8/15/18	BDS	Based on the outcome of above, a work plan and training plan will be developed.				
Information shared with Providers	11/1/2017 9/15/18	11/30/2017 10/15/18	BDS	1. Information will be shared with providers on the direct bill process. It will clearly outline the responsibilities associated.	Clear, concise information is shared, including system requirements			

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 OHCDs: and
b) offers the provision of and system for providers without assigning payment through the OHCDs

To be completed by ~~July 1, 2018~~ **January 1, 2019**

Action Items	Start Date	Completion Target Date	Responsible Office	Milestone	Desired Outcome	Status	Date	Completion Date
Role of Oversight for OHCDs determined	11/1/2017 1/1/18	1/31/2018 4/30/18	BDS	Clear understanding of the role of the Area Agency both when providers choose to direct bill or when they reassign their payment to the OHCDs, and BDS' oversight strategies and quality improvement	Clear role identification and expectations for BDS and Area Agencies (in fulfillment of their various activities).			
OHCDs Administrative Fee	1/31/2018	4/1/2018	BDS	Fee developed and approval/authorization for administrative claiming	To ensure continued oversight at a community level of service delivery; Cost allocation plan adjustment			
Cost Allocation and Plan	2/1/2018	9/1/2018	BDS DHHS	NH will work on a cost allocation plan and/or rate structure for OHCDs	This will ensure there is a mechanism to pay for the OHCDs function.			
Medicaid Enrollment Process	12/1/2017 9/1/18	6/30/2018 12/31/18	Conduent, MMIS Vendor, BDS Providers	Providers will enroll as Medicaid providers				
Contract Development	1/31/2018 9/1/18	3/1/2018 12/30/18	BDS DHHS Contracting unit	1. Contracts updated for OHCDs.				
				2. Contracts developed for Providers who Direct Bill				

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Action Items	Start Date	Completion Target Date	Responsible Office	Milestone	Desired Outcome	Status	Date	Completion Date
Billing Training	5/1/2018 10/1/18	5/31/2018 10/31/18	BDS	Training for providers who will direct bill	To ensure providers are aware of the required steps to ensure payment			
Direct Bill	7/1/2018 1/1/19	ongoing	BDS	Providers choosing to direct bill have the option to do so.				

Private
Provider
Network

*A partnership of NH private
provider agencies supporting
people with Developmental and
Acquired Disabilities*

The RFP Process: Some Vendor Experiences

OCTOBER 5, 2017

The Private Provider Network

- Who we are
- What we do
- Today's presentation: neither a consensus nor an endorsement of any particular solution

We see conflict play out in the RFP process

- ❑ Conflict does occur during the RFP process
- ❑ The RFP process varies considerably across Area Agencies; and hence the type and frequency of conflict
- ❑ We present some experiences we have had and some reported to us by other PPN members

The Simplest Case

- ❑ Sometimes individuals and guardians are not offered choices or are offered very little choice
- ❑ “After successfully being chosen as a vendor for a young gentleman's CPS program, at the initial ISA meeting when the guardian was signing off paperwork regarding "choices", she became upset, stating "NO, NO, NO!". When I asked her about it a few days later, she stated that although she was happy with -----, we were the only vendor presented by the Area Agency for their consideration. It seems up to the Adult Service Coordinator or Transition Coordinator to determine who is at the table as potential vendors.”
- ❑ “It depends on the relationship between our managers and the case manager. If they get along well, they send the RFP to us. It’s happening at the management level.”
- ❑ “The guardian said, ‘they never told us we had a choice. We didn’t know you guys existed.’”
- ❑ These are not isolated comments. We have heard this a lot.

Ideas for your consideration

- ❑ A transparent, standardized process for RFPs across Area Agencies
- ❑ State-wide centralized resource for listing of providers – information about vendors and choice direct from BDS instead of the Area Agencies
- ❑ Vendor fairs in all regions to which all families/guardians are invited, not just those transitioning from schools

Preferred Vendor Lists

- ☐ Many area agencies have preferred vendor lists. There are good reasons to have these: financial accountability and quality assurance.
- ☐ But there are other outcomes as well, ones that can create conflict.
- ☐ Perhaps all on that list get an RFP, perhaps not. There is no transparency.
- ☐ What are the criteria to be on that list? If a vendor is excluded, has the area agency explained why?
- ☐ Do the area agency's services ever leave the preferred vendor list? If not, then the criteria can't be said to be conflict free.

Preferred Vendor Lists

- ☐ Actual lists showing vendor as needing special permission for an RFP
- ☐ Vendor being excluded from doing business with an area agency for ideological reasons
- ☐ Vendor being excluded from a vendor meeting due to not being a preferred vendor

The Experience at ATECH

- ☐ Dealing with poor vendor quality
- ☐ Pushback from certified therapists
- ☐ A conflict-free outcome

More Ideas

- ❑ Require Case Managers to be nationally certified and follow a code of ethics – gives them a personal incentive to push back against any conflicted policies or procedures
- ❑ Basic, objective statewide qualifications for any vendor who wishes to be on the central list of accepted vendors: financial stability, local presence, expertise/scope of practice.
- ❑ Distinguish between what is required by CMS and other ideological reasons vendors have been excluded:
 - ❑ The rule states that following are never home and community-based settings: ?
 - Nursing facilities ?
 - Institutions for mental diseases ?
 - Intermediate care facilities for people with intellectual disabilities ?
 - Hospitals

Capacity Means Choice

- ❑ How the preferred vendor list played out for one individual stuck in the emergency room – from 0 choices to 1 choice
- ❑ Developmental approach for all vendors. Rather than grade to punish, partner to improve.
- ❑ Standardized information at RFP, to assist vendors in not getting in over their heads; capacity information in the response to give individuals ways to evaluate vendor realistically

We end with a question: Where are the “easy” people?

- ❑ There is a perception “out there” that area agencies keep the “easy” people for themselves. However, we only know our own experiences – as individual vendors we have no way to evaluate this question.
- ❑ If it’s a myth, it’s well worth demonstrating that.
- ❑ BDS has data: SIS & HRST. Let’s use the data. What is the distribution of SIS scores across vendors and regions?
- ❑ Why would it matter? It’s a matter of choice, but also a matter of keeping our vendors viable.

1. Who are you?

1. *Individual Receiving Services *Parent/Family Member *Guardian

2. If you had help completing this survey, who helped you?

2. *Parent/Family Member *Friend *Guardian *Agency Staff Member *Provider Staff Member *Other

3. Age of participant (the person receiving services from the Area Agency):

4. What services do you receive?

4. *Case Management(Service Coordination) *Day *Residential *Respite *In Home Supports

*Participant Managed and Directed Services *Other

5. Do you know who your Service Coordinator is?

☐ Yes

☐ No

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

☐ Less than 1 year

☐ 1-2 years

☐ 2-5 years

☐ 5+ years

7. Do you find your Service Coordinator helpful?

☐ Yes

☐ No

Why or why not? (please explain):

8. Do you know how to get help if want a new Service Coordinator?

☐ Yes

☐ No

Please explain:

9. How often on average do you see/talk/email your Service Coordinator?

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Not sure
- ☐ When I need something
- ☐ I do not see/talk to my service coordinator

10. If no, did you want to?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):

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

- ☐ Yes
☐ No
☐ N/A

Other (please specify)

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

Tell us why you rated this way

13. Are you happy with the agency(cies) that provides day, residential, or in-home support services?

- Yes
No

Why or why not? Please provide detailed answers.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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14. If you wanted to change service providers, would you know how to request to do this?

- Yes
- No

15. How important is it to you that case management/service coordination be provided by an agency who doesn't provide you any other other services?

Very Important

Somewhat Important

Not Important

16. Does your Service Coordinator work for the same agency as your Direct Service Provider?

- ☐ Yes
- ☐ No
- ☐ I don't know

17. NH is required to make changes to separate case management (service coordination) and direct service delivery. What do you think about this?

Strongly Agree

Agree

Slightly Agree

Slightly Disagree

Disagree

Strongly Disagree

18. As we make this change, what do you want us to keep in mind?

19. Other comments:

Thank you for your time.

If you would like more information on this survey or the forums please contact Jenn Pineo at NH Family Voices 271-4525 or jsp@nhfv.org

If you would like more information on the Corrective Action Plan please visit <https://www.dhhs.nh.gov/dcbcs/bds/hcbs-waiver.htm>