Division of Long Term Supports and Services
Bureau of Developmental Services and
Bureau of Elderly and Adult Services

Emergency Department
Processes and Protocols
NH Hospital Association
October 10, 2018
Introductions

Presenters:

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Populations and the DHHS Bureaus:

- Adults and Children with Developmental Disabilities (DD), Acquired Brain Disorders (ABD) or In Home Support for Children with Developmental Disabilities (IHS) Waiver recipients
- Children with Severe Disabilities (CSD) aka “Katie Becket” recipients, now referred to as Home Care for Children With Severe Disabilities (HC-CSD)
- People who are over 18 who are disabled and/or elderly (Choices for Independence (CFI) Waiver)
- Adults with Dual Diagnosis such as DD, ABD or Elderly also presenting with Psychiatric Disorder or Severe Mental Illness
- Home and Community Based Services (HCBS) Waivers allow for people who would traditionally be institutionalized to receive services in their communities.
Overview of DHHS and Service Delivery

Bureau of Developmental Services

Area Agencies
BDS contracts with Area Agencies for Service Delivery

Bureau of Elderly and Adult Services

Independent Case Management Agencies
BEAS oversees Case Management Agencies, but does not contract

Private Provider Agencies
Provider agencies deliver services to people who are elderly and/or disabled but does not contract

Bureau of Mental Health Services

Community Mental Health Centers
BMHS oversees services delivered by CMHCs. CMHCs are under contract with MCOs for service delivery
Challenges Faced by Emergency Department Personnel

• Patients are treated and ready for discharge.

• In many cases, these populations are HCBS Medicaid Waiver recipients and they have a service coordinator at the local Area Agency (AA) involved in coordinating their care.

• If they are Medicaid Recipients, they will have a Managed Care Organization (MCO) which manages their acute needs.

• If they have Mental Health Care needs, their behavioral health care may be managed through the MCO as well. They may also have a case manager at the local Community Mental Health Center (CMHC).

• It is unclear to the Emergency Department personnel on who to contact on the individual’s behalf.
ED Personnel Experiences:

- Situations when provider agencies or family care givers have “given up” and the individual has nowhere to be discharged to.
- Situations when the individual cannot be discharged to their previous residence because they require a higher acuity of care, but there is no availability.
- Note: This is not just an emergency department issue. In some cases, hospital staff have difficulty when an individual had to be an inpatient (patients staying for weeks/months) cannot be discharged due to a variety of factors (no guardian, no agency, no appropriate placement).
What kind of support can NH DHHS or agencies provide?

• The Bureau of Developmental Services developed an Emergency Department (ED) Protocol with recommendations.
• This protocol has been shared with Area Agencies and Independent Case Management Agencies

Protocol for Extended Emergency Department

Stays for Individuals Served by Area Agency

December 1, 2017:

PURPOSE: This protocol clarifies the Bureau of Developmental Services (BDS) expectations for individuals who are experiencing prolonged stays (more than 24 hours) in the Emergency Department.
ED Protocol, Continued:

**PROTOCOL:** For individuals who are in the Emergency Department for twenty-four hours or more, the Area Agency shall:

1. Notify their BDS Liaison regarding the situation.
2. Depending on the situation, BDS may request that the Area Agency Staff schedule a conference call to include the following, as appropriate. (Please ensure that there is a release on file):
ED Protocol, Continued:

Outpatient Mental Health Therapist(s)
Outpatient Primary Care Physician
Psychiatrist
Area Agency Service Coordinator
Bureau Liaison
Legal Guardian and/or involved Family Members
Emergency Department Staff
Community Mental Health Center Emergency Department Staff
START Coordinator
Managed Care Organization Care Coordinator (MCO)
Transitional Housing Staff
Provider Agency Staff (Residential and/or Day)
ED Protocol, Continued:

The AA may want to consider:

3. Involving START if not already involved. If involved with START, contact the START Coordinator. If the Individual is not connected with START coordinator submit an emergency START referral.

4. If involved with mental health services, immediately notify outpatient treatment team including psychiatrist and therapist.

5. Request these providers directly contact the Emergency Department team to give their recommendations.

6. If a psychiatric hospitalization is recommended a referral should be placed immediately.
7. If the above process does not yield an acceptable outcome/solution for the individual then, consider placing a referral to Jennifer McLaren, M.D. (BDS Medical Director) to ensure that the individual’s needs are being assessed and evaluated.

Depending on the situation and/or circumstances, BDS may require regular updates regarding the status.
Dr. McLaren Referral Process:

Non-Emergent: Submit paper referral to Brenda Johnson Email: Brenda.Johnson@dhhs.nh.gov

(603) 271-4997 phone

Emergent (Emergency Room Involvement): Have the START Coordinator contact Dr. McLaren directly by email with subject line: “Patient in Emergency Department” START Coordinators will have Dr. McLaren’s contact information.
What is the START Center?

The **START Resource Center** in the State of New Hampshire opened in 2014 and is operated by Community Bridges (Region 4, Concord Area Agency). The START Resource Center is designed to employ a positive, person-centered approach for assessment, crisis prevention and stabilization in the context of a safe, supportive therapeutic setting for those over the age of 21 who need them.

The START Resource Center can assist someone after discharge from a mental health facility, provide assessment and support to someone in distress, or give ongoing support to an individual who lives with their family but cannot benefit from traditional “respite” programs.

START Resource Centers promote person-centered approaches and training for individuals, families, and caregivers with therapeutic tools, provision of multi-modal clinical assessments, and therapeutic recreational experiences. All interventions and supports can be applied to the person’s home setting, and occur with the active engagement of the individual’s system of care.

All referrals are made through NH START coordinators. There is a maximum length of stay at the Center of no more than 30 days for emergency services, and no more than 5 days for planned services.
Other Efforts:

• The Managed Care Organizations (New Hampshire Healthy Families and Well Sense) currently hold a weekly call with representatives from DHHS (BMHS, BDS, BEAS) to discuss their members who are currently in the Emergency Department.

• New Hampshire Hospital receives a daily report that lists the people who are currently in the ED or Designated Receiving Facility and awaiting a bed at NHH.

• The BMHS participates in weekly calls with hospitals and each of the MCOs to explore alternative treatment options for people on their plan who are waiting in an ED. The BDS is invited when there is a Member that is associated with an Area Agency on the list.
Who is Responsible for the Person in the ER?

Questions for the Hospital Staff to ask:

• Is there a legal guardian?
• Is there a provider agency involved? (residential staff or home care provider)
• Is there an Area Agency Service Coordinator or Independent Case Manager?
• Is there a Managed Care Organization?
• What is the role of the Bureau of Developmental Services / Bureau of Elderly and Adult Services?
**BDS**: This unit is responsible for determining clinical eligibility for Medicaid-funded home- and community-based services provided through the 1915 (c) Home and Community Based DD, ABD and IHS Waiver.

BDS works with Area Agencies to administer the Medicaid LTC eligibility and services.

BDS and/or subcontractors assess, evaluate and approve the long-term care needs of individuals in a face-to-face interview to determine if they meet the standard for He-M 503 (DD) or He-M 522 (ABD).

Area Agency service coordinators establish a service plan for those individuals determined to be eligible for DD or ABD services to assure their health and safety in a community setting. This unit reviews and approves all individualized budgets for DD, ABD and IHS.

**BDS:**

Contact List is on the next slide
# BDS Contact List

<table>
<thead>
<tr>
<th>Region</th>
<th>Area Agency Name</th>
<th>First Name</th>
<th>Last Name</th>
<th>Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>Northern Human Services</td>
<td>Abby</td>
<td>Conger</td>
<td>271-5111</td>
<td><a href="mailto:Abigail.Conger@dhhs.nh.gov">Abigail.Conger@dhhs.nh.gov</a></td>
</tr>
<tr>
<td>Region 2</td>
<td>PathWays of the River Valley</td>
<td>Abby</td>
<td>Conger</td>
<td>271-5111</td>
<td><a href="mailto:Abigail.Conger@dhhs.nh.gov">Abigail.Conger@dhhs.nh.gov</a></td>
</tr>
<tr>
<td>Region 3</td>
<td>Lakes Region Community Services</td>
<td>Abby</td>
<td>Conger</td>
<td>271-5111</td>
<td><a href="mailto:Abigail.Conger@dhhs.nh.gov">Abigail.Conger@dhhs.nh.gov</a></td>
</tr>
<tr>
<td>Region 4</td>
<td>Community Bridges</td>
<td>Jessica</td>
<td>Gorton</td>
<td>271-8942</td>
<td><a href="mailto:Jessica.Gorton@dhhs.nh.gov">Jessica.Gorton@dhhs.nh.gov</a></td>
</tr>
<tr>
<td>Region 5</td>
<td>Monadnock Developmental Services</td>
<td>Jessica</td>
<td>Gorton</td>
<td>271-8942</td>
<td><a href="mailto:Jessica.Gorton@dhhs.nh.gov">Jessica.Gorton@dhhs.nh.gov</a></td>
</tr>
<tr>
<td>Region 6</td>
<td>Gateways Community Services</td>
<td>Karen</td>
<td>McLaughlin</td>
<td>271-5094</td>
<td><a href="mailto:Karen.McLaughlin@dhhs.nh.gov">Karen.McLaughlin@dhhs.nh.gov</a></td>
</tr>
<tr>
<td>Region 7</td>
<td>Moore Center Services</td>
<td>Jessica</td>
<td>Gorton</td>
<td>271-8942</td>
<td><a href="mailto:Jessica.Gorton@dhhs.nh.gov">Jessica.Gorton@dhhs.nh.gov</a></td>
</tr>
<tr>
<td>Region 8</td>
<td>One Sky Community Services</td>
<td>Darlene</td>
<td>Ferguson</td>
<td>271-5032</td>
<td><a href="mailto:Darlene.Ferguson@dhhs.nh.gov">Darlene.Ferguson@dhhs.nh.gov</a></td>
</tr>
<tr>
<td>Region 9</td>
<td>Community Partners</td>
<td>Karen</td>
<td>McLaughlin</td>
<td>271-5094</td>
<td><a href="mailto:Karen.McLaughlin@dhhs.nh.gov">Karen.McLaughlin@dhhs.nh.gov</a></td>
</tr>
<tr>
<td>Region 10</td>
<td>Community Crossroads</td>
<td>Karen</td>
<td>McLaughlin</td>
<td>271-5094</td>
<td><a href="mailto:Karen.McLaughlin@dhhs.nh.gov">Karen.McLaughlin@dhhs.nh.gov</a></td>
</tr>
</tbody>
</table>
BDS 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.
BDS also provides the following services not operated through the HCBS Waivers.

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

**Services include:**
- 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.

**Client Eligibility**

### Family Support to Children with Chronic Health Conditions

**Services include:**
- 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.
Programs – Bureau of Developmental Services

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 526. 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.

• 100% General Funds, no Federal Funds.

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.

• No General Funds Match, match paid for by School Districts.
Bureau of Developmental Services

- Contract Development, Management and Monitoring
- Oversight/Quality Reviews
- Regional System Evaluation (Redesignation)
- Facilitation of Regional Activities

10 Regional Area Agencies

- Financial Management and Monitoring
- Program Monitoring
- Evaluation/Quality Assurance

Vendor Contracts

- Service Coordination
- Family Support
- Residential/Personal Care Services
- Day/Vocational/Employment Services
- Community Support Services (Independent Living)
- Early Supports and Services
- Participant Directed & Managed Services
- In Home Support Services (for children)
- Specialty Services

State Contract

BDS Liaisons

State and Federal Statutes and Regulations

Direct Services
# List of Area Agencies:

<table>
<thead>
<tr>
<th>Region</th>
<th>Agency Name</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>Northern Human Services</td>
<td>603.447.3347</td>
<td><a href="http://www.northernhs.org">www.northernhs.org</a></td>
</tr>
<tr>
<td>Region 2</td>
<td>Pathways of the River Valley</td>
<td>603.542.8706</td>
<td><a href="http://www.pathwaysnh.org">www.pathwaysnh.org</a></td>
</tr>
<tr>
<td>Region 3</td>
<td>Lakes Region Community Services</td>
<td>603.524.8811</td>
<td><a href="http://www.lrcs.org">www.lrcs.org</a></td>
</tr>
<tr>
<td>Region 4</td>
<td>Community Bridges</td>
<td>603.225.4153</td>
<td><a href="http://www.communitybridgesnh.org">www.communitybridgesnh.org</a></td>
</tr>
<tr>
<td>Region 5</td>
<td>Monadnock Developmental Services, Inc.</td>
<td>603.352.1304</td>
<td><a href="http://www.mds-nh.org">www.mds-nh.org</a></td>
</tr>
<tr>
<td>Region 6</td>
<td>Gateways Community Services</td>
<td>603.882.6333</td>
<td><a href="http://www.gatewayscs.org">www.gatewayscs.org</a></td>
</tr>
<tr>
<td>Region 7</td>
<td>The Moore Center</td>
<td>603.206.2742</td>
<td><a href="http://www.moorecenter.org">www.moorecenter.org</a></td>
</tr>
<tr>
<td>Region 8</td>
<td>One Sky Community Services, Inc.</td>
<td>603.436.6111</td>
<td><a href="http://www.oneskyservices.org">www.oneskyservices.org</a></td>
</tr>
<tr>
<td>Region 9</td>
<td>Community Partners</td>
<td>603.516.9300</td>
<td><a href="http://www.communitypartnersnh.org">www.communitypartnersnh.org</a></td>
</tr>
<tr>
<td>Region 10</td>
<td>Community Crossroads</td>
<td>603.893.1299</td>
<td><a href="http://www.communitycrossroadsnh.org">www.communitycrossroadsnh.org</a></td>
</tr>
</tbody>
</table>
**BEAS:** This unit is responsible for determining clinical eligibility for Medicaid-funded nursing home care and home- and community-based services provided through the 1915 (c) Home and Community Based CFI Waiver.

BEAS and BFA have an integrated team and processes for administering the Medicaid LTC eligibility and services.

BEAS and/or subcontractors assess, evaluate and approve the long-term care needs of individuals in a face-to-face interview to determine if they meet the standard for nursing home care as defined in RSA 151-E:3 e.

BEAS and CFI case managers work together to establish a service plan for those individuals determined to be eligible for CFI services to assure their health and safety in a community setting. This unit also reviews and approves special rate requests for LTC, and nursing facilities.

**BEAS Long Term Care (LTC) Eligibility Unit:**

Kristina Ickes: BEAS Administrator IV  
Office: 271-5035, Kristina.Ickes@dhhs.nh.gov  
Long Term Care (LTC) Medical Eligibility Unit: Phone: 271-9088
## Choices for Independence (CFI) Case Management Information Sheet

### What is CFI?

Choices for Independence (CFI) is a home and community-based 1915(c) waiver, funded by Medicaid, that provides a wide range of services designed to enable eligible individuals to remain in their homes and stay active in their communities. (Adults participating in the CFI program must be at least 18 years of age, be eligible for Medicaid, and meet nursing facility level of care.)

Some of the supports that the CFI Program could provide to an individual include (but are not limited to):

- In-home services to assist with eating, bathing, dressing and other personal care tasks, as well as general assistance with household tasks and preparation of nutritious meals.
- Medical equipment and home modifications to support independence
- Respite care
- Participant-directed and managed services
- Supported employment

### What are the steps I need to take to apply?

**In order to be found eligible for the CFI Program, you must be found both financially and clinically eligible.**

The first step in the eligibility determination process is completing and submitting a NH Medicaid application.

This can be done either online at [www.NHEasy.com](http://www.NHEasy.com), at your local DHHS District office, or at your local ServiceLink office.

To locate your local ServiceLink office, you can either call 1-866-634-9412, or visit [www.serviceLink.nh.gov](http://www.serviceLink.nh.gov)

To locate your local DHHS District Office, you can either call 603-271-9700, or visit [www.DHHS.nh.gov](http://www.DHHS.nh.gov)

The staff located at both your local DHHS Office and ServiceLink office can help you through the process of completing the application and gathering all of the appropriate supporting documentation to determine eligibility.

### What happens next?

Please be aware that it can take up to 45 days for the application materials to be processed once the application and supporting documentation has been submitted.

Once you are found eligible for CFI services, you will be assigned a CFI Case Manager, either based on your preference (if you have one) or the availability of service providers in your area.

**For more information on the case management service providers in your area, please see the map on the opposite page.**

Once a Case Manager has been assigned to you, you will receive a letter from DHHS. A representative of the Case Management Agency will reach out to you to begin the development of your service plan. They will also assist you with arranging support services with other health care providers in your area, based on your goals and support needs.
**Choices for Independence (CFI) Case Management Information Sheet**

### List of Independent Case Management Agencies:

- **Brain Injury Association of New Hampshire**
  - Phone: (603) 225-8400
  - Website: www.bianh.org

- **Community Crossroads**
  - Phone: (603) 893-1299
  - Website: www.communitycrossroadsnh.org

- **Crotched Mountain**
  - Phone: (603) 547-3311
  - Website: www.crotchedmountain.org

- **Gateways**
  - Phone: (603) 882-6333
  - Website: www.gatewayscs.org

- **Granite Case Management**
  - Phone: (603) 848-7345
  - Website: www.granitecasemanagement.com

- **Life Coping**
  - Phone: (603) 888-3588
  - Website: www.lifecoping.org

- **Pilot Health**
  - Phone: (603) 352-9354
  - Website: www.pilothealth.com

### ServiceLink Locations

For more information, go to [www.serviceLink.nh.gov/locatort/](http://www.serviceLink.nh.gov/locatort/)

### Counties and Services

- **Belknap**
  - Brain Injury Association of NH
  - Community Crossroads (limited coverage)
  - Crotched Mountain
  - Granite Case Management
  - Life Coping
  - Pilot Health

- **Carroll**
  - Brain Injury Association of NH
  - Community Crossroads
  - Crotched Mountain
  - Granite Case Management
  - Life Coping
  - Pilot Health

- **Cheshire**
  - Brain Injury Association of NH
  - Community Crossroads
  - Crotched Mountain
  - Gateways
  - Life Coping
  - Pilot Health

- **Coos**
  - Brain Injury Association of NH
  - Community Crossroads
  - Crotched Mountain
  - Life Coping
  - Pilot Health

- **Grafton**
  - Brain Injury Association of NH
  - Community Crossroads (limited coverage)
  - Crotched Mountain
  - Granite Case Management (limited coverage)
  - Life Coping
  - Pilot Health

- **Hillsborough**
  - Brain Injury Association of NH
  - Community Crossroads
  - Crotched Mountain
  - Gateways
  - Granite Case Management (limited coverage)
  - Life Coping
  - Pilot Health

- **Merrimack**
  - Brain Injury Association of NH
  - Community Crossroads
  - Crotched Mountain
  - Granite Case Management
  - Life Coping
  - Pilot Health

- **Rockingham**
  - Brain Injury Association of NH
  - Community Crossroads
  - Crotched Mountain
  - Gateways
  - Granite Case Management
  - Life Coping

- **Strafford**
  - Brain Injury Association of NH
  - Community Crossroads
  - Crotched Mountain
  - Granite Case Management
  - Life Coping

- **Sullivan**
  - Brain Injury Association of NH
  - Community Crossroads (limited coverage)
  - Crotched Mountain
  - Granite Case Management
  - Life Coping
  - Pilot Health
**BFA:** This Unit Administers programs that provide financial, medical, and food and nutritional assistance; help with childcare costs; and provide emergency help to obtain and keep safe housing.

Financial eligibility determination for these programs is processed through this Bureau. BFA and BEAS work collaboratively to process applications for assistance and offer provider relations to LTSS providers.

**BFA:**

Lisa Boucher: BFA LTC Regional Administrator
Office: 419-0126, lisa.boucher@dhhs.nh.gov

Secure LTC Email for verifications & general Questions only:

longtermcare@dhhs.nh.gov

<table>
<thead>
<tr>
<th>WHO TO CALL: Inquiry Regarding</th>
<th>Person(s)</th>
</tr>
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<tbody>
<tr>
<td>BFA Financial Eligibility</td>
<td></td>
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<tr>
<td>Status</td>
<td>Lisa Boucher</td>
</tr>
<tr>
<td>Need to Discuss Case</td>
<td>Lisa Boucher</td>
</tr>
<tr>
<td>BEAS: Medical Eligibility/PASSR/Service Authorization, Special Rate Requests</td>
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<tr>
<td>Confirm MEA received</td>
<td>LTC Medical Eligibility Unit</td>
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<tr>
<td>Prior Authorization</td>
<td>LTC Medical Eligibility Unit</td>
</tr>
<tr>
<td>-Using NHEasy</td>
<td>LTC Medical Eligibility Unit</td>
</tr>
</tbody>
</table>
Managed Care Organization Contact Information:

**New Hampshire Healthy Families:**
https://www.nhhealthyfamilies.com/
Member Services: #1-866-769-3085

**Well Sense Health Plan:**
https://www.wellsense.org/
Member Services: #877-957-1300 option 3

*If the individual has multiple needs, request the Care Coordination Department*
Questions?