STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF LONG-TERM SUPPORTS AND SERVICES
BUREAU OF DEVELOPMENTAL SERVICES

WAIVER WORK GROUP
Meeting #2 – 11/9/2021
Goals

Goals for 11/9 Meeting

1. Confirm workgroup participation expectations.
2. Increase the workgroup’s shared understanding of service characteristics.
3. Explore workforce opportunities.
4. Set baseline understanding on existing work to date and next steps.

This waiver work group is open to the public. Members of the public who are not on the waiver work group can listen to the group’s discussions but will not be able to ask questions or participate in discussions occurring between work group members. This structure ensures that BDS 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 waiver work group and/or its work, please contact us at BDSWaiverStructureWorkgroup@dhhs.nh.gov and we will respond as soon as possible.
Agenda

Agenda for 11/9 Meeting

1. Review and Discuss Service Mapping Responses
2. Provider Requirements – DSP Training
   1. Opportunities
   2. Discussion
   3. Environmental Scan
3. Next Steps
4. Questions?
Service Mapping Review and Discussion
Workgroup member feedback (paraphrased here) shows...

- **Requests for Clarification.** Some respondents had clarifying questions about how eligibility works and what caps might be in place.
- **Interest in Telehealth.** Some respondents expressed the importance that telehealth be an option for some services.
- **Concerns about Capacity and Training.** Some respondents noted that capacity limitations are barriers to implementing some services.
- **Interest in Further Defining Services.** Some respondents noted that some services had significant overlap with others and questioned the unique value of each distinct service. Additionally, some services were flagged as needing more definition.

What is considered an acute care setting for HCBS? DSP training should be revised to include certification and career ladders.

Will units be capped?

Will telehealth be covered (Community Participation Services, Service Coordination, Supported employment)?

What makes this service unique; can it be combined with others (Wellness coaching, Individual goods and services, community integration services, etc.)?

Service Coordinator training needs revision.

Lack of capacity in New Hampshire impacts Crisis Response Services, Respite, and Environmental Vehicle Modification Services and more.

We think it’s important that Community Participation Services cover in-home services.

Can an individual be on two waivers?

Is it useful to break out service levels within Residential Habilitation, Respite, and Service Coordination?
Service Mapping | Response Summary

*The responses for these services resulted in 50/50 split.*
## Service Mapping | Discussion and Follow Up Questions

### General Follow-up Questions...

<table>
<thead>
<tr>
<th>Process</th>
<th>How was the exercise of going through the multiple components of each service?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Were there any surprises – service specific or component-based?</td>
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<tr>
<td>Expectations</td>
<td>Moving forward, the same components will be revised or new services will be drafted.</td>
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<tr>
<td></td>
<td>Did this exercise provide better clarification and insight into the type of input this group will provide in defining waiver or service structures?</td>
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### Service Specific Follow-up Questions...

| Residential Habilitation     | The majority of services were flagged to remain the same and be available in both a comprehensive and supports waiver. Related to waivers, Residential Habilitation was the only service marked for Comprehensive only. Residential habilitation has many different services included. Should all be only on the comprehensive waiver, or would it help to have Enhanced Family Care and/or Personal Care broken out and available on both? |
| Community Participation      | Community Participation was the only service flagged as “Keep but change”. Does anyone want to share more about the changes they are interested in seeing? |
| Telehealth                   | Telehealth was called out as an important service modality to continue for some services. What services specifically would you like to see virtual/remote delivery an option? Should virtual/remote supports have the same or different waiver definitions and provider requirements? |
To make final classifications by service, we calculated the most frequent response (the mode) for each service along the two dimensions surveyed (future use and waiver applicability).

Because most services were classified as being a service to keep and a service to include in both waivers, we have provided this supporting information to show how much support existed for each classification.

<table>
<thead>
<tr>
<th>Service</th>
<th>Portion of Respondents In-Favor of Keeping the Service (%)</th>
<th>Portion of Respondents In-Favor of Including the Service in Both Waivers ( %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Participation Services</td>
<td>42%</td>
<td>100%</td>
</tr>
<tr>
<td>Residential Habilitation</td>
<td>58%</td>
<td>50%</td>
</tr>
<tr>
<td>Crisis Response Services</td>
<td>75%</td>
<td>58%</td>
</tr>
<tr>
<td>Respite</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Service Coordination</td>
<td>67%</td>
<td>100%</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>67%</td>
<td>100%</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Community Support Services</td>
<td>75%</td>
<td>40%</td>
</tr>
<tr>
<td>Environmental &amp; Vehicle Modification Services</td>
<td>67%</td>
<td>91%</td>
</tr>
<tr>
<td>Non-Medical Transportation</td>
<td>83%</td>
<td>100%</td>
</tr>
<tr>
<td>Specialty Services</td>
<td>100%</td>
<td>91%</td>
</tr>
<tr>
<td>Community Integration Services</td>
<td>83%</td>
<td>91%</td>
</tr>
<tr>
<td>Individual Goods &amp; Services</td>
<td>100%</td>
<td>82%</td>
</tr>
<tr>
<td>Personal Emergency Response Services</td>
<td>67%</td>
<td>100%</td>
</tr>
<tr>
<td>Wellness Coaching</td>
<td>82%</td>
<td>100%</td>
</tr>
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</table>
DSP Training Opportunities
Provider Requirements - DSP Training | Opportunities and Group Discussion

- As part of the waiver revisions and the identification of new services, provider requirements will also need to be reviewed.

- Hearing the need to continue to build the workforce capacity, BDS is interested in exploring more defined training requirements for DSPs – specifically the training modules that can be used.

- BDS thinks there are several benefits to this approach, including:
  - Better standardization across the state in workforce training
  - Stronger capacity for Area Agencies and/or private vendors to develop purchasing cooperatives to purchase high quality training at lower prices
  - Develop a baseline for establishing DSP credentialing structures that can promote DSP development and longevity in rate setting
  - Better statewide portability of training and skillsets for DSPs – reducing staff down time

Group Discussion

- What are the thoughts of the Workgroup about this approach?
- Are there specific training programs you would recommend and/or like additional information about to evaluate this approach?
BDS and A&M are pulling together research about DSP training requirements nationally.

- We will start with existing research to leverage the expertise of the DD research community.
- We will supplement that research with targeted peer state research.
- We will focus on questions like...
  - What are the main commonalties in training requirements across states?
  - What are the main differences in training requirements?
  - Which states implement a credentialing system?
  - What platforms and modules are states / provider networks using?
  - How do expectations for training and requirements vary depending on what services are offered?
- We will work to make this information comparable across states and report back to the group at our next meeting (12/7).

Any requested changes to this process or focus?
Next Steps | How You Can Help

We hope to better understand and include your feedback in our work. Please see below for assignments for this month which will help facilitate the ongoing dialogue between this work group and our program staff.

- The goal of this month’s homework is to identify which services from peer states are of-interest to the New Hampshire community.
- Please review the Waiver Services Workbook (to be distributed).
  - Familiarize yourself with the waivers and services offered amongst the peer group.
  - Identify which services you think are suited for consideration in New Hampshire and record which waiver you believe they belong in.
  - Note- A&M grouped services into one of four categories: Residential, Day Services, Family Supports, and Other Supports. In some states, services may belong to multiple groups. Please utilize the “Notes” column to record instances where you believe a service is well-suited for another category.
- Complete instructions and details will be included within the Waiver Services Notebook.
- Please submit all feedback to BDSWaiverStructureWorkgroup@dhhs.nh.gov by the following dates prior to each monthly meeting. All waiver work group meetings will be held on the Tuesday of the first full week of each month.

<table>
<thead>
<tr>
<th>Meeting Dates (CY21/22)</th>
<th>Assignment Due Date (CY21/22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Tuesday, 10/5/21</td>
<td>Monday, 11/1/21</td>
</tr>
<tr>
<td>2 Tuesday, 11/9/21</td>
<td>Monday, 11/29/21</td>
</tr>
<tr>
<td>3 Tuesday, 12/7/21 (to be scheduled)</td>
<td>Monday, 1/3/22</td>
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<tr>
<td>4 Tuesday, 1/11/22 (to be scheduled) *</td>
<td>Monday, 1/31/22</td>
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<tr>
<td>5 Tuesday, 2/8/22 (to be scheduled)</td>
<td>Monday, 2/28/22</td>
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*Held on the Tuesday of the 2nd full week of this month in consideration of holiday leave.*