

## Systems Work FAQ

(Last Updated: March 2022)

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### Waiver

#### **1. How will services be differentiated between the DD Waiver and the Individual and Family Supports Waiver?**

The Individual and Family Supports Waiver will be designed to complement and reinforce natural supports that are most often provided at home with family members and friends.

The DD Waiver will continue to include services provided to individuals who require more intensive supports. Services in the DD Waiver are designed to maximize an individual's independence while encouraging inclusion into the community. While the DD Waiver will provide more comprehensive residential service options (for example, 24 hour staffed residential), other options may also be available like Enhanced Family Care or in-home supports for people with more complex support needs. To determine which services will be included in each waiver, the Department has engaged a Waiver Work Group, which is meeting monthly to participate in discussions around the appropriate service allocation between the DD Waiver and Individual and Family Supports Waiver. Members of the public will also have the opportunity to attend and listen to these work group deliberations live and provide feedback by email.

#### **2. Why is it important that we develop two waivers for DD services? Why can't we add more services onto our existing DD waiver?**

The department is updating services and service definitions. There will be new services, so putting all potential service options under one waiver would make it more challenging for support planning teams to navigate the numerous service options.

The Department is introducing the Individual and Family Supports Waiver to compliment the DD Waiver to improve the service options available to individuals. The decision to add an Individual and Family Supports Waiver for adults with developmental disabilities is based on (a) supporting individuals and families to review different service options to support their goals and (b) improving informed decision-making for individuals and families as new services are added. Which waiver someone selects to receive services through will be based on their and their family's needs. While the DD Waiver will support access to traditional 24/7 wrap around support options, for example staffed residential services, we

anticipate that many individuals and families will see opportunities in service options that support more community-based, intermittent service structures to best meet their needs.

Person-centered, community-focused values continue to drive services for both waivers.

**3. What is the difference between the two waivers? Specific examples please.**

Individual and family support waivers are designed to support the person and their family to live as independently as possible in the community. They typically offer an array of services designed to provide supports in the person's or the family's home; for example, employment and community-based day services, and supports for self-determination and family training. The goal is to support both the person and the family to achieve their vision for a good life. These waivers often provide the right balance of supporting the person, without wrapping services around them and separating them from their families. They are typically less expensive than comprehensive waivers that offer residential services, and thus, can serve more people and offer different service options (like peer supports, self-advocacy training, and education services) that may not be affordable in a comprehensive waiver.

By comparison, comprehensive waivers typically are designed to support people who have a need for residential services in a setting that is owned or operated by a provider. People who utilize these services typically have more significant support needs and/ or less natural supports. These waivers are often more expensive, providing residential, day, and support services to support the person.

Both types of waivers must assure the person's health and safety, mitigate risks, and provide person-centered supports. If a person in the individual and family support waiver has needs that can no longer be met by that waiver, there must be a way for them to transition to the comprehensive waiver. This gives the person the opportunity to have the flexibility of the individual and family support waiver, and the safety net of the comprehensive waiver.

The Department and the Waiver Work Group is still actively developing the new waivers and services. No final decisions have been made about which services will be on which waiver.

**4. How will an individual be assigned to a specific waiver? Will families be involved?**

While this decision has not yet been made and will be part of ongoing discussions with the Waiver Work Group, the individual needs of the person (as determined by the use of a standardized assessment) and their family will guide waiver determination. Determining which waiver best meets the needs of the person and their family will be part of the Individual Service Agreement process.

**5. Will the system work include service changes to other waivers?**

At this time, the department is not considering changes to other waivers.

**6. Will the system work incentivize residential placement?**

No. The system work does not and will not incentivize residential placement. The Department seeks a system where, through strong case management and service planning, individuals have access to a broader array of services and supports that best meet their individual support needs appropriately.

**7. How will Participant Directed & Managed Services (PDMS) fit into the new structure?**

The Department strongly supports the use of PDMS for those who feel it is the right service model to meet their needs. It is the hope of the Department that through the Individual and Family Supports Waiver, more people will see the benefits of PDMS and the service options available under the waiver to support them. How PDMS will fully fit into this work will be an ongoing discussion through the Waiver Work Group (and the PDMS subcommittee) as service definitions are established. At this time, the waiver work group is considering PDMS service-delivery options on both waivers.

#### **8. How will supports for families and caregivers fit into the new structure?**

The Individual and Family Supports Waiver will provide an array of services meant to support individuals who don't need 24/7 care and their families. While the waiver services are still not final, some example supports include Family Peer Support and Family Training.

#### **9. This is about more than just Conflict of Interest Compliance. Is the goal to cap services?**

The goal of this work is to promote improved access to resources and services across the state. This work is driven first and foremost by ensuring equal access to resources to support the individual needs of people with developmental disabilities and their families. This includes ensuring a quality, qualified provider network is available and able to support service delivery through an updated reimbursement rate schedule. DHHS and its stakeholders will work to build processes that support the alignment of individual need with access to funding and services to meet those needs.

## **Rates/Assessment**

#### **1. How will the new rates be different from what we have now?**

The current DD Waiver rates are part of every individual budget. The rates set the funding amount that providers receive for providing supports and services to people with developmental disabilities.

Unfortunately, these rates (which are a part of NH's Medicaid waiver) have not been updated in many years. Stakeholders have raised concerns that the rates may not cover the cost of services or meet the needs of people supported.

To make sure that quality services can continue to be funded, BDS is transforming how rates are developed. First, BDS is going to use the **Supports Intensity Scale (SIS)** to gather data to help DHHS understand how much support each person needs. Then, BDS (with the help of a rate expert) is going to **gather cost (and other) information** to build **rates** that will support the services people need.

#### **2. Will the new rates take into account inflation, new DSP wages, cost of living adjustments, rural/urban concerns, or other variable factors?**

Yes. The Department is committed to developing improved rates that do account for some of these factors. Moving forward, the rate vendor will work to understand cost structures in New Hampshire and what factors should be included. DHHS' final decision about rate factors will be based on the work of the rate vendor and input from stakeholders. Funding for rates will also be dependent upon the funding available to the system as decided by the State legislature. The Dept will budget for the cost of services, using the new rates.

#### **3. How are the new rates going to be developed? Is the department conducting a rate study?**

As of February 2022, the Department, as part of a competitive request for program, began a contract with Myers and Stauffer, a rate-setting vendor. Myers and Stauffer will work with the Department to collect provider cost information, and other data. Additionally, the Systems Work Rate and Waiver Work Groups will provide recommendations to the rate setting vendor and the state about service definitions, provider qualifications, and other factors impacting rate development. Eventually, new rates, based on a build-up of key service delivery costs will be developed and shared with the community.

#### **4. Will / How will funding for existing services be impacted by this system work?**

Myers and Stauffer brings an internal actuary that will work directly with Area Agencies and Private Providers to conduct cost reporting, analysis and discussion around how to build a rate methodology in alignment with the “brick build” model outlined in the A&M Operations Assessment. Once a rate methodology is finalized, an implementation plan of new rates will be developed to transition service reimbursement to the new rates. While this implementation plan has not yet been developed, it will focus on the goal of aligning assessed need with funding to support individuals and families and a plan that allows Area Agencies and providers a smooth transition to the new rates.

#### **5. What are the assessment tools that will be used to determine support need?**

The Department conducted a review of available and appropriate assessment tools best suited for its waiver programs. As of January 2022, the Department is moving forward with the use of the Supports Intensity Scale (SIS) to develop new rates. This SIS may or may not be used for budgeting beyond the initial rate-setting assessment. Additional information will be shared when it becomes available.

#### **6. What is the SIS?**

The Supports Intensity Scale (SIS) is one of many assessment tools that are used to measure an individual’s level of support need to participate in community life. The SIS was developed by the American Association on Intellectual and Developmental Disabilities (AAIDD). Today, 26 different states and provinces have adopted the SIS. The SIS has been normed and validated and is known for measuring support needs rather than deficits of an individual. New Hampshire has been using the SIS for over 10 years to assist in Individual Service Agreement (ISA) development.

#### **7. Does using an assessment tool put the values of person-centered planning and individualized budgeting at risk?**

It’s important to recognize that the SIS is meant to inform an individual’s budget, not set an individual’s budget. New Hampshire currently uses the SIS as a part of person-centered planning. In the future, New Hampshire will use the SIS, or a different assessment tool, as one part of the budgeting process. This is meant to help the State align a person’s level of need with the service rates. Person-centered Planning, through accounting for someone’s whole life and natural supports, will identify service needs to best support each person to achieve their personally-defined outcomes.

#### **8. How will the Department work with families to ease the burden of participating in the sample?**

DHHS is committed to supporting families in accessing and using services to meet their needs while reducing any undue burden. As a SIS sample is selected, DHHS will work with Area Agencies and Community Support Network Inc. (CSNI) to first identify individuals who are due for their 5-year renewal assessment to be included in the sample to reduce duplicative efforts. Further, individuals selected for

the sample who fall outside of the 5-year reassessment group will have an opportunity to decline the assessment. However, DHHS is committed to gathering as much relevant, representative data as possible to inform rate development. It is the hope of DHHS that individuals and families will see the sample process as an opportunity to ensure their needs – or those of their family member(s) – are directly represented in this process.

**9. Will the 2022 SIS Assessment Sample Collection impact budgets?**

The SIS sample being collected will not directly impact an individual's current budget. These assessments are being collected to support development of a new rate model and support level structure. Sample selection will work to identify individuals who are due for a 5-year reassessment to reduce any duplication in efforts. Information collected from those assessments will be available to the person's service coordinators to support Individual Service Agreement development under current processes.

**10. Will everyone who is currently served be reevaluated?**

At this point, we are not sure. We will first conduct additional review of current assessment data to make this decision. Once this has been made, the decision will be shared. Outside of this work, the Department anticipates maintaining the current reassessment schedule of every five years or when a significant life change occurs.

**11. If NH is going to base budgets on a needs assessment, does that mean that budgets will be based only on quantitative (number-based) medical scores?**

No. While the SIS does collect data encompassing many aspects of a person's life, such as activities of daily living, self-advocacy, community engagement, etc., some factors such as activities of daily living, medical support needs and behavioral support needs have the highest relationship to the amount of support (and the cost of support) an individual may need. In addition, the Department is working with the Systems Work Advisory Committee to review how supplemental questions added to the SIS may improve the tool's ability to represent support needs. The information collected through the SIS process will establish the rate for services to support someone's needs. However, the SIS process will not replace the importance of Person-Centered Planning to determine which services best align with someone meeting their individually-determined goals and outcomes. To support this process further, the department is collecting information from the Systems Work Groups about what sort of exception process is needed to supplement the use of a needs assessment.

**12. Is the A&M and BDS system work about cost savings?**

The BDS Systems Work is not about cost savings (i.e., cutting services or funding), but working to ensure equitable access, across the state, the right type and amount of supports to individuals and families to their personally identified outcomes as their needs change over time.

DHHS is undertaking multiple initiatives to update the services and systems used to support individuals with developmental disabilities to access community-based services. This work is focusing on promoting equitable access to resources across the state while ensuring service providers are available and able to provide high-quality supports. The initiatives are focused on promoting quality of care for people with disabilities while ensuring a sustainable service system for the future.

A key component of this system work is also focused on investments in Information Technology (IT). Modernization of our IT systems will help to understand and communicate how services are utilized and the cost of care more accurately.

**13. Will current individual service plans be redone?**

The Department is committed to minimizing disruptions for those receiving services. Eventually, everyone in New Hampshire will be operating under the new structure (new rates, revised waiver services, etc.) However, these changes are going to be implemented over the course of many years, and individuals should expect their service plans to be completed on their usual schedule.

**14. What work is being done to increase DSP (Direct Support Professional) supply in New Hampshire?**

The Department recognizes that DSP supply has been a challenge in New Hampshire and across the country. In response to this, The Systems work groups decided in January of 2022 to form a DSP Workforce Development subcommittee. This subcommittee is investigating workforce development options and will bring recommendations to the Department, the work groups, and the rate vendor for consideration. The Department is committed to using this opportunity to modernize the service delivery system to identify and enact meaningful, sustainable workforce solutions to grow the DSP footprint across the State.

**15. How is this going to impact an individual's current/future budget?**

The Department is committed to ensuring people and families have access to the same services in the future as they use today. As we add additional services through the new Individual and Family Supports Waiver and update the DD Waiver, some individuals and families may find that the services they use today may not be the services they want in the future. To support this work, the Department will be engaging in a rate setting process to update service reimbursement rates. As part of this work, the Department will be setting new rates based on updated service cost data and other key assumptions. These new rates will be used to build out a person's service budget based on the services they select. While this work is just getting started, the Department cannot yet say what the impact to people's budgets will be until the rates have been built and tested. To learn more about the rate setting process and follow changes, please visit our web page.

**16. How will these changes be funded?**

As part of the State budgeting process, the Department requests fund appropriations from the Legislature every two years. and these changes will follow this same process.

## Information Technology (IT)

**1. How will the system work affect other ongoing activities like the rollout of Electronic Visit Verification?**

The Department continues to collaborate and coordinate with ongoing efforts across DHHS. Project timelines, project plans and project resources are continuously evaluated to ensure all critical activities and initiatives are appropriately planned for.

**2. Some things, like budget approval, take a long time right now. Will the IT upgrades help?**

The IT upgrades are intended to improve timeliness and efficiency in many parts of the service process. While the work is still in development, BDS expects that people will have an easier and faster time with form completion, budgets, prior authorizations, and eligibility changes.

## Intensive Treatment Services (ITS)

### **1. Does developing more ITS capacity mean that you want to build more group homes?**

The Department is committed to building capacity within the state to support people with developmental disabilities. This includes developing new capacity for people with more complex needs, or in some instances those with dual diagnoses, often supported through Intensive Treatment Services (ITS). Just like anyone else accessing Medicaid services, the goal is to align the right services with their unique support needs. To do this, the Department will work with service providers to expand ITS capacity through 24 hour staffed residential services as well as other residential options that meet a person's needs (such as Enhanced Family Care options). The Department will also work with providers to support development of day-based service options and other support services to promote in-state options under ITS. Any new in-state capacity will be community based.

## Stakeholder Engagement

### **1. Will / How will families and individuals be included in the system work?**

Individuals and families are key to all DHHS initiatives. As the most impacted group touched by these changes, we are excited to stay actively engaged with individuals and families. We are actively developing structures to support this, including participation in work groups, bi-monthly information sessions, and content resources and information posted to our dedicated webpages and social media pages.

### **2. How can families connect with each other?**

The Department recommends that families reach out to existing family support networks in the state. These include New Hampshire Family Voices and the Family Support Council for your region.

### **3. What is the timing of work group committee selections? Will there be future opportunities to join in the work group structure?**

The Department has selected and is currently engaging three initial work groups in dialogue and feedback around its rate and waiver structure work. At this time, all work group seats are filled, but we will periodically reach out to interested stakeholders to fill newly added or vacated seats.

Members of the public will also have the opportunity to attend and listen to these work group discussions, live, and provide feedback by email.

The work groups are composed of self-advocates, family members, people who work at area agencies and providers. You can find a list of the current work group members on the Systems Work webpage.

### **4. How is CMS involved?**

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that makes laws about, and provides matched-funding for services for people with developmental disabilities. As with any Waiver

revision process, CMS will review changes to the rates and services to make sure that the revisions meet CMS regulations and standards. CMS is also providing guidance to the state about how to comply with direct bill and conflict-of-interest mitigation requirements.

## Scope and Intent of the Changes

### 1. How will this work fix capacity issues in the system?

The work being undertaken will address current capacity challenges in the system in a number of ways; including:

- **Modernizing IT systems** to improve the flow of information;
- Development of a **rate reimbursement schedule** formed around direct support wages to promote workforce growth and provider fiscal stability; and,
- A **waiver structure and services** that are focused on community access, supporting families and agility to support the changing needs of a person's life.

### 2. What is the point of the Systems Work? What is the background of this work?

The goal of the Department of Health and Human Services Systems Change Work is to improve the current service delivery system through the following initiatives:

- Update the DD Waiver to offer services that are tailored to an individual's specific needs;
- Use a nationally vetted, evidence-based assessment process that is consistent across the state and conducted by a neutral third party to use as one of the tools to determine an individual's need for services;
- Develop rates for DD Waiver services that consider provider costs, staff credentialing and flexibility to address current and future cost-of-living needs; and,
- Build provider capacity in the state to ensure that individuals with intensive behavioral or medical needs can receive these services locally, in the state of New Hampshire.

The purpose of this work is to better meet the needs of the individuals and their families, while ensuring that provider agencies are reimbursed appropriately and equitably across the state. Additionally, DHHS is working on coming into compliance with CMS requirements relative to conflict of interest and provider direct billing. DHHS must come into compliance with these requirements by July 2023 to ensure that the State of NH continues receiving its Federal match for Medicaid Waiver Services.

Some of the preliminary analysis that has led to the Systems Work was completed by Alvarez & Marsal (A&M), a consulting firm, that was hired by the Department 2020. While that analysis initially began as an efficiency assessment, A&M found that investment into the developmental disabilities service system was needed to modernize service delivery. The Commissioner and the Governor agreed to pursue some of the long-term opportunities that were identified by the assessment.

### 3. What is the timeline of the Systems Work?

Please reference the preliminary implementation timelines found on the Systems Work Webpage. These timelines are tentative, subject to change, and updated regularly to reflect project changes.

### 4. What data analysis led to these policy changes?



For years, The Department has investigated funding and service delivery trends for people with DD. For a complete review of the most recent work completed, please see the November 2020 Operations Assessment.

**5. What states is the Department learning from when developing this work?**

The Department is not modeling the Systems work off of one particular state but is reviewing information from across the country to help inform these changes. To date, some of the states we have researched include North Carolina, New York, Maryland, Rhode Island, Hawaii, Arizona, and South Dakota.

**6. Are there planned changes to RSA 171-A?**

The Department understands that some of the changes made throughout the Systems Work might require updates to rule or statute. The department will consider revisions as the work evolves but is not currently drafting RSA 171-A revisions.

**7. What is the impact of the system work on Area Agencies?**

As part of the system work, the Department is not currently enacting direct change to the structure of Area Agencies.

Area Agencies remain an important stakeholder group and are involved in the decision-making process around rate and waiver structure changes. We are also working with the Area Agencies (AAs) to respond to the Centers for Medicaid and Medicare's corrective action plan whereby AAs cannot provide case management services and also be a service provider to the same person. As a result, AAs must make a decision as to how they wish to operate going forward, and such decisions would also play an important role in how the system evolves going forward.