

Rate Structure Work Group

February 16, 2024

Agenda

1. SIS-A

- Service Planning and Service Delivery
- Assessment Process and Communication
- Section Utilization
- Assessment-Informed rates
- 2. Next Steps
 - Advisory Committee Assessment Focus Group Proposed Exceptions Process

This Rate Setting Work Group is open to the public. Members of the public may ask questions through the Q&A feature. This structure ensures that the Department can engage a diverse group of stakeholders in substantive dialogue while also providing transparency and general updates to the general public. If you are a member of the public and have questions about the Rate Setting Work Group and/or its work, please contact BDSRateStructureWorkgroup@dhhs.nh.gov and a response will be provided as soon as possible.

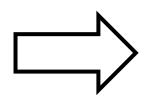


SIS-A: Service Planning and Service Delivery

New Hampshire has been using the Supports Intensity Scale Adult Version (SIS-A) since 2007 for person-centered service planning and identification of focus areas. BDS will be expanding the use of the SIS-A to inform rates for select services on the DD Waiver.

Current State

 The Supports Intensity Scale (SIS-A) is a tool used to aid in service planning.



Future State

- The SIS-A will continue to be used as a tool to aid in service planning.
- The SIS-A will match an individual's identified level of need with service reimbursement rates for certain DD waiver services.
- The SIS-A will promote consistency and equity across the system for all people accessing services.
- The SIS-A analysis performed to date suggests that there will be an overall increase in total service payments with the new rates.

Consistent with current use, the SIS-A will <u>NOT</u> be used for:

- The selection of services or service providers
- Determining the frequency or duration of services
- Eligibility or waiver enrollment



SIS-A: Assessment Process and Communication Plan

- BDS has contracted with the Public Consulting Group (PCG) to administer the SIS-A assessments in NH.
- Assessments will be prioritized initially for individuals seeking services through the DD waiver who are new to waiver services.
 - BDS staff will provide PCG with a prioritized list of individuals.
 - PCG staff will schedule SIS-A assessments in collaboration with Area Agencies and service coordination entities.
- BDS is developing informational materials for individuals, families and guardians to introduce PCG and the SIS-A assessment process.
 - These materials will be reviewed by the Communication Committee, Statewide Service Coordinator Supervisors, and the Statewide Family Support Council members prior to distribution.



SIS-A: Sections Used for Person-Centered Service Planning

To ensure the process is comprehensive, all sections of the SIS-A will be used to guide person-centered service planning and the selection of waiver services.

Section	Description
Section 1A	Medical Supports Needed
Section 1B	Behavioral Supports Needed
Section 2, Part A	Home Living Activities
Section 2, Part B	Community Living Activities
Section 2, Part C	Lifelong Learning Activities
Section 2, Part D	Employment Activities
Section 2, Part E	Health and Safety Activities
Section 2, Part F	Social Activities
Section 3	Protection and Advocacy Activities
Supplemental Questions	Additional Medical/Behavioral



The following SIS-A sections are used to inform rates because they have a positive correlation to an individual's support needs.

Section	Description
Section 1A	Medical Supports Needed
Section 1B	Behavioral Supports Needed
Section 2, Part A	Home Living Activities
Section 2, Part B	Community Living Activities
Section 2, Part E	Health and Safety Activities
Supplemental Questions	Additional Medical/Behavioral

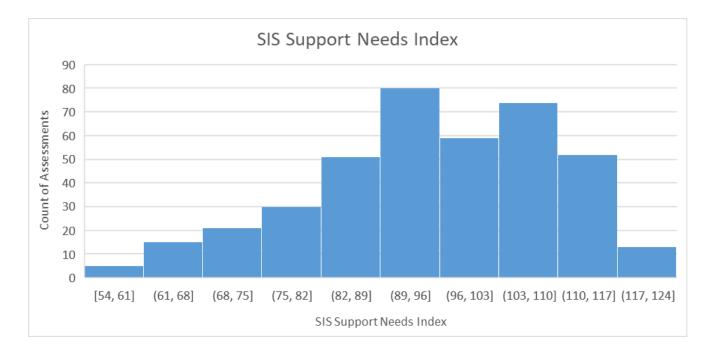


Rates for the following DD Waiver services will be informed by the SIS-A assessment:

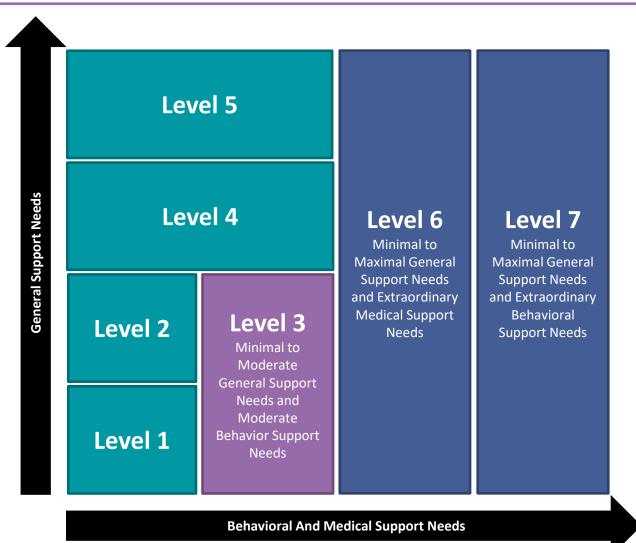
- Community Participation Services (CPS)
- Community Support Services (CSS)
- Residential Services
 - Staffed Residential Homes
 - Enhanced Family Care
- Respite
- Supported Employment (SEP)



- The Support Needs Index is an overall summary score of the SIS.
- A score of 100 indicates average support needs, normalized to a nationwide sample.
- The average score in the NH SIS sample of 400 was 95.7, indicating that the sample is roughly in line with the nationwide sample.
- The SIS-A has been recognized as a national tool which helps to verify its application in New Hampshire.









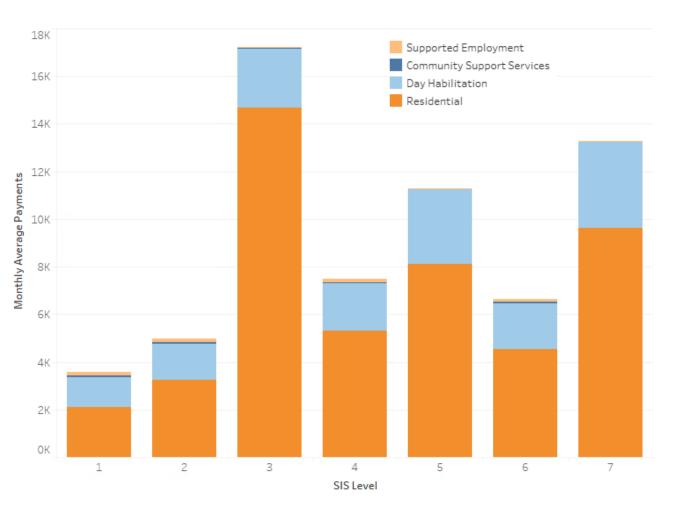
- SIS-A Assessments will continue to be conducted
 - The resulting score will be used to match assessed needs with support level.
- New Hampshire will utilize seven SIS levels to align service reimbursement rates for select services with the level of support needs.
 - An Exceptions Process will be developed and made available if an individual/team feels their needs are not met by the assessed level.

Level	Support Needs	Behavioral Support	Medical Support
Level 1	Minimal	Low	Low
Level 2	Moderate	Low	Low
Level 3	Minimal to Moderate	High	Low
Level 4	Moderate to High	Low to High	Low
Level 5	High to Maximum	Low to High	Low
Level 6	Minimal to Maximum	Low to High	Extraordinary
Level 7	Minimal to Maximum	Extraordinary	Low to Extraordinary



- Based on the sample of the 400 assessments conducted by AAIDD in 2022, the following slide shows a graph of historical monthly average service spend compared to proposed SIS levels.
- The purpose is to show whether there is a correlation or not between historical service spend and proposed SIS levels (support needs).
 - It is neither expected nor desired there be an exact match between historical service spend and proposed SIS levels.
 - An exact match would mean the proposed SIS levels would just be continuing the status quo.





- Based on the sample of 400 assessments.
- Historically, there has not been strong correlation between SIS level and monthly average payments.
- Assessment-based rates will better align the payments to assessed needs of individuals.
- Analysis performed to date suggests that there will be an overall increase in total service payments with the new rates.



Payments are BDS claims data from FY2022.

Next Steps

At the March 15th Rate Workgroup meeting, we will review:

- SIS-A exceptions recommendations from the Advisory Committee- Assessment Focus Group (see Appendix).
- The SIS-A implementation and communication plan.

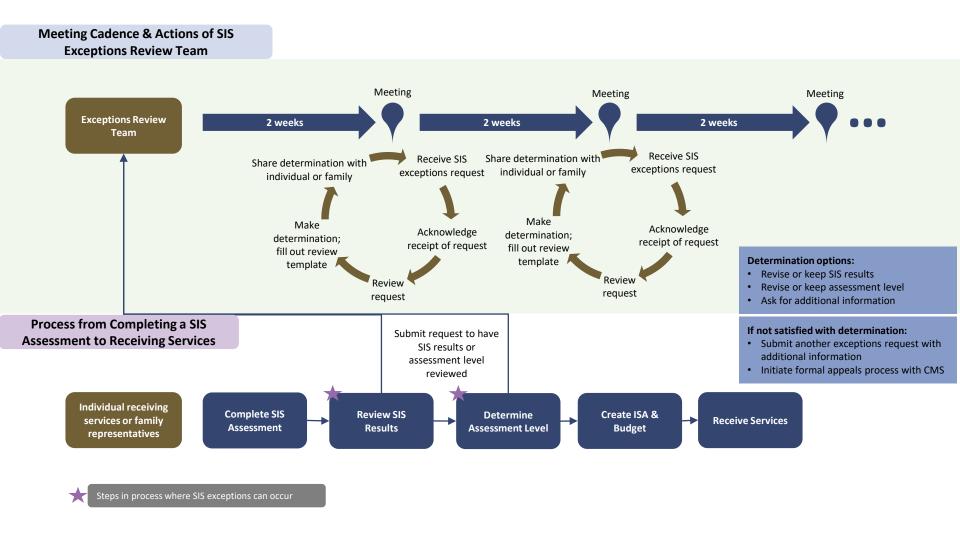
Future Agenda Items:

Annual Cost Report





Appendix





Exceptions Review Team	
Question	Proposed Answer
What types of people/groups should be represented in the Exceptions Review Team? (e.g., Administration, Clinical, Medical, Residential, Day)	Diverse team – Clinical perspective, functional perspective (OT/PT), nurse perspective, family representative (perhaps from a family organization), DAADS representative, service provider agency representative (rendering service provider agency), service coordinator, individual, DSP, HCP, individual not part of our current service system, administrative support professional How many people on team? Recommendation is for at least 7 group members (as identified above and an administrative support professional. Set team
What is the suggested cadence for Exceptions Review Team meetings? (e.g., every 2 weeks)	Recommendation: Every two weeks and as needed. To be adjusted based on volume. Coordinate with ISA group on timeline. Information needed after individual's select their services. If an urgent need is identified, indicate what the expected review/response time will be
Will there be one review team per region or one for the state?	Recommendation: 1 team for the state to ensure consistency
What is the process for review team alternates?	 Recommendation: There should be alternates. A SOP should be developed for the Review Team to include an alternate process. Other SOP areas to consider: Annual training and onboarding for exceptions team, families, staff, and individuals Additional goals for the team (e.g., sharing information trends) What will annual training and onboarding look like?



Submitting a Query	
Question	Proposed Answer
What information is needed to submit a query? (e.g., written query, additional paperwork)	A statement requesting an exception review and relevant supporting documentation, which could depend on the reason that the exception is being requested. Additional notes/considerations: - Ensure access is considered when defining what the "statement" can be. - Examples of supporting documentation could include: Person Centered Planning information, if available (via 171-A eligibility info as well) Statement of reason/basis for exception request Video with reason/basis for exception request - Where will the SIS be stored? Will the team have access to it somehow or will the individual need to submit the SIS with the exception request? - Consideration: How to ensure submission of exception request and associated documentation is kept confidential and complies with federal privacy requirements.
Will there be a template/form for both the request for exception and the for the Team's review?	No specific form to request an exception. An exception request can be accepted in any form (written, verbal, etc.). The Team admin can capture the requests in a standardized way, respond to confirm receipt and rough timeframe for response. There should be a standardized review template for review team to ensure consistency. Can we incorporate the request into HEIGHTS to reduce individual/family administrative burden?



Submitting a Query	
Question	Proposed Answer
Is there any form of acknowledgement provided when exception query is submitted?	Yes, The Team admin can capture requests in a standardized way, respond to confirm receipt and provide a rough timeframe for response. Clarify how BDS will communicate SIS exceptions with the PCP team
Is there a maximum # of exceptions someone can ask for in a certain period of time?	 No. Three different reasons that someone may request an exception: 1) Routine change, 2) unexpected change and 3) new assessment needed (is the 3rd an exception? If not, define in SOP). Need to be clear on which path to take if someone needs change in supports or if something has happened. Distinguish between need for an exception and need for a new SIS. What are the flags for a new assessment within the 5-year period? Tie to a significant life change. Group will consider outlining what those life changes are. Can an exception be requested for immediate change while a new SIS is in progress? What if it is a temporary need and not expected to be needed long-term? Consider how waiver services will be able to support such a situation.
	What are we asking for an exception review forrate for a specific service or overall SIS results? For IT System – Put in a clock for review. Will also provide good data for trending.



Rules	
Question	Proposed Answer
Should there be stipulations around time periods exceptions should be requested (e.g., X# days after receipt of SIS score? X# days after SIS Assessment?)	As a SIS is complete, indicate what information is sent and when regarding the decisions (SIS and service level impact)? [Team will research family reports that are sent by AAIDD and versions that other States have developed] Who can ask for an exception? Reinforce that if individual is already receiving services, do they continue "as-is"
What are the reasons an individual may request a SIS exception? Is an exceptions request needed if a change in supports needs occurs? (or is a new SIS scheduled?)	Issue with the SIS itself (either info. included or the process to gather) Issue with support needs identified relative to services selected by the individual. If SIS assessment is upcoming but increased support needs are identified to begin immediately, PCP team will determine if "crisis" can be used to assist if additional staffing/supervision is requested.
What happens to an individual's current services if they request a review?	The benefit levels should remain the same until a final decision is made.

