



New Hampshire Department of Health and Human Services

Choices for Independence [CFI] Waiver Renewal

Public Hearing

February 2017

Overview

The Choices for Independence (CFI) Waiver is one of four Home and Community Based Services (HCBS) 1915c Waivers operated by the Department of Health and Human Services, serving approximately 3,500 NH elders and individuals with physical disabilities annually.

Today's hearing provides an opportunity for the public to provide feedback on the CFI Waiver Renewal. Information provided will be collated and made public and will include the Department's responses to the feedback provided.



Overview

The current CFI Waiver expires on June 30, 2017. In order to continue to provide CFI Waiver Services on July 1, 2017 NH DHHS is required to request renewal of the Waiver from the Centers for Medicare and Medicaid Services (CMS) as follows:

- January 30, 2017: Complete a first draft of the CMS 1915c Waiver Renewal Application and make the draft public
- January 30- February 28, 2017: Hold public hearings and accept public/stakeholder input on the Waiver Renewal Application
- February 28, 2017-March 30, 2017: Integrate the public/stakeholder input into the final draft of the Waiver Renewal Application
- March 30, 2017: Submit the Waiver Renewal Application to CMS
- March 30, 2017- June 30, 2017: CMS Reviews Waiver Renewal Application
- July 1, 2017: CMS Approval and 5 Year Renewal



Listening Sessions

NH DHHS chose to enhance the CMS-required public input process by holding CFI Waiver “Listening Sessions” to elicit public/stakeholder input during November and December of 2016.

Five Listening Sessions were held and 58 stakeholders took part in the sessions. Many of the recommendations made in the Listening Sessions have been integrated into the first draft of the Waiver Renewal Application.

Listening Sessions: Themes

- Concerns regarding workforce capacity and its impact on services. A suggestion was made to allow flexibility so that different services could be substituted when there is a workforce shortage of providers for a specific service category;
- Recommendations for streamlining the eligibility and redetermination processes, consideration of a 3 month retroactive service coverage to address timeliness of initial eligibility and redeterminations and implementation of presumptive eligibility;
- Feedback supporting the revision of services offered on the waiver, including participant directed services, transportation and PT, OT and Speech Therapy in excess of state plan limits;
- Recommendation to implement components of the NH DD and NH ABD waivers in the CFI waiver: for example participant managed and directed services and support to individuals who wish to self-direct their services;
- Suggestions regarding increased access to Adult Medical Day Services including when someone lives in Adult Family Care or Kinship Care; and,
- Recommendations for aligning the provision of personal care services and non-medical transportation services.
- NH DHHS looks forward to receiving additional helpful suggestions and input during the formal public hearing period and anticipates making additional changes to the Renewal Application as a result of this input.

For additional information: <http://www.dhhs.nh.gov/ombp/medicaid/cfi-waiver.htm>



Opportunities for Public Input: Public Forums

February 8, 2017 from 10am-12noon

Brown Auditorium

New Hampshire Department of Health and Human Services

129 Pleasant Street

Concord, NH 03301

February 9, 2017 from 1pm-3pm

Brown Auditorium

New Hampshire Department of Health and Human Services

129 Pleasant Street

Concord, NH 03301

February 15, 2017 from 5:30pm-7:30pm

Brown Auditorium

New Hampshire Department of Health and Human Services

129 Pleasant Street

Concord, NH 03301

Attendees may participate in person, via phone or via webex.



Major Changes

This renewal reflects changes including, but not limited to:

- Content demonstrating compliance with CMS regulations governing Home and Community Based Care Services (HCBS) published in January 2014
- An overview of Rate Setting Methodology
- Modifications to Quality Measures and Reporting to comply with CMS Expectations published in March 2014
- Addition of new services/service definitions
- Information about the State's HCBS Statewide Transition Plan
- Addition of Participant Direction of Services
- Additional Level of Care Instruments
- Requirements for Participant Centered Planning and Service Delivery



Module 1

The initial section of the application contains the formal state request to operate a §1915(c) HCBS waiver, including the request for waiver(s) of specific sections of the Act.

This module also includes a brief description of the waiver's goals, objectives, organization, and service delivery methods. It also contains the fundamental assurances and additional Federal requirements that apply to the operation of a waiver.

Highlights:

Waiver Description

Information about the Statewide Transition Plan [STP]

Listening Sessions

Public Notice

Appendix A

Waiver Administration and Operations. This Appendix identifies the state agency that is responsible for the day-to-day operation of the waiver along with other entities that are involved in its operation, including as applicable contracted entities and local/regional non-state entities.

The distribution of certain waiver operational responsibilities among these entities also is specified. This Appendix addresses the question: “What entities are involved in the operation of the waiver?”

Highlights:

DHHS Oversight: Office of Medicaid Services

Performance Measures

Appendix B

Participant Access and Eligibility. This Appendix is designed to answer the question: “Who receives waiver services?” In this Appendix, a state specifies:

- the waiver’s target group(s);
- the individual cost limit (if any) that applies to individuals entering the waiver;
- the number of individuals who will be served in the waiver and how this number will be managed during the period that the waiver is in effect;
- the Medicaid eligibility groups served in the waiver;
- applicable post-eligibility treatment of income policies;
- procedures for the evaluation of level of care of prospective entrants to the waiver and the periodic re-evaluation of the level of care of waiver participants;
- how individuals are afforded freedom of choice in selecting between institutional and home and community-based services; and,
- how the state provides for meaningful access to the waiver by individuals with Limited English Proficiency (LEP).



Appendix B

Highlights:

- Spousal Impoverishment
- Proposed Instruments/Tools for Eligibility and Level of Care Determinations: MDS, OASIS, MEA
- Qualifications for LOC Determinations: Qualified Medical Professionals
- Processes for Level of Care [LOC] Determinations
 - Initial
 - Redeterminations
- Performance Measures
- Freedom of Choice

Appendix C

This Appendix is designed to answer the question: “What services does the waiver offer?” In this Appendix, the state establishes the specifications for each waiver service and any limitations that apply to a service or the overall amount of waiver services. A service specification template (Appendix C-3) consolidates information about each waiver service (including its scope, provider qualifications, and whether the service may be participant-directed).

This Appendix also captures information about state policies concerning criminal history/background and abuse registry checks, payments to legally responsible individuals for the provision of personal care and to relatives/legal guardians for the provision of services, and the 1915(c) home and community-based setting requirements.



Appendix C

Highlights:

- New Services
 - Supported Employment
 - Participant Directed and Managed Services
 - Financial Management Services
- Service Definitions
 - Transportation
 - Environmental Accessibility Services: vehicle modifications, change in service cap
 - Specialized Medical Equipment Services: change in service cap
 - Participant Directed/Individual Providers
 - Community Transition Services: change in service cap
 - Performance Measures
 - Requirements re: Home and Community Based Settings

Appendix D

Participant-Centered Planning and Service Delivery. In this Appendix, the State describes how the person-centered service plan (plan of care) is developed along with how the state monitors the implementation of the service plan and participant health and welfare.

This Appendix is designed to answer two questions: “How are participant needs identified and addressed during the person-centered service plan development process?” and “How does the state monitor the delivery of waiver services?”

Highlights:

- Person Centered Planning
- Risk Assessment
- Informed Choice of Providers
- Performance Measures: Record Reviews

Appendix E

Participant Direction of Services. This Appendix is designed to answer the questions: “What authority do participants have to direct some or all of their waiver services?” and “How are participants supported in directing their services?”

This Appendix permits a state to specify the opportunities afforded to waiver participants to direct and manage their waiver services. This Appendix is completed only when the waiver offers one or both of the participant direction opportunities contained in the Appendix.

Highlights:

- All of the information in this section is new
 - Budget Authority and Employer Authority
 - Estimated Cohort of Self Directed participants
 - Supports for Self Direction: Financial Management Services

Appendix F

Participant Rights. In this Appendix, a state describes how it affords waiver participants the opportunity to request a Fair Hearing as well as any alternate processes that are available to resolve disputes or address participant complaints/ grievances.

This Appendix addresses the question: “How are participant rights protected?”

Highlights:

- Fair Hearings
- Dispute Resolution

Appendix G

Participant Safeguards. This Appendix addresses the question: “What safeguards has the state established to protect participants from harm?” In this Appendix, a state describes how it provides for specific safeguards related to assuring participant health and welfare (e.g., response to critical incidents).

Highlights:

- Sentinel Event Reporting Process
- Adult Protective Services [APS] Reporting Process and Participant Information/Education
- Long Term Care Ombudsman
- Licensing and Certification
- Performance Measures
- Restraint and Seclusion

Appendix H

Systems Improvement. Here, a state describes the mechanisms it will use to engage in systems improvement activities based upon the information it gathers from the discovery and remediation strategies described throughout the application.

Highlights:

Description of key role that the DHHS Office of Quality Assurance and Improvement plays in the coordination of data collection, trending and follow up specific to Waiver Performance Measures, Sentinel Event and APS reporting, Licensing findings and Risk Identification, Mitigation and Planning [RIMP] assessments.

Appendix I

Financial Accountability. In this Appendix, a state specifies how it makes payments for waiver services, ensures the integrity of these payments and complies with applicable requirements concerning payments and Federal financial participation. The Appendix is designed to answer the question: “How does the state maintain financial accountability in the waiver?”

Highlight:

- Rate Setting Methodology

Appendix J

Cost Neutrality Demonstration. In this Appendix, the State furnishes necessary information to demonstrate the cost neutrality of the waiver. This Appendix is designed to answer the question: “Does the waiver meet statutory cost-neutrality requirements?”

Highlight:

- 5 Year Projections
- Cost Neutrality
- Projected Unduplicated Participants

Thank You For Your Input

The complete version of the current draft waiver renewal document and the current waiver document are available at:

<http://www.dhhs.nh.gov/ombp/medicaid/cfi-waiver.htm>

The draft waiver renewal document may also be viewed in hard copy from 8:00 AM – 4:30 PM Monday through Friday at the NH Department of Health and Human Services, 129 Pleasant Street, Concord, NH 03301-3857.

Public comments may be submitted until midnight on February 28, 2017.

Comments may be submitted by email to nhcfiwaiverrenewalinput@dhhs.nh.gov or by United States Postal Service to Lorene Reagan, NH Department of Health and Human Services, 129 Pleasant Street, Concord, NH 03301-3857.

