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Acquired Brain Disorder (ABD), Developmental Disabilities (DD) and In Home Supports (IHS) Waivers
Amendment Summary Document
April 4, 2023 – May 4, 2023 Public Input Period

This document provides a high-level summary of updates made to the ABD, DD and IHS Waivers via proposed amendment. The waivers' appendices and information regarding content changes are outlined. This document does not indicate each line-item change.

The current, approved waivers can be accessed at: <https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/home-and-community-based-services-waivers>

The draft waiver amendment proposals can be accessed at: <https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/1915c-home-and-community-based-services>

Amendment

- Purpose

"The purpose of this waiver amendment is to update information regarding New Hampshire's 1915(c) [Acquired Brain Disorder/Developmental Disabilities/In Home Supports] Waiver related to system structural and operational changes made in order to come into compliance with Conflict Free Case Management and Direct Billing requirements.

New Hampshire's Area Agencies have historically operated as the only Medicaid-enrolled providers for waiver services. In addition, they have served as the primary provider of Service Coordination Services while also offering other direct service provision. To come into compliance with these regulatory requirements, the New Hampshire Department of Health and Human Services, Bureau of Developmental Services (BDS) has worked with stakeholders, including the Area Agencies, to establish updated guidelines in order to distinguish their roles and responsibilities from those of Service Coordination providers, ensure individuals have free choice of any qualified service provider and Service Coordination entity and ensure that all rendering service providers are enrolled with and have the ability to bill directly to Medicaid.

Waiver elements updated through this action to support the aforementioned work include Waiver Administration and Operation, Participant Access and Eligibility, the Crisis Services description [ABD/DD only], Provider Qualification Standards and Verification, Service Plan Development and Monitoring and Financial Accountability.

None of the proposed actions reduce the amount, scope, frequency or duration of services offered under the approved waiver.”

Main

- 2. Program Description
 - Necessary updates were made to reflect conflict free case management and direct bill requirements. Changes include updates to no longer indicate that the Area Agency is the assumed service provider and service coordination provider nor a contractor for service provision via vendors. All such language changes will be hereinafter referred to as “CAP compliance.”

- A. Attachment #2
 - Updates made to indicate that the Settings Statewide Transition Plan was approved on 2/14/23. Previously indicated that the STP had been submitted.

- B. Optional
 - This language is a continuation of “2. Program Description”
 - Only necessary updates made to reflect CAP compliance, replace instances where “telehealth” was used with “remote service participation”, or the like.

Appendix A

- 4. Roles
 - Updated language regarding use of Local/Regional non-governmental non-state entities, as necessary, to reflect CAP compliance.

- 6. Assessment
 - Updated language regarding assessment of Area Agencies (AA) to reflect CAP compliance.

Appendix B

- 5. Income
 - DD Only - Updated Standard of Need language in sections c.i, f.i, g.i.

- 6. Level of Care
 - Updated processes in c, d, f and i regarding level of care submission.

- Freedom of Choice
 - Updated language to reflect that the service coordinator leads service planning (previously said AA).

- Maintenance of Forms
 - Updated language to reflect that the service coordinator retains the Individual Service Agreement (ISA) (previously said AA).

Appendix C

- 1. Waiver Services

- Changed references from “Telehealth” to “Remote Services” for all services.
- ABD & DD Only - Crisis Response Services – Language included to reflect a 5-day prospective approval to support the crisis policy that is being finalized by the workgroup, which includes stakeholder participation.
- Enrolled provider language added to each provider qualification “other standard” section – “All providers of this service must be an enrolled Medicaid provider.”
- Ability to bill via Organized Health Care Delivery System (OHCDS) (aka “Pass-Through”) added to service definitions for Assistive Technology, Environmental Modifications, Individual Goods and Services, Crisis [ABD/DD only], Non-medical Transportation, Personal Emergency Response System (PERS), Community Integration Services (CIS), Respite, Wellness Coaching, Specialty Services – “Rendering providers of this service may enter into an agreement with an OHCDS to be the qualified provider and bill on their behalf. This agreement must be voluntary and does not alter the provider qualifications outlined in this section.”
- Financial Management Services (FMS) and OHCDS language added in provider qualification “other standard” section – “Individuals providing services for participants self-directing their services must meet the standards noted above and submit forms and documentation as required by the Fiscal Management Service (FMS) agency or the OHCDS. The FMS or OHCDS must ensure the individual or entity performing the service meets the qualifications.”
- In “Entity responsible for verification section” added FMS and OHCDS.
- HCB Setting
 - Added Statewide Transition Plan Final approval date.

Appendix D

- b. Service Plan Development Safeguards
 - Updated language to reflect CAP compliance.
- d. Service Plan Development
 - Updated language to reflect rule revisions and CAP compliance.
- f. Informed Choice of Providers
 - Updated language to reflect CAP compliance and applicable rule revisions.
- i. Maintenance of Service Plan Forms
 - Updated to reflect that the Service Coordinator will retain ISA’s.
- D.2. Monitoring Safeguards
 - Updated to include the OWQP process for service agreement monitoring

Appendix E – H: Minimal updates to replace “Area Agency” with either “service coordinator” or “provider”, as applicable.

Appendix I

- 1. Financial Integrity – Updated language to reflect CAP compliance.
- 2.a. Rates Determination – Added language to reflect CAP compliance including service levels for conversion to 365-day billing.
- 2.b. Flow of billings – Added language to reflect CAP compliance around direct billing.
- 3.g.ii OHCDS – Language updated to reflect CAP compliance and update information to support pass-through billing.
- 7.a.i. – ABD and DD - Updated the standard of need for individuals who live independently or with their families.

Appendix J

- DD Only - Updates to cost neutrality demonstration to reflect applicable updates in Appendices A - I.