

To develop a Case Management system for the State of New Hampshire that is conflict free. Target date for full compliance: July 1, 2023

Action Items	Start Date	Completion Target Date	Responsible Office	Milestone	Desired Outcome	Status	Date	Completion Date
Sharing and Stakeholder Engagement	02/03/2017	03/15/2017 (and ongoing)	Bureau of Developmental Services (BDS)	1. Current Case Management Providers, families, consumers, etc. are informed that changes are required.	Stakeholders have a clear understanding of why changes are required.	BDS shared information on the New Hampshire Department of Health and Human Services webpage and distributed directional memos to community partners regarding the changes. The stakeholder community further distributed this messaging via their own webpages and correspondences. BDS also conducted a series of 10 statewide information sessions related to conflict of interest changes.	12/31/2022	12/1/2019
	02/03/2017	02/15/2017	BDS	2. Written communication will go out to all families, providers and stakeholders notifying them of the need for change and the plan to engage them throughout the process (assuring them of the state's efforts to minimize disruption for individuals served).	Clear, concise information is shared.	BDS shared policy memos with area agency partners and posted information publicly on the Department's webpage. DHHS Webpage was redesigned and COI CAP page is currently being reinstated.	12/31/2022	2/1/2023
	03/15/2017	04/15/2017	BDS	3. Specific Process that BDS will take moving forward will be communicated.	Clear, concise information is shared with timelines.	BDS shared policy memos with area agency partners and posted information publicly on the Department's webpage. Memos included side deck for implementation, Only Willing and Qualified Provider Policy shared with area agencies and posted. Final version and guidance to be issued in 2023.	12/31/2022	2/1/2023
Stakeholder Workgroup developed	04/01/2017	05/01/2017	BDS	1. Representatives including providers, families, and other stakeholders will be identified for the BDS workgroup guiding this change.	Shared participation and decision making, including many opportunities for meaningful input.			

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Assessment of current case management system functioning Develop Report	05/01/2017	12/01/2017	BDS	1. Develop and implement survey to case management participants.	From consumer/family perspective, with a focus on choice determine: what is working, what is not working, what needs to be changed, what needs to remain the same.	Crosswalk of Case Management tasks was completed with Technical Assistance from Guidehouse and reviewed by Area Agencies and BDS in Feb, 2021. Case Management Functions were also reviewed, as well as rates in presentation made to the "NH Committee to Study the Disparity in Reimbursement among Organizations that Provide Case Management under Social Security Act Section 1915(c) Waiver Programs" in December, 2019.	3/1/2021	3/1/2021
	05/01/2017	12/1/2017 (and ongoing)	Stakeholders	2. Review NCI data regarding case management.	Satisfaction, areas for improvement while implementing change.	BDS regularly reviews NCI data to inform quality improvement initiatives. The 20/21 NCI data report for in-person surveys indicate a 91% rate of choice in case manager.	12/31/2022	9/1/2022
	05/01/2017	12/01/2017	BDS	3. Service System Mapping.	Identify which areas are conflict free, which areas are not, which areas are in-between, and areas where the regulatory exception applies.	BDS evaluated service types (in-home residential, participant-directed, traditional) to determine which methods of service delivery were in conflict. By 1/13/2023 guidance regarding participant directed and managed services will be distributed to the provider community, along with the final only willing and qualified provider policy and process. Area Agencies will update BDS on their strategic plans.	12/31/2022	
	05/01/2017	10/01/2017	BDS	4. Review claims data.	1. Which providers are providing case management, direct services for clients. 2. Establish number of individuals will be impacted by COI mitigation through Governance audits	BDS completed an initial analysis to determine the amount of conflict within each region. BDS is now collecting information through an ongoing process referred to as a "governance audit" for each region.	12/31/2022	
	05/01/2017	12/01/2017	BDS Consultants	5. Assess provider capacity.	1. Understanding of provider capacity and workforce issues. 2. Can current providers accommodate? 3. Are additional providers needed?	BDS leadership conducted a series of meetings with executive leadership within each service region to identify potential gaps in service as conflicts were resolved. In 2021 / 2022 ARPA Payments to providers were made for workforce retention and recruitment for capacity maintenance and development	12/31/2022	12/31/2022

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	05/01/2017	12/01/2017	BDS Consultants	6. Assess role of case management in existing agencies.	Determine what is being done that will need to be modified in a case management system free from conflict of interest.	BDS worked with a team of consultants and stakeholders to define the regulatory and operational responsibilities of case managers. This work was informed by current rule, current operational practices, and documented in a by-function workbook. Draft rule is in process, and operational changes are being discussed with Deloitte to make changes to existing IT system business rules to mitigate conflict.	12/31/2022	12/31/2022
	05/01/2017	12/1/2017 (and ongoing)	BDS Consultants	7. Rate Structure	Is the case management rate sufficient for stand alone case management?	BDS is currently working with a team of consultants to revise the State's rate methodology across all waivers. We have collected cost report data to support this work. While new rates are not expected to be in effect until late 2023 (post our corrective action plan deadline) we have not reviewed data that indicates that our current rates will support initial implementation of conflict free case management.	12/31/2022	
	12/01/2017	1/1/2018 (and ongoing)	BDS	1. Report out on what data is telling NH.	Road map for future work.	BDS is in process of rule revision, scheduling ongoing monthly meetings with agencies that provide case management and development of training curriculum for future training of case managers.	12/21/2022	
	12/01/2017	01/01/2018	BDS	2. Evaluate options for compliance (informed by technical assistance).	Determine data-informed, geographic area-tailored solutions.	As conflicts were identified, BDS leadership worked with regional leads at the area agencies to determine alternative operational and administrative structures to resolve conflicts of interest. Only Willing and Qualified Agency process has been drafted and is in process of being finalized. This process will offer oversight to specific settings that are in conflict that meet criteria in the OWQP policy.	12/31/2022	
Cost Allocation Plan	09/15/2017	6/1/2018 (and ongoing)	BDS DHHS	NH will work on a cost allocation plan. for the Fiscal Intermediary Services	This will ensure there is no Conflict of Interest for the provision of this function.	As a part of our ongoing rate development work, a team of consultants have used cost report data and peer state comparisons to document the functions included in fiscal management services and to use those functions as a basis for rate development.	12/31/2022	1/1/2023

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Service Gap Identification	11/01/2017	01/31/2018	BDS	For gaps identified in Assessment phase, determine any gaps that may exist in new system.	1. Plan for resolution of identified gaps in the Service Delivery System.	Through ongoing engagement with Area Agency staff, BDS worked to identify functions for Fiscal Intermediary Services.	12/31/2022	11/1/2022

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Rule Review and Revision	12/01/2017	12/01/2018	BDS	Identify rules that will need to be amended for compliance in new system. Implement rule revision process	Rules will be compliant for 7/1/23 implementation.	BDS legal and program leads completed a review of our administrative rules to identify language that would not align with conflict free case management. Rule updates were drafted and pursued to remove these barriers. Stakeholder engagement, public comment will be considered.	12/31/2022	
Rate Modeling	12/01/2017	02/01/2018	BDS	Review of Case Management Rates	Rules will be modified to reflect conflict of interest requirements.	BDS reviewed current regulations to determine areas of misalignment with conflict of interest requirements.	12/31/2022	
	12/01/2017	02/01/2018	BDS	Determine if rules require modification and consider if additional funding will be required.	If rules require modification, request additional funding for SFY 2020.	BDS did not identify regulatory changes that resulted in a need for additional funding.	12/31/2022	

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Contract Development	01/01/2018	01/01/2019	NH DHHS Contract Unit	Contracts for Area Agencies	Develop contracts/provider agreements for providers. Contracts executed for 7/1/23	In-Process	12/31/2022	
Development of Implementation Plan	01/01/2018	03/01/2018	BDS	Demonstrate how NH will come into compliance.	Outline plan for each area of state to not exceed 1/1/2018. The plan will take into account workforce and other capacity issues for each part of the state.	BDS worked with a team of stakeholders to develop an implementation plan that included steps to achieve compliance. This plan was inclusive of items related to direct bill and conflict of interest. BDS has since consolidated that workplan into a larger department workplan that includes the work we are pursuing related to updating our DD waiver and rate methodology. Workplan has been revised several times due to pandemic and extension of compliance date.	12/31/2022	1/1/2018
	01/01/2018	03/01/2018	Consultants	Benchmarks will be called out in timeline.	Identify bench marks and compliance indicators.	BDS developed a timeline for COI and Direct Bill compliance. This work was streamlined with project implementation and stakeholder engagement with Alvarez and Marsal and shared with Advisory Committee.	12/31/2022	12/1/2022
	01/01/2018	03/01/2018	BDS Stakeholder Advisory Group Members Providers	Development of written material that clearly communicates choice and the process to request separation of case management and direct services.	Participants will have information regarding choice and know how to request separation of case management and direct services.	Original Stakeholder Workgroups included Advisory Committee with 4 subcommittees: Provider selection / Rates / Direct Bill / Communication - in 2021 these were streamlined with A&M work to include an Advisory Committee with the following subcommittees: Rates / Waiver / Communication	12/31/2022	12/31/2021
	03/10/2018	03/31/2018	BDS Stakeholder Advisory Group Members Providers	Material distributed widely in a variety of forms	Material is easily accessible and understandable	BDS posted updates on DHHS website and through email, distributions groups. BDS provided in person forums across NH in 10 regions to allow for questions and dialogue, as well as handouts.	12/31/2022	12/31/2021
	03/10/2018	04/30/2018	BDS Consultants	Choice is offered to all waiver participants.	Quality measure developed to ensure choice is offered.	Rule updates were drafted and are in process that require area agencies to educate consumers about their right to choice.	12/31/2022	12/31/2022

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Gap Plan	02/01/2018	05/01/2018	BDS	Develop plan to meet identified gaps.	Ensure there is a contingency plan for issues that might arise during implementation.	BDS staff will meet with each Area Agency to identify gaps that might arise as a result of shifting to a conflict free service delivery system.	12/31/2022	4/1/2020
Consider impact to BDS budget related to implementation of conflict free service delivery.	02/01/2018	05/01/2018	BDS	Determine if additional funding is needed	If needed, quantify for SFY 20/21 budget.	BDS did not identify that additional funding was needed	12/31/2022	6/30/2019
	03/01/2018	05/01/2018	BDS	If funding is required, call with CMS to discuss implementation dates.	Sufficient funding for change to a system free of COI.	N/A based on work in row 31.	12/31/2022	6/30/2019
Quality Improvement	03/01/2018	Ongoing	BDS (with stakeholder engagement)	Quality improvement strategies for restructured case management delivery system.	Develop strategies and performance measures to ensure strong case management and strong individual autonomy and choice	BDS Service Files Reviews will include review of service agreements to ensure that choice is offered as part of the person centered planning process.	12/31/2022	12/31/2022
Develop SFY 20/21 budget request for any changes unable to be executed within the existing budget	09/01/2018	10/01/2018	BDS	Inclusion in State of NH budget for SFY 2020/2021 biennium for any additional costs associated with the transition.	Sufficient funding for change to a system free of COI.		12/31/2022	12/31/2018

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Case Management Transition	11/01/2018	01/01/2019	BDS	Seamless transition from one organization to another, if required.	Case Management System in NH compliant with the regulatory conflict of interest provisions	Area Agencies conduct an assessment of their services to determine if there are individuals that receive both case management and direct services and determine next steps.	12/31/2022	
	11/01/2018	01/01/2019	Area Agencies / Case Management	Assessment of each agencies staus will be completed and remediation will be developed, if necessary.	Area Agencies have completed their assessment and submitted strategic plans - 2018. Appendix K stalled implementation ins March, 2020.	Due to Pandemic and under Appendix K COI is allowable due to provider capacity challenges. Regional status will be reassessed after Appedix K unwind and Agency compliance will be evaluated.	12/31/2022	
	11/01/2018	01/01/2019	Provider Agencies	Area Agencies will recruit providers if necessary, to increase choice and reduce conflict in each region.	Area Agencies have been working with provider agencies under contract. After 7/1/23 provider agencies will be able to direct bill NH Medicaid.	Provider agencies are working with Area Agencies to increase capacity statewide.	12/31/2022	

To assure NH's Developmental Services Organized Health Care Delivery System:
a) permits providers to waive their right of direct payment and accept their payment through the OHCDs: and
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Inform Providers of the need to develop a Direct Payment Option	4/1/2017	5/1/2022	BDS	Current Direct Delivery Providers, families, consumers, etc. are informed that changes are required to comport with 1902(a)(32) direct payment provisions.	Ensure that stakeholders are informed of these required changes.	BDS has held several webinars and training series with providers to review the direct billing requirements, enrollment process, claims submission and trading partner selection process. Additional training may be provided in readiness planning up to July 2023.	12/31/2022	1/1/2023
	4/1/2017	4/15/2017	BDS	Written communication will go out to all families, providers and stakeholders notifying them of the need for change and the plan to engage them throughout the process (assuring them of the state's efforts to minimize disruption for individuals served).	Clear, concise information is shared.	BDS has provided written communication in several venues to individuals, families, providers and area agencies. BDS has established a dedicated provider page on its website to index all of this information to ensure consistency in access. Provider communications can be found at: https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/provider-information-and-resources . Resources will continue to be added and updated as needed.	12/31/2022	1/1/2023
	4/1/2017	5/30/2017	BDS	Specific Process that BDS will take moving forward will be communicated.	Clear, concise information is shared with timelines.	BDS has provided a number of process flows and documentation to support provider enrollment and future billing activities. These include written guidance posted to the BDS website and emailed to providers directly, live webinar sessions and recorded webinar sessions. The NH Medicaid Provider Enrollment team has also been reaching out to all known providers to provide technical support.	12/31/2022	1/1/2023 (Ongoing out reach to continue)
Responsibilities for direct bill providers outlined	7/1/2017	6/30/2023	BDS	Responsibilities will be defined between the Area Agency and Direct Bill Provider.	Ensure that providers are aware of their responsibility as a Medicaid enrolled provider.	BDS is currently in the process of updating existing rules (He-M 503 & 505) to outline changes impacting service system operations to support direct billing activities - including outlining Area Agency roles and provider roles. BDS is also currently drafting a new provider rule which will further indicate the requirements of direct billing providers as the CAP is implemented. These draft rule revisions will be submitted to JLCAR for final approval and effectuation (anticipated June 2023)	12/31/2022	

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Identify system (both IT and general infrastructure) adjustments that are necessary to operationalize the new process.	7/1/2017	6/30/2023	BDS	Identify staffing and IT resources needed	Align with BDS IT RFP process.	BDS, as well as other state agencies and contractors, have been working to identify needed changes within the MMIS and other operating systems to support direct billing activities. In preparation for July 1, 2023 BDS is working to update all prior authorizations within MMIS to list the rendering provider and ensure accuracy of units and rates to support billing. Post 7/1/23 BDS is working to develop an updated prior authorization process to support more streamlined approval of authorizations and rendering provider identification. While some modifications are needed to support this effort (e.g. processing DAADS/OHCDs payments (described below) and changes BDS is implementing to cost of care allocation) no substantive system changes are needed to support direct billing activities for providers.,	12/31/2022	6/30/2023
	12/1/2017	6/15/2023	BDS (in collaboration with NH's MMIS Vendor, Conduent	Establish changes; beta test systems adjustments and process improvements	Ensure that DHHS systems can support newly enrolled Medicaid providers billing for services.	As previously indicated, BDS is currently reviewing all of the prior authorization files to support systems readiness. It is anticipated that system testing of PAs and system processes will occur during May and June of 2023.	12/31/2022	6/15/2023
Policies and Guidelines and Rule Changes Developed	1/1/2018	6/30/2023	BDS	Responsibilities will be outlined as to the roles of each party.	Regulations will outline responsibilities for providers.	BDS is currently drafting revisions to He-M 503 & 505 to support systems readiness. Additionally, a new provider rule is being drafted to better define provider requirements. BDS is also drafting updated policy and guidance related to Cost of Care allocations, crisis mitigation and provider enrollment. Leading up to and post implementation of the CAP additional guidance and policy will be drafted on an as needed basis.	12/31/2022	
Provider Certification Developed	5/1/2018	6/30/2023	BDS DHHS Certification	Provider Certification Process developed for those that direct bill	Qualified providers that meet regulatory and quality framework.	BDS continues to work with the DHHS certification team to reduce systems disruption as certification changes occur to support direct billing activities - e.g. certification being held by the rendering provider instead of with the Area Agency. Certification will be providing input in regulatory requirements and oversight.	12/31/2022	

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Training and Work Plan Developed	7/1/2018	6/30/2023	BDS	Based on the outcome of above, a work plan and training plan will be developed.	BDS will follow the work plan to ensure that benchmarks are successfully achieved and risks are identified and mitigated.	BDS has been providing training to providers in support of direct billing activities (i.e. application submission and claims submission). Additional readiness training will be provided in preparation for go-live. BDS is currently developing a readiness survey to identify additional training or resources needed to support provider billing.	12/31/2022	
Information shared with Providers	9/15/2018	06/30/2023 (ongoing)	BDS	Information will be shared with providers on the direct bill process. It will clearly outline the responsibilities associated.	Clear, concise information is shared, including system requirements	As previously outlined, BDS is currently updating its provider website to ensure consistent and ready access to information to support providers. BDS also meets with provider associations (CSNI and PPN) to support additional outreach of key information.	12/31/2023	

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Role of Oversight for OHCDS determined	1/1/2018	4/30/2018	BDS	Clear understanding of the role of the Area Agency both when providers choose to direct bill or when they reassign their payment to the OHCDS, and BDS' oversight strategies and quality improvement	Clear role identification and expectations for BDS and Area Agencies (in fulfillment of their various activities).	Over the course of the past two years, BDS has worked closely with Area Agency representatives to establish a list of key functions area agencies will be responsible for post 7/1/2023. These functions, known as the Designated Area Agency Delivery System (DAADS) functions, were finalized October 5, 2022.	12/31/2022	10/5/2022
OHCDS Administrative Fee	1/31/2018	6/15/2023	BDS	Fee developed and approval/authorization for administrative claiming	To ensure continued oversight at a community level of service delivery; Cost allocation plan adjustment	BDS has contracted with Meyers and Stauffer to establish a draft reimbursement rate structure to fund DAADS activities. BDS will submit a white paper to CMS outlining a request for guidance on claiming DAADS payments under Medicaid Administrative Claiming (MAC), followed by a formal request and fiscal impact. The payment is currently planned to be a per member per month type payment structure. It is anticipated that this process will be finalized prior to July 1, 2023.	12/31/2022	
Cost Allocation and Plan	2/1/2018	6/15/2023	BDS DHHS	NH will work on a cost allocation plan and/or rate structure for OHCDS	This will ensure there is a mechanism to pay for the OHCDS function.	Please see update above.	12/31/2022	
Medicaid Enrollment Process	9/1/2018	06/01/2023 (ongoing)	Conduent, MMIS Vendor, BDS Providers	Providers will enroll as Medicaid providers	Compliance with CMS requirement for direct billing will be achieved by 7/1/2023.	BDS has been conducting active outreach to all waiver service providers to get them enrolled with Medicaid. As of December 31, 2022, 66 providers (estimated at 72% of all providers) have submitted applications. BDS continues outreach to those providers who have not submitted an application. Conduent has also done outreach to agencies with submitted applications to update information as needed.	12/31/2022	

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Contract Development	9/1/2018	4/1/2023	BDS DHHS Contracting unit	Contracts updated for OHCDS.	Contract will incorporate updates related to direct bill that may fall out of the Area Agency role as Designated Area Agency.	BDS is currently drafting an updated contract for Area Agency functions that fall outside of DAADS.	12/31/2022	
Billing Training	10/1/2018	5/1/2023	BDS	Training for providers who will direct bill	To ensure providers are aware of the required steps to ensure payment	BDS, as well as other state agencies and contractors, have conducted two billing training webinars which are also posted to the BDS website. BDS is developing and will release a provider readiness survey to identify additional training needs to support provider billing activities.	12/31/2022	
Direct Bill	1/1/2019	ongoing	BDS	Providers choosing to direct bill have the option to do so.	Compliance with CMS requirement for direct billing will be achieved by 7/1/2023.	BDS has provided numerous materials to help providers through the Medicaid enrollment process as well as information about selecting and using a trading party for third party billing activities. BDS expects that enrolled providers will begin billing directly (either independently or through a trading partner) starting July 1, 2023. All new providers to the service system will go into direct billing starting 7/1/2023.	12/31/2022	