

**Readopt with amendment He-M 523, effective 6-26-18 (Document #12559, Interim), to read as follows:**

**PART He-M 523 FAMILY SUPPORT SERVICES TO CHILDREN AND YOUNG ADULTS WITH CHRONIC HEALTH CONDITIONS**

Statutory Authority: RSA 161:4-a, IX

He-M 523.01 Purpose.

(a) The purpose of these rules is to establish a framework that provides supports for the needs of young adults and families who have a child with a chronic health condition. This framework will allow decisions regarding family support services to be made with consideration for the unique needs and characteristics of each young adult and family.

(b) As each young adult's and family's circumstances and needs vary, the purpose of family support services is to assist young adults and families of children with chronic health conditions to advocate, access resources, navigate systems, and build competence to manage their own or their children's chronic illnesses through family directed education, support, and encouragement.

He-M 523.02 Definitions.

(a) "Action plan" means a written plan for providing supports and services to an eligible young adult or family.

(b) "Applicant" means the person for whom the application is made.

(c) "Bureau" means the bureau of special medical services of the department of health and human services.

(d) "Bureau administrator" means the chief administrator of the bureau of special medical services.

(e) "Chronic health condition" means a physical condition that:

(1) Will last or is expected to last for 12 months or longer;

(2) Meets one or both of the following criteria:

a. Consistently affects the individual's ability to function on a daily basis:

1. In the areas of emotional, social, or physical development; or

2. In his or her family, school, or community; or

b. Requires more intensive medical care from primary care and specialty providers than is typically required for well child and acute illness visits; and

(3) Is not excluded pursuant to He-M 523.03 (c).

(f) "Department" means the New Hampshire department of health and human services.

(g) “Family” means the biological, adoptive, or foster parents, or legal guardians of a child aged 0 through 20 who has a chronic health condition.

(h) “Family support services” means those activities and interventions that:

- (1) Are identified by a young adult or family in the action plan;
- (2) Are provided for, or on behalf of, that young adult or family through the PIH family council, the PIH coordinator, SMS, or the lead agency; and
- (3) Assist that young adult or family as primary caregiver of a child with a chronic health condition.

(i) “Lead agency” means an entity awarded a contract by special medical services to provide Partners in Health services to young adults and families living in a designated region.

(j) “Partners in Health” (PIH) means a New Hampshire community-based program of family support for young adults and families.

(k) “Special medical services (SMS)” means the bureau of special medical services that administers Partners In Health.

(l) “Young adult” means a person who has a chronic health condition and is eligible for services described in He-M 523.05, and is:

- (1) 18 through 20 years of age; or
- (2) A minor who has been legally emancipated.

He-M 523.03 Eligibility.

(a) An applicant shall be eligible for services described in He-M 523.06 if the applicant is a family as defined in He-M 523.02(g) or a young adult as defined in He-M 523.02(1).

(b) For the purposes of establishing eligibility, an applicant shall provide documentation from a licensed physician, advanced practice registered nurse, or doctor of osteopathy indicating that the person’s chronic health condition meets the specific criteria in He-M 523.02(e).

(c) An applicant who meets the criteria of a chronic health condition as defined in He-M 523.02(e) shall not be eligible to receive services under He-M 523 if the condition is:

- (1) A developmental disability when:
  - a. The disability meets the definition in RSA 171-A:2, V; and
  - b. The person would be or has been found eligible for services pursuant to He-M 503.03 through He-M 503.18;
- (2) A mental illness when the illness:

- a. Meets the definition in RSA 135-C:2, X; or
  - b. Meets the definition of serious emotional disturbance in He-M 401.02 (u);
- (3) A dental condition; or
- (4) Obesity, which means a body mass index equal to or greater than the gender- and age-specific 95th percentile from the Centers for Disease Control and Prevention growth charts.
- (d) A young adult or family shall receive family support services from the region in which they reside.

He-M 523.04 Application Procedure.

- (a) An application for services shall include:
  - (1) A fully completed and signed “Special Medical Services (SMS) – Application for All Services” (August 2018 Edition); and
  - (2) A fully executed release to obtain medical records from the applicant’s physician, to confirm a chronic health condition.
- (b) Within 60 days of the date of application, PIH shall:
  - (1) Accept and review all applications for program eligibility, in accordance with He-M 523.05;
  - (2) Notify the applicant in writing of the applicant’s eligibility status and the services for which the applicant is eligible; and
  - (3) Have the applicable Family Support Coordinator initiate phone contact to discuss the PIH program for which the applicant has been found eligible.
- (c) PIH’s notice of decision shall include:
  - (1) For eligibility approvals:
    - a. The beginning and ending dates of PIH eligibility;
    - b. The name and phone number of a PIH contact person; and
    - c. Notice that the recipient shall report to PIH any change in the recipient’s medical insurance coverage, including Medicaid or TPL changes, within 30 days of the change; and
  - (2) For eligibility denials:
    - a. The reason(s) for denial;
    - b. Information about the applicant’s right to an appeal in accordance with He-M 202 and He-C 200; and
    - c. Alternate support services information as available.

(d) For an applicant who is determined to be eligible, eligibility shall be effective for 12 months from the applicant's application date, except when any changes affect the recipient's eligibility status.

(e) PIH shall notify a recipient in writing 30 calendar days prior to the date that eligibility will close, for such reasons as the 12-month eligibility period is expiring, the recipient is turning 21, services provided are no longer available, or there is a change which affects eligibility status.

(f) A new application shall be submitted in accordance with (a) above prior to the expiration of current eligibility.

(g) An applicant or recipient shall have the right to reapply at any time after eligibility has been denied.

(h) An applicant who submits false or misleading information shall be subject to the provisions of RSA 132:15 and RSA 638:15.

He-M 523. 05 Determination of Eligibility.

(a) The medical documentation provided pursuant to He-M 523.03 (b), and any other information provided by the applicant concerning the applicant's unconfirmed chronic health condition, shall be the basis for determination of eligibility for services.

(b) A PIH coordinator shall review the medical documentation received regarding an applicant and, within 15 business days after the receipt of the documentation, confirm the applicant has a chronic health condition as defined by He-M 523.02(e).

(c) In cases where the information regarding eligibility is inconclusive, a SMS clinician shall make the determination of an applicant's eligibility.

(d) If the information required to determine eligibility cannot be obtained or it is anticipated that the person will not be determined eligible in consultation with SMS within the timelines stated in (b) above, the PIH coordinator shall:

- (1) Request an extension from the applicant, in writing, stating the reason for the delay; and
- (2) Obtain the approval in writing from the applicant.

(e) Extensions approved in writing by the applicant in (d) above shall not exceed 30 business days after the receipt of the documentation.

(f) If the PIH coordinator's request for an extension pursuant to (d) above is denied by the applicant, the PIH coordinator shall determine the applicant to be ineligible for services. The young adult or family may reapply for services pursuant to (k) below.

(g) The PIH coordinator shall authorize services to be provided prior to the completion of the eligibility determination process if such services are necessary to protect the health or safety of an applicant who the PIH coordinator believes is likely to be eligible, based upon available information.

(h) Within 5 business days of the determination of a family's or a young adult's eligibility, a PIH coordinator shall send notice to each applicant that includes the determination of eligibility.

(i) Preliminary planning to determine the services needed shall occur with the young adult or family when the application is submitted or no later than 5 business days from the notification of eligibility.

(j) Within 5 business days of determination of an applicant's ineligibility, a PIH coordinator shall convey to the applicant a written decision that describes the specific legal and factual basis for the denial, including specific citation of the applicable law or department rule, and advise the applicant in writing and verbally of the appeal rights under He-M 523.13.

(k) Following denial of eligibility, the individual or family, as applicable, may reapply for services if new information regarding the diagnosis or about the health condition becomes available or if the timelines are not met in accordance with (f) above.

(l) The determination of eligibility by one PIH coordinator shall be accepted by every lead agency of the state.

(m) On an annual basis, the PIH coordinator shall re-determine the eligibility of a young adult or family through the review of the young adult's or family's action plan.

(n) Young adults and families shall make the necessary medical and other forms of documentation concerning the chronic health condition available upon request from the PIH coordinator, SMS or the lead agency.

He-M 523.06 Family Support Services.

(a) Family support services shall:

- (1) Assist young adults to identify and assess their own strengths, needs, and goals;
- (2) Assist families to identify and assess the care of their children who have chronic health conditions;
- (3) Aid young adults to care for their chronic health conditions;
- (4) Aid families to care for their children who have chronic health conditions;
- (5) Assist young adults to access the financial, educational, training, and other resources and services needed to monitor, assess, and respond to their own health care needs;
- (6) Assist families to access the financial, educational, training, and other resources and services needed to monitor, assess, and respond to their children's chronic health condition; and
- (7) Assist young adults and families in obtaining services such as applying for grants and locating donations of goods.

(b) Family support services shall include financial assistance based on the young adult's or family's needs and the availability of funds.

(c) The PIH family council shall establish the method of provision of financial assistance, including limits on the use of PIH family support services funding, in accordance with He-M 523.08.

He-M 523.07 Responsibilities of Lead Agency.

(a) Each lead agency shall:

- (1) Have a contract with SMS to provide PIH services within a designated region(s);
- (2) Provide community outreach and education to promote PIH throughout the region(s);
- (3) Review PIH services to ensure that services are provided to a young adult or family in home and community settings and are based on a young adult's or family's needs, interest, competencies, and lifestyles; and
- (4) Designate, with input from the family council, a PIH coordinator(s) for each designated region, but a person may serve as a coordinator for more than one region.

(b) The lead agency shall comply with SMS quality assurance activities, including:

- (1) Conducting and reviewing member satisfaction surveys;
- (2) Reviewing personnel files of any staff funded through the contract for completeness; and
- (3) Participating in quality improvement reviews conducted by the SMS including:
  - a. Reviewing the records of young adults and families; and
  - b. Reviewing the lead agency's compliance with this section.

He-M 523.08 PIH Family Council.

(a) Each region shall have a PIH family council that shall act as an advisory body to the lead agency.

(b) A regional PIH family council shall:

- (1) Be composed of a minimum of 5 members;
- (2) Have members who are, or have been, young adults or family members enrolled in PIH; and
- (3) Neither the Family Support Coordinator nor the Lead Agency Supervisor may be a voting member of the council.

(c) Each regional PIH family council shall establish and maintain policies that address, at a minimum, the following:

- (1) Membership, recruitment, rotation, and term limits for service on the council;
- (2) A process for determining the chairperson and other officers;

- (3) Providing all PIH family council members orientation, training, and mentorship; and
- (4) Processes used to determine the utilization of funds and other resources identified for family council activities.

He-M 523.09 Collaboration Between Lead Agencies and PIH Family Councils.

(a) Lead agencies and PIH family councils shall work together to support the mission of the PIH program by coordinating planning activities with one another, and with other community agencies, to maximize supports, services, and funding.

(b) Specifically, lead agencies and PIH family councils shall work collaboratively to:

- (1) Determine and agree upon the 2 parties' relationship, roles, and responsibilities;
- (2) Develop and agree upon a method of conflict resolution, including the provision that in cases of without resolution SMS shall be the final arbiter regarding He-M 523 applicability; and
- (3) Develop and implement a biennial regional family support plan.

(c) At a minimum, the regional family support plan for each region shall:

- (1) Specify the methods used to identify needs of young adults and families in the region;
- (2) Identify the needs of young adults and families residing in the region;
- (3) Identify the resources available to support young adults and families in the region;
- (4) Identify community agencies that serve children and young adults with chronic health conditions;
- (5) Prioritize identified needs based on the information obtained in (1) through (4) above; and
- (6) Develop strategies to address priorities.

He-M 523.10 PIH Coordinator Duties and Qualifications.

(a) Each lead agency shall have at least one person designated as a PIH coordinator.

(b) A PIH coordinator's duties and qualifications shall be identified by a job description designed jointly by the PIH family council and lead agency and in accordance with (c) and (d) below.

(c) A PIH coordinator shall have at least an associate's degree from an accredited program in a field of study related to health or social services with at least one year's corresponding experience.

(d) A PIH coordinator shall:

- (1) Review and communicate eligibility for services to applicants as specified in He-M 523.03 and He-M 523.04;

- (2) Provide, or assist young adults and families in acquiring, family support services;
- (3) Coordinate the establishment and operations of the PIH family council;
- (4) Provide information to the PIH family council regarding family supports to assist the council to:
  - a. Understand young adults' and families' needs;
  - b. Act on those needs; and
  - c. Monitor the services and supports provided;
- (5) Provide information and referral consultation to those staff providing family support under He-M 519, upon request of the area agency family support coordinator, or the young adult or family;
- (6) When distributing funds, ensure that a young adult or family has accessed all other available funding and community resources prior to receiving family support services funding, and consider the following:
  - a. The unique needs of each young adult or family related to their chronic health condition;
  - b. Maintenance of sufficient funds in a given budget cycle; and
  - c. The needs within the region, as established by the regional family support plan in He-M 523.09(c);
- (7) Solicit financial support for young adults and families from community groups, foundations, and other sources to augment state funding as needed;
- (8) Develop an action plan with each young adult and family that includes:
  - a. A young adult or family profile; and
  - b. A prioritization of needs and goals to be addressed, including:
    1. Timelines;
    2. Methods for achieving goals; and
    3. Criteria for completion; and
  - c. Planning for health care transitions;
- (9) Maintain records regarding supports and services provided for young adults and families; and
- (10) Facilitate the distribution of family support funds under the direction of the PIH family council.



(e) Family support services provided by the PIH coordinator shall:

(1) Be initiated through an action plan;

(2) Include the following:

a. Documentation of all contacts with the child, his or her family, or the young adult; and

b. Determination of the young adult's or the family's satisfaction with services; and

(3) Involve coordination and monitoring of family support services.

(f) A PIH coordinator shall assist a young adult and family to access other appropriate and available community resources prior to using PIH family support services funds.

He-M 523.11 Voluntary Withdrawal from Services.

(a) A young adult or family may withdraw voluntarily from services at any time.

(b) The PIH coordinator shall document the withdrawal in the record.

(c) A young adult or family who has withdrawn from services may reapply for services at any time.

He-M 523.12 Designation of Region Boundaries.

(a) An eligible young adult or family may request to SMS to receive services from a region other than the one in which they reside.

(b) A lead agency may request from SMS, with the approval of the eligible young adult or family, that the young adult or family receive services from another region other than the one in which they reside.

(c) Requests made in (a) and (b) above shall be submitted in writing to SMS and include supporting information that explains why the family is better served by another region.

(d) A lead agency shall be awarded a contract to service one or more of the regions listed in Table 523-1:

Table 523-1. TOWNS AND CITIES BY REGIONRegion I

Albany	Easton	Livermore	Stratford
Bartlett	Eaton	Lyman	Sugar Hill
Bath	Effingham	Madison	Tamworth
Benton	Errol	Milan	Tuftonboro
Berlin	Franconia	Millsfield	Union
Bethlehem	Freedom	Monroe	Wakefield
Brookfield	Gorham	Moultonboro	Warren
Carroll	Groveton	Northumberland	Waterville
Chatham	Hart's Location	Ossipee	Wentworth
Clarksville	Haverhill	Piermont	Whitefield
Colebrook	Jackson	Pittsburg	Wolfeboro
Columbia	Jefferson	Randolph	Woodstock
Conway	Lancaster	Sanbornville	Woodsville
Dalton	Landaff	Sandwich	
Dixville	Lincoln	Shelburne	
Dummer	Lisbon	Stark	
	Littleton	Stewartstown	

Region II

Acworth	Dorchester	Langdon	Orford
Canaan	Enfield	Lebanon	Plainfield
Charlestown	Goshen	Lempster	Springfield
Claremont	Grafton	Lyme	Sunapee
Cornish	Grantham	Newport	Unity
Croydon	Hanover	Orange	Washington

Region III

Alexandria	Bristol	Groton	Plymouth
Alton	Campton	Hebron	Rumney
Ashland	Center Harbor	Holderness	Sanbornton
Barnstead	Ellsworth	Laconia	Thornton
Belmont	Gilford	Meredith	Tilton
Bridgewater	Gilmanton	New Hampton	

Region IV

Allenstown	Dunbarton	Hopkinton	Sutton
Andover	Danbury	Loudon	Warner
Boscawen	Deering	Newbury	Weare
Bow	Epsom	New London	Webster
Bradford	Franklin	Northfield	Wilmot
Canterbury	Henniker	Pembroke	Windsor
Chichester	Hill	Pittsfield	
Concord	Hillsboro	Salisbury	

Region V

Alstead	Greenville	Nelson	Surry
Antrim	Hancock	New Ipswich	Swanzy
Bennington	Harrisville	Peterborough	Temple
Chesterfield	Hinsdale	Richmond	Troy
Dublin	Jaffrey	Rindge	Walpole
Fitzwilliam	Keene	Roxbury	Westmoreland
Francestown	Lyndeborough	Sharon	Winchester
Gilsum	Marlborough	Stoddard	
Greenfield	Marlow	Sullivan	

Region VI

Amherst	Hudson	Merrimack	Nashua
Brookline	Litchfield	Milford	Wilton
Hollis	Mason	Mont Vernon	

Region VII

Auburn	Candia	Hooksett	Manchester
Bedford	Goffstown	Londonderry	New Boston

Region VIII

Brentwood	Greenland	Newfields	Portsmouth
Deerfield	Hampton	Newington	Raymond
East Kingston	Hampton Falls	Newmarket	Rye
Epping	Kensington	North Hampton	Seabrook
Exeter	Kingston	Northwood	South Hampton
Fremont	New Castle	Nottingham	Stratham

Region IX

Barrington	Lee	New Durham	Strafford
Dover	Madbury	Rochester	
Durham	Middleton	Rollinsford	
Farmington	Milton	Somersworth	

Region X

Atkinson	Derry	Pelham	Sandown
Chester	Hampstead	Plaistow	Windham
Danville	Newton	Salem	

He-M 523.13 Appeals.

(a) Pursuant to He-M 202 or He-C 200, a young adult or family may choose to pursue informal resolution to resolve any disagreement with a lead agency or, within 30 business days of a lead agency decision, may choose to file an appeal.

(b) A young adult or family may appeal any determination, action, or inaction by a lead agency.

(c) Appeals shall be submitted, in writing, to the bureau administrator in care of the department's office of client and legal services.

(d) Appeals may be filed verbally, if the family or young adult is unable to convey the appeal in writing.

(e) The young adult or family may choose to participate in a hearing or independent review, as provided in He-C 200. The burden shall be as provided by He-C 203.14.

(f) If a hearing is requested, the following actions shall occur:

(1) If the young adult or family is currently receiving supports and services, those supports and services shall be continued until a decision has been made;

(2) If the bureau's decision is upheld, funding shall cease 60 days from the date of the decision;

(3) If the young adult or family member is appealing a denial of eligibility for supports and services, no family support services shall be provided until a decision is made to reverse the denial; and

(4) If the bureau's decision is reversed, family support services shall commence as soon as practicable.

He-M 523.14 Waivers.

(a) A lead agency, PIH family council, family, or young adult may request a waiver of specific procedures outlined in He-M 503 by completing and submitting to the department, bureau of special medical services the form titled "Department of Health and Human Services, Bureau of Special Medical Services Waiver for Services (December 2018)."

(b) A completed waiver request form shall be signed by the requester - young adult, family, lead agency, or PIH family council representative -.

(c) The request for waiver shall be reviewed and granted by the commissioner of the department or his or her designee, within 30 days of receipt of the request, if the alternative proposed by the lead agency, PIH family council, family, or young adult, meets the objective or intent of the rule and it:

(1) Does not negatively impact the health or safety of the family or young adult(s); and

(2) Does not affect the quality of services to a family or young adult.

(d) A waiver request shall be submitted to:

Department of Health and Human Services  
 Special Medical Services  
 State Office Park South  
 129 Pleasant Street, Thayer Building  
 Concord, NH 03301

- (e) No provision or procedure prescribed by statute shall be waived.
- (f) The determination on the request for a waiver shall be made within 30 days of the receipt of the request.
- (g) Waivers shall be granted in writing and remain in effect for the duration of the service.
- (h) Any waiver shall end with the closure of the related program or service.

**APPENDIX**

<b>Rule</b>	<b>Specific State or Federal Statutes or Regulations which the Rule Implements</b>
He-M 523.01 - 523.06	RSA 126-G:3; 161:2, I
He-M 523.07 - 523.09	RSA 126-G:4; 161:2, I
He-M 523.10 - 523.14	RSA 126-G:3; 161:2, I