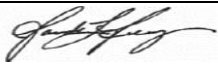


NH Department of Health and Human Services (DHHS)  
Division of Long Term Supports and Services  
Bureau of Developmental Services

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Concord, NH 03301

<b>STATE OF NEW HAMPSHIRE BDS GENERAL MEMORANDUM (GM)</b>	
<b>DATE:</b>	April 17, 2023. <b>Revised May 2, 2023</b>
<b>TO:</b>	Designated Area Agencies, Service Coordination Agencies, all In Home Supports, Developmental Disabilities, and Acquired Brain Disorder Waiver Service Providers
<b>FROM:</b>	Sandy Feroz, Bureau Chief, Bureau of Developmental Services (BDS)
<b>SIGNATURE:</b>	
<b>SUBJECT:</b>	Mitigation and Management of Crisis Situations
<b>GM NUMBER:</b>	GM#23-002
<b>EFFECTIVE DATE:</b>	July 1, 2023
<b>REGULATORY GUIDANCE:</b>	This memo is a communication tool circulated for informational purposes only. The goal is to provide information and guidance to the individuals to whom it is addressed. The contents of this memo and the information conveyed are subject to change. This communication is not intended to take the place of or alter written law, regulations or rule.

<b>MEMORANDUM SUMMARY</b>	
<p>The purpose of this memorandum is to:</p> <ul style="list-style-type: none"> <li>• Establish the definition of a crisis.</li> <li>• Establish the service coordinator as the crisis mitigation and management lead for crisis situations involving people receiving New Hampshire Developmental Disabilities Medicaid Waiver services.</li> <li>• Establish expectations for crisis reporting between service coordinators, direct service providers, area agencies, and the Bureau of Developmental Services when responding to crises involving people receiving New Hampshire Developmental Disabilities Medicaid Waiver services.</li> <li>• Establish a process for requesting New Hampshire Developmental Disabilities Medicaid Waiver funds to manage a crisis to ensure an individual’s health and safety.</li> <li>• Establish expectations for crisis management for individuals not receiving New Hampshire Developmental Disabilities Medicaid Waiver services, including the identification of any available non-Waiver resources.</li> </ul>	

## **I. Definition of a Crisis**

A situation must include at least one of the following criteria to be considered a crisis:

- The individual may be a victim of abuse and neglect pursuant to RSA 161-F or RSA 169-C or;
- The individual is, or may soon be, abandoned and homeless;
- The individual is, or may soon be, without a caregiver due to death or incapacitation;
- The individual poses a significant risk of physical or psychological harm to themselves or others due to a change in medical or behavioral status; or
- The individual poses a significant risk to community safety.

## **II. Crisis Mitigation Requirements**

Some situations have the potential to be deescalated before they become a crisis. Service coordinators, provider agencies, and area agencies are responsible for pursuing crisis mitigation activities prior to the onset of a crisis. The provisions in Section III and Section IV of this memo should be treated as recourses of last resort.

Specifically, service coordinators and provider agencies must, if applicable, complete and document the mitigation activities below.

1. When the service coordinator identifies a possible crisis, attempts to mitigate the situation before it becomes a crisis, but needs additional resources, the service coordinator must contact the provider for additional information and the area agency for technical assistance;
2. When the service coordinator knows that an individual may be destabilized if the requested services are not received, the service coordinator is responsible for contacting the area agency for technical assistance;
3. Providers are responsible for informing the service coordinator of any changes in their ability to provide services for an individual which may result in a crisis situation as soon as possible; and
4. Providers, area agencies, and service coordinators are responsible for exhausting all available community resources in efforts to mitigate a crisis.

## **III. Crisis Management Protocol for Individuals Receiving Waiver Services**

The individual's service coordinator, provider agency, and area agency are responsible for working together to manage a crisis situation in alignment with the protocol outlined in this section.

1. Immediately upon crisis identification, the identifying party, if not the service coordinator, must communicate verbally with the service coordination agency, verify the message was received and provide a summary of the crisis.

Immediately upon becoming aware of a crisis the service coordinator must inform the individual's provider agency/agencies and designated area agency, and

- a. Include information about mitigation activities completed prior to the onset of the crisis, including a summary of the individual's medical needs and any ongoing involvement with behavioral and clinical supports.
2. The area agency is to notify the BDS liaison of the crisis within one (1) business day.
3. The service coordinator must lead a process to determine what services are needed and how they will be delivered to manage the crisis.

- a. If a residential service provider has given notice to terminate, the service coordinator must convene a team meeting in accordance with the residency agreement.
  - b. If a change to residential services is needed, the residential provider agency rendering services at the time of crisis must provide the service coordinator with alternative residential options for the individual.
  - c. Organizations that provide service coordination must maintain 24/7 access for participant outreach.
4. The service coordinator must determine if immediate changes to the individual's services are needed to ensure the health and safety of the individual or others.
  5. The service coordinator must determine if there is a need for crisis funds to manage the crisis. If crisis funds are needed, the service coordinator must follow the crisis funding protocol outlined in Section IV.
  6. No later than four (4) calendar days after crisis identification, the service coordinator must arrange a crisis management meeting between the area agency, the service coordinator, the individual/individual's representative(s), and the provider agency to discuss ongoing crisis management.
  7. As a result of the crisis management meeting in Number 7 above, the service coordinator will make any needed adjustments to the individual's Individual Service Agreement (ISA) to reflect any service changes that are needed as a part of crisis management. This ISA amendment should include activities funded pursuant to the Crisis Funding Request process described in Section IV below, and activities needed on an ongoing basis to manage the crisis.
  8. Service coordinators are responsible for providing relevant information to the area agency in a timely manner, such that the area agency can complete updates in alignment with Number 10 below.
  9. Quarterly, all ten (10) designated area agencies must provide the BDS liaison with a written update on all crisis cases that have occurred, resolved, or continued during the quarter. At a minimum, the updates must include identifying information about the individual (Name, Medicaid ID, Date of Birth), an update on the status of the crisis management services that were provided, and an update on the overall health and stability of the individual.

#### **IV. Crisis Funding Protocol for Individuals Receiving Waiver Services**

To provide immediate intervention to ensure an individual's health and safety, service coordinators have the authority to direct service providers to deliver services in addition to the individual's current ISA for up to three calendar days, with a maximum value per day not to exceed the current Crisis Service funding limit<sup>1</sup>, which may be delivered in advance of an amended individual service agreement ISA.

If the service coordinator determines that crisis funding is needed, the service coordinator must:

1. Direct service providers to change services as needed to ensure immediate health and safety.
2. Submit an ISA (or ISA amendment) and service authorization request that includes the crisis services supported by the expended funds within four (4) days of crisis identification.

#### **V. BDS Management of Initial Crisis Funding for Individuals Receiving Waiver Services**

BDS will prioritize review of crisis funding related ISAs and issue prior service authorizations in alignment with the date of service reflected in the ISA.

Initial crisis service funding requests must not exceed three (3) days of funding at the maximum current unit rate for crisis funds, must be submitted within four (4) days of the initiation of the crisis, and must comply with all existing state and federal law governing the provision of home and community-based waiver services (HCBS).

Ineligible expenses include, but are not limited to:

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<sup>1</sup> As of March 2023, this rate is \$678.72 per day (\$28.28 per hour). This rate is based on a 15-minute unit calculation.

- Expenses related to services that are not included in the Developmental Disabilities Services or Acquired Brain Disorder Services array;
- Expenses related to provider costs for providers who:
  - Do not meet New Hampshire Home and Community Based Service provider qualifications and/or
  - Do not meet the federal Settings requirement, and/or
  - Are not a New Hampshire enrolled Medicaid provider with the appropriate specialty service approval for the service being provided;
- Expenses related to services that are duplicative with services covered by the New Hampshire Medicaid state plan;
- Expenses related to repair of property damage that occurred as a result of the crisis situation; or
- Expenses related to general home repairs.

If DHHS determines that crisis funding requests have been made for services that do not meet the criteria outlined in this policy, DHHS will deny the service authorization request and/or MMIS claim for reimbursement.

## **VI. Crisis Management Protocol for Individuals Not Receiving Waiver Services**

If an individual experiences a crisis before that individual has been found eligible for Medicaid waiver services, the area agency will be the coordination lead for the crisis response. The area agency must:

1. Expedite RSA 171-A, He-M 522 intake, Medicaid eligibility, and Medicaid Waiver eligibility;
2. Take immediate action to manage the crisis, including exploring and utilizing available community resources.
3. Work with BDS to identify any available non-Medicaid Waiver resources that may be utilized to manage the crisis.

If after expedited intake pursuant to Number 1 above, the individual is found eligible for RSA 171-A services or He-M 522 services, and Medicaid waiver services, the service coordinator, area agency, and provider (if applicable) are responsible for responding to the crisis as outlined in Sections II, III, IV, and V of this memo.

If after expedited intake pursuant to Number 1 above, the individual is found eligible for RSA 171-A services or He-M 522 services, but ineligible for Medicaid waiver services, the area agency will continue to coordinate the crisis response.