

***THE NEW HAMPSHIRE DEVELOPMENTAL SERVICES  
QUALITY COUNCIL***

*YEAR END REPORT TO THE NEW HAMPSHIRE LEGISLATURE  
DECEMBER 2010*

**INTRODUCTION**

The New Hampshire Developmental Services Quality Council was established as a result of the State Legislature's consideration of developmental services issues over several sessions. In 2007 the New Hampshire Legislature passed SB 138 providing funding for the developmental services wait list, increasing salaries for certain direct care workers, and establishing a broadly representative committee (known as the SB 138 Committee). This committee, which met over the course of over a year and a half, was charged with improving the capacity of the State's developmental services system to address work force and quality assurance issues. In its final report, *SB 138 Quality Improvement Committee Report*, issued in November 2008 the committee recommended establishing, in statute, an ongoing council to continue the work of the SB 138 Committee and to review quality assurance efforts and make recommendations to improve the ability of the developmental services system to meet the needs and goals of the individuals it serves. On the basis of this recommendation, in 2009 the New Hampshire legislature passed, and Governor Lynch signed into law, HB 483 establishing the New Hampshire Developmental Services Quality Council (hereafter referred to as the Quality Council). As stated in the legislation, the purpose of the Quality Council is "to provide leadership for consistent, systemic review and improvement of the developmental disability and acquired brain disorder services provided within New Hampshire's developmental services system."

The Quality Council held its first meeting September 25, 2009 at the Bureau of Developmental Services in Concord; this report summarizes the work and achievements of the Quality Council during its first 16 months.

**ORGANIZATIONAL STRUCTURE AND SUPPORT**

In its initial meetings the Quality Council created the organizational structure necessary for its operations. Council members agreed to meet at least six times a year, choosing the second Tuesday of the month from 11:00-1:00 as its standard meeting time (the Council later added a half hour to the meeting in order to accommodate its increased agenda). Since September 2009, the full Council has met every month, except October 2009 and July and December 2010, with Council subcommittees working on assignments between meetings.

All Quality Council meetings are open to the public and the Council's meeting schedule,

agenda, and meeting minutes are posted by the Bureau of Developmental Services on the Department of Health and Human Services (DHHS) website.

Council membership includes representatives from Area Agencies, private providers, and advocacy organizations, as well as, individuals with disabilities and family members. The organizations represented on the Quality Council are supporting the work of the Council in a variety of ways. The Bureau of Developmental Services provides administrative support to the Quality Council, including: 1) staffing for Council meetings and work projects, 2) researching issues that come before the Council, 3) providing access to E-studio (a secure on-line workspace used by Council members to post information and share materials), and 4) maintaining a Quality Council link on the DHHS website. Council members, who represent organizations, have posted the DHHS-Quality Council link on their agencies' websites. The Disabilities Rights Center has assumed responsibility of informing the Quality Council about proposed legislation and regulatory changes that would impact developmental services. The New Hampshire Council on Developmental Disabilities hosts Council meetings in their building's conference room and provides teleconferencing capability. The organizations represented on the Council have taken turns providing box lunches for the Council's monthly meetings.

#### **BY-LAWS AND MEMBERSHIP**

At its January 12, 2010 meeting, the Quality Council adopted by-laws for the organization. (See Addendum #1 – *New Hampshire Developmental Services Quality Council By-Laws*.) Organizational duties and representation on the Quality Council are defined in statute and reflected in the by-laws. Member organizations are responsible for appointing their own representatives to the Council. At the January meeting, members elected Cathy Spinney and Kathy Bates as the Council's first Chair and Vice Chair. The Council Chair has responsibility for presiding at meetings, preparing the agenda, reviewing minutes, and assisting in preparation of required documents.

In accordance with its by-laws, the Quality Council's annual meeting is held in September; each year a third of the Council's membership is up for reappointment. At its first annual meeting on September 14, 2010, the Quality Council unanimously re-elected its current Chair and Vice Chair and accepted reappointments of members representing Enhanced Family Care Providers; the Autism Society of New Hampshire; People First; ABLE New Hampshire; Community Support Network, Inc. (CSNI); and the New Hampshire Brain Injury Association. (For a current list of Council members, see Addendum #2 – *New Hampshire Developmental Services Quality Council – Appointed Members 2010-2011*.)

As the Quality Council moves forward, it recognized the need to establish clear expectations for its membership. At its November 9, 2010 meeting, the Quality Council discussed and adopted the following statement outlining the responsibilities for appointed members.

*NH DEVELOPMENTAL SERVICES QUALITY COUNCIL  
COUNCIL MEMBER RESPONSIBILITIES*

- 1. Be informed about and a proponent of the Quality Council's guiding principles, policies, and procedures.*
- 2. Exercise legal and ethical integrity and maintain accountability and transparency to individuals with disabilities and their families, the general public, and each other.*
- 3. Prepare for and attend (in person or by teleconference) Quality Council and subcommittee meetings.*
- 4. Actively participate in meetings and assignments.*
- 5. Support the majority opinions of the Quality Council.*
- 6. Be available as a resource and provide ethical, professional support to the Quality Council.*
- 7. Avoid involvement in political campaigns in the name of the Quality Council.*

The Quality Council is fortunate to have a committed and active membership; to date, there has been a quorum at all Council meetings. Members who have been out of state on vacation or attending national conferences even have made arrangements to participate in Council meetings via teleconference. The Quality Council currently has one open seat, an Area Agency Board Member representative to be appointed by the Community Support Network, Inc.

### **GUIDING PRINCIPLES**

At the Council's very first meeting, members discussed the importance of agreeing upon a set of shared values that would provide a solid underpinning for the Council's work. In March a workgroup composed of five Council members was charged with drafting Guiding Principles for the organization. The Council was presented with a draft document in April and offered feedback and suggested revisions. On May 11, 2010 members voted unanimously to formally adopt the Guiding Principles for the Quality Council. (See Addendum #3 – *Guiding Principles for Quality Council –Abridged Version.*) In developing these principles, the Council looked to both State regulations (the He-M regulations for RSA 171-A) and federal regulations (particularly Medicaid regulations) that require the Department of Health and Human Services to ensure that persons served by the Area Agency system receive quality services. In recognition of New Hampshire's long held commitment to personal autonomy and self-direction, the Guiding Principles emphasize that services be based on the individual's own needs, choices, and preferences. These Guiding Principles call for the Quality Council not only to ensure that minimum standards are upheld, but also to support a quality assurance system that encourages and promotes exemplary practices that exceed the minimal legal requirements. (As of October 2010, the Council has included Sharing Best Practices as a regular agenda item for every meeting.)

## **CREATING A WORK PLAN**

Initially, the Quality Council sought to learn from organizations in other states that were engaged in similar work. While members conducted research and contacted their counterparts across the nation, they had limited success in finding models worth replicating. The Council agreed that it would need to develop its own approach for improving quality assurance for New Hampshire's developmental services system. Council Chair Cathy Spinney drafted and the Council revised and adopted a template for looking at quality assurance measures for specific domains – i.e., employment, community supports, or residential services. (See Addendum #4 – *Quality Council Goal Setting Worksheet*.) The full Council did an initial run through using the worksheet to review quality assurance for employment services. In the coming year, smaller work groups will look in greater detail at the existing rules and regulations pertaining to service domains to determine what is missing and to develop strategies for addressing these gaps. Work groups will report back to the full Council with recommendations for improving quality assurance efforts within the developmental services system.

## **QUALITY COUNCIL INPUT TO THE GRANITE STATE EMPLOYMENT PROJECT**

New Hampshire is currently engaged in the fifth and final year of a CMS approved and funded strategic plan, the Granite State Employment Project (GSEP). The goal of the GSEP is to develop infrastructure that supports and improves competitive employment opportunities for New Hampshire citizens with disabilities. The Bureau of Developmental Services has provided the Quality Council with regular updates on the work of the Granite State Employment Project, and has asked for Council representation at various meetings related to employment.

## **QUALITY COUNCIL REVIEW – PROPOSED REGULATORY CHANGES HE-M 202**

Over the summer, the Quality Council devoted two meetings to consider the ramifications of the Bureau of Developmental Services' proposed changes to He-M202, the set of regulations governing client rights. The changes to the regulation, which were proposed in response to a recommendation from the SB 138 Committee, would shift responsibility for conducting formal complaint investigations from the Area Agency to the Bureau of Developmental Services. In considering this issue, the Council heard testimony from the Area Agency Executive Directors through their umbrella agency CSNI, received written input from individuals who had been involved in the complaint investigation process, received results of an informal survey of Direct Support Professionals, and reviewed complaint investigation data provided by the Bureau of Developmental Services and CSNI. Members of the Quality Council, including private providers, Area Agency Board members, a former Area Agency complaint investigator, advocates, family members, and individuals receiving services, also related their personal experiences with the complaint investigation process.

After careful deliberation and debate, the Quality Council voted 11 to 3 (with one

member abstaining) to support the Bureau's proposed rule change. In summary, the Council made it clear, that while it does not believe that the Area Agencies acted inappropriately in conducting internal complaint investigations, the Council is concerned that in administering the developmental service delivery system, Area Agencies must avoid even an appearance of conflict of interest and adhere to the highest possible standards of integrity and transparency. Giving the Bureau of Developmental Services responsibility for conducting the formal investigations would help to ensure that the process for addressing complaints about Area Agency services is open, impartial, and free of any conflict of interest.

As part of the public comment gathered during the Bureau of Developmental Services' regulatory review process, the Quality Council formally submitted written testimony to support of the rule change for the Bureau's client rights regulations. A formal letter from the Quality Council on this matter will be submitted to the members of the Joint Legislative Committee on Rules (JLCR) when it considers this issue in the 2012 legislative session. The Quality Council Chair Cathy Spinney, or her representative, also will attend the JLCR hearing on the proposed He-M 202 rule changes. (See Addendum #5 – *Quality Council Letter to JLCR.*)

As a side note, the Council's review of the He-M 202 regulations brought another issue to light. In going through the materials on complaint investigations, Council member Kathy Bates discovered that there was a He-M 202 regulation requiring complaint investigators to have a valid New Hampshire drivers' license. She brought this matter before the Council and requested that this regulatory requirement be removed as it does not reflect on the ability of an individual to be a competent investigator and is in violation of the Americans with Disability Act. The Quality Council agreed with Ms. Bates' analysis and supported the removal of this regulation. Matthew Ertas, Council representative for the Bureau of Developmental Services, shared the Quality Council's concerns with the lawyers from the Department of Health and Human Services and the section of the He-M 202 regulation requiring complaint investigators to have a driver's license has been removed.

## **CODE OF ETHICS**

The Quality Council's experience in reviewing the proposed changes to the He-M 202 regulations prompted members to consider the importance of transparency and impartiality in their own dealings. In October, the Quality Council reviewed and members formally agreed to abide by a code of ethics that, among other things, called for members to identify any personal biases or conflicts of interest and to strive to keep these from influencing their decisions. (See Addendum #6 - *Developmental Services Quality Council Code of Ethics for Members.*)

## **SPREADING THE WORD ABOUT THE QUALITY COUNCIL**

Council members have made a concerted effort to inform the individuals with disabilities

and their families, the state's developmental service community, and the general public about the work of New Hampshire's Developmental Services Quality Council. In addition to the Quality Council link on the Department of Health and Human Services website, the Council now distributes an e-newsletter and in January 2011 will have its own email address, [bdsqualitycouncil@dhhs.state.nh.us](mailto:bdsqualitycouncil@dhhs.state.nh.us), both of which are managed by the Bureau of Developmental Services. As previously mentioned, member organizations have posted a Quality Council link on their organization's website.

Articles about the Quality Council have appeared in the summer issue the *New Hampshire RAP Sheet*, a quarterly publication of the Institute on Disability, the Disabilities Rights Center, and the New Hampshire Council on Developmental Disabilities, and in the fall issue of the *New Hampshire Challenge*. A presentation about the Quality Council has been made to the New Hampshire Coalition for the Direct Care Workforce and council members, who also serve on their Area Agency's Board of Directors or Family Support Council, regularly share information about the Quality Council with these groups.

In January 2011, Council member Crystal Johnson will make a presentation about the Quality Council at the monthly meeting for People First. The May 2011 New Hampshire Family Support Conference will include a panel discussion with Quality Council members.

## **2011 REGIONAL MEETINGS**

In 2011, the Quality Council in collaboration with the Area Agencies will host ten regional meetings across New Hampshire. Every Council member has committed to attending the meeting in the region where they live and many Council members plan to attend several meetings, and representatives from the Bureau of Developmental Services will be at every regional meeting. The regional meetings will provide an opportunity to introduce the Council to a broad range of stakeholders, including individuals with developmental disabilities and their families, Area Agency and vendors' staff, and interested community members.

Meetings will begin with a brief power point presentation about the Quality Council with time for questions and answers. (See Addendum #6 – *New Hampshire Developmental Services Quality Council Power Point Presentation for Regional Meetings*.) More importantly, however, the regional meetings will provide the opportunity for Quality Council members to talk with individuals and their families and those providing services about the issues affecting the quality of developmental services in their region. Those attending will be asked to identify the challenges confronting the developmental services system and to share their ideas and recommendations for improving developmental services in New Hampshire. Hearing from those who are most directly affected by developmental services will be critical in helping the Quality Council set direction as it moves forward into its second year.

## **ADDENDUM 1**

### **BY-LAWS Of the Developmental Services Quality Council Approved January 12, 2010**

The Developmental Services Quality Council, hereinafter “the Council,” has been established by the New Hampshire Legislature in order to provide leadership for consistent, systemic review and improvement of the quality of the developmental disability and acquired brain disorder services provided within New Hampshire’s developmental services system. It was established by HB 483 effective August 14, 2009 and codified in state law at RSA 171-A:33.

#### **I. Membership**

1. Pursuant to RSA 171-A: 33(I), the members of the Council shall be as follows:

- (a) The commissioner of the department of health and human services, or designee.
- (b) A representative of People First of New Hampshire, appointed by such organization.
- (c) A representative of Advocates Building Lasting Equality in New Hampshire (ABLE NH), appointed by such organization.
- (d) A representative of the Autism Society of New Hampshire, appointed by the society.
- (e) A representative of the Brain Injury Association of New Hampshire, appointed by the association.
- (f) Two representatives of the New Hampshire Developmental Disabilities Council, at least one of whom shall be a person with a developmental disability, appointed by the council.
- (g) Three representatives of local Family Support Councils, appointed by the state Family Support Council.
- (h) One direct support professional and one enhanced family care provider, appointed by the New Hampshire Developmental Disabilities Council.
- (i) Three representatives of area agency boards of directors including at least 2 persons with a developmental disability or family members of such persons, appointed by the Community Support Network Incorporated.
- (j) A representative of the Community Support Network Incorporated, appointed by such organization.

(k) A representative of the Private Provider Network, appointed by such organization.

(l) The director of the Institute on Disability, University of New Hampshire, or designee.

(m) A representative of the Disabilities Rights Center, appointed by the center.

2. *Ex-officio* members may be appointed to assist and support the work of the Council.

## II. Tenure of Members

1. Council members are appointed to staggered 2-year terms. Members appointed under section I(1)(a), (b), (c), (d), (e), (f), (h), and (j) will be reconfirmed or replaced beginning in September 2010; members appointed under section I (g), (i), (k), (l), and (m) will be reconfirmed or replaced beginning September 2011. There is no limitation as to the number of consecutive terms a member may serve.

2. As vacancies occur, the Council chair will seek a replacement member as soon as practicable and in accordance with Section I(1) and without altering the schedule specified in Section II(1).

3. Council members shall have all voting rights and privileges granted by their appointment.

## III. Duties of the Council

1. Pursuant to RSA 171-A: 3(III), the Council shall regularly review information on the quality of developmental services in New Hampshire and make recommendations for improving service quality and the quality assurance and continuous improvement systems, including but not limited to:

(a) Standards of quality and performance expected of area agencies and provider agencies.

(b) Types of data to be collected, analyzed, and disseminated to determine whether standards are being met.

(c) Quality assurance and oversight mechanisms to be used to gather data and information.

(d) Content, frequency, and recipients of quality evaluation and improvement reports.

(e) Expectations and procedures for following up on identified areas where improvements are needed.

(f) Structures, policies, rules, and practices, including staffing or organizational changes, to ensure that the developmental services system works as intended in RSA 171-A:1, including:

(1) Ways of supporting values-based and person-centered service planning and provision, as well as problem solving, innovation, and learning;

(2) Recognizing and disseminating what is working well (best/model practices); and

(3) Reviewing, interpreting, and disseminating data and information on a regular basis to bring about transparency for all stakeholders and the public.

(g) Preparing an annual report beginning on November 1, 2010 that includes the Council's recommendations and an assessment of the actions taken in response to previous recommendations to the governor, the speaker of the house of representatives, the president of the senate, the members of the house committee on health, human services and elderly affairs and the members of the senate committee on health and human services.

#### IV Operating Procedures

##### 1. Meetings

(a) The Council operates under Robert's Rules of Order.

(b) The Council shall hold at least six Council meetings per calendar year. Additional meetings may be called by the chair, as necessary.

(c) A period for public comment is included on the agenda at all Council meetings.

(d) The September meeting of the Council is its Annual Meeting for the purposes of electing officers, provided that the initial election of officers shall occur at the January 2010 meeting, and they shall serve through September 2010.

##### 2. Officers

(a) A chair is selected by a majority of the Council members for a term of one year at the Annual Meeting, except for the first chair as provided for in Section IV(1)(d). The chair presides at all meetings, plans and organizes meetings, prepares the agenda, reviews minutes, assists in preparing required documents, and signs all official documents on behalf of the Council. The chair is responsible for representing the council in all venues unless otherwise determined by the Council; the Chair may designate another member of the Council to represent the Council as needed.

- (b) The Council also elects a vice-chair for a term simultaneous to the selection of the chair. The chair may request assistance from the vice chair in any of his or her duties and shall preside at meetings in which the chair is absent.

### 3. Committees

- (a) The Council may establish committees/subcommittees, as needed, to carry out the work of the Council. Such committees may include Council members, *ex-officio* Council members, and other individuals who can contribute to the work of the committee. Any committee so established is chaired by a member of Council, whether appointed under RSA 171-A: 33 section I or *ex officio*. Committees receive their charge from the Council and report on their work, recommendations, and/or conclusions as requested by the Council chair.
- (b) The chairs of all Council committees/subcommittees will meet periodically or as needed as determined by the Council or the committee/subcommittee chairs to coordinate the work of their various groups.

### 4. Public Right to Know

- (a) Pursuant to NH RSA 91-A, all Council meetings and the meetings of any subcommittee constituted by the Council are open to the public. Said meetings will be held in accessible facilities. Interpreters and other necessary services are provided at Council or Council committees / subcommittee meetings for members or participants so long as said services are requested within a reasonable time in advance of the meeting.
- (b) The Council maintains website to provide public access to its membership list, plans, proceedings and other matters. The date and location of all Council meetings and the meetings of Council committees/subcommittees will be posted on the Council website in accordance with state law, Title VI, 91-A. Minutes of each Council meeting are prepared and published on the Council website in accordance with timelines under state law, RSA 91-A.
- (c) Minutes from meetings of the Council committees subcommittees are available to the public upon request to the chair of the Council.
- (d) The agenda and minutes are sent to all Council members one week in advance of a meeting. Minutes and agendas may be sent electronically and/or by mail. Minutes are approved by the chair and the Council prior to publication in their final form on the NH Department of Health and Human Services/Bureau of Developmental Service website. The Department/Bureau will have a clearly identified section on its website for the Council's agendas, minutes and other Council postings. Member organizations referenced in section I will be asked by the Council to have clearly identified links to the Council's section of the Department/Bureau website on their organization's website.
- (e) The Annual report referred to in section IV (g) will be made available to the public on the Council's section of the Department/Bureau website.

(f) These policies and procedures are available to the public on the Council's section of the Department/Bureau website.

5. Administrative Support

- (a) Administrative support to the Council will be provided by the NH Department of Health and Human Services.
- (b) Council members serve without compensation. However, as funds are available, the Bureau of Developmental Services may provide reimbursement to members for their reasonable travel expenses.

6. Changes to these policies and procedures

- (a) The Council may change the policies and procedures described here in by majority vote, with the exception of those set out in RSA 171-A: 33 or other relevant state laws.

Adopted January 12, 2010 by vote of the Developmental Services Quality Council.

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Chair, Developmental Services Quality Council

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Vice Chair, Developmental Services

ADDENDUM 2

**Quality Council Membership List  
Notification/Distribution List  
HB 483**

**Updated January 2010**

Agency/Organization	Person	Email
NH Department of Health & Human Services	<p><b>Matthew Ertas</b> Bureau Administrator Bureau of Developmental Services 105 Pleasant Street Concord, NH 03301</p>	<p><a href="mailto:mertas@dhhs.state.nh.us">mertas@dhhs.state.nh.us</a></p>
People First of NH	<p><b>Chrystal Johnson</b> 139 South Main St, #18 Laconia, NH 03246 Ph: 527-2684</p> <p><b>Janet Hunt</b> People First of NH 4 Park Street, Ste. 205 Concord, NH 03301 Ph: 568-2128</p>	<p><a href="mailto:justmarriedrj@yahoo.com">justmarriedrj@yahoo.com</a></p> <p><a href="mailto:janet@peoplefirstofnh.org">janet@peoplefirstofnh.org</a></p>
Advocates Building Lasting Equality in NH (ABLE)	<p><b>Jan Larsen</b> 155 West Clarke St #5 Manchester, NH 03104 PH: 626-4236</p>	<p>Askjan603@hotmail.com</p>
Autism Society of NH	<p><b>Michelle Jarvis</b> President 36 Coach Lane Hampton Falls, NH 03844 603-828-7992</p>	<p><a href="mailto:Michelle.jarvis@comcast.net">Michelle.jarvis@comcast.net</a></p>



Agency/Organization	Person	Email
	<p><b>Laurie Giguere-Thomas(alternating)</b>  R10 FS Council  8 Silverthorne Drive  Salem, NH 03079  Ph: 898-1072 (H)  Ph: 305-5178 (C)</p> <p><b>Pam Bartlett (alternating)</b>  783-9848</p>	<p><a href="mailto:lgiguere@comcast.net">lgiguere@comcast.net</a></p> <p><a href="mailto:redhorserugs@comcast.net">redhorserugs@comcast.net</a></p>
Direct Support Provider	<p><b>Barbara Wilson</b>  175 Belvedere Rd  Gilsum, NH 03448  Ph: 357-3985 (H)  Cell: 209-2325 (C)</p>	<p><a href="mailto:bw175@myfairpoint.net">bw175@myfairpoint.net</a></p>
Enhanced Family Care Provider	<p><b>Robin Carlson</b>  11 Vinewood Lane  Rochester, NH 03867  Ph: 330-0314 (H)  Ph: 833-0392 (C)</p>	<p><a href="mailto:robincarlson@metrocast.net">robincarlson@metrocast.net</a></p>
<p>Area Agency Board of Directors Members</p> <p>Area Agency Board of Directors Members</p> <p>Area Agency Board of Directors Members</p>	<p><b>Cathy Spinney - R10</b>  23 Gordon Ave  Pelham, NH 03076  Ph: 635-9014</p> <p><b>Kirsten Murphy - R2</b>  176 Greensboro Rd  Hanover, NH 03755  Ph: 443-0652</p> <p><b>Vacant</b></p>	<p><a href="mailto:contact@spinneyassociates.com">contact@spinneyassociates.com</a></p> <p><a href="mailto:kirsten.murphy23@gmail.com">kirsten.murphy23@gmail.com</a></p>
Community Support Network Incorporated (CSNI)	<p><b>Cynthia Mahar</b>  10 Ferry St, Suite 400  Concord, NH 03301  PH: 229-1982</p>	<p><a href="mailto:cmahar@csni.org">cmahar@csni.org</a></p>

Agency/Organization	Person	Email
Private Provider Network (PPN)	<p><b>Debra Hopkins</b>  Community Strategies  1490 Elm Street Unit 1  Manchester, NH  03101-1334  Ph: 490-8184</p>	<p><a href="mailto:dhopkins@crjustice.org">dhopkins@crjustice.org</a></p>
Institute on Disability	<p><b>Mary Schuh</b>  Institute on Disability  56 Old Suncook Rd  Concord, NH 03301  Ph: 224-2084</p>	<p><a href="mailto:Mary.Schuh@unh.edu">Mary.Schuh@unh.edu</a></p>
Disabilities Right Center	<p><b>Richard Cohen</b>  Executive Director  Disabilities Rights Center  18 Low Avenue  Concord, NH 03301  Ph: 228-0432 Ext. 15</p>	<p><a href="mailto:richardc@drcnh.org">richardc@drcnh.org</a></p>

### ADDENDUM 3

#### Guiding Principles for Quality Council (Abridged version)

1. State and federal law requires Health and Human Services (HHS), which maintains and supervises the service delivery system (SDS), to ensure that individuals receive quality services and have opportunities to lead quality and rewarding lives. It also everyone's business and role at all levels to ensure quality. *[Nos. 2-4 of Comprehensive Guiding Principles for Quality Council<sup>1</sup> (CGP)]*
2. The Council has a leadership and advisory role to HHS and the SDS to recommend: *[1,5 CGP]*
  - A. Improved or new components to the SDS quality assurance systems in:
    - Standards of quality and performance expected of area agencies and provider agencies.
    - Methods to determine whether the standards are being met through data and information collection and other quality assurance (Q.A.) and oversight mechanisms.
    - Content, frequency and recipients of quality assurance reports.
    - Expectations and procedures for improvements when identified as needed.
  - B. New or improved structures, policies, rules, and practices, including staffing or organizational changes, including (1) ways of supporting values-based and person-centered service planning and provision, as well as problem solving, innovation, and learning and (2) recognizing and disseminating best/model practices; and
  - C. Improvements to the SDS and other aspects of "quality" based on a regular review of Q.A. reports, other information sources, experience, and review of literature and best practices.
3. The purpose of an effective and total quality assurance system is to:
  - A. Provide information to HHS and other funders and policy makers, Area Agencies (AAs), providers, this Council, family support, other advisory groups, and others on whether standards are being met or improvements are needed and being made.
  - B. Promote continuous improvements beyond legal requirements.
  - C. Provide individuals and families with information about service providers so they can make informed choices and advocate to improve services for themselves and others. *[6 CGP]*
4. Licensing and QA activities should be designed and implemented efficiently and cost effectively.
5. Both minimum standards and higher quality of life expectations are determined mainly by the law and purpose of the law and regulations governing the SDS. A Q.A. system will also promote and recognize practices and outcomes that exceed legal requirements. *[9-10 CGP]*
6. The primary law that sets the standards for the SDS is RSA 171-A. Other relevant statutes include RSA 151 & 126-A:19-24 and implementing regulations, which are listed in Appendix A. *[10 CGP]*

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<sup>1</sup> The numbered references to the Comprehensive Guiding Principles (CGP) for this principle and the others are to the corresponding provisions in the CGP that provide further elaboration on the principle.

7. The following is a summary of the overarching standards guaranteed by these laws and regulations and that a Q.A. system must ensure are afforded to each eligible individual. [11 (A)-(V) CGP]
  - A. The right to quality services including habilitaton, treatment, psychological, medical, vocational, social, educational or rehabilitative services as the individual requires within the limits of modern knowledge and that are in accordance with licensing requirements and the above mentioned regulations and generally accepted clinical and professional standards.
  - B. The right to an individualized service agreement of services, supports, and accommodations.
  - C. The right to prompt funding and implementation of services.
  - D. The right to services that are voluntary and based on informed consent.
  - E. The right to individual choice of services including the right to choose his/her own service provider and service coordinator, and to that end (1) responsibility on the part of AA providers to provide information about choices and service options and (2) to facilitate the individual's ability to determine and direct the services.
  - F. In general, services, supports, accommodations, and other forms of assistance specified in 7(A) are provided to maintain or improve an individual's behaviors, competencies, and skills in various life domains, including home, community, and employment. *See 11F & G of CGP for list.*
  - G. Services should be comprehensive and flexible as individual and family needs evolve.
  - H. Services should be relevant to the individual's age, abilities, and life goals, including services that promote the ability of individual to function at his/her highest capacity and as independently as possible, to include engaging in gainful employment.
  - I. Services should be provided in such a way that the individual is seen as a valued, contributing member of the community.
  - J. Services should be designed to eliminate or reduce the individual's need for continued services;
  - K. Meet the individual's needs for housing in the least restrictive environment for the individual.
  - L. All services shall be designed to protect the individual from abuse, neglect and exploitation and seclusion and physical, mechanical or chemical restraint.
  - M. An individual has a right to confidentiality and privacy like any other citizen and as more fully elaborated in regulation.

- N. An individual has a right to file a complaint on a violation of any right, including allegations of abuse, neglect and exploitation and obtain a fair and just resolution and remedy.
- O. An individual has a right to advanced notice before termination or reduction of services advising him/her right to challenge the actions.

## ADDENDUM 4

### NH Developmental Services Quality Council Goal Setting Work Sheet

*“This Bill establishes the Developmental Services Quality Council to **provide leadership for consistent systemic review and improvement of the quality of the Developmental Disability and Acquired Brain Disorder services provided within New Hampshire’s developmental services system.**”*

*“The council shall **regularly review** information on the quality of developmental services in New Hampshire and **make recommendations for improving service quality and the quality assurance and continuous improvement of systems**, including but not limited to:”*

a) **Standards of quality and performance expected of Area Agency’s and provider agencies.**

Are all standards defined in the Regulations and Waivers?

If not, where else do standards exist?

Are these standards adequate?

Should an initial review be conducted?

How often should standards be reviewed?

b) **Types of data to be collected, analyzed, and disseminated to determine whether standards are being met.**

What types of data are being collected now? Ex. Adult Consumer Outcomes

What types of data will be collected in the future? Ex. National Core Indicators (NCI)

Is there other data that should be collected? Ex. DSP/EFC satisfaction data, workforce salary and benefits analysis

How often will we review each category of data?

c) **Quality assurance and oversight mechanisms to be used to gather data and information.**

Currently, BDS is collecting NCI data, what other QA mechanisms are in place?

Are there additional oversight mechanisms that are needed?

d) **Content, frequency, and recipients of quality evaluation and improvement reports.**

Content - Ex. NCI results and comparisons – What are other sources for content?

Frequency - TBD

Recipients - Legislature/Governor? CSNI to distribute to AAs? BDS? People First?

e) **Expectations and procedures for following up on identified areas where improvements are needed.**

Should the Council recommend acceptable minimum percentiles for NCI?

What will the follow up mechanisms be for ensuring our recommendations are implemented?

Will we have any “clout”?

Do we need to identify legislative allies to assist with introduction of bills in order to ensure that our recommendations are implemented?

f) **Structures, policies, rules and practices including staffing or organizational changes, to ensure that developmental services system works as intended in RSA 171-A:1...**

What specific items should we be reviewing? How often?

**Including :**

1) **Ways of supporting values-based and person-centered service planning and provision, as well as problem solving, innovation, and learning;**

Work force recruiting and retention – What other areas should the Council should be looking at?

Analysis of He-M 525 services – What data is or could be used to confirm that services are working as envisioned?

2) **Recognizing and disseminating what is working well (best/model practices);**

What do the current “best practices” look like for different services?

What are other states doing?

Analyze findings and make recommendations.

3) **Reviewing, interpreting and disseminating data and information on a regular basis to bring about transparency for all stakeholders.**

Summarize the Council's dissemination efforts (i.e. minutes posted on BDS website) What member organizations will post a BDS/Council link on their agency websites?

Publish our annual report and post electronically (BDS, CSNI, AA websites, Other?)

## ADDENDUM 5

November 9, 2010

Cathy Spinney, Council Chair  
Quality Council for Developmental Services  
Bureau of Developmental Services  
105 Pleasant St, 1<sup>st</sup> Fl South  
Concord, NH 03301

NH Legislature JLCAR Committee

Dear JLCAR Committee Members:

Over the summer, the NH Developmental Disabilities and Acquired Brain Disorders Quality Council met to consider the ramifications of proposed changes to He-M202. The Council devoted two full meetings to the topic in order to hear from all interested parties and obtain as much information as possible in advance of our position vote.

We heard testimony from the Area Agency Executive Directors through their umbrella agency CSNI (Community Support Network, Inc.), written input from Direct Support Professionals, individual Council members and we reviewed statistics provided by the BDS and CSNI. Meetings were well attended, all Council members - including those participating via teleconference -- took part in discussions and asked thoughtful questions.

After careful consideration and healthy, respectful debate, the Council voted 11 to 3, with one abstention, to support the proposed rule change. While the Council does not believe that the Area Agencies have acted inappropriately in conducting complaint investigations, the Council believes that in their administration of New Hampshire's developmental service delivery system, the Area Agencies must avoid even an appearance of conflict of interest and adhere to the highest standards of integrity and transparency possible.

We respectfully submit the Quality Council's support for the He-M202 Rule change.

Sincerely,



Cathy Spinney  
Council Chair

CC: M. Ertas

**ADDENDUM 6**

**REGIONAL QUALITY COUNCIL PRESENTATION**

**PDF OF POWERPOINT CAN BE FOUND BY USING THE LINK BELOW:**

**[HTTP://WWW.DHHS.NH.GOV/DCBCS/BDS/QUALITYCOUNCIL/DOCUMENTS/COUNCILPRESENTATION.PDF](http://www.dhhs.nh.gov/dcbs/bds/qualitycouncil/documents/councilpresentation.pdf)**