

Spring 2023 Newsletter

The Bureau of Developmental Services (BDS) Newsletter highlights information about the work we do to support individuals and families.

New Hampshire (NH) Corrective Action Plan Compliance - Home and Community Based Services waivers are authorized by the U.S. Centers for Medicare and Medicaid Services (CMS), a federal organization. To remain eligible for CMS funding of waiver services, BDS has to follow CMS rules. BDS must report to CMS how the waivers are administered. When CMS identifies ways states are not in compliance with their rules, they make the state complete a Corrective Action Plan. In 2017, CMS identified two areas where NH was not compliant: 1) situations in which direct services were being provided by the same agency/staff who help individuals choose services, which is seen as a conflict of interest; and 2) service providers must be allowed to directly bill Medicaid for the services they offer, if they choose. By July 1, 2023, NH will implement the steps outlined in the Corrective Active Plan to address those two areas and bring NH into compliance with CMS regulations. It's important to be in compliance with CMS, so NH can continue to have funding to pay for services provided under the waiver.

BDS has several efforts underway to improve services, which are not related to the Corrective Action Plan from CMS. Future newsletters will focus on those opportunities, so stay tuned!

Summary of Changes related to Compliance

To successfully make the changes necessary to come into compliance with CMS, several areas of the service network will operate differently. Individuals and families will not notice most of the changes, but there will be a few changes you will see. Those changes are outlined below:

Item		What will be different?
Annual Waiver Eligibility Checks	•	Service coordinators will now complete annual eligibility redetermination with families. Staff from area agencies have done this in the past.
Service Planning	•	Service coordinators will continue to be responsible for service planning and guiding you through completing your Individual Service Agreement (ISA). Service coordinators are now the lead entity.
Provider Billing	•	Providers will now enroll with Medicaid for their services instead of working through an area agency. Providers will also be able to bill Medicaid directly if they so choose.
Area Agency Payments	•	Area agencies will receive Medicaid administrative payments (sometimes referred to as "DAADS") for the work they do to support the service system.



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Compliance Related Rule Changes

To meet the compliance requirements from CMS, some of the administrative rules must change.

Why?

- Some of our existing rules do not match with CMS' direct bill requirements.
- There is no current funding structure for area agencies documented in rule.
- In many situations, area agencies will not have contractual relationships with providers in their region, so some requirements for providers need to be added to rule.

What?

- He-M 505, He-M 503, and creation of a new rule for service providers.
- Additional rules will be revised as necessary to support CMS compliance requirements.

HE-M 503

- HE-M 503 is a rule that explains how area agencies and service coordinators are to help people get access to services.
- It includes standards for the eligibility process and service planning.
- Proposed updates make some tasks that have been duties of area agencies required of service coordinators (whether employed by an area agency or not) instead.

HE-M 505

- HE-M 505 is a rule that explains how area agencies are structured.
- The rule includes standards for performance for area agencies.
- Proposed updates establish what area agency functions will be eligible for a new Medicaid administrative services rate.

How can individuals and families be involved?

- He-M 503 was released for informal comment in December
- He-M 505 was released for informal comment in March
- Expect request for formal comments in Spring 2023
- Hearings will be scheduled
- To comment or learn about public hearings, please visit: https://www.dhhs.nh.gov/doing-business-dhhs/legal-services/administrative-rules/nh-administrative-rules-public-comment



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Compliance Related Waiver Changes

Why?

- CMS requires that states make updates to their waivers when they make changes, such as provider payments or services.
- To implement direct bill, BDS must update how area agencies are paid.
- Some service coordination functions are changing. The service coordination function definition needs to be updated.

What?

• The New Hampshire Developmental Disabilities Waiver, Acquired Brain Disorders and In Home Support waivers (multiple sections).

How can individuals and families be involved?

The waiver amendments were released for public comment on April 4, 2023. Inperson/Zoom public comment hearings were held on April 19th. You can provide written public comment to share your thoughts about the changes.

Based on community feedback, the public comment deadline has been extended until noon May 15, 2023.

Comments may be submitted by email to:

DD Waiver: DDWaiver@dhhs.nh.gov, ABD Waiver: ABDWaiver@dhhs.nh.gov, IHS Waiver: IHSWaiver@ddhs.nh.gov

Comments may be submitted by regular mail to: Department of Health and Human Services

Bureau of Developmental Services

Attn: Aida Ramirez

105 Pleasant Street (Main Building)

Concord, NH 03301-3857



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Individual and Family Resources

- BDS will release a Compliance Webinar for families in May 2023.
- If you have questions about the Corrective Action Plan and NH coming into compliance, please do not hesitate to email ddsystemswork@dhhs.nh.gov.
- To stay up to date, check out the compliance section of the Frequently Asked
 Questions at
 https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bdssystemwork

Provider and Service Coordinator Resources

- BDS is working with service coordinators, provider agencies, and area agencies to make sure they are all prepared for the changes that go into effect on July 1, 2023.
- Last summer, providers had the opportunity to attend enrollment and billing trainings. More billing-focused trainings will be offered.
- BDS staff is completing one-on-one calls with service providers that have questions and offering technical assistance.

How can individuals and families be involved?

- Encourage your Service Coordinator to attend the BDS training series
 - Every 2nd and 4th Wednesday from 2pm to 3:30pm
- Encourage your provider to attend the BDS training series and office hours
 - Every 4th Wednesday from 10am to 11:30am
 - Office Hours: Every other Tuesday from 11am to 12pm
- Encourage your provider to enroll as a Medicaid provider. Only Medicaid enrolled providers will be able to offer services in the future.