



Developmental Disabilities Summary

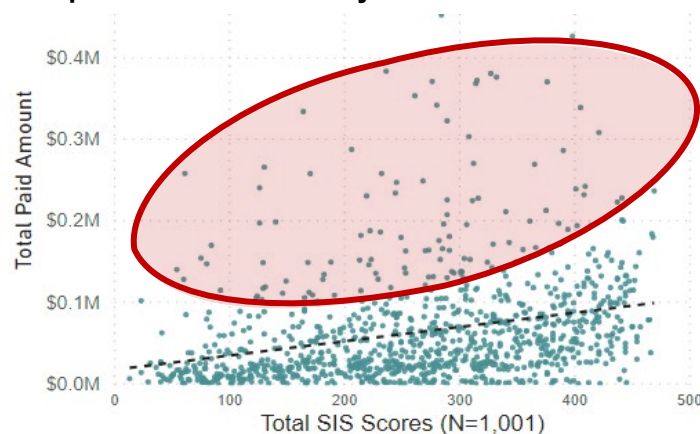


In Phase IA, A&M conducted an operational assessment published in a report distributed in Q1 2021.

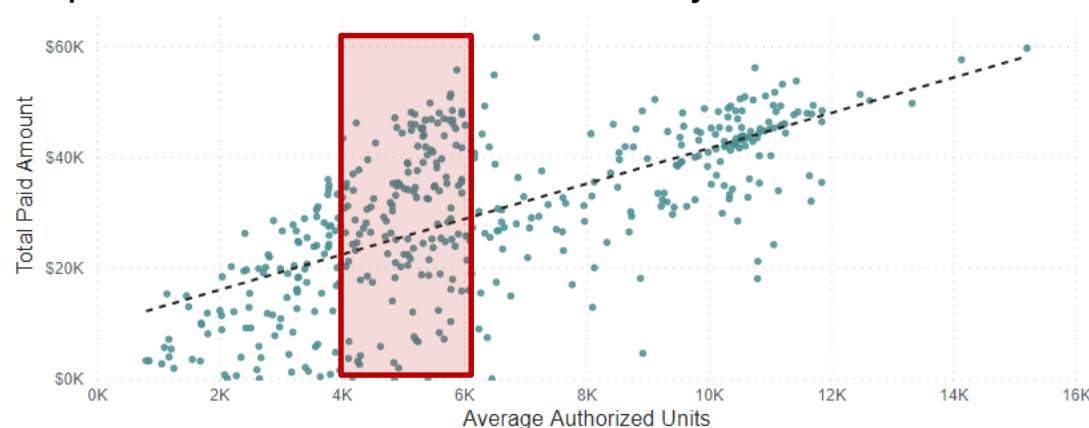
Three key findings situated around systemic operational challenges were:

- 1. BDS lacks adequate methods to provide equitable access to and delivery of services to the waiver population.** There are inadequate controls under current waiver operations to most appropriately align individual support needs with access to services. This leads to a mismatch between the amount and/or type of services accessed based on review of standardized assessment results under the current waiver construct (see **Ex. A**)
- 2. BDS relies on a rate schedule which is antiquated (last revision in 2007) and no longer applicable to modern service provision.** Though there is a common rate table, rates are occasionally retrofitted to fit the budget of an individual's ISP to fully cover provider cost.
- 3. BDS operates complex Medicaid-financed programs utilizing anachronistic, siloed data systems** which significantly hinder the Bureau's capacity to (a) ensure data reliability, (b) provide comprehensive, whole-person assessment and authorization data, (c) analyze service and system effectiveness and (d) utilize data reliably in decision-making.

A. Spread of SIS Scores by Total Paid Amount



B. Spread in Authorization and Paid Amount for Day Habilitation Level 5



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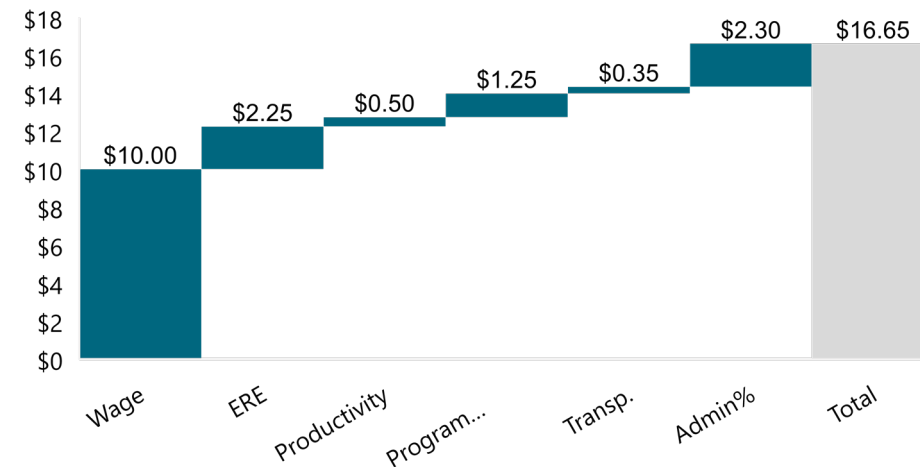
The key recommendations of the report were:

1. BDS should **conduct** a 1915(c) waiver redesign by implementing tiered waivers
2. BDS should **develop** tiered reimbursement rates to better align payment with level of need
3. BDS should **establish** a comprehensive IT system to better manage, report, and utilize data in strategic decision-making

C. Sample “Brick” Rate Model



D. Sample “Brick” Rate Model (waterfall)



A&M also explored the operational readiness and capability of the State to reduce or eliminate the need for out-of-state placement of individuals with complex care needs.

A&M found that:

1. BDS lacks the in-state capacity to support individuals with complex dual diagnosis (I/DD and mental health) conditions resulting in a high number of out-of-state placements. BDS currently serves (primarily through the DD waiver) 38 individuals who require high-cost intensive care needs. However, BDS lacks access to adequate in-state residential placement options within the current provider network and therefore contracts with out-of-state providers to support these individuals. These individuals, while having a primary diagnosis of I/DD also often have complex mental health diagnosis, increasing the cost of care.
2. On average, individuals currently supported in out-of-state placements maintain an average cost per person of \$384,349. This ranges, however, from \$192,577 to \$488,566 for a total spend of \$14.6 million, of which \$13.8 million is funded through the DD Waiver. Under this funding structure, 0.7 percent of the DD population accounts for 5 percent of the total DD Waiver budget.

All stakeholders are in general agreement that out-of-state placements are not ideal for NH individuals with I/DD and families. Individuals placed out of state lose access to their friends, families, community, and the comfort of a familiar environment. Developing in-state intensive treatment service (ITS) options will improve individual and family quality of life while also saving the State significant per-individual costs through increased oversight and monitoring.

Process of ITS
Modernization

Provide Capacity
Development



Infrastructure Development



In-State ITS