



Jeffrey A. Meyers
Commissioner

Deborah D. Scheetz
Director

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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11/25/2019

Northern Human Services
Attn: Eric Johnson
87 Washington St
Conway, NH 03818

Dear Eric Johnson:

The New Hampshire Department of Health and Human Services, Bureau of Developmental Services (BDS) recently concluded its Area Agency Redesignation Review for Northern Human Services as required by the State Administrative Rule He-M 505, Establishment and Operation of Area Agencies.

The Redesignation Review focused on a number of key areas: Area Agency governance, financial management, compliance with contractual and regulatory requirements and individual, family, and guardian satisfaction with Area Agency supports and services.

The Northern Human Services Redesignation Team consisted of the following BDS staff: Abigail Conger. She was assisted by Kaarla Weston, Karen McLaughlin and Darlene Ferguson.

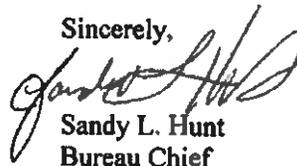
I would like to thank all of the people associated with Northern Human Services for their cooperation in assisting the Department in carrying out this important process. I am particularly grateful for the assistance given by Northern Human Service's staff who made every effort to see that meetings and forums were scheduled and that materials were available for the team's use.

It is my pleasure to inform you that Northern Human Services has been redesignated for the period of October 1, 2018 through September 30th, 2023.

The Department recognizes your agency's efforts on behalf of persons with developmental disabilities, acquired brain disorders, and their families. We are pleased that you are a part of New Hampshire's service delivery system.

Please do not hesitate to contact me or any other members of the Redesignation Team if you have questions.

Sincerely,



Sandy L. Hunt
Bureau Chief

CC: Deborah D. Scheetz, Division Director
Abigail Conger BDS Liaison

**Northern Human Services – Region 1
Redesignation 2019
Corrective Action Plan**

Northern Human Services and the Bureau of Developmental Services completed the Redesignation process in 2019. The results of the Redesignation were as follows.

- Standard 1: 2018 Governance Audit – Met
- Standard 2: Area Agency Financial Condition – Met
- Standard 3: Compliance with DHHS Program Certification Requirements - Unmet
- Standard 4: Compliance with Family Centered Early Supports and Services – Met
- Standard 5: Compliance with medication Administration and Health Care Coordination – Met
- Standard 6: Compliance with Employment Supports for Individuals – Unmet
- Standard 7: Developmental Disabilities (DD), Acquired Brain Disorder (ABD) and In Home Support (IHS) Waivers Service File Reviews – Met

Corrective Action Plan for the Unmet standards

Standard 3: Compliance with DHHS Program Certification Requirements

1) **Identification of root causes;**

- a) **Quality Improvement oversight** – Background: Historically QI responsibilities were shared between the Regional Administrator and Regional Coordinator. NHS then created a dedicated position for QI in January 2016. The position was filled however the QI Coordinator only stayed 1.5 years. The initial position had not yet reached full capacity and carried out all of the pro-active identified QI responsibilities that were envisioned. The position was then filled again and the second coordinator only stayed in the position for about 1 year. (Of note: Both people left the position to accept higher paying jobs with DHHS.) Again, the second coordinator never reached full capacity of identified QI activities. By not having a solid person in the QI role for several years, NHS has been challenged to manage some oversight on a pro-active basis in order to mitigate potential deficiencies.
- b) **Staff evaluations** – Background: While NHS has had a policy in place for many years regarding staff evaluations; the completion of all evaluations was not closely monitored. This lack of monitoring resulted in deficiencies.
- c) **Criminal record checks, BEAS registry checks, and DMV checks** – Background: For many years, NHS has utilized a third party company, PreCheck, as part of our background check process for all employees and providers. NHS has always completed the NH State checks, BEAS registry checks and the DMV checks along with PreCheck. On the PreCheck paperwork an employee could indicate if they lived in other states and if they did, PreCheck would specifically check those states. This was an area that we were rarely cited on prior to December 2018 and then, deficiencies were not about the use of the third party agency

completing out of state checks. It first became an issue at a state certification review in December of 2018 that the third party agency we used was not sufficient based on 506.03(d)(3&4).

- d) **Smoke Alarms/Fire Drills** –A tracking system for ongoing oversight of functional smoke alarms and fire drills being completed on a timely basis according to the regulations was not implemented in the past with regional oversight by QI.
 - e) **Self-administration assessments are completed on time, controlled medication counts are completed as required, and medication quality reviews are completed as required** – Background: NHS employs seven nurse trainers (NT's). Over the past 5 years, several long term NT's have retired or moved on to other opportunities. NHS has experienced difficulty in hiring for these positions, sometimes leaving vacancies for longer than would be desired. This has resulted in the existing NT's needing to "pick up the slack" which is a root cause of this issue.
- 2) **Specific Actions that will be taken to remediate the issues identified, expected results with timeframes for the remediation and plan to monitor the implementation;**
- a) **Staff evaluations:** In 2017, NHS instituted a merit based staff evaluation process and all supervisors were trained. Staff evaluations are to be completed on an annual basis and each employee is eligible for a 0-4% pay increase dependent on the results of the evaluation. Because the evaluation process now has compensation attached to it, NHS has already seen significant improvements in the timeliness of evaluations. Office Managers in each of the locations are responsible for tracking all evaluations on an ongoing basis. Directors of each location are responsible to monitor staff compliance with timeliness. Twice yearly, timeliness of staff evaluations will be checked by a member of the QI Committee. NHS would like to see 100% compliance; however there are factors that influence this, such as vacant supervisor positions that may result in some evaluations being late.
 - b) **Criminal record checks, BEAS and DMV checks:** In February of 2019 NHS revised this process and started doing direct state checks for any state the prospective employee or provider disclosed they lived in within the past year. NHS still utilizes PreCheck in addition to all other required checks. The state requirements for background checks were reviewed with a vendor agency that had deficits in this area at a QI meeting on Aug. 20th, 2019. The vendor acknowledged the issue and verified they are aware of the requirements. Expected results are to be 100% in compliance. Ongoing monitoring will include twice yearly spot checks of a sampling of new hires/providers in the previous six months. Overview of the enhanced process will be reviewed with the Office Managers yearly or more often if needed. Overview of the rule will be part of the quarterly QI meetings with vendor agencies. It should be noted that the cost of these record checks has increased and is exacerbated by the high turnover rates with direct support staff.

- c) **Develop tracking procedures to ensure that smoke alarms are being installed and maintained as required, and that fire evacuation drills are being completed as required.** The NHS Housing Coordinators meet on a quarterly basis. Every 5 years, NHS staff conduct unannounced overnight fire drills; these are in the process of being completed right now. It is the intent for NHS to create a region wide tracking sheet for fire drills that will reside in a shared folder on the agency network. This way, QI oversight can be done by a member of the QI Committee. 12/31/19 is the timeline for having this new tracking system in place. In addition, NHS intends to add to the current fire drill form a requirement for quarterly testing of the smoke detector system in all 1001 homes. The purpose of the testing is to ensure that they are communicating and working properly. The timeline for this is 11/30/19.
- d) **Self-administration assessments are completed on time, controlled medication counts are completed as required, and medication quality reviews are completed as required.** In April 2017, NHS increased the salary of the NT's to help with recruitment and retention. Recruiting for 2 NT positions in the Common Ground area is taking place at this time. Because of the difficulty in recruiting, NHS is again increasing the salary of NT's to help with recruitment and retention. The NT responsible for the staffed homes in one area of NHS has revised the expectations for controlled med counts to include that controlled meds are counted by incoming and outgoing staff together at all shift changes, in addition to being counted when they are administered.
- In August 2019, a meeting with the NT's was held to review the areas that were unmet and to discuss the tools each NT uses for tracking purposes. Each tool was shared with the Regional Administrator to review one standardized tool will be used for all the RN's to utilize. The expected date of completion is 12/31/2019.
- The QI committee will also be discussing and developing a data tracker for the nursing quality reviews, expected date of completion, 12/31/2019.

Overall certification data recording and tracking: Historically, NHS has not utilized a database for tracking all certification results. The process of developing a database is under way at this time with an expected date of completion of 10/31/19 for recent state reviews conducted during this fiscal year and by 12/31/19 for reviews done the previous fiscal year.

Standard 6: Compliance with Employment Supports for Individuals

- 1) **Identification of root causes:** Jessica Smith, Vocational Program Coordinator in collaboration with Tobey Partch-Davies with the Institute on Disability and Christine Philipson with Community Support Network, Inc identified several discrepancies within the data sets throughout the state. After further evaluation of NHS's data set we determined several hundred records throughout the state were omitted from the data sets due to errors such as; duplicate records, missing data, transfers to other regions and the biggest identifier was the "Last Changed Date" column. After reviewing the "Last Changed Date" column we were able to identify the records had not been reviewed or updated during a substantial length of time. Due to this finding a decision was made to omit the records until further evaluation could take place. This procedure was done throughout the entire state resulting in nearly 1400 records unaccounted for. It was also determined within NHS, there were several staff members who changed positions, retired, new hires or left the agency which led to the

records not being evaluated or updated during the staffing transition. Additionally, there were changes at BDS in employment oversight and NHS was not notified that there were issues of concern with the data or reporting until the Redesignation report.

- 2) **Specific actions that will be taken to remediate the issues identified and the expected results with timeframes for the remediation.** Jessica Smith and Tobey Partch-Davies worked together to evaluate NHS's data set to identify a plan of correction. Through further examination Jessica Smith has recommended each area within NHS identify a staff member to track vocational services.

Jessica has been identified as NHS's area agency data coordinator and has worked with each office within NHS to update all records within the system. She has worked with Liz Charles and Megan Vincent to identify all individuals whom are no longer with the agency due to a transfer or death. All individuals served from 10/1/18 to present that have experienced new employment during the year AND are no longer employed will have the record updated, the record be updated. Each local office is responsible to update the last changed date of 9/30/2018 in order to capture people who may have worked during the year but were never added to the EDS system. Jessica will ensure NHS's data set is complete and accurate no later than 9/30/2019 to create quarterly reports moving forward.

NHS will continue to meet quarterly and review the data within each area. Jessica will send email reminders to all identified vocational staff members about data updates and changes within the EDS system. All vocational staff members will be expected to complete data trainings provided by Tobey Partch-Davies and Christine Philipson when available.

It should be noted that the entire Area Agency system was identified as having errors and omitted data sets. It Jessica and Tobey will work together to identify current discrepancies and make the necessary changes before presenting to the State as a whole. Jessica has worked with NHS vocational staff members and the updates are near completed. More than three quarters of the data sets have been updated and are ready for Jessica to review, scrub and submit to the Bureau quarterly moving forward. NHS will identify a staff member who will be responsible for updating all transfers and deceased individuals in order to resolve the duplicate records. Jessica will continue to meet with vendor vocational team members to ensure they are aware of the changes within the EDS system and are also making the necessary updates.

By 9/30/19 all records at each area of NHS will be saved and the "Last Changed Date" will be current in order to capture the record.

By 10/5/19 Jessica will have a current data set to be submitted to the Bureau identifying our employment outcomes.

NHS will continue to meet on a quarterly basis to review the data as a whole which will be scrubbed and provided by Jessica.

Jessica in collaboration with Tobey and Christine will provide EDS trainings to all staff within NHS as necessary.

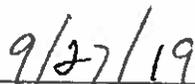
Vocational staff will be expected to evaluate their data sets on a monthly basis at a minimum.

Overall responsibility for this corrective action plan resides with Liz Charles, Regional Administrator.

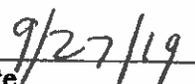
Summary: NHS management and the Board of Directors appreciates that the Bureau understands and acknowledges the challenges inherent in providing centralized oversight to NHS's vast rural geographic area that stretches 155 miles from end to end. NHS operates 5 primary service locations across northern NH with a multitude of service delivery staff and a lean administrative structure. Regulatory requirements and outcomes reporting have increased significantly in the past 5 years with no additional funding to enhance administration to manage the additional demands. Nonetheless, NHS places a high value on the delivery of quality services and the ongoing support of BDS.

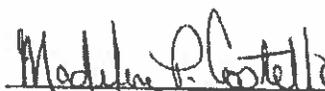
This corrective action plan was reviewed with the Board of Directors at the September 23rd, 2019 meeting.

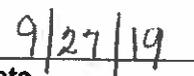

Liz Charles, Regional Administrator


Date


Eric Johnson, CEO


Date


Madeline Costello, President, BOD


Date

NORTHERN HUMAN SERVICES
Board of Directors Meeting
The Dairy Bar, Berlin
September 23, 2019

Present: Maddie Costello, Becky McEnany, Steve Michaud, Georgia Caron, Bob Fink

Excused: Marge McClellan, Dorothy Borchers, Jim Salmon, Carrie Duran

Staff: Eric Johnson, Dale Heon, Suzanne Gaetjens-Olsen, Liz Charles, Lu Johnson, Kassie Eafrazi, Susan Wiggin

Maddie called the meeting to order at 5:15 p.m.

Secretary's Report – Becky asked for a motion to accept the minutes of the July meeting as presented. Maddie motioned, seconded by Georgia and carried:

RESOLVED: Board members agreed to accept the minutes as presented and place on file.

Treasurer's Report – See filed/distributed Revenues and Expenses as of August 31st for both corporations. In Jim's absence, Dale reported that Shallow River Properties is running normal for this time of year. Northern's financials are showing a loss; similar to last month factoring in work reduction with employees out on vacation. The numbers may be off, and Dale is analyzing for more detail.

QI/Program Committee:

Georgia reviewed the September 12th minutes stating it was a terrific Program Committee meeting. Mental Health: Suzanne reported that the Bridge Subsidy Program is housing assistance for those on a waiting list. The state reassigned the program from Harbor Homes, who had a contract with the state, to the MHCs. An employee of NHS applied for and accepted the position to oversee the program. Integrated healthcare at Crossroads Clinic, located at White Mountain Mental Health, is a collaboration with Ammonoosuc Community Health Services and provides similar services as Crossroads Clinic in Berlin. Developmental Services: Eric and Liz met with Deb Sheetz, and Sandy Hunt to discuss Conflict Free Case Management. Liz explained that we need to work towards non-conflicted clients and have until August of 2021 to meet the requirements. Currently we're 35% compliant and continue to meet with other regions and vendor agencies to discuss collaboration.

Director of Behavioral Health – Kassie reported receiving funding from Berlin and surrounding towns; new clinical director hired; employee shifting positions; hired a part-time psychiatrist, Dr. Homan; Emergency Services continue to do split daytime hours with Littleton and working towards a safe place to be versus hospitalization; Crossroads Clinic is now totally overseen by Coos County Family Health Services and might expand services to include dental; continuing

work with the response shelter is going well; increased contract with Coos County Nursing Home; awarded a \$50k two-year grant from an anonymous donor through the NH Charitable Fund to train case managers in a modular approach for adolescents who have/risk of or have caregivers with a substance use disorder; Drug Court is going well with two graduating from the program; Project AWARE grant ended but talking with the school administration to determine how to proceed without funding.

Director of Developmental Services – Colebrook: Lu reported that Vershire Center is currently serving 46 clients; celebrated its golden anniversary; Don Noyes Chevrolet sponsored this year's Vershire Open which raised approximately \$16k; loss of several key staff but may present an opportunity to define job responsibilities (including Berlin); Columbia House, six bed residence, has a new Program Coordinator, Dennis Johnson, and two clients transferred to other settings with one in transition. Berlin: Community Services Center is currently serving 59 clients; Coos County Botanical Garden Club was recognized by the City of Berlin's Mayor Paul Grenier who proclaimed May 1st as the Coos County Botanical Garden Club Day. Will O'Brien, Community Integrator, developed the club's seal presented to the Mayor in the form of a plaque and placed on the wall of City Hall; staffing for direct care has been challenging with seven employees leaving but Cindy hired six in the last two weeks; financial tracking system, implemented in July, has made a positive difference in timely paperwork; total of 53 clients working in Berlin and Colebrook with 12 school contracts in the Berlin area and one in Colebrook; Direct Service Provider Day will take place tomorrow at Heritage Park recognizing Berlin and Colebrook staff.

President's Report:

Annual Business Meeting – Monday, October 28th at The Glen House. The meeting will begin at 4:00 p.m. with the Auditor's Report followed by a Social Gathering at 4:30, Dinner at 5:00 and Business Meeting at 6:00.

Nominating Committee – Three-year member terms for Marge McClellan and Bob Fink are up including Jim's two-year term as Treasurer. Maddie will speak with Jim, and Marge; Bob agreed to another term.

Mission Statement Reaffirmation - A requirement of the Community Benefits Plan, Maddie read the statement: "To assist and advocate for people affected by mental illness, developmental disabilities and related disorders in living meaningful lives" asking for a motion to reaffirm. Georgia motioned, seconded by Bob and carried:

RESOLVED: Board members approved reaffirmation.

November meeting – Members will have the option to ZOOM or teleconference in.

CEO's Report:

Family Support Advisory Council – August meeting minutes were distributed earlier tonight.

Re-designation Corrective Action Plan – Distributed. Liz reviewed Standard 3, Compliance with DHHS Program Certification Requirements, and Standard 6, Compliance with Employments Supports for Individuals, and the specific actions that will be taken to rectify the issues and explained that board approval is required in order for the state to accept it. Georgia motioned to accept the plan, seconded by Steve and carried:

RESOLVED: Board members approved the plan as presented.

Operational updates – Eric reported that the new IT Director, Mike Kasson, is in the discussion phase of purchasing a new EMR. We're currently operating without a contract. Mike is working with a team to spec out what's needed and possibly an RFP will go out next month. There's a risk that the current product might not be supported which is why we need to pursue a new product. Eric received the Expert Reviewer report and will send it out to members. AmeriHealth is the third MCO with 4,600 enrollees; mostly new Medicaid. Dale confirmed that we currently have 10 – 12 enrolled.

Conflict-Free Case Management – Eric explained that the firewall criteria will require case managers to report to a separate chain of command. Limited access to information will need to be teased out. He and Liz will meet with staff to discuss the requirements, physical barrier criteria and stress PDMS education.

The meeting adjourned at 7:10 p.m.

Respectfully submitted,

Becky McEnany, Secretary



NH Department of Health and Human Services

Bureau of Developmental Services

Redesignation Report

Northern Human Services

Redesignation Review Conducted between July 2018 – April 2019

Report Date: July 2019



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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July 1, 2019

Eric Johnson
87 Washington St
Conway NH 03818

Dear Mr. Johnson,

Please find enclosed the redesignation report for Northern Human Services. Redesignation is a fundamental aspect to the Developmental Services System and is required by State Statute RSA 171-A:18 and He-M 505.08. Per He-M 505.08 (a) an area agency is required to apply to BDS for redesignation every five years.

As outlined in He-M 505.08 (e) (1) – (9), an area agency shall be considered successful and operating efficiently when it annually:

- 1) Demonstrates, through its services and supports, a commitment to a mission that embraces and emphasizes active community membership and inclusion for persons with disabilities;
- 2) Demonstrates, through multiple means, its commitment to individual rights, health promotion, and safety;
- 3) Provides individuals and families with information and supports to design and direct their services in accordance with their needs, preferences, and capacities and to decide who will provide them;
- 4) Involves those who use its services in area planning, system design, and development;
- 5) Assesses and continuously improves the quality of its services, and ensures that the recipients of services are satisfied with the services that they receive;
- 6) Demonstrates, through its board of directors and management team, effective governance, administration, and oversight of the area agency staff, providers, and, if applicable, subcontract agencies;
- 7) Is fiscally sound, manages resources effectively to support its mission, and utilizes generic community resources and proactive supports in assisting people;
- 8) Complies, along with its subcontractors, if applicable, with state and federal requirements; and
- 9) Achieves the goals identified in its area plan and implements the recommendations made in its previous redesignation report from the department.

As outlined in He-M 505.08 (f) BDS seeks information from the following sources to ensure that the requirements outlined in 1-9 (above) are being met:

- 1) Public comments generated by forums with the board of directors, self-advocacy groups, and the family support council regarding the area agency's demonstrated ability to provide local services and supports to individuals and their families;
- 2) A comprehensive self-assessment of the area agency's current abilities and past performance;

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- 3) Input from a wide range of people, agencies, or groups who are either recipients, providers, or people who collaborate in the provision of services and supports;
- 4) Documentation pertaining to area agency operations available in the area and at the department; and,
- 5) Input from department staff who have direct contact with and knowledge of area agency operations.

Northern Human Services is redesignated for the next five years in accordance with He-M 505.08. For the areas that require remediation, a Corrective Action Plan must be submitted to the Bureau, via Abigail Conger, BDS Bureau Liaison to Northern Human Services within 90 days of this letter. The corrective Action Plan must satisfy the following areas:

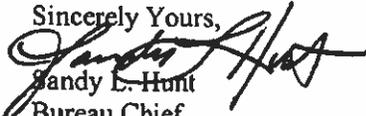
- 1) Identify root causes,
- 2) Specify actions that will be taken to remediate the issues identified,
- 3) Note the expected results with timeframes for the remediation,
- 4) Describe the plan to monitor the implementation, and
- 5) Identify the name and title of the individual at the Area Agency who has overall responsibility for the Corrective Action Plan.

Based on the information gathered through the redesignation process, Northern Human Services did not meet the standard in two out of the eight areas:

- Compliance with DHHS Program Certification Requirements
- Compliance with Employment Supports for Individuals

The planning for the Corrective Action Plan must involve Board members and be approved by the Board of Directors. The Corrective Action Plan submitted to the Bureau of Developmental Services shall include Board minutes noting the approval of the plan.

Sincerely Yours,


Sandy E. Hunt
Bureau Chief

Enc.

- CC. Maddie Costello, Northern Human Services Board President
Commissioner Jeffrey Meyers, Department of Health and Human Services
Director Deborah Scheetz, Division of Long Term Supports and Services
Jennifer Doig, BDS Finance Administrator
Melissa St. Cyr, Chief Legal Officer

New Hampshire Department of Health and Human Services (DHHS)
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Executive Summary

In accordance with State of New Hampshire Administrative Rule He-M 505 Establishment of Area Agencies, reviews of area agencies (AA) occur upon application and thereafter every five years. The purpose of He-M 505 is to define the criteria and procedures for approval and operation of state designated area agencies. A redesignation review of Northern Human Services in northern New Hampshire occurred on 7/25/18 through 4/1/19. The review team included staff from the Department of Health and Human Services (DHHS), the Division of Long Term Supports and Services (DLTSS), the Bureau of Developmental Services (BDS) and the Office of Improvement, Integrity and Information (OIII).

The Summary of Redesignation Activities, Findings and Observations references the following sources of information:

- Area Agency 2018 Annual Governance Audit
- Area Agency Financial Condition with Five-Year Trend Analysis
- Compliance with DHHS Program Certification Requirements
- Compliance with Family Centered Early Supports and Services Requirements
- Compliance with Medication Administration and Health Care Coordination Requirements
- Compliance with Employment Supports for Individuals Requirements
- Developmental Disabilities, Acquired Brain Disorder and In Home Support Waivers Service File Review Findings
- Summary of Stakeholder Engagement to Include:
 - Summary of the Family Support Questionnaire
 - Summary of the Individuals and Self-Advocates Redesignation Forum
 - Summary of the Family and Guardian Redesignation Forum
 - Summary of the Family and Guardian Redesignation Survey
 - Summary of the Provider Redesignation Survey

Attachments

Appendix A: The NH Department of Health and Human Services, Bureau of Developmental Services Regional Governance Audit 2018 Statewide Tally & Governance Audit for Northern Human Services, 2018

Appendix B: Developmental Services System Annual Report of Financial Condition for FY 2017 with Five-Year Trend Analysis report

Appendix C: Area Agency Certification Statistics Calendar Year 2016 and 2017 report

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Division of Long Term Supports and Services (DLTSS)
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- Appendix D: Extracted and combined pages from the New Hampshire Developmental Services Employment Data reports from BDS Employment Reports June 2015, June 2016, Dec 2016, Jan-July 2017, July-Dec 2017, Jan-Mar 2018, June 2018 and September 2018.
- Appendix E: Northern Human Services response letter to the Service File Review, 2018

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2018 Governance Audit Summary:

Please refer to The NH Department of Health and Human Services, Division of Long Term Supports and Services, Bureau of Developmental Services Regional Governance Audit and Statewide Tally for Northern Human Services 2018 (See Appendix A).

Standard	RSA 171A:18 Area Agency Responsibility and Operations He-M 505 Establishment and Operation of Area Agencies, and He-M 519 Family Support Services Contract, Exhibit A, Section 2: Scope of Services
Status	Met

Findings:

In the 2018 Annual Governance Audit, which measures compliance with 14 indicators found in RSA 171A, He-M 505, and He-M 519, Northern Human Services distinguished themselves by being rated in all 14 indicators as "Met."

New to the 2018 Governance Audit was a review of the agency's adherence to State Statute RSA 126-G:4, and State Rule He-M 519, both relating to establishment of and the agency relationship to the regional Family Support Council.

There are seven indicators to this part of the Governance Audit; Northern Human Services met the expectations in all seven.

Remediation:

None Required

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Area Agency Financial Condition Summary
DHHS, DLTSS, BDS: Office of Improvement and Integrity
Prepared, April 2018

Please refer to the Developmental Services System Annual Report of Financial Condition for FY 2017 with Five-Year Trend Analysis report (See Appendix B).

Standard	Contract, Exhibit A, Section 2.15: Maintenance of Fiscal Integrity
Status	Met

Findings:

In the area agency contract, Exhibit A, Section 2.15.2.1 c. requires the contractor to have enough cash and cash equivalents on hand to cover expenditures for a minimum of thirty (30) calendar days. The chart below demonstrates that Northern Human Services is compliant with this requirement for the fiscal years ending 6/30/2014, 6/30/15, 6/30/16, and 6/30/17 (numbers taken from the Annual Report of Financial Condition for FY2017). The September 2018 data was calculated using the monthly financial information submitted by Northern Human Services. This information is a requirement in the contract, located in Exhibit A, Section 2.12 titled Maintenance of Fiscal Integrity.

Days of cash on hand	06/30/2014	06/30/2015	06/30/2016	06/30/2017	09/30/2018
<i>(based on 365 days)</i>	93	115	97	128	55

In the area agency contract, Exhibit A, Section 2.15.2.2 c. requires the contractor maintain a minimum current ratio of 1.5:1. The chart below demonstrates that Northern Human Services is compliant with this requirement for the fiscal years ending 6/30/2014, 6/30/15, 6/30/16, and 6/30/17 (numbers taken from the Annual Report of Financial Condition for FY2017). The September 2018 data was calculated using the monthly financial information submitted by Northern Human Services. This information is a requirement in the contract, located in Exhibit A, Section 2.12 titled Maintenance of Fiscal Integrity.

Current Ratio	06/30/2014	06/30/2015	06/30/2016	06/30/2017	09/30/2018
	4.7:1	3.6:1	3.5:1	5.4:1	6.1:1

Remediation:

None Required

New Hampshire Department of Health and Human Services (DHHS)
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Compliance with DHHS Program Certification Requirements Summary
Office of Legal and Regulatory Services
Calendar Year 2013 through September 2018

Please refer to the Area Agency Certification Statistics Calendar Year 2013 through September 2018 report (See Appendix C).

Standard	RSA 171-A Services for the Developmentally Disabled He-M 1201 Medication Administration He-M 1001 Certification Standards for Developmental Services He-M 500 Developmental Services (to include all requirements for Acquired Brain Disorder (ABD) Waiver – He-M 522) He-M 310 Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community Contract, Exhibit A, Section 1: Provisions Applicable to all Services
Status	Unmet

Findings:

Northern Human Services directly manages the majority of their certified community residences and CPS sites. They also contract with several vendor agencies that provide both residential and CPS services to some Northern Human Services individuals. Their certification statistics are as follows:

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>
REVIEWS	100	88	71	88	100
# DEFICIENCIES	173	173	109	115	203
AVG # DEF. PER REVIEW	1.73	1.96	0.53	1.3	2.05
ABBREVIATED	0	0	0	0	1
NEW	29	9	10	16	11
ANNUAL	31	36	29	32	45
BIENNIAL	37	42	31	40	43
FOLLOW UP	3	1	0	0	0
NO INSPECTION	0	0	1	0	0
He-M 310	16	11	6	5	6
Me-M 503	7	4	3	4	6
He-M 506	3	5	4	5	15
He-M 507	26	30	15	14	31
He-M 1001	91	95	52	57	104

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He-M 1201	29	23	24	25	37
RSA 171-A	1	5	4	5	3
RSA 161					1

The following are the State Administrative Rules and Law under which Northern Human Services received citations:

- He-M 310: Rights of Persons Receiving Developmental Services and Acquired Brain Disorder Services in the Community. The purpose of these rules is to define the rights of applicants for service or persons who have been found eligible for services under He-M 503.03 or He-M 522.03 and who are being served in the community or in a state-operated designated receiving facility. Individuals might have additional rights under RSA 151:21, patients' bill of rights for residents of health care facilities. The majority of the deficiencies cited under this rule were in regard to the notification of rights not being completed on an annual basis. That being said, their percentage of He-M 310 deficiencies have decreased each year over the past five years from 9.2% down to 2.9% in 2018.
- He-M 503: Eligibility and the Process of Providing Services. The purpose of these rules is to establish standards and procedures for the determination of eligibility, the development of service agreements, and the provision and monitoring of services which maximize the ability and informed decision-making authority of persons with developmental disabilities and which promote the individual's personal development, independence and quality of life in a manner that is determined by the individual. The number of He-M 503 deficiencies cited in each of the past three years have been in the single digits, with the 2018 total of six deficiencies only accounting for 2.9% of their total deficiencies for the year.
- He-M 506: Staff Qualifications and Staff Development Requirements for Developmental Service Agencies. The purpose of these rules is to outline the minimum qualifications of provider agency staff, and the training requirements for such staff. The far majority of the deficiencies cited under this rule were in regard to staff evaluations not being completed on an annual basis. The percentage of He-M 506 deficiencies have increased from a low of 1.7% of their total deficiencies in 2014 to a high of 7.3% in 2018.
- He-M 507: Community Participation Services. The purpose of these rules is to establish standards for community participation services as part of a comprehensive array of community-based services for persons with developmental disabilities or acquired brain disorders. The majority of the deficiencies cited under this rule were in regard to missing daily documentation and inaccurate weekly calendars/schedules. He-M 507 deficiencies have accounted for between 12.1% of their total deficiencies in 2017 to 17.3% in 2015. In 2018, He-M 507 deficiencies accounted for 15.1% of their deficiencies for the year.
- He-M 1001: Certification Services for Developmental Services Community Residences. The purpose of these rules is to define the standards and procedures for the certification of community residences funded by the state of New Hampshire for persons with a developmental disability or acquired brain disorder and establish minimum standards governing the operation and continued certification of such residences.

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He-M 1001 deficiencies accounted for between 47.7% of their total deficiencies in 2016 to 55% in 2014. In 2018, He-M 1001 deficiencies accounted for 50.7% of their total deficiencies for the year. As He-M 1001 accounts for the majority of the rules that are reviewed at certification, it would be expected that the percentage of He-M 1001 deficiencies would be higher than all other rules reviewed at certification. The majority of the deficiencies cited under this rule were in regard to household maintenance issues (typically furnace inspections), record checks not being completed prior to hire, smoke alarms either not working properly or not installed properly, and fire evacuation drills not being completed as required.

- **He-M 1201: Healthcare Coordination and Administration of Medications.** The purpose of these rules is to establish minimum standards for individuals' health coordination and to ensure the safe administration of medications by providers to individuals who receive services pursuant to He-M 1001, He-M 507, He-M 518, He-M 521, He-M 524, or He-M 525 as applicable. He-M 1201 deficiencies accounted for between 13.2% of their total deficiencies in 2015 to 22% in 2016. In 2018, He-M 1201 deficiencies accounted for 18% of their total deficiencies for the year. The majority of the deficiencies cited under this rule largely fell into the areas of self-administration assessments missing or not being completed on time, controlled medication counts not being done or not being accurate, and medication quality reviews not being completed as required.
- **RSA 171-A: Services for the Developmentally Disabled.** The purpose of this chapter is to enable the department of health and human services to establish, maintain, implement, and coordinate a comprehensive service delivery system for the developmentally disabled persons. All of the deficiencies cited under this law were in regard to individuals not having an annual physical. The total number of RSA 171-A deficiencies was in the single digits for each of the past five years. In 2018, there were only three RSA 171-A deficiencies, which accounted for 1.4% of their total deficiencies for the year.

Certification Summary

As noted at the beginning of this report, the certification statistics for Northern Human Services have remained mostly consistent over the past 5 years. This is commendable, as this area agency operates four separate offices throughout the northern half of the state, each one with their own certification staff, service coordinators, and nursing staff. The certification numbers in regard to He-M 310, He-M 503, He-M 507, and RSA 171-A are all similar or lower than other area agencies around the state, and are not concerning. In regard to He-M 506, the fact that these deficiencies jumped from 4.3% in 2017 to 7.3% in 2018 is of some concern. As noted above, the majority of these deficiencies were in regard to staff evaluations not being completed annually.

Remediation:

Northern Human Services will develop plans to ensure the following:

- Staff evaluations are completed in a timely manner
- Criminal record checks, BEAS registry checks, and DMV checks are being completed as required by rule,
- Develop tracking procedures to ensure that smoke alarms are being installed and maintained as required, and that fire evacuation drills are being completed as required.
- Self-administration assessments are completed on time,
- Controlled medication counts are completed as required, and
- Medication quality reviews are completed as required.

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Compliance with Family Centered Early Supports and Services Summary
DHHS, DLTSS, Bureau of Special Medical Services (SMS)
Fiscal Years 2014, 2015, 2016, 2017, and 2018

Northern Human Services contracts with the Bureau of Developmental Services (BDS) to provide Family Centered Early Supports and Services (FCESS) to children birth to three years of age in Region I.

Standard	He-M 510 Family-Centered Early Supports and Services Contract, Exhibit A, Section 4: Family Centered Early Supports and Services
Status	Met

Findings:

Northern Human Services (NHS) is the area agency that contracts with the Bureau of Developmental Services to provide Family Centered Early Supports and Services (FCESS) to children birth to three years of age in the region. NHS has a FCESS program located in Conway. The area agency participates in monitoring the FCESS program serving children 0-3 years old. Area agency and program staff are cooperative and consistently use feedback from monitoring for program improvement. Documentation is provided in a timely manner. For the five years included in this summary there have been no formal complaints or disputes for the FCESS program in this region.

The FCESS program subcontracts with a significant number of providers. In FY14 it was noted that supervision of these subcontractors needed to increase to ensure appropriate service were being provided and in compliance with He-M 510 rules. Throughout 2015 and 2016, the FCESS program director implemented a monthly process to review the subcontractor's needs and/or concerns with families. This process has improved relationships between the agency and vendor which has resulted in enhanced services.

Key staff have been nominated to receive recognition for the 2018 Family Engagement Month due to their involvement in our Sustainable Early Engagement for Change (SEE Change) initiated under our Part C State Systemic Improvement Plan (SSIP). The agency emphasizes training in order to ensure the highest quality of staff support. Through their commitment, family engagement has increased and parents are the ones influencing their child's development.

Licensure for the NHS FCESS program are consistently up to date. Professional development plans for staff are consistent with the standards of our system. For the past five years all required trainings have been completed for all staff working in the FCESS R1 program.

Several compliance indicators are monitored annually on site, with on-site and through virtual desk audits. There is data system follow up as needed.

- Indicator 1 monitors the timely provision of services to children and families. The NHS FCESS program has maintained 100% compliance with this indicator with the exception of FY 16 when follow-up was needed. The program was able to correct the noncompliance within the allotted 90-day correction period and achieve 100% compliance with remediation. No findings of noncompliance have been issued against them.

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- Indicator 2 monitors the provision of services in the child's natural environment(s). NHS FCESS has consistently provided services in the child's natural environment for the five years summarized in this report.
- Indicator 7 monitors the 45-day timeline from referral of a child to FCESS through family consent to a completed individual family support plan (IFSP). NHS FCESS has achieved 100% compliance for the past five years.
- Indicator 8 monitors the quality and timeliness of transitions for children from the Part C FCESS program to their local Part B Preschool Special Education program. For this indicator there are 3 subcategories of compliance.
 - 8a. NHS FCESS achieved 100% compliance because all children transitioning to Preschool Special Education had transition plans completed within the expected timeframe.
 - 8b. 100% of notifications to the local education agency (LEA, Preschool Sp. Ed. programs) and the state educational agency (SEA, Department of Education) were completed according to compliance guidelines for all five years.
 - 8c. During the five years of this report, NHS FCESS was 100% compliant with requirements to schedule transition conferences, inviting school staff.

Each year the area agency and program staff have worked cooperatively with Bureau of Developmental Services staff to maintain quality and compliance for FCESS program. There have been no formal complaints or disputes for FCESS programs in this region. All requested follow up was provided in a timely manner.

Family Outcome Surveys (FOS) are used to further assess quality of services for families served by the FCESS program. Region 1 NHS FCESS has consistently received positive evaluations of services as measured by the FOS. Families report that the program has assisted them to understand their rights, communicate their child's needs, and help their child grow and learn.

Northern Human Services area agency provides quality services for the FCESS system through their FCESS program. The AA/FCESS Management representative attends FCESS staff meetings quarterly, reports systemic issues to AA management, attends home visit with staff, and has spoken with families to elicit feedback. AA and the FCESS program work as a team to effectively serve children and families in that region.

Remediation:

None Required

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**Compliance with Medication Administration and Health Care Coordination Summary
DHHS, DLTSS, BDS Nurse Administrator
Fiscal Years 2015 – 2018**

The Nurse Trainers of Northern Human Services work in collaboration with vendor agencies, Program Managers, Service Coordinators, Quality Management, Residential staff, Home Care Providers, Day Program staff, and Direct Support Professionals.

Nurse Trainers provide on-going training and oversight of the He-M 1201's healthcare coordination and medication administration to non-licensed staff providing care to the individuals served by the area agency. Nurse Trainers are responsible for quality assurance, education of non-licensed providers, completing, and compiling the medication error reports.

Nurse trainers within the Northern Human Services are also trained in using the Health Risk Screening Tool (HRST) as both Rater and Clinical Reviewers, with the main focus on clinical reviews of those individuals with a health care level of (3) or more. Nursing staff review ten percent (10%) of those individuals with a health care level of one (1) or two (2) on an annual basis.

Nurse Trainers work in tandem with Service Coordinators to assure the on-going accuracy of the screening tool. The HRST provides improved oversight and intervention of the individuals served. The HRST will detect destabilization in the early stages and is intended to prevent premature deaths.

The following synopsis is a compilation of the routine six-month area agency medication administration review reports which are submitted to the BDS statewide Medication Committee for review. There are a variety of issues that can arise during the reporting periods, which are addressed on an individual basis.

Standard	He-M 1201 Medication Administration Contract, Exhibit A, Section 1: Provisions Applicable to all Services
Status	Met

Findings:

2014 / 2015 Medication Administration Outcomes:

Northern Human Services reports to the NH Bureau of Developmental Services Medication Committee for 2015 (July 1, 2014 through June 30, 2015) 1,624 total errors in either wrong medication, wrong time, wrong dosage, omission, or documentation. There were zero (0) errors reported for wrong person, or wrong route. This was a 15% decrease from the SFY 2014 reporting period. The majority of the errors (832) were documentation errors. During this reporting period, there were between 173 – 176 individuals receiving medication from authorized providers and there were 561,065 medication doses administered.

- Northern Human Services nurses worked diligently to identify reasons for errors and provided additional training to staff. Nurse Trainers re-educated staff using one to one remedial teaching and review.
- The number of announced and unannounced quality assurance (QA) visits were increased in an effort to enhance positive, healthy outcomes and reduce errors.

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- Medication errors were addressed during monthly supervision meetings. Nurse trainers continued to emphasize the importance of preventing distractions during medication administration, performing triple checks, following the six-rights, and following PRN protocols
- Staffing issues remain a challenge, as a result of high staff turnover within vendor agencies. There were less experienced staff, and as a result more medication errors were incurred
- Northern Human Services worked closely with vendor agencies to ensure quality care by providing on-going one to one trainings, mandating two-hour He-M 1201 trainings, increasing the number of announced and unannounced visits, and by providing trainings during home care provider meetings.

2015 / 2016 Medication Administration Outcomes:

Northern Human Services reports to the NH Bureau of Developmental Services Medication Committee for 2016 (July 1, 2015 through June 30, 2016) 587 total errors in either wrong medication, wrong time, wrong dosage, wrong person, omission, or documentation. There were zero (0) errors reported for wrong route. This was a 63% decrease from the SFY 2015 reporting period. The majority of the errors (290) were omission errors. During this reporting period, there were between 156 – 190 individuals receiving medication from authorized providers and 626,659 medication doses administered.

- Northern Human Services created a new Quality Improvement (QI) Compliance Coordinator position. This employee worked in collaboration with Nurse Trainers to assist in establishing accuracy of the medication administration reports.
- The QI Compliance Coordinator assisted vendor agencies on how to improve the reporting process.
- The QI Compliance Coordinator performed home visits in order to assist in the review of medication administration records, and other documentation pertaining medication administration.
- Nurse Trainers provided additional oversight to vendor agencies, increased unannounced visits, and conducted reeducation related to controlled medications, counts, and documentation.

2016 / 2017 Medication Administration Outcomes:

Northern Human Services reports to the NH Bureau of Developmental Services Medication Committee for 2017 (July 1, 2016 through June 30, 2017) 574 total errors in either wrong medication, wrong time, wrong dosage, wrong person, omission, or documentation. There were zero (0) errors reported for wrong route. This was a 2% decrease from the SFY 2016 reporting period. The majority of the errors (341) were omission errors. During this reporting period, there were between 202 – 207 individuals receiving medication from authorized providers and there were 653,464 medication doses administered.

- Home care providers were re-educated in doing triple checks and review of the six-rights.
- Nurse Trainers performed frequent unannounced visits and quality assurance reviews to monitor medication logs, and provide direct observation of medication administration.
- Program Coordinators and Project Directors who worked in collaboration to improve communication in medication administration and to ensure compliance attended Nurse Trainer quarterly meetings.

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2017 / 2018 Medication Administration Outcomes:

Northern Human Services reports to the NH Bureau of Developmental Services Medication Committee for 2018 (July 1, 2017 through June 30, 2018) 185 total errors in either wrong medication, wrong time, wrong dosage, wrong person, omission, or documentation. There were zero (0) errors reported for wrong route. This was a 68% decrease from the SFY 2016 reporting period. The majority of the errors (77) were documentation errors. During this reporting period, there were between 172 – 183 individuals receiving medication from authorized providers and there were 653,100 medication doses administered.

- Communication played a key part in reducing the volume of errors reported in the previous reporting periods.
- The QI Compliance Coordinator continued to attend vendor and agency quarterly meetings to improve processes and communication.

Remediation:

None Required

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Compliance with Employment Supports for Individuals Summary
DHHS, DLTSS, BDS Administrator of Employment Support
Fiscal Years 2015-2018

In accordance with He-M 518, area agencies must make employment services available to individuals served in their region and must report quarterly data using the Employment Data System (EDS).

Please refer to the reports entitled: BDS Employment Reports June 2015, June 2016, Dec 2016, Jan-July 2017, July-Dec 2017, Jan-Mar 2018, June 2018 and September 2018 (See Appendix D).

Standard	He-M 518 Employment Services Contract, Exhibit A, Section 2.7: Employment Data System (EDS)
Status	Unmet

Findings:

In the Employment Data Reports pertaining to the percent of individuals employed (21 – 64 years old, excluding self-employment), Northern Human Services ranked:

- June 2015: 2nd
- June 2016: 2nd
- December 2016: 3rd
- In 2017 the rankings were removed from the reports.
- March 2018: 2nd
- June 2018: 6th

The December 2018 employment data report was not available at the time of this report.

Northern Human Services is in compliance with contractual requirements for entering employment data in the NH Leads Database (EDS). Improvements are needed to update information on a regular basis.

The NH Leads Data Administrator reports the agency currently has 207 jobs that are active as of March 2019. Of those 207 there has not been a review on 46 or 22% of them within the last 6 months, and 24, or 12% of them have not been reviewed within the last year.

NHS's employment team continues to meet on a quarterly basis. During these meetings they discuss trends and barriers within employment among the different demographics that they cover. Northern Human Services demonstrates an ongoing effort and commitment to ensure individuals who have expressed interest in working are given the opportunity to seek and maintain meaningful employment within their community.

Remediation:

Northern Human Services will identify a specific staff member to regularly update and maintain the Employment Database and develop a quality assurance process to ensure that these individuals are reviewed on a regular basis.

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Developmental Disabilities (DD), Acquired Brain Disorder (ABD) and In Home Support (IHS) Waivers Service File Review Findings
DHHS, DLTSS, BDS Administrator of Quality Assurance
July, 2018

Annual Service File Reviews are part of an annual quality review process developed by the Bureau of Developmental Services (BDS) to monitor compliance with New Hampshire’s Home and Community Based Services waivers.

Agencies prepare a self-assessment and submit it to BDS electronically prior to BDS’ on-site review. BDS schedules two to three days for the on-site visits with each agency to complete the reviews during the months of April, May and June and reviews a random sample of service recipients.

The Record Review Audit includes a review of the following for each individual randomly selected:

- The current and previous service agreements;
- Progress notes from April 1 - June 30 of the previous year;
- Documentation of Service Coordination visits to the home that occurred during the time period outlined above (and if they did not occur during this time, documentation as to when they did occur);
- Contact logs for the period outlined above;
- If receiving services under He-M 507, weekly schedule for the three months outlined above noted; and
- All documentation to support responses on the agency’s self-assessment form. The agency may be required to show evidence of compliance in each area noted.

In addition, agencies prepare a “Program at a Glance” summary for each of the three waivers, for the day of the review. At a minimum, the summary includes:

- Total number of individuals served by the agency specific to each waiver;
- Summary of the File Review and Post Payment Review, by specific waiver;
- Self-assessed strengths;
- Self-assessed lessons learned; and
- Any plans of correction as a result of the review.

Please refer to Northern Human Service’s response letter to the Service File Review, 2018 (See Appendix E).

Standard	He-M 505.08 Redesignation
Status	Met

Findings:

A review of 50 service records (20) Developmental Disabilities, (25) In-Home Support, and (5) Acquired Brain Disorder covering the service period April 1, 2017 to June 30, 2017 indicated the following:

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Positive Practices across Region:

1. In the post payment review, NHS indicated that they had strong documentation of attendance for all services provided.
2. All SIS's and HRST were up to date.
3. Utilization review was implemented on a consistent basis to ensure the reduction of lapse.
4. Within In Home Supports (IHS), families have a comprehensive understanding of services provided by the agency and the communication is considered "strong" which is reflected in their on-going advocacy.
5. The IHS team has worked with families to empower them to find the employee that best fits their child and family's needs, rather than relying on the area agency to do the interviewing. They have discovered that the Family Managed Employees, (FME's) who were identified by the families have had the highest retention rate.

Areas of Focus:

1. Northern Human Services identified the transition from the old Service Agreement template to the new HRST Service Agreement as difficult. It was discovered that there were a few instances in which amendments were missing in order to continue the previous SA until the next new SA was completed. All Service Agreements are expected to be on the HRST template, as a result NHS has indicated this challenge will no longer be an area of concern in the future.
2. Northern Human Services identified that at times documentation is not as robust as they would prefer. Some families and vendors struggle with the concept that clear and concise documentation is necessary. Northern Human Services has worked on some improvement measures but believe this will be an ongoing struggle for some families/programs. Therefore, families may need on going assistance and training by Northern Human Services.
3. Assisting families in the quality and timeliness of their monthly Family Feedback documentation is an area needing improvement within the In Home Supports program and Northern Human Services.

Remediation:

None Required

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Stakeholder Feedback Findings
DHHS, DLTSS, BDS Administrator of Quality Assurance
October 2018 – February 2019

In accordance with He-M 505.08(f) as part of the redesignation process, DHHS sought feedback from a variety of stakeholders the summaries of which are below:

Family Support Council (FSC) Redesignation Questionnaire Summary November 2018

As outlined in He-M 519.06 the area agency is required to have a Family Support Council (FSC). It is part of the FSC's role to make recommendations to the area agency with regard to their strategic plan as well as the utilization of respite. In accordance with He-M 505.08, the FSC was asked to respond to the following questions. The council answered the questions unanimously:

1. What level of involvement do you have in the development of the Area Agency's Strategic Plan?
 - "We don't have input to this plan other than this survey. There are other things that are sort of strategic planning (ex. Conflict free case management) that they have come to us for input. Two FSC are members of the board as well."
2. How is the council kept informed of issues and changes pertaining to Family Support or any other regional and statewide changes in laws or services?
 - "We get updated monthly from legislative liaison and NHS liaison. We have a member on the state family support council as well. Two members are on the DD council. One member is on partners in health council."
3. Briefly describe any outreach activities of the council as they relate to informing and assisting the community on ways to include individuals with disabilities in full participation in their communities.
 - "Employment of clients in the community. We did legislative coffees to inform the community of the needs of people with disabilities. The family Support conference always has workshops on this issue. We don't do much ourselves that address the exact issue of inclusion."
4. Does the area agency share with you any information (such as survey results) it has compiled about quality of services?
 - "Occasionally - Survey results on conflict free case management. We were showed employment data. The family support survey results are shared. Our liaison shares what they get from stakeholder meetings."
5. Are you given an opportunity to help improve these services?
 - "Not as much as we would like."

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6. Do you have an understanding of and input into the overall family support budget and have control of the council allocation?
 - “We really have little input into how much our overall FS budget is. However, we have full control and understanding once the amount of the entire budget is allocated. When reduced they have spoken to us before hand and to the extent possible have worked to restore the funding.”
7. How would you describe the council’s relationship with the area agency? (For example, how has the area agency been supportive in helping the family support council; in what other ways could the area agency help the council; is the dispute resolution procedure between the area agency and the council as described in the Family Support Plan effective)?
 - “Overall we characterize it as good/strong. We have never used a dispute procedure (other than talking out our issues) in the past. Our executive director is open to meeting with the council members and we discuss goals/visions. We have a good relationship with him. FSC gets invited to some board meetings and has us speak at some as well. Communication between AA and Northern could be strengthened. We could have more Northern people as “guest speakers” at meetings.”
8. What information/educational opportunities does the area agency provide the council about rights and rights protection (For example, did you have input into the development of the rights manual and its updates; are any council members involved in rights trainings and instructors for individuals, families or area agency/subcontract agency staff)?
 - “Families get rights manuals at the individual level. As a council we have had a training on privacy. However, we played no role in developing the rights manual.”
9. What additional information would you like to have on this topic?
 - “None at this time.”
10. Do you feel that the activities and contributions of the council are valued by the area agency? Please give evidence as to why you have reached this conclusion.
 - “We feel our opinion is valued. We are asked about evaluation of coordinators. We were part of the hiring process for coordinators. They want to hear at a board level what is happening in the council. A small exception is that there is no mention of the council in last year’s annual report.”
11. Would you like to offer any additional comments?
 - “We are valued but we are a mystery to some parts of Northern that aren’t aware of our mission. Different parts of Northern need to be educated as to our existence, role and mission.”

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**Individual and Self-Advocates Redesignation Forum Summary
November 2018**

Two forums were held at Northern Human Services to receive feedback from individuals who receive services, including members of the self-advocacy group. Between the two forums 26 individuals who receive services participated. Some were assisted by family members or home providers. Some attendees chose to fill out parts of the survey at the forum. Some chose to respond to all questions at the forum while others chose to respond to a few.

Summary:

- 1 Everyone indicated that they are getting the support that they need at their jobs.
- 2 Of the 26 individuals who responded, 18 said that they feel like they are part of their community and eight said sometimes. Some mentioned volunteer activities such as Meals on Wheels, assisting the elderly and helping at a church.
- 3 Eighteen individuals stated that their service coordinator listens to them. Fourteen replied that their service coordinator gets back to them when they call and 12 who replied to the question said that their service coordinators help them to get what they need.
- 4 Eleven of the individuals said that they were familiar with their service agreements and 14 said that their goals are important to them. Examples of goals included finding and maintaining employment and exercising to improve overall health.
- 5 Sixteen attendees who chose to answer the question stated that they are supported to make healthy food choices.
- 6 Fourteen individuals stated that they made choices about where to live and work and four said no. Two said that they wanted to advocate to move to another residence.
- 7 Sixteen of the individuals who chose to answer the question stated that they receive assistance to maintain friendships. Two replied sometimes and said that they need assistance to make new friends.
- 8 Fourteen individuals stated that they are employed and eight are looking for work. Several participants stated that they would like to work more hours or find a different job. Another mentioned needing rides to work and "ways to make more money without penalties".
- 9 Examples of jobs included landscaping, working at a fire station, hardware store and pre-school. Some individuals work seasonally at ski areas and Storyland.
- 10 Seventeen individuals stated that someone talks to them about their rights and they gave examples of who they would contact if someone violated their rights. Eleven stated that they had recently voted.
- 11 Twenty respondents stated that the people who support them treat them well, listen to them and help them to get what they need.
- 12 All of the individuals who attended the forums are members of the one of the two self-advocacy groups; The Dream Team in Conway and the Friendship Group in Woodsville. Advocates expressed their satisfaction with the number and quality of the activities offered as a part of each group.

All participants in the forum were encouraged to speak to their service coordinator regarding any potential concerns regarding their services.

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Northern Human Services Redesignation Report
Report Date: July, 2019

Family and Guardian Redesignation Forum Summary
October 2018-February 2019

Two forums were held for Northern Human Services on 10/17/18 and 2/19/2019 to receive feedback from families of individuals who receive services in Region 1. Twenty-six family members attended. A survey was also sent to families. Some attendees chose to fill out these surveys at the forum.

Summary:

Many of the families responded positively when asked if they received information about the family support council and family support service, waitlist, and transition in order to make informed decisions about services and resources. A shared theme among some families was around transition to adult services, and the concerns about the future and the need for supports during transition, particularly regarding future housing (HCP).

While many families mentioned that their adult children were working, there were a few that were seeking meaningful employment within their communities. Several participants reported that there is a lack of employment services and staff need more training on helping individuals find employment. Additionally, staff need to receive more training on supporting individuals to be successful at their job. Families that had children within the transition years were particularly interested in discussing future opportunities for employment.

The area agency was noted as being responsive to inquiries from families as well as ensuring that families were encouraged to exercise choice and control. Two participants reported that they were not aware of the Participant Managed and Directed Service option. Another participant's son was receiving services through this model and shared with the group that this model afforded more control of services and how the funding were used.

Families reported that staff and providers respect the participant choice relative to the services they receive, the provider, and the goals within the service agreement.

The vast majority of participants reported they are satisfied with the supports related to health and safety provided by the area agency. Families would like to see more trainings specific to the individual's needs (autism, diabetes).

There appeared to be a general understanding of the complaint process to ensure individuals' rights were protected.

Families shared that they would appreciate any effort by the agency to increase integrated activities provided within the community.

The area agency should consider providing a routine training calendar to families.

According to some attendees, Northern Human Services needs to consider how to enhance their communication with families and ensure families are provided as many choices as families who live in the southern part of the state.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
Northern Human Services Redesignation Report
Report Date: July, 2019

Family and Guardian Redesignation Survey Summary
October 2018 – February 2019

BDS conducted a family and/or guardian survey, anonymously via Survey Monkey and sent a paper survey to families. Thirty-six families and/or guardians responded to this survey.

Summary:

The majority of families and/or guardians (approx. 77%) feel that they receive the information that they need from the Area Agency to make decisions about services and resources. Respondents feel the most informed about family support services (61%) and the least informed support and information at age 14 and older regarding options available upon graduation (8%).

The majority of families and/or guardians (approx. 86%) feel that Area Agency staff is responsive.

The majority of families and/or guardians feel encouraged and supported to exercise choice and control over the planning of services (89%) the implementation of services (86%) but not in the managing of financial resources (60%).

Families and/or guardians feel that Northern Human Services staff and providers respect their family's choices regarding the services that they receive (89%), who provides the services (86%), where the services are provided (86%) and the goals that are pursued in the service agreement (86%).

Eighty one percent of families and/or guardians are satisfied with the services that they and their family members receive from Northern Human Services.

Ninety four percent of families and/or guardians know who to call if their family member's rights have been violated or s/he is not receiving the services s/he needs.

Nine percent of respondents indicate that they have made suggestions to the Area agency regarding the improvement of quality services and that the agency did not follow up. Sixteen percent indicate that they "sometimes" receive a response.

Overall families believe the Area Agency encourages and supports families to exercise control over the planning of services, and implementation of services (reflected in question 4).

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
Northern Human Services Redesignation Report
Report Date: July, 2019

Provider Redesignation Survey Summary
November 2018

In November 2018 BDS conducted a Northern Human Services Provider survey, anonymously via Survey Monkey. Four (4) provider agency representatives responded to this electronic survey.

Summary:

The majority of responses indicated that the overall effectiveness of communication is inconsistent (33% good and 67% inconsistent).

One hundred percent of responders indicate that they do have a specific contact person to talk with regards to funding, crisis needs or changes in an individual's needs.

It is indicated that overall the Area Agency staff are accessible and have a timely response rate (100%).

Sixty seven percent of individuals and their guardians are supported by the agency to advocate for themselves according to the providers.

Thirty three percent of the providers feel that service coordinators are adequately trained. While the other (67%) do not.

A common theme among some of the additional comments in the survey from the providers was around Service Coordination and the inconsistency of the coordination they provide. Question 19, "Overall, do you believe service coordinators are adequately trained in their role?" (50%) of the providers believe they are not while (25%) believes that they are, one did not respond.

There also seems to be a varying level of involvement and communication from different service coordinators. Comments from the providers indicated additional communication regarding the following areas would be helpful during vendor meetings: routine updates from BDS, quarterly minutes from the Human Rights Committee, calendar of trainings and events.

It may be beneficial for the agency to coordinate regular meetings with the providers to discuss any issues that may arise.

Appendix A



New Hampshire Department of Health and Human Services
 Bureau of Developmental Services
 Regional Governance Audit - 2019 - Northern Human Services

	Indicator	Rule citation	Substantially Met	Met	Needs Improvement	Comments/Justifications/Suggestions/What's missing
1	Current Board Composition. A) Unexcess number of persons B) No fewer than 9, no more than 25 C) Consumers to comprise at least 1/3 membership D) Representative of agency's different consumer groups and entire geographic area	171A:18, He-M 505.03 (m)		X		How many on BOD? 19 How many are consumers? 0 at this time. It is suggested that NIS works to add consumers to their BOD. It is recommended that NIS deem have consumers family members on the board. Percent Consumers? 0 DDA/BOD/IS? Geographic area represented (towns vs catchment area)? There is representation from all major areas that NIS provides supports to (Co Conway, Conway, Wolfeboro, Stark, Littleton, Gorham, Berlin, Colebrook, Enclosure, Lancaster). Mr Johnson has been with NIS for 34 years and has held many different roles that qualify him for the current position as CEO. Provided Provided
2	Executive Director Qualifications	171A:18, He-M 505.03 (d)		X		
3	Current AA/BOD bylaws	He-M 505.03 (b)		X		
4	Current Board policies and procedures	He-M 505.03 (e)		X		
5	Current Area Plan and any amendments	171A:18, He-M 505.03 (l) (u)		X		Meetings are bi monthly 11 Months of meeting notes provided
6	Last 12 mos of BOD minutes			X		Members and who they represent is located in the comment section of the AA grid
7	Human Rights Committee: A) Committee Members B) Agenda's for past 12 months C) Meeting Minutes for Past 12 months	RSA 171A:17		X		
8	How does the BOD involve itself in assuring that consumers, the regional Family Support Council, the general public residing in the area and generic service agencies are involved in the planning and provision of and satisfaction with services for individuals with developmental disabilities and acquired brain disorders? Please describe your process for capturing feedback and input from individuals, families and other stakeholders.	171A:18, He-M 505.03 (u); He-M 505.08 (l)		X		Although the AA would have liked to do more in this area, they were held stakeholder meetings in each area represented. They continue to have three very active self-advocacy groups: one in Carroll County, one in Berlin and one in Whitefield. The Legislative Liaison remains very active, routinely ensuring that stakeholders are informed and have opportunities to share their concerns. Quarterly meetings are held with their two primary vendor agencies, Life Transition Services and North County Independent Living. NIS reports the intent of these meetings is to assess the quality of services that are being provided to the individuals and to effectively communicate amongst NIS and the vendor agencies. They also routinely communicate via email to keep the vendor agencies informed of any state-wide issue
9	How does the area agency communicate to its provider agencies information concerning changes in policy, funding, or statewide issues such as quality initiatives, audit results, etc.	He-M 505.03 (ac); He-M 505.08 (c) (e)		X		Information is shared with the BOD, at the monthly DD Director meetings, and the IIRC. NIS also had a DD QI position. Although this position was vacant for 4 months last year as they looked to fill the position after the previous had left employment.
10	What are the area agency's ongoing quality assurance activities, especially concerning measuring outcomes relative to the Area Plan?	He-M 505.08 (c) (5)		X		Some external resources available (French and Spanish speaking staff), NIS has utilized external assistance with LEP via local schools language teachers
11	What steps has to agency taken to be prepared to ensure that people with Limited English Proficiency (LEP) have meaningful access to its programs?	Contract Exhibit A, Amendment 1: 3.1 Contract Exhibit C, Amendment 1: 1.7		X		



	Indicator	Risk criteria	Substantially Met	Met	Needs Improvement	Comments/Justifications/Suggestions/what's missing
12	As relates to the Family Support Council, can the agency confirm adherence to the following:	RSA 126-G:4 He-M 519.05				
12a	Current ESC composition: A) Composed of a minimum of 5 voting members B) Members who are either family members or individuals C) No voting member who is an employee of either the area agency or the Family Support Council D) Membership representative of the various ages and geographical locations of those served in the region	He-M 519.05 (b)		X		
12b	That the family support council has established and maintains policies that address, at a minimum, the following:	He-M 519.05 (c)				
12c	(1) Membership, rotation, and term limits on the council;	He-M 519.05 (c)(1)		X		Outlined in document provided
12d	(2) A process for determining the chairperson, the state council delegate, and any other positions such as the council representative to the area agency board of directors;	He-M 519.05 (c)(2)		X		Outlined in document provided
12e	(3) Orientation and mentoring of all council members;	He-M 519.05 (c)(3)		X		Outlined in document provided
12f	(4) A formal agreement between the council and the area agency that identifies: A) The parties' relationship, roles, and responsibilities; B) The process to be used in resolving any conflicts which might arise between the parties; C) The involvement of the council in the selection and evaluation of the performance of the family support staff; and D) The family support representative on the area agency management team and the mechanism for direct communication between this person and the council;	He-M 519.05 (c)(4)		X		Outlined in Section V - Formal Agreement, Family Support Adult Inury Council addressed He-M 519.05 (c)(4) by adding new section (V - Formal Agreement).
12g	(5) Processes used to disperse family support council funds and other resources; and	He-M 519.05 (c)(5)		X		Outlined in document provided
12h	(6) A mechanism for the council to be involved in the area agency monitoring of supports and services provided to families.	He-M 519.05 (c)(6)		X		Outlined in document provided
13	Sub-Contracting for Services: For services which are provided by persons or organizations which are not the Area Agency, the Agency has entered into agreements for the provision of such services.	He-M 505.03 (a) He-M 505.03 (b) (aa)		X		Contracts are done for each contractor the AA works with.
14	Follow up: If applicable, has the area agency completed its plan of correction from the last redesignation?	He-M 505.08 (c)(19)		N/A		NHIS did not have a plan of correction from the last redesignation. Letter from 2019 provided. The recommendations listed were worked on and some were included in the updated area plan.

Appendix B

Developmental Services System
Annual Report of Financial Condition
For Fiscal Year 2017

with

Five-Year Financial Trend Analysis

Prepared by:

**Department of Health & Human Services
Bureau of Developmental Services
Audit Unit
April 2018**

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Overview of Report

This report presents summary financial information for the Developmental Services Area Agencies (DSAA). Information is compiled from the audited financial statements for years ended June 30, 2017 and prior. This analysis is intended to assist the Bureau of Developmental Services to:

1. Provide an early warning system for identifying DSAA at risk of financial problems
2. Evaluate the economic impact of policy decisions on the developmental services network
3. Assess the overall financial health of the network
4. Develop a set of standards and "best practices" that can be used for benchmarking

The report analyzes three types of ratios:

Section A: Liquidity

Liquidity refers to the entity's ability to maintain sufficient liquid assets, such as cash and account receivable, to meet its short term obligations. Two ratios used to measure liquidity are Current Ratio (current assets divided by current liabilities) and Days' Expenses in Cash (year end cash balance divided by average expenses per day).

Section B: Financial Performance

Financial Performance refers to the entity's ability to manage revenues and expenses to avoid deficits. This is measured by Net Margin (Surplus) as a percent of revenue, which allows comparison of performance among entities of varying size, and review of the stability and relationship between revenues

Section C: Financial Strength

Financial Strength refers to the entity's ability to weather unfavorable economic circumstances. Any entity will, at some time, experience a decline in revenues or unavoidable increases in costs. These circumstances must be addressed for the long term viability of the entity, but the entity must have sufficient financial resources to carry it through the down cycles. Financial strength is measured by Days' Expenses in Net Assets, which is accumulated surplus divided by average days' expense, and by the Debt Ratio, which is long term debt divided by net assets (accumulated surplus).

Section D: DSAA Individual Financial Trends (Current Year)

Section A

Comparative Analysis of DSAA Liquidity

Five Year Trends and Highlights (2013-2017)

REGION/AREA AGENCY	Current Ratio						Days Expenses In Cash					
	Fiscal Year					Avg.	Fiscal Year					Avg.
	2013	2014	2015	2016	2017		2013	2014	2015	2016	2017	
I. Northern (BMH & BDS)	3.0	4.7	3.6	4.1	3.5	3.8	118.1	92.6	115.7	97.6	128.1	110.4
II. Sullivan County	1.1	1.1	1.1	1.3	0.8	1.1	32.7	19.3	14.8	21.0	8.4	19.3
III. Lakes Region	2.3	2.3	2.5	2.4	3.1	2.5	26.5	39.1	49.4	53.1	68.5	47.3
IV. Community Bridges	1.3	1.1	1.1	2.0	2.2	1.5	35.4	2.3	26.8	15.5	28.7	21.7
V. Monadnock (includes RR St Mill, Inc.)	1.6	1.4	1.4	1.7	1.7	1.6	21.8	25.1	25.5	10.1	33.3	23.2
VI. Greater Nashua	1.3	1.5	1.4	1.5	1.4	1.4	45.3	25.2	26.7	10.9	10.9	23.8
VII. Moore Center Services	1.5	2.3	2.7	2.8	2.7	2.4	58.3	36.0	32.4	27.9	28.4	36.6
VIII. One Sky	1.5	1.5	1.7	1.4	1.3	1.5	46.4	30.2	18.2	18.9	13.2	25.4
IX. Community Partners (BDS only)	1.3	1.3	0.7	0.8	0.9	1.0	36.1	17.0	6.4	21.6	43.8	25.0
X. Community Crossroads	1.3	1.5	1.6	1.7	1.7	1.6	59.6	51.0	46.0	28.7	20.5	41.2
TOTAL	1.6	1.8	1.7	1.9	1.9	1.8	47.8	32.8	35.8	28.7	35.6	36.2
Performance Standard					1.1:1						min 15	

Summary Highlights of Liquidity

Overall Network Condition:

The average Current Ratio remains relatively unchanged, whereas, average Days' of Expenses in Cash, a less predictable measure, has increased from 28.7 days to 35.6 days.

Caution

Although the minimum performance standard for Current Ratio is 1.1:1, the State of NH Audit Unit recommends a ratio of 1.5:1. Agency II and Agency IX are below the minimum performance standard, while Agency VIII is slightly above the minimum standard of 1.1:1. Important to realize, Agency IX also provides community mental health services and, when both entities are combined, the Current Ratio for Agency IX improves to 1.4:1 in 2017.

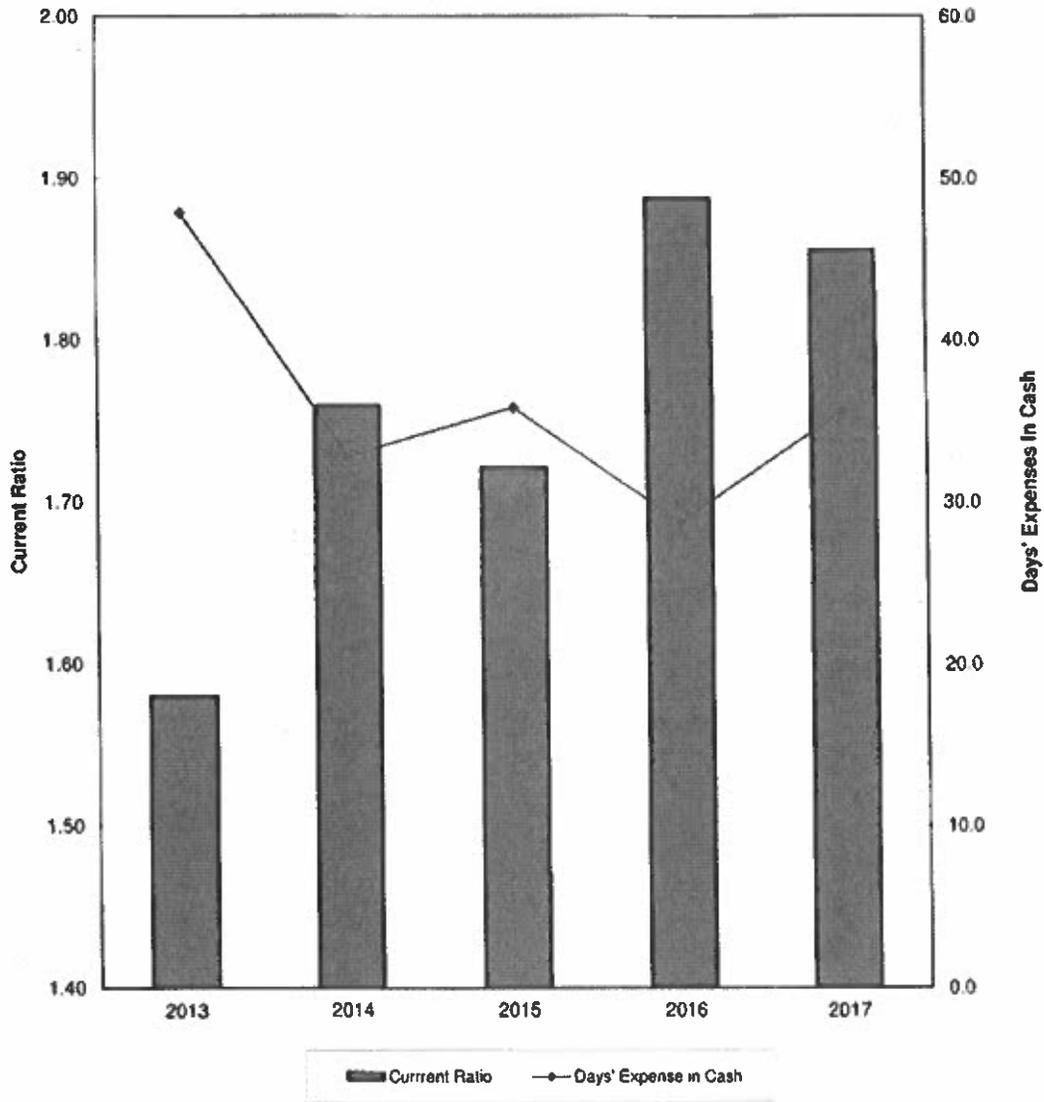
Likewise, Days' of Expenses in Cash has a minimum performance standard of fifteen (15) days but the State of NH Audit Unit recommends that the Area Agencies strive for a minimum of thirty (30) days. Days' of Expenses in Cash for Agency II has significantly decreased from 21.0 days in 2016 to 8.4 days in 2017 and is well below the minimum standard of fifteen (15) days. Additionally, in 2017, Agency VI and Agency VIII are both below the minimum standard of fifteen (15) days.

<u>Potential Collection Problems</u>	Curr Ratio	Days' Cash	Days in Receivable
Greater Nashua	1.4	10.9	51.8
One Sky	1.3	13.2	47.3

<u>Potential Cash Flow Problem</u>	Curr Ratio	Days' Cash
Sullivan County	0.8	8.4

**Section A
Developmental Services Area Agencies
Measure of Liquidity**

Liquidity for 2017 has slightly decreased and is still considered moderately healthy as measured by Current Ratio. A less reliable measure, Days' of Expenses in Cash, has increased.



Section B-1

Comparative Analysis of DSAA Financial Performance

**Five Year Trends and Highlights
(2012-2017)**

REGION/AREA AGENCY	Net Margin (Rounded to \$000)						Net Margin-Pct of Revenue					
	Fiscal Year					Avg.	Fiscal Year					Avg.
	2013	2014	2015	2016	2017		2013	2014	2015	2016	2017	
I. Northern (BDS only)	\$80	\$885	(\$871)	(\$636)	(\$1,274)	(\$403)	0.4%	2.9%	-3.7%	-2.6%	-5.3%	-1.7%
II. Sullivan County	\$260	\$272	\$227	(\$7)	(\$642)	\$22	1.4%	1.5%	1.2%	0.0%	-3.5%	0.1%
III. Lakes Region	\$331	\$164	\$477	\$564	\$493	\$406	1.5%	0.7%	2.0%	2.2%	2.0%	1.7%
IV. Community Bridges	\$1	\$665	(\$58)	\$1,186	\$929	\$544	0.0%	2.1%	0.2%	3.3%	2.5%	1.5%
V. Monadnock (includes RR ST Mill, Inc.)	(\$0)	\$31	(\$580)	\$441	\$202	\$19	0.0%	0.1%	2.1%	1.6%	0.7%	0.1%
VI. Greater Nashua	\$171	\$616	\$383	\$150	\$190	\$302	0.5%	1.6%	0.9%	0.3%	0.4%	0.7%
VII. Moore Center Services	\$385	\$263	\$130	(\$194)	\$308	\$179	1.0%	0.6%	0.3%	-0.4%	0.6%	0.4%
VIII. One Sky	(\$143)	(\$76)	(\$35)	\$15	(\$542)	(\$156)	-0.7%	0.3%	-0.2%	0.1%	-2.1%	-0.6%
IX. Community Partners (BDS only)	(\$268)	\$6	(\$1,683)	(\$20)	\$328	(\$328)	-1.5%	0.0%	8.9%	-0.1%	1.6%	-1.8%
X. Community Crossroads	\$35	\$124	\$245	\$164	(\$134)	\$87	0.2%	0.5%	1.0%	0.7%	-0.5%	0.4%
TOTAL	\$851	\$2,750	(\$1,765)	\$1,663	(\$142)	\$671	0.3%	1.0%	0.6%	0.6%	0.0%	0.25%

Summary Highlights of Financial Performance

Overall Network Performance:

The net surplus for the network decreased from \$1.66 million in 2016 to a net deficit of \$142 thousand in 2017. Three of the ten Area Agencies (VI, VII, and IX) showed improvement over 2016, whereas four Area Agencies (I, II, VIII, and X) closed with a net loss for 2017. The five-year trend shows seven Area Agencies have grown financially, while three agencies have lost money. For the most part, the network has been able to manage its expenses in line with revenue growth.

Caution

Area Agency I shows a significant deficit for 2017 and the two preceding years. More concerning, the five-year trend shows an average deficit of \$403 thousand per year. A large portion of the loss can be attributed to expenses outpacing revenues in the Developmental Service's Day Program. This Agency also provides community mental health services and when both entities are combined, the Agency, as a whole, ended with a moderate net surplus of \$201 thousand for 2017.

Although Area Agency II had a steady surplus from 2013 to 2015, the Agency closed with a slight net loss in 2016 and a substantial net loss in 2017 of \$642 thousand. The net loss in 2017 may be due to a slight decrease in overall revenues and a large increase in expenses for the Community Residences Program.

Agency VIII is of particular interest. In 2017, this agency closed with a considerable deficit of \$542 thousand. An average deficit of \$156 thousand per year is indicated in the five-year trend with four of the previous five years ending in net losses. Sizable growth in expenses for the Residential Services Program and Day Services Program could be responsible for the net loss in 2017.

Area Agency IX has shown marked improvement in 2017, although the five-year trend still indicates an average deficit of \$328 thousand per year. Most notable, a net loss of \$1.697 million was reported in 2015. This Agency should continue to be monitored.

Lastly, Agency X had a steady surplus from 2013 to 2016, yet, the Agency went from a net surplus of \$164 thousand in 2016 to a deficit of \$134 thousand in 2017.

Section B-2

Analysis of DSAA Revenue Trends
(Five Year Trends)

REGION/AREA AGENCY		Total Revenue					5YR Totals
		2013	2014	2015	2016	2017	
I.	Northern (BDS only)	\$21,192,001	\$23,275,439	\$23,246,659	\$24,187,293	\$24,210,523	\$116,113,914
	<i>Pct Change</i>	0.8%	9.8%	-0.1%	4.0%	0.1%	2.9%
II.	Sullivan County	\$17,985,932	\$17,740,929	\$18,388,431	\$18,803,372	\$18,509,079	\$91,427,743
	<i>Pct Change</i>	-0.3%	-1.4%	3.6%	2.3%	-1.6%	0.5%
III.	Lakes Region	\$22,480,068	\$22,843,729	\$23,805,045	\$25,144,700	\$24,582,642	\$118,856,184
	<i>Pct Change</i>	-3.8%	1.6%	4.2%	5.6%	-2.2%	1.1%
IV.	Community Bridges	\$29,788,017	\$31,752,777	\$33,483,295	\$36,140,711	\$37,100,708	\$168,265,508
	<i>Pct Change</i>	1.1%	6.6%	6.4%	7.9%	2.7%	4.7%
V.	Monadnock (includes RR ST Mill, Inc.)	\$27,040,749	\$27,639,666	\$27,108,339	\$27,990,005	\$28,279,154	\$139,057,913
	<i>Pct Change</i>	-0.3%	2.2%	-1.9%	3.3%	1.0%	0.9%
VI.	Greater Nashua	\$36,071,884	\$38,757,843	\$40,905,555	\$44,393,464	\$47,119,050	\$207,247,796
	<i>Pct Change</i>	4.3%	7.4%	5.5%	8.5%	8.1%	6.4%
VII.	Moore Center	\$39,926,753	\$41,876,117	\$44,927,103	\$45,779,795	\$48,638,581	\$221,148,349
	<i>Pct Change</i>	7.1%	4.9%	7.3%	1.9%	6.2%	5.5%
VIII.	One Sky	\$21,429,850	\$21,952,500	\$22,926,111	\$23,987,802	\$25,574,865	\$115,871,128
	<i>Pct Change</i>	3.0%	2.4%	4.4%	4.6%	6.6%	4.2%
IX.	Community Partners (BDS only)	\$17,813,693	\$19,013,884	\$18,832,619	\$19,135,432	\$20,186,846	\$94,982,474
	<i>Pct Change</i>	4.0%	6.7%	-1.0%	1.6%	5.5%	3.4%
X.	Community Crossroads	\$21,154,837	\$22,901,318	\$24,671,753	\$24,987,103	\$25,103,007	\$118,818,018
	<i>Pct Change</i>	-3.8%	8.3%	7.7%	1.3%	0.5%	2.8%
TOTALS		\$254,883,784	\$267,764,202	\$278,296,910	\$290,549,677	\$299,304,455	\$1,390,789,027
	<i>Pct Change</i>	1.6%	5.0%	3.9%	4.4%	3.0%	3.6%

Summary Highlights of Revenue	
Overall Network Performance:	
Revenue increased a moderate 3.0% in 2017. All Area Agencies except Agency II and Agency III had an increase in revenues over the previous year. During the past five years, revenues increased an average of 3.6% per year.	
Caution	
In 2017, the revenues of six Area Agencies were less than the 3.0% average, with two agencies revealing a negative growth rate.	
Agency II had a 1.6% decrease in revenue for 2017. A large portion of the decrease can be attributed to a decline in Medicaid revenues. Furthermore, the five-year average for Agency II shows a weak revenue growth rate of 0.5% per year.	
Likewise, Agency III had a decrease of 2.2% in revenue for 2017. Although Medicaid and third-party payer revenues were somewhat lower in 2017, this was offset by the increase of other program fees. The decrease in revenues can be mostly attributed to a decline of approximately \$499 thousand in 'Other' income.	
Lastly, although Agency V ended with a revenue increase, the five-year average growth rate is a nominal 0.9% per year.	

Section B-3

Analysis of DSAA Expense Trends
(Five Year Trends)

REGION/AREA AGENCY	Total Expenses					
	2013	2014	2015	2016	2017	5YR Totals
I. Northern (BDS only)	\$21,112,307	\$22,589,992	\$24,119,272	\$24,823,310	\$25,484,330	\$118,129,211
<i>Pct Change</i>	2.6%	7.0%	6.8%	2.9%	2.7%	4.4%
II. Sullivan County	\$17,726,375	\$17,468,648	\$18,161,126	\$18,810,234	\$19,150,583	\$91,316,966
<i>Pct Change</i>	-0.2%	-1.5%	4.0%	3.6%	1.8%	1.5%
III. Lakes Region	\$22,149,435	\$22,679,375	\$23,328,492	\$24,580,903	\$24,089,377	\$116,827,582
<i>Pct Change</i>	6.4%	2.4%	2.9%	5.4%	-2.0%	3.0%
IV. Community Bridges	\$29,786,958	\$31,088,199	\$33,541,070	\$34,955,131	\$36,171,835	\$165,543,193
<i>Pct Change</i>	1.7%	4.4%	7.9%	4.2%	3.5%	4.3%
V. Monadnock (Includes RR ST Mill, Inc.)	\$27,040,780	\$27,608,605	\$27,688,442	\$27,549,014	\$28,077,359	\$137,964,200
<i>Pct Change</i>	1.0%	2.1%	0.3%	-0.5%	1.9%	1.0%
VI. Greater Nashua	\$35,901,241	\$38,141,853	\$40,522,242	\$44,243,251	\$46,928,950	\$205,737,537
<i>Pct Change</i>	4.2%	6.2%	6.2%	9.2%	6.1%	6.4%
VII. Moore Center	\$39,540,355	\$41,613,542	\$44,797,193	\$45,973,536	\$48,330,677	\$220,255,303
<i>Pct Change</i>	4.8%	5.2%	7.7%	2.6%	5.1%	5.1%
VIII. One Sky	\$21,573,003	\$22,028,595	\$22,961,542	\$23,973,256	\$26,116,868	\$116,653,264
<i>Pct Change</i>	3.3%	2.1%	4.2%	4.4%	8.9%	4.6%
IX. Community Partners (BDS only)	\$18,081,894	\$19,007,863	\$20,515,850	\$19,155,708	\$19,858,742	\$96,820,055
<i>Pct Change</i>	5.5%	5.1%	7.9%	-6.6%	3.7%	3.1%
X. Community Crossroads	\$21,120,118	\$22,777,579	\$24,426,536	\$24,822,813	\$25,237,485	\$118,384,531
<i>Pct Change</i>	-3.1%	7.8%	7.2%	1.6%	1.7%	3.1%
TOTALS	\$254,032,466	\$265,004,251	\$280,061,765	\$288,887,154	\$299,445,206	\$1,387,431,842
<i>Pct Change</i>	2.8%	4.3%	5.7%	3.2%	3.7%	3.9%

Summary Highlights of Expenses		
Overall Network Performance:		
Expenses increased by 3.7% over the previous year. In 2017, combined network expenses slightly exceeded combined network revenues.		
Caution		
Three Area Agencies had expenses greater than the 3.7% average in 2017.		
As shown below in red, seven Area Agencies had a larger percent increase in expenses than their corresponding revenue. This could indicate that these agencies had difficulty managing expenses with a lower revenue growth rate.		
	Percent change from 2016 to 2017	
<u>Agency</u>	<u>Revenue</u>	<u>Expense</u>
Northern (BDS only)	0.1%	2.7%
Sullivan County	-1.6%	1.8%
Lakes Region	-2.2%	-2.0%
Community Bridges	2.7%	3.5%
Monadnock	1.0%	1.9%
Greater Nashua	6.1%	6.1%
Moore Center	6.2%	5.1%
One Sky	6.6%	8.9%
Community Partners (BDS only)	5.5%	3.7%
Community Crossroads	0.5%	1.7%

Section B-4

Comparative Analysis of DSAA - Surplus <Deficit>
(Five Year Trends)

REGION/AREA AGENCY		Total Surplus <Deficit>					5YR Totals
		2013	2014	2015	2016	2017	
I.	Northern (BDS only)	\$79,694	\$685,447	(\$870,614)	(\$636,018)	(\$1,273,808)	(\$2,015,298)
	<i>Pct Change</i>	-82.8%	760.1%	-227.0%	26.9%	-100.3%	75.4%
II.	Sullivan County	\$259,557	\$272,281	\$227,305	(\$6,862)	(\$641,504)	\$110,777
	<i>Pct Change</i>	-7.1%	4.9%	-16.5%	-103.0%	-9248.6%	-1874.1%
III.	Lakes Region	\$330,633	\$164,354	\$476,553	\$563,797	\$493,265	\$2,028,602
	<i>Pct Change</i>	-87.1%	-50.3%	190.0%	18.3%	-12.5%	11.7%
IV.	Community Bridges	\$1,059	\$664,578	(\$57,775)	\$1,185,580	\$928,873	\$2,722,315
	<i>Pct Change</i>	-99.4%	62655.2%	-108.7%	2152.1%	-21.7%	12915.5%
V.	Monadnock (includes RR ST Mill, Inc.)	(\$31)	\$31,061	(\$580,103)	\$440,991	\$201,795	\$93,713
	<i>Pct Change</i>	-100.0%	100296.8%	-1967.6%	176.0%	-54.2%	19670.2%
VI.	Greater Nashua	\$170,643	\$615,990	\$383,313	\$150,213	\$190,100	\$1,510,259
	<i>Pct Change</i>	26.2%	261.0%	-37.8%	-60.8%	26.6%	43.0%
VII.	Moore Center	\$386,398	\$262,575	\$129,910	(\$193,741)	\$307,904	\$893,046
	<i>Pct Change</i>	188.9%	-32.0%	-50.5%	-249.1%	258.9%	23.2%
VIII.	One Sky	(\$143,153)	(\$76,095)	(\$35,431)	\$14,546	(\$542,003)	(\$782,136)
	<i>Pct Change</i>	-71.2%	46.8%	53.4%	141.1%	-3826.1%	-731.2%
IX.	Community Partners (BDS only)	(\$268,201)	\$6,021	(\$1,683,231)	(\$20,274)	\$328,104	(\$1,637,581)
	<i>Pct Change</i>	-2139.5%	102.2%	-28056.0%	98.8%	1718.3%	-5655.2%
X.	Community Crossroads	\$34,719	\$123,739	\$245,217	\$164,290	(\$134,478)	\$433,487
	<i>Pct Change</i>	-82.3%	256.4%	98.2%	-33.0%	-181.9%	11.5%
TOTALS		\$851,318	\$2,749,951	(\$1,764,856)	\$1,662,523	(\$141,752)	\$3,357,165

Summary Highlights of Net Margin

Overall Network Performance:

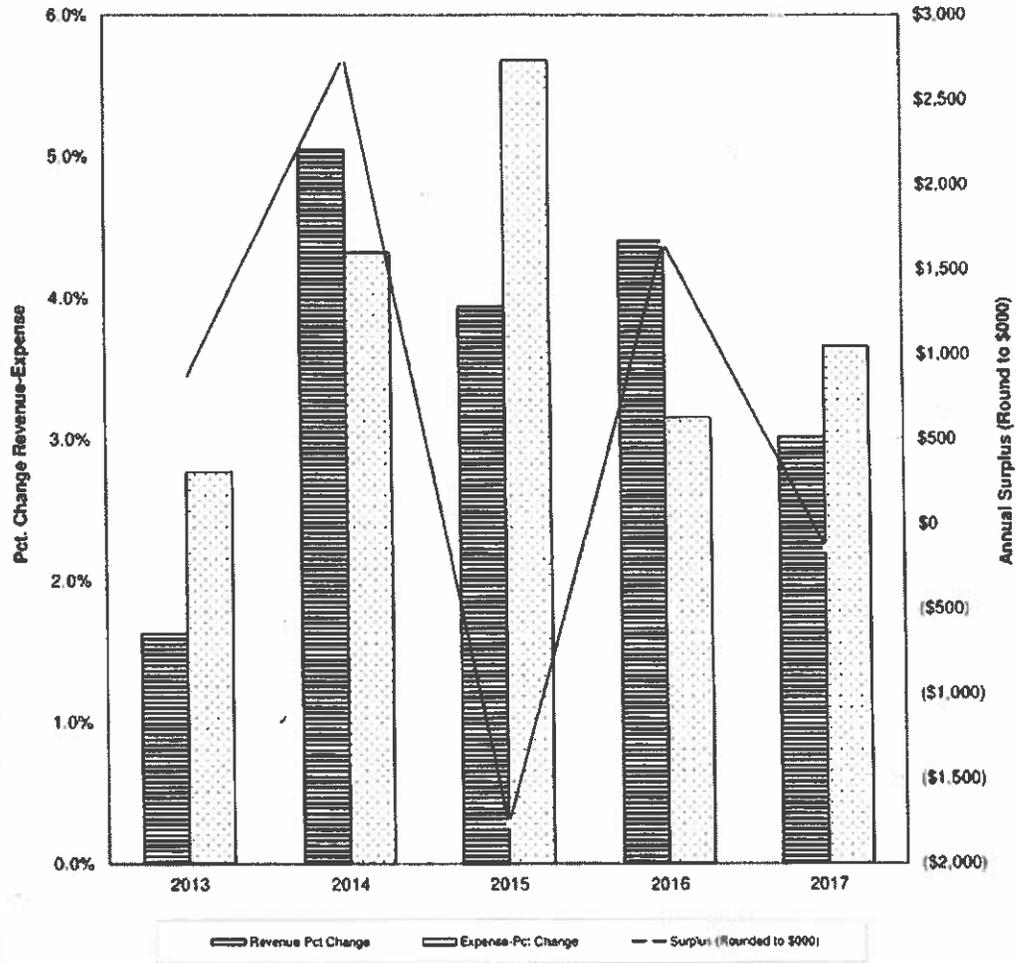
From 2016 to 2017, revenues for the network of agencies increased by 3.0% while expenses grew by a larger 3.7%, resulting in a collective deficit of \$142 thousand in 2017. Six Area Agencies closed with a net surplus in 2017 and four Area Agencies ended with a net deficit.

Caution

Area Agency I, Agency II, and Agency VIII ended with significant deficits in 2017. Three Area Agencies (I, VIII, and IX) show a net deficit for the cumulative five-year period. Of particular interest is the combined five-year deficit for Region I which exceeds \$2 million. Also noteworthy is the combined five-year deficit for Region IX which exceeds \$1.6 million.

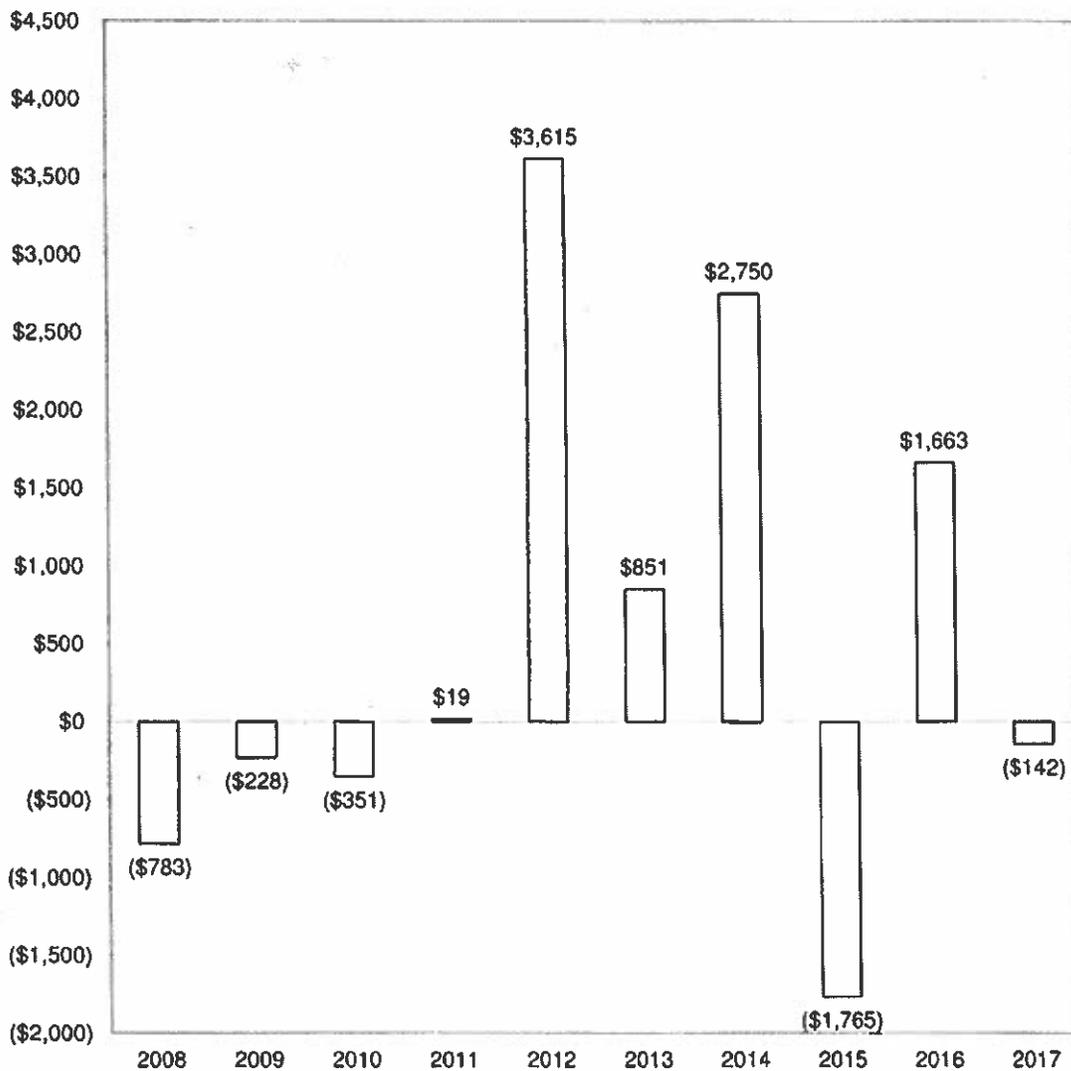
<u>Annual Year-To-Year Change</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Revenue Growth	1.6%	5.0%	3.9%	4.4%	3.0%
Expense Growth	2.8%	4.3%	5.7%	3.2%	3.7%
Surplus/(Deficit) Adjusted (\$000)	\$851	\$2,750	(\$1,765)	\$1,663	(\$142)

Section B
Developmental Services Area Agencies
Surplus vs Percentage Change in Revenues & Expenses



Section B
Developmental Services Area Agencies
Annual Surplus (Deficit)
Rounded to \$000

The surplus in 2012 is largely due to one agency receiving a one-time donation of a fixed asset valued at \$1.6 million. The Area Agencies show a large cumulative loss in 2015 mainly because Area Agencies I and IX closed with deficits with a combined total of \$2.35 million. The network of agencies recovered significantly from the 2015 deficit to close with a surplus of approximately \$1.7 million in 2016. In 2017, the network of agencies closed with a deficit of \$142 thousand due to large deficits from three Area Agencies (I, II, and VIII).



Section C-1

Comparative Analysis of DSAA Financial Strength

Five Year Trends and Highlights
(2012-2017)

REGION/AREA AGENCY	Net Assets (Rounded to \$000) Fiscal Year					Average Yearly Change	Days' Expenses in Net Assets Fiscal Year					Avg.
	2013	2014	2015	2016	2017		2013	2014	2015	2016	2017	
I. Northern (BBH & BDS)	\$12,198	\$13,809	\$14,620	\$15,048	\$15,474	5.09%	210.9	223.1	221.3	221.2	221.6	219.6
II. Sullivan County	\$1,045	\$1,317	\$1,544	\$1,537	\$896	6.84%	21.5	27.5	31.0	29.8	17.1	25.4
III. Lakes Region	\$5,661	\$5,825	\$6,301	\$6,865	\$7,358	6.68%	93.3	93.7	98.6	101.9	111.5	99.8
IV. Community Bridges	\$2,050	\$2,715	\$2,657	\$3,843	\$4,771	19.83%	25.1	31.9	28.9	40.1	48.1	34.8
V. Monadnock (includes RR ST Mill, Inc.)	\$2,838	\$2,869	\$2,289	\$2,730	\$2,932	1.51%	38.3	37.9	30.2	36.2	38.1	36.1
VI. Greater Nashua	\$3,181	\$3,797	\$4,180	\$4,330	\$4,521	8.62%	32.3	38.3	37.7	35.7	35.2	35.4
VII. Moore Center Services	\$5,232	\$5,494	\$5,624	\$5,430	\$5,738	3.52%	48.3	48.2	45.8	43.1	43.3	45.8
VIII. One Sky	\$2,616	\$2,540	\$2,504	\$2,519	\$1,977	-6.09%	44.3	42.1	39.8	38.4	27.6	38.4
IX. Community Partners (BDS only)	\$2,060	\$2,066	\$382	\$362	\$690	-1.48%	41.6	39.7	6.8	6.9	12.7	21.5
X. Community Crossroads	\$1,906	\$2,030	\$2,275	\$2,439	\$2,305	4.43%	32.9	32.5	34.0	35.9	33.3	33.7
TOTAL	\$38,788	\$42,461	\$42,378	\$45,102	\$46,663	4.9%	56.1	58.9	55.8	57.4	57.3	57.1

Summary Highlights of Financial Strength

Overall Network Condition:

The Days' of Expenses in Net Assets has remained relatively unchanged from 2016 to 2017. Overall, for the past five years, the Days' of Expenses in Net Assets has averaged 57.1 days. More concerning, the overall average for Days' of Expenses in Net Assets is significantly reduced when excluding Region I.

Caution

The five-year trend shows both Area Agencies II and IX have less than 30 days on average in Days' of Expenses in Net Assets. Furthermore, any significant changes in either revenue or expense trends would impact these agencies.

Due to a significant net loss, Net Assets for Agency II decreased by nearly half from \$1.5 million in 2016 to \$896 thousand in 2017, thus, reducing Days' Expenses in Net Assets from 29.8 days to 17.1 days, respectively.

Net Assets for Area Agency IX drastically decreased from \$2.066 million in 2014 to \$362 thousand in 2016 before moderately rebounding to \$690 thousand in 2017. Similarly, Days' of Expenses in Net Assets for Area Agency IX shows an equally dramatic drop from 39.7 days in 2014 to a low of 6.9 days in 2016 but climbed to 12.7 days in 2017. Although Agency IX has shown improvement, this Agency should continue to be monitored closely.

Section C-2

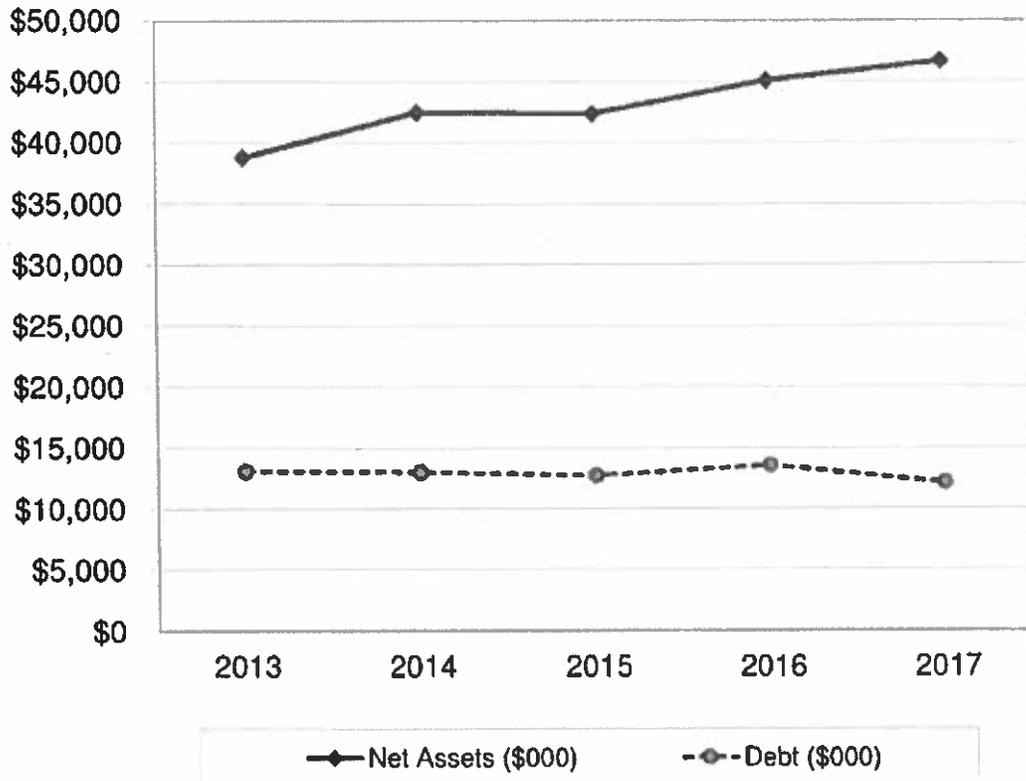
Comparative Analysis of DSAA Financial Strength

**Five Year Trends and Highlights
(2012-2017)**

REGION/AREA AGENCY	Debt (Rounded to \$000)					Debt Ratio				
	Fiscal Year					Fiscal Year				
	2013	2014	2015	2016	2017	2013	2014	2015	2016	2017
I. Northern (BBH & BDS)	\$56	\$38	\$19	\$0	\$0	0.0:1	0.0:1	0.0:1	0.0:1	0.0:1
II. Sullivan County	\$600	\$468	\$266	\$601	\$542	0.6:1	0.4:1	0.2:1	0.4:1	0.6:1
III. Lakes Region	\$609	\$526	\$444	\$326	\$227	0.1:1	0.1:1	0.1:1	0.0:1	0.0:1
IV. Community Bridges	\$758	\$1,115	\$1,058	\$1,630	\$1,511	0.4:1	0.4:1	0.4:1	0.4:1	0.3:1
V. Monadnock (Includes RR ST Mill, Inc.)	\$3,687	\$3,396	\$3,355	\$3,272	\$3,148	1.3:1	1.2:1	1.5:1	1.2:1	1.1:1
VI. Greater Nashua	\$670	\$790	\$730	\$669	\$208	0.2:1	0.2:1	0.2:1	0.2:1	0.0:1
VII. Moore Center Services	\$5,508	\$5,414	\$5,552	\$5,630	\$5,156	1.1:1	1.0:1	1.0:1	1.0:1	0.9:1
VIII. One Sky	\$0	\$0	\$0	\$0	\$0	0.0:1	0.0:1	0.0:1	0.0:1	0.0:1
IX. Community Partners (BDS only)	\$397	\$516	\$565	\$747	\$729	0.2:1	0.2:1	1.5:1	2.1:1	1.1:1
X. Community Crossroads	\$799	\$749	\$742	\$680	\$618	0.4:1	0.4:1	0.3:1	0.3:1	0.3:1
TOTAL	\$13,083	\$13,012	\$12,731	\$13,555	\$12,139	0.3:1	0.3:1	0.3:1	0.3:1	0.3:1

Summary Highlights of Financial Strength	
Overall Network Condition:	
The Debt Ratio has remained relatively constant for the five-year period. The combined Debt for the network has decreased by approximately \$1.4 million to \$12.1 million.	
Caution	
Area Agencies V, VII, and IX have the highest Debt Ratio in the network while Agencies V and VII have the highest levels of Debt.	
The most significant change in Debt Ratio occurred with Area Agency IX which decreased from a high of 2.1 in 2016 to 1.1 in 2017.	

Section C
Developmental Services Area Agencies
Financial Strength



Section D
Current Year Financial Trends by Region
Combined

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
1.1a Current Assets			\$54,309,298
1.1b Current Liabilities			\$29,271,653
1.1c Current Ratio	min. 1.1:1		1.9:1
1.2a Cash at Year End			\$29,013,197
1.2b Days Cash-on-Hand	min. 15		36
1.3a Year End Accounts Receivable			\$20,974,326
1.3b Days In Receivable	max. 30		27
1.4a Accounts Payable			\$14,397,213
1.4b Days in Accounts Payable	max. 15		18
II. Financial Performance			
II.1 Revenue			\$299,304,455
II.2 Expenses			(\$299,446,206)
II.3 Total Surplus <Deficit>			(\$141,752)
II.4 Net Margin (% Revenue)	min. 1.5%		0.0%
III. Financial Strength			
III.1a Net Assets			\$46,662,870
III.1b Days Expenses in Net Assets	min. 25		57
III.2a Long Term Debt			\$12,138,651
III.2b Debt/Equity Ratio	max. 2.5:1		0.3:1

Section D
Current Year Financial Trends by Region
Northern (BDS & BBH)

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$11,332,308
I.1b Current Liabilities			\$3,277,657
I.1c Current Ratio	min. 1.1:1		3.5:1
I.2a Cash at Year End			\$8,913,813
I.2b Days Cash-on-Hand	min. 15		128
I.3a Year End Accounts Receivable			\$1,674,504
I.3b Days in Receivable	max. 30		26
I.4a Accounts Payable			\$359,498
I.4b Days in Accounts Payable	max. 15		5
II. Financial Performance			
II.1 Revenue			\$24,210,523
II.2 Expenses			(\$25,484,330)
II.3 Total Surplus <Deficit> (BDS only)			(\$1,273,808)
II.4 Net Margin (% Revenue) (BDS only)	min. 1.5%		-5.3%
III. Financial Strength			
III.1a Net Assets			\$15,474,235
III.1b Days Expenses in Net Assets	min. 25		222
III.2a Long Term Debt			\$0
III.2b Debt/Equity Ratio	max. 2.5:1		0.0:1

Section D
Current Year Financial Trends by Region
Sullivan County

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$1,056,466
I.1b Current Liabilities			\$1,289,291
I.1c Current Ratio	min. 1.1:1		0.8:1
I.2a Cash at Year End			\$437,110
I.2b Days Cash-on-Hand	min. 15		8
I.3a Year End Accounts Receivable			\$534,949
I.3b Days in Receivable	max. 30		11
I.4a Accounts Payable			\$1,187,957
I.4b Days in Accounts Payable	max. 15		23
II. Financial Performance			
II.1 Revenue			\$18,509,079
II.2 Expenses			(\$19,150,583)
II.3 Total Surplus <Deficit>			(\$641,504)
II.4 Net Margin (% Revenue)	min. 1.5%		-3.5%
III. Financial Strength			
III.1a Net Assets			\$895,786
III.1b Days Expenses in Net Assets	min. 25		17
III.2a Long Term Debt			\$541,730
III.2b Debt/Equity Ratio	max. 2.5:1		0.6:1

Section D
Current Year Financial Trends by Region
Lakes Region

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$5,619,773
I.1b Current Liabilities			\$1,789,252
I.1c Current Ratio	min. 1.1:1		3.1:1
I.2a Cash at Year End			\$4,476,109
I.2b Days Cash-on-Hand	min. 15		69
I.3a Year End Accounts Receivable			\$878,397
I.3b Days in Receivable	max. 30		14
I.4a Accounts Payable			\$840,877
I.4b Days in Accounts Payable	max. 15		13
II. Financial Performance			
II.1 Revenue			\$24,582,642
II.2 Expenses			(\$24,089,377)
II.3 Total Surplus <Deficit>			\$493,265
II.4 Net Margin (% Revenue)	min. 1.5%		2.0%
III. Financial Strength			
III.1a Net Assets			\$7,358,482
III.1b Days Expenses in Net Assets	min. 25		111
III.2a Long Term Debt			\$226,729
III.2b Debt/Equity Ratio	max. 2.5:1		0.0:1

Section D
Current Year Financial Trends by Region
Community Bridges

Financial Indicator	Current Year	
	Benchmark	Totals
I. Liquidity		
I.1a Current Assets		\$5,388,747
I.1b Current Liabilities		\$2,442,409
I.1c Current Ratio	min. 1.1:1	2.2:1
I.2a Cash at Year End		\$2,821,974
I.2b Days Cash-on-Hand	min. 15	29
I.3a Year End Accounts Receivable		\$2,211,504
I.3b Days in Receivable	max. 30	23
I.4a Accounts Payable		\$965,370
I.4b Days in Accounts Payable	max. 15	10
II. Financial Performance		
II.1 Revenue		\$37,100,708
II.2 Expenses		(\$36,171,835)
II.3 Total Surplus <Deficit>		\$928,873
II.4 Net Margin (% Revenue)	min. 1.5%	2.5%
III. Financial Strength		
III.1a Net Assets		\$4,771,434
III.1b Days Expenses in Net Assets	min. 25	48
III.2a Long Term Debt		\$1,510,878
III.2b Debt/Equity Ratio	max. 2.5:1	0.3:1

Section D
Current Year Financial Trends by Region
Monadnock (includes RR St Mill)

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$4,062,535
I.1b Current Liabilities			\$2,337,107
I.1c Current Ratio	min. 1.1:1		1.7:1
I.2a Cash at Year End			\$2,543,620
I.2b Days Cash-on-Hand	min. 15		33
I.3a Year End Accounts Receivable			\$1,160,874
I.3b Days in Receivable	max. 30		15
I.4a Accounts Payable			\$1,332,734
I.4b Days in Accounts Payable	max. 15		17
II. Financial Performance			
II.1 Revenue			\$28,279,154
II.2 Expenses			(\$28,077,359)
II.3 Total Surplus <Deficit>			\$201,795
II.4 Net Margin (% Revenue)	min. 1.5%		0.7%
III. Financial Strength			
III.1a Net Assets			\$2,932,148
III.1b Days Expenses in Net Assets	min. 25		38
III.2a Long Term Debt			\$3,148,472
III.2b Debt/Equity Ratio	max. 2.5:1		1.1:1

Section D
Current Year Financial Trends by Region
Greater Nashua

Financial Indicator	Current Year	
	Benchmark	Totals
I. Liquidity		
I.1a Current Assets		\$7,938,611
I.1b Current Liabilities		\$5,747,719
I.1c Current Ratio	min. 1.1:1	1.4:1
I.2a Cash at Year End		\$1,391,317
I.2b Days Cash-on-Hand	min. 15	11
I.3a Year End Accounts Receivable		\$5,998,081
I.3b Days in Receivable	max. 30	52
I.4a Accounts Payable		\$2,200,407
I.4b Days in Accounts Payable	max. 15	17
II. Financial Performance		
II.1 Revenue		\$47,119,050
II.2 Expenses		(\$46,928,950)
II.3 Total Surplus <Deficit>		\$190,100
II.4 Net Margin (% Revenue)	min. 1.5%	0.4%
III. Financial Strength		
III.1a Net Assets		\$4,520,543
III.1b Days Expenses in Net Assets	min. 25	35
III.2a Long Term Debt		\$208,091
III.2b Debt/Equity Ratio	max. 2.5:1	0.0:1

Section D
Current Year Financial Trends by Region
Moore Center

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$6,407,665
I.1b Current Liabilities			\$2,349,751
I.1c Current Ratio	min. 1.1:1		2.7:1
I.2a Cash at Year End			\$3,727,394
I.2b Days Cash-on-Hand	min. 15		28
I.3a Year End Accounts Receivable			\$2,189,260
I.3b Days in Receivable	max. 30		17
I.4a Accounts Payable			\$814,657
I.4b Days in Accounts Payable	max. 15		6
II. Financial Performance			
II.1 Revenue			\$48,638,581
II.2 Expenses			(\$48,330,677)
II.3 Total Surplus <Deficit>			\$307,904
II.4 Net Margin (% Revenue)	min. 1.5%		0.6%
III. Financial Strength			
III.1a Net Assets			\$5,738,395
III.1b Days Expenses in Net Assets	min. 25		43
III.2a Long Term Debt			\$5,155,843
III.2b Debt/Equity Ratio	max. 2.5:1		0.9:1

Section D
Current Year Financial Trends by Region
One Sky

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$4,571,424
I.1b Current Liabilities			\$3,594,318
I.1c Current Ratio	min. 1.1:1		1.3:1
I.2a Cash at Year End			\$943,243
I.2b Days Cash-on-Hand	min. 15		13
I.3a Year End Accounts Receivable			\$3,222,946
I.3b Days in Receivable	max. 30		47
I.4a Accounts Payable			\$2,618,059
I.4b Days in Accounts Payable	max. 15		37
II. Financial Performance			
II.1 Revenue			\$25,574,865
II.2 Expenses			(\$26,116,868)
II.3 Total Surplus <Deficit>			(\$542,003)
II.4 Net Margin (% Revenue)	min. 1.5%		2.1%
III. Financial Strength			
III.1a Net Assets			\$1,976,998
III.1b Days Expenses in Net Assets	min. 25		28
III.2a Long Term Debt			\$0
III.2b Debt/Equity Ratio	max. 2.5:1		0.0:1

Section D
Current Year Financial Trends by Region
Community Partners (BDS only)

Financial Indicator	Current Year	
	Benchmark	Totals
I. Liquidity		
I.1a Current Assets		\$3,589,679
I.1b Current Liabilities		\$3,932,456
I.1c Current Ratio	min. 1.1:1	0.9:1
I.2a Cash at Year End		\$2,346,428
I.2b Days Cash-on-Hand	min. 15	44
I.3a Year End Accounts Receivable		\$1,018,743
I.3b Days in Receivable	max. 30	19
I.4a Accounts Payable		\$2,559,068
I.4b Days in Accounts Payable	max. 15	48
II. Financial Performance		
II.1 Revenue		\$20,186,846
II.2 Expenses		(\$19,858,742)
II.3 Total Surplus <Deficit>		\$328,104
II.4 Net Margin (% Revenue)	min. 1.5%	1.6%
III. Financial Strength		
III.1a Net Assets		\$690,248
III.1b Days Expenses in Net Assets	min. 25	13
III.2a Long Term Debt		\$729,323
III.2b Debt/Equity Ratio	max. 2.5:1	1.1:1

Section D
Current Year Financial Trends by Region
Community Crossroads

Financial Indicator	Current Year		
	Benchmark		Totals
I. Liquidity			
I.1a Current Assets			\$4,342,090
I.1b Current Liabilities			\$2,511,693
I.1c Current Ratio	min. 1.1:1		1.7:1
I.2a Cash at Year End			\$1,412,189
I.2b Days Cash-on-Hand	min. 15		21
I.3a Year End Accounts Receivable			\$2,085,068
I.3b Days in Receivable	max. 30		31
I.4a Accounts Payable			\$1,518,586
I.4b Days in Accounts Payable	max. 15		22
II. Financial Performance			
II.1 Revenue			\$25,103,007
II.2 Expenses			(\$25,237,485)
II.3 Total Surplus <Deficit>			(\$134,478)
II.4 Net Margin (% Revenue)	min. 1.5%		-0.5%
III. Financial Strength			
III.1a Net Assets			\$2,304,601
III.1b Days Expenses in Net Assets	min. 25		33
III.2a Long Term Debt			\$617,585
III.2b Debt/Equity Ratio	max. 2.5:1		0.3:1

Appendix C

1/1/2013 through 9/30/2018
AREA AGENCY CERTIFICATION STATISTICS

REGION	VISITS WITHOUT DEFICIENCIES		VISITS WITH DEFICIENCIES		VISITS TOTAL	DEFICIENCIES TOTAL NUMBER	NUMBER OF DEFICIENCIES PER VISIT
	#	%	#	%			
1	182	40%	268	60%	450	711	1.58
2	89	26%	250	74%	339	835	2.46
3	142	50%	141	50%	283	352	1.24
4	147	30%	349	70%	496	1282	2.58
5	96	17%	484	83%	580	1985	3.42
6	155	30%	366	70%	521	1568	3.01
7	176	29%	422	71%	598	2190	3.66
8	99	22%	347	78%	446	1381	3.10
9	163	46%	195	54%	358	562	1.57
10	78	22%	275	78%	353	1214	3.44
STATE	1327	30%	3097	70%	4424	12080	2.73

Appendix D

NH Developmental Services Employment Data Trends.... June 2015

Total Number of Individuals Served and Employed (21-64 Years Old), Including Self Employment

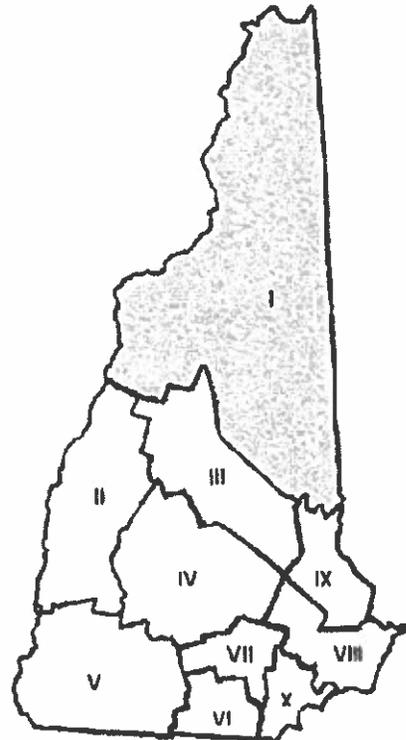
Regional Employment

Area Agency	# of Individuals Served	# of Individuals Employed*	% of Individuals Employed	
			%	ranking
Northern Human Services	364	166	45.6%	2nd
Pathways of the River Valley	239	74	31.0%	8th
Lakes Region Community Services	317	146	46.1%	1st
Community Bridges	516	150	29.1%	9th
Monadnock Developmental Services	396	159	40.2%	4th
Gateways Community Services	549	238	43.4%	3rd
Moore Center Services	548	159	29.0%	10th
One Sky Community Services	381	140	36.7%	5th
Community Partners	332	119	35.8%	6th
Community Crossroads	324	103	31.8%	7th
Statewide	3,966	1,454	36.7%	

BDS Mission Statement

The Bureau of Developmental Services (BDS) joins communities and families in providing opportunities for citizens with developmental disabilities or acquired brain disorders to achieve health and independence. In partnership with individuals, families, and community based service networks, BDS affirms the vision that all citizens should participate in the life of their community while receiving the supports they need to be productive and valued community members.

Region 1: Northern Human Services



Regional Breakdown

Total # of Individuals Served	# Individuals Working	Percent Employed	Average Hours Worked	Average Wages Earned	Average Weekly Earnings	Projected
						Average Yearly Earnings
364	166	45.6%	8.94	\$7.88	\$70	\$3,663
Statewide ranking	2nd		7th	8th	9th	

Employment Provider Data

	# Individuals Employed	Average Hours Worked	Average Wages Earned
CDS - Northern Human Services	31	6.3	\$7.41
Easter Seals NH, Inc.	1	24.0	\$7.25
Granite Bay Connections	1	35.0	\$9.00
Life Transition Services	4	13.6	\$8.27
Lifeshare, Inc.	1	10.0	\$9.25
North Country	8	11.5	\$8.33
Northern Human Services	120	8.5	\$7.85
Total:	166	8.9	\$7.88

BDS Employment Report for the Period 1/1/2016-6/30/2016.

Statewide Figures	June 2016
Total Number of People Served (21-64 years old)	4,008
Total Number Reported on BDS Employment Report (Volunteer, Internship, Paid Employment or Self Employment, unduplicated)	2,765
Total Number Employed (Including self-employment)	1,430
Employment Rate (Employed/All Persons Reported on BDS Employment Report)	51.7%
Employment Rate (Employed/Total Number Served, unduplicated)	35.6%

Statewide Figures	June 2016
Total Number of Jobs	1,684
Average Hourly Wage	\$8.36
Average Hours Worked Per Week	11.00
Average Weekly Earnings (Per Job)	\$92.46
Average Monthly Earnings (Per Job)	\$400.37
Average Annual Earnings (Per Job)	\$4,804.47

Area Agency	Unduplicated (Total Served, 21-64, including those not on BDS Report)	Unduplicated Served (All) (BDS Report)	Unduplicated #Working	Duplicated	Total # Jobs&SE	% Employed (BDS Employment Report)	% Employed (Total Served)	Ranking
Region 1	364	318	159	27	186	50%	43.6%	2nd
Region 2	235	113	75	4	79	66.37%	31.9%	8th
Region 3	316	277	138	30	168	49.8%	43.7%	1st
Region 4	464	318	156	27	183	49%	33.6%	6th
Region 5	427	350	147	54	201	42%	34.4%	5th
Region 6	598	342	231	36	267	67.5%	38.6%	3rd
Region 7	550	374	179	33	212	47.8%	32.5%	7th

BDS Employment Report for the Period 1/1/2016-6/30/2016.

Percentage of Workers Independent at Work	13.8%
Percentage of Workers Rely on Natural Supports	11.2%
Percentage of Workers Rely on a Combination of Supports	9.8%

Modes of Transportation	Percentage
Self (Walk, bike, scooter)	13.1%
Public Transportation	6.2%
Family, neighbor, friend	11.9%
Day Service Staff	61.3%
Residential/Home Provider	5%
Other	2.1%

NH Developmental Services Employment Data Report

July 1, 2016-December 31, 2016

	December 2016	June 2016	Changes
People Receiving Services (age 21-64)	4008	4008	0
Total number of people employed excluding self-employment paid minimum wage or above (unduplicated count)	1392	1440	-48
People who have self-employment	64		64
People Employed (Age 21-64) including self-employment	1456	1440	16
Total employed (including self-employment) as a percentage of total served	36.33%	35.60%	0.73%
Statewide average pay per hour excluding self-employment	\$8.43	\$8.45	-0.02
Statewide average hours worked per week excluding self-employment	11	10.07	0.93
Total number of jobs excluding self-employment paying minimum wage or above	1640	1665	-25

**There are some people who have both hourly wages and self-employment.*



NH Developmental Services Employment Data Trends

Total Number of Individuals Served & Employed (21-64 Years Old), Excluding Self Employment, by Region

Area Agency	# of Individuals Served	# of Individuals Working	Individuals Employed	
			%	Ranking
Region 1: Northern Human Services	364	146	40.11%	3rd
Region 2: Pathways of the River Valley	235	74	31.49%	7th
Region 3: Lakes Region Community Services	316	129	40.82%	2nd
Region 4: Community Bridges	464	152	32.76%	6th
Region 5: Monadnock Developmental Services	427	153	35.83%	5th
Region 6: Gateways Community Services	598	223	37.29%	4th
Region 7: Moore Center Services	550	170	30.91%	8th
Region 8: One Sky Community Services	394	118	29.95%	9th
Region 9: Community Partners	318	136	42.77%	1st
Region 10: Community Crossroads	342	91	26.66%	10th
Total	4008	1392	34.73%	

Annual Earnings for Workers Age 18-64

	US	NH	NH Gap
People without Disabilities*	\$31.87	\$37,339	\$5,467
People with Disabilities*	\$21,572	\$21,170	-402
People served by Area Agency System		4008	
Annual Earnings for Workers Served by AA System **		\$4,649	
Wage Gap: People Served by AA vs. NH Workers with Disabilities**		-\$16,521	
* American Community Survey 2016 Annual Report: 2016 Disability Statistics Report			
** Not necessarily year round employment.			

NH Developmental Services Employment Data Report January 1, 2017-June 30, 2017

	June 2016	December 2016	June 2017	Change (6 months)	Change (12 months)
People Receiving Services (age 21-64)	4008	4008	4008	0	0
Total number of people employed, excluding self employment, paid minimum wage or above.	1392	1440	1470	30	78
Total number of jobs excluding self-employment paid minimum wage or above.	1640	1640	1709	69	69
People who have self employment	64	64	63	-1	-1
People Employed, including self employment (Ages 21-64)	1,456	1,504	1,533	29	77
Total Employed as a percentage of Total Served	36.33%	37.50%	38.20%	0.7%	1.87%
Statewide pay per hour based on total number of jobs, excluding self employment	\$8.43	\$8.45	\$8.54	\$0.09	\$0.11
Statewide number of hours per week based on total number of jobs, excluding self employment	11	10.07	11.2	1.13	0.2
Number of workers with more than one job, excluding self employment.				0	0
Statewide pay per hour based on total employment per worker.			\$9.94	\$9.94	\$9.94
Statewide hours per week based on total employment per worker.			10	10	10

*There are some people who have both hourly wages and self-employment.

Average
Hourly
Wage
\$8.54

Average
Hours Worked
Per Week
11.2

Average
Weekly
Earnings
\$95.65

Average
Yearly
Earnings
\$4,974

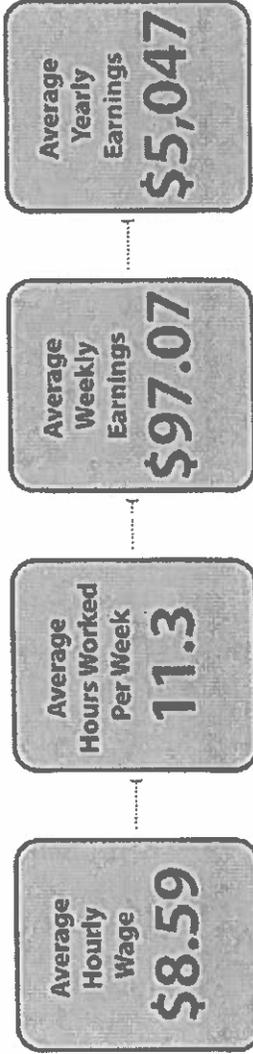
	# of JOBS	# of WORKERS	PER JOB				PER WORKER			
			Average Hours/Week	Median Hours/Week	Average Wage/Hour	Median Wage/Hour	Average Hours/Week	Median Hours/Week	Average Wage/Hour	Median Wage/Hour
North Country	10	9	10.2	8.5	\$8.40	\$8.63	11.33	9	\$9.33	\$9.00
Neurorestorative NH	2	2	11	11	\$8.13	\$8.13	11	11	\$8.13	\$8.13
Granite State Independent Living	7	6	9.29	8	\$8.97	\$9.00	10.83	10	\$10.47	\$8.75
Community Crossroads	12	11	9.63	5	\$8.94	\$8.25	10.5	6	\$9.75	\$8.53
Community Partners	2	2	10.5	10.5	\$9.58	\$9.58	10.5	10.5	\$9.58	\$9.58
Easter Seals	133	114	8.98	6	\$7.85	\$7.25	10.48	9	\$9.16	\$7.50
Living Innovations	41	34	8.14	6	\$8.58	\$8.50	9.82	8	\$10.35	\$8.50
CDS Northern	9	8	9.11	4	\$8.46	\$8.00	9.75	8	\$9.51	\$8.07
Opportunity Networks	82	71	7.9	6	\$7.99	\$7.25	9.13	6	\$9.23	\$7.50
Life Visions	32	27	7.61	5.5	\$9.09	\$7.75	9.02	6	\$10.78	\$9.00
Community Strategies for NH	5	5	9	4	\$9.36	\$9.75	9	4	\$9.36	\$9.75
Siddharth Services	6	5	7.5	3	\$8.91	\$8.18	9	4	\$10.69	\$8.00
Toward Independent Living and Learning	8	7	7.5	6.75	\$9.70	\$10.10	8.57	7.5	\$11.09	\$10.13
Cardinal Cushing	1	1	8	8	\$8.25	\$8.25	8	8	\$8.25	\$8.25
Gateways Community Services	1	1	8	8	\$10.75	\$10.75	8	8	\$10.75	\$10.75
Life Coping	1	1	8	8	\$7.25	\$7.25	8	8	\$7.25	\$7.25
Lifeshare Inc	32	28	6.83	3	\$7.61	\$5.50	7.8	4.5	\$10.25	\$9.38
Independent Services Network	36	33	6.94	5.5	\$8.82	\$8.47	7.58	6	\$9.62	\$9.25
Crotched Mountain	6	6	7.08	4	\$9.46	\$10.00	7.08	4	\$9.46	\$10.00
Institute for Professional Practice	25	22	6.09	4	\$7.96	\$7.25	6.92	4	\$9.05	\$7.25
Monadnock Worksource	21	17	5.17	3	\$7.87	\$7.50	6.38	4	\$9.72	\$8.00
Nashua Center for Multiply Handicapped	9	8	4.44	3	\$8.70	\$7.25	5	3	\$9.79	\$7.25
Farmsteads of NE	4	4	4.5	4.5	\$7.28	\$7.28	4.5	4.5	\$7.28	\$7.28
Psalm 33	1	1	3	3	\$9.00	\$9.00	3	3	\$9.00	\$9.00
Robin Hill Farm	2	2	2.13	2.13	\$7.93	\$7.93	2.13	2.13	\$7.93	\$7.93
Brock Children's Home Employment	1	1	2	2	\$7.75	\$7.75	2	2	\$7.75	\$7.75
TOTAL STATEWIDE	1709	1470	11.22	8	\$8.54	\$8.00	13.06	10	\$9.94	\$8.44

NH Developmental Services Employment Data Report July 1, 2017-December 31, 2017

	June 2016	December 2016	June 2017	December 2017	Change (6 months)	Change (12 months)
People Receiving Services (age 21-64)	4,008	4,008	4,008	4,095	87	87
Total number of people employed, excluding self employment, paid minimum wage or above	1,392	1,440	1,470	1,437	-33	-3
Total number of jobs excluding self-employment paid minimum wage or above.	1,640	1,640	1,709	1,667	-42	27
People who have self employment	64	64	63	69	6	5
People Employed, including self employment (Ages 21-64)	1,456	1,504	1,533	1,506	-27	2
Total Employed as a percentage of Total Served, including self employment	36.33%	37.50%	38.20%	36.7%	-1.5%	-0.8%
Statewide pay per hour based on total Number of jobs, excluding self employment	\$8.43	\$8.45	\$8.54	\$8.59	\$0.05	\$0.14
Statewide number of hours per week based on total number of jobs, excluding self employment	11	10.07	11.2	11.3	0.1	1.23
Number of workers with more than one job, excluding self employment.	**	**	239	230	230	230
Statewide pay per hour based on total employment per worker.	**	**	\$9.94	\$9.98	\$0.04	\$9.98
Statewide hours per week based on total employment per worker.	**	**	10	13.2	3.2	13.2

* There are some people who have both hourly wages and self-employment.

** Data not yet reported on.



Employment Statistics By Region

	Total Served		Total Working (unduplicated)		Employment Rate
Region 1	364	160	43.9%		
Region 2	225	79	35.1%		
Region 3	321	139	43.4%		
Region 4	523	140	26.7%		
Region 5	417	159	38.1%		
Region 6	587	245	41.7%		
Region 7	581	170	29.2%		
Region 8	368	125	33.97%		
Region 9	358	127	35.4%		
Region 10	351	93	26.4%		
Total Wage Employment	4,095	1,437	35.0%		

* Figures reflect total working excluding self employment.

	# of JOBS	# of WORKERS	PER JOB			PER WORKER		
			Average Hours/Week	Median Hours/Week	Average Wage/Hour	Average Hours/Week	Median Hours/Week	Average Wage/Hour
Region 1	173	160	9.87	7.79	8.46	10.67	8.00	9.14
Region 2	84	79	14.19	10.00	9.39	15.09	10.00	9.98
Region 3	182	139	10.67	8.00	7.91	13.97	11.00	10.36
Region 4	159	140	11.41	8.00	8.78	12.87	10.00	9.97
Region 5	190	159	12.28	9.00	8.79	14.68	11.00	10.45
Region 6	281	245	10.27	7.00	8.47	11.77	10.00	9.68
Region 7	198	170	12.60	11.50	8.49	14.68	12.00	9.89
Region 8	146	125	9.78	6.75	8.74	11.43	9.50	10.21
Region 9	148	127	13.65	12.00	8.66	15.91	15.00	10.03
Region 10	106	93	9.60	6.00	8.89	10.88	8.00	10.04
TOTAL STATEWIDE	1667	1437	11.3	8	\$8.59	13.2	10	\$9.98

NH Developmental Services Employment Data Report

January 1, 2018-March 31, 2018

	December 2016	June 2017	December 2017	March 2018	Change (3 months)
People Receiving Services (age 21-64)	4,008	4,008	4,095	4,130	35
Total number of people employed, excluding self employment, paid minimum wage or above	1,440	1,470	1,437	1,493	56
Total number of jobs excluding self-employment paid minimum wage or above.	1,640	1,709	1,667	1,723	56
People who have self employment	64	63	69	19	-50
People Employed, including self employment (Ages 21-64)	1,504	1,533	1,506	1,512	6
Total Employed as a percentage of Total Served, including self employment	37.50%	38.20%	36.7%	36.61%	-0.09%*
Statewide pay per hour based on total Number of Jobs, excluding self employment	\$8.45	\$8.54	\$8.59	\$8.62	\$0.03
Statewide number of hours per week based on total number of jobs, excluding self employment	10.07	11.2	11.3	11.36	0.06
Number of workers with more than one job, excluding self employment	**	239	230	230	0
Statewide average pay per hour of total employment per worker, excluding self employment	**	\$9.94	\$9.98	\$9.94	-\$0.04
Statewide hours per week based on total employment per worker	**	10	13.2	13.11	-0.09

* Employment rate reduced this quarter, largely due to fewer self employment cases.

** Data not yet reported on.

Average Yearly Earnings
\$5,088

Average Monthly Earnings
\$424

Average Weekly Earnings
\$97.92

Average Hours Worked Per Week
11.36

Average Hourly Wage
\$8.62

Statewide Employment Rate
36.61%

Employment Statistics By Region

	# of JOBS				Employment Rate				PER JOB*				PER WORKER**			
	# of JOBS	Total Served	Rank	% of Statewide Jobs	Average Hours/Week	Median Hours/Week	Average Wage/Hour	Median Wage/Hour	Average Hours/Week	Median Hours/Week	Average Wage/Hour	Median Wage/Hour	Average Hours/Week	Median Hours/Week	Average Wage/Hour	Median Wage/Hour
Region 1	171	368	2nd	43.48%	9.87	7.50	\$8.44	\$7.76	10.55	8.00	\$9.02	\$7.94	10.55	8.00	\$9.02	\$7.94
Region 2	84	223	8th	35.43%	14.42	10.00	\$9.53	\$9.00	15.36	12.00	\$10.13	\$9.10	15.36	12.00	\$10.13	\$9.10
Region 3	182	317	1st	44.16%	10.71	8.00	\$7.91	\$7.25	13.92	11.00	\$10.28	\$7.75	13.92	11.00	\$10.28	\$7.75
Region 4	186	527	6th	31.50%	11.90	8.00	\$8.81	\$8.05	13.33	10.00	\$9.88	\$8.75	13.33	10.00	\$9.88	\$8.75
Region 5	183	424	5th	36.79%	12.63	9.00	\$8.90	\$8.24	14.82	10.00	\$10.45	\$9.00	14.82	10.00	\$10.45	\$9.00
Region 6	287	610	4th	40.98%	10.57	8.00	\$8.46	\$8.00	12.10	10.00	\$9.71	\$8.31	12.10	10.00	\$9.71	\$8.31
Region 7	207	587	9th	29.81%	11.89	10.50	\$8.49	\$8.00	14.06	12.00	\$10.04	\$8.36	14.06	12.00	\$10.04	\$8.36
Region 8	156	366	7th	36.61%	9.57	6.50	\$9.16	\$8.52	11.14	8.50	\$10.19	\$9.00	11.14	8.50	\$10.19	\$9.00
Region 9	158	361	3rd	37.67%	13.67	11.50	\$8.68	\$8.00	15.88	13.50	\$10.08	\$8.75	15.88	13.50	\$10.08	\$8.75
Region 10	109	347	10th	27.95%	9.69	6.00	\$8.92	\$8.25	10.88	8.00	\$10.03	\$8.75	10.88	8.00	\$10.03	\$8.75
TOTAL STATEWIDE	1723	4130			11.36	8	\$8.62	\$8.00	13.11	10	\$9.94	\$8.50	13.11	10	\$9.94	\$8.50

*Per Job - average hourly and average number of hours per job within the region

**Per Worker - average number of total hours and total wages for all jobs worked

	# of JOBS	Total Served	% of Statewide Jobs	Rank	# of WORKERS	% of Statewide Workers	Rank	% of State Served	Rank
Region 1	171	368	9.92%	6th	160	10.72%	4th	8.91%	5th
Region 2	84	223	4.88%	10th	79	5.29%	10th	5.40%	10th
Region 3	182	317	10.56%	5th	140	9.38%	6th	7.68%	9th
Region 4	186	527	10.80%	3rd	166	11.12%	3rd	12.76%	3rd
Region 5	183	424	10.62%	4th	156	10.45%	5th	10.27%	4th
Region 6	287	610	16.66%	1st	250	16.74%	1st	14.77%	1st
Region 7	207	587	12.01%	2nd	175	11.72%	2nd	14.21%	2nd
Region 8	156	366	9.05%	8th	134	8.98%	8th	8.86%	6th
Region 9	158	361	9.17%	7th	136	9.11%	7th	8.74%	7th
Region 10	109	347	6.33%	9th	97	6.50%	9th	8.40%	8th
Total	1723	4130	100%		1493	100%		100%	

NH Developmental Services Employment Data Report

April 1, 2018-June 30, 2018

	Change Since Last Report (3 months)
People receiving services (age 21-64)	4
Total number of people employed, excluding self-employment, paid minimum wage or above	44
Total number of jobs excluding self-employment paid minimum wage or above	98
People who have self-employment	13
People employed, including self-employment (age 21-64)	57
Total employed as a percentage of total served, including self-employment	1.37%
Statewide pay per hour based on total number of jobs, excluding self-employment	\$0.03
Statewide number of hours per week based on total number of jobs, excluding self-employment	-0.07
Number of workers with more than one job, excluding self-employment	54
Statewide average pay per hour of total employment per worker, excluding self-employment	\$0.24
Statewide hours per week based on total employment per worker	0.23

We have seen an increase in:

- People Receiving Services
- Total Number Employed (with & without self-employment)
- People Who Have Self-Employment
- Total Employed as a Percent of Total Served
- Pay Per Hour by Job & Worker
- Hours Per Week by Worker



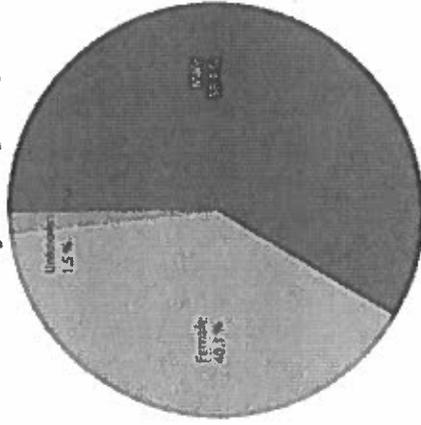
We have seen a decrease in:

- Hours Per Week by Job

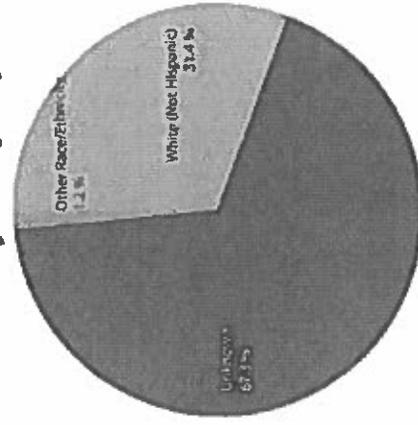
Statewide Representation	Number of Vendors Supporting Employment	52
	Number of Vendors Serving NH	70
	Number of Industry Codes Represented	16
Weekly Ranges Per Job	Hours	2-45 hours per week
	Wage	\$7.25-\$27.69 an hour
Weekly Ranges Per Worker *	Hours	2-80 hours per week
	Wage	\$7.25-\$39.50 an hour

* Total of all jobs that individuals work

Disability Employment by Gender**



Disability Employment by Race/Ethnicity**



Disability Employment - United States *

	Total United States	Any Disability	Cognitive Disability
Count	185,377,144	20,312,673	8,524,807
Employed	133,714,976	6,819,287	1,995,504
Percent Employed	72.13%	33.57%	23.41%
Wages - Annual			
Mean	\$35,654.45	\$13,127.4	\$7,079.89
Median	\$22,463	0	0

Disability Employment - New Hampshire *

	Total New Hampshire	Any Disability	Cognitive Disability
Count	792,143	82,688	36,187
Employed	624,896	33,307	10,776
Percent Employed	78.89%	40.28%	29.78%
Wages - Annual			
Mean	\$41,594.69	\$15,330.20	\$7,590.17
Median	\$30,414	0	0

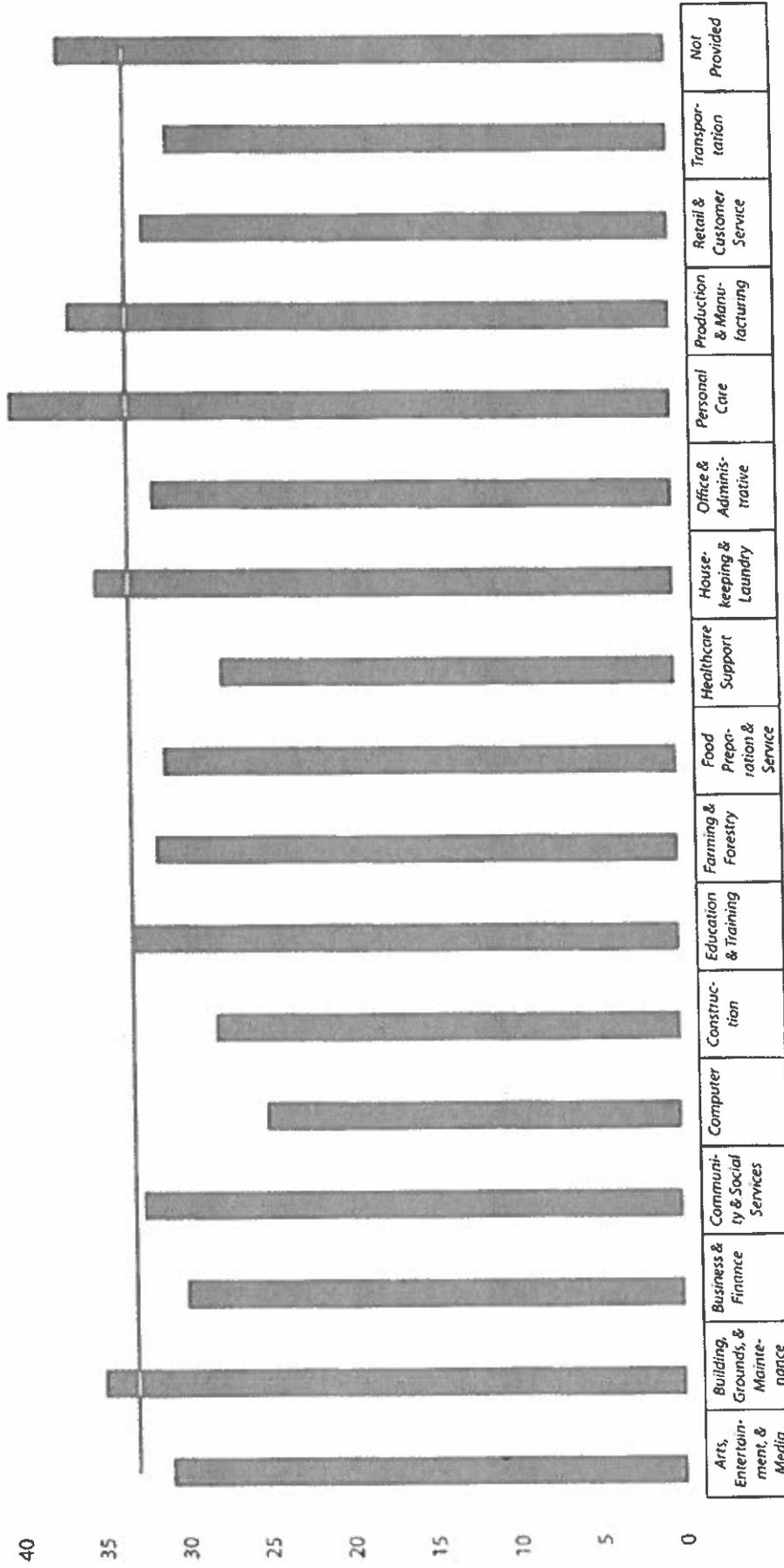
Disability Employment Gap - US/NH *

	Total United States	Any Disability	Cognitive Disability
Employment Gap	6.76%	6.71%	6.37%
Annual Wage Gap			
Mean	\$5,940.24	\$2,202.80	\$510.28
Median	\$7,951	0	0

* Calculations made by the Institute on Disability using the 2016 American Community Survey. Numbers only represent adults between ages 21-64.

** Represents the total adult population served by the Area Agency system during the reporting period.

Median Age of Workers by Industry Code Compared to Statewide Median



Employment Statistics By Region

	# of JOBS WORKERS		Total Served	Employment Rate	Rank	PER JOB*		PER WORKER**	
	# of JOBS	# of WORKERS				Median Hours/Week	Median Wages/Hour	Median Hours/Week	Median Wage/Hour
Region 1	176	158	369	42.82%	3rd	8	\$8.00	9.16	\$8.00
Region 2	89	81	222	36.49%	7th	10	\$9.10	10	\$9.10
Region 3	193	144	318	45.28%	1st	6	\$7.90	10.75	\$7.90
Region 4	195	165	535	30.84%	9th	8	\$9.00	12	\$9.00
Region 5	192	157	427	36.77%	6th	9	\$9.00	12	\$9.00
Region 6	311	263	610	43.11%	2nd	7	\$8.50	10	\$8.50
Region 7	225	185	597	30.99%	8th	10	\$9.00	12	\$9.00
Region 8	161	139	372	37.37%	5th	7	\$9.00	9	\$9.00
Region 9	171	147	350	42.00%	4th	10	\$9.00	15	\$9.00
Region 10	108	98	334	29.34%	10th	6	\$8.64	7.5	\$8.64
TOTAL STATEWIDE	1821	1537	4134			8	\$8.00	10	\$8.75

*Per Job - average hourly wages and average number of hours per job within the region

**Per Worker - average number of total hours and total wages for all jobs worked

	# of JOBS	Total Served	% of Statewide Jobs	Rank	# of WORKERS	% of Statewide Workers	Rank	% of State Served	Rank
Region 1	176	369	9.67%	6th	158	10.28%	4th	8.93%	6th
Region 2	89	222	4.89%	10th	81	5.27%	10th	5.37%	10th
Region 3	193	318	10.60%	4th	144	9.37%	7th	7.69%	9th
Region 4	195	535	10.71%	3rd	165	10.74%	3rd	12.94%	3rd
Region 5	192	427	10.54%	5th	157	10.21%	5th	10.33%	4th
Region 6	311	610	17.08%	1st	263	17.11%	1st	14.76%	1st
Region 7	225	597	12.36%	2nd	185	12.04%	2nd	14.44%	2nd
Region 8	161	372	8.84%	8th	139	9.04%	8th	9.00%	5th
Region 9	171	350	9.39%	7th	147	9.56%	6th	8.47%	7th
Region 10	108	334	5.93%	9th	98	6.38%	9th	8.08%	8th
Total	1821	4134			1537				

Average Tenure in Years

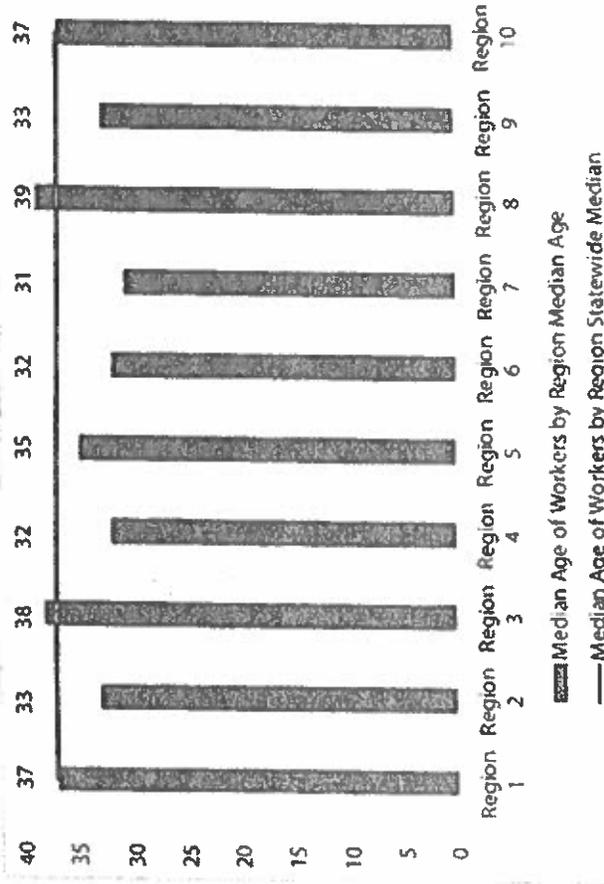
	# of JOBS	# of WORKERS	Average Tenure	Median Tenure
Region 1	80	61	7.03	4.5
Region 2	88	109	6.92	4
Region 3	183	137	5.89	3
Region 4	183	75	4.7	1
Region 5	333	100	6.64	2
Region 6	273	221	5.26	3
Region 7	166	130	4.88	2
Region 8	63	48	6.88	3
Region 9	84	68	3.78	2
Region 10	42	36	5.05	2
TOTAL STATEWIDE	1215	955	5.43	3

* Represents an unduplicated count of any person who worked at least one job during the quarter.

Total Enumeration Statewide Coverage

	# People Served	% of State Served	Rank
Region 1	367	8.74%	6th
Region 2	282	5.43%	10th
Region 3	318	7.58%	9th
Region 4	545	12.99%	3rd
Region 5	444	10.58%	4th
Region 6	816	24.68%	1st
Region 7	592	14.11%	2nd
Region 8	982	9.10%	5th
Region 9	348	8.29%	8th
Region 10	397	8.51%	7th
TOTAL STATEWIDE	4197	100.00%	

Median Age of Workers by Region Compared to Statewide Median



Appendix E

July 23, 2018

Christine L. Santaniello, Director
State of New Hampshire DHHS
Bureau of Developmental Services
105 Pleasant Street
Concord, NH 03301

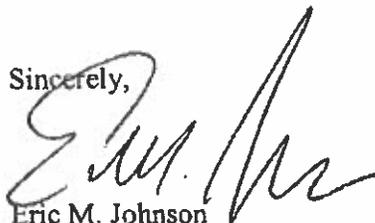
Dear Chris:

As an initial step to re-designation, please accept this letter of application requesting that Northern Human Services continues as the lead agency for Region 1. During the review process, we understand that additional documents will be requested and this letter serves to extend designation until the process is complete.

Liz Charles, Regional Administrator, has been assigned as the agency's local coordinator of re-designation activities.

Thank you for your consideration and continued support.

Sincerely,


Eric M. Johnson
CEO

Cc: Steve Michaud, Board President

RECEIVED
JUL 25 2018
Bureau of Developmental Services



Jeffrey A. Mcyers
Commissioner

Christine L. Santaniello
Director

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

July 20, 2018

Northern Human Services
Attn: Eric Johnson, Director
87 Washington St
Conway NH 03818

Dear Mr. Johnson:

In accordance with State rule He-M 505.08, Northern Human Services is scheduled to be reviewed for redesignation by the Department of Health and Human Services, Bureau of Developmental Services this fall.

As an initial step to redesignation, please send a letter of application requesting that Northern Human Services continue as the lead agency for Region 1 no later than **August 10, 2018**. During the redesignation review process other documents will be requested. This document will extend designation until such time as the redesignation review process is complete and the agency receives a formal letter of redesignation.

Also, I ask that you identify a person from your agency to serve as a local coordinator of redesignation activities in your region by **August 10, 2018**. It is important that the area agency assign this task to a person who will be able to collaborate closely with the Bureau's redesignation team for your area agency.

I want to underscore the significance the Bureau places on this process. As this level of review occurs only once every five (5) years, we appreciate your commitment of the time and resources necessary to assist us in this very important undertaking.

If you have any questions, please contact your Bureau Liaison or myself.

Sincerely,

Christine L. Santaniello
Director

cc: Bureau Liaison

Northern Human Services
Program at a Glance

Dates of the reviews: April 6th, 20th and May 14th

- Total number of individuals served specific to each waiver;
 - DD – 369
 - ABD – 19
 - IHS – 33
- Summary of the File Review and Post Payment Review, by specific waiver;
 - DD – 20 files reviewed; 1 was PDMS and 19 were ‘traditional’ services
 - See attached counts of all question responses
 - ABD – 5 files reviewed; all ‘traditional’ services
- Self-Assessed Strengths;
 - Documentation of attendance for all services provided. In the post payment review, I felt this was a particular strength of NHS, there was strong back up documentation related to our attendance practices.
 - All SIS and HRST are complete and fully up to date.
 - In any situation in which funding was under-utilized, we have already taken care of the issue. This is something that we monitor and work to make a change as soon as the issue is apparent.
- Self-Assessed Lessons learned:
 - We definitely struggled with the change over from the old SA process to the new HRST SA process. We found a few instances in which amendments to continue the previous SA until the new SA was completed were not completed. This issue is already being resolved, now that all SA’s are in the new HRST system. We do not anticipate this being a concern going forward.
 - Discovery that in some cases, the documentation of services provided could be more robust. We sometimes struggle with vendors and some parents to get them to provide us with clear and concise documentation of the services that were provided. In some cases, we have already seen improvement, but in others, it is an ongoing struggle and it is something we need to continue to work on.
- Any plans of correction as a result of the review:
 - When the final results of the review are issued to NHS, we plan to review the results with our DD Management team and our team of DD Directors. These 2 groups are the ones that can then take any feedback to their local offices and they can work on any improvements needed.
 - We have discussed, but have not yet implemented, an audit process by the DD Quality Improvement Coordinator (position is currently unfilled). Doing random spot checks on SA’s and doing reviews to ensure that amendments are completed as needed are both items that we want to implement when we have a new person trained in the position.

Completed by: Liz Charles, Regional Administrator

IHS Record Review
Region 1 Northern Human Services
Audit Date 4/20/2018

There are currently 34 individuals receiving supports through the In Home Support waiver (Ho-M524) at Northern Human Services (Region1). There were two staff members at the time of this audit working with 34 families, one full time and one-part time. Letitia Genest is the full time In Home Supports Program Coordinator; she carries a 18-person caseload and oversees all 34 programs, the budgets (change request from one line item to another and the addition of services covered through the Waiver while maintaining caps), proposals of new programs, reallocations as well as maintains the IHS Waitlist and submits all E-Mod requests and Family Support requests. Natasha Smith, the part time IHS Service Coordinator carries a 16-person caseload and aids in verifying payroll hours for all PCA's each week. Each coordinator (both Program and Service) is responsible for setting up SA meetings, visits as identified by the family with a minimum of 1 per year at the time of the annual Service Agreement, overseeing the SA requirements, budgets, processing vouchers (respite, recreation, campership, etc.) as well as hiring and overseeing the Personal Care Attendants. Between the 34 programs there were 24 Personal Care Attendants at the time of this audit.

Strengths- identified by AA in Self-Review

Within completing the IHS audit review for the dates of April 2017-June 2017 we identified a number of strengths held by our families and our Program and Service Coordinator. Our families have a great understanding of what can and can't be paid for within In Home Supports (each family is given the Utilization of Funds), budget caps as well as being able to move funding from one line item to then next (approving the SA Amendment when needed for certain funding moves) We also found that family found PCA's have proven to have the longest retention rate. The Program Coordinator and Service Coordinator share the strength of working around the family's needs that include but aren't limited to; meeting with families as needed (these meetings are usually to go over programming questions that they prefer to do face to face, to change goals to best assist the individual in their area of need) as well as maintain monthly communication to work as a team to best address the individuals needs and reaching out to our liaison (Todd Ringelstein) at BDS around individual specific needs and or IHS regulations/processes that require clarification and guidance.

Considerations-identified by AA in Self-Review

In completing this audit, there were a few considerations in the way that we implement IHS and support the individual and their families that we will ensure improvement on. We feel that we need to work together brainstorming using the Person Centered Planning philosophy more often in which to recruit potential PCA's (in hopes of reaching those that have specific training related to the individuals' disability). When bringing on new individuals there needs to be multiple discussions with the family around being diligent in fully completing the forms that are required by the family that report out on the services that their child is receiving so that if there are any questions/concerns they can be addressed sooner than later. When inputting vouchers and invoices there needs to be more attention made to ensuring that line items don't exceed their initial amounts or caps without authorization from family, the Program Coordinator or via BDS and a SA Amendment needs to accompany changes.

Systemic notes (if applicable)-identified by AA in Self-Review

One systematic process that we need to look into is making sure when submitting the Functional Screen that all pertinent boxes are checked and each diagnosis is stated on both the SA and the Functional Screen. There remains a lapse in time from when the PA is submitted (new proposals/renewal) to Conduent State Healthcare to receiving the

approved PA before the new start. All renewals have been submitted 45 days in advance to ensure PA's are received before their start dates.