



State of New Hampshire Department of Health and Human Services

**Division of Long Term Supports and Services
Bureau of Developmental Services
In Home Supports Waiver 2021 – 2025**

December 2021

In Home Supports Waiver

The goal of this presentation is to provide an overview of the In Home Supports waiver

To provide In Home Residential Habilitation, inclusive of personal care, and other related supports and services to promote greater independence and skill development for children or young adults who have a developmental disability and significant medical or behavioral challenges, as determined pursuant to He-M 524, that allow them to remain living at home with their family and actively engaged with their community.



IHS Waiver – Changes

- Additional services added!
 - Goods and Services
 - Personal Emergency Response Services (PERS)
 - Non-Medical Transportation
 - Community Integration Services
 - Assistive Technology
 - Wellness Coaching
- The waiver cap has been raised from \$30,000 to \$35,000
- All references to Recreation/Therapeutic Recreation have been removed. These services have been moved into the new service category, “Community Integration Services”.
- “In-Home Residential Habilitation” replaced “Enhanced Personal Care”. Personal Care services are still included in the service definition of In-Home Residential Habilitation.



IHS Waiver - Changes, continued

- A Long Term Supports and Services (LTSS) Participant Directed and Managed Services (PDMS) committee with broad stakeholder membership will develop a PDMS manual, which will clearly define the rights and responsibilities of individuals and/or guardians relative to managing Medicaid funds and detail budget authority and employment authority.
- The Supports Intensity Scale (SIS) and Health Risk Screening Tool (HRST) will still be covered but will no longer require prior authorization to bill.
- Some service delivery has been modified to allow for remote service provision.
- Temporary provision of services in acute care hospitals, based on an individual's needs.



IHS Waiver - Changes, continued

- The Waiver includes the compliance and implementation of the Center for Medicare and Medicaid Services (CMS) approved NH Corrective Action Plan regarding conflict of interest requirements, direct bill, and provider selection requirements.
- The Waiver details compliance with the Home and Community Based Service's (HCBS) Final Rule and Regulations per 42 CFR 441.301(c)(4).
- Performance measures have been updated to reflect the changes in the new Waiver.



Participant Access and Eligibility

The IHS Waiver seeks to provide services and supports to individuals who:

- Are a maximum age of 21.
- Live at home with their family.
- Has not exited the school system.
- Are found eligible for services by an area agency as outlined in He-M 503.
- Are found eligible for Medicaid by the NH Department of Health and Human Services.
- Meet Level of Care for the waiver, as determined by the Functional Screen.



Participant Access and Eligibility

To be found eligible for the IHS waiver, an individual must:

- Require the provision of at least one waiver service on a monthly basis.
- Require at least one of the following:
 - Services on a daily basis for:
 - Performance of basic living skills;
 - Intellectual, communicative, behavioral, physical, sensory motor, psychosocial, or emotional, development & well-being;
 - Medication administration; or
 - Medical monitoring or nursing care
- Services on a less than daily basis as part of a planned transition to more independence or to prevent circumstances that could necessitate more intrusive and costly services.



Participant Access and Eligibility

There are factors that impact eligibility. In order to be eligible for services through the IHS waiver, the individual must:

- Have a combination of 2 or more factors specific to the individual;
- Or a combination of at least one factor specific to the individual and one factor specific to the parent which complicate care of the individual or impede the ability of the care-giving parent to provide care.



Participant Access and Eligibility

Child/Individual Factors Include:

- Lack of age-appropriate awareness of safety issues so that constant supervision is required;
- Destructive or injurious behavior to self or others;
- Inconsistent sleeping patterns or sleeping less than 6 hours per night and requiring supervision when awake; or
- Condition that impedes the ability of the care-giving parent to provide care;
- Inability to participate in local community childcare or activity programs without support(s).



Participant Access and Eligibility

Parent Factors Include:

- Care responsibilities for other family members with disabilities or health problems;
- Age of either parent being less than 18 years or above 59;
- Physical or mental health condition which impedes the ability of the care-giving parent to provide care;
- Founded child neglect or abuse as determined by a district court pursuant to RSA 169-C:21; or
- Availability of only one parent for care-giving.



For All Services Within the IHS Waiver:

- Items and services covered by the waiver must not otherwise be covered by the NH State Plan including but not limited to Early Periodic Screening, Diagnosis and Treatment (EPSDT), the Local Education Authority (LEA) nor the Division of Youth and Families (DCYF). The waiver is the payer of last resort.
- The terms Plan of Care, Service Agreement, and Service Plan are all used interchangeably throughout the waiver and this presentation.



Participant Services

Assistive Technology

Community Integration Services

Individual Goods and Services

Non-Medical Transportation

Personal Emergency Response Services (PERS)

Wellness Coaching



Assistive Technology

- Assistive technology means an item, piece of equipment, certification and training of service animal, or product system, whether acquired commercially, modified or customized, that is used to increase, maintain or improve functional capabilities of participants. It is a service that directs/assists a participant in the selection, acquisition or use of an assistive technology device.



Assistive Technology

Assistive technology includes:

- The evaluation of the assistive technology needs of a participant including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant;
- Services consisting of purchasing, leasing or otherwise providing for the acquisition of assistive technology/devices for participants.
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices such as therapies, interventions, or services associated with other services in the service plan.
- Coordination and use of necessary therapies, interventions or services associated with other services in the service plan.
- Training or technical assistance for the participant or where appropriate, the family members, guardians, advocates or authorized representatives of the participant; and
- Training or technical assistance for professional or other individuals who provides services to, employ or are otherwise substantially involved in the major life functions of participants.



Assistive Technology

- Devices, controls, or appliances, specified in the individual service agreement that enable the individual to increase their ability to perform activities of daily living, and/or perceive, control, or communicate with the environment in which they live will be covered.
- Adaptive equipment may only include items of durable and non-durable medical equipment necessary to address the individual's functional limitations and specified in the plan of care.
- Adaptive equipment may be covered so long as the equipment is necessary to address the individual's functional limitations and is not to be used for recreational purposes.
- May include performance of assessments to identify type of equipment needed by the participant.



There is a service limit of \$10,000 over the course of a five-year period (2021-2025).



Participant Services

Community Integration Services

- Community integration services utilize activity-based interventions to address the assessed needs of an individual as a means to health and well being as outlined in the service agreement.
- Community integration services are designed to support and enhance a person's level of functioning, independence and life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by a disability.
- A pass or membership for admission to community-based activities is covered only when needed to address assessed needs. Community based activity passes should be purchased as day passes or monthly passes, whichever is the most cost effective.
- Community integration services include activities that promote an individual's health and well being. Fees for water safety training are allowable.
- Community based camperships are allowable.



Community Integration Services: Limits



- Community integration services, inclusive of therapeutic services and camperships, will have an \$8,000 cap.
- Any single community integration service over \$2,000 will require a licensed healthcare practitioner's recommendation.
- A health care practitioner's note is not needed for a campership.



Individual Goods and Services

- Services, equipment, or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need in the individual service agreement (ISA) (including improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements:
 - The item or service would decrease the need for other Medicaid services;
and/or
 - Promote inclusion in the community; and/or
 - Increase the participant's safety in the home environment; and
 - The participant and their family does not have the funds to purchase the item or the service is not available through other sources.
 - Must not be an otherwise covered State Plan service.



Individual Goods and Services: Limits

- There is an annual \$1,500 service limit. An individual may exceed this service limit cap with prior authorization approval from BDS.
 - A prior authorization for the amount requested beyond the service limit cap must include supporting documentation, identify need and correlate to the person-centered plan and not exceed the waiver cap of \$35,000.
- Experimental or prohibited treatments are excluded.
- The item or service must be identified as necessary in the individual service agreement and include a goal related to the item(s).
- A goal related to the use of the item or service should be available in the individual service agreement, amendments to the service agreement should indicate this item if it wasn't in the original service agreement
- The item or service cannot be covered by another funding source.
- Documentation related to the use of the item should be available for review in monthly notes.
- The waiver does not cover items that are traditionally the responsibility of parents.



Participant Services

Non-Medical Transportation

- Transportation services are designed specifically to improve the person's and the family caregiver's ability to access community activities within their own community in response to needs identified through the individual's service agreement.
- Transportation services can include, but are not limited to:
 - Orientation service using other services or supports for safe movement from one place to another;
 - Travel training such as supporting the individual and family in learning how to access and use informal and public transport for independence and community integration;
 - Transportation service provided by different modalities, including; public and community transportation, taxi services, transportation specific to prepaid transportation cards, mileage reimbursement, volunteer transportation, and non-traditional transportation providers, and
 - Prepaid transportation vouchers and cards.



Non-Medical Transportation

- When the family is transporting the child, the child is with the family and the only transportation that may be covered is when the transportation that occurs is directly related to the child's disability or specific to a family managed employee providing the transportation to activities determined in the individual service agreement that are not otherwise covered by NH State Plan, including Early Periodic Screening, Development and Training (EPSDT), and Local Education Authority (LEA).
- Family Managed Employees will provide proof of insurance, complete all registry checks, and have a completed driving record check.
- Youth under the age of 16 should not be reimbursed for public transportation expenses.



There is an annual \$5,000 service limit.



Participant Services

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Personal Emergency Response Services (PERS)

- Smart technology that may include various types of devices such as electronic devices that enable participants at risk of institutionalization to summon help in an emergency.
- Covered devices may include wearable or portable devices that allow for safe mobility, response systems that are connected to the participant's telephone and programmed to signal a response center when activated, staffed and monitored response systems that operate 24 hours/day, seven days/week and any device that informs of elopement such as wandering awareness alerts.
- Other covered items may include seatbelt release covers, ID bracelets, GPS devices, monthly expenses that are affiliated with maintenance contracts and/or agreements to maintain the operations of the device/item.
- Various devices can be an option to consider as a part of a multifaceted safety plan, specific to a participant's unique needs.



There is an annual \$2,000 service limit.



Participant Services

Wellness Coaching

- Plan, direct, coach and mentor individuals with disabilities in community based, inclusive exercise activities based on a licensed recreational therapist or certified personal trainer's recommendation.
- Develop specific goals for the individual's service agreement, including activities that are carried over into the individual's home and community; demonstrate exercise techniques and form, observe participants, and explain to them corrective measures necessary to improve their skills.
- Collaborate with the individual, his or her family and other caregivers and with other health and wellness professionals as needed.
- The Services must not otherwise be covered by NH State Plan Medicaid.



There is an annual cap of 100 hours /\$5,000 per year.



Participant Services

In Home Residential Habilitation

Service Coordination

Consultations

Environmental and Vehicle Modification Services

Respite Care Services



In Home Residential Habilitation

Individually tailored supports that assist with the acquisition, retention or improvement in skills related to living in the community.

These supports include:

- Adaptive skill development,
- Assistance with activities of daily living and community inclusion that assist the participant to reside in the most integrated setting appropriate to his/her needs.
- Personal care and
- Protective oversight and supervision.



Service Coordination

- Services which will assist eligible individuals in gaining access to needed waiver and/or State Plan services as well as needed medical, social, educational and other services, regardless of the funding source.



Consultations

- Evaluation, training, mentoring, or special instruction, which maximize the ability of the service provider, family, and/or other caregivers of a specific child/individual to understand and care for that child's/individual's developmental, functional, health and behavioral needs.
- Support and counseling regarding diagnosis and treatment of the individual to families for whom the day-to-day responsibilities of caregiving are becoming or have become overwhelming and a stressor to the family.



There is an annual limit of 100 hours.



Participant Services

Environmental and Vehicle Modifications

- Physical adaptations to the private residence of the participant or the participants family, or vehicle that is the waiver participants primary means of transportation, required by the individual's service plan, that are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home and community, and without which, the individual would require institutionalization.
- Adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems, which are necessary to accommodate the medical equipment and supplies and for the welfare of the individual.
- All modifications will be provided in accordance with applicable State or local building codes.



Environmental and Vehicle Modifications: Limits

- Excluded are those adaptations or improvements to the home, which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc.
- Adaptations that add to the total square footage of the home are excluded from this benefit except, when necessary, to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).
- For individuals with unsafe wandering and running behaviors, outdoor fencing may be provided under this waiver. Waiver funds allocated toward the cost of such a fence shall not exceed \$2,500 which can provide approximately 3,500 square feet of a safe play area.
 - Exceptions to this service limitation may be made on a case-by-case basis.



Environmental and Vehicle Modifications: Limits

- Environmental and vehicle modifications that will cause the participant to exceed the \$35,000 cap per year may be approved, with prior authorization from the Bureau of Developmental Services. If approved to exceed the \$35,000 cap, the participant may access up to an additional \$15,000 over a five-year period.
- Relative to vehicle modification, the following are excluded:
 - Those adaptations or improvements to a vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual
 - Purchase or lease of a vehicle;
 - Regularly scheduled upkeep and maintenance of a vehicle apart from upkeep and maintenance of the modifications.



Participant Services

Respite Care Services

- Respite Care services consist of the provision of short-term assistance, in or out of an eligible child's/individual's home, for the temporary relief and support of the family with whom the child/individual lives.
- Respite can be family arranged or agency arranged.
- This service may be provided in an acute hospital, only when the parent or guardian is not available and under certain conditions outlined in the waiver.
- Respite shall occur in accordance with He-M 513.



Service limitation for respite is 20% of the total budget.



Services in an Acute Hospital

Some services may be provided in an acute hospital...

In Home Residential Habilitation, Service Coordination, Assistive Technology, Consultations, Environmental Modifications, Personal Emergency Response Services and Respite.

Criteria:

- Identified in an individual's person-centered service plan;
- Provided to meet needs of the individual that are not met through the provision of hospital services;
- Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement; and
- Designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities.
- When a parent/guardian is not available.



Provider Qualifications

- All waiver services must be provided by an entity that meets waiver provider qualifications requirements.
- Each Waiver service outlines its own provider qualification criteria.
- Additional provider qualification criteria may also be outlined in state administrative rule, federal rule, and/or law, etc.



Participant Direction of Services

What are Participant Directed and Managed Services (PDMS)?

- PDMS is a method of service delivery that enables people to maximize self-direction and affords participants the option to fully exercise choice and control over the menu of Waiver services through active engagement in the planning, design, provision, and or delegation of the monitoring of services and allocation of authorized service funding.
- The participant and guardian, if applicable, family, service coordinator, area agency, provider and the Bureau of Developmental Services (BDS) collaborate to identify the necessary level of service provision and funding while ensuring supervision, safety, satisfaction, and effective utilization of authorized funds.



Participant Direction of Services

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Participant Employer Authority

- The participant is supported to recruit, hire, supervise, and direct the workers who furnish supports.
- In some cases, the participant is the co-employer of record of these workers who are referred to as Family Managed Employees (FME).
- The participant is responsible to document the training of the employee on the unique aspects of the person to whom they are assisting.
- Additional training responsibilities are outlined within the waiver and further identified in He-M 524 and He-M 506.

Participant Budget Authority

- The participant has the authority and accepts the responsibility to manage their support plan and budget.
- The participant has the authority to make decisions about the acquisition of waiver goods and services that are authorized and documented in the individual's service plan and to make decisions based on a budget.
- Participants are expected to approve expenses within the budget and be provided assistance to prioritize the use of their funds, if needed.



Waiver Appendices

Appendix A: Waiver Administration and Operation

Appendix B: Participant Access and Eligibility

Appendix C: Participant Services

Appendix D: Person-Centered Planning & Service Delivery

Appendix E: Participant Direction of Services

Appendix F: Participant Rights

Appendix G: Participant Safeguards

Appendix H: Quality Improvement Strategy

Appendix I: Financial Accountability

Appendix J: Cost Neutrality Demonstration

