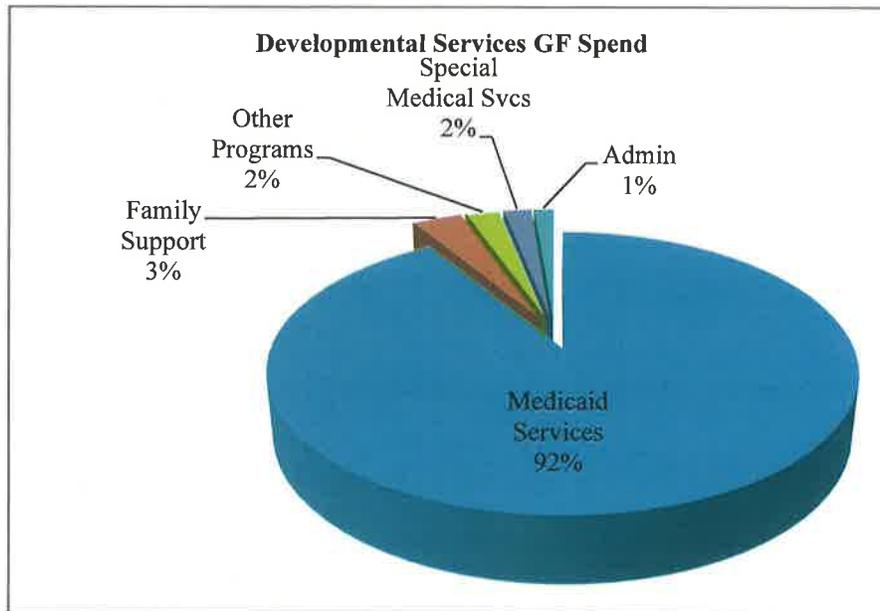


Department of Health & Human Services
Agency 93, Bureau of Developmental Services

Senate Presentation

Agency Overview:

Funding of long term support services for adults and children with Intellectual/Developmental Disabilities, Acquired Brain Disorders, primarily in community settings and associated activities including employment, housing, respite and family support.



Medicaid Type	% to Total Medicaid
Developmental Disabilities Waiver	86%
Acquired Brain Disorder Waiver	9%
In Home Supports Waiver	3%
Early Intervention Fee for Service Medicaid	2%

	FY14 Actual	FY15 Adj. Auth.	FY16 Governor	FY16 House	FY17 Governor	FY17 House
Total Funds	\$275,072,612	\$317,599,283	\$315,909,035	\$297,042,170	\$327,141,727	\$291,795,862
General Funds	\$117,950,760	\$148,853,009	\$143,618,886	\$132,618,886	\$149,497,694	\$130,133,193

	14-15 Biennium	16-17 Biennium (Per House)	\$ Change	% Change
General Funds	\$266,803,769	\$262,752,079	(\$4,051,690)	(1.52 %)
Total Funds	\$592,671,895	\$588,838,034	(\$3,833,861)	(0.65%)

Department of Health & Human Services
Agency 93, Bureau of Developmental Services
Senate Presentation

Caseloads (Clients Served):

Developmental Disabilities	FY14	FY15	FY16	FY17	FY16	FY17
	Actual	Budget	Governor	Governor	House***	House***
					Indeterminable	
Waiver Clients	4,494	4,615	4,821	4,821		
Waitlist Clients	462	654 (327 new)	484	688		
Avg. Cost/Client	\$44,736	\$45,145	\$44,736	\$44,736		

Acquired. Brain Disorder	FY14	FY15	FY16	FY17	FY16	FY17
	Actual	Budget	Governor	Governor	House***	House***
					Indeterminable	
Waiver Clients	243	254	274	274		
Waitlist Clients	13	31	9	18		
Avg. Cost/Client	\$84,942	\$89,234	\$84,942	\$84,942		

In Home Supports	FY14	FY15	FY16	FY17	FY16	FY17
	Actual	Budget	Governor	Governor	House***	House***
					Indeterminable	
Waiver Clients	323	342	384	384		
Waitlist Clients	22	61	75	75		
Avg. Cost/Client	\$14,413	\$16,627	\$14,413	\$14,413		

Caseload Assumptions:

- FY16/17 Gov **waiver** caseloads are FY14 actual clients plus waitlist clients who received new services in FY15.
- FY16/17 Gov **waitlist** client estimates are based on actual registry counts at September 2014.

***The Bureau is unable to determine the number of clients by waiver at this time. The Bureau will need to develop a prioritization method to allocate funding across all service needs.

Agency: Bureau of Developmental Services		SFY16		SFY17					
Agency Summary		Federal	General	Other	Total	Federal	General	Other	Total
Maintenance Request		\$ 184,398,981	\$ 156,913,306	\$ 476,980	\$ 341,789,267	\$ 194,720,430	\$ 167,453,895	\$ 482,996	\$ 362,657,321
DRF New Vehicle		\$ -	\$ 19,108	\$ -	\$ 19,108	\$ -	\$ -	\$ -	\$ -
Change Request		\$ -	\$ 19,108	\$ -	\$ 19,108	\$ -	\$ -	\$ -	\$ -
Total Agency Request		\$ 184,398,981	\$ 156,932,414	\$ 476,980	\$ 341,808,375	\$ 194,720,430	\$ 167,453,895	\$ 482,996	\$ 362,657,321
Method Change to Waiver Calculations		\$ (11,020,785)	\$ (11,020,785)	\$ -	\$ (22,041,570)	\$ (13,435,479)	\$ (13,435,479)	\$ -	\$ (26,870,958)
Method Change to Waitlist Calculations		\$ (860,249)	\$ (860,249)	\$ -	\$ (1,720,498)	\$ (1,352,507)	\$ (1,352,507)	\$ -	\$ (2,705,014)
Agency Phase data entry errors		\$ (500,000)	\$ (500,000)	\$ -	\$ (1,000,000)	\$ (2,451,113)	\$ (2,451,113)	\$ -	\$ (4,902,226)
Family Support Reductions		\$ -	\$ (616,603)	\$ -	\$ (616,603)	\$ -	\$ (222,935)	\$ -	\$ (222,935)
Elimination of Change Item		\$ -	\$ (19,108)	\$ -	\$ (19,108)	\$ -	\$ -	\$ -	\$ -
Salary and Benefit Reductions (2 positions unfunded)		\$ (112,449)	\$ (135,948)	\$ -	\$ (248,397)	\$ (116,755)	\$ (146,243)	\$ -	\$ (262,998)
Elimination of Inflation Assumptions		\$ (92,331)	\$ (160,832)	\$ -	\$ (253,163)	\$ (203,536)	\$ (347,925)	\$ -	\$ (551,461)
Governor Recommend		\$ 171,813,167	\$ 143,618,889	\$ 476,980	\$ 315,909,036	\$ 177,161,040	\$ 149,497,693	\$ 482,996	\$ 327,141,729
Reduction and Combination of Accounts		\$ (7,866,865)	\$ (11,000,000)	\$ -	\$ (18,866,865)	\$ (11,616,865)	\$ (15,000,000)	\$ -	\$ (26,616,865)
Step II Savings		\$ -	\$ -	\$ -	\$ -	\$ (4,364,500)	\$ (4,364,500)	\$ -	\$ (8,729,000)
House Final		\$ 163,946,302	\$ 132,618,889	\$ 476,980	\$ 297,042,171	\$ 161,179,675	\$ 130,133,193	\$ 482,996	\$ 291,795,864

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
	State of New Hampshire																											
	Bureau of Developmental Services																											
	Budget Adjustments Worksheets for Budget Fiscal Years 2016 and 20																											
	Class	Description	FY 2014 Actual	FY 2015 Adj Auth	FY14-15 \$ change	FY14-15 % change	FY 2016 Governor's Recommended	FY 2016 House	FY 2016 \$ Incr (decr) over SFY15	% change over SFY15	FY 2017 Governor's Recommended	FY 2017 House	FY 2017 \$ Incr (decr) over SFY16	% change over SFY16														
7	010	Personal Services-Perm. Classi	2,445,831	2,858,120	412,289	16.9%	2,606,027	2,606,027	(252,093)	-9%	2,631,844	2,631,844	25,817	1%														
8	012	Personal Services-Unclassified	257,340	236,822	(20,518)	-8.0%	229,686	229,686	(7,136)	-3%	229,685	229,685	(1)	0%														
9	018	Overtime	49,912	34,139	(15,773)	-31.6%	39,792	39,792	5,653	17%	39,792	39,792	(1)	0%														
10	019	Holiday Pay	23,289	28,781	5,492	23.6%	28,781	28,781	6,633	28%	29,357	29,357	576	2%														
11	020	Current Expenses	71,499	93,368	21,869	30.6%	86,996	86,996	(6,372)	-7%	86,995	86,995	(1)	0%														
12	021	Food Institutions	19,814	25,575	5,761	29.1%	30,767	30,767	5,192	20%	30,767	30,767	(1)	0%														
13	022	Rents-Leases Other Than State	3,997	6,085	2,088	52.2%	9,085	9,084	2,999	49%	9,085	9,085	1	0%														
14	024	Maint. Other Than Build.- Gmtds	2,689	12,341	9,652	358.9%	2,689	2,689	(9,652)	-78%	2,689	2,689	(1)	0%														
15	026	Organizational Dues	5,546	7,555	2,009	36.2%	7,555	7,555	(3,500)	-44%	7,555	7,555	(1)	0%														
16	030	Equipment New/Replacement	2,176	14,464	12,288	564.7%	10,964	10,964	3,500	175%	10,964	10,964	(1)	0%														
17	037	Technology - Hardware	0	2,000	2,000	#DIV/0!	2,000	2,000	1,000	100%	2,000	2,000	(1)	0%														
18	038	Technology - Software	800	1,000	200	25.0%	2,000	2,000	1,000	100%	2,000	2,000	(1)	0%														
19	039	Telecommunications	38,021	39,482	1,461	3.8%	42,652	42,652	3,171	8%	42,653	42,653	(1)	0%														
20	040	Indirect Costs	10,313	75,000	64,687	627.2%	25,000	25,000	(50,000)	-67%	25,000	25,000	(1)	0%														
21	041	Audit Fund Set Aside	150,412	161,305	10,893	7.2%	183,890	183,890	22,585	14%	194,710	194,710	10,820	6%														
22	042	Additional Fringe Benefits	43,630	75,000	31,370	71.9%	59,580	59,580	(15,420)	-21%	59,580	59,580	(1)	0%														
23	046	Consultants	240,933	291,832	50,899	21.1%	238,066	238,066	(53,766)	-18%	238,066	238,066	(1)	0%														
24	050	Personal Service-Temp/Appointe	13,728	15,391	1,663	12.1%	15,391	15,391	1	0%	15,391	15,391	(1)	0%														
25	057	Books, Periodicals, Subscript	0	2,464	2,464	#DIV/0!	2,964	2,964	500	20%	2,964	2,964	(1)	0%														
26	060	Benefits	1,358,382	1,651,708	293,326	21.6%	1,491,658	1,491,658	(160,050)	-10%	1,552,353	1,552,353	60,695	4%														
27	061	Unemployment Compensation	0	2,500	2,500	#DIV/0!	2,500	2,500	(1)	0%	2,500	2,500	(1)	0%														
28	062	Workers Compensation	16,522	11,250	(5,272)	-31.9%	11,250	11,250	(1)	0%	11,250	11,250	(1)	0%														
29	066	Employee training	2,684	5,101	2,417	90.1%	6,101	6,101	1,000	20%	6,101	6,101	(1)	0%														
30	067	Training of Providers	8,200	25,000	16,800	204.9%	35,000	35,000	10,000	40%	35,000	35,000	(1)	0%														
31	068	Remuneration	0	5,000	5,000	#DIV/0!	13,000	13,000	8,000	160%	13,000	13,000	(1)	0%														
32	070	In-State Travel Reimbursement	24,948	32,570	7,622	30.6%	37,782	37,782	5,212	16%	37,782	37,782	(1)	0%														
33	080	Out-Of State Travel	8,858	29,236	20,378	230.1%	33,670	33,670	4,434	15%	33,670	33,670	(1)	0%														
34	102	Contracts for program services	7,463,487	10,283,948	2,820,461	37.8%	11,887,150	8,923,241	(1,360,707)	-13%	12,387,151	9,173,242	250,001	3%														
35	103	Contracts for Op. Services	0	0	0	#DIV/0!	476,980	476,980	476,980	#DIV/0!	482,996	482,996	6,016	1%														
36	501	Payments To Clients	2,585	2,874	289	11.2%	5,085	5,085	2,211	77%	5,085	5,085	(1)	0%														
37	502	Payments To Providers	9,028,135	9,973,485	945,350	10.5%	6,300,100	6,190,416	(3,783,069)	-38%	6,300,100	6,070,850	(119,566)	-2%														
38	511	Medicaid to Schools 100% FF	29,428,972	25,217,587	(4,211,385)	-14.3%	35,000,000	35,000,000	9,782,413	39%	35,000,000	35,000,000	(1)	0%														
39	550	Assessment And Counseling	0	9,069	9,069	#DIV/0!	3,500	3,500	(5,569)	-61%	3,501	3,501	1	0%														
40	557	Medicaid Waiver Services**	219,473,776	236,694,976	17,221,200	7.8%	244,480,956	239,453,284	(2,756,308)	1%	244,480,956	233,972,618	(5,480,666)	-2%														
41	558	Waitlist**	3,355,000	27,510,108	24,155,108	720.0%	10,275,004	0	(27,510,108)	-100%	20,903,772	0	(20,903,772)	#DIV/0!														
42	561	Specialty Clinics	1,013,079	1,431,286	418,207	41.3%	1,431,286	1,145,029	(286,257)	-20%	1,431,286	1,145,029	(286,257)	-20%														
43	562	Cash Assistance	508,054	732,861	224,807	44.2%	732,861	586,288	(146,573)	-20%	732,861	586,288	(146,573)	-20%														
44		Total Expenditures	275,072,612	317,599,283	42,526,671	15.5%	315,909,035	297,042,170	(20,557,113)	-6%	327,141,727	291,795,862	(5,246,308)	-2%														
45	000	Federal Funds 400146	156,054,071	188,389,616	12,335,545	7.9%	171,813,189	163,946,304	(4,443,312)	-3%	177,161,038	161,179,675	(2,766,629)	-2%														
46	001	Transfer from Other Agencies 4849	0	50,000	50,000	#DIV/0!	50,000	50,000	(1)	0%	50,000	50,000	(1)	0%														
48	008	Agency Income 403097	1,067,781	306,658	(761,123)	-71.3%	306,658	306,658	(1)	0%	306,658	306,658	(1)	0%														
49	009	Agency Income 407079	0	0	0	#DIV/0!	120,322	120,322	120,322	#DIV/0!	126,338	126,338	6,016	5%														
50	GF	General Fund	117,950,760	148,853,009	30,902,249	26.2%	143,618,886	132,618,886	(16,234,123)	-11%	149,497,693	130,133,191	(2,485,695)	-2%														
51		Total Revenue	275,072,612	317,599,283	42,526,671	15.5%	315,909,035	297,042,170	(20,557,113)	-6%	327,141,727	291,795,862	(5,246,308)	-2%														
52																												
53																												
54																												

** All Waiver and Waitlist funding was combined into one accounting unit in the Medicaid Waiver Services class line.

Department of Health & Human Services
Agency 93, Bureau of Developmental Services
Senate Presentation

Budget Review:

Rounded to \$000

		FY14	FY15	FY16	FY17	FY16	FY17
		Actual	Adj Auth	Gov	Gov	House	House
DD Waiver	Waiver Svcs	\$195,333	\$208,343	\$215,672	\$215,672	\$239,453	\$233,973
DD Waiver	Waitlist	\$3,555	\$24,244	\$8,717	\$18,582	\$0	\$0
Total	Total	\$198,688	\$232,587	\$224,389	\$234,254	\$239,453	\$233,972
ABD Waiver	Waiver Svcs	\$20,503	\$22,665	\$23,274	\$23,274	\$0	\$0
ABD Waiver	Waitlist	\$0	\$2,389	\$477	\$1,241	\$0	\$0
Total	Total	\$20,503	\$25,054	\$23,751	\$24,515	\$0	\$0
IHS Waiver	Waiver Svcs	\$3,637	\$5,686	\$5,535	\$5,535	\$0	\$0
IHS Waiver	Waitlist	\$0	\$877	\$1,081	\$1,081	\$0	\$0
Total	Total	\$3,637	\$6,563	\$6,616	\$6,616	\$0	\$0
Grand Total		\$222,828	\$264,204	\$254,756	\$265,385	\$239,453	\$233,972
Biennial Total		\$487,032		\$520,141		\$473,425	
Difference from FY14/15				\$33,109		(\$13,607)	

The House budget has combined the funding for all three waivers and waitlists (DD, ABD and IHS) into one accounting unit.

Department of Health & Human Services
Agency 93, Bureau of Developmental Services
Senate Presentation

Class 102 – Contracts for Program Services
Rounded to \$000

	FY14	FY15	\$ Diff	% Diff	FY16	FY16	\$ Diff	% Diff	FY17	FY17	\$ Diff	% Diff
	Actual	Adj Auth	FY14-15		Gov	House	FY 15-16		Gov	House	FY16-17	
Total Exp	\$7,463	\$10,284	\$2,820	37%	\$11,887	\$8,923	(\$1,361)	13.2%	\$12,387	\$9,173	\$250	2.8%
Gen Funds	\$5,420	\$6,936	\$1,516	27.9%	\$8,528	\$5,575	(\$1,361)	(34%)	\$9,028	\$5,825	\$250	4.4%
Fed Funds	\$1,876	\$2,992	\$1,116	59.4%	\$3,359	\$3,348	\$356	(0.3%)	\$3,359	\$3,348	\$0	0%
Other Funds	\$168	\$357	\$189	112%	\$0	\$0	(\$357)		\$0	\$0	\$0	

Contracts using General Funds:

- Area Agencies -- including Early Intervention
- Dartmouth Medical School
- Brain Injury Association
- Community College System
- UNH Institute on Disabilities

Notes:

80% of total contract \$ go to Area Agencies

Reductions to class 102 in the House budget were taken from A/U 5191 (Special Medical Services), A/U 7013 (Family Support) and A/U 7014 (Early Intervention).

Department of Health & Human Services

Agency 93, Bureau of Developmental Services

Senate Presentation

DEVELOPMENTAL SERVICES

9310-7100

PURPOSE:

This is the Bureau of Developmental Services' account containing funds for its Medicaid Home and Community Based Care Waiver for Individuals with Developmental Disabilities. This account supports the establishment, maintenance, and implementation of a comprehensive service delivery system for developmentally disabled persons as outlined in RSA 171-A and is used to reimburse the ten Area Agencies/enrolled providers to serve individuals with developmental disabilities.

CLIENT PROFILE

Individuals who are developmentally disabled, meet NH Medicaid financial and medical criteria, RSA 171:A, He-M 503, and Intermediate Care Facility for the Intellectually Disabled (ICF/ID) Level of Care.

FINANCIAL HISTORY								
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov	Gov	House	House
TOTAL FUNDS	\$198,791	\$232,696	\$246,605	\$265,981	\$224,513	\$234,387	\$239,956	\$234,486
GENERAL FUNDS	\$93,709	\$116,294	\$123,241	\$132,924	\$112,195	\$117,127	\$120,090	\$117,349

FUNDING SOURCE

Medicaid Home and Community Based Services Waiver.

SERVICES PROVIDED

NH's Developmental Services' Home and Community Based Services Waiver (HCBS) provides Long Term Care direct supports and services for approximately 4,593 individuals statewide who have a developmental disability, qualify for the developmental services system as outlined in RSA 171:A:2: *Services for the Developmentally Disabled*, and He-M 503: *Eligibility and the Process of Providing Services*. Waiver participants have also been determined eligible for NH Medicaid and meet the relevant institutional Level of Care, specifically, ICF/ID: Intermediate Care Facility for the Intellectually Disabled. This waiver emphasizes choice, control, and individual and family involvement in Service Planning, Individualized Budget Development, Provider Selection, and Service Delivery. The developmental services system, through the use of this HCBS waiver seeks to maximize each individual's participation in and contribution to his/her community by offering a broad array of services and supports intended to improve and maintain opportunities and experiences in living, socializing and recreating, personal growth, safety and health.

Personal Care Services/Residential Services: Only those individuals with the significant needs receive Personal Care/Residential Services which typically involve 24-hour supports, supervision, and assistance with eating, bathing, dressing, personal hygiene, activities of daily living, or other activities essential to their health and welfare. This level of service is provided to individuals with medical, behavioral, and/or psychiatric needs and without such supports the individual's safety would be at risk. Individuals who receive Personal Care Services often also receive Day Services as an integral part of their overall supports and supervision.

Day Services: Service, typically provided in the community, provide direct assistance and instruction to learn, improve, or maintain safety skills, basic living skills, personal decision-making, and social skills. Day Services are frequently essential to allowing the individual's care-giving family to maintain employment.

Other Services: The Developmental Services waiver offers a number of support services such as Community Support Services for those individuals who are building independent living skills, as well as Environmental or Vehicle

Modifications, which allow individuals to remain in their home and community, as well as Service Coordination, and Respite.

SERVICE DELIVERY SYSTEM

As outlined in RSA 171-A, BDS contracts with ten private, non-profit Area Agencies responsible to provide a comprehensive array of services for the diagnosis, evaluation, habilitation and rehabilitation of developmentally disabled persons, including but not limited to, service coordination, community living arrangements, employment and day services and family support.

EXPECTED OUTCOMES

At the direction of the NH Developmental Services Quality Council in 2009, BDS began participating in the National Association of State Directors of Developmental Disabilities Services (NASDDDS) National Core Indicators (NCI). NCI measures approximately 106 performance/outcome indicators utilized to assess service delivery system performance. NCI's performance indicators are categorized into the following five domains: Individual Outcomes; Health, Welfare, and Rights; System Performance; Staff Stability; and Family Indicators

Highlights from the recently published 2012-2013 report indicates that NH ranked positively in comparison to many other participating states on many indicators: The full report is available at: <http://www.nationalcoreindicators.org/resources/reports/>

	Questions	NCI's Average '12-'13	NH's Average '12-'13	NH's Ranking '12-'13
	Number of Times People went:			
1	Shopping in Past Month	4.1	6.9	1
2	Out on Errands/Appointments in Past Month	2.9	6.4	1
3	Out for Entertainment in Past Month	2.6	2	18
4	Out to Eat in Past Month	3.8	8 7.5	1
5	To Religious Services in Past Month	1.8	1.1	25
6	Out for Exercise in Past Month	6.9	9.7	3
7	On Vacation in Past Year	0.8	1.4	1
8	Community Inclusion Scale Score	13.5	22.7	1
	Proportion of People who:			
9	Chose the Place Where They Live	50%	69%	1
10	Choose Staff Who Help Them at Home	62%	71%	10
11	Chose Their Place of Work	83%	86%	10
12	Choose Staff Who Help Them at Work	62%	71%	10
13	Chose Their Day Activity	58%	77%	3
14	Choose Their Day Activity Staff	62%	71%	10
15	Choose Their Roommates	43%	63%	2
16	Choose How to Spend Their Free Time	91%	97%	1
17	Choose What to Buy with Their Spending Money	87%	95%	2
18	Choose Their Daily Schedule	81%	94%	1
19	Life Decisions Scale	56%	71%	3
20	Every Day Choices Scale	86%	94%	1
	Proportion of People Who Chose Their Case Manager/Service Coordinator			
21	In Institution	37%	n/a	

22	In Community-Based	57%	80%	
23	In Individual Home	68%	90%	
24	In Parent's Home	63%	91%	
25	Overall In State	60%	88%	3
	Proportion of People Who Have a Job in the Community			
26	In Institution	1%		
27	In Community-Based	12%	22%	
28	In Individual Home	27%	44%	
29	In Parent's Home	16%	33%	
30	Overall In State	15%	33%	3

**IN HOME SUPPORTS FOR CHILDREN WITH SEVERE DISABILITIES
9310-7110**

PURPOSE

This is the appropriation for the In Home Supports (IHS) Medicaid Home and Community Based Care Waiver for Children with Severe Disabilities. Reimbursement is provided for supports and services that promote increased independence and skill development for a child, adolescent, or young adult who: has a developmental disability; significant medical or behavioral challenges; and lives at home with his or her family.

CLIENT PROFILE

Children with severe medical and/or behavioral disabilities who are eligible under NH Medicaid, RSA 171:A, He-M 503, and He-M 524 and meet the ICF/ID (Intermediate Care Facility for the Intellectually Disabled) Level of Care.

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov	Gov	House	House
TOTAL FUNDS	\$3,640	\$6,567	\$7,453	\$7,579	\$6,619	\$6,619	\$0	\$0
GENERAL FUNDS	\$1,600	\$3,282	\$3,725	\$3,787	\$3,308	\$3,308	\$0	\$0

FUNDING SOURCE

Medicaid Home and Community Based Services Waiver.

In the House passed budget, funding for the In Home Supports Waiver was combined into AU 7100.

SERVICES PROVIDED

The IHS waiver provides personal care and other services to children through age 20 who have very significant medical and behavioral challenges and live at home with their families. These children require long-term supports and services and qualify by virtue of eligibility under RSA 171:A, He-M 503, He-M 524, NH Medicaid, and are deemed eligible for institutional level of care (ICF/ID). Waiver services and supports allow the child to remain at home with his/her caregiving family. Participating families must be interested in and able to play an active role in managing and directing waiver supports utilizing the Participant Directed and Managed Services model (PDMS). The overarching goal of the IHS waiver is to enable the individual to remain in the family residence or in his/her own home while utilizing lower cost, non-nursing supports.

SERVICE DELIVERY SYSTEM

The IHS Waiver is implemented through the Area Agency system as outlined in RSA 171-A. BDS contracts with ten private, non-profit Area Agencies that provide a comprehensive array of services for the diagnosis, evaluation, habilitation, and rehabilitation.

EXPECTED OUTCOMES

The In Home Supports Waiver recently underwent [in 2014] a Quality Review rated by the Centers for Medicare and Medicaid Services [CMS]. Some of the noteworthy outcomes include:

The State must demonstrate that it has designed and implemented an adequate system for reviewing the adequacy of service plans for waiver participants. The State substantially meets the assurance.

Finding: The State’s system to monitor service plans is adequate and effective, participants are afforded choice between/among waiver services and providers and the State demonstrates ongoing, systemic oversight of service plans

The State must demonstrate that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

Finding: The State substantially meets the assurance. The State's system verifies that: providers meet required qualifications and adhere to other standards prior to their furnishing waiver services; providers continue to meet required qualifications; the State implements policies and procedures for verifying qualifications and training in accordance with state requirements and the approved waiver.

**SOCIAL SERVICES BLOCK GRANT-Developmentally Disabled
9310-7858**

PURPOSE

Primarily through the Partners in Health [PIH] program the purpose is to assist families of children whose chronic health conditions seriously impact daily life by fostering their skills to advocate, access resources, navigate systems and by building competence to manage the chronic illness of their child through family directed education, support and encouragement

To provide service coordination, needs assessment, referral, and supports to families with children with chronic health conditions as well as individuals with acquired brain disorder whose health conditions seriously affects daily their life.

CLIENT PROFILE

Within Special Medical Services, the SSBG Grant funds the Partners in Health Program (PIH). PIH serves families with children with chronic health conditions. The SSBG Grant funds also serve individuals with acquired brain disorders whose health conditions seriously affect their daily life.

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov	Gov	House	House
TOTAL FUNDS	\$857	\$1,061	\$1,046	\$1,049	\$1,044	\$1,047	\$1,044	\$1,047
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE

Federal Social Services Block Grant (SSBG).

SERVICES PROVIDED

PIH services incorporate assessment of family needs and referral to appropriate public and private services available in their communities. Family Support Coordinators organize, facilitate, and document service planning and negotiate & monitor the provision of services. Respite, which is the provision of short-term care for an individual intended to provide temporary relief and support to the family, is also available. There are also contracted services for offering respite services to families of individuals with acquired brain disorders.

SERVICE DELIVERY SYSTEM

PIH is administered through twelve contracted agencies, some of which are Area Agencies and others are community service organizations.

EXPECTED OUTCOMES

Improve health outcomes through increased understanding and strengthened connection to community resources as well as greater skill to manage the impacts of the child's condition.

SMS and PIH Client Satisfaction/Needs Assessment Survey - SYF 2014	
<u>Satisfaction with Services:</u>	
Services were rated as good or excellent	81%
Services met most or all needs or goals	76%
Families were likely to refer a friend or family member	85%
Overall SMS and PIH coordinators met benchmarks for every skill and care coordination/case management criteria.	80%
<u>Healthcare Needs:</u>	
Families reported high rates of access/satisfaction with medical specialists	82%
Families also report feeling like a partner in their child's health care	92%

**ACQUIRED BRAIN DISORDER SERVICES
9310-7016**

PURPOSE:

This is the Bureau of Developmental Services' account containing funds for its Medicaid Home and Community Based Care Waiver for Individuals with Acquired Brain Disorders. This account supports the establishment, maintenance, and implementation of a comprehensive service delivery system for individuals with Acquired Brain Disorders as outlined in RSA 171-A and is used to reimburse the ten Area Agencies/enrolled providers of BDS' Organized Health Care Delivery System.

CLIENT PROFILE

Individuals with an acquired brain disorder sustained after the age of 22 who are financially and medically eligible for NH Medicaid, RSA 137-K: 3 *Brain and Spinal Cord Injuries*, He-M 522 *Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder*, and meet the Skilled Nursing Facility Level of Care.

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov	Gov	House	House
TOTAL FUNDS	\$20,879	\$25,430	\$25,970	\$26,831	\$24,127	\$24,891	\$0	\$0
GENERAL FUNDS	\$10,090	\$12,890	\$13,164	\$13,598	\$12,238	\$12,621	\$0	\$0

FUNDING SOURCE

Medicaid Home and Community Based Services Waiver.

In the House passed budget, funding for the Acquired Brain Disorders Waiver was combined into AU 7100.

SERVICES PROVIDED

The Acquired Brain Disorder (ABD) Waiver serves those individuals who qualify under RSA 137-K and He-M 522, are Medicaid eligible, and require the level of care provided in a Skilled Nursing Facility. The waiver provides supports and services for the health, safety, and welfare of eligible individuals.

Personal Care Services/Residential Services: Only those individuals with the significant needs receive Personal Care/Residential Services within the Developmental Services System. Personal Care Services typically involves 24-hour supports, supervision, and assistance with eating, bathing, dressing, personal hygiene, activities of daily living, or other activities essential to their health and welfare. Individuals who receive Personal Care Services often also receive Day Services as an integral part of their overall supports and supervision. This level of service is provided to individuals with medical, behavioral, and/or psychiatric needs and without such supports the individual's safety would be at risk.

Day Services: Service, typically provided in the community, provide direct assistance and instruction to learn, improve, or maintain safety skills, basic living skills, personal decision-making, and social skills. Day Services are frequently essential to allowing the individual's care-giving family to maintain employment.

Other Services: The Acquired Brain Disorders waiver offers a number of support services such as Community Support Services for those individuals who are building independent living skills, as well as Environmental or Vehicle Modifications, which allow individuals to remain in their home and community, as well as Service Coordination, and Respite.

SERVICE DELIVERY SYSTEM

As outlined in RSA 171-A, BDS contracts with ten private, non-profit Area Agencies responsible to provide a comprehensive array of services for the diagnosis, evaluation, habilitation and rehabilitation of individuals with Acquired

Brain Disorders, including but not limited to, service coordination, community living arrangements, employment and day services and supports to families of individuals with developmental disabilities.

EXPECTED OUTCOMES

At the direction of the NH Developmental Services Quality Council in 2009, BDS began participating in the National Association of State Directors of Developmental Disabilities Services (NASDDDS) National Core Indicators (NCI). BDS utilizes this tool for both its Developmentally Disabled and Acquired Brain Disorders populations.

NCI measures approximately 106 performance/outcome indicators utilized to assess service delivery system performance. Performance indicators are categorized into the following five domains: Individual Outcomes; Health, Welfare, and Rights; System Performance; Staff Stability; and Family Indicators.

Highlights from the recently published 2012-2013 report are noted above in Org 7100, Developmental Services. Full report: <http://www.nationalcoreindicators.org/resources/reports/>

FAMILY SUPPORT SERVICES
9310-7013

PURPOSE

To provide supports and services to care-giving families with an individual member who has a developmental disability, acquired brain disorder, or is eligible for family-centered early supports and services.

CLIENT PROFILE

Families who serve as the primary caregiver for individuals with developmental disabilities and acquired brain disorders.

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov	Gov	House	House
TOTAL FUNDS	\$4,550	\$5,212	\$5,317	\$5,423	\$4,700	\$5,200	\$2,350	\$2,600
GENERAL FUNDS	\$4,550	\$5,212	\$5,317	\$5,423	\$4,700	\$5,200	\$2,350	\$2,600

FUNDING SOURCE

State General Funds.

SERVICES PROVIDED

Family Support is provision of low cost, low frequency services, such as non-Medicaid respite or environmental (home or vehicle) modifications, family services coordination, individual and family centered assistance, information and referral, educational materials, and emergency and outreach services. Family Support is cost effective in enabling disabled children and adults to continue to live with their families and in reducing, postponing, or eliminating the need for more costly, long-term services. These services are those that are not covered by Medicaid and are effective in assisting parents and other family members to remain the primary caregivers for an individual with developmental disabilities or acquired brain disorders.

SERVICE DELIVERY SYSTEM

Family Supports Services are organized and implemented through the Area Agency system. Each of the ten Area Agencies is required to have Family Support Council to advise the Area Agency; there is also State Family Support Council, with members from the regional councils, which advises the Bureau of Developmental Services.

EXPECTED OUTCOMES

Family Support funding has a direct impact on the ability of families to care for their children and adult children through the provision of flexible funding which can mitigate potential crises and delay the need for more costly waiver services.

**INFANT - TODDLER PROGRAM PART C GRANT
9310-7852 and
FAMILY CENTERED EARLY SUPPORTS AND SERVICES
9310-7014**

PURPOSE

To support the implementation of federally mandated Part C of Public Law (108-446 Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, 20 U.S.C. 1400).

CLIENT PROFILE

Family-Centered Early Supports and Services (FCESS) is NH's early intervention program, carried out under Part C of the federal Individuals with Disabilities Education Act (IDEA). FCESS serves children, birth through age two, with a wide range of delays and disabilities including children with severe disabilities and degenerative conditions. Services are provided to infants and toddlers, birth through their third birthday, with or at risk for developmental delay, experiencing delays of 33% or more in one or more areas of development, be exhibiting atypical behavior(s), or have an established condition.

<u>FINANCIAL HISTORY-7852 + 7014</u>								
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov	Gov	House	House
TOTAL FUNDS	\$10,262	\$13,099	\$11,182	\$11,465	\$11,003	\$11,007	\$10,316	\$10,200
GENERAL FUNDS	\$4,381	\$5,572	\$5,652	\$5,820	\$5,553	\$5,553	\$4,921	\$4,861

FUNDING SOURCE

Medicaid, private insurance, general funds and federal "Part C" funds.

SERVICES PROVIDED

Services include identification, assessment, evaluation, special instruction, therapeutic services, and on going treatment, typically, speech, occupational, physical therapy as well developmental education to maximize the family's ability to understand and care for the child's developmental, functional, and behavioral needs. Part C Grant Funds are also used to fund specific service arrays for children with autism.

SERVICE DELIVERY SYSTEM

Early Supports and Services are organized and implemented through the Area Agency system. ESS must be provided in natural environments as part of a comprehensive array of supports and services for eligible children.

EXPECTED OUTCOMES

Children who receive early supports and services are less likely to need pre-school, elementary or secondary educational or social supports and are less likely to require long-term supports and services at higher overall costs. Through this program, some children achieve parity with their same age peers, for others, skill acquisition is slower, and due to the nature of their disability, some children lose skills.

There are a number of performance measures that are collected and reported on New Hampshire's Family Centered Early Supports and Services program. Two examples are offered below:

Number and percentage of children who receive their services in the home or in a natural setting:

Most children (1682) 92% receive their services in the home or a natural setting. Some (106) 6% receive services in a community setting which is most frequently child care. A scant (27) 1.5% receive their services elsewhere which could be a specific program designed to help the child reach specific goals.

Family Outcomes: Families who have been in the program for 6 months or longer are asked on a yearly basis to rate their experience with FCESS in three areas. Of the 1130 surveys sent out this program year, 571 were returned for a rate of 51%.

87 % of those surveyed expressed an increased knowledge of their rights

91 % felt they had learned to communicate their children's needs to family, friends and
Pediatricians and others

88 % felt FCESS had helped their child grow and learn.

You can find more information in New Hampshire's Family Centered Early Supports and Services Public Report at:
<http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/documents/publicreport.pdf>

MEDICAID TO SCHOOLS
9310-7172

PURPOSE

This account is the appropriation for the Medicaid to Schools program. Under N. H. Law, RSA 186-C, public schools are required to provide certain medical services and supports to students with special education needs. This program allows schools to seek partial reimbursement for medically related, non-educational, expenses for Medicaid eligible students.

CLIENT PROFILE

Medicaid eligible public school students with special education needs specified in his/her Individualized Education Plan (IEP).

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov	Gov	House	House
TOTAL FUNDS	\$29,457	\$25,243	\$35,035	\$35,035	\$35,035	\$35,035	\$35,035	\$35,035
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FUNDING SOURCE

The source of the Medicaid match funds is local, school funds; there are no State General Funds in this account.

SERVICES PROVIDED

Medically related services outlined in a Medicaid eligible student's IEP are covered. Such services include: Occupational Therapy, Physical Therapy, Speech, Language and Hearing Services, Nursing Services, Psychiatric and Psychological Services, Mental Health Services, Vision Services, Specialized Transportation to Obtain Covered Services, Medical Exams and Evaluations, Pre-school Services, Rehabilitative Assistance, Supplies and Equipment related to vision, speech, language and hearing services, occupational and physical therapy services.

SERVICE DELIVERY SYSTEM

School districts are enrolled as Medicaid Providers. The school obtains the Medicaid identification numbers of eligible students and bills NH Medicaid for eligible services. Qualified staff, as outline in He-M1301, must provide all services; certain services require referrals or orders from physicians or other health care related professionals.

EXPECTED OUTCOMES

For the provision of covered services, districts submit claims and receive fifty percent of their actual cost or fifty percent of the Medicaid rate established by the State of N. H, whichever is less.

**SPECIAL MEDICAL SERVICES
9310-5191**

PURPOSE

To identify and integrate supports that assist families, providers, and communities to meet the unique challenges of children and youth with special health care needs.

CLIENT PROFILE

Children, birth to age 21, who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally; eligibility is defined at RSA 132, and He-M 250.

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov	Gov	House	House
TOTAL FUNDS	\$2,910	\$3,820	\$3,737	\$3,757	\$3,725	\$3,742	\$3,198	\$3,215
GENERAL FUNDS	\$1,859	\$2,656	\$2,597	\$2,610	\$2,588	\$2,600	\$2,221	\$2,233

FUNDING SOURCE

Title V Block Grant, which is a formula grant to all states. States have a required funding match and must use 30% of total funds for services for Children with Special Health Care Needs (CSHCN).

SERVICES PROVIDED

Special Medical Services (SMS) provides statewide leadership to build and promote a community-based system of services that is comprehensive, coordinated, family centered and culturally competent for Children and Youth with Special Health Care Needs (CYSHCN) by providing NH families with health information and support services. SMS also assists families to obtain specialty health care services for their eligible children with physical disabilities, chronic illness, and/or other special health care needs through:

- * Multidisciplinary Child Development Assessments and Neuromotor Clinics
- * Health Care Coordination by Registered Nurses/Social Workers
- * Home and Community Based Nutrition and Feeding & Swallowing consultation
- * Psychology information and referral for any child, Psychology/Psychiatry for CYSHCN
- * Funds health care costs to eligible low-income families with CYSHCN
- * Support for parents as caregivers via Family-to-Family Health Information (NH Family Voices).
- * Infrastructure development promoting Medical Homes in NH

SERVICE DELIVERY SYSTEM

Services are provided with both state staff and contracted services. SMS state staff includes Nurse Coordinators who have direct client caseloads. Contracted services are for assurance of specialty clinics/services and infrastructure development of the system of care. Sixteen contracted specialty care clinicians/entities meet the service needs. SMS services include specialty clinics for assessment and ongoing consultation; information and referral; outreach; specialty consultation; care coordination; family support & education and financial assistance for eligible individuals.

EXPECTED OUTCOMES

Children with special health care needs will have access to the unique specialty services that improve and maintain their health and wellness. NH will continue to demonstrate leadership in system of care provision as measured by the Maternal and Child Health Core Outcomes. Please see Satisfaction Survey results referenced about in Org 7858, SSBG.

PURPOSE

This is the Bureau of Developmental Services' account containing funds for The Bureau of Developmental Services Designated Receiving Facility (DRF). The DRF is a secure community based residential treatment facility whose purpose is to provide specialized services, supports and treatment for those individuals that present the greatest risk to the community while assuring the safety and well-being of the individual, the community and the people who support the individual.

CLIENT PROFILE

Individuals supported at the DRF present with a developmental disability or acquired brain disorder with complex mental health needs and challenging behaviors including problematic sexual behavior, arson and/or extreme aggression and violence. The majority of individuals are civilly committed under RSA 171-B or 135-C

<u>FINANCIAL HISTORY</u>								
Rounded to \$000 except cost per case	SFY14	SFY15	SFY16	SFY17	SFY16	SFY17	SFY16	SFY17
	Actual	Adj Auth	Maint	Maint	Gov	Gov	House	House
TOTAL FUNDS	\$1,176	\$1,266	\$1,266	\$1,301	\$1,232	\$1,263	\$1,232	\$1,263
GENERAL FUNDS	\$1,176	\$1,266	\$1,266	\$1,301	\$1,232	\$1,263	\$1,232	\$1,263

FUNDING SOURCE

100% general funds

SERVICES PROVIDED

The DRF utilizes an treatment approach that includes elements of: Milieu Therapy, Behavior Modification Programming, Cognitive-Behavioral Treatment, Empathy and Moral Development Training, Habilitative Training and Remedial Instruction, Social Skill Training, and Anger Management. Services provided include: residential and day services and specialized treatment including individual therapy, group DBT treatment, specialized sex offender treatment, and emotional and behavioral regulation treatment.

SERVICE DELIVERY SYSTEM

The DRF is a six bed locked community based residential treatment program

EXPECTED OUTCOMES

The desired treatment outcomes are to protect society by preventing further victimization (external controls) while addressing the clinical issues that are operative (internal controls). Expected clinical outcomes include: increased emotional and behavioral regulation, decreased inappropriate problematic sexual behaviors; increased self- care skills all resulting in the ability to be supported in less restrictive and less costly community based services while maintaining safety.