

Minutes: Provider Selection Subcommittee

DATE	TIME	LOCATION
12/17/2018	1:30PM – 3:30PM	Community Bridges – O’Brien Conference Room

MEMBERS

X= In Attendance					
X	Aiken, Sarah		Barry, Ellen	X	Berg, Marissa
	Blaine, Sara	X	Bryant, Rebecca		Charles, Liz
	Cordaro, Jen		DiMartino, Lisa	X	Donovan, Jerry
X	Donovan, Michelle		Dushan, Pam		Ferguson, Darlene
	Ford, John	X	Gillis, Rob		Gorton, Jessica
X	Hunt, Sandy		McCahon, Ellen		McLaughlin, Karen
X	Mills, Mark		Potoczak, Ann	X	Royce, Richard
X	Shottes, Kim	X	Silsby, Susan	P	Skoby, Jan
	St. Jacques, Mary		Vachon, Laurie	X	Weston, Kaarla
X	Alden, Chad				
			GUESTS:		None scheduled

MEETING OBJECTIVES

- Updates from subcommittee workgroups

Workgroup – Develop a list of AA contacts for provider selection process – Jan Skoby

- Distributed current list (See Attachment A) discussed need for updates to Region 8. Replace Tanya Newkirk and Victoria Chapman with John Ford and Victoria Putnam.
- Discussed protocol for keeping the list updated, as at every meeting it has needed to be updated
 - Decided if the Area Agency releases/hires individuals in this role, they are to notify Jan Skoby so that she may make revisions to the list timely
 - Future plan is to have this information being captured via the provider directory website

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Workgroup – Develop a list of vendor agencies – no presenter

- Survey has closed and members on this workgroup will be making cold calls to those who did not respond to the survey
- Sarah Aiken is willing to assist in Richard's absence
- Future plan is to have this list accessible via ServiceLink or other website. Sandy has not yet met with the internal contact but she will have more updates regarding IT next month

Workgroup – Develop a template for the Provider Selection Process – Karen McLaughlin

- This workgroup had not met in a while, so their last meeting was to go over which items this workgroup would like to focus on. There have been no decisions, and they will connect with the other workgroups because much of the information overlaps from one workgroup to another
 - What steps will be involved to gather appropriate information
 - What steps the area agencies will use to help walk families through the process
 - Establish a vetting process for the Area Agencies
 - How to be accountable to CMS
 - Risk factors
 - What information is to be provided to the vendors (SIS, incident reports, service agreements, client history, budgets)
- They discussed looking at Pennsylvania's website to begin to gather ideas of what type of information should be included.
- Goals include:
 - How the process should flow so that individual/families are in the driver's seat
 - Eliminate the concern that AA may be steering families towards certain providers
 - Eliminate the concern that providers are cherry picking families
- Next focus group meeting is January 11, 2019 from 9:30AM – 10:30Am at the Main Building, Lilac Conference Room

Discussions:

- There will only be two (2) reasons for a vendor to opt out of working with the family and those would be lack of capacity or conflict
- How and when would the provider not show up on the website for provider selection? If a vendor is at capacity, you don't necessarily want them to be removed from the list?
- Would the Department or the Provider decide if they want to show on the list? Future plans would have toggles on the website so provider could mark themselves as taking on new referrals or not, but the Bureau needs to develop processes where vendors may or may not show on the list. These discussions will overlap with the provider agency outcomes report/probation process workgroup.

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- There is work to be done to identify the specific populations that vendors work with. Whether it will be based on medical vs. behavioral needs.
- There needs to be a definition of “capacity” is it a lack of staffing or is it a lack of qualified staff?
- The Bureau will work together with the vendors to create transition plans if family has chosen the vendor. This will help the vendors build infrastructure.
- How will this selection process work with individuals on the Wait List? Instead of saying an individual is on the “wait list”, they would be considered to be on a “transition plan” to get appropriate services/staff lined up. They will need to create short term/long term plans.
- The driving force behind this process will be that individual/families will be the ones choosing.
- Smaller vendors have concerns. They do not have large infrastructures. Hard to define capacity, that would be discussed during the interview process.
- CMS has stated this is the direction New Hampshire has to go in. Instead of focusing on the objections, what can these subcommittees focus on to make sure we develop a best case scenario which will meet both the individual’s needs and the vendor’s needs? We do not want to put a process in place and say we’ll address issues as they arise. We want to really think this process through, but not fight the change itself.
 - Caution that not all individuals will fit into “checkboxes” or “criteria”. There are unique circumstances
- Questioned when can providers do clinical assessments? Case Managers will need to be involved and inform vendors of client history.
- Will there be an ability to appeal (for both individual/families and/or vendors)? Some reasoning the vendors give could be legitimate and others are subjective, so we do like the possibility of an appeal process, yet we also do not want to create was around working with individuals/families.
- Vendors may begin to get savvy as to talking families out of choosing them so they are not penalized. We want to make sure this does not happen. We do not want vendors to discourage families. This needs to be a component this workgroup will discuss.
- Could this workgroup look at other states which are using this type of process and see what they may have in their provider manuals? We are looking to Pennsylvania for ideas/guidance

Workgroup – Develop a Provider Agency Outcomes Report / Probation Process – Sarah Aiken

- This workgroup had asked Sarah Aiken to complete a survey to find out what families are really looking for. Sarah had reached out to a number of families and asked when you are choosing a vendor/provider to serve your family member, what do you want to know about that vendor/provider? The most common answer was “Will they CARE about my family member the same way I do”? Sarah followed-up by asking what would indicate to you that they do care? Sarah compiled the responses and ranked by most common answer (See Attachment B).
- It was discussed that this could be used in development of the provider directory/website. The providers could develop answers to these questions within their introductions, yet also concerned that instead of a sales pitch the provider directory should have concrete facts about

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services they provide. Although satisfaction survey results may be a good thing to include for all providers on the directory/website. Also what their grievance processes are.

- These types of questions would usually be discussed during the interview process and that is when relationships with the individuals/families would begin to develop
- It may be helpful for families to understand the types of trainings DSP's take. Maybe they could also take the same trainings about client rights, RELIAS, other core trainings so that they can see what is being taught to the DSPs. CSNI has webinars monthly which could be geared towards family and service providers. So families can see what they should be expecting, such as service agreements being reviewed yearly, rights being discussed, receiving assessments so many dates in advance etc.
- In the future BDS may be able to have these trainings on a platform being developed called Moodle.

Workgroup – Develop a process on what to do if there are no willing & able provider agencies available – Kaarla Weston

- CMS has said statewide; conflict cannot exceed 30% and those that are in conflict must be assessed annually.
- PDMS is not considered in conflict and is not included within that 30%.
- This workgroup has identified 3 attestations to which an area agency could request from the Bureau approval for a temporary conflict. (See Attachment C, please note this is a draft document and should only be shared internally within this subcommittee)
- There are ongoing discussions with CMS regarding Firewalls. Discussions with CMS to understand why firewalls are important and how they will help with individuals in conflict.
- Conflicts will be reviewed yearly. Just because it was approved once will not mean it will be approved again. There will be criteria consistently being reviewed to show how AA are working to come into compliance.
 - Concern raised that this seems to be agency driven instead of being looked at from the individual's perspective. If an individual/family wants services through the AA but there is another willing provider available, how is their choice being recognized?
- The expectation is that AA will build capacity within their regions.
- Some AA have started to discuss joining with independent case management (ICM) agencies to come into compliance.
 - Concern raised over ICM and unaddressed needs. We need to make sure all providers will maintain the value and integrity of the case management role that has been developed and the supports provided and maintain the culture of being all encompassing. There is work being done to identify what services are billable, what is covered under different rates. Moving forward we need to understand the differences and then share best practices and learn from them.
 - Concern raised over who would oversee ICM agencies? OHCDs would retain responsibility for quality oversight. Contracts would enforce ICM to be accountable. There will be oversight written into the rules. (SB 138 has language regarding culture).

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Possible pull language in from 503. The Firewall policies would also provide oversight tool.

- Area Agencies will need to demonstrate firewalls and these will be incorporated into future yearly Governance Audits.
- PA office will also need the official documentation showing approval was granted by the Bureau.
- Region 10 (which has zero cases in conflict) will be discussing their processes during a meeting on December 19th at the Main Building (Tom Fox Chapel). We would ask that each area agency send a representative to this meeting. Marissa will reach out to the Area Agencies to see who they will send to this meeting and respond back to Maureen DiTomaso.
 - R1 – Liz Charles
 - R2 – Mark Mills
 - R3 – Becky Bryant
 - R4 – Sarah Aiken
 - R5 –
 - R6 – Ellen Barry
 - R7 –
 - R8 –
 - R9 –
- This workgroup will remain after the R10 presentation to discuss CMS requests for BDS oversight in regards to the firewall policy.

Other Discussion –

Sandy asked for a volunteer from this subcommittee to be a co-presenter at the January 24, 2018 CAP Stakeholder's Meeting to discuss this subcommittee's work.

- Michelle Donovan will be co-presenter

Next meeting:

January 22, 2019 from **2PM – 4PM** @ Community Bridges, O'Brien Conference Room

Attachment A

Region	Provider Name	Email Address	Phone Number	Ext
1	Megan Vincent	mrvincent@northernhs.org	603-447-3347	8227
2	Paul Vittum	pvittum@pathwaysnh.org	603-504-1550	
3	Bob Landry	Robert.landry@lracs.org	603-524-8811	
	Shannon Kelly	shannon.kelly@lracs.org		
4	Lesley Blecharczyk	lblecharczyk@communitybridgesnh.org	603-225-4153	282
	Tammy Benwell (Administratively)	tbenwell@communitybridgesnh.org	603-225-4153	
5	Mary-Anne Wisell	maryanne@mds-nh.org	603-352-1304	
6	Ellen Barry	ebarry@gatewayscs.org	603-459-1796	
7	Shauna Johnston	RFP.Referrals@moorecenter.org	603-206-2810	830
		shauna.bourgeois@moorecenter.org		
8	Victoria Chapman	v.chapman@oneskyservices.org	603-436-6111	
	Tanya Newkirk	t.newkirt@oneskyservices.org	603-436-6111	
9	Pam Dushan	pdushan@communitypartnersnh.org	603-516-9372	
10	Kelly Judson	kjudson@communitycrossroadsnh.org	603-893-1299	331

Questions that Families Want to Know

1. Are they good?
2. Will they care for my family member?
3. Who will be doing the work?
4. What will happen in the event of an absence? Who will support then? Cancel?
5. Are background checks done? Who does them?
6. Do they have any infractions? What are they? What are their circumstances?
7. What do they do? Specialize in?
8. Who is in charge?
9. What if I have a concern? A complaint?
10. Will they take care of my family member? Will they listen to me?
11. Overall care/love questions that cannot be answered.

DRAFT

It is the policy of the NH Department of Health and Human Services, Bureau of Developmental Services (BDS) that services should be conflict free, in accordance with He-M 517.03 (b) in which services shall be denied through the home and community based waiver if the provision of services will result in the loss of federal financial participation.

BDS recognizes that there are instances in which, to ensure quality and access to services, an individual may receive case management and direct services from the same organization. The following circumstances, among others, may contribute to the existence of only one willing and qualified provider in a particular geographic area:

- Cultural and/or linguistic barriers;
- Lack of another qualified provider to meet the individual's needs; or
- Rural exemption.

The following attestations serve as evidence that, *at the time of submission*, a provider is the only willing and qualified provider in a given geographic area able to provide both direct services and case management to an individual. This attestation shall be completed in full, and accompanied by any relevant documentation as well as a completed BDS waiver request form prior to being submitted to NH BDS.

Attestations	Individual or Guardian initials
1. Participant Directed and Managed Services/Consumer Directed Services have been explored, and found not to meet my/our needs at this time.	
2. The provider has informed me/us of potential service vendors through the Provider Selection Process. This process has been documented and it has been ascertained that the provider is the only willing and qualified provider at this time.	
3. There is not another qualified provider located and/or willing to locate services within twenty miles or 30 minutes of travel time, that can provide services requested and required at this time.	
4. There are less than 10 people who receive HCBS 1915(c) waiver services in my/our town or city at this time.	

For completion by the Provider Agency's Executive Director or designee:

Attestations	ED/Designee Initials
5. The provider has supplied NH BDS with sufficient documentation as evidence that there is a separation of functions within the organization as follows: <ul style="list-style-type: none"> a) Case Management and Direct Services are located in different departments within the organization, and report to different (and equal) organizational leadership; b) The Direct Services department shall have no influence on developing the individual's plan of care within the case management department. 	

By signing below, I/we attest agreement that the same organization will provide both case management and direct service at this time.

Completed By:

Guardian:

Executive Director/Designee

Signature

Signature

Signature

Name/Title

Name

Name/Title

Date

Date

Date