

APPENDIX II-C

RULEMAKING NOTICE FORM

Notice Number _____ Rule Number He-M 517

<p>1. Agency Name & Address:</p> <p>Dept. of Health & Human Services Bureau of Developmental Services 105 Pleasant Street, Main Building Concord, NH 03301</p>	<p>2. RSA Authority: RSA 171-A:3; RSA 171-A:4; RSA 171-A:18, IV; and RSA 137-K:3, I, II-IV</p> <p>3. Federal Authority: _____</p> <p>4. Type of Action:</p> <p>Adoption _____</p> <p>Repeal _____</p> <p>Readoption _____</p> <p>Readoption w/amendment <u>X</u></p>
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5. Short Title: **Medicaid Covered Home and Community-Based Care Services for Persons with Developmental Disabilities and Acquired Brain Disorders**

6. (a) Summary of what the rule says and of any proposed amendments:

He-M 517 defines the requirements and procedures for medicaid-covered home and community-based care waiver services for persons with developmental disabilities and acquired brain disorders where such services are provided pursuant to He-M 503, He-M 507, He-M 513, He-M 518, He-M 521, He-M 522, He-M 525, and He-M 1001. He-M 517 is scheduled to expire on October 31, 2023, but is subject to extension pursuant to RSA 541-A:14-a.

The Department of Health and Human Services (Department) is proposing to readopt with amendment He-M 517. The proposed amendments are to ensure compliance with Federal regulations for Home and Community-Based Waiver services, including the Department's corrective action plan with Centers for Medicare and Medicaid Services ("CMS") to come into compliance with the requirements of 42 CFR 441.301 relative to conflict free service coordination and 42 CFR 447.10 relative to providers having the ability to directly bill Medicaid. The proposed amendments include:

- **Updating He-M 517.01 on the purpose of He-M 517 by adding reference to services provided pursuant to He-M 504;**
- **Updating He-M 517.02 on definitions by:**
 - **Adding the definition of "days", "organized health care delivery system", "pass-through billing", "provider", "service";**
 - **Amending the definition of "acquired brain disorder", "agency residence", "area agency", "basic living skills", "bureau administrator", "commissioner", "community residence", "cost of care", "department", "developmental disability", "family", "family residence", "home and community based care waiver", "individual", "participant directed and managed services", "provider agency"; "service agreement", "service coordinator"; and "sheltered workshop"; and**

- Removing the definition of “individualized family support”;
- Updating He-M 517.03 on eligibility by adding additional provisions for clarifying purposes to the eligibility process for the developmental disabilities and acquired brain disorder waivers;
- Updating He-M 517.04 on provider and provider agency participation to clarify which entities must be enrolled Medicaid providers;
- Updating He-M 517.05 on covered services to better describe the requirements for all home and community-based waiver services and the services that can be covered;
- Adding new section He-M 517.06 on acute and remote setting services to provide the requirements for these methods of service delivery and which services may be accessed in these settings;
- Adding new section He-M 517.07 on out of state service provision to provide the requirements for out of state service delivery and which services may be accessed out of state;
- Adding new section He-M 517.08 on participant directed and managed services to clarify the requirements for this method of service delivery;
- Updating He-M 517.09, formerly He-M 517.06, on non-covered services to clarify the types of services that are not covered;
- Updating He-M 517.10, formerly He-M 517.07, on documentation to clarify the requirements for documentation for each service;
- Updating He-M 517.11, formerly He-M 517.08, on utilization control to clarify the process and requirements for requesting prior service authorizations;
- Updating He-M 517.12, formerly He-M 517.09, on appeals by making a minor substantive revision;
- Updating He-M 517.13, formerly He-M 517.10, on payment to clarify the process for requesting payment, adding requirements for payment for environmental modifications and residential habilitation services, and who can be paid to provide certain services; and
- Updating He-M 517.14, formerly He-M 517.11, on waivers by making clarifying substantive and editorial revisions.

6. (b) Brief description of the groups affected:

This rule affects individuals with developmental disabilities and acquired brain disorders who require Medicaid-covered home and community-based care services, their families, and providers.

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

RULE	SPECIFIC STATE STATUTES WHICH THE RULE IMPLEMENTS
He-M 517 (all sections)	RSA 171-A:18, IV; RSA 137-K:3

7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: **Allyson Raadmae** Title: **Administrator- Administrative Rules Unit**
Address: **Dept. of Health and Human Services** Phone #: **(603) 271-9604**
Administrative Rules Unit Fax#: **(603) 271-5590**
129 Pleasant Street, 2nd Floor E-mail: **Allyson.E.Raadmae@dhhs.nh.gov**
Concord, NH 03301

TTY/TDD Access: Relay NH 1-800-735-2964
or dial 711 (in NH)

The proposed rules may be viewed and downloaded at:

<https://www.dhhs.nh.gov/doing-business-dhhs/legal-services/administrative-rules/nh-administrative-rules-public-comment>

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **Tuesday, November 28, 2023**

☒ Fax

☒ E-mail

☐ Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Thursday, November 16, 2023 at 1:00pm**

Place: **[DHHS Brown Bldg., Auditorium, 129 Pleasant St., Concord, NH](#)**

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # 23:233 , dated October 3, 2023

1. Comparison of the costs of the proposed rule(s) to the existing rule(s):

When compared to the existing rules, the proposed rules will benefit state citizens and the state general fund by an indeterminable amount.

2. Cite the Federal mandate. Identify the impact on state funds:

The Department of Health and Human Services states that the changes are intended to bring the rule into alignment with the Department's corrective action plan with the federal Centers for Medicare and Medicaid Services. In particular, the rules will bring the Department into compliance with 42 CFR 441.301, relative to conflict free service coordination and 42 CFR 447.10, relative to providers' ability to directly bill Medicaid. The Department notes that failure to come into compliance with these provisions could potentially jeopardize federal matching funds, which could result in (a) an increase in general fund expenditures, (b) a decrease in service provision, or (c) some combination of the two.

3. Cost and benefits of the proposed rule(s):

A. To State general or State special funds:

As noted in response to (2) above, the proposed rule may benefit state general funds by ensuring continued access to federal matching funds.

B. To State citizens and political subdivisions:

As noted in response to (2) above, the proposed rule may preserve access to federal matching funds for services, benefiting state citizens to the extent that they will continue receiving those services.

C. To independently owned businesses:

None

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

The proposed rule modifies an existing program or responsibility, but does not mandate any fees, duties or expenditures on the political subdivisions of the state, and therefore does not violate Part I, Article 28-a of the N.H. Constitution.

Readopt with amendment He-M 517, effective 10-31-13 (Document #10454), to read as follows:

**PART He-M 517 MEDICAID-COVERED HOME AND COMMUNITY-BASED CARE SERVICES
FOR PERSONS WITH DEVELOPMENTAL DISABILITIES AND ACQUIRED
BRAIN DISORDERS**

Statutory Authority: RSA 171-A:3; 171-A:4; 171-A:18, IV; RSA 137-K:3, I, II,-IV

He-M 517.01 Purpose. The purpose of these rules is to define the requirements and procedures for medicaid-covered home and community-based care waiver services for persons with developmental disabilities and acquired brain disorders where such services are provided pursuant to He-M 503, He-M 504, He-M 507, He-M 513, He-M 518, He-M 521, He-M 522, He-M 525, and He-M 1001.

He-M 517.02 Definitions. The words and phrases in this chapter shall have the following meanings:

(a) “Acquired brain disorder” means a disruption in brain functioning that:

- (1) Is not congenital or caused by birth trauma;
- (2) Presents a severe and life-long disabling condition which significantly impairs a person’s ability to function in society;
- (3) Occurs prior to age 60;
- (4) Is attributable to one or more of the following reasons:
 - a. External trauma to the brain as a result of:
 1. A motor vehicle incident;
 2. A fall;
 3. An assault; or
 4. Another related traumatic incident or occurrence;
 - b. Anoxic or hypoxic injury to the brain such as from:
 1. Cardiopulmonary arrest;
 2. Carbon monoxide poisoning;
 3. Airway obstruction;
 4. Hemorrhage; or
 5. Near drowning;
 - c. Infectious diseases such as encephalitis and meningitis;

- d. Brain tumor;
- e. Intracranial surgery;
- f. Cerebrovascular disruption such as a stroke;
- g. Toxic exposure; or
- h. Other neurological disorders, such as Huntington's disease or multiple sclerosis, which predominantly affect the central nervous system resulting in diminished cognitive functioning and ability; and

(5) Is manifested by one or more of the following:

- a. Significant decline in cognitive functioning and ability; ~~and/or~~
- b. Deterioration in:
 - 1. Personality;
 - 2. Impulse control;
 - 3. Judgment;
 - 4. Modulation of mood; or
 - 5. Awareness of deficits.

(b) "Agency residence" means a community residence operated by staff of a provider agency ~~an area agency or an area agency subcontractor~~.

(c) "Area agency" means "area agency" as defined under RSA 171-A:2, I-b, ~~namely, "an entity established as a non-profit corporation in the state of New Hampshire which is established by rules adopted by the commissioner to provide services to developmentally disabled persons in the area."~~

(d) "Basic living skills" means activities accomplished each day to acquire, improve, or maintain independence in daily life.

(e) "Bureau" means the bureau of developmental services of the department of health and human services.

(f) "Bureau administrator" means the chief administrator of the bureau of developmental services or their ~~his or her~~ designee.

(g) "Centralized service site" means a location operated by a provider agency where individuals receive community participation services for more than one hour per day.

(h) "Commissioner" means the commissioner of the department of health and human services, or their ~~his or her~~ designee.

(i) "Community integration" means:

- (1) Participation in a wide variety of experiences in settings that are available to and used by the general public;
 - (2) Participation in natural relationships with one's family, friends, neighbors, and co-workers; and
 - (3) Expansion of one's personal network of friends to include individuals who do not have disabilities.
- (j) "Community residence" means either an agency residence or family residence exclusive of any independent living arrangement that:
- (1) Provides residential services for at least one individual with a developmental disability, in accordance with He-M 503, or acquired brain disorder in accordance with He-M 522;
 - (2) Provides services and supervision for an individual on a daily and ongoing basis, both in the home and in the community, unless the individual's service agreement states that the individual may be without supervision for specified periods of time;
 - (3) Serves individuals whose services are funded by the department; and
 - (4) Is certified pursuant to He-M 1001, except as allowed in He-M 517.~~04-05(e)(7)(b).~~
- (k) "Cost of care" means the amount that an individual pays to a ~~an~~ provider agency area agency because the individual's net income is above the applicable standard of need established in He-W 658.03.
- (l) "Days" means calendar days unless otherwise specified.
- (m) "Department" means the New Hampshire department of health and human services.
- (n) "Developmental disability" means "developmental disability" as defined in RSA 171-A:2, V, namely, "a disability:
- (a) Which is attributable to an intellectual disability, cerebral palsy, epilepsy, autism or a specific learning disability, or any other condition of an individual found to be closely related to an intellectual disability as it refers to general intellectual functioning or impairment in adaptive behavior or requires treatment similar to that required for persons with an intellectual disability; and
 - (b) Which originates before such individual attains age 22, has continued or can be expected to continue indefinitely, and constitutes a severe ~~handicap disability~~ to such individual's ability to function normally in society."
- (o) "Family" means a group of 2 or more persons that:
- (1) Is related by marriage, ancestry, or other legal arrangement;
 - (2) Is living in the same household; and
 - (3) Has at least one member who is an individual as defined in ~~(p)~~ below.

(pe) “Family residence” means a community residence that is:

- (1) Operated by a person or family residing therein;
- (2) Under contract with a an area agency or provider agency; and
- (3) Certified pursuant to He-M 1001.

(qp) “Home and community-based ~~care~~ waiver services” means ~~the waiver of sections 1902 (a) (10) and 1915 (c) of the Social Security Act which allows the federal Medicaid funding of long-term services for persons in non-institutional settings who are elderly, disabled, or chronically ill; the services defined and funded pursuant to New Hampshire’s agreement with the federal government, known as the Developmental Disabilities Waiver, and the Acquired Brain Disorder Waiver, pursuant to the authority section of 1915(c) of the Social Security Act which allows the federal funding of long-term care services in non-institutional settings for persons who are developmentally disabled or who have an acquired brain disorder.~~

(rq) “Individual” means a person who has a developmental disability ~~as defined in (m) above~~ or an acquired brain disorder ~~as defined in (a) above~~.

~~(r) “Individualized family support plan (IFSP)” means a written plan for providing services and supports to a child who is eligible for family-centered early supports and services and his or her family.~~

(s) “Natural supports” means people such as family, relatives, friends, neighbors, and clergy, and social groups such as religious organizations, co-workers, and social clubs, available to provide comfort and help as part of everyday living as well as during critical events.

(t) “Organized health care delivery system (OHCDS)” means an area agency, designated pursuant to He-M 505, that directly provides at least one home and community-based waiver service.

~~(tu) “Participant directed and managed services (PDMS)” means a services provided pursuant to He-M 525, arrangement whereby the individual or representative, if applicable, directs the services and makes the decisions about how the funds available for the individual’s services are to be spent. It includes assistance and resources to individuals in order to maintain or improve their skills and experiences in living, working, socializing, and recreating.~~

(v) “Pass-through billing” means an arrangement, pursuant to 42 CFR 447.10(g)(3), whereby the OHCDS is the enrolled provider of home and community-based waiver services for the purposes of billing and subcontracting for the service provision and has authorization from the department to do so.

~~(uw) “Personal development” means supporting or increasing an individual’s capacity to make choices, to communicate interests and preferences, and to have sufficient opportunities for exploring and meeting those interests.~~

(x) “Provider” means a person receiving any form of remuneration for the provision of services to an individual.

(~~yv~~) “Provider agency” means an ~~area~~ agency or an independent provider that is established to provide entity under contract with an area agency that is responsible for providing services to individuals pursuant to He-M 517.05.

(~~zw~~) “Representative” means:

- (1) The parent or guardian of an individual under the age of 18;
- (2) The legal guardian of an individual 18 or over; or
- (3) A person who has power of attorney for the individual.

(aa) “Service” means any paid assistance to an individual in meeting their own needs provided through the developmental services system.

(~~xab~~) “Service agreement” means a written agreement between ~~an the~~ individual, ~~or~~ guardian or representative, and the provider agency area agency that is prepared as a result of the person-centered service planning process and that describes the services that the individual will receive and constitutes an individual service agreement as defined in RSA 171-A:2, X and developed pursuant to He-M 503 or He-M 522. ~~The term includes a basic service agreement for all individuals who receive services and an expanded service agreement for those who receive more complex services pursuant to He-M 503.11.~~

(~~yac~~) “Service coordinator” means a person-provider who meets the criteria in He-M 503 or He-M 522 and is chosen ~~or approved~~ by an individual and their his or her guardian or representative, if any, and designated by the area agency to organize, facilitate, and document service planning and to negotiate and monitor the provision of the individual’s services. ~~and who is:~~

- ~~(1) An area agency service coordinator, family support coordinator, or any other area agency or provider agency employee;~~
- ~~(2) A member of the individual’s family;~~
- ~~(3) A friend of the individual; or~~
- ~~(4) Another person chosen to represent the individual.~~

(~~zad~~) “Sheltered workshop” means a program that provides a segregated ~~facility that provides a~~ supportive environment where ~~individuals are employed and the focus is on meeting~~ the contract objectives of the provider agency are the primary focus and goal.

(~~aaac~~) “Skilled nursing or skilled rehabilitative services” means those services that:

- (1) Require the skills of a licensed or certified health professional including, but not limited to:
 - a. Registered nurse;
 - b. Licensed practical nurse;
 - c. Physical therapist;

- d. Occupational therapist;
- e. Speech pathologist;
- f. Audiologist; or
- g. Other similar health-related professional; and

(2) Are provided directly by or under the general supervision of such professionals to assure the safety of the individual and to achieve the medically desired result.

He-M 517.03 Eligibility.

(a) Based on availability of funds, home and community-based ~~care-waiver services~~ shall be available to any individual who:

(1) Is found to be eligible for services by an area agency pursuant to He-M 503.05, ~~He-M 510.05~~ or He-M 522.03;

~~(2) Pursuant to He-M 517.08 (a), has also been determined by the bureau to be eligible under He-M 503.05, He-M 510.05 or He-M 522.03;~~

~~(3)~~ (2) Is found to be eligible for medicaid by the department pursuant to He-W 600 and He-W 800, as applicable;

~~(4)~~ (3) Meets institutional level of care criteria as demonstrated by one of the following:

a. A developmental disability that requires at least one of the following:

1. Services on a daily basis for:

- (i) Performance of basic living skills;
- (ii) Intellectual, physical, or psychological development and well-being;
- (iii) Medication administration and instruction in, or supervision of, self-medication by a licensed medical professional; or
- (iv) Medical monitoring or nursing care by a licensed professional person;

2. Services on a less than daily basis as part of a planned transition to more independence; or

3. Services on a less than daily basis but with continued availability of services to prevent circumstances that could necessitate more intrusive and costly services; or

b. An acquired brain disorder that requires a skilled nursing facility level of care, which means requiring skilled nursing or skilled rehabilitative services on a daily basis; and

~~(54)~~ Agrees to make the appropriate payment toward the cost of care, as specified in He-M 517.10He-W 654.

(b) To request initial determination of level of care as described in in He-M 517.03(a)(4) above, a “NH bureau of developmental services functional screen for waiver services” electronic form shall be submitted by the area agency via NH Easy, via <https://nheasy.nh.gov/#/>, within 5 business days of an individual’s decision to seek eligibility for HCBS waiver services.

(c) Individuals shall undergo an annual redetermination of the level of care criteria in He-M 517.03(a)(4) above.

(d) To request a redetermination of the level of care in He-M 517.03(a)(4) above, a “NH bureau of developmental services functional screen for waiver services” electronic form shall be submitted by the service coordinator via NH Easy, <https://nheasy.nh.gov/#/>, not less than 30 days but not more than 45 days prior to expiration of the current level of care determination.

(e) The bureau shall send notification of the level of care determination in accordance with He-M 503.05 or He-M 522.06.

~~(bf)~~ The bureau shall deny services through the home and community-based ~~care~~-waiver if it determines that the provision of services will result in the loss of federal financial participation for such services.

He-M 517.04 Provider and Provider Agency Participation.

~~— (a) Except as allowed by (b) below, all community residences shall be certified pursuant to He-M 1001. Community residences that serve 4 or more people shall also be licensed by the bureau of health facilities administration in accordance with RSA 151:2, I, (e) and He-P 814.~~

~~— (b) A residence funded under the home and community-based care waiver that provides services to persons with acquired brain disorders and is licensed as a supported residential care facility or a residential treatment and rehabilitation facility under RSA 151:2, I, (e) shall not be required to be certified as a community residence pursuant to He-M 1001.~~

~~— (c) Personal care services described in He-M 521.03 and provided in the family home of an individual who is 18 years of age or older shall be certified pursuant to He-M 521.09.~~

~~(d) Participant directed and managed services described in He-M 525.05 shall be certified pursuant to He-M 525.07.~~

~~(ea)~~ Area agencies~~Every~~ OHCDS and provider agency shall be enrolled with the New Hampshire medicaid program and comply with all requirements set forth in He-M 504 as providers in order to receive reimbursement for the provision of ~~services under the~~ home and community-based ~~care~~-waiver services.

~~(fb)~~ An area agency~~OHCDS~~ or provider agency shall allow the ~~bureau~~department or area agency to examine its service and financial records at any time for the purposes of audit or review in accordance with He-M 504.

~~(g) When services are to be provided by a subcontractor of an area agency, the area agency shall establish a contract specifying the roles of the area agency and subcontractor agency in service planning, provision and oversight including:~~

- ~~-~~
- ~~(1) Implementation of the service agreement;~~
- ~~-~~
- ~~(2) Specific training and supervision required for the service providers;~~
- ~~-~~
- ~~(3) Compensation amounts and procedures for paying providers;~~
- ~~-~~
- ~~(4) Oversight of the service provision, as required by the service agreement;~~
- ~~-~~
- ~~(5) Documentation of administrative activities and services provided;~~
- ~~-~~
- ~~(6) Fiscal intermediary services provided by the area agency or subcontractor agency to facilitate the delivery of consumer directed services;~~
- ~~-~~
- ~~(7) Quality assessment and improvement activities as required by rules pertaining to the service provided;~~
- ~~-~~
- ~~(8) Compliance with applicable laws and rules, including delegation of tasks by a nurse to unlicensed providers pursuant to RSA 326-B and He-M 1201;~~
- ~~-~~
- ~~(9) Family support service coordination provided by the area agency;~~
- ~~-~~
- ~~(10) Procedures for review and revision of the service agreement as deemed necessary by any of the parties; and~~
- ~~-~~
- ~~(11) Provision for any of the parties to dissolve the contract with notice.~~

He-M 517.05 Covered Services.

(a) All ~~services provided in accordance with the~~ home and community-based ~~care~~-waiver services provided shall be specifically tailored to, and provided in accordance with, the individual's needs, interests, competencies, and lifestyle as described in the individual's service agreement.

(b) Services provided pursuant to He-M 517 shall be:

- (1) Designed to maintain and enhance each individual's natural supports;
- (2) Responsive to the individual's changing needs and choices within the limitations of federal and state laws and rules;
- (3) Provided only after the informed consent of the individual or their guardian or representative;
- (4) Free from conflict in accordance with He-M 503 or He-M 522;
- (5) Delivered by any willing and qualified provider agency or provider that is freely chosen by the individual or individual's guardian or representative; and

(6) Provided in accordance with He-M 310.

(c) The services identified in (d)-(ns) below shall be fundable in accordance with the home and community-based waiver services ~~care waiver~~ if such services are identified within an individual's service agreement ~~or HFSP~~.

(d) Service coordination services shall:

(1) Be provided pursuant to He-M 503.~~09~~ ~~He-M 503.11~~ or He-M 522.~~10~~ ~~He-M 522.12~~;

(2) Include the following:

~~a. Monthly contacts, at a minimum, with the individual or other people who support or serve the individual, unless more frequent contacts are indicated by the service agreement;~~

~~b. Quarterly visits with the individual at the individual's residence or site of service, except when a different frequency is required subsequent to provision of participant directed and managed services pursuant to (n) below;~~

~~c. Quarterly determination of the individual's satisfaction with services through contact with the individual and his or her:~~

~~1. Family;~~

~~2. Guardian;~~

~~3. Friends; or~~

~~4. Service providers, as applicable to the individual's services;~~

da. Coordination and facilitation to assist individuals in gaining access to needed services and resources, as well as needed medical, social, educational, and other services, regardless of funding source, as of all supports and services delineated in the service agreement, including;

1. System navigation including identifying, providing information about, and assisting families to access available services as well as community resources;

2. Person-centered service planning including coordination and facilitation of services and the development of a service agreement pursuant to He-M 503.09 and He-M 503.10 or He-M 522.10 and He-M 522.11;

3. Monitoring and ongoing review of services and individual outcomes, in accordance with He-M 503.10 or He-M 522.11 to include assessing and reassessing service needs, goals and, outcomes;

4. Monitoring of services for quality in accordance with He-M 503.10 or He-M 522.11;

5. Monitoring to ensure health and welfare in accordance with He-M 503.10 or He-M 522.11; and

6. Assistance in identifying available provider agencies and providers;

e. Development and revision of the service agreement;

f. Monitoring, ongoing review and follow-up of all service agreement services; and

g. Referral to the bureau for the ~~assessment-redetermination~~ of the individual's continued need for home and community-based ~~waivered~~ services pursuant to He-M 503 and He-M 517.08.03; and

c. Twenty-four hour access, 7 days a week pursuant to He-M 504;

d. Monitoring to ensure that documentation is maintained to demonstrate service coordination service provisions;

e. Gathering of documentation from provider agencies to aid in person-centered service planning and in creating an individual's service agreement in accordance with He-M 503 or He-M 522;

f. Participating in transition planning; and

g. Providing advocacy education and skill development to the individual, their family and their representative or guardian; and

(3) Be reimbursed at a monthly rate.

(e) ~~Personal care~~Residential habilitation services shall:

(1) Be provided pursuant to He-M 1001.~~05~~, He-M 525.~~05~~, or He-M 521.~~03~~, as applicable;

(2) ~~Consist of assistance, excluding room and board, provided to individuals to improve or maintain their skills in basic daily living, community integration, and personal development, as delineated in the service agreement; and~~ Include individually tailored supports to assist with the acquisition, retention, or improvement of community-based living skills including but not limited to:

a. Meal preparation;

b. Eating;

c. Bathing;

d. Dressing;

e. Personal hygiene;

f. Medication management;

g. Community inclusion;

h. Transportation;

i. Social and leisure skills; and

j. Adaptive skill development;

(3) Include assistance to the individual to enable them to reside in the least restrictive setting most appropriate to their needs;

(4) Be provided in the home or outside of the home;

(35) Be reimbursed at a daily rate;-

(6) Be certified pursuant to He-M 1001, except as allowed by (7) below. Community residences that serve 4 or more people shall also be licensed by the bureau of health facilities administration in accordance with RSA 151:2, I, (e) and He-P 814;

(7) Not be required to be certified as a community residence pursuant to He-M 1001 when the residence is funded under the home and community-based care waiver, provides services to persons with acquired brain disorders, and is licensed as a supported residential care facility or a residential treatment and rehabilitation facility under RSA 151:2, I, (e);

(8) Be certified pursuant to He-M 521.09 when residential habilitation services are provided in the family home of an individual who is 18 years of age or older, as described in He-M 521.03; and

(9) Be certified pursuant to He-M 525 for services provided through a participant directed and managed services method of delivery.

(f) Community participation services shall:

(1) Be provided in accordance with He-M 507:~~04~~;

(2) Include the following as ~~required-outlined in~~by the individual's service agreement:

a. Instruction and assistance to learn, attain, improve, or maintain:

1. Social and safety skills in different community settings;
2. Decision-making regarding choice of and participation in community activities;
3. Life skills as applied to community-based activities, such as purchasing items and managing personal funds;
4. Good nutrition and healthy lifestyle;
5. Self-advocacy and rights and responsibilities as citizens; and

6. Any other skill identified by the individual or guardian during service planning and related to the individual's participation in, or contribution to, ~~his or her~~their community;

b. Supports to identify and develop the individual's interests and capacities related to securing employment opportunities, including internships;

c. Services related to job development and on-the-job training;

d. Assistance in finding and maintaining volunteer positions;

e. Supports related to enabling the individual to explore, and participate in, a wide variety of community activities and experiences in settings that are available to the general public; and

~~f. Consultation services as specified in the service agreement to improve or maintain the individual's communication, mobility, and physical and psychological health and well-being; and~~

~~g.f.~~ Transportation related to community participation services, including travel from the individual's residence to locations where the community participation service activities are taking place;

(3) Exclude employment or volunteer positions where the individual is:

a. Being solely supported by persons who are not providers; and

b. Not receiving any services from a provider agency at those locations; and

(4) Be reimbursed at a quarter hour rate.

(g) Supported E~~e~~mployment services shall:

(1) Be provided in accordance with He-M 518;

(2) Be available to any individual who:

a. Has a goal or desired outcome related to ~~n~~-employment~~-goal~~; and

b. Is not authorized and funded by the NH department' of education's bureau of vocational rehabilitation for the same supported employment service;

(3) Consist of assistance provided to individuals to:

a. Improve or maintain their skills in employment activities; or

b. Enhance their social and personal development or well-being within the context of vocational goals;

- (4) Include referral, evaluation, and consultation for adaptive equipment, environmental modifications, communications technology or other forms of assistive technology, and educational opportunities related to the individual's employment services and goals;
 - (5) When combined with another employment service, transportation and training in accessing transportation, as appropriate, to and from work; and
 - (6) Be reimbursed at a quarter hour rate.
- (h) Respite care services shall:
- (1) Be provided pursuant to He-M 513.04 ~~or He-M 513.05~~;
 - (2) Consist of the provision of short-term assistance and care for individuals unable to care for themselves because of the absence or need for relief of the family who lives with and normally provides care for the individual;
 - ~~(3) Be provided, in or out of an individual's home, for the temporary relief and support of the family with whom the individual lives;~~
 - ~~(4) Not exceed 20% of an individual's total funding for services when provided through a participant directed and managed program as outlined in He-M 517.07 below and He-M 525; and~~
 - ~~(5) Be authorized by the bureau in excess of the limitation in (4) above upon written request which shall include documentation supporting the need and the correlation of the request to the individual's service agreement; and~~
 - ~~(36) Be reimbursed at a quarter hour rate.~~
- (i) Environmental and vehicle accessibility ~~modifications~~ services shall:
- (1) Include modifications or adaptations and maintenance thereof to the individual's home environment including:
 - ~~a. To ensure his or her health and safety;~~
 -
 - ~~b. That are required by the individual's service agreement; and~~
 -
 - ~~c. That are needed to accommodate the medical equipment and supplies that are necessary for the welfare of the individual;~~
 - a. Installation of ramps;
 -
 - b. Installation of grab bars;
 -
 - c. Widening of doorways to accommodate the participant's wheelchair or other mobility access equipment; and
 -
 - d. Other adaptations authorized by the bureau that are necessary to ensure the health and safety of the individual or that are needed to accommodate the medical equipment and supplies that are necessary for the welfare of the individual;

(2) Include modifications or adaptations and maintenance thereof to the vehicle used by the individual in order to enable them ~~him or her~~ to:

- a. Travel in greater safety;
- b. Access the community; and
- c. Carry out activities of daily living; ~~and~~

(3) Comply with applicable state and local building and vehicle codes; ~~and~~

(4) Not exceed \$2500 when used for outdoor fencing to support individuals with unsafe wandering or running behaviors; and

(5) Be authorized by the bureau in excess of the limitation in (4) above upon written request which shall include documentation supporting the need and the correlation of the request to the individual's service agreement.

(j) Environmental and vehicle modification services shall not cover:

(1) Improvements that are of general utility and do not have direct or medical remedial benefit to the individual;

(2) Adaptations which add to the square footage of the home except when necessary to complete an adaptation;

(3) The purchase or lease of a vehicle;

(4) Regularly scheduled upkeep and maintenance of a vehicle;

(5) Electrical or plumbing work that is beyond what is required to support the authorized adaptation; and

(6) Electrical or plumbing work for which the proposed contractor is unable to state, in writing, that the proposed adaptation can be done within the current electrical or plumbing capacity of the home.

(k) Crisis response services shall:

(1) Consist of direct consultation, clinical evaluation, or support to an individual who is experiencing a behavioral, emotional, or medical crisis in order to reduce the likelihood of harm to the person or others and to assist the individual to return to their ~~his or her~~ pre-crisis status;

(2) Include training and staff development related to the needs of the individual;

(3) Include on-call staff for the direct support of the individual in crisis;

(4) Be authorized for a period of up to 6 months; and

(5) Be reimbursed at a quarter hour rate.

(kl) Community support services shall:

(1) Be available for an individual who has developed, or is trying to develop, skills to live independently within the community;

(2) Consist of assistance, excluding room and board, provided to an individual to:

a. Improve or maintain their ~~his or her~~ skills in basic daily living and community integration; and

b. Enhance their ~~his or her~~ personal development and well-being; ~~and~~

(3) Not exceed 30 hours per week;

(4) Be provided for up to 24 consecutive months while an individual is residing with their family;

(5) Be authorized by the bureau in excess of the limitation in (3) and (4) above upon written request which shall include documentation supporting the need and the correlation of the request to the individual's service agreement; and

~~(36)~~ Be reimbursed at a quarter hour rate.

(lm) Assistive technology ~~support services shall:~~

(1) shall include an item, piece of equipment, certification and training of service animal, or product system, used to increase, maintain, or improve functional capabilities of an individual, including, but not limited to, the following:

(1)a. Devices, controls, or appliances, specified in the individual service agreement that enable the individual to increase their ability to perform activities of daily living, or perceive, control, or communicate with the environment in which they live; Consist of evaluation, consultation, or education in the use, selection, lease, or acquisition of assistive technology devices, as well as designing, fitting, and customizing of devices;

(2)b. The evaluation of the assistive technology needs of an individual, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the individual; Not cover the actual cost of assistive technology devices; and

c. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology or devices;

d. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;

e. Coordination and use of necessary therapies, interventions, or services associated with other services in the service agreement;

f. Training or technical assistance for the individual or the individual's family members, guardians, advocates, or authorized representatives;

g. Training or technical assistance for professional or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of an individual; and

h. Training and certification of a service animal, defined in federal regulations implementing the Americans with Disabilities Act, 28 C.F.R. § 36.104 as "service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the individual's disability."

~~(3) Be reimbursed at quarter hour rates.~~

(2) Include adaptive equipment which are items of durable and non-durable medical equipment necessary to address the individual's functional limitations;

(3) Not exceed \$10,000 over the course of 5 years; and

(4) Be authorized by the bureau in excess of the limitation in (3) above upon written request which shall include documentation supporting the need and the correlation of the request to the individual's service agreement.

~~(m)~~ Specialty services shall:

(1) Be available to individuals whose medical, behavioral, therapeutic, health or personal needs require services that are particularly designed to address the unique conditions and aspects of their developmental disabilities or acquired brain disorders;

(2) Consist of one or more of the following:

a. Assessment;

b. Consultation;

c. Design, development, and provision of services;

d. Training and supervision of staff and providers; and

e. Evaluation of service outcomes; and

~~(3) Include documentation indicating the nature of the service, date, and number of units; and~~

~~(4)~~ Be reimbursed at a quarter hour rate or at cost when for a consultation.

(o) Community integration services shall:

(1) Be services designed to support, enhance or enable an individual'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 shall include, but not be limited to the following:

a. Water safety training;

b. Community based camperships; and

c. A pass or membership for admission to community-based activities only when needed to address assessed needs;

(2) When including community-based activity passes, be purchased as day passes or monthly passes, whichever is the most cost effective;

(3) Not exceed \$8,000 annually;

(4) Be authorized by the bureau in excess of the limitation in (3) above upon written request which shall include documentation supporting the need and the correlation of the request to the individual's service agreement; and

(5) Require a licensed healthcare practitioner's recommendation when any single community integration service, other than a campership, is over \$2,000.

(p) Individual goods and services shall:

(1) Include equipment or supplies that address an identified need in the service agreement, and meet at least one of the following requirements:

a. The good or service decreases the need for other Medicaid services;

b. The good or service promotes inclusion in the community; or

c. The good or service increases the individual's safety in the home environment;

(2) Include payment through the home and community-based services waiver if:

a. The individual does not have the funds to purchase the item or service; or

b. The item or service is not covered through other sources;

(3) Not exceed \$1,500 annually;

(4) Be authorized by the bureau in excess of the limitation in (4) above upon written request which shall include documentation supporting the need and the correlation of the request to the individual's service agreement;

(5) Have an anticipated finite period of time to be utilized; and

(6) Include a determination on the frequency of purchase of individual goods and services in accordance with the documented continued need of the item and the ability of the item to continue to meet that need.

(q) Non-medical transportation shall:

(1) Be services designed specifically to improve the individual's and the caregiver's ability to access community activities within their own community in response to needs identified through the individual's service agreement, including, but not limited to:

a. Orientation service using other services or supports for safe movement from one place to another;

b. 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;

c. 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

d. Prepaid transportation vouchers and cards;

(2) Be limited to:

a. \$5,000 annually; or

b. \$10,000 annually for individuals who require specialized transportation such as a vehicle that:

1. Can accommodate a wheelchair or similar;

2. Has lift capabilities; or

3. Allows for the individual to not be within reach of the driver;

(3) Be authorized by the bureau in excess of the limitations in (2)(a)-(b) above upon written request which shall include documentation supporting the need and the correlation of the request to the individual's service agreement;

(4) Be limited to transportation needed:

a. To access a waiver service that is included in the individual's service agreement; or

b. To access other activities and resources identified in the individual's service agreement; and

(5) Not be available to individuals under the age of 16 for public transportation expenses.

(r) Personal emergency response services (PERS) shall:

(1) Consist of smart technology devices that enable individuals to summon help in an emergency including but not limited to:

- a. Wearable or portable devices that allow for safe mobility;
- b. Response systems that are connected to the individual's telephone and programmed to signal a response center when activated;
- c. Staffed and monitored response systems that operate 24 hours a day, 7 days a week;
- d. Any device that informs of elopement; and
- e. Monthly expenses that are affiliated with maintenance contracts or agreements to maintain the operations of the device or item;

(2) Include non-smart technology items, such as seatbelt release covers, ID bracelets, and GPS devices;

(3) Not exceed \$2,000 annually;

(4) Be authorized by the bureau in excess of the limitation in (3) above upon written request which shall include documentation supporting the need and the correlation of the request to the individual's service agreement; and

(5) Be authorized as part of a positive behavior plan pursuant to He-M 310 when the device is restrictive.

(s) Wellness coaching shall:

(1) Include planning, directing, coaching, and mentoring individuals with disabilities in community based, inclusive exercise activities in accordance with the recommendations of a licensed recreational therapist or a certified personal trainer;

(2) Include specific goals in the individual's service agreement which are developed by a wellness coach, including activities that are carried over into the individual's home and community;

(3) Consist of demonstration by a wellness coach on exercise techniques and form to include observation of individuals and explanation to them of corrective measures necessary to improve their skills;

(4) Include collaboration between a wellness coach and the individual, their family and other caregivers, and with other health and wellness professionals as needed;

(5) Not exceed \$5,000 annually; and

(6) Be authorized by the bureau for amount in excess of the limitation in (5) above by written request, which shall include the recommendation of a licensed professional and documentation supporting the need and the correlation of the request to the individual's service agreement.

(t) Removable prosthodontic services shall:

(1) Assist individuals as a means to prevent functional limitations in order to support community integration and avoid isolation or institutionalization and when, if not otherwise provided:

a. The individual's health would be compromised through reduced food options and result in restrictive nutritional intake, impacting overall health; or

b. When considerations interfere with supported employment or social development;

(2) Include:

a. Complete dentures, including immediate prosthetic appliances and routine post-delivery care;

b. Partial dentures, including immediate prosthetic appliances and routine post-delivery care;

c. Adjustments to dentures;

d. Repairs to complete and partial dentures;

e. Denture rebase procedures; and

f. Denture reline procedures;

(3) Be included in the individual's service agreement;

(4) Not exceed \$1,500 annually;

(5) Not cover dentures more than once in a 5 year period;

(6) Not be available to individuals under the age of 21 that are not otherwise covered by the Medicaid state plan;

(7) Be authorized by the department in excess of the limitation in (4) and (5) above due to medical necessity through written request, which shall include documentation to support the identified need and how it correlates the individual's service agreement; and

(8) Be overseen by New Hampshire's prepaid ambulatory health plan as defined in 42 CFR §438.2.

He-M 517.06 Acute and Remote Setting Services.

(a) Upon request, services in (d) and (e) below shall be provided in an acute care hospital when each service is:

(1) Identified in an individual's service agreement;

(2) Provided to meet needs of the individual that are not met through the provision of hospital services;

(3) 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

(4) Designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities.

(b) If services in (d) are provided pursuant to (c) below, then those services shall be reviewed by the team at the quarterly meeting to ensure this method of service delivery continues to meet the individual's needs.

(c) Upon request, services in (d) below shall be provided remotely under the following conditions:

(1) This method of service delivery meets the assessed needs of the individual;

(2) The individual, guardian, or representative chose this method of service delivery;

(3) This method of service delivery is reviewed by the team at the quarterly meeting to ensure that it continues to meet the individual's needs; and

(4) The chosen remote platform for delivery of services is in compliance with the Health Insurance Portability and Accountability Act of 1996, as applicable.

(d) Services that may be provided through a remote method of service delivery pursuant to (c) above shall include:

(1) Community participation services;

(2) Residential habilitation;

(3) Service coordination, except home visits pursuant to He-M 503 or He-M 522 for residential services;

(4) Supported employment;

(5) Assistive technology;

(6) Community integration services;

(7) Community support services;

(8) Crisis response services;

(9) Individual goods and services;

(10) Specialty services; and

(11) Wellness coaching.

(e) Services that may be provided in an acute care hospital pursuant to (a) above shall include:

- (1) Community participation services;
- (2) Residential habilitation;
- (3) Respite;
- (4) Service coordination;
- (5) Supported employment;
- (6) Assistive technology;
- (7) Community support services;
- (8) Crisis response services;
- (9) Environmental and vehicle modification services;
- (10) Individual goods and services;
- (11) Personal emergency response services;
- (12) Removable prosthodontic services;
- (13) Specialty services; and
- (14) Wellness coaching.

He-M 517.07 Out of State Service Provision.

(a) Services outlined in (c) below shall be provided outside of New Hampshire as follows:

- (1) When the only safe and accessible setting is outside of New Hampshire;
- (2) Only until a safe and accessible setting is available in New Hampshire or in their community in accordance with (d) below;
- (3) The services are approved by the bureau in accordance with (b) below; and
- (4) The services are outlined in the individual's service agreement to reflect the amount, scope, duration and frequency of the service and the oversight and monitoring of the service agreement.

(b) Out-of-state service provisions shall be requested via written request to the bureau and include:

- (1) A transition plan with a timeframe for return to New Hampshire;
- (2) Verification that the provider agency meets criteria in accordance with He-M 504, He-M 506, He-M 507, and He-M 518, as applicable;

- (3) Demonstration that the provider is in good standing through licensing or certification reports from the previous 5 years, or the maximum number available for providers established within the previous 5 years, from any in-state or out-of-state entity, including deficiency reports and compliance records;
 - (4) A plan that will be articulated in the service agreement to demonstrate how an individual will access acute care as well as ongoing medical and clinical needs that are not covered by the home and community-based waiver; and
 - (5) A plan that will be articulated in the service agreement for oversight and monitoring of the service plan in accordance with He-M 503 or He-M 522.
- (c) Services that may be provided out-of-state pursuant to (a)-(b) shall include:
- (1) Community participation services;
 - (2) Residential habilitation;
 - (3) Supported employment;
 - (4) Assistive technology;
 - (5) Community integration services;
 - (6) Community support services;
 - (7) Crisis response services;
 - (8) Environmental and vehicle modification services;
 - (9) Individual goods and services;
 - (10) Non-medical transportation;
 - (11) Personal emergency response services;
 - (12) Removable prosthodontic services;
 - (13) Specialty services; and
 - (14) Wellness coaching.
- (d) The provisions outlined in (a)-(b) shall not apply when an individual is requesting services in a town outside of New Hampshire that is not more than a 30 minute drive.

~~(n)~~He-M 517.08 ~~Participant d~~Directed and ~~m~~Managed ~~s~~Services. ~~shall:~~

(a) Services that are accessed through the participant directed and managed method of service delivery shall:

- (1) Be provided pursuant to He-M 525;

(2) Be available for individuals and their families in order to improve or maintain each individual's health and their ~~his or her~~ experiences and opportunities in work and community life;

(3) Consist of assistance and resources within a flexible process that allows the family and individual to control, to the extent desired, the service provision, including, for each service:

- a. The type;
- b. The amount;
- c. The location;
- d. The duration; and
- e. The service provider agency and provider;

(4) Be based on an individual service agreement ~~written proposal~~ that includes:

- a. A description of the services to be provided that also specifies the expenditures to be made;
- b. A line-item budget; and
- c. A process for measuring the individual's degree of satisfaction with the services provided;

(5) Not be provided by the spouse of an individual, except as provided in He-M 517.10(g) below, or the parent of an individual where the individual is a minor child;

(6) Be provided by persons qualified pursuant to He-M 504 He-M 506.03 and He-M 525, as applicable ~~in cases where services are provided by relatives other than parents or by friends~~; and

(7) Be reimbursed in accordance with the process for each monthly ~~for services~~ provided as outlined in 517.05.

(b) Participant directed and managed services documentation shall include:

(1) Individual records, including:

- a. Information about the individual that would be essential in case of an emergency, including that information specified in 517.09 (b)(1);
- b. The portion of the individual's service agreement pertaining to participant directed and managed services, with any revisions;
- c. Monthly progress notes;
- d. Monthly notes describing the family's satisfaction with the services; and

- e. Monthly financial statements provided to the individual and family by the service coordinator; and

(2) Detailed description of all services provided, including:

- a. The date;

- b. The activity or type of service;

- c. The location;

- d. The duration;

- e. The provider agency and provider; and

f. Documentation required for the services provided as outlined in 517.09.

He-M 517.09~~6~~ Non-Covered Services. The following services shall not be fundable under home and community-based care waivers:

(a) Educational services or education programs for individuals who are under ~~22~~ years of age that are the responsibility of the local education authority;

(b) Post-secondary education, regardless of whether it leads to a degree;

(c) Sheltered workshop services; ~~and~~

(d) Custodial care programs provided only to maintain an individual's basic welfare;~~;~~

(e) Services that are recreational or diversional in nature;

(f) Services which are available under the medicaid state plan; and

(g) Experimental or prohibited treatments.

He-M 517.10~~7~~ Documentation.

(a) Provider agencies of home and community-based care for ~~persons—individuals~~ with developmental disabilities or acquired brain disorders shall maintain the documentation described in (b)-~~(k)~~ below at the sites where services are provided.

(b) Service coordination records shall include:

(1) Information about the individual that would be essential in case of an emergency, including:

a. Name, address, and telephone number of legal guardian, representative, or next of kin; and

b. Medical information, including:

1. Diagnosis(es);
2. Health history;
3. Medications, including dose, frequency, and route;
4. Allergies;
5. Do not resuscitate (DNR) status; ~~and~~
6. Advance directives created in accordance with RSA 137-J; and
7. Any correspondence related to medical information relevant to the individual;

(2) A copy of each individual's service agreement;

(3) Copies of all service agreement revisions approved by the individual or ~~his/her~~their guardian;

(4) Documentation of service agreement monitoring pursuant to He-M 503 or He-M 522 including:

a. Progress notes on goals for which the service coordinator has primary responsibility;

~~(5)b.~~ Monthly documentation by the service coordinator of service coordination activities, including activities promoting community participation and integration;

~~(6)c.~~ At least quarterly documentation of face-to-face visits, inclusive of those that occur in the individual's home, assessing progress on goals and identifying whether the services:

1a. Match the interests and needs of the individual;

2b. Met with the individual's and guardian's satisfaction; and

3e. Meet the terms of the service agreement;

~~(75)~~ Copies of all evaluations and reviews by providers and professionals;

~~(86)~~ Copies of correspondence within the past year with the individual or guardian, ~~service~~ providers, physicians, attorneys, state and federal agencies, family members and others in the individual's life with whom the service coordinator has corresponded; and

~~(97)~~ Other correspondence or memoranda concerning any significant events in the individual's life.

(c) For residential habilitation services provided in a community residence pursuant to He-M 1001, ~~personal-care~~ services documentation shall include:

(1) Individual records, which shall include:

- a. Information about the individual that would be essential in case of an emergency, including that information specified in (b)(1) above;
- b. The portion of the service agreement pertaining to residential services, with any revisions; and
- c. Monthly progress notes;

(2) Community residence daily service provision records, which shall:

- a. Be completed by the ~~service~~-provider agency;
- b. Include the date;
- c. Indicate each individual's daily presence or absence;
- d. If the individual is not present, indicate the date and time of the individual's departure and return, and include the reason for the absence;
- e. For those community residences where supervision is less than 24 hours a day, indicate the days in which services were provided; and
- f. Be on file at both the community residence and the ~~area-agency~~provider agency; and

(3) A daily medication log, which shall be completed at the residence pursuant to He-M 1201.07.

(d) For services provided in a family home pursuant to He-M 521, ~~personal care services~~ documentation shall include:

(1) Individual records, which shall include:

- a. Information about the individual that would be essential in case of an emergency, including that information specified in (b)(1) above;
- b. The portion of the service agreement pertaining to residential services with any revisions; and
- c. Monthly progress notes; and

(2) Daily service provision records, which shall:

- a. Be completed by the ~~service~~-provider agency;
- b. Include the date; and
- c. Indicate days that services were provided.

(e) For community participation services pursuant to He-M 507, individual records shall include:

(1) A copy of the current service agreement containing:

- a. Goals and desired outcomes specific to the individual's participation in community participation services; and
- b. The methods or strategies for achieving the individual's community participation services' goals and desired outcomes;

(2) As a guide for planning activities, an individual, week-long, personal schedule or calendar that is created at the time of the annual service planning meeting and, if applicable, identifies:

a. The days, times, and locations of the individual's:

- 1. Paid employment;
- 2. Community activities, volunteerism, or internship; and
- 3. Other regularly recurring activities, such as therapeutic activities related to communication, mobility, and personal care; and

b. The days and approximate times of unspecified community activities, which shall not exceed 20% of the total day service hours the individual receives per week;

(3) A record of daily community participation services activities maintained by the provider agency, which shall include the following:

- a. The name(s) of individual(s) served and names of staff supporting them;
- b. The dates on which services were provided; and
- c. Activities that took place and the locations of the activities;

(4) Narrative progress notes, and other service documentation as specified in the service agreement, recorded at least monthly, and addressing:

- a. The individual's community participation services goals and actual outcomes; and
- b. Other activities related to the individual's support services, health, interests, achievements, and relationships;

(5) The individual's medical status, including current medications, known allergies, and other pertinent health care information;

(6) Results of any screenings or evaluations including, if applicable:

- a. The Supports Intensity Scale, SIS-A ® (~~2004-2023~~ edition), available as noted in Appendix A;
- b. Vocational assessments;

c. Results of any assistive technology assessments;

d. The Health Risk Screening Tool (HRST) (~~2009-2015~~ edition), available as noted in Appendix A;

e. Systematic, therapeutic, assessment, respite and treatment (START) in-depth assessments and crisis plans; and

f. Risk management plans for individuals who are deemed to pose a risk to community safety; and

(7) For each individual for whom medications are administered during community participation services, medication log documentation pursuant to He-M 1201.07.

(f) Individual records for supported employment services shall include:

(1) Information about the individual that would be essential in case of an emergency, including that information specified in (b)(1) above;

(2) The portion of the service agreement pertaining to employment services, with any revisions;

(3) Quarterly progress notes regarding services provided and progress toward goals identified in the service agreement;

(4) Weekly work schedules; and

(5) If there is a provider agency staff person with the individual or individuals at the job site:

a. Service provision records, including documentation of the individual's attendance at work; and

b. As needed, notation of any employment-related events apart from each individual's expected work routine.

(g) Respite service records shall include attendance records indicating the dates and duration of the services provided.

(h) Environmental ~~and vehicle accessibility~~ modifications services documentation shall include:

(1) A specific description of the modifications and estimate(s) of cost, in accordance with He-M 517.08;

(2) A rationale as to why the requested modification is specifically related to the individual's disability;

(3) The section of the individual's service agreement ~~or IFSP~~ that specifies-outlines the need for the modifications; and

(4) The date of completion.

(i) Crisis response services documentation shall include:

- (1) A brief description of the crisis in the service agreement written by the service coordinator;
- (2) A ~~an initial~~ summary of the crisis response services proposed;
- (3) Monthly progress notes, including a description of the services provided and the individual's response to services; and
- (4) Service provision records indicating the units of services provided.

(j) Community support services documentation shall include:

- (1) Individual records, which shall include:
 - a. Information about the individual that would be essential in case of an emergency, including that information specified in (b)(1) above;
 - b. A service agreement with all approved revisions; and
 - c. Monthly progress notes; and
- (2) Service provision records indicating the units of services provided.

~~(k) Participant directed and managed services documentation shall include:~~

- ~~(1) Individual records, including:~~
 - ~~a. Information about the individual that would be essential in case of an emergency, including that information specified in (b)(1) above;~~
 - ~~b. The portion of the individual's service agreement pertaining to participant directed and managed services, with any revisions;~~
 - ~~c. Monthly progress notes;~~
 - ~~d. Monthly notes describing the family's satisfaction with the services; and~~
 - ~~e. Monthly financial statements provided to the individual and family by the area agency or representative; and~~
- ~~(2) Detailed description of all services provided, including:~~
 - ~~a. The date;~~
 - ~~b. The activity or type of service;~~
 - ~~c. The location;~~
 - ~~d. The duration; and~~

~~e. The provider.~~

(~~4k~~) Assistive technology ~~support services~~ documentation shall include:

(1) A brief statement in the service agreement ~~or IFSP~~ describing ~~the need for assistive technology support services~~;

a. The item or service;

b. The name of the healthcare practitioner recommending the item or service;

c. An evaluation or assessment regarding the appropriateness of the item;

d. A goal related to the use of the item;

e. The anticipated environment in which any item will be used; and

f. Current modifications to the item or product and anticipated future modifications and anticipated cost; and

~~(2) A report of any evaluation or consultation performed, with recommendations;~~

~~(3) A report regarding the nature of the services provided;~~

(~~4l~~) Records indicating the dates and ~~units of~~ services provided; and

(~~5j~~) For lease of assistive technology equipment, a written proposal for the cost of the lease.

(l) Specialty services shall include:

(1) Documentation in the service agreement of:

a. The service;

b. An evaluation or assessment regarding the need for the services; and

c. The nature of the service, date, and number of units; and

(2) Records indicating the dates, units and services provided.

(m) Community integration services shall include:

(1) Documentation in the service agreement of:

a. The service;

b. The name of the healthcare practitioner recommending the service when a single service exceeds \$2,000 except when such service is a community-based campership;

c. An evaluation or assessment regarding the appropriateness of the services; and

d. The individual's goal(s) that will be supported through the use of the service; and

(2) Records indicating the dates, costs and services provided.

(n) Individual goods and services documentation shall include:

(1) A summary in the service agreement to include:

a. The service;

b. The duration of any service to include a finite end-date;

c. An evaluation or assessment regarding the appropriateness of the services; and

d. A goal related to the use of the service;

(2) Monthly documentation, pursuant to He-M 503, related to the use of the item or service to include:

a. The frequency of purchase; and

b. That the item continues to meet the individual's identified need; and

(3) Records indicating the dates, costs and services provided.

(o) Non-medical transportation shall include:

(1) Documentation in the service agreement of:

a. The service; and

b. How the service will be utilized; and

(2) Records indicating the dates and costs of services provided.

(p) Personal emergency response system shall include:

(1) Documentation in the service agreement of:

a. The service; and

b. An evaluation or assessment regarding the need for the services; and

(2) Records indicating the dates, costs and services provided.

(q) Wellness coaching shall include:

(1) Documentation in the service agreement of:

a. The service;

b. An evaluation or assessment regarding the need for the services; and

c. The desired wellness goals and outcomes for the individual over the coming year; and

(2) Records indicating the dates, costs and services provided.

(r) Removable prosthodontic services documentation shall include:

(1) Documentation in the service agreement of the need for the service;

(2) Treatment notes;

(3) Radiographic images;

(4) Laboratory prescriptions; and

(5) Laboratory invoices.

~~(ms)~~ Each provider agency shall retain individual records for a period of ~~7~~6 years following the termination of services to an individual.

He-M 517.08-11 Utilization Control.

~~(a) Recipients shall undergo an initial determination of eligibility and annual reassessment of the need for continued services. The bureau shall determine the need for services based on the criteria specified in He-M 517.03.~~

~~-~~

~~—(b) To request determination of eligibility and service authorization for home and community based care services for an individual, the area agency shall complete and submit to the bureau through Xerox Provider Services a “NH bureau of developmental services functional screen for waiver services” form (edition 5/22/13) at least 30 days prior to initiation of the services or at least 30 days prior to expiration of the current authorization.~~

(a) Requests for prior service authorization shall be made to the bureau electronically utilizing NH Easy via <https://nheasy.nh.gov/#/>, and shall include the service, amount, scope, frequency and duration.

~~(c) In the case of environmental modification or vehicle requests in excess of \$5,000, each request shall include 2 cost estimates.~~

~~(db)~~ To request prior service authorization of a change in covered services within a current authorization period, the service coordinator ~~area agency~~ shall complete and submit, via NH Easy at <https://nheasy.nh.gov/#/>, updated information to reflect the change in the service, amount, scope, frequency or duration.

~~(1) A written request for authorization of the change; and~~

~~(2) An updated “NH bureau of developmental services functional screen for waiver services” form (edition 5/22/13).~~

~~(ec)~~ The bureau shall approve or deny requests for prior service authorization ~~of services~~ following determination and approval of the need for services pursuant to He-M 517.03 and development of a service agreement pursuant to He-M 503 or He-M 522.

~~(fd)~~ If information submitted pursuant to (b) or ~~(d)-(c)~~ above, or similar information obtained at any other time by the bureau, indicates that an individual might no longer meet the criteria for home and community-based care specified in He-M 517.03 (a)(~~43~~) a. or b., the bureau shall redetermine the individual's eligibility pursuant to He-M 517.03 (a)(3)(b)-(e) above.

~~(g) For initial service determinations and annual reviews of eligibility, the department shall notify:~~

- ~~-~~
- ~~(1) The area agency, the department's district office, and Xerox of approvals; and~~
- ~~-~~
- ~~(2) The area agency of denials, including the reason.~~

(e) Any request for an environmental or vehicle modification shall include:

(1) Two cost estimates when the modification is in excess of \$7,500 to include the following, as applicable to the modification:

a. A breakdown of costs between labor and materials;

b. A list of supplies and materials;

c. Blueprints or scaled drawings, if applicable;

d. The name(s) of any subcontractors that will be involved;

e. Written confirmation of whether or not a building permit is required;

f. A written statement if the individual or guardian, if applicable, prefers the more expensive bid over the other, to include an explanation of the preference;

(2) If electrical or plumbing work is required to support the modification, then:

a. A statement signed by the selected plumber or electrician stating that the requested modification can be done within the current electrical or plumbing capacity of the residence; and

b. A copy of the selected electrician or plumber's license;

(3) A statement signed by the selected provider agency affirming knowledge of all applicable building codes and permitting requirements and affirming that any subcontractors involved in the work are appropriately licensed;

(4) An agreement signed by the selected provider agency stating that reimbursement for the authorized service through the bureau will be payment in full; and

(5) A notarized written statement from the property owner granting permission to complete the project if the individual is not the owner of the residence.

(f) The bureau shall deny services through the home and community-based waiver services if it determines that the provision of services will result in the loss of federal financial participation for such services.

(hg) In every case of denial of a request for prior service authorization ~~of services~~, the ~~area agency's~~ bureau shall notify the service coordinator, individual, guardian, or representative affected, in writing, of the decision and the reasons for the denial.

(ih) Notification pursuant to (g) above shall include:

- (1) The specific rules that support, or the federal or state law that requires, the action;
- (2) An explanation of the individual's right to request an appeal and the procedure and timelines set forth in He-M 517.09;
- (3) Notice that the individual has the right to have representation with an appeal by:
 - a. Legal counsel;
 - b. A relative;
 - c. A friend; or
 - d. Another spokesperson;
- (4) Notice that neither the area agency, service coordination agency, nor the bureau is responsible for the cost of representation; and
- (5) Notice of organizations that might offer assistance or representation to the individual, including pro bono or reduced fee assistance.

He-M 517.~~09-12~~ Appeals.

(a) Within 30 working days of receipt of a final decision as described in He-M 517.03 or pursuant to He-M 517.~~1098~~ (gh), the individual or guardian may appeal in accordance with He-C 200.

(b) Appeals shall be forwarded to the bureau administrator, in writing, in care of the department's office of client and legal services.

(c) The bureau administrator shall immediately forward the appeal to the department's administrative appeals unit which shall assign a presiding officer to conduct a hearing or independent review, as provided in He-C 200. The burden shall be as provided by He-C 203.14.

(d) If a hearing is requested, the following actions shall occur:

- (1) For current recipients, services and payments shall be continued as a consequence of an appeal for a hearing until a decision has been made; and

(2) If the bureau's decision is upheld, benefits shall cease 60 days from the date of the denial letter or 30 days from the hearing decision, whichever is later.

He-M 517.40-13 Payment.

(a) ~~Community-based care~~ Provider agencies shall submit claims for covered home and community-based ~~care-waiver~~ services pursuant to He-M 504.05:

~~Xerox Provider Services
ATTN: Claims Administration
PO Box 2003
Concord, NH 03302-2003~~

(b) Payment for home and community-based ~~care-waiver~~ services shall only be made if prior service authorization has been obtained from the bureau pursuant to He-M 517.08. ~~(e).~~

~~— (c) Requests for prior authorization shall be made electronically utilizing the NH Medicaid Management Information System or in writing to:~~

-

~~Xerox Provider Services
ATTN: Claims Administration
PO Box 2003
Concord, NH 03302-2003~~

(~~c~~d) For those individuals whose net income exceeds the appropriate standard of need, medicaid claims payment will reflect a reduction in reimbursement equal to the cost of care amount.

(d) Payment for environmental or vehicle modification services shall not be made until the bureau receives the following, as applicable to the modification:

(1) A copy of any required building permit and written confirmation from the building inspector that the work was completed as allowed by the permit;

(2) A signed statement from the individual or guardian, if applicable, stating that the work has been completed according to the approved bid and plans and to the satisfaction of the individual; and

(3) A signed confirmation from the service coordinator stating that the work was completed.

(e) Payment for home and community-based ~~care-waiver~~ services shall not be available to any ~~service~~ provider who:

(1) Is the parent of an individual under age 18;

(2) Is a person under age 18, except as permitted in He-M 525; or

(3) Is the spouse of an individual receiving services, except as provided in (g) below.

(f) Payment for provision of residential habilitation services to a person who is receiving services for an acquired brain disorder shall be available to a spouse when:

- (1) The individual, or guardian, if applicable, chooses the individual's spouse to provide the service;
- (2) It is determined that this is in the best interest of the individual;
- (3) At least one of the following applies:
 - 1. The individual's level of dependency in performing activities of daily living, including the need for assistance with toileting, eating or mobility, exceeds that of his or her peers with an acquired brain disorder;
 - 2. The individual requires support for a complex medical condition, including airway management, enteral feeding, catheterization or other similar procedures; or
 - 3. The individual's need for behavioral management or cognitive supports exceeds that of his or her peers with an acquired brain disorder;
- (4) The spouse meets all applicable provider qualifications in accordance with He-M 504;
- (5) The spouse does not provide more than 40 hours per week of residential habilitation services; and
- (6) The service coordinator conducts service monitoring in accordance with He-M 522.

He-M 517.~~11~~-14 Waivers.

(a) An applicant, area agency, provider agency, individual, guardian, or provider may request a waiver of specific procedures outlined in He-M 517 using the form titled "NH bureau of developmental services waiver request" (~~XXXX 2023~~September 2013 edition). ~~The area agency shall submit the request in writing to the bureau administrator.~~

(b) A completed waiver request form shall be signed by:

- (1) The individual or guardian indicating agreement with the request; and
- (2) The ~~area-provider~~ agency's executive director or designee recommending approval of the waiver, if applicable.

(c) A waiver request shall be submitted to:

~~Department of Health and Human~~Bureau of Developmental Services
~~Office of Client and Legal Services~~
Hugh J. Gallen State Office Park
105 Pleasant Street, Main Building
Concord, NH 03301

(d) No provision or procedure prescribed by statute shall be waived.

(e) The request for a waiver shall be granted by the commissioner within 30 days if the alternative proposed by the requesting entity meets the objective or intent of the rule and it:

- (1) Does not negatively impact the health or safety of the individual(s); and
- (2) Does not affect the quality of services to individuals.

(f) Upon receipt of approval of a waiver request, the requesting entity's subsequent compliance with the alternative provisions or procedures approved in the waiver shall be considered compliance with the rule for which waiver was sought.

(g) Waivers shall be granted in writing for the minimum period necessary to accommodate the waiver request, with a specific duration not to exceed 5 years except as in (h)-(i) below.

(h) Those waivers which relate to other issues relative to the health, safety or welfare of individuals that require periodic reassessment shall be effective for the current certification period only.

(i) Any waiver shall end with the closure of the related program or service.

(j) A requesting entity may request a renewal of a waiver from the bureau. Such request shall be made at least 90 days prior to the expiration of a current waiver.

APPENDIX A: Incorporation by Reference Information

Rule	Title	Publisher; How to Obtain; and Cost
He-M 517.10(e)(6)a.	Supports Intensity Scale (SIS-A) (2023 edition)	<p>Publisher: American Association on Intellectual and Developmental Disabilities</p> <p>Cost: Member Price: \$112 or Non-Member Price: \$130</p> <p>The incorporated document is available at:</p> <p>https://www.aaid.org/publications/bookstore-home/product-listing/supports-intensity-scale-adult-version-sup-sup-(sis-a-sup-sup)-2nd-edition</p>
He-M 517.10(e)(6)d.	Health Risk Screening Tool (HRST) (2015 edition)	<p>Publisher: DTECH Computerists, Inc.</p> <p>Cost: 1–100 consumers = \$699.00 each; 1–200 consumers = \$899.00 each; 1–1000 consumers = \$999.00 each</p> <p>The incorporated document is available at:</p> <p>Website: https://nhbds.hrstapp.com/ Email: HRSTinfo@dtechgroup.com</p>

APPENDIX B

RULE	SPECIFIC STATE STATUTES WHICH THE RULE IMPLEMENTS
He-M 517 (all sections)	RSA 171-A:18, IV; RSA 137-K:3

ACTIVITY LOG

PART A

Section A:
ServicesSection B:
Clinical InformationSection C:
Activities Of Daily
Living(ADLs)Section D:
Instrumental
Activities Of Daily
Living(IADLs)Section E:
Employment/VolunteerSection F:
Communication And
Cognition

PART B

Section G:
Behavior(s)/Mental
HealthSection H:
Risk To Community[← BACK TO AA INTAKE DASHBOARD](#)

SECTION A - SERVICES

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID
Brabatch	Helena	Female	06/02/1956	***-**-6245	0123458674	123456

Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. All other questions should only be answered, if they apply.

1. Target Group:

ABD

2. Does the applicant have a disability determination form a qualified medical professional?

☐ Yes ☐ No

3. Residential Services(Select One)

He-M 525

☒ License Facility #☐ EFC Certified☐ Staffed Residence Certified#

4. Day Services(Select One)

He-M 525

☐ Certification Number

ACTIVITY LOG

PART A

Section A:
Services

Section B:
Clinical Information

Section C:
Activities of Daily
Living(ADLs)

Section D:
Instrumental
Activities of Daily
Living(IADLs)

Section E:
Employment/Volunteer

Section F:
Communication and
Cognition

PART B

Section G:
Behavior(s)/Mental
Health

Section H:
Risk to Community
Safety

Section I:
Attachments

[← BACK TO AA INTAKE DASHBOARD](#)

SECTION B - CLINICAL INFORMATION

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0123454554	123456

1. TREATMENTS/CHRONIC CONDITIONS

a. Medications via tube

b. Tracheostomy care-chronic stable

c. Urinary catheter change

d. Urinary catheter irrigation

e. Venous puncture for Disease and/or medication management

f. Injections

g. Wound Treatments

h. Chest PT

FUNCTIONAL SCREEN

Last Sign In: Thursday, November 18, 2021 01:42 PM EST

[? HELP](#)

ACTIVITY LOG

PART A

Section A:
Services

Section B: Clinical Information

Section C:
Activities of Daily
Living(ADLs)

Section D:
Instrumental
Activities of Daily
Living(IADLs)

Section E:
Employment/Volunteer

Section F:
Communication and
Cognition

PART B

Section G:
Behavior(s)/Mental
Health

Section H:
Risk to Community
Safety

Section I:
Attachments

[← BACK TO AA INTAKE DASHBOARD](#)

SECTION B - CLINICAL INFORMATION

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0123454554	123456

CONTACT INFORMATION

MENTAL ILLNESS

- ☐ Anxiety Disorder (PTSD, OCD)
- ☐ Bipolar Disorder
- ☐ Major Depression
- ☐ Schizophrenia
- ☒ Personality Disorder (please specify)
- ☒ Other (please specify)

OTHER MEDICAL CONDITION(S)

- ☒ Underlying medical condition which affects level of care, if any (please specify)

☐ None of the above ⓘ

Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. All other questions should only be answered, if they apply.

IMPAIRMENTS

- * Visual
☐ Yes ☐ No
- * Speech
☐ Yes ☐ No
- * Hearing
☐ Yes ☐ No

FUNCTIONAL SCREEN

Last Sign In: Thursday, November 18, 2021 01:42 PM EST

[? HELP](#)

ACTIVITY LOG

PART A

Section A:
Services

Section B: Clinical Information

Section C:
Activities of Daily
Living(ADLs)

Section D:
Instrumental
Activities of Daily
Living(IADLs)

Section E:
Employment/Volunteer

Section F:
Communication and
Cognition

PART B

Section G:
Behavior(s)/Mental
Health

Section H:
Risk to Community
Safety

Section I:
Attachments

[← BACK TO AA INTAKE DASHBOARD](#)

SECTION B - CLINICAL INFORMATION

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0123454554	123456

CONTACT INFORMATION ▼

* Paralysis

☐ Yes ☐ No

* Joint Motion

☐ Yes ☐ No

SPECIALTY CARE

* G-Tube

☐ Yes ☐ No

* Vent/Trach

☐ Yes ☐ No

* Oxygen

☒ Yes ☐ No

Other

THERAPIES

* Occupational Therapy

☐ Yes ☐ No

* Physical Therapy

☐ Yes ☐ No

* Speech

☐ Yes ☐ No

[PREVIOUS](#)

[SAVE AND
FINISH LATER](#)

[NEXT](#)

ACTIVITY LOG

PART A

Section A:
Services

Section B:
Clinical Information

Section C:
Activities of Daily
Living(ADLs)

Section D:
Instrumental
Activities of Daily
Living(IADLs)

Section E:
Employment/Volunteer

Section F:
Communication and
Cognition

PART B

Section G:
Behavior(s)/Mental
Health

Section H:
Risk to Community
Safety

Section I:
Attachments

[← BACK TO AA INTAKE DASHBOARD](#)

SECTION C - ACTIVITIES OF DAILY LIVING(ADLS)

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0124656325	123456

CONTACT INFORMATION ▼

Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. All other questions should only be answered, if they apply.

Level of Assistance Scale		
0 - Person is completely independent in his/her ability to safely accomplish task.		
1 - Assistance, including supervision, cueing, or hands-on, is necessary for the individual to complete the task safely, but helper DOES NOT have to be physically present throughout .		
2 - Assistance, including supervision, cueing, and/or hands-on assist, is necessary to safely complete the task with helper present throughout or task is not age appropriate.		

ADL's (Activities of Daily Living)		Select only one box
BATHING	The ability to shower and/or bathe to maintain adequate hygiene, including the ability to: get in and out of the shower and/or tub; turn faucets on and off; regulate water temperature; wash; and dry fully.	<input type="text"/>
Select all adaptive equipment used, if any: <input type="checkbox"/> Grab bar(s) <input type="checkbox"/> Shower Chair <input type="checkbox"/> Tub Bench <input type="checkbox"/> Mechanical Lift		
DRESSING	The ability to dress/undress including selection of weather appropriate clothing, completed with or without assistive devices; this includes fine motor coordination for buttons and zippers on the front of clothing (do not include difficulties with zippers and/or buttons at the back of an article of clothing).	<input type="text"/>
EATING	The ability to eat and drink using routing or adaptive utensils, this includes the ability to cut, chew, and swallow food. Note: If individual is fed via tube or intravenous, check "0" if they can accomplish task themselves, or "1" or "2" if assistance is required.	<input type="text"/>

ACTIVITY LOG

PART A

Section A:
Services

Section B:
Clinical Information

Section C:
Activities of Daily
Living(ADLs)

Section D:
Instrumental
Activities of Daily
Living(IADLs)

Section E:
Employment/Volunteer

Section F:
Communication and
Cognition

PART B

Section G:
Behavior(s)/Mental
Health

Section H:
Risk to Community
Safety

Section I:
Attachments

[← BACK TO AA INTAKE DASHBOARD](#)

SECTION C - ACTIVITIES OF DAILY LIVING(ADLS)

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0124656325	123456

CONTACT INFORMATION ▼

Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. All other questions should only be answered, if they apply.

Level of Assistance Scale		
0 - Person is completely independent in his/her ability to safely accomplish task.		
1 - Assistance, including supervision, cueing, or hands-on, is necessary for the individual to complete the task safely, but helper DOES NOT have to be physically present throughout .		
2 - Assistance, including supervision, cueing, and/or hands-on assist, is necessary to safely complete the task with helper present throughout or task is not age appropriate.		

ADL's (Activities of Daily Living)		Select only one box
BATHING	The ability to shower and/or bathe to maintain adequate hygiene, including the ability to: get in and out of the shower and/or tub; turn faucets on and off; regulate water temperature; wash; and dry fully.	<input type="text"/>
Select all adaptive equipment used, if any: <input type="checkbox"/> Grab bar(s) <input type="checkbox"/> Shower Chair <input type="checkbox"/> Tub Bench <input type="checkbox"/> Mechanical Lift		
DRESSING	The ability to dress/undress including selection of weather appropriate clothing, completed with or without assistive devices; this includes fine motor coordination for buttons and zippers on the front of clothing (do not include difficulties with zippers and/or buttons at the back of an article of clothing).	<input type="text"/>
EATING	The ability to eat and drink using routing or adaptive utensils, this includes the ability to cut, chew, and swallow food. Note: If individual is fed via tube or intravenous, check "0" if they can accomplish task themselves, or "1" or "2" if assistance is required.	<input type="text"/>

ACTIVITY LOG

PART A

Section A:
Services

Section B:
Clinical Information

Section C:
Activities of Daily
Living(ADLs)

Section D:
Instrumental
Activities of Daily
Living(IADLs)

Section E:
Employment/Volunteer

Section F:
Communication and
Cognition

PART B

Section G:
Behavior(s)/Mental
Health

Section H:
Risk to Community
Safety

Section I:
Attachments

[BACK TO AA INTAKE DASHBOARD](#)

SECTION D - INSTRUMENTAL ACTIVITIES OF DAILY LIVING(IADLS)

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992			123456

CONTACT INFORMATION

Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. All other questions should only be answered, if they apply.

Note: When answering questions a through g, values in both Self-Performance and Support must be selected. Some answers will enable or display additional fields, when selected. These additional fields are to collect pertinent details and may be required to proceed to the next section.

Level of Assistance Scale

0 - Person is **completely** independent in his/her ability to safely accomplish task.

1 - Assistance, including supervision, cueing, or hands-on, is necessary for the individual to complete the task safely, but **helper DOES NOT have to be physically present throughout**.

2 - Assistance, including supervision, cueing, and/or hands-on assist, is necessary to safely complete the task with **helper present throughout** or task is not age appropriate.

IADL's (Instrumental Activities of Daily Living)

Select
only one
box

MEAL
PREPARATION

Independent

Needs assistance weekly (e.g., meal planning, grocery shopping)

Needs help with every meal

☐ 0

☐ 1

☐ 2

MEDICATION
ADMINISTRATION
AND MANAGEMENT

Has no medication

Self-Administering/Independent (with or without assistive devices)

CANNOT direct the task; is required to have medications administered

☐ 0

☐ 1

☐ 2

MONEY
MANAGEMENT

Independent

Needs monitoring

Needs help from another person with all transactions

☐ 0

☐ 1

☐ 2

ACTIVITY LOG

PART A

Section A:
Services

Section B:
Clinical Information

Section C:
Activities of Daily
Living(ADLs)

Section D:
Instrumental
Activities of Daily
Living(IADLs)

Section E:
Employment/Volunteer

Section F:
Communication and
Cognition

PART B

Section G:
Behavior(s)/Mental
Health

Section H:
Risk to Community
Safety

Section I:
Attachments

[← BACK TO AA INTAKE DASHBOARD](#)

SECTION D - INSTRUMENTAL ACTIVITIES OF DAILY LIVING(IADLS)

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992			123456

CONTACT INFORMATION ▼

Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. All other questions should only be answered, if they apply.

Note: When answering questions a through g, values in both Self-Performance and Support must be selected. Some answers will enable or display additional fields, when selected. These additional fields are to collect pertinent details and may be required to proceed to the next section.

Level of Assistance Scale

0 - Person is **completely** independent in his/her ability to safely accomplish task.

1 - Assistance, including supervision, cueing, or hands-on, is necessary for the individual to complete the task safely, but **helper DOES NOT have to be physically present throughout**.

2 - Assistance, including supervision, cueing, and/or hands-on assist, is necessary to safely complete the task with **helper present throughout** or task is not age appropriate.

IADL's (Instrumental Activities of Daily Living)

Select
only one
box

MEAL
PREPARATION

Independent

☐ 0

Needs assistance weekly (e.g., meal planning, grocery shopping)

☐ 1

Needs help with every meal

☐ 2

MEDICATION
ADMINISTRATION
AND MANAGEMENT

Has no medication

☐ 0

Self-Administering/Independent (with or without assistive devices)

☐ 1

CANNOT direct the task; is required to have medications administered

☐ 2

MONEY
MANAGEMENT

Independent

☐ 0

Needs monitoring

☐ 1

Needs help from another person with all transactions

☐ 2

ACTIVITY LOG

PART A

Section A:
Services

Section B:
Clinical Information

Section C:
Activities of Daily
Living(ADLs)

Section D:
Instrumental
Activities of Daily
Living(IADLs)

Section E:
Employment/Volunteer

Section F:
Communication and
Cognition

PART B

Section G:
Behavior(s)/Mental
Health

Section H:
Risk to Community
Safety

Section I:
Attachments

[← BACK TO AA INTAKE DASHBOARD](#)

SECTION E - EMPLOYMENT/VOLUNTEER

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		01235647846	123456

[CONTACT INFORMATION ▼](#)

Please answer the following questions related to the client above, as they apply. This section concerns the need for assistance to perform employment specific activities. The need for help with ADLs and IADLs (e.g. transportation, personal care) is captured in other sections. This section concerns only those supports necessary for successful performance of job duties. For both questions A and B, select only one answer for each question.

A. CURRENT EMPLOYMENT STATUS (select one)

- ☐ Working full-time (paid work average 30 or more hours per week)
- ☐ Working part-time (paid work average less than 30 hours per week)
- ☐ Not working (engages in no paid work)
- ☐ Retired (age 65+ only)
- ☐ Volunteer

B. NEED OR ASSISTANCE TO WORK/VOLUNTEER (select one)

- ☐ Independent (includes use of assistive devices if needed)
- ☐ Needs help weekly or less (e.g. if a problem arises)
- ☐ Needs help daily, but does not need the continuous presence of another
- ☐ Needs the continuous presence of another person

PREVIOUS

SAVE AND
FINISH LATER

NEXT

ACTIVITY LOG

PART A

Section A:
Services

Section B:
Clinical Information

Section C:
Activities of Daily
Living(ADLs)

Section D:
Instrumental
Activities of Daily
Living(IADLs)

Section E:
Employment/Volunteer

**Section F:
Communication and
Cognition**

PART B

Section G:
Behavior(s)/Mental
Health

Section H:
Risk to Community
Safety

Section I:
Attachments

[← BACK TO AA INTAKE DASHBOARD](#)

SECTION F - COMMUNICATION AND COGNITION

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		123456	123456

[CONTACT INFORMATION ▼](#)

Please answer the following questions related to the client above, as they apply.

COMMUNICATION (select one):

Communication refers to the ability to express oneself, including non-English languages, American Sign Language, or other generally recognized communication strategy with or without assistive technology.

- ☐ Able to fully communicate without impairment or with minor impairment (e.g. slow speech)
- ☐ Able to fully communicate with the use of assistive device
- ☐ Able to communicate basic needs to others and/or comprehend basic language
- ☐ No effective communication

MEMORY LOSS (select one):

- ☐ No memory impairments evident
- ☐ Short-term memory loss (seems unable to recall things a few minutes up to 24 hours later)
- ☐ Unable to remember things over several days or weeks
- ☐ Long-term memory loss (seems unable to recall distant past)
- ☐ Long-term memory loss (seems unable to recall distant past)

COGNITION FOR DAILY DECISION MAKING (select one):

- ☐ Independent - Individual makes decisions that are generally consistent with his/her own
- ☐ Individual makes safe decisions in familiar situations, but needs help with new tasks or challenging situations
- ☐ Person needs help from another person most or all the time to ensure safe decision-making

ACTIVITY LOG

PART A

Section A:
Services

Section B:
Clinical Information

Section C:
Activities of Daily
Living(ADLs)

Section D:
Instrumental
Activities of Daily
Living(IADLs)

Section E:
Employment/Volunteer

**Section F:
Communication and
Cognition**

PART B

Section G:
Behavior(s)/Mental
Health

Section H:
Risk to Community
Safety

Section I:
Attachments

[← BACK TO AA INTAKE DASHBOARD](#)

SECTION F - COMMUNICATION AND COGNITION

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		123456	123456

CONTACT INFORMATION ▼

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- ☐ Able to fully communicate with the use of assistive device
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ACTIVITY LOG

PART A

Section A:
ServicesSection B:
Clinical InformationSection C:
Activities of Daily
Living(ADLs)Section D:
Instrumental
Activities of Daily
Living(IADLs)Section E:
Employment/VolunteerSection F:
Communication and
Cognition

PART B

**Section G:
Behavior(s)/Mental
Health**Section H:
Risk to Community
SafetySection I:
Attachments[← BACK TO AA INTAKE DASHBOARD](#)

SECTION G - BEHAVIOR(S)/MENTAL HEALTH

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0123456884	123456

CONTACT INFORMATION ▼

Please answer the following questions related to the client above, as they apply.

WANDERING (select one):*Individual has cognitive impairments and leaves residence/immediate area without informing.*

- ☐ Does not wander
- ☐ Wanders during the day, but sleeps nights
- ☐ Wanders at night, or wanders day and night

SELF-INJURIOUS BEHAVIORS (select one):*Behaviors that cause or could cause injury to one's own body, including: physical self-abuse (hitting, biting, head banging, etc.) pica (eating inedible objects), and etc.*

- ☐ Demonstrates no self-injurious behavior
- ☐ Some self-injurious behaviors requiring intervention weekly or less frequently
- ☐ Self-injurious behaviors requiring interventions 2-6 times per week OR 1-2 times per day
- ☒ Self-injurious behaviors require intensive one-on-one interventions more than twice each day (indicate behavior(s) exhibited)

ACTIVITY LOG

PART A

Section A:
ServicesSection B:
Clinical InformationSection C:
Activities of Daily
Living(ADLs)Section D:
Instrumental
Activities of Daily
Living(IADLs)Section E:
Employment/VolunteerSection F:
Communication and
Cognition

PART B

Section G:
Behavior(s)/Mental
HealthSection H:
Risk to Community
SafetySection I:
Attachments[← BACK TO AA INTAKE DASHBOARD](#)

SECTION G - BEHAVIOR(S)/MENTAL HEALTH

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0123456884	123456

Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. If this question is answered "Yes", at least one of the other questions must also be answered.

***Does the patient have any hearing problems? If no, skip to Section H.**

☐ Yes ☐ No

1. HEARING

With hearing appliance, if used

▼

①

2. COMMUNICATION DEVICES/TECHNIQUES

- ☐ a. Hearing aid, present and used
- ☐ b. Hearing aid, present and not used regularly
- ☐ c. Adaptive phones
- ☐ d. Lifeline
- ☐ e. None of the above

3. ABILITY TO UNDERSTAND OTHERS

Understanding information content - however able

▼

①

[PREVIOUS](#)[SAVE AND
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ACTIVITY LOG

PART A

- Section A: Services
- Section B: Clinical Information
- Section C: Activities of Daily Living(ADLs)
- Section D: Instrumental Activities of Daily Living(IADLs)
- Section E: Employment/Volunteer
- Section F: Communication and Cognition

PART B

- Section G: Behavior(s)/Mental Health
- Section H: Risk to Community Safety
- Section I: Attachments

BACK TO INTAKE DASHBOARD

SECTION H - RISK TO COMMUNITY SAFETY

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992			123456

CONTACT INFORMATION

Please answer the following questions related to the client above, as they apply.

- RISK TO COMMUNITY SAFETY (check all that apply):
- ☐ No known history of problematic sexual behavior, arson, and/or violence
 - ☐ History of problematic sexual behaviors, arson, and/or violence WITHOUT legal involvement
 - ☐ History of legal involvement related to problematic sexual behaviors, arson, and/or violence
 - ☐ Individual reports deviant thinking related to thoughts of sexual offending, fire setting, or violence

PREVIOUS

SAVE AND FINISH LATER

NEXT

ACTIVITY LOG

PART A

Section A:
Services

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Clinical Information

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Activities of Daily
Living(ADLs)

Section D:
Instrumental
Activities of Daily
Living(IADLs)

Section E:
Employment/Volunteer

Section F:
Communication and
Cognition

PART B

Section G:
Behavior(s)/Mental
Health

Section H:
Risk to Community
Safety

Section I:
Attachments

[← BACK TO AA INTAKE DASHBOARD](#)

SECTION I - ATTACHMENTS

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0123465884	123456

CONTACT INFORMATION ▾

Attachments that are required with this document are specified in the Mandatory Attachments section below.

Upload Instructions:

- You can only upload .pdf, .doc, .docx, .txt, .xls, .xlsx, .gif, .png, .jpg, .jpeg, .tif and .tiff files up to 15MB in size.
- You can upload a maximum of 10 files at a time.
- **Please make sure files are not password protected or .PDFs with fillable forms.**

Select 'Submit' to complete the attachment process and send the document to the LTSS Unit.

NOTE: All attachment activities must be completed at one time.

MANDATORY ATTACHMENT

AA Eligibility Letter

SELECT FILE

OPTIONAL ATTACHMENTS

+ADD MORE

PREVIOUS

SAVE AND
FINISH LATER

NEXT

ACTIVITY LOG

PART A

- Section A: Services ☒
- Section B: Clinical Information ☒
- Section C: Activities of Daily Living(ADLs) ☒
- Section D: Instrumental Activities of Daily Living(IADLs) ☒
- Section E: Employment/Volunteer ☒
- Section F: Communication and Cognition ☒

PART B

- Section G: Behaviors/ Mental Health ☒
- Section H: Risk to Community Safety ☒
- Section I: Attachments ☒

[← BACK TO AA INTAKE DASHBOARD](#)

REVIEW AND SUBMIT

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:
test	test	Male	01/01/1992		

[CONTACT INFORMATION ▼](#)

* If initial request for services or no waiver services provided in the past year:

Signature of Dr/RN completing form: Date Signed:

Print name and phone # of Dr/RN completing form:

Full Name Phone

* If change/services renewal:

Service Coordinator: Date Signed:

Name and phone # of person completing form:

Full Name Phone

[PREVIOUS](#)

[SUBMIT](#)

6.3.1.1 Screen Examples

Service Details

Service Information

* SERVICE:

Residential Level 4 (T1020 UA U4)

* START DATE:

05/08/2022

* END DATE:

04/30/2023

EQUIPMENT TYPE:

Service Category:

Residential

UNIT TYPE:

Day

RATE:

\$ 211.11

* FREQUENCY:

1

* UNIT PER:

Day

* Days Per Week:

7

PROVIDER:

Farmsteads of New England

PROVIDER #:

3077399

Approval Information

* STATUS:

Draft

AUTH #:

394890

MMIS #:

SUBMITTED DATE:

MM/DD/YYYY

APPROVAL DATE:

MM/DD/YYYY

COMMENTS:

Planned

TOTAL:

\$ 76,898.64

UNITS:

365

Paid

AMOUNT PAID:

\$ 0

UNITS PAID:

0

Remaining

AMOUNT:

\$ 76,898.64

UNITS:

365

CANCEL

SAVE

SUBMIT TO BDS