Bureau of Developmental Services (BDS) Systems Work FAQ

(Last Updated: December 2022)

This document contains information related to the BDS Systems Work Project. Click on one of the links below to see if your question has been answered!

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Scope and Intent of the System Changes

1. What is the point of the Systems Work? What is the background of this work?

The goal of the Bureau of Developmental Services (BDS) Systems Work is to improve the current service delivery system through the following initiatives:

- Update the Developmental Disability (DD) Waiver to offer services that are tailored to an individual's specific needs and available statewide;
- Develop rates for DD Waiver services that consider provider costs, staff credentialing and flexibility to address current and future cost-of-living needs;
- Modernize information technology (IT) systems to improve processing and reporting times, in order to create faster approvals for individual's services and faster payments from the state to providers; and,
- Build provider capacity in the State to ensure that individuals with intensive behavioral or medical needs can receive these services in New Hampshire.

The purpose of this work is to better meet the needs of the individuals and their families, while ensuring that provider agencies are reimbursed appropriately and equitably across the State. Additionally, BDS is working to come into compliance with Centers for Medicare and Medicaid Services (CMS) requirements relative to conflict of interest and provider direct billing. BDS must come into compliance with these requirements by July 1, 2023, to ensure that New Hampshire continues receiving its federal match funds for Medicaid Waiver Services.

Some of the preliminary analysis that has led to the Systems Work was completed by Alvarez & Marsal (A&M), a consulting firm that was hired by the Department in 2020. While that analysis initially began as an efficiency assessment that only reviewed data, A&M found that investment into the developmental disabilities service system and increased stakeholder engagement was needed to modernize service delivery. The Commissioner and the Governor agreed to pursue some of the long-term opportunities that were identified by the assessment.

Since that time, the Department has worked with A&M and other vendors, as well as community stakeholders, on various components of the Systems Work.

2. What is the timeline of the Systems Work?

Please reference the preliminary implementation timelines found on the <u>Systems Work webpage</u>. These timelines are tentative, subject to change, and updated regularly to reflect project changes.

3. How will this work fix capacity issues in the system?

The work being undertaken will address current capacity challenges in the system in a number of ways including:

- Modernizing IT systems to improve the flow of information;
- Developing a rate reimbursement schedule formed around direct support wages to promote workforce growth and provider fiscal stability; and
- Creating a waiver structure and services that are focused on community access, supporting families and agility to support the changing needs of a person's life.

4. What data analysis led to these policy changes?

For several years, the Department has investigated funding and service delivery trends for people with developmental disabilities. For a complete review of the most recent work completed, please see the November 2020 Operations Assessment.

5. What state(s) is the Department learning from when developing this work?

The Department is not modeling the Systems work off one particular state but is reviewing information from across the country to help inform these changes. To date, some of the states we have researched include North Carolina, New York, Maryland, Rhode Island, Hawaii, Arizona, and South Dakota.

6. Are there planned changes to RSA 171-A?

The Department understands that some of the changes made throughout the Systems Work might require updates to rule or statute. The Department will consider revisions as the work evolves but is not currently drafting RSA 171-A revisions.

7. What is the impact of the system work on Area Agencies?

As part of the system work, the Department is not currently enacting direct change to the structure of Area Agencies.

Area Agencies remain an important stakeholder group and are involved in the decision-making process around rate and waiver structure changes. We are also working with the Area Agencies to respond to our corrective action plan with CMS whereby Area Agencies cannot provide case management services and also be a service provider to the same person. These functions and corresponding rates will be reclassified in the State budgets going forward. As a result, Area Agencies may choose to pursue operational changes and these changes will play an important role in how the system evolves going forward.

8. What is direct billing and how does it affect individuals and families?

There are federal requirements that mandate service providers to have the ability to directly bill Medicaid for their services. BDS is working on coming into compliance with these regulations and must

do so by July 1, 2023, to ensure that New Hampshire continues receiving its federal match funds for Medicaid Waiver Services. The State is working with providers across the state to complete enrollment. Individuals and families should see no gap in services or changes directly related to this effort.

Waiver

1. What updates are occurring with the Developmental Disability (DD) Waiver?

Currently, BDS provides access to services for adults with developmental disabilities (primarily) through the DD Waiver. The DD Waiver provides access to services to eligible individuals, but the service definitions in the Waiver are very broad and do not always provide equitable access across the state.

In order to make services more consistent across the state and to improve access, the BDS is improving the DD Waiver. This means that BDS is working to revise existing service definitions and develop new service definitions that are more specific and detailed than the current definitions. In the future, BDS may also develop an additional waiver* for DD services. The goal is to improve access to the services that most effectively meet each individual's needs and goals.

*Note: As of May 2022, the Department has decided to delay the development of an additional waiver for DD services.

2. Will the system work include service changes to other waivers?

At this time, the Department is not considering changes to other waivers.

3. Will the Systems work incentivize residential placement in "institutions"?

No. The Systems work does not and will not incentivize residential, institutional placement. The Department seeks a system where, through strong case management and service planning, individuals have access to a broader array of services and supports that best meet their individual support needs appropriately.

4. How will Participant Directed & Managed Services (PDMS) fit into the new structure?

The Department strongly supports the use of PDMS for those who feel it is the right service model to meet their needs. Through the BDS Systems work, PDMS programs will continue to have the budget and employer authority this method of service delivery has historically offered. The enhanced IT system, rate development, and additional new waiver services will expand upon the flexibility and choice within PDMS programs as individuals experience changes in their support needs.

5. How will supports for families and caregivers fit into the new structure?

BDS and the Waiver Work Group are exploring additional support services that may be added to the existing DD Waiver. While the waiver services are still not final, some example supports include chore services, homemaker services, and transitional assistance.

6. This is about more than just Conflict of Interest Compliance. Is the goal to cap services?

No, the goal is not to cap services. The goal of this work is to promote improved access to resources and services across the state. This work is driven first and foremost by ensuring equal access to resources to support the individual needs of people with developmental disabilities and their families. This includes

ensuring a quality, qualified provider network is available and able to support service delivery through an updated reimbursement rate schedule. BDS and its stakeholders will work to build processes that support the alignment of individual needs with access to funding and services to meet those needs.

Rates/Assessment

1. How will the new rates be different from what we have now?

The current DD Waiver rates are part of every individual budget. The rates set the funding amount that providers receive for providing supports and services to people with developmental disabilities.

Unfortunately, these rates (which are a part of New Hampshire's Medicaid Waiver) have not been updated since 2007. Stakeholders have raised concerns that the rates may not cover the cost of services or meet the needs of people supported.

To make sure that quality services can continue to be funded, BDS is transforming how rates are developed. First, BDS is using the **Supports Intensity Scale-Adult (SIS-A)** to gather data to help understand how much support each person needs. Then, with the help of a rate setting expert contractor, Myers and Stauffer, BDS will **gather cost (and other) information** to build **rates** that will support the services people need.

2. Will the new rates take into account inflation, new DSP wages, cost of living adjustments, rural/urban concerns, or other variable factors?

Yes. The Department is committed to developing improved rates that do account for some of these factors. The rate setting contractor, M&S, will work to understand cost structures in New Hampshire and what factors should be included. BDS' final decision about rate factors will be based on the work of the rate setting contractor, Meyers and Stauffer, and input from stakeholders. Funding for rates will also be dependent upon the funding available to the system as decided by the State legislature. The Department will budget for the cost of services using the new rates.

3. How are the new rates going to be developed? Is the Department conducting a rate study?

In February 2022, the Department, as part of a competitive contract bid began a contract with Myers and Stauffer, a rate-setting expert contractor. Myers and Stauffer is working with the Department to collect provider cost information, and other data. Additionally, the Systems Work Rate Work Group and Waiver Work Group will provide recommendations to the rate setting vendor and the state about service definitions, provider qualifications, and other factors impacting rate development. Eventually, new rates, based on a build-up of key service delivery costs will be developed and shared with the community.

4. How will funding for existing services be impacted by this system work, if at all?

Myers and Stauffer bring an internal actuary that will work directly with Area Agencies and private providers to conduct cost reporting, analysis and discussion around how to build a rate methodology in alignment with the "brick build" model outlined in the A&M Operations Assessment.

Once a rate methodology is finalized, an implementation plan of new rates will be developed to transition service reimbursement to the new rates. The implementation plan and transition will focus on

the goal of aligning assessed need with funding to support individuals and families and a plan that allows Area Agencies and providers a smooth transition to the new rates.

5. What are the assessment tools that will be used to determine support need?

The Department conducted a review of available and appropriate assessment tools best suited for its waiver programs. In January 2022, the Department decided to move forward with the use of the Supports Intensity Scale-Adult (SIS-A) to develop new rates. This SIS-A will not determine an individual's total budget; the "budget" will be a result of the services chosen and their frequencies.

6. What is the SIS-A?

The Supports Intensity Scale-Adult (SIS-A) is one of many assessment tools that are used to measure an individual's level of support need to participate in community life. The SIS-A was developed by the American Association on Intellectual and Developmental Disabilities (AAIDD). Today, 26 different states and provinces have adopted the SIS-A for use to understand support intensity. The SIS-A has been normed and validated and is known for measuring support needs rather than deficits of an individual. New Hampshire has been using the SIS-A for over 10 years to assist in Individual Service Agreement (ISA) development.

7. Does using an assessment tool put the values of person-centered planning and individualized budgeting at risk?

Person-centered planning, through accounting for someone's whole life and natural supports, will identify service needs to best support each person to achieve their personally defined outcomes. The SIS-A is one part of person-centered planning that will be used to inform an individual's budget. New Hampshire currently uses the SIS-A as a part of service planning. In the future, New Hampshire will use the SIS-A, or a different assessment tool, as one part of the individual budgeting process as well. This is meant to help the State align a person's level of need with the service reimbursement rates.

8. How will the Department work with families to ease the burden of completing their SIS-A as a part of the SIS-A sample collection (data that will inform rates) process?

The SIS-A sample collection was completed in November 2022.

Participating in the sample data collection efforts did not result in major changes for individuals and families. Individuals who were overdue for a SIS-A assessment or who had an approaching renewal participated. These assessments counted as an individual's 5-year update. As a SIS-A sample was selected, BDS worked with Area Agencies and Community Support Network Inc. (CSNI) to identify individuals who were due for their 5-year renewal assessment to be included in the sample to reduce duplicative efforts. BDS committed to gather as much relevant, representative data as possible to inform rate development. It is the hope of BDS that individuals and families will see the sample process as an opportunity to ensure their needs — or those of their family member(s) — are directly represented in this process.

9. Will the 2022 SIS-A Assessment Sample Collection impact budgets?

The SIS-A sample that was collected will not directly impact an individual's current budget. These assessments were collected to support development of a new reimbursement rate model and support

level structure. A reimbursement rate is the money providers receive from the government for providing services. Information collected from those assessments will be available to Area Agencies to support service planning and Individual Service Agreement development under current processes.

10. Is this a different SIS-A than the previous version? If so, what is different?

No, there is no difference. The Department is using the same SIS-A Assessment that has always been used in New Hampshire.

11. If NH is going to base budgets on a needs assessment, does that mean that budgets will be based only on medical needs?

No. The SIS-A is not a "medical" assessment, but instead collects information about many aspects of a person's life. The SIS-A is designed to assess a person's life holistically (including activities of daily living, self-advocacy, community engagement, and more) and develop a score that can help families, case managers, area agencies, providers, and the State better understand a person's support needs. The information collected through the SIS-A process will establish the reimbursement rate for services to support someone's needs. However, the SIS-A process will not replace the importance of Person-Centered Planning and service planning to determine which services best help someone to meet their individually determined goals and outcomes.

To support this process further, the Department is collecting information from the Systems Work Groups about what sort of exception process is needed to supplement the use of a needs assessment.

12. Is the A&M and BDS Systems Work about cost savings?

The BDS Systems Work is not about cost savings (i.e., cutting services or funding), but working to ensure equitable access across the State, the right type and amount of supports to individuals and families to their personally identified outcomes as their needs change over time.

BDS is undertaking multiple initiatives to update the services and systems used to support individuals with developmental disabilities to access community-based services. This work is focusing on promoting equitable access to resources across the State while ensuring service providers are available and able to provide high-quality supports. The initiatives are focused on promoting quality of care for people with disabilities while ensuring a sustainable service system for the future.

A key component of the Systems Work is also focused on investments in Information Technology (IT). Modernization of our IT systems will help to understand and communicate how services are utilized and the cost of care more accurately, as well as streamlining previously paper-heavy processes.

13. Will current individual service plans be redone?

The Department is committed to minimizing disruptions for those receiving services.

Eventually, everyone in New Hampshire will be operating under the new structure (new rates, revised waiver services, etc.). However, these changes are going to be implemented over the course of many years, and individuals should expect their service plans to be completed on their usual schedule.

14. What work is being done to increase DSP (Direct Support Professional) supply in New Hampshire?

The Department recognizes that DSP supply has been a challenge in New Hampshire and across the country. In response to this, the Systems Work Groups decided in January of 2022 to form a DSP Workforce Development subcommittee. This subcommittee investigated workforce development options and in June 2022 brought recommendations to the Department, the Work Groups, and the rate setting expert, Myers and Stauffer, for consideration. Recommendations centered around DSP training and provider qualifications, DSP credentialing, and governance. One notable outcome of that work is the State's decision to pursue an enhanced reimbursement rate for providers who employ credentialed DSPs. The Department believes that this enhanced rate is a first step in improving a career ladder for DSPs.

15. How is this going to impact an individual's current/future budget?

The Department is committed to ensuring people and families have access to the same services in the future as they use today. As we add additional services through the updated DD Waiver, some individuals and families may find that the services they use today may not be the services they want in the future. To support this work, the Department is engaging in a rate setting process to update service reimbursement rates. As part of this work, the Department is setting new rates based on updated service cost data and other key data-driven estimates. These new rates will be used to build out a person's service budget based on the services they select. While this work is in process, the Department cannot yet say what the impact to people's budgets will be until the rates have been built and tested. To learn more about the rate setting process and follow changes, please visit the BDS Systems Work web page.

16. How will these changes be funded?

As part of the State budgeting process, the Department requests fund appropriations from the Legislature every two years, and these changes will follow this same process.

Information Technology (IT)

1. How will the system work affect other ongoing activities like the rollout of Electronic Visit Verification (EVV)?

The Department continues to collaborate and coordinate with ongoing efforts across BDS and the Department of Health and Human Services (DHHS). Project timelines, project plans and project resources are continuously evaluated to ensure all critical activities and initiatives are appropriately planned for. To learn more about EVV, please visit this website: https://www.dhhs.nh.gov/dcbcs/beas/evv.htm

2. Some things, like budget approval, take a long time right now. Will the IT upgrades help?

The IT upgrades are intended to improve timeliness and efficiency in many parts of the service process. While the work is still in development, BDS expects that people will have an easier and faster time with form completion, budgets, prior authorizations, and eligibility changes.

Intensive Treatment Services (ITS)

1. What does building capacity for ITS services mean?

The Department is committed to ensuring there are available supports in place for people with developmental disabilities, regardless of their support needs. Currently, some people who require more complex support are served in out-of-state settings because there are not adequate options within New Hampshire. To change this, the Department is working to develop more in-state service options for people with more complex needs, or in some instances those with dual diagnoses (DD and Behavioral Health), often supported through Intensive Treatment Services (ITS). Just like anyone else accessing Medicaid services, the goal is to align the right services with their unique support needs.

To do this, the Department will work with Area Agencies and service providers to expand ITS capacity through service options like 24-hour staffed residential services, Enhanced Family Care options, day-based services, and other support services more targeted to meeting the needs of this group.

Stakeholder Engagement

1. How will families and individuals be included in the system work?

Individuals and families are key to all BDS initiatives. As the most impacted group touched by these changes, we are excited to stay actively engaged with individuals and families. We have actively developed structures to support this, including participation in work groups, regional in-person family forums, ad hoc information sessions, and content resources and information posted to our dedicated webpages and social media pages.

Individuals and families have made substantial contribution to the Systems work thus far. Those include:

- Establishing a pause on the development of an additional Waiver.
- Organizing a Mission Vision Values design session for the Advisory Committee, which left the
 Department with an understanding that the values underlying the system work are the same
 values that stakeholders hold. The mission statement the Advisory Committee drafted continues
 to drive the Systems work.
- Leading a **Direct Support Professional (DSP) subcommittee** that met weekly for much of this year. The Department accepted most of the subcommittee recommendations at the September Advisory Committee meeting and is moving forward with implementation planning. One important change will be instituting a credentialing structure for DSPs in New Hampshire.
- Contributing to Service Design. The Waiver Work Group, which has family member participants, has been meeting every other week to review example service definitions and discuss what aspects of those services are right for New Hampshire. Those family members have shared their points of view on what services families need most in New Hampshire and what language the State could use to formalize those services in the DD Waiver.
- Calling for Family-Friendly Materials. Family members have been involved with designing a revised Individual Service Agreement form (the ISA Focus Group) and meet with BDS regularly to discuss how to proceed with communications (the communications subcommittee). Both groups have pushed the importance of family friendly material development and changes are being pursued to the ISA based on the recommendations of the ISA Focus Group.

2. How can families connect with each other?

The Department recommends that families reach out to existing family support networks in the State. These include New Hampshire Family Voices and the Family Support Council for their region.

3. What is the timing of work group committee selections? Will there be future opportunities to join in the work group structure?

The Department has selected and is currently engaging three initial work groups in dialogue and feedback around its rate and waiver structure work. At this time, Work Group seats are filled, but we will periodically reach out to interested stakeholders to fill newly added or vacated seats.

Members of the public will also have the opportunity to attend and listen to these work group discussions, live, and provide feedback by email at the work group's email or at DDSystemsWork@dhhs.nh.gov.

The work groups are composed of self-advocates, family members, people who work at Area Agencies and providers. You can find a list of the current work group members on the BDS Systems Work web page.

4. How is CMS involved?

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that makes laws about, and provides matched funding for, services for people with developmental disabilities. As with any Waiver revision process, CMS will review changes to the rates and services to make sure that the revisions meet CMS regulations and standards. CMS is also providing guidance to the State about how to comply with direct bill and conflict of interest mitigation requirements.