



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
***DIVISION OF LONG TERM SUPPORTS AND SERVICES***  
***BUREAU OF DEVELOPMENTAL SERVICES***

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May 18, 2021

Sandy Pelletier  
President/CEO  
Gateways Community Services  
144 Canal Street  
Nashua, NH 03064

Dear Ms. Pelletier,

Please find enclosed the redesignation report for Gateways Community Services (GCS). Redesignation is a fundamental aspect to the developmental services system and is required by State Statute RSA 171-A:18 and He-M 505.08. Per He-M 505.08(a), an area agency is required to apply to the Bureau of Developmental Services (BDS) for redesignation every five years.

As outlined in He-M 505.08(e) (1) – (9), an area agency shall be considered successful and operating efficiently when it annually:

- 1) Demonstrates, through its services and supports, a commitment to a mission that embraces and emphasizes active community membership and inclusion for persons with disabilities;
- 2) Demonstrates, through multiple means, its commitment to individual rights, health promotion, and safety;
- 3) Provides individuals and families with information and supports to design and direct their services in accordance with their needs, preferences, and capacities and to decide who will provide them;
- 4) Involves those who use its services in area planning, system design, and development;
- 5) Assesses and continuously improves the quality of its services, and ensures that the recipients of services are satisfied with the services that they receive;
- 6) Demonstrates, through its board of directors and management team, effective governance, administration, and oversight of the area agency staff, providers, and, if applicable, subcontract agencies;
- 7) Is fiscally sound, manages resources effectively to support its mission, and utilizes generic community resources and proactive supports in assisting people;
- 8) Complies, along with its subcontractors, if applicable, with state and federal requirements; and
- 9) Achieves the goals identified in its area plan and implements the recommendations made in its previous redesignation report from the department.

BDS seeks information from the following sources to ensure that the requirements outlined in 1-9 (above) are being met:

- 1) Public comments generated by self-advocacy groups and the family support council regarding the area agency's demonstrated ability to provide local services and supports to individuals and their families;
- 2) A comprehensive self-assessment of the area agency's current abilities and past performance;

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- 3) Input from a wide range of people, agencies, or groups who are either recipients, providers, or people who collaborate in the provision of services and supports;
- 4) Documentation pertaining to area agency operations available in the area and at the department; and,
- 5) Input from department staff who have direct contact with and knowledge of area agency operations.

Based on the information gathered through the redesignation process, BDS has determined that Gateways Community Services met the standard for redesignation. Gateways Community Services is redesignated for the next 5 years in accordance with He-M 505.08.

Sincerely Yours,



Sandy L. Hunt  
Bureau Chief  
Bureau of Developmental Services

cc.

Mark Thornton, GCS Board Chair  
Lori Shabinette, Commissioner, Department of Health and Human Services  
Deborah Scheetz, Director, Division of Long Term Supports and Services  
Jennifer Doig, Business Manager, Division of Long Term Supports and Services  
Melissa St. Cyr, Chief Legal Officer

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## **Executive Summary**

In accordance with State of New Hampshire Administrative Rule He-M 505 Establishment of Area Agencies, review of an area agency (AA) occurs upon application and thereafter every five years. The purpose of He-M 505 is to define the criteria and procedures for approval and operation of state designated area agencies. A redesignation review of Gateways Community Services in Nashua, NH occurred between September 1, 2020 and January 31, 2021. The review team included staff from the Department of Health and Human Services (DHHS), including the Division of Long Term Supports and Services (DLTSS), Bureau of Developmental Services (BDS), Office of Legal and Regulatory Services, Health Facilities Administration and Bureau of Improvement and Integrity, Financial Compliance Unit.

### **The Summary of Redesignation Activities, Findings and Observations references the following sources of information:**

- Annual Governance Audits
- Area Agency Financial Condition with Five-Year Trend Analysis
- Compliance with DHHS Program Certification Requirements
- Compliance with Family Centered Early Supports and Services (FCESS) Requirements
- Compliance with Medication Administration and Health Care Coordination Requirements
- Compliance with Requirements for Employment Supports for Individuals
- Developmental Disabilities (DD), Acquired Brain Disorder (ABD) and In Home Support (IHS) Waivers Service File Review Findings
- Summary of Stakeholder Engagement to Include:
  - Family Support Council Questionnaire
  - Individuals and Self-Advocate Redesignation Forum
  - Family and Guardian Redesignation Forum
  - Family and Guardian Redesignation Survey
  - Provider Redesignation Survey
  - Board of Directors Redesignation Forum
  - Board of Directors Redesignation Survey
  - Staff Redesignation Survey

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**Attachments**

- Appendix A: The NH Department of Health and Human Services, Bureau of Developmental Services Regional Governance Audit 2020 Statewide Tally and the 2020 Governance Audit for GCS
- Appendix B: Developmental Services System Annual Report of Financial Condition for FY-2019 with Five-Year Trend Analysis report for FY15-FY19
- Appendix C: Area Agency Certification Statistics from 2016 - 2020

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**Comprehensive Self-Assessment:**

<b>Standard</b>	He-M 505.08 (f)
<b>Status</b>	Met

**Findings:**

Per He-M 505.08 (f), an area agency shall provide a comprehensive self-assessment, which evaluates its current abilities and past performance for the purpose of redesignation. This self-assessment is to be used in determining if an area agency is operating efficiently. Gateways Community Services (GCS) submitted an extensive and detailed self-assessment that clearly reflected the feedback gathered from a wide range of stakeholders and findings from the Department of Health and Human Services' Redesignation review.

**Remediation: None Required**

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**2020 Governance Audit Summary:**

Please refer to the NH Department of Health and Human Services, Division of Long Term Supports and Services, Bureau of Developmental Services (BDS) Regional Governance Audit and Statewide Tally for GCS, 2020 (See Appendix A).

<b>Standard</b>	RSA 126-A Department of Health and Human Services RSA 171-A Area Agency Responsibility and Operations He-M 505 Establishment and Operation of Area Agencies He-M 519 Family Support Services Contract, Exhibit A, Section 2: Scope of Services 1915(c)Waiver Subassurance Performance Measures
<b>Status</b>	Met

**Findings:**

The BDS annual Governance Audit for 2020 measures area agency compliance with 26 indicators found in RSA 171-A, RSA 126-A, RSA 126-G, He-M 505, He-M 519, 1915 (c) Waiver subassurance performance measures and the contracts between the area agencies and the Bureau of Developmental Services. In 2020, GCS distinguished themselves as being rated as “Met” in all categories.

In 2019, the Governance Audit rating structure was changed. There was no longer a “substantially met” rating. Area agencies either received a rating of “met” or “unmet”. In addition, as of 2019, sections were added regarding compliance with the reporting requirements as identified by the 2018 Office of the Inspector General Report regarding reportable incidences (RSA 126-A:4 and section 1.5 of the contract between GCS and BDS). The updated 2019 audit also requested information regarding compliance with the requirement of the area agencies to have a memorandum of understanding with the local community mental health centers (sections 2.5.1 through 2.5.6 of the contract between GCS and BDS). GCS was rated as “met” in both of these areas.

Over the preceding five years, GCS has consistently been rated as either “met or substantially met” in all compliance areas demonstrating a high level of commitment to the fidelity of the their mission in providing high quality, long term services to support individuals throughout their life span in leading meaningful lives.

**Remediation:** None Required

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**Compliance with Area Agency Financial Condition**  
**DHHS, DLTSS, BDS: Bureau of Improvement and Integrity**  
**Prepared, January 2021**

Please refer to the Developmental Services System Annual Report of Financial Condition for FY 2019 with Five-Year Trend Analysis report (Appendix B)

<b>Standard</b>	Contract, Exhibit A, Section 2.14: Maintenance of Fiscal Integrity
<b>Status</b>	Met

As of July 1, 2017, a set of performance standards has been incorporated into the Bureau of Developmental Services' contracts with the area agencies. Specifically, the agencies are required to maintain a minimum Current Ratio of 1.50:1 with a 10% variance allowed (Contract 2.14.2.2) and meet the Days of Cash on Hand criteria which requires the area agency to have enough cash and cash equivalents to cover expenditures for a minimum of thirty (30) calendar days with no variance allowed (Contract 2.14.2.1). Previously, the State recommended (not required) the area agencies to strive for these minimum benchmarks. During the fiscal years of 2018 through 2019, the year-end audit indicated that the agency only had seventeen (17) and twenty-three days (23) respectively of cash on hand. However, in fiscal year 2020 the agency was in compliance as the cash increased to forty-three (43) days.

The Current ratio is an indication of a firm's liquidity. Liquidity refers to the entity's ability to maintain sufficient liquid assets, such as cash and accounts receivable, to meet its short-term obligations. Acceptable current ratios vary from industry to industry. Some suggest a current ratio between 1.5 and 2 as standard, i.e., a company would be financially sound if its current ratio is within that range. Gateways has a healthy current ratio. It has been increasing since June 2018.

Current Ratio	06/30/2016	06/30/2017	06/30/2018	06/30/2019	06/30/2020
	1.46:1	1.38:1	1.50:1	1.56:1	1.72:1

Days of cash on hand	06/30/2016	06/30/2017	06/30/2018	06/30/2019	06/30/2020
<i>(based on 365 days)</i>	11	11	17	23	43

Gateways has maintained a healthy surplus over the last four years.

Surplus (Deficit)	06/30/2016	06/30/2017	06/30/2018	06/30/2019	06/30/2020
	\$150,213	\$190,100	\$371,766	\$315,827	\$1,065,930

**Remediation:** None Required

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**Compliance with DHHS Program Certification Requirements**  
**Office of Legal and Regulatory Services/Health Facilities Administration**  
**Calendar Year 2016 through August 2020**

Please refer to the Area Agency Certification Statistics Calendar Year 2016 through August 2020 report (See Appendix C).

<b>Standard</b>	He-M 1201 Medication Administration He-M 1001 Certification Standards for Developmental Services He-M 507 Certification for Community Participation Services He-M 506 State Qualifications and Staff Development Requirements for Developmental Services Agencies He-M 503 Eligibility and the Process of Providing Services He-M 310 Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community RSA 171-A Services for the Developmentally Disabled Contract, Exhibit A, Section 1: Provisions Applicable to all Services
<b>Status</b>	Met

**Findings:**

Gateways Community Services subcontracts all of their certified residential and community participation services to vendor agencies. Their certification statistics are as follows:

	2016	2017	2018	2019	2020 through 8/31/20
REVIEWS	134	113	150	132	115
# DEFICIENCIES	266	185	351	254	121
AVG # DEF. PER REVIEW	1.98	1.64	2.34	1.92	1.05
He-M 310	9	9	18	14	2
He-M 503	33	19	68	61	36
He-M 506	2	1	6	0	2
He-M 507	29	25	37	15	4
He-M 1001	131	88	154	118	69
He-M 1201	40	30	39	34	3
RSA 171-A	16	11	21	7	4



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	2016	2017	2018	2019	2020 through 8/31/20
RSA 16-F:49	3	2	8	4	0
He-P 814	3	0	0	1	1

In the chart above, it is clear overall that the certification statistics for GCS have remained stable over the past 5 years. The yearly deficiency average per review has gone from a low of 1.05 and to a high of 2.34, putting the average number of deficiencies per review over this five-year period at 1.77, which is well below the statewide average of 2.63 over that same period of time.

**Certification Analysis and Summary**

The following information reflects data beyond the basic statistics and analyzes the ten most frequently cited administrative rules, as follows:

#10 – He-M 1001.08(b): This rule indicates, “Each individual living in a community residence shall have specified in his or her service agreement the hours of daily supervision required”.

- This issue was cited 29 times over the past 5 years.

#9 - He-M 507.08(e) (3): This rule indicates, “The service component of each individual’s record shall include a record of daily community participation services activities, maintained by the provider”.

- This issue was cited 30 times over the past 5 years.

#8 - He-M 1001.03(f)(2) (formerly He-M 1001.03(g)(2)): This rule indicates that “Prior to hiring or contracting with a person to work in a community residence, the provider agency, with the consent of the person and all household members, as appropriate, shall submit the person’s name for review against the registry of founded reports of abuse, neglect, and exploitation to ensure that the person is not on the registry pursuant to RSA 169-C:35 or RSA 161-F:49”.

- This issue was cited 30 times over the past 5 years.

#7 - He-M 1001.07(b): This rule indicates that “A behavioral change program or any form of restrictive strategy shall only be implemented by a community residence when such has been approved in writing by the individual, his or her guardian, the individual’s team, and the area agency’s human rights committee, established pursuant to RSA 171-A:17. All behavioral change programs or forms of restrictive strategy shall be reviewed annually”.

- This issue was cited 31 times over the past 5 years.

#6 - He-M 503.10(n): This rule indicates that “Service agreements shall be renewed at least annually”.

- This issue was cited 32 times over the past 5 years.

#5 - He-M 310.03(b)(4): This rule indicates that “Provider agencies shall advise individuals or their guardians or representatives of individual’s rights upon initial participation in any service, upon any change in provider agency or community residence, and at least once per year after initial participation”.

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- This issue was cited 39 times over the past 5 years.

#4 - He-M 503.10(m)(1): This rule indicates that “A person responsible for implementing any part of an expanded service agreement, including goals and support services, shall collect and record information about services provided and summarize progress as required by the service agreement or, at a minimum, at least monthly”.

- This issue was cited 41 times over the past 5 years.

#3 - He-M 503.10(k)(1): This rule indicates that “Within 5 business days of completion of the service agreement, the area agency shall send the individual, guardian, or representative a copy of the expanded service agreement signed by the area agency executive director or designee”.

- This issue was cited 60 times over the past 5 years.

#2 - RSA 171-A:11, I(a) and He-M 1001.06(a): This rule indicates that “the needs and services of every client in the service delivery system shall be subject to a periodic review under the supervision of the administrator, which shall include, but not be limited to, a thorough clinical examination, including an annual health assessment”.

- This issue was cited 77 times over the past 5 years.

#1 - Formerly He-M 1001.03(k) (1): This rule has now been broken down into a number of specific rules, as the previous rule simply indicated that “living space must be arranged and maintained to support the health and safety of all household members, as follows: each community residence shall be maintained in good repair and free of hazard to household members”.

- This issue was cited 90 times over the past 5 years, with the far majority of these being in regard to furnace inspections.

Some of the certification trends and observations noted are as follows:

- In regard to the average number of deficiencies per review, it needs to be noted that the 2020 data was only through 8/31/2020 and, more importantly, onsite reviews were suspended from mid-March until August of this year due to COVID, so only a portion of the typical information was reviewed during this period when only digital/electronic reviews were completed.
- With regard to He-M 310, the most cited issue is in regard to the annual rights notification, as noted in #5 above.
- As noted above, three of the top ten deficiencies are in regard to He-M 503. Specifically, these deficiencies are in regard to:
  - Service agreements not being renewed on an annual basis.
  - Monthly progress notes either not being completed or being completed, but reporting on the wrong goal(s).
  - Area agency not completing and/or approving the service agreement within the timelines noted in the rule.
- With regard to He-M 507, although there were some higher numbers during the first three years of this period, those were the first years that this revised rule was in place, so those numbers increase statewide during that same period.

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Since then, the vendor agencies have developed consistent practices and procedures in regard to CPS documentation, and the last two years have seen CPS deficiency numbers continue to drop.

- Although the He-M 1001 deficiency numbers are higher than other deficiency numbers, this is to be expected as the homes are certified primarily under that rule. The numbers have remained consistent over the past 5 years and the He-M 1001 areas of concern are noted within the top ten deficiencies noted above.
- With regard to He-M 1201, the numbers from 2016 through 2019 averaged between 30 and 40 deficiencies per year. Although the He-M 1201 deficiency number for 2020 so far is only three, this is likely due in part to there being no onsite reviews completed for almost 5 months. Due to only completing digital/electronic reviews during this period, which did not include all of the information reviewed previously, we are seeing lower deficiency numbers statewide. Regarding the He-M 1201 deficiencies cited over the past two years, they primarily fell into these three areas of the rule:
  - PRN protocols missing, inaccurate, or incomplete.
  - Documentation regarding controlled medications.
  - Medication quality reviews either missing or not completed within the timelines noted in the rule.
- Although GCS subcontracts their certified residential and CPS sites to various vendor agencies, these vendor agencies have for the most part been able to keep their long time staff in place and, in situations where new managers were hired, the vendor agencies did a great job overall getting these staff trained in regard to the certification requirements.
- For any deficiencies that have required a plan of correction from the area agency, GCS staff have been very responsive in getting the deficiency report to the correct person and then ensuring that it is returned in a timely manner.
- When the COVID crisis began back in mid-March of 2020, area agencies and vendor agencies were only given a few days to change from onsite certification reviews to digital certification reviews. Many agencies around the state initially struggled with this process, but there are three GCS vendor agencies (Plus Company, Nashua Center, and Till) who actually began this process a few years ago. By having this already in place, we simply stopped the onsite portion of those reviews was able to easily be stopped for a period of time and they were able to proceed without an issue. These agencies have also consulted with other agencies to provide some guidance and assistance regarding how to prepare and submit documents for the digital review process.

**Remediation:** None Required

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**Compliance with Family Centered Early Supports and Services Summary**  
**DHHS, DLTSS, Bureau of Family Centered Services**  
**Fiscal Years 2016, 2017, 2018, 2019 and 2020**

<b>Standard</b>	He-M 510 Family-Centered Early Supports and Services Contract, Exhibit A, Section 4: Family Centered Early Supports and Services
<b>Status</b>	Met

**Findings:**

In Region 6 Gateways Community Services provides Family Centered Early Supports and Services (FCESS) to children birth through 2 years. GCS has an in-house FCESS program (Gateways FCESS) and contracts with The Children’s Pyramid (TCP) an external FCESS program. GCS has always participated in the Part C State office monitoring process for both the Gateways and TCP FCESS programs. GCS and program staff are cooperative and consistently use feedback from monitoring for program improvement. Documentation is provided in a timely manner. GCS and both FCESS programs have maintained compliance with contractual agreements and the state He-M 510 rules.

Licensures for both Gateways and TCP FCESS staff are consistently up to date. Professional development plans for staff are consistent with the standards of the system. For the past five years, all required trainings have been completed for all staff working in the FCESS Region 6 programs.

The Part C State Office monitors Federal Part C compliance indicators annually. The results are summarized below for the past 5 years:

- Indicator 1 monitors the timely provision of services to children and families. Gateways FCESS program achieved 100% compliance for the past 5 years, however, in FY17 follow-up data was needed and the program achieved 100% compliance within the 90 day allotted time to correct discoveries of noncompliance. No findings of noncompliance have been issued against the Gateways FCESS program. The Children’s Pyramid (TCP) FCESS program has maintained 100% compliance.
- Indicator 2 monitors the provision of services in the child’s natural environment(s). Both Gateways and TCP FCESS programs have maintained 100% compliance by consistently providing services in the child’s natural environment and within the parameters allowed for this indicator, for the five years summarized in this report.
- Indicator 7 monitors the 45-day timeline from referral of a child to the AA through parent consent of a completed Individual Family Support Plan (IFSP). Gateways FCESS program achieved 100% compliance for the past 5 years. However, in FY17 and FY20, follow-up data was needed and the program achieved 100% compliance within the 90 day allotted time to correct discoveries of noncompliance. TCP program achieved 100% compliance for the past 5 years, however, in FY20, follow-up data was needed and the program achieved 100% compliance within the 90 day allotted time to correct discoveries of noncompliance. No findings of noncompliance have been issued against either Gateways or TCP programs.
- Indicator 8 monitors timeliness of transitions for children from the Part C FCESS system to their local Part B Preschool Special Education program. For this indicator, there are 3 subcategories of compliance.

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- 8a – Transition plans. Gateways achieved 100% compliance for the past five years for all children transitioning to Preschool Special Education had completed transition plans within the expected timeframe. In FY16, follow-up data was needed and the program achieved 100% compliance within the 90 day allotted time to correct discoveries of noncompliance. No findings of noncompliance have been issued against the program. TCP achieved 100% compliance for the past five years for all children transitioning to Preschool Special Education had completed transition plans within the expected timeframe.
- 8b – Notification. Both Gateways and TCP FCESS programs have maintained 100% compliance by completing notifications to the local education agency (LEA, Preschool Sp. Ed. programs) and the state educational agency (SEA, Department of Education) in accordance with compliance guidelines (90-days or more prior to the child’s 3rd birthday).
- 8c – Transition Conference. During the five years of this report, Gateways FCESS was 100% compliant with requirements to schedule transition conferences and inviting local school staff in accordance with compliance guidelines (90-days or more prior to the child’s 3rd birthday) with exception of FY16. In FY16, follow-up data was needed and the program achieved 100% compliance within the 90 day allotted time to correct discoveries of noncompliance. No findings of noncompliance have been issued against the program. TCP FCESS was 100% compliant with requirements to schedule transition conferences and inviting local school staff in accordance with compliance guidelines (90-days or more prior to the child’s 3rd birthday) for the 5 years summarized in this report.

Each year Gateways Community Services personnel, and Gateways and TCP FCESS program staff have worked cooperatively with the Part C FCESS state office staff to maintain quality and compliance in the Region 6 FCESS program. Both programs have engaged in follow-up activities to correct non-compliance discoveries. Gateways Community Services consistently provides quality and compliant services through their FCESS programs. The FCESS Program Directors attend quarterly system meetings and inform GCS with regular updates. Gateways Community Services FCESS programs work as a team to effectively serve children and families in the region. The Bureau of Family Centered Early Supports and Services is pleased to continue working with the GCS team, to serve children and families.

**Remediation:**

None Required

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**Compliance with Medication Administration and Health Care Coordination Summary**  
**DHHS, DLTSS, BDS Nurse Administrator**  
**Fiscal Years 2016 – 2020**

<b>Standard</b>	He-M 1201 Medication Administration Contract, Exhibit A, Section 1: Provisions Applicable to all Services
<b>Status</b>	Met

GCS partners with twenty-eight vendor agencies to provide community supports for the individuals that they work with. Each vendor agency is responsible to hire a Nurse Trainer to oversee the medication administration within each vendor’s programs. Gateways Community Services contracts directly with one Registered Nurse (RN) who works directly with the Gateways Community Services Director of Quality. This RN is responsible for completing the functional screenings and clinical reviews in the Health Risk Screening Tool (HRST). This RN is also involved with reviewing all of the medication occurrence forms and medication error reports that are submitted by the vendor agencies. Gateways Community Services has a large PDMS program. Recently, two additional Nurse Trainers were hired by Gateways Community Services to work specifically with the PDMS programs and directly with the families.

As outlined in He-M 1201.06, Nurse Trainers are responsible for delivering the State of New Hampshire approved education for medication administration to non-licensed providers and observing medication administration as part of the initial certification and annual renewal of all medication trained staff. Nurse Trainers work in collaboration with program managers, service coordinators, residential staff, home care providers, community participation staff, and direct support professionals to provide a multi-disciplinary approach to the healthcare of the individuals served. The collected data, service considerations and other key elements that contribute to an individual’s overall health care status are captured in the Health Risk Screening Tool (HRST). The HRST is designed to detect those who are at risk for destabilization and intended to assist in preventing rapid decompensation. Nurses can be both raters and clinical reviewers within the HRST system; they input data and also hold responsibility for reviewing some of the ratings assigned by Service Coordinators. When an individual is identified with a health care level three or higher, on the Health Risk Screening Tool scale ranging from one to six, a clinical review a nurse is required. This ensures that accurate information is available within the system and that appropriate oversight and interventions are initiated for the individual identified as being at risk.

In accordance with He-M 1201.11, a medication committee is appointed by the Bureau of Developmental Services Administrator. The Medication Committee includes the Medical Director of the Bureau or designee, two registered nurses from provider agencies, two non-nurse representatives from provider agencies and a representative from the Bureau of Developmental Services. Nurse Trainers compile all medication error reports and submit a summarized six-month report to the medication committee for review twice each year for the programs that they work with. The information captured in these reports identifies trends of errors, corrective action or approaches taken, systemic issues and actual or potential harmful outcomes. The Area Agency submits all of the individual reports and a comprehensive regional report to the Medication Committee.

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The Medication Committee responds to each submitted report with a letter outlining concerns, feedback and expectations of the Area Agency regarding medication administration. Then, in turn, the Area Agency submits a response and acknowledgement to the committee's letter. By comparing previous submitted reports to most current, the Medication Committee is able to measure growth and capture ongoing themes as they occur. In Region Six, Medication errors and data are also reported to their quality board and Gateways Board of Directors bi-annually.

Gateways Community Services offers nursing meetings on a scheduled basis to bring together all of the vendor agency nurses. Individual nursing competencies and trainings are facilitated at the employing vendor agency level. There are several nurses from Region 6 who are active members of the Developmental Disabilities Nurses of New Hampshire (DDNNH). This statewide group meets monthly and offers updates, experiences and support to the nurses who work with individuals in New Hampshire with DD/IDD or ABD.

Gateways Community Service has demonstrated significant efforts in compliance with medication administration for FY 2016, FY 2017, FY 2018, FY 2019 and FY 2020. This has been further evidenced by their overall low number of medication administration errors and their evidence based practice regarding medication safety. The findings outlined below are summarized from the medication error reports, medication committee generated response reports and area agency acknowledgement plans. These findings support that GCS has met the He-M 1201 standard.

**Summary of Findings:**

FY 2016 Medication Administration Outcomes: submitted two reports each covering six months of FY 2016.

Report One: 03/01/2015- 08/31/2015

- This report outlined 218 medication errors with a total of 351,798 prescribed doses. This is an error to dosage ratio of 0.0006.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm or to any of the individuals served.

Report Two: 09/01/2015- 02/29/2016

- This report outlined 173 medication errors with a total of 360,905 prescribed doses. This is an error to dosage ratio of 0.0005.
- This report showed an increase in number of medications administered with a decrease in total errors compared to the previous reporting period.
- Some highlighted topics of staffing concerns with brought up in this report.
- Region wide, there were no errors reflected in this report that were in the category of "wrong person". There were no medication errors that resulted in actual harm to any of the individuals served.

FY 2017 Medication Administration Outcomes: submitted two reports each covering six months of FY 2017.

Report One: 03/01/2016- 08/31/2016

- This report outlined 195 medication errors with a total of 362,655 prescribed doses. This is an error to dosage ratio of 0.0005.
- Region wide, there was one error reflected in this report that was in the category of "wrong person". There were no medication errors that resulted in actual harm to any of the individuals served.

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Report Two: 09/01/2016- 02/28/2017

- This report outlined 358 medication errors with a total of 385,823 prescribed doses. This is an error to dosage ratio of 0.0009.
- Gateways determined during this reporting period that increased oversight would be implemented with vendor agency nurses regarding the medication error reports. They would be required weekly.
- Region wide, there were no errors reflected in this report that were in the category of “wrong person”. There were no medication errors that resulted in actual harm to any of the individuals served.

FY 2018 Medication Administration Outcomes: submitted two reports each covering six months of FY 2018.

Report One: 03/01/2017- 08/31/2017

- This report outlined 186 medication errors with a total of 392,737 prescribed doses. This is an error to dosage ratio of 0.0005.
- Nice decrease in total medication errors while there was an increase in total of administered doses.
- The decrease in errors was credited to a decrease in pharmacy related errors and improvement in pharmacy related accuracies.
- Some inconsistencies were noted in how vendor agencies are filling out forms and this would be addressed as an upcoming nursing meeting.
- Region wide, there were no errors reflected in this report that were in the category of “wrong person”. There were no medication errors that resulted in actual harm to any of the individuals served.

Report Two: 09/01/2017- 02/28/2018

- This report outlined 632 medication errors with a total of 406,745 prescribed doses. This is an error to dosage ratio of 0.0015.
- Increase in errors this reporting period and some areas of concern addressed with quick implementation of corrective action. The errors were primarily isolated to 4 vendors.
- Errors in insulin administration was discussed as a theme and corrective action plan initiated.
- Region wide, there was one error reflected in this report that was in the category of “wrong person”. There were no medication errors that resulted in actual harm to any of the individuals served.

FY 2019 Medication Administration Outcomes: submitted two reports each covering six months of FY 2019

Report One: 03/01/2018- 08/31/2018

- This report outlined 167 medication errors with a total of 405,185 prescribed doses. This is an error to dosage ratio of 0.0004.
- Nice decrease over the last reporting period with number of doses staying about the same. Evidence of the corrective action plans being effective.
- Unfortunately, still some insulin errors during this period. Further corrective action followed.
- Next nursing meeting agenda determined to focus on triple checks.
- Region wide, there was one error reflected in this report that was in the category of “wrong person”. There were no medication errors that resulted in actual harm to any of the individuals served.

Report Two: 09/01/2018- 02/28/2019

- This report outlined 441 medication errors with a total of 411,787 prescribed doses. This is an error to dosage ratio of 0.0011.
- Insulin errors decreased and there was only one for this reporting period.



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- Discussion occurred regarding triple checks and simple errors that could be caught if compliance with thorough triple checks was maintained.
- One serious medication related issue discussed at length as it resulted in harm to individual and hospitalization. This was a medication omission as it was not detected that one medication was not included in the prepackaged medications. This was an anti-seizure medication and this prolonged omission resulted in the individual having a seizure as his medication levels were sub-therapeutic.
- Corrective actions were appropriate and expectations set for improvements within the next reporting period.
- Region wide, there were no errors reflected in this report that were in the category of “wrong person”. There was one medication error that resulted in actual harm to any of the individuals served. (see above)

FY 2020 Medication Administration Outcomes: submitted two reports each covering six months of FY 2020.

Report One: 03/01/2019- 08/31/2019

- This report outlined 165 medication errors with a total of 428,893 prescribed doses. This is an error to dosage ratio of 0.00003
- Very nice improvements shown in this report.
- Region wide, there were no errors reflected in this report that were in the category of “wrong person”. There were no medication errors that resulted in actual harm to any of the individuals served.

Report Two: 09/01/2019- 02/29/2020

- This report outlined 118 medication errors with a total of 458,812 prescribed doses. This is an error to dosage ratio of 0.0003.
- Continued steady improvements in this report. Increased total number of doses administered with a reduction in errors. Great efforts recognized.
- Region wide, there were no errors reflected in this report that were in the category of “wrong person”. There were no medication errors that resulted in actual harm to any of the individuals served.

**Remediation:** None required

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**Compliance with Employment Supports for Individuals Summary**  
**DHHS, DLTSS, BDS Administrator of Strategic Initiatives (and Facilitator of NH Employment Leadership Committee)**  
**Fiscal Years 2016-2020**

<b>Standard</b>	He-M 518 Employment Services Contract, Exhibit A, Section 2.7: Employment Data System (EDS)
<b>Status</b>	Met

**Findings:**

In accordance with He-M 518 area agencies must make employment services available to individuals served in their region and must report quarterly data using the Employment Data System (EDS).

**Employment Data Reports**

This Redesignation Employment Summary refers to the Bureau of Development Services (BDS) Employment Data Reports (EDR) as the source of information. The purpose of the EDR is to increase awareness, serve as a resource, and leverage employment supports across the state. The EDR is provided by the NH DHHS, BDS, in partnership with the NH Employment Leadership Committee, and is prepared by the Institute at the University of New Hampshire through data collection efforts from NH’s ten Area Agencies and numerous service providers. Please refer to the BDS EDRs at, <https://www.dhhs.nh.gov/dcbcs/bds/employment.htm> .

According to the EDR’s referenced above, Gateways Community Services (GCS) was ranked as follows for individuals employed (21-64 years old, excluding self-employment):

<b>EDR Date</b>	<b>Individuals Served</b>	<b>Individuals Working</b>	<b>Employment Rate</b>	<b>Ranking</b>
December 31, 2016	598	223	37.29%	4
December 31, 2017	587	245	41.7%	3
September 30, 2018	616	221	35.88%	2
December 31, 2019	626	260	41.5%	2
June 30, 2020	652	256	39.3%	3

<b>EDR Date</b>	<b>Average Hours Worked Per Week</b>	<b>Average Hourly Wage Per Job</b>
December 31, 2016	10.36	\$8.20
December 31, 2017	10.27	\$8.47
September 30, 2018	9	\$8.00
December 31, 2019	10.1	\$8.99
June 30, 2020	10.17	\$9.07

Gateways is in compliance with contractual requirements for entering employment data in the NH Leads Data Base, helping to generate the BDS EDR. Gateways also does an exceptional job in meeting data deadlines in compiling the EDRs.

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**Participation in the NH Employment Leadership Committee (ELC)**

The mission of the NH ELC is to advance inclusion of individuals with disabilities in the workforce through collaboration, education and advocacy. The ELC currently meets monthly.

Gateways has participated in the past in the ELC, but has not provided participation on the ELC during the majority of the 2020 calendar year. A Gateways representative was been identified in mid-November and did attend the ELC meeting on November 19, 2020.

**Remediation:** None required

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**Developmental Disabilities (DD), Acquired Brain Disorder (ABD) and In Home Support (IHS) Waivers  
 2019 Service File Review Findings**  
**Bureau of Developmental Services Program Planning and Review Specialist**

Service file reviews are part of an annual quality review process developed by the Bureau of Developmental Services (BDS) to monitor compliance with New Hampshire’s Home and Community Based Services waivers.

Area agencies prepare a self-assessment review of randomly selected files by BDS, which consist of Developmental Disability (DD) Waiver, Acquired Brain Disorder (ABD) Waiver and In Home Support (IHS) Waiver service files. The Bureau of Developmental Services (BDS) then completes a review of the files and self-assessment information.

The Service File Review process includes a review of the following for each record:

- Service agreements for the review period, including amendments and supplemental forms.
- Progress notes from the review period.
- Service Coordination contact notes from the review period.
- Budgets for the review period.
- Services billed to Medicaid during the review period.
- Prior Authorizations during the review period.
- Invoices to support Medicaid billing during the review period.
- Any other data to demonstrate quality service provision.

<b>Please refer to Standard</b>	He-M 505.08 Redesignation
<b>Status</b>	Met

**Findings:**

A self-assessment was completed by GCS for 55 records, which consisted of 25 Developmental Disability (DD) waiver service files, 5 Acquired Brain Disorder (ABD) waiver service files and 25 In Home Support (IHS) waiver service files, covering the service period of April 1, 2019 to June 30, 2019. In addition, the Bureau of Developmental Services completed an onsite review of GCS’ findings.

**Summary of Findings:**

- All service agreements addressed the individuals’ assessed needs including health and safety.
- All files reviewed included documentation of monthly contact by the service coordinator with the individual or person(s) responsible for implementing the service agreement.
- All files except one IHS file reviewed included a Health Risk Screening Tool (HRST) completed within the last 12 months.
- All files reviewed contained documentation to show that the individual was provided information about the process for reporting incidences of abuse, neglect or exploitation.
- Five ABD and DD files reviewed did not include a Supports Intensity Scale (SIS) completed within the last 5 years.

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- All DD PDMS and IHS files included documentation that the family was notified of their responsibilities.
- Seven DD files did not include progress notes that related specifically to the individuals goals.
- Two IHS files reviewed had program budgets that were underutilized by 25% or more in the last two (2) consecutive years due to lack of staff. Gateways staff reviews the utilization of services on a regular basis to allocate one-time funding to others in need of additional services.
- All PDMS files reviewed included documentation for Family Managed Employees (FME) that documented completion of BEAS state registry check, NH Criminal Records check and copy of FME staff driver's license.
- All PDMS files reviewed contained documentation that the employer provided information regarding staff development element in He-M 506.
- All files had documentation the employer ensured the non-family staff and providers received orientation and training selected by the family representative.

GCS reported workforce challenges with hiring and retaining service coordination and support staff. Adult services experienced an unusually high turnover beyond what the department had experienced in the past (80% turnover rate). After many years of successful staff retention of a skilled and experienced service coordination and administrative workforce, they had a far greater number of new staff than seasoned staff working in the department; including but not limited to the retirement of their 20-year senior administrator who provided support for all service coordination and clinical processes.

In response to the challenge in training and mentoring new service coordinators, GCS recognized the opportunity to improve the onboarding experience for their staff. As a result, new performance standards were created to assist managers and service coordinators in meeting the benchmarks of their core roles with a focus on monthly supervisor accountability to the standards. The expectations include an outline of regulations, as well as tools created that will assist the service coordinator in their performance to meet the benchmarks with confidence. Each supervisor and service coordinator will be trained in the standards expected at the start of their employment and will show competencies in the areas of training, customer service, and documentation requirements. Further, retraining for supervisors and service coordinators will be provided and internal audits will be conducted every quarter to ensure compliance. In addition, GCS created a new position, Development and Implementation Manager, to promote proficiency in the areas of process improvement, reorganization of systems, and defining better departmental structures.

In addition, progress notes have been a focus for Gateways over the last year to ensure accurate and timely information. Service coordinators will review monthly progress notes for quality and accuracy and follow up with vendors to ensure supports identified in the service agreement are reflected in the required monthly progress notes. A quarterly dashboard will be shared with service coordinators and supervisors to review and identify areas of improvement and additional targeted training that may be needed to meet their quality performance standards.

As a result of the self-audit, GCS Adult Custom Services (ACS) developed enhanced procedures for the appropriate processing of timesheets submitted by family managed employees to ensure compliance with department of labor requirements. ACS identified that long-term family managed employees (FME) hired prior to 2013 did not comply with all training requirements in He-M506 and have operationalized training requirements for all new and current employees.

**Remediation:** None required

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**Stakeholder Feedback Findings**

**BDS Program Planning and Review Specialist**  
**November 2020**

In accordance with He-M 505.08(f) as part of the redesignation process, the Department of Health and Human Services sought feedback from a variety of stakeholders. Methods for engagement include questionnaires, remote forums and online surveys. The feedback provided is included in the following sections.

**Family Support Council (FSC) Redesignation Questionnaire Responses**

As outlined in He-M 513.06 the area agency is required to have a Family Support Council (FSC). It is part of the FSC's role to make recommendations to the area agency with regard to their strategic plan as well as the utilization of respite. In accordance with He-M 505.08, the FSC was asked to respond collectively to the following questions. The responses are included below, as written by the FSC:

1. How does Family Support Council contribute in the development of the area agency's Strategic Plan (Area Plan) including but not limited to the council's role in planning for the provision of respite services within the region?

*The strategic plan incorporates Family Support operations and the board in the strategic plan cycles, which usually takes place every two years. We (Family Support Council) are given an opportunity to provide feedback with many aspects of the Area Agency's Strategic Plan, which includes respite services for our region.*

2. How is the council informed of issues and changes pertaining to Family Support or any other regional and statewide changes in laws or services?

*The Senior Director of Family Support and Family Directed Managed Services attends the Family Support Council monthly meetings to provide updates. We also receive updates from our State Family Support Council representative our board member representative. We also receive letters and emails periodically as needed regarding any changes in laws or services.*

3. Briefly describe any outreach activities of the council as they relate to informing and assisting the community on ways to include individuals with disabilities in full participation in their communities.

*Hosting monthly movies at a local theater, seasonal events, camperships, provide an opportunity to purchase recreational tickets, leadership, discretionary funds, and legislative events, support Gateways activities.*

4. How does the area agency share information, such as survey and audit results regarding quality of services provided, with the council?

*Gateways staff shares survey and audit results regarding quality of services provided during at monthly Council meetings.*

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5. What opportunity is the council given to offer input regarding recommendations for improvement based on the results of surveys and audits?

*Council members are provided opportunities during their council meetings to provide recommendations for improvements based on surveys and audits.*

6. Describe the council's involvement in the selection and evaluation of the performance of family support staff?

*Council Members are invited to meet potential staff members and evaluate family support staff.*

7. Describe the planning process used to determine annual spending of council funds.

*We receive funding at the beginning of the fiscal year. The budget committee meets and allocates a dollar figure for each line item based on current needs. The budget committee brings the budget to the full council to discuss and approve. The budget is reviewed at each council meeting during the year.*

8. Describe the process used to disperse Family Support Council funds and resources to families.

*The Family Support Council has developed guidelines and process to disperse council funds and resources. The full council reviews requests all requests submitted. Gateways staff are responsible for disbursement of approved funds.*

9. Explain the process used to resolve disputes between the family support council and the area agency.

*There is a process in our bylaws we have not had to use this process.*

10. What information/educational opportunities does the area agency provide the council about rights and rights protection?

*If a situation arises, we are provided access to information from the appropriate internal/external resources.*

11. How does the Family Support Council coordinate its efforts with other local public and private entities that serve children, adults, and families, including but not limited to early supports and services providers, Partners in Health and Special Medical Services?

*We have speakers from different organizations present at our monthly meetings to see where council may be able to assist with information for our families and how they might participate or coordinate efforts.*

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12. Does the council feel that its activities and contributions are supported by the area agency? Please share examples.

*Yes, personnel from Gateways attends and assists all of the events we've hosted such as our quarterly movie nights, holiday parties, as well as assisting in the sale of recreational tickets. We feel that our voices are recognized and valued by the Area Agency and we have their full support.*

13. Please, use this space to offer any additional comments.

*The Senior Director of Family and Participant Directed Services does a wonderful job of keeping us well informed and goes above and beyond supporting council. Debbie also does a terrific job providing us with a record of our meetings and providing all documentation.*



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**Individual and Self-Advocate Redesignation Forum Responses**

A remote forum was held on November 04, 2020, at 4:00 pm and 6pm to receive feedback from individuals who receive services. The Bureau of Developmental Services (BDS) facilitated the forum and 11 individuals who receive services participated.

1. Are you getting the support you need? For example: At home, during the day, at work or other places?	Yes	Sometimes	No	No Response
	11			

Comments:

- One individual would like to see more supports available for evening and weekends.

2. Do you feel like you are part of the community?	Yes	Sometimes	No	No Response
	11			

Comments:

- Overall, the group responded positively about being part of their community through work, leisure, volunteer and all other aspects of community life.

3. Does your service coordinator get back to you when you contact them?	Yes	Sometimes	No	No Response
	10	1		

Comments:

- Almost all responded that their service coordinator calls them back when they call.
- One individual commented that sometimes it takes a while for their service coordinator to get back to them but eventually does.

4. Does your service coordinator help you get what you need?	Yes	Sometimes	No	No Response
	11			

Comments:

- Overall, the group response was positive about get the help that they need.

5. Do you participate in your service agreement meetings?	Yes	Sometimes	No	No Response
	11			

Comments:

- One individual shared that they wanted their therapist to participate in their annual service-planning meeting.

6. Did you help pick the goals in your service agreement?	Yes	Sometimes	No	No Response
	10	1		

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Comments:

- A few individuals reported that they would like to be more involved and have more input into the goals developed in their service agreement meeting.
- One individual would like to work on getting a license to be more independent and wants to take driving lessons.

7. Do you get to work on the goals in your service agreement regularly?	Yes	Sometimes	No	No Response
	11			

Comments:

- All participants reported that they get to work on their goals regularly.
- One individual reported yes, but the COVID -19 emergency has made this difficult at times.

8. Are you supported to stay healthy? For example: Supported to make healthy food choices, supported to exercise and supported to help schedule your health checkups.	Yes	Sometimes	No	No Response
	10	1		

Comments:

- One individual shared that now that they have a PMDS service model they have flexibility in their schedule. They reported that recently when they were sick their FME was able to take them to Urgent Care for treatment.
- Another individual commented that they would like to see more Rapid Covid-19 test available for staff and individuals.
- One individual suggested that more targeted classes on cooking and physical exercise to help individuals at different health levels. Sometimes the groups are too, broad.
- One person reported that when they were hospitalized for treatment for edema, no one stayed with them and they did not feel good about this.

9. Do you feel you have choices about where you live and whom you live with?	Yes	Sometimes	No	No Response
	10	1		

Comments:

- One individual shared that when their mother passed away they had to move a staffed home. I wanted to stay in my home but could not live alone.
- One individual stated that there is not really much choice of staffing options.

10. Do you feel you have choices about where you go in the community?	Yes	Sometimes	No	No Response
	11			

Comments:

- Several individual shared that they do have choices for the most part but COVID -19 restrictions and safety concerns has limited the choices this year.

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11. Do you feel you have choices about where you work?	Yes	Sometimes	No	No Response
	11			

No comments

12. Do you feel you have choices about the staff who support you?	Yes	Sometimes	No	No Response
	10	1		

Comments:

- One individual shared that sometimes language is a barrier and they are not able to understand what staff is telling them and not sure if staff understand them as well.
- Another individual commented sometimes they get with the staff assigned but reports that they are getting better advocating for themselves. Not really much choice of staffing options.

13. Do you feel you have the opportunity to meet and make friends?	Yes	Sometimes	No	No Response
	11			

Comments:

- Zoom classes have been helpful in making and connecting with friends.

14. Do you feel you are supported to keep your job or find a new/different job?	Yes	Sometimes	No	No Response
	10	1		

Comments:

- One individual shared that they did not really have support except when they first started from Vocational Rehabilitation.
- Another individual reported that he had a job but was not able to work during COVID-19 and would like a different job

15. Does anyone from the area agency talk to you about your rights as a citizen?	Yes	Sometimes	No	No Response
	*8			

Comments: \* 3 participants left the meeting

16. Does anyone from the area agency talk to you about your rights as a person who receives services from an area agency?	Yes	Sometimes	No	No Response
	*8			

Comments: \* 3 participants left the meeting

- One individual commented that her personal rights are reviewed at her annual service agreement meeting.

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- Another individual shared that they participated in the Learn It, Love It Conference and reported that this was very helpful and that they learned more about their service rights.

17. Do you know whom to call if your rights are violated?	Yes	Sometimes	No	No Response
	*8			

Comments: \* 3 participants left the meeting

18. Do people who support you treat you well? For example: Do they listen to you and do they help you get what you need?	Yes	Sometimes	No	No Response
	*7			

Comments: \*4 participants left the meeting

19. Does the area agency offer support for you to participate in self-advocacy groups? For example: Do they provide information about joining a group or offer rides to meetings?	Yes	Sometimes	No	No Response
	*7			

Comments: \*4 participants left the meeting

- One individual said that they would like to see new members join.
- Another individual shared that they would like to see more specialized support groups to address specific issues and disabilities.

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**Family and Guardian Redesignation Forum Summary**

A remote forum was held on October 26 at 6:00 pm to gather feedback from families of individuals receiving services from Gateways Community Services. Eighteen participants joined the Zoom call and responded to the questions below.

1. Do you or your family member(s) receive the information you need from the area agency to make decisions about services and resources?	Yes	Sometimes	No	No Response
	x			

- One family member commented that information regarding an EMOD was provided when my daughter needed a new ramp.
- Another parent shared that last year she we received information and help for a new tracking system and motor in her home.
- My service coordinator provided information and assistance with an EMOD for a fence and other safety modification to help keep my son safe. I have been with Gateway since 1990 and they have consistently provided support and resources to meet the needs of my family member.
- Always, stellar in advocating and providing supports for my son.
- Gateways has been especially helpful and supportive in identifying local resources and other programs such as, START for my family member with mental health issues.

2. Do you get the information you need from your area agency regarding Family Support services? For example: Respite, home/vehicle modifications and advocacy.	Yes	Sometimes	No	No Response
	x			

- Many participants commented that Gateways has provided consistent information regarding Family Support resources and services available.
- Our family is new to Gateways and so far, they have been supportive in the service planning process and sharing information on resources to meet our family needs.
- Several family members shared that there was good communication and responsiveness their questions and concerns.

3. Do you get the information you need from your area agency regarding the Family Support Council?	Yes	Sometimes	No	No Response
	x			

- Our family actively participates in special events such as movie nights.
- The Family Support Council advocates to help us find the resources needed to support our family member.

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4. Do you get the information you need from your area agency regarding employment services?	Yes	Sometimes	No	No Response
	x			

- My service coordinator has assisted my son with referrals to Vocational Rehabilitation to help with job development.
- My family member worked with the PLUS Company to help to develop employment skills.

5. Do you get the information you need from your area agency regarding waiting lists for funding?	Yes	Sometimes	No	No Response
	x			

- About two years ago, we needed residential services for our adult daughter. Gateways provided wait list and funding information and service options available and answered all my questions. Very helpful and informative in the process, everything went smoothly.

6. Do you get the information you need from your area agency regarding transitioning from high school to adult services?	Yes	Sometimes	No	No Response
	x			

- When my daughters was transitioning from high school my service coordinator was with us every step of the way. She was responsive to my questions and very knowledgeable. We could not have done it without her support.
- If have a 13 and 15 year old teen-agers and Gateways has been participating in their IEP meetings and providing me information to help us to prepare for future transitions after high school .

7. Do you get the support and information you need from your area agency at age 14 years and older regarding options available for your family member upon graduation?	Yes	Sometimes	No	No Response
	x			

- Gateways offers forums/information regarding applying for social security, Medicaid, guardianship to help prepare for after high school.
- Gateways offered informational transition classes to families to learn about available options.

8. Are the area agency staff responsive? For example: Do they return your calls in a reasonable amount of time?	Yes	Sometimes	No	No Response
	x			

- Yes. Absolutely. Responsive to calls, emails, and text messages.

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9. Are you, your family member(s), and/or other family members and friends encouraged and supported to exercise choice and control over managing financial resources?	Yes	Sometimes	No	No Response
	x			

- One family member shared that she has a PDMS program and has control of budget expenditures. She is able to reallocate funds to meet changing needs within the constraints of the total budget.
- Especially during the COVID -19 emergency; flexible
- Staff is supportive and creative in helping to problem solve during COVID.
- Flexibility to reallocate unused funds in the budget at the end of year to meet unmet needs.

10. Do you feel that the area agency considers the unique concerns, priorities and resources of your family member in providing services?	Yes	Sometimes	No	No Response
	x			

- Unanimous group response, yes.

11. Do you think that staff and providers respect your family members' choices regarding the services they receive?	Yes	Sometimes	No	No Response
	x			

- Definitely, yes. In addition, they offer alternatives to help meet my family member's needs.
- My service coordinator was very knowledgeable and supportive when looking for placement for my family member.
- My service coordinator was a tremendous advocate for family member regarding the choices of services.
- Aware and supportive of our family dynamics

12. Do you think that staff and providers respect your family members' choices regarding who provides services?	Yes	Sometimes	No	No Response
	x			

- Yes, they are open to our suggestions.

13. Do you think that staff and providers respect your family members' choices regarding where services are provided?	Yes	Sometimes	No	No Response
	x			

- When my service coordinator was helping with residential services, she provided many choices, visits to programs and meeting with providers.

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14. Do you think that staff and providers respect your family members' choices regarding what goals are pursued in the service agreement?	Yes	Sometimes	No	No Response
	x			

- Yes, absolutely, we helped developed the goals.
- Flexibility in revising goals to help us achieve the outcomes we wanted.
- Even though I am new to Gateways, I see a great deal of care and real listening to make sure my son want to achieve as he moves into adult services.

15. Are you satisfied with the services you and your family member are receiving from the area agency?	Yes	Sometimes	No	No Response
	x			

- Yes, they are amazing.
- If the state would provide more money that would be great.
- We have a FME and it is difficult to retain staff.
- My son has been with Gateways for 8 years, no words to express how much we appreciate the support they have provided. Even with changes in service coordinators, there has been no lapse in services. Supervisors and other staff continue to provide the same level of support.
- One hundred percent. I would be lost without Gateways and our service coordinator. Just got a new wheelchair today, had help along the way with the process, and working with a new vendor. Also, help with a ramp at my daughter's home. My daughter is helping with supports during COVID and a ramp was needed so that her sister could access her home safely.
- Resourceful and flexible.
- Two years ago, my husband had emergency open-heart surgery. My service coordinator reached out to us to see what additional supports we needed during this family crisis.

16. Are you satisfied with the <b>health</b> related supports that are provided to your family member by the area agency? For example: Assistance in locating healthcare providers, specialists and supporting healthy living activities.	Yes	Sometimes	No	No Response
	x			

- Yes, definitely
- Very satisfied. I have been with Gateways for 20 years. They have supported me at IEP meeting, doctor appointments, hospitalization and seeking specialists. Coordinated team approach with START crisis plan to make sure everyone was on the same page in supporting my son.

17. Are you satisfied with the <b>safety</b> related supports that are provided to your family member by the area agency? For example: Appropriate supervision supports, environmental modifications and assistive technology,	Yes	Sometimes	No	No Response
	x			



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- Yes. We were able to work with our service coordinator to get a new ramp. We had very steep stairs and it was not safe getting our daughter in and out of our home in her wheelchair.
- Gateways followed up with the EMOD work completed and worked with us to get the ramp in place quickly.

18. Do you know whom to call if your family members' rights have been violated or they are not receiving the services they need and want?	Yes	Sometimes	No	No Response
	x			

- We are new to Gateways and not sure whom to call.
- One family shared that their service coordinator was very helpful and if they were not available, they could their supervisor.

19. Is your family member supported to form and maintain relationships and become an active member of the community doing work/leisure activities of his/her choice?	Yes	Sometimes	No	No Response
	x			

- No Comments

20. Does the area agency ask the individual and/or guardian if they are satisfied with the quality of services received from them?	Yes	Sometimes	No	No Response
	x			

- Yes, Gateways conducts regular survey to seek their input on satisfaction of services.
- Gateways assisted me is getting my adult son on Medicaid. This was a very long process but finally approved this month. I am very thankful for their support through the process.
- My service coordinator has served us for many years, knows my daughter very well, and was always on top of everything.

21. If you have made suggestions regarding improving the quality of services, did the area agency follow up with you?	Yes	Sometimes	No	No Response
	x			

- Yes, my service coordinator is very open and responsive to my feedback.

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**Board of Directors Redesignation Forum Summary**

A remote forum was held on October 28, 2020 to receive feedback from the Gateways Community Services Board of Directors. The Bureau of Developmental Services (BDS) facilitated the forum.

- 1. How does the Board know that the agency is fulfilling its mission of helping people with disabilities to be active members of their communities?**
  - Board members are active participants in their local community and they see this happening in many venues; individuals working at local businesses, participation in a variety of community events and other routine activities
  - Local community college student interns supporting individuals on campus with college classes.
  - Over half of the BOD are family members and have experienced Gateways' dedication to their mission and the benefits of engaging as active members of the community.
  - One board member shared that they have been on the board for many years and have a 40-year-old son that receives services through Gateways. My experience for my son had been positive. I have had the opportunity to talk with many other families through the years that have experienced positive outcomes through school transition and engagement in their local community.
  - As a board member, we hear from department directors on the progress of the strategic goals identified and review challenges that impede the progress. Goals are mission driven and Gateways does an excellent job ensuring individuals are active members of their communities.
  - Strong collaborative relationship with local hospital in the school to work program, Project Search. The program provides education and training for individuals that has led to successful employment in various sectors of employment. Every graduation from the program is a community event celebrating the achievement of each individual and hosted by the hospital.
  
- 2. Do Board members have a role in carrying out the agency mission of community membership for people with disabilities?**
  - Board members reach out to their own community contacts, friends, business owners and organizations to promote the agency mission and expand opportunities for individuals to be active members of their community.
  - Board members seek feedback from the agency to help promote their efforts and Gateways is open to feedback back from the board as well.
  - Many sub-committees tap into the talents of their board members to assist Gateways in promoting their mission.
  
- 3. What involvement does the Board have in assessing/improving the quality of services provided by the area agency and its subcontract agencies?**
  - Formal process in place. Gateways Director of Quality meets quarterly with BOD Quality Assurance Committee to review the quality metrics to review vendor compliance with certification, medication administration, human rights, incident and sentinel events and complaints. The BOD Quality Assurance Committee discuss and recommend strategies for improvement and action plan if needed.
  - BOD Quality reports out to the full board on a regular basis.

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4. **Does the area agency share with the Board the results of surveys, assessments and reports related to quality of services?**
  - Gateways Director of Quality Assurance attends the BOD meeting bi-annually and shares the results of all survey, assessment and reports related to the quality of service including Employment reports, financial reports, Service file reviews, National Core Indicator surveys (every other year) and others.
  
5. **What action does the Board take regarding recommendations that are made in reports related to quality of services?**
  - The BOD see their role as monitoring and oversight role. Gateways presents recommendations and corrective actions when needed and the board may suggest additional recommendations but do not require BOD approval.
  - Gateways updates the BOD on all recommendations and actions and BOD monitors the progress.
  - BOD is informed of all critical incidents and situations in a timely manner. BOD may request additional information and suggest recommendations. Gateways staff are very responsive to getting back to the BOD with the information needed. BOD is very involved and informed in these situations. Communication between the BOD and Gateways is very open and productive.
  
6. **How are new Board members oriented and what opportunities exist for ongoing educational/training for Board members?**
  - New board members receive a full day of orientation; review of services provided, facilities meeting staff, visit programs, review of training, meet with the CEO and other key staff. Very robust overview that has been in place for many years and updated as needed.
  - Assign a seasoned board member as a mentor to new board members to assist with ongoing support and orientation. Board members report that have a mentor has been very helpful.
  
7. **Do Board members receive adequate information regarding the regional and state system to support you in your role as a Board member?**
  - The BOD are kept fully abreast on all related regional and state system issues during board meetings and through the monthly CEO report. Key staff also join the board meeting on a regular basis to present new information.
  - State staff also are invited to various agency meetings and information presented is shared with board.
  - Legislative updates and changes are also reported and shared with the board
  
8. **Describe how the Board receives information and input from the regional Family Support Council and self-advocacy group.**
  - Two Family Support Council member are also BOD members and share issues and concerns regularly with the board. Family Support Council updates are presented to the full board bi-annually. In addition a self-advocate member participates in the Governance Committee
  
9. **How does the Board support the area agency's community outreach and public education efforts?**
  - BOD Development Committee engages in public outreach to help educate the greater community on Gateways mission in serving their community.
  - Facebook page is updated on a regular basis to keep people informed.

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- Board members write personal notes to friends and neighbors to share to work that Gateways does. Community outreach through the Annual Meeting, annual appeals and quarterly newsletters highlight the stories of families and individuals to help education efforts.
- Rotary meetings and presentation promotes connections to new opportunities.
- G-Span Legislative virtual Coffee held in September bringing candidates and families together. Family shared their stories to inform the candidates on challenges and supports needed.
- Community Fundraisers and most recently Virtual events for families have been offered to share stories and raise funds to add value to people lives.

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**Family and Guardian Redesignation Survey Summary**

BDS conducted a Family and/or Guardian Survey via Survey Monkey and via paper form. A total of 266 families and/or guardians and individuals responded anonymously to this survey. The responses are noted below. Not all will total 100% as the numbers were rounded.

1. Do you or your family member(s) receive the information you need from the Area Agency to make decisions about services and resources?

Answer Choices	Responses
Yes	77.74%
Sometimes	18.11%
No	3.40%
Not Applicable	0.75%

2. Do you get the information you need about:
  - a. Family Support Services (such as respite, home/vehicle modification, advocacy)

Answer Choices	Responses
Yes	64.66%
Sometimes	16.17%
No	6.02%
Not Applicable	13.16%

- b. Family Support Council

Answer Choices	Responses
Yes	53.23%
Sometimes	14.45%
No	11.41%
Not Applicable	20.91%

- c. Employment Services

Answer Choices	Responses
Yes	37.22%
Sometimes	8.65%
No	13.91%
Not Applicable	40.60%

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d. Waiting Lists

Answer Choices	Responses
Yes	25.94%
Sometimes	8.65%
No	13.91%
Not Applicable	50.38%

e. Transition from High School to adult services

Answer Choices	Responses
Yes	23.77%
Sometimes	4.15%
No	6.79%
Not Applicable	65.66%

f. Support and information at age 14 and older regarding options available upon graduation.

Answer Choices	Responses
Yes	20.38%
Sometimes	5.77%
No	8.46%
Not Applicable	65.38%

3. Are the area agency staff responsive? For example, do they return your calls in a reasonable amount of time?

Answer Choices	Responses
Yes	88.72%
Sometimes	7.78%
No	3.50%
Not Applicable	0.0%

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4. Are you, your family member, and other family members and friends encouraged and supported to exercise choice and control over:

a. The planning of services?

Answer Choices	Responses
Yes	78.71%
Sometimes	9.51%
No	4.18%
Not Applicable	7.60%

b. Implementation of services?

Answer Choices	Responses
Yes	77.31%
Sometimes	11.15%
No	4.23%
Not Applicable	7.31%

c. Managing financial resources?

Answer Choices	Responses
Yes	62.93%
Sometimes	8.11%
No	7.34%
Not Applicable	21.62%

5. Do you feel the area agency considers the unique concerns, priorities and resources of your family in providing services?

Answer Choices	Responses
Yes	75.95%
Sometimes	17.18%
No	4.58%
Not Applicable	2.29%

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6. Do you think that staff and providers respect your family member’s choices regarding:

a. The services they receive.

Answer Choices	Responses
Yes	90.38%
Sometimes	7.31%
No	2.31%
Not Applicable	0.0%

b. Who provides the service?

Answer Choices	Responses
Yes	85.00%
Sometimes	12.31%
No	2.69%
Not Applicable	0.0%

c. Where the services are provided?

Answer Choices	Responses
Yes	86.10%
Sometimes	11.97%
No	1.93%
Not Applicable	0.0%

d. What goals are pursued in the service agreement?

Answer Choices	Responses
Yes	86.77%
Sometimes	8.56%
No	4.67%
Not Applicable	0.0%



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7. Are you satisfied with the services you and your family member/ward are receiving from the area agency?

Answer Choices	Responses
Yes	79.77%
Sometimes	15.65%
No	5.34%
Not Applicable	0.0%

8. Are you satisfied with the health related supports that are provided to your family member by the area agency ((such as assistance in locating health care providers, specialists)?

Answer Choices	Responses
Yes	52.49%
Sometimes	12.26%
No	6.13%
Not Applicable	29.12%

9. Are you satisfied with the safety related supports that are provided to your family member by the area agency (such as appropriate supervision supports, environmental)?

Answer Choices	Responses
Yes	58.02%
Sometimes	9.54%
No	4.96%
Not Applicable	27.48%

10. Do you know whom to call if your family members' rights have been violated or they are not receiving the services they need and want?

Answer Choices	Responses
Yes	78.16%
Sometimes	5.36%
No	16.48%
Not Applicable	0.0%

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11. Is your family member supported to form and maintain relationships and become an active member of the community, doing work/leisure activities of his/her choice?

Answer Choices	Responses
Yes	75.50%
Sometimes	11.72%
No	13.28%
Not Applicable	0.0%

12. Does the area agency ask the individual receiving services and/or the guardian if they are satisfied with the quality of services received from them?

Answer Choices	Responses
Yes	81.78%
Sometimes	0.0%
No	18.22%
Not Applicable	0.0%

13. If you have made suggestion regarding improving quality of services, did the area agency follow-up with you?

Answer Choices	Responses
Yes	75.89%
Sometimes	8.04%
No	16.07%
Not Applicable	0.0%

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**Provider Redesignation Survey Summary**

BDS conducted a provider survey via Survey Monkey and via paper form. Executive Directors from nine provider agencies responded to this survey.

Please choose one to rate the overall effectiveness of communication between your agency and the area agency:

Answer Choices	Responses: 9
Excellent	44.44%
Good	44.44%
Inconsistent	11.11%
Lacking	0.00%

Is there timely communication with Service Coordinators when there is an incident/issue/emergency involving an individual?

Answer Choices	Responses: 9
Yes	66.67%
No	0.00%
Sometimes	0.00%
No response	33.33%

Does the Area Agency communicate and explain policy and funding issues released by the Bureau of Developmental Services?

Answer Choices	Responses: 9
Yes	66.67%
No	0.00%
Sometimes	11.11%
No response	22.22%

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How does the Area Agency communicate regular updates and changes to policy, funding, performance, etc.?

Choose ALL that apply:

Answer Choices	Responses:9
Email	100%
Phone Calls	33.33%
Regularly Scheduled Provider Meetings	88.89%
Special Meetings	33.33%
Letters	33.33%
Other	0.00%

Do you have a specific contact person to speak with regarding funding issues, crisis needs, and/or changes in funding with regard to individuals' needs?

Answer Choices	Responses: 9
Yes	100%
No	0.00%

When there is an issue with an individual, are there timely responses and meetings that meet the level of urgency?

Answer Choices	Responses: 9
Yes	66.67%
No	0.00%
Sometimes	33.33%

Overall, are area agency staff easily accessible and phone calls returned in a timely manner?

Answer Choices	Responses:9
Yes	100%
No	0.00%

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Is your agency invited to participate in the development and ongoing assessment of the area agency's Area Plan (also possibly known as Biennial Plan or Strategic Plan)?

Answer Choices	Responses: 9
Yes	22.22%
No	33.33%
Not Sure	44.44%

Do you believe individuals and families are objectively given a choice of providers in the regional area?

Answer Choices	Responses: 8
Yes	75.00%
No	25.00%

How well is the RFP process working in your regional area?

Answer Choices	Responses
Very Well	33.33%
Good	55.56%
Inconsistent	0.00%
Needs Improvement	11.11%

Do you believe individuals and families understand their rights to choice and how to exercise these rights?

Answer Choices	Responses: 9
Yes	88.89%
No	11.11%

Overall, are the area agency service coordinators responsive to the needs of individuals?

Answer Choices	Responses: 8
Yes	87.50%
No	12.50%

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In general, do you feel individuals (and their guardians/representatives) are adequately supported by the area agency to advocate for themselves in the service planning process and implementation of their services?

Answer Choices	Responses: 9
Yes	88.89%
No	11.11%

In general, do you believe individuals (and their guardians/representatives) are encouraged and supported by the area agency to request changes to their services?

Answer Choices	Responses: 9
Yes	88.89%
No	11.11%

Overall, do you believe area agency service coordinators are adequately trained in their role?

Answer Choices	Responses: 8
Yes	62.50%
No	37.50%

Has the Area Agency explained and made available the process for requesting funding changes for Individual service needs to your agency?

Answer Choices	Responses: 9
Yes	66.67%
No	33.33%

In your opinion, has the area agency explained and made available the process for requesting funding changes for individual service needs to the individual, guardian/representative?

Answer Choices	Responses: 9
Yes	66.67%
No	33.33%

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Does the Area Agency have processes in place to address underutilized services?

Answer Choices	Responses
Yes	44.44%
No	0.00%
Unsure	55.56%

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**Staff Redesignation Survey Summary**

BDS conducted a staff survey via Survey Monkey and via paper form. Ninety-nine Gateways staff and area agency contracted providers responded to this survey. Participants that responded included service coordinators, family managed and direct support staff, program managers and contracted providers. The responses are noted below. Not all will total 100% as the numbers were rounded.

1. What is your role with the area agency?

Answer Choices	Responses
Service Coordinator	30.30%
Direct Support Professional	21.21%
Program Manager	5.05%
Nursing	0.00%
Family Managed Employees	39.39%
Contracted Home Care Provider	3.03
Other	0.00%

2. Overall, how would you rate the support that you receive in in your role from the area agency?

Answer Choices	Responses
Very Satisfied	41.41%
Satisfied	42.42%
OK	12.12%
Dissatisfied	1.01%
Very Dissatisfied	3.03%

3. Are you satisfied with the training you received?

Answer Choices	Responses
Yes	85.71%
No	4.08%
Sometimes	10.20%



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4. Do you think the area agency training has given you sufficient information to know how to respond to the following?

a. Rights violations:

Answer Choices	Responses
Yes	96.97%
No	3.03%

b. Emergency supports and services:

Answer Choices	Responses
Yes	94.79%
No	5.21%

5. Are you asked for suggestions and ideas regarding improving the quality of services?

Answer Choices	Responses
Yes	52.53%
No	26.26%
Sometimes	21.21%

6. Are services provided to the people supported but he area agency based upon their needs and interests?

Answer Choices	Responses
Yes	84.38%
No	1.04%
Sometimes	14.58%

7. If you reported a rights violation, was the area agency responsive?

Answer Choices	Responses
Yes	22.22%
No	2.02%
Sometimes	0.00%
N/A	75.76%

8. Does the area agency, in collaboration with families, assist the people they support and their guardians in exercising choice and control in:

a. Selecting, planning and designing individuals' services?

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Answer Choices	Responses
Yes	85.71%
No	0.00%
Sometimes	6.59%
Unsure	1.10%
N/A	6.59%

b. Selecting providers and/or hiring, firing, supervising and training staff?

Answer Choices	Responses
Yes	64.44%
No	2.22%
Sometimes	7.78%
Unsure	20%

c. Deciding where and with whom individuals will live?

Answer Choices	Responses
Yes	48.49%
No	5.56%
Sometimes	2.22%
Unsure	10.00%
N/A	33.33%

d. Deciding in what activities individuals will participate.

Answer Choices	Responses
Yes	63.33%
No	3.33%
Sometimes	7.78%
Unsure	7.78%
N/A	17.78%

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- e. Selecting what goals will be pursued in the individual’s service agreement.

Answer Choices	Responses
Yes	82.22%
No	1.11%
Sometimes	2.22%
Unsure	4.44%
N/A	10.00%

- f. Deciding how the funds allocated by the area agency for individuals will be spend?

Answer Choices	Responses
Yes	58.43%
No	3.37%
Sometimes	5.62%
Unsure	14.61%
N/A	17.98%

9. Does the area agency provide information to the people they support, their families and their guardians relative to their ability to direct and manage their services?

Answer Choices	Responses
Yes	75.8%
No	2.20%
Unsure	12.09%
N/A	5.49%
Sometimes	4.40%

10. Is the area agency responsive when you represent the people you support and their families’ requests and needs (i.e. work with you to meet these needs)?

Answer Choices	Responses
Yes	73.63%
No	1.10%
Sometimes	7.69%
N/A	17.58

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11. Do you think the healthcare needs of the people supported by the area agency are addressed appropriately?

Answer Choices	Responses
Yes	70.00%
No	3.33%
Sometimes	5.56%
Unsure	7.78%
N/A	13.33%

12. Do you think the area agency has been successful in helping the people they support to establish and maintain relationships?

Answer Choices	Responses
Yes	72.53%
No	2.20%
Sometimes	14.29%
Unsure	10.99%

13. Does the area agency assist you in your efforts to help the people you support and their families to explore, identify and access community resources, both formal and informal?

Answer Choices	Responses
Yes	76.29%
No	4.40%
Sometimes	4.40%
Unsure	6.59%
N/A	7.69%

14. Does the area agency create a work atmosphere where you are encouraged to offer ideas, opinions and suggestions?

Answer Choices	Responses
Yes	76.40%
No	4.49%
Sometimes	19.10%

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15. Are you satisfied with the supervision you receive?

Answer Choices	Responses
Yes	87.78%
No	1.11%
Sometimes	11.11%

16. Are area agency management staff and supervisors accessible and helpful when you have questions, problems or ideas that you wish to discuss?

Answer Choices	Responses
Yes	73.33%
No	2.22%
Sometimes	17.28%
N/A	6.67%

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**Board of Directors Redesignation Survey Summary**

BDS conducted a Board of Directors survey via Survey Monkey and via paper form. Eight Board members responded to this survey.

1. Are families/guardians and individuals made aware of and recruited for the Board of Directors?

Answer Choices	Responses
Yes	100%
No	0.00%
Unsure	0.00%

2. Are accommodations provided to individuals and families/guardians to support their participation in Board activities and committees?

Answer Choices	Responses
Yes	100%
No	0.00%
Unsure	0.00%

3. Does the Board have a role regarding the agency budget?

Answer Choices	Responses
Yes	100%
No	0.00%
Unsure	0.00%

4. Does the Board have a role in addressing the regional waiting list needs?

Answer Choices	Responses
Yes	100%
No	0.00%
Unsure	0.00%

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5. Does the Board have a role in seeking and utilizing other/generic sources of revenue?

Answer Choices	Responses
Yes	100%
No	0.00%
Unsure	0.00%

6. Describe how the Board monitors and assesses the financial health of the area agency and its subcontractor?

No Comments provided.

7. Does the Board have a role in reviewing and revising the area agency policies, procedures, bylaws and organizational structure?

Answer Choices	Responses
Yes	100%
No	0.00%
Unsure	0.00%

8. Were you involved in the development and review of the area plan?

Answer Choices	Responses
Yes	50.00%
No	12.50%
Unsure	37.50%

9. Does the Board receive updates and information regarding:

a. Governance audit reviews.

Answer Choices	Responses
Yes	100%
No	0.00%
Unsure	0.00%

**New Hampshire Department of Health and Human Services**  
**Division of Long Term Supports and Services**  
**Bureau of Developmental Services**  
 Gateways Community Services Redesignation Report  
 Report Date: May 2021

b. Annual service file review results?

Answer Choices	Responses
Yes	87.50%
No	0.00%
Unsure	12.50%

c. National Core Indicator (NCI) survey data?

Answer Choices	Responses
Yes	75.00%
No	0.00%
Unsure	25.00%

d. Family Centered Services, Early Supports and Services annual file review results.

Answer Choices	Responses
Yes	100%
No	0.00%
Unsure	0.00%

e. Incident management data?

Answer Choices	Responses
Yes	100%
No	0.00%
Unsure	0.00%

f. Human Rights Committee?

Answer Choices	Responses
Yes	87.50%
No	0.00%
Unsure	12.50%



Governance Desk Audit - July 1, 2019- June 30, 2020		Region #	Met	Not Met
	Indicator	Rule citation		
<b>Board of Directors</b>				
1	<u>Current Board Composition:</u> A) Uneven number of persons. B) No fewer than 9, no more than 25. C) Consumers to comprise at least 1/3 membership. D) Representative of agency's different consumer groups and entire geographic area.	RSA 171-A:18 He-M 505.03(m)	X	
2	<u>Executive Director Qualifications:</u> A) Provide Executive Director's resume. B) Minimum 5 years administrative experience in human services. C) At least two years' experience in developmental service programs.	RSA 171-A:18 He-M 505.03(q); He-M 505.03(s)	X	
3	<u>Current AA/BOD bylaws :</u> A) Include a statement that in the event of dissolution of the area agency or in the event that the agency is no longer designated as an area agency, disposal of all debts and obligations shall be provided for and ownership and possession of all assets and property obtained with funds granted by the department shall revert to the department so that the agency's assets can be redeployed on behalf of individuals. B) Provision requiring rotation of area board membership so that 1/4 of the members' terms expire each year. Said rotation shall not result in all of the consumers' terms expiring in the same year. C) The maximum consecutive period during which a board member may serve as an officer of the board shall not exceed 6 years. D) Procedure by which inactive members are removed from the area board.	He-M 505.03(h)-(l)	X	
4	Current Board policies and procedures that ensure efficient and effective operation of the local service delivery system and adherence to requirements of state and federal funding sources, the area plan, and rules and contacts established by the department.	He-M 505.03(e)	X	
5	Last 12 months of Board of Director's meeting minutes.		X	
<b>Area Plan</b>				
6	<u>Provide the Area Plan and any amendments:</u> A) Provide documentation of the how the area agency involved its consumers, the regional family support council, the general public residing in the area and generic services agencies in the planning and provision of services for individuals. B) Provide how the services proposed by the area agency are intended to maintain and establish a comprehensive service delivery system. C) Documentation to verify the Board of Director's review of the Area Plan every 2 years.	RSA 171A:18 He-M 505.03(t)-(u) He-M 519.07(a) & He-M 519.07(b)(1)-(2)	X	
7	Self assessment in meeting strategic goals identified in the Area Plan.		X	
<b>Human Rights</b>				
8	<u>Human Rights Committee Composition:</u> A) Minimum of five members. B) Committee Members noting who they represent-The majority of the members of each human rights committee shall be persons who represent the interests of developmentally disabled clients and who are not employees of the department.	RSA 171-A:17	X	
9	<u>Document how the Human Rights Committee accomplishes the following duties:</u> A) For each program or service with which the committee is concerned, evaluating the treatment and habilitation provided. B) Regularly monitoring the implementation of individual service agreements. C) Monitoring the use of restrictive or intrusive interventions designed to address challenging behavior. D) Fostering the capacity of individuals served by the area agency to exercise more choice and control in their lives. E) Promoting advocacy programs on behalf of the clients.	RSA 171-A:17	X	
10	Last 12 months of Human Rights Committee minutes.		X	
11	Provide policies regarding the use of restraint and prohibition of seclusion.	Waiver performance measures	X	
12	Provide documentation demonstrating that policies regarding the use of restraint and prohibition of seclusion are followed.	Waiver performance measures	X	
<b>Area agency operations</b>				
13	Provide the agency communication strategy for internal service providers and relaying information to external service providers concerning changes in policy, funding, statewide issues (quality initiatives, settings rule, direct billing, incident management, conflict free service provision, NCI results, audit results) and other related activities to plan, establish and maintain a comprehensive service delivery system.	He-M 505.03(a)(ac)	X	
14	Provide the agency process for ongoing quality assurance activities and trainings (settings rule, direct billing, conflict free services, incident management) to assess and continuously improve the quality of its services, and ensure that the recipients of services are satisfied with the services that they receive.	He-M 505.03(w)(6)	X	
15	Sub-Contracting for Services: For services which are provided by persons or organizations which are not the Area Agency, the Agency has entered into agreements for the provision of services.	He-M 505.03(z)(aa)	X	
16	If applicable, the area agency provided updates and/or completed its plan of correction from the last redesignation.	He-M 505.08(e)(9)	X	
17	Provide your agency policy to demonstrate compliance with the Department of Health and Human Services (DHHS) sentinel event policy and accurate and timely completion of the sentinel event form.	RSA 126-A:4, AA Contract Section 1.5	X	
18	<u>Provide your Memorandum of Understanding (MOU) with the local Community Mental Health Center:</u> A) Services for those dually eligible for both organizations. B) Transition plans for youth leaving children's services. C) Emergency Department protocol for individual's dually eligible. D) Process for assessing individuals leaving New Hampshire Hospital or the Secure Psychiatric Hospital. E) An annual orientation for case management and intake staff of both organizations. F) A plan for each person who receives dual case management and/or services outlining the responsibilities of each organization.	AA Contract with BDS: 2.5 & 2.5.1 - 2.5.1.6	X	
19	Submit the area agency's detailed description and any updates in regards to the language assistance services provided to persons with Limited English Proficiency (LEP) to ensure meaningful access to available programs and/or services.	Contract, Exhibit A, 1:1.1 Contract Exhibit C:17	X	
20	National Core Indicator Interviews (NCI)-For those individuals for whom an unmet need was identified, did the agency respond to the corrective action request within 15 working days.	Contract, Exhibit A, 2.2.2	N/A	
21	All required data and updates are entered in the Employment Data System by 9/30, 12/31, 3/31, 6/30 for the previous quarter's activities to generate the regional and statewide employment reports.	Contract, Exhibit A, 2.9 & 2.9.1-2.9.3.	X	
<b>Family Support Council</b>		RSA 126-G:4 He-M 519.05		

22	<p><u>Current FSC composition:</u></p> <p>1) Composed of a minimum of 5 voting members.  2) Members who are either family members or individuals.  3) No voting member who is an employee of either the area agency or the Family Support Council.  4) Membership representative of the various ages and geographical locations of those served in the region.</p>	He-M 519.05(b)	X	
23	<p><u>Provide Family support council policies that address the following:</u></p> <p>A) Membership, rotation, and term limits on the council.  B) A process for determining the chairperson, the state council delegate, and any other positions such as the council representative to the area agency board of directors.  C) Orientation and mentoring of all council members.</p>	He-M 519.05-C(1-3)	X	
24	<p><u>Provide the formal agreement between the council and the area agency that identifies:</u></p> <p>A) The parties' relationship, roles, and responsibilities.  B) The process to be used in resolving any conflicts which might arise between the parties.  C) The involvement of the council in the selection and evaluation of the performance of the family support staff.  D) The family support representative on the area agency management team and the mechanism for direct communication between this person and the council.  E) A mechanism for the council to be involved in the area agency monitoring of supports and services provided to families.</p>	He-M 519.05(c)(4)(6)	X	
25	<p>Provide the process used to disperse family support council funds and other resources.</p>	He-M 519.05(c)(5)	X	
26	<p>Family Support Coordinator/Director:</p> <p>A) Job Description.  B) Resume of designated staff person.</p>	He-M 519.06(a)(b)	X	

Governance Desk Audit - July 1, 2019- June 30, 2020				
	Indicator	Rule citation	Met	Not Met
<b>Board of Directors</b>				
1	Current Board Composition: <i>Please put an "X" next to each item meeting the expectation.</i> A) Uneven number of persons.	RSA 171-A:18 He-M 505.03(m)	10	0
2	Executive Director Qualifications: <i>Please put an "X" next to each item meeting the expectation.</i> A) Provide Executive Director's resume.	RSA 171-A:18 He-M 505.03(q); He-M 505.03(s)	10	0
3	Current AA/BOD bylaws : <i>Please put an "X" next to each item meeting the expectation.</i> A) Include a statement that in the event of dissolution of the area agency or in the event that the agency is no longer designated as an area	He-M 505.03(h)-(l)	9	1
4	Current Board polices and procedures that ensure efficient and effective operation of the local service delivery system and adherence to requirements of state and federal funding sources, the area plan, and rules and contacts established by the department.	He-M 505.03(e)	10	0
5	Last 12 months of Board of Director's meeting minutes.		10	0
<b>Area Plan</b>				
6	Provide the Area Plan and any amendments: <i>Please put an "X" next to each item meeting the expectation.</i> A) Provide documentation of the how the area agency involved its consumers, the regional family support council, the general public residing in	RSA 171A:18 He-M 505.03(t)-(u)	9	1
7	Self assessment in meeting strategic goals identified in the Area Plan.		9	1
<b>Human Rights</b>				
8	Human Rights Committee Composition: <i>Please put an "X" next to each item meeting the expectation.</i> A) Minimum of five members.	RSA 171-A:17	10	0
9	Document how the Human Rights Committee accomplishes the following duties: <i>Please put an "X" next to each item meeting the expectation.</i> A) For each program or service with which the committee is concerned, evaluating the treatment and habilitation provided.	RSA 171-A:17	10	0
10	Last 12 months of Human Rights Committee minutes.		10	0
11	Provide policies regarding the use of restraint and prohibition of seclusion.	Waiver performance measures	10	0
12	Provide documentation demonstrating that policies regarding the use of restraint and prohibition of seclusion are followed.	Waiver performance measures	10	0
<b>Area agency operations</b>				
13	Provide the agency communication strategy for internal service providers and relaying information to external service providers concerning changes in policy, funding, statewide issues (quality initiatives, settings rule, direct billing, incident management, conflict free service provision,	He-M 505.03(a)(ac)	10	0
14	Provide the agency process for ongoing quality assurance activities and trainings (settings rule, direct billing, conflict free services, incident management) to assess and continuously improve the quality of its services, and ensure that the recipients of services are satisfied with the	He-M 505.03(w)(6)	10	0
15	Sub-Contracting for Services: For services which are provided by persons or organizations which are not the Area Agency, the Agency has entered into agreements for the provision of services.	He-M 505.03(z)(aa)	10	0
16	If applicable, the area agency provided updates and/or completed its plan of correction from the last redesignation.	He-M 505.08(e)(9)	5	0
17	Provide your agency policy to demonstrate compliance with the Department of Health and Human Services (DHHS) sentinel event policy and accurate and timely completion of the sentinel event form.	RSA 126-A:4, AA Contract Section 1.5	10	0
18	Provide your Memorandum of Understanding (MOU) with the local Community Mental Health Center: <i>Please put an "X" next to each item meeting the expectation.</i>	AA Contract with BDS: 2.5 & 2.5.1 - 2.5.1.6	8	2
19	Submit the area agency's detailed description and any updates in regards to the language assistance services provided to persons with Limited English Proficiency (LEP) to ensure meaningful access to available programs and/or services.	Contract, Exhibit A, 1:1.1	9	1
20	National Core Indicator Interviews (NCI)-For those individuals for whom an unmet need was identified, did the agency respond to the corrective action request within 15 working days.	Contract, Exhibit A, 2.2.2	6	0
21	All required data and updates are entered in the Employment Data System by 9/30, 12/31, 3/31, 6/30 for the previous quarter's activities to generate the regional and statewide employment reports.	Contract, Exhibit A, 2.9 & 2.9.1-2.9.3.	10	0
<b>Family Support Council</b>				
22	Current FSC composition: <i>Please put an "X" next to each item meeting the expectation.</i> 1) Composed of a minimum of 5 voting members .	He-M 519.05(b)	10	0
23	Provide Family support council policies that address the following: <i>Please put an "X" next to each item meeting the expectation.</i> A) Membership, rotation, and term limits on the council.	He-M 519.05-C(1-3)	10	0
24	Provide the formal agreement between the council and the area agency that identifies: <i>Please put an "X" next to each item meeting the expectation.</i>	He-M 519.05(c)(4)(6)	10	0

25	Provide the process used to disperse family support council funds and other resources.	He-M 519.05(c)(5)	10	0
26	Family Support Coordinator/Director: <i>Please put an "X" next to each item meeting the expectation.</i> A) Job Description.	He-M 519.06(a)(b)	10	0

**Developmental Services System**  
**Annual Report of Financial Condition**  
**For Fiscal Year 2019**

**With**

**Five-Year Financial Trend Analysis**

*Prepared by:*

**Department of Health & Human Services**  
**Bureau of Developmental Services**  
**Audit Unit**  
**May 2020**

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## Overview of Report

This report presents summary financial information for the Developmental Services Area Agencies (DSAA). Information is compiled from the audited financial statements for years ended June 30, 2019 and prior. This analysis is intended to assist the Bureau of Developmental Services (BDS) to:

1. Provide an early warning system for identifying DSAA at risk of financial problems
2. Evaluate the economic impact of policy decisions on the developmental services network
3. Assess the overall financial health of the network
4. Develop a set of standards and “best practices” that can be used for benchmarking

The report analyzes three types of ratios:

### Section A: Liquidity

Liquidity refers to the entity's ability to maintain sufficient liquid assets, such as cash and accounts receivable, to meet its short-term obligations. Two ratios used to measure liquidity are Current Ratio (current assets divided by current liabilities) and Days' Expenses in Cash (year-end cash balance divided by average expenses per day).

### Section B: Financial Performance

Financial Performance refers to the entity's ability to manage revenues and expenses to avoid deficits. This is measured by Net Margin (Surplus) as a percent of revenue, which allows comparison of performance among entities of varying size, and review of the stability and relationship between revenues.

### Section C: Financial Strength

Financial Strength refers to the entity's ability to weather unfavorable economic circumstances. Any entity will, at some time, experience a decline in revenues or unavoidable increases in costs. These circumstances must be addressed for the long-term viability of the entity, but the entity must have sufficient financial resources to carry it through the down cycles. Financial strength is measured by Days' Expenses in Net Assets, which is accumulated surplus divided by average days' expense, and by the Debt Ratio, which is long-term debt divided by net assets (accumulated surplus).

### Section D: DSAA Individual Financial Trends (Current Year)

## Section A

### Comparative Analysis of DSAA Liquidity

#### Five Year Trends and Highlights (2015-2019)

REGION/AREA AGENCY	Current Ratio						Days Expenses In Cash					
	Fiscal Year					Avg.	Fiscal Year					Avg.
	2015	2016	2017	2018	2019		2015	2016	2017	2018	2019	
I. Northern (BMHS & BDS)	3.61	4.13	3.46	2.98	3.80	3.60	115.7	97.6	128.1	155.9	170.2	133.5
II. Sullivan County	1.15	1.32	0.82	0.77	1.06	1.02	14.8	21.0	8.4	16.5	25.7	17.3
III. Lakes Region	2.51	2.36	3.14	2.99	3.20	2.84	49.4	53.1	68.5	72.0	67.6	62.1
IV. Community Bridges	1.08	1.97	2.21	1.93	2.17	1.87	26.8	15.5	28.7	28.2	33.5	26.5
V. Monadnock (includes RR St Mill, Inc.)	1.44	1.71	1.74	1.84	1.68	1.68	25.5	10.1	33.3	36.2	33.2	27.6
VI. Gateway Community Services	1.43	1.46	1.38	1.50	1.56	1.46	26.7	10.9	10.9	16.8	23.3	17.7
VII. Moore Center Services	2.70	2.63	2.73	2.87	2.94	2.77	32.4	27.9	28.4	24.0	22.7	27.1
VIII. One Sky	1.72	1.44	1.27	1.29	0.97	1.34	18.2	18.9	13.2	24.0	20.3	18.9
IX. Community Partners (BDS only)	0.74	0.85	0.91	0.96	1.09	0.91	6.4	21.6	43.8	30.0	28.8	26.1
X. Community Crossroads	1.61	1.66	1.73	1.88	1.86	1.75	46.0	28.7	20.5	27.2	30.9	30.7
<b>TOTAL</b>	1.72	1.89	1.86	1.89	1.95	1.86	35.8	28.7	35.6	39.6	41.2	36.2
<b>Performance Standard</b>					1.5:1						min 30	

#### Summary Highlights of Liquidity

##### Overall Network Condition:

The average Current Ratio remains relatively unchanged, whereas average Days' of Expenses in Cash, a less predictable measure, has increased from 39.6 days to 41.2 days.

Note: As of July 1, 2017, a set of performance standards were incorporated into the BDS contract. Specifically, the agencies are required to maintain a minimum Current Ratio of 1.50:1 with a 10% variance and a minimum of thirty days (30) days for Days' of Expenses in Cash. Previously, the State recommended (not required) the agencies to strive for these minimum benchmarks.

##### Caution

The Current Ratio for Agency II, Agency VIII, and Agency IX are below the minimum performance standard and are virtually the same as 2019. Agency IX also provides Community Mental Health Services and, when both entities are combined, the Current Ratio for Agency IX improves to 1.76:1 for 2019.

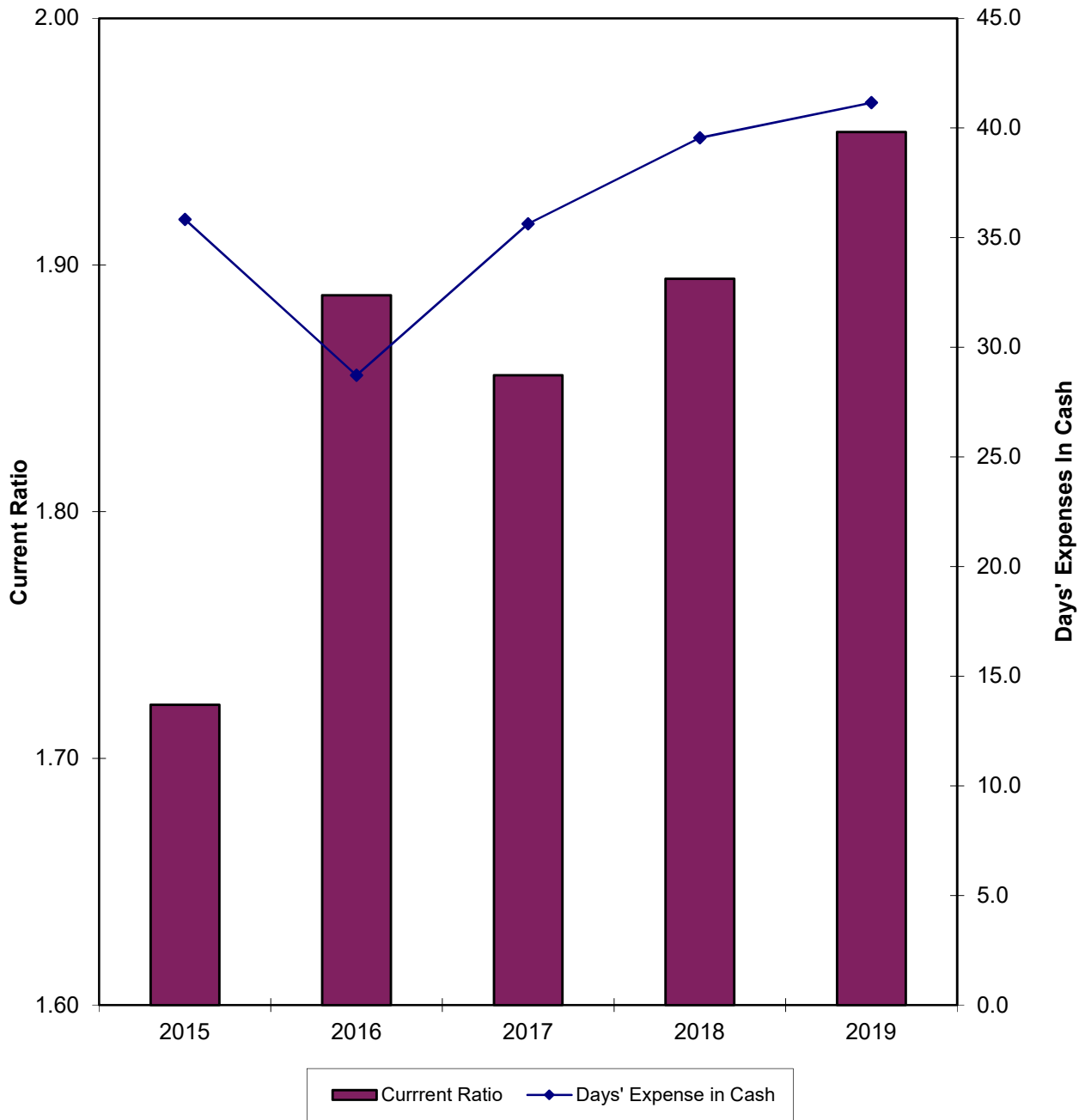
Five of the ten Area Agencies (II, VI, VII, VIII, and IX) are below the minimum performance standard for Days' of Expenses in Cash. Of these five Agencies, two have seen an improvement in their Days' of Expenses in Cash, and three Area Agencies (VII, VIII, and IX) saw a decrease.

	Days' Days in	Cash Receivable
<b>Potential Collection Problems</b>		
VIII. One Sky	20.3	32
<b>Potential Cash Flow Problem</b>		
VII. Moore Center Services	22.7	19
VI. Gateway Community Services	23.3	37



**Section A**  
**Developmental Services Area Agencies**  
**Measure of Liquidity**

Liquidity for 2019 has slightly increased and is considered moderately healthy as measured by Current Ratio. A less reliable measure, Days' of Expenses in Cash has also increased.



## Section B-1

### Comparative Analysis of DSAA Financial Performance

#### Five Year Trends and Highlights (2015-2019)

REGION/AREA AGENCY	Net Margin (Rounded to \$000)						Net Margin-Pct of Revenue					
	Fiscal Year					Avg.	Fiscal Year					Avg.
	2015	2016	2017	2018	2019		2015	2016	2017	2018	2019	
I. Northern (BDS only)	(\$871)	(\$636)	(\$1,274)	(\$1,087)	(\$422)	(\$858)	-3.7%	-2.6%	-5.3%	-4.3%	-1.6%	-3.5%
II. Sullivan County	\$227	(\$7)	(\$642)	(\$99)	\$379	(\$28)	1.2%	0.0%	-3.5%	-0.5%	1.8%	-0.2%
III. Lakes Region	\$477	\$564	\$493	\$7	\$16	\$311	2.0%	2.2%	2.0%	0.0%	0.1%	1.3%
IV. Community Bridges	(\$58)	\$1,186	\$929	\$179	\$388	\$525	-0.2%	3.3%	2.5%	0.5%	1.0%	1.4%
V. Monadnock (includes RR ST Mill, Inc.)	(\$580)	\$441	\$202	\$209	\$372	\$129	-2.1%	1.6%	0.7%	0.7%	1.2%	0.4%
VI. Gateway Community Services	\$383	\$150	\$190	\$372	\$316	\$282	0.9%	0.3%	0.4%	0.7%	0.6%	0.6%
VII. Moore Center Services	\$130	(\$194)	\$308	\$206	\$142	\$118	0.3%	-0.4%	0.6%	0.4%	0.3%	0.2%
VIII. One Sky	(\$35)	\$15	(\$542)	\$8	(\$1,156)	(\$342)	-0.2%	0.1%	-2.1%	0.0%	-4.1%	-1.3%
IX. Community Partners (BDS only)	(\$1,683)	(\$20)	\$328	\$388	\$355	(\$127)	-8.9%	-0.1%	1.6%	1.8%	1.4%	-0.9%
X. Community Crossroads	\$245	\$164	(\$134)	\$311	\$102	\$137	1.0%	0.7%	-0.5%	1.1%	0.3%	0.5%
<b>TOTAL</b>	<b>(\$1,765)</b>	<b>\$1,663</b>	<b>(\$142)</b>	<b>\$494</b>	<b>\$492</b>	<b>\$148</b>	<b>-0.6%</b>	<b>0.6%</b>	<b>0.0%</b>	<b>0.2%</b>	<b>0.1%</b>	<b>0.0%</b>

#### Summary Highlights of Financial Performance

##### Overall Network Performance:

Annual net margin for the network decreased from a surplus of \$494 thousand in 2018, to a net surplus of \$492 thousand in 2019. Two of the ten Area Agencies (I and VIII) closed with a net loss for 2019. The five-year trend shows six Area Agencies have grown financially, while four Agencies have lost money. For the most part, the network has been able to manage its expenses in line with revenue growth.

##### Caution

Area Agency I has had a significant deficit for each of the most recent five years. More concerning, the five-year trend shows an average deficit of \$858 thousand per year. A large portion of the loss can be attributed to expenses outpacing revenues in the Developmental Service's Day Program. This Agency also provides Community Mental Health Services and when both entities are combined, the Agency as a whole ended with a net surplus of nearly \$2.2 million for 2019. Important to realize, the profits from Mental Health Services clearly offsets the losses sustained by Developmental Services.

Area Agency VIII closed with a significant deficit in 2019, the largest in the past five years. An average deficit of \$342 thousand per year indicates in this Agency should continue to be monitored closely.

## Section B-2

### Analysis of DSAA Revenue Trends (Five Year Trends)

REGION/AREA AGENCY	Total Revenue					
	2015	2016	2017	2018	2019	5YR Totals
<b>I. Northern (BDS only)</b>	\$23,248,659	\$24,187,293	\$24,210,523	\$25,262,786	\$26,271,551	\$123,180,810
<i>Pct Change</i>	-0.1%	4.0%	0.1%	4.3%	4.0%	2.5%
<b>II. Sullivan County</b>	\$18,388,431	\$18,803,372	\$18,509,079	\$19,671,737	\$20,631,604	\$96,004,223
<i>Pct Change</i>	3.6%	2.3%	-1.6%	6.3%	4.9%	3.1%
<b>III. Lakes Region</b>	\$23,805,045	\$25,144,700	\$24,582,642	\$24,746,289	\$25,460,224	\$123,738,900
<i>Pct Change</i>	4.2%	5.6%	-2.2%	0.7%	2.9%	2.2%
<b>IV. Community Bridges</b>	\$33,483,295	\$36,140,711	\$37,100,708	\$38,573,973	\$40,765,577	\$186,064,264
<i>Pct Change</i>	5.4%	7.9%	2.7%	4.0%	5.7%	5.1%
<b>V. Monadnock (includes RR ST Mill, Inc.)</b>	\$27,108,339	\$27,990,005	\$28,279,154	\$29,304,181	\$31,190,029	\$143,871,708
<i>Pct Change</i>	-1.9%	3.3%	1.0%	3.6%	6.4%	2.4%
<b>VI. Gateway Community Services</b>	\$40,905,555	\$44,393,464	\$47,119,050	\$50,335,397	\$53,648,153	\$236,401,619
<i>Pct Change</i>	5.5%	8.5%	6.1%	6.8%	6.6%	6.7%
<b>VII. Moore Center</b>	\$44,927,103	\$45,779,795	\$48,638,581	\$50,899,399	\$55,269,843	\$245,514,721
<i>Pct Change</i>	7.3%	1.9%	6.2%	4.6%	8.6%	5.7%
<b>VIII. One Sky</b>	\$22,926,111	\$23,987,802	\$25,574,865	\$26,613,745	\$27,877,337	\$126,979,860
<i>Pct Change</i>	4.4%	4.6%	6.6%	4.1%	4.7%	4.9%
<b>IX. Community Partners (BDS only)</b>	\$18,832,619	\$19,135,432	\$20,186,846	\$22,085,706	\$25,334,294	\$105,574,897
<i>Pct Change</i>	-1.0%	1.6%	5.5%	9.4%	14.7%	5.9%
<b>X. Community Crossroads</b>	\$24,671,753	\$24,987,103	\$25,103,007	\$27,553,725	\$29,728,432	\$132,044,020
<i>Pct Change</i>	7.7%	1.3%	0.5%	9.8%	7.9%	5.4%
<b>TOTALS</b>	<b>\$278,296,910</b>	<b>\$290,549,677</b>	<b>\$299,304,455</b>	<b>\$315,046,938</b>	<b>\$336,177,044</b>	<b>\$1,519,375,022</b>
<i>Pct Change</i>	3.9%	4.4%	3.0%	5.3%	6.7%	4.7%

#### Summary Highlights of Revenue

**Overall Network Performance:**

Revenue for the network of agencies increased by \$21 million in 2019 and all Area Agencies had an increase in revenue over the past year. During the past five years, combined revenues had an average growth rate of 4.7%.

**Caution**

In 2019, the revenue of seven Area Agencies was less than the 6.7% average, with Area Agency III showing the smallest growth rate.

Four Area Agencies (I, II, III, and V) have a five-year average growth rate of less than 3.5%, which is well below the combined network average of 4.7%.

## Section B-3

### Analysis of DSAA Expense Trends (Five Year Trends)

REGION/AREA AGENCY	Total Expenses					
	2015	2016	2017	2018	2019	5YR Totals
<b>I. Northern (BDS only)</b>	\$24,119,272	\$24,823,310	\$25,484,330	\$26,349,589	\$26,693,394	\$127,469,895
<i>Pct Change</i>	6.8%	2.9%	2.7%	3.4%	1.3%	3.4%
<b>II. Sullivan County</b>	\$18,161,126	\$18,810,234	\$19,150,583	\$19,771,190	\$20,252,268	\$96,145,401
<i>Pct Change</i>	4.0%	3.6%	1.8%	3.2%	2.4%	3.0%
<b>III. Lakes Region</b>	\$23,328,492	\$24,580,903	\$24,089,377	\$24,738,942	\$25,444,477	\$122,182,191
<i>Pct Change</i>	2.9%	5.4%	-2.0%	2.7%	2.9%	2.3%
<b>IV. Community Bridges</b>	\$33,541,070	\$34,955,131	\$36,171,835	\$38,394,878	\$40,378,057	\$183,440,971
<i>Pct Change</i>	7.9%	4.2%	3.5%	6.1%	5.2%	5.4%
<b>V. Monadnock (includes RR ST Mill, Inc.)</b>	\$27,688,442	\$27,549,014	\$28,077,359	\$29,094,798	\$30,764,044	\$143,173,657
<i>Pct Change</i>	0.3%	-0.5%	1.9%	3.6%	5.7%	2.2%
<b>VI. Gateway Community Services</b>	\$40,522,242	\$44,243,251	\$46,928,950	\$49,963,631	\$53,332,326	\$234,990,400
<i>Pct Change</i>	6.2%	9.2%	6.1%	6.5%	6.7%	6.9%
<b>VII. Moore Center</b>	\$44,797,193	\$45,973,536	\$48,330,677	\$50,693,575	\$55,127,860	\$244,922,841
<i>Pct Change</i>	7.7%	2.6%	5.1%	4.9%	8.7%	5.8%
<b>VIII. One Sky</b>	\$22,961,542	\$23,973,256	\$26,116,868	\$26,605,716	\$29,033,080	\$128,690,462
<i>Pct Change</i>	4.2%	4.4%	8.9%	1.9%	9.1%	5.7%
<b>IX. Community Partners (BDS only)</b>	\$20,515,850	\$19,155,706	\$19,858,742	\$21,697,866	\$24,979,563	\$106,207,727
<i>Pct Change</i>	7.9%	-6.6%	3.7%	9.3%	15.1%	5.6%
<b>X. Community Crossroads</b>	\$24,426,536	\$24,822,813	\$25,237,485	\$27,243,023	\$29,626,673	\$131,356,530
<i>Pct Change</i>	7.2%	1.6%	1.7%	7.9%	8.7%	5.4%
<b>TOTALS</b>	<b>\$280,061,765</b>	<b>\$288,887,154</b>	<b>\$299,446,206</b>	<b>\$314,553,208</b>	<b>\$335,631,742</b>	<b>\$1,518,580,075</b>
<i>Pct Change</i>	5.7%	3.2%	3.7%	5.0%	6.7%	4.8%

#### Summary Highlights of Expenses

##### Overall Network Performance:

Expenses increased by 6.7% over the previous year. In 2019, combined network revenues slightly exceeded combined network expenses.

Also noteworthy, the five-year annual growth rate for expenses was 4.8%, which was slightly higher than the five-year annual growth rate of revenue.

##### Caution

As shown below in red, five Area Agencies had a larger percent increase in expenses than their corresponding revenue. This could indicate that these Area Agencies had difficulty managing expenses with a lower revenue growth rate.

<u>Agency</u>	<u>Expense</u>
Northern (BDS only)	1.3%
Sullivan County	2.4%
Lakes Region	2.9%
Community Bridges	5.2%
Monadnock	5.7%
Gateway Community Services	6.7%
Moore Center	8.7%
One Sky	9.1%
Community Partners (BDS only)	15.1%
Community Crossroads	8.7%

## Section B-4

### Comparative Analysis of DSAA - Surplus <Deficit> (Five Year Trends)

REGION/AREA AGENCY	2015	2016	2017	2018	2019	5YR Totals
	I. Northern (BDS only)	(\$870,614)	(\$636,018)	(\$1,273,808)	(\$1,086,803)	(\$421,844)
II. Sullivan County	\$227,305	(\$6,862)	(\$641,504)	(\$99,453)	\$379,336	(\$141,178)
III. Lakes Region	\$476,553	\$563,797	\$493,265	\$7,347	\$15,747	\$1,556,709
IV. Community Bridges	(\$57,775)	\$1,185,580	\$928,873	\$179,095	\$387,520	\$2,623,293
V. Monadnock (includes RR ST Mill, Inc.)	(\$580,103)	\$440,991	\$201,795	\$209,383	\$372,379	\$644,445
VI. Gateway Community Services	\$383,313	\$150,213	\$190,100	\$371,766	\$315,827	\$1,411,219
VII. Moore Center	\$129,910	(\$193,741)	\$307,904	\$205,824	\$141,983	\$591,880
VIII. One Sky	(\$35,431)	\$14,546	(\$542,003)	\$8,029	(\$1,155,743)	(\$1,710,602)
IX. Community Partners (BDS only)	(\$1,683,231)	(\$20,274)	\$328,104	\$387,840	\$354,731	(\$632,830)
X. Community Crossroads	\$245,217	\$164,290	(\$134,478)	\$310,702	\$101,759	\$687,490
<b>TOTALS</b>	<b>(\$1,764,856)</b>	<b>\$1,662,523</b>	<b>(\$141,752)</b>	<b>\$493,730</b>	<b>\$491,696</b>	<b>\$741,341</b>

#### Summary Highlights of Net Margin

##### Overall Network Performance:

From 2018 to 2019, both the revenues and expenses for the network of agencies increased by 6.7%. While eight Agencies ended with a surplus in 2019, two Area Agencies (I, and VIII) ended with a net deficit.

<u>Annual Year-To-Year Change</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Revenue Growth	3.9%	4.4%	3.0%	5.3%	6.7%
Expense Growth	5.7%	3.2%	3.7%	5.0%	6.7%
Surplus/(Deficit) Adjusted (\$000)	(\$1,765)	\$1,663	(\$142)	\$494	\$492

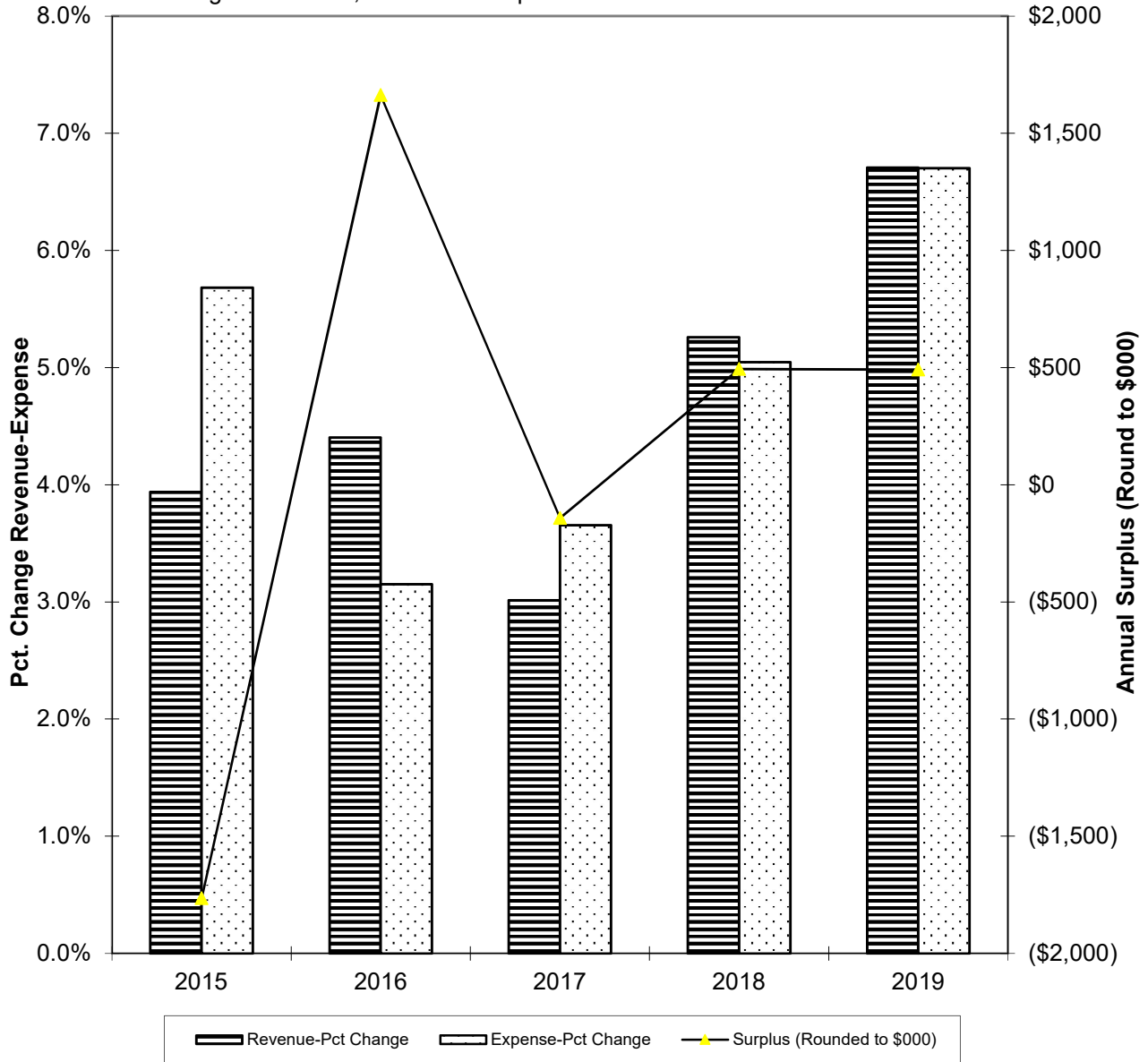
##### Caution

Area Agency VIII ended with a significant deficit in 2019 as compared to 2018.

Four Area Agencies (I, II, VIII, and IX) show a net deficit for the cumulative five-year period. Of particular interest is the combined five-year deficit for Region I which exceeds \$4.2 million.

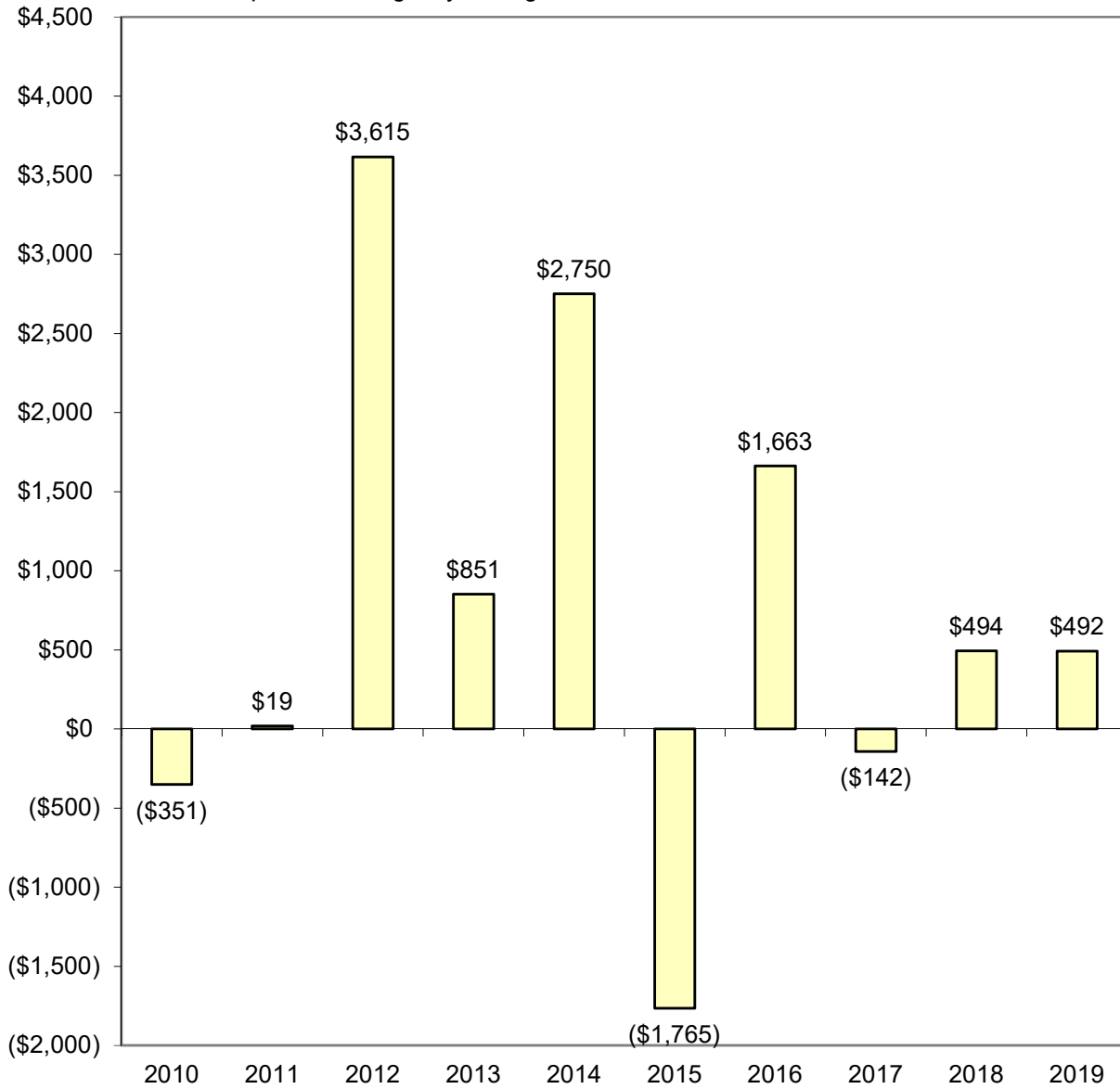
**Section B**  
**Developmental Services Area Agencies**  
**Surplus vs Percentage Change in Revenues & Expenses**

As shown in the chart, there is a direct correlation between changes in revenue/expenses and net surplus. When the change in revenue is larger than the change in expenses, typically net surplus increases. On the other hand, when the change in expenses is larger than the change in revenue, overall net surplus decreases.



**Section B**  
**Developmental Services Area Agencies**  
**Annual Surplus (Deficit)**  
**Rounded to \$000**

The surplus in 2012 is largely due to one Agency receiving a one-time donation of a fixed asset valued at \$1.6 million. The Area Agencies show a large combined loss in 2015 mainly because three Agencies closed with deficits with a combined total of \$3.1 million. The network of agencies recovered significantly in 2016, however, in 2017, the Area Agencies again closed with a collective deficit of \$142 thousand. In 2018, the Area Agencies recovered significantly with a net surplus of \$494 thousand. While the overall network ended with a net surplus in 2019, it was a minimal decrease as compared to 2018. This was due in part to one Agency having a net loss of over \$1.1 million.



## Section C-1

### Comparative Analysis of DSAA Financial Strength

#### Five Year Trends and Highlights (2015-2019)

REGION/AREA AGENCY	Net Assets (Rounded to \$000)					Average Yearly Change	Days' Expenses in Net Assets					
	Fiscal Year						Fiscal Year					
	2015	2016	2017	2018	2019		2015	2016	2017	2018	2019	Avg.
I. Northern (BMHS & BDS)	\$14,620	\$15,046	\$15,474	\$16,730	\$18,955	6.54%	221.3	221.2	221.6	231.8	259.2	231.0
II. Sullivan County	\$1,544	\$1,537	\$896	\$796	\$1,176	-2.24%	31.0	29.8	17.1	14.7	21.2	22.8
III. Lakes Region	\$6,301	\$6,865	\$7,358	\$7,366	\$7,382	4.85%	98.6	101.9	111.5	108.7	105.9	105.3
IV. Community Bridges	\$2,657	\$3,843	\$4,771	\$4,951	\$5,338	14.48%	28.9	40.1	48.1	47.1	48.3	42.5
V. Monadnock (includes RR ST Mill, Inc.)	\$2,289	\$2,730	\$2,932	\$3,142	\$3,514	4.14%	30.2	36.2	38.1	39.4	41.7	37.1
VI. Gateway Community Services	\$4,180	\$4,330	\$4,521	\$4,892	\$5,208	6.52%	37.7	35.7	35.2	35.7	35.6	36.0
VII. Moore Center Services	\$5,624	\$5,430	\$5,738	\$5,944	\$6,086	2.07%	45.8	43.1	43.3	42.8	40.3	43.1
VIII. One Sky	\$2,504	\$2,519	\$1,977	\$1,985	\$829	-20.06%	39.8	38.4	27.6	27.2	10.4	28.7
IX. Community Partners (BDS only)	\$382	\$362	\$690	\$1,078	\$1,433	-7.05%	6.8	6.9	12.7	18.1	20.9	13.1
X. Community Crossroads	\$2,275	\$2,439	\$2,305	\$2,615	\$2,717	6.01%	34.0	35.9	33.3	35.0	33.5	34.3
<b>TOTAL</b>	<b>\$42,378</b>	<b>\$45,102</b>	<b>\$46,663</b>	<b>\$49,500</b>	<b>\$52,638</b>	<b>4.39%</b>	<b>55.6</b>	<b>57.4</b>	<b>57.3</b>	<b>57.8</b>	<b>56.6</b>	<b>57.0</b>

#### Summary Highlights of Financial Strength

##### Overall Network Condition:

The Days' of Expenses in Net Assets has remained relatively unchanged from 2018 to 2019. Overall, for the past five years, the Days' of Expenses in Net Assets has averaged 57.0 days. Net Assets for the network has increased by nearly \$3.1 million from 2018 to 2019. Results are somewhat skewed because Area Agency I includes both Community Mental Health Services (BMHS) and Developmental Disabilities Services (BDS).

##### Caution

The five-year trend shows three Area Agencies (II, VIII and IX) have less than 30 days on average in Days' of Expenses in Net Assets. Furthermore, any significant changes in either revenue or expense trends would impact these agencies.

Due to a significant net loss, Net Assets for Agency VIII decreased by nearly half from a high of \$1.9 million in 2018 to \$829 thousand in 2019. Thus, reducing Days' of Expenses in Net Assets from a high of 27.2 days to 10.4 days, respectively.

Agency VIII has seen a decrease each year for Days' of Expenses in Net Assets from a high of 39.8 days in 2015 to 10.4 days in 2019. Similarly, Net Assets has decreased from a high of \$2.5 million in 2015 to a low of \$829 thousand in 2019. This agency should be monitored closely.

Area Agency IX has shown healthy growth in the most recent three years concluding with \$1.433 million in Net Assets for 2019. The Days' of Expenses in Net Assets for Area Agency IX has shown a steady increase from a low of 6.8 in 2015 to 20.9 in 2019. In addition, the Agency as a whole (BDS & BMHS) has a healthy 34 days in 2019.

Agency VIII has seen a drastic decline in their Days' Exepenses in Net Assets from 27.2 in 2018 to 10.4 in 2019. This Agency should be monitored closely.



## Section C-2

### Comparative Analysis of DSAA Financial Strength

#### Five Year Trends and Highlights (2015-2019)

REGION/AREA AGENCY	Debt (Rounded to \$000)					Debt Ratio				
	Fiscal Year					Fiscal Year				
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
I. Northern (BMHS & BDS)	\$19	\$0	\$0	\$0	\$0	0.0:1	0.0:1	0.0:1	0.0:1	0.0:1
II. Sullivan County	\$266	\$601	\$542	\$471	\$386	0.2:1	0.4:1	0.6:1	0.6:1	0.3:1
III. Lakes Region	\$444	\$326	\$227	\$50	\$0	0.1:1	0.0:1	0.0:1	0.0:1	0.0:1
IV. Community Bridges	\$1,058	\$1,630	\$1,511	\$1,402	\$2,982	0.4:1	0.4:1	0.3:1	0.3:1	0.6:1
V. Monadnock (includes RR ST Mill, Inc.)	\$3,355	\$3,272	\$3,148	\$3,139	\$2,670	1.5:1	1.2:1	1.1:1	1.0:1	0.8:1
VI. Gateway Community Services	\$730	\$669	\$208	\$472	\$309	0.2:1	0.2:1	0.0:1	0.1:1	0.1:1
VII. Moore Center Services	\$5,552	\$5,630	\$5,156	\$5,064	\$5,004	1.0:1	1.0:1	0.9:1	0.9:1	0.8:1
VIII. One Sky	\$0	\$0	\$0	\$0	\$0	0.0:1	0.0:1	0.0:1	0.0:1	0.0:1
IX. Community Partners (BDS only)	\$565	\$747	\$729	\$513	\$628	1.5:1	2.1:1	1.1:1	0.5:1	0.4:1
X. Community Crossroads	\$742	\$680	\$618	\$682	\$645	0.3:1	0.3:1	0.3:1	0.3:1	0.2:1
<b>TOTAL</b>	<b>\$12,731</b>	<b>\$13,555</b>	<b>\$12,139</b>	<b>\$11,793</b>	<b>\$12,625</b>	<b>0.3:1</b>	<b>0.3:1</b>	<b>0.3:1</b>	<b>0.2:1</b>	<b>0.2:1</b>

#### Summary Highlights of Financial Strength

**Overall Network Condition:**

The Debt Ratio has remained relatively constant for the five-year period with a slight increase in 2019. The combined Debt for the network has increased by \$832 thousand from 2018 to 2019.

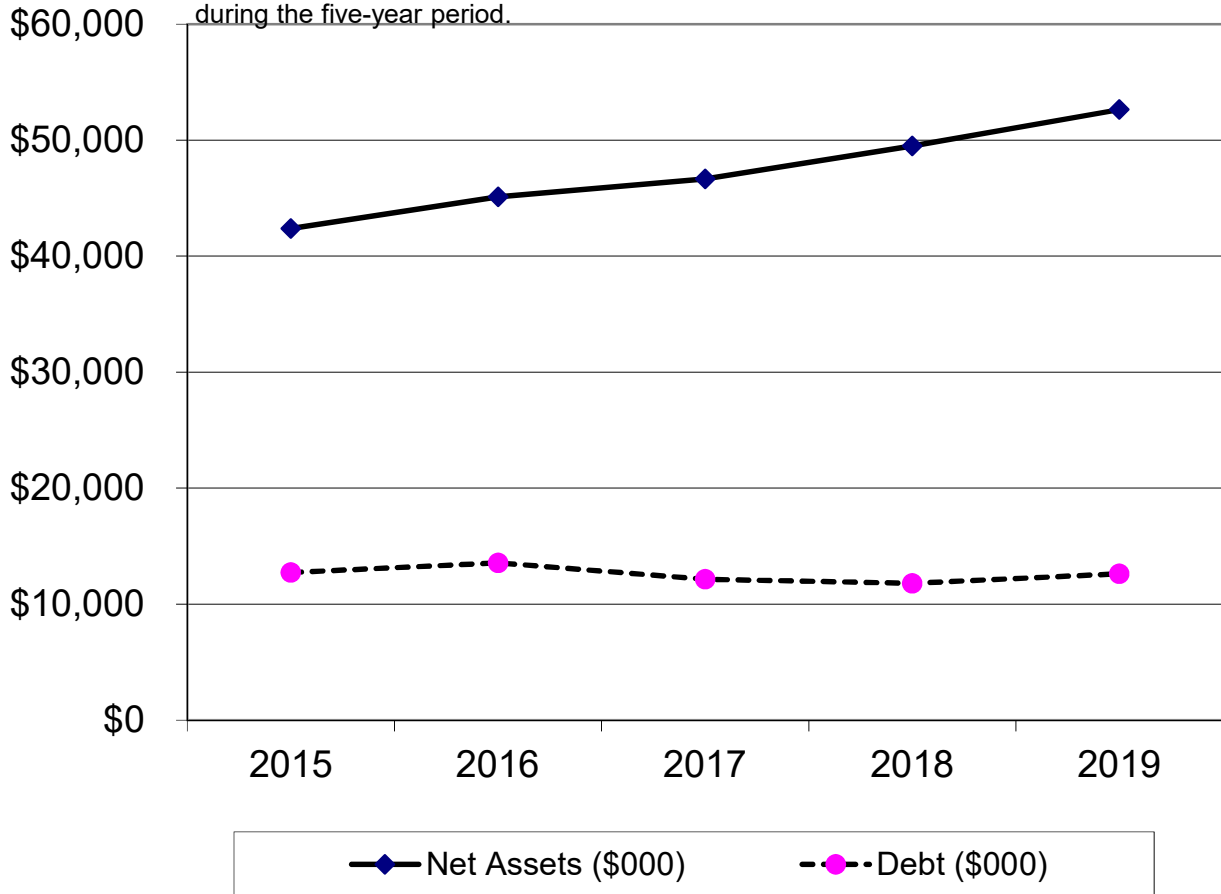
**Caution**

Area Agencies V and VII have the highest Debt Ratio in the network, while Agencies IV and VII have the highest levels of Debt.

The most significant change in Debt Ratio occurred with Area Agency IX which decreased from high of 2.1 in 2016 to 0.4 in 2019. While their Debt has risen moderately from 2014 through 2016, it seems to be fluctuating from 2017 through 2019 indicating this Agency should be monitored.

### Section C Developmental Services Area Agencies Financial Strength

The combined debt for the network of agencies has decreased from a high of nearly \$13.6 million in 2016 to a low of approximately \$12.5 million in 2019. Collectively, the Agencies have continued to grow their net worth from \$42.4 million to \$52.6 million during the five-year period.



## Section D

### Current Year Financial Trends by Region Combined

Financial Indicator	Current Year		
	Benchmark		Totals
<b>I. Liquidity</b>			
I.1a Current Assets			\$62,538,630
I.1b Current Liabilities			\$32,006,242
I.1c Current Ratio	min. 1.5:1		2.0:1
I.2a Cash at Year End			\$38,250,145
I.2b Days Cash-on-Hand	min. 30		41
I.3a Year End Accounts Receivable			\$20,308,168
I.3b Days in Receivable	max. 30		23
I.4a Accounts Payable			\$16,919,397
I.4b Days in Accounts Payable	max. 15		18
<b>II. Financial Performance</b>			
II.1 Revenue			\$336,177,044
II.2 Expenses			(\$335,631,742)
II.3 Total Surplus <Deficit>			\$491,696
II.4 Net Margin (% Revenue)	min. 1.5%		0.1%
<b>III. Financial Strength</b>			
III.1a Net Assets			\$52,637,590
III.1b Days Expenses in Net Assets	min. 25		57
III.2a Long Term Debt			\$12,624,666
III.2b Debt/Equity Ratio	max. 2.5:1		0.2:1

## Section D

### Current Year Financial Trends by Region

Northern (BDS & BMHS)

Financial Indicator	Current Year		
	Benchmark		Totals
<b>I. Liquidity</b>			
I.1a Current Assets			\$15,465,459
I.1b Current Liabilities			\$4,069,659
I.1c Current Ratio	min. 1.5:1		3.8:1
I.2a Cash at Year End			\$12,399,375
I.2b Days Cash-on-Hand	min. 30		170
I.3a Year End Accounts Receivable			\$2,309,472
I.3b Days in Receivable	max. 30		33
I.4a Accounts Payable			\$518,445
I.4b Days in Accounts Payable	max. 15		7
<b>II. Financial Performance</b>			
II.1 Revenue			\$26,271,551
II.2 Expenses			(\$26,693,394)
II.3 Total Surplus <Deficit> (BDS only)			(\$421,844)
II.4 Net Margin (% Revenue) (BDS only)	min. 1.5%		-1.6%
<b>III. Financial Strength</b>			
III.1a Net Assets			\$18,954,883
III.1b Days Expenses in Net Assets	min. 25		259
III.2a Long Term Debt			\$0
III.2b Debt/Equity Ratio	max. 2.5:1		0.0:1

## Section D

### Current Year Financial Trends by Region *Sullivan County*

Financial Indicator	Current Year	
	Benchmark	Totals
<b>I. Liquidity</b>		
I.1a Current Assets		\$2,118,923
I.1b Current Liabilities		\$2,003,304
I.1c Current Ratio	min. 1.5:1	1.1:1
I.2a Cash at Year End		\$1,412,851
I.2b Days Cash-on-Hand	min. 30	26
I.3a Year End Accounts Receivable		\$637,582
I.3b Days in Receivable	max. 30	11
I.4a Accounts Payable		\$1,917,363
I.4b Days in Accounts Payable	max. 15	35
<b>II. Financial Performance</b>		
II.1 Revenue		\$20,631,604
II.2 Expenses		(\$20,252,268)
II.3 Total Surplus <Deficit>		\$379,336
II.4 Net Margin (% Revenue)	min. 1.5%	1.8%
<b>III. Financial Strength</b>		
III.1a Net Assets		\$1,175,669
III.1b Days Expenses in Net Assets	min. 25	21
III.2a Long Term Debt		\$386,126
III.2b Debt/Equity Ratio	max. 2.5:1	0.3:1

## Section D

### Current Year Financial Trends by Region

#### Lakes Region

Financial Indicator	Current Year		
	Benchmark		Totals
<b>I. Liquidity</b>			
I.1a	Current Assets		\$5,591,825
I.1b	Current Liabilities		\$1,749,569
I.1c	Current Ratio	min. 1.5:1	3.2:1
I.2a	Cash at Year End		\$4,663,758
I.2b	Days Cash-on-Hand	min. 30	68
I.3a	Year End Accounts Receivable		\$948,935
I.3b	Days in Receivable	max. 30	14
I.4a	Accounts Payable		\$723,422
I.4b	Days in Accounts Payable	max. 15	10
<b>II. Financial Performance</b>			
II.1	Revenue		\$25,460,224
II.2	Expenses		(\$25,444,477)
II.3	Total Surplus <Deficit>		\$15,747
II.4	Net Margin (% Revenue)	min. 1.5%	0.1%
<b>III. Financial Strength</b>			
III.1a	Net Assets		\$7,381,576
III.1b	Days Expenses in Net Assets	min. 25	106
III.2a	Long Term Debt		\$0
III.2b	Debt/Equity Ratio	max. 2.5:1	0.0:1

## Section D

### Current Year Financial Trends by Region Community Bridges

Financial Indicator	Current Year		
	Benchmark		Totals
<b>I. Liquidity</b>			
I.1a	Current Assets		\$6,111,541
I.1b	Current Liabilities		\$2,817,744
I.1c	Current Ratio	min. 1.5:1	2.2:1
I.2a	Cash at Year End		\$3,667,467
I.2b	Days Cash-on-Hand	min. 30	33
I.3a	Year End Accounts Receivable		\$2,315,166
I.3b	Days in Receivable	max. 30	21
I.4a	Accounts Payable		\$1,151,291
I.4b	Days in Accounts Payable	max. 15	11
<b>II. Financial Performance</b>			
II.1	Revenue		\$40,765,577
II.2	Expenses		(\$40,378,057)
II.3	Total Surplus <Deficit>		\$387,520
II.4	Net Margin (% Revenue)	min. 1.5%	1.0%
<b>III. Financial Strength</b>			
III.1a	Net Assets		\$5,338,049
III.1b	Days Expenses in Net Assets	min. 25	48
III.2a	Long Term Debt		\$2,981,976
III.2b	Debt/Equity Ratio	max. 2.5:1	0.6:1

## Section D

### Current Year Financial Trends by Region

*Monadnock (includes RR St Mill)*

Financial Indicator	Current Year		
	Benchmark		Totals
<b>I. Liquidity</b>			
I.1a	Current Assets		\$4,688,610
I.1b	Current Liabilities		\$2,793,978
I.1c	Current Ratio	min. 1.5:1	1.7:1
I.2a	Cash at Year End		\$2,778,730
I.2b	Days Cash-on-Hand	min. 30	33
I.3a	Year End Accounts Receivable		\$1,341,002
I.3b	Days in Receivable	max. 30	16
I.4a	Accounts Payable		\$1,087,303
I.4b	Days in Accounts Payable	max. 15	13
<b>II. Financial Performance</b>			
II.1	Revenue		\$31,190,029
II.2	Expenses		(\$30,764,044)
II.3	Total Surplus <Deficit>		\$372,379
II.4	Net Margin (% Revenue)	min. 1.5%	1.2%
<b>III. Financial Strength</b>			
III.1a	Net Assets		\$3,513,910
III.1b	Days Expenses in Net Assets	min. 25	42
III.2a	Long Term Debt		\$2,670,383
III.2b	Debt/Equity Ratio	max. 2.5:1	0.8:1



## Section D

### Current Year Financial Trends by Region Gateway Community Services

Financial Indicator	Current Year		
	Benchmark		Totals
<b>I. Liquidity</b>			
I.1a	Current Assets		\$8,844,805
I.1b	Current Liabilities		\$5,678,931
I.1c	Current Ratio	min. 1.5:1	1.6:1
I.2a	Cash at Year End		\$3,399,512
I.2b	Days Cash-on-Hand	min. 30	23
I.3a	Year End Accounts Receivable		\$4,920,748
I.3b	Days in Receivable	max. 30	37
I.4a	Accounts Payable		\$2,325,441
I.4b	Days in Accounts Payable	max. 15	16
<b>II. Financial Performance</b>			
II.1	Revenue		\$53,648,153
II.2	Expenses		(\$53,332,326)
II.3	Total Surplus <Deficit>		\$315,827
II.4	Net Margin (% Revenue)	min. 1.5%	0.6%
<b>III. Financial Strength</b>			
III.1a	Net Assets		\$5,208,136
III.1b	Days Expenses in Net Assets	min. 25	36
III.2a	Long Term Debt		\$309,256
III.2b	Debt/Equity Ratio	max. 2.5:1	0.1:1

## Section D

### Current Year Financial Trends by Region *Moore Center*

Financial Indicator	Current Year		
	Benchmark		Totals
<b>I. Liquidity</b>			
I.1a	Current Assets		\$6,625,166
I.1b	Current Liabilities		\$2,255,752
I.1c	Current Ratio	min. 1.5:1	2.9:1
I.2a	Cash at Year End		\$3,393,934
I.2b	Days Cash-on-Hand	min. 30	23
I.3a	Year End Accounts Receivable		\$2,808,263
I.3b	Days in Receivable	max. 30	19
I.4a	Accounts Payable		\$878,724
I.4b	Days in Accounts Payable	max. 15	6
<b>II. Financial Performance</b>			
II.1	Revenue		\$55,269,843
II.2	Expenses		(\$55,127,860)
II.3	Total Surplus <Deficit>		\$141,983
II.4	Net Margin (% Revenue)	min. 1.5%	0.3%
<b>III. Financial Strength</b>			
III.1a	Net Assets		\$6,086,202
III.1b	Days Expenses in Net Assets	min. 25	40
III.2a	Long Term Debt		\$5,004,094
III.2b	Debt/Equity Ratio	max. 2.5:1	0.8:1

## Section D

### Current Year Financial Trends by Region

One Sky

Financial Indicator	Current Year		
	Benchmark		Totals
<b>I. Liquidity</b>			
I.1a	Current Assets		\$4,364,645
I.1b	Current Liabilities		\$4,495,002
I.1c	Current Ratio	min. 1.5:1	1.0:1
I.2a	Cash at Year End		\$1,611,065
I.2b	Days Cash-on-Hand	min. 30	20
I.3a	Year End Accounts Receivable		\$2,377,504
I.3b	Days in Receivable	max. 30	32
I.4a	Accounts Payable		\$3,824,495
I.4b	Days in Accounts Payable	max. 15	48
<b>II. Financial Performance</b>			
II.1	Revenue		\$27,877,337
II.2	Expenses		(\$29,033,080)
II.3	Total Surplus <Deficit>		(\$1,155,743)
II.4	Net Margin (% Revenue)	min. 1.5%	-4.1%
<b>III. Financial Strength</b>			
III.1a	Net Assets		\$829,284
III.1b	Days Expenses in Net Assets	min. 25	10
III.2a	Long Term Debt		\$0
III.2b	Debt/Equity Ratio	max. 2.5:1	0.0:1

## Section D

### Current Year Financial Trends by Region *Community Partners (BDS only)*

Financial Indicator	Current Year		
	Benchmark		Totals
<b>I. Liquidity</b>			
I.1a	Current Assets		\$3,829,618
I.1b	Current Liabilities		\$3,515,714
I.1c	Current Ratio	min. 1.5:1	1.1:1
I.2a	Cash at Year End		\$2,426,960
I.2b	Days Cash-on-Hand	min. 30	29
I.3a	Year End Accounts Receivable		\$1,188,118
I.3b	Days in Receivable	max. 30	18
I.4a	Accounts Payable		\$2,479,415
I.4b	Days in Accounts Payable	max. 15	29
<b>II. Financial Performance</b>			
II.1	Revenue		\$25,334,294
II.2	Expenses		(\$24,979,563)
II.3	Total Surplus <Deficit>		\$354,731
II.4	Net Margin (% Revenue)	min. 1.5%	1.4%
<b>III. Financial Strength</b>			
III.1a	Net Assets		\$1,432,819
III.1b	Days Expenses in Net Assets	min. 25	21
III.2a	Long Term Debt		\$627,696
III.2b	Debt/Equity Ratio	max. 2.5:1	0.4:1

## Section D

### Current Year Financial Trends by Region Community Crossroads

Financial Indicator		Current Year		
		Benchmark		Totals
<b>I. Liquidity</b>				
I.1a	Current Assets			\$4,898,038
I.1b	Current Liabilities			\$2,626,589
I.1c	Current Ratio	min. 1.5:1		1.9:1
<b>I.2</b>				
I.2a	Cash at Year End			\$2,496,493
I.2b	Days Cash-on-Hand	min. 30		31
<b>I.3</b>				
I.3a	Year End Accounts Receivable			\$1,461,378
I.3b	Days in Receivable	max. 30		18
<b>I.4</b>				
I.4a	Accounts Payable			\$2,013,498
I.4b	Days in Accounts Payable	max. 15		25
<b>II. Financial Performance</b>				
II.1	Revenue			\$29,728,432
II.2	Expenses			(\$29,626,673)
II.3	Total Surplus <Deficit>			\$101,759
II.4	Net Margin (% Revenue)	min. 1.5%		0.3%
<b>III. Financial Strength</b>				
III.1a	Net Assets			\$2,717,062
III.1b	Days Expenses in Net Assets	min. 25		33
<b>III.2</b>				
III.2a	Long Term Debt			\$645,135
III.2b	Debt/Equity Ratio	max. 2.5:1		0.2:1

**CALENDAR YEAR 2016  
AREA AGENCY CERTIFICATION STATISTICS**

	VISITS WITHOUT DEFICIENCIES		VISITS WITH DEFICIENCIES		VISITS	DEFICIENCIES TOTAL NUMBER	NUMBER OF DEFICIENCIES PER VISIT
	#	%	#	%			
					TOTAL		
<b>1</b>	<b>29</b>	<b>32%</b>	<b>61</b>	<b>68%</b>	<b>90</b>	<b>202</b>	<b>2.24</b>
<b>2</b>	<b>12</b>	<b>21%</b>	<b>45</b>	<b>79%</b>	<b>57</b>	<b>164</b>	<b>2.88</b>
<b>3</b>	<b>26</b>	<b>42%</b>	<b>36</b>	<b>58%</b>	<b>62</b>	<b>96</b>	<b>1.55</b>
<b>4</b>	<b>29</b>	<b>30%</b>	<b>69</b>	<b>70%</b>	<b>98</b>	<b>264</b>	<b>2.69</b>
<b>5</b>	<b>23</b>	<b>21%</b>	<b>88</b>	<b>79%</b>	<b>111</b>	<b>312</b>	<b>2.81</b>
<b>6</b>	<b>28</b>	<b>24%</b>	<b>89</b>	<b>76%</b>	<b>117</b>	<b>350</b>	<b>2.99</b>
<b>7</b>	<b>78</b>	<b>29%</b>	<b>187</b>	<b>71%</b>	<b>265</b>	<b>1290</b>	<b>4.87</b>
<b>8</b>	<b>18</b>	<b>23%</b>	<b>62</b>	<b>78%</b>	<b>80</b>	<b>280</b>	<b>3.50</b>
<b>9</b>	<b>28</b>	<b>41%</b>	<b>40</b>	<b>59%</b>	<b>68</b>	<b>109</b>	<b>1.60</b>
<b>10</b>	<b>24</b>	<b>18%</b>	<b>111</b>	<b>82%</b>	<b>135</b>	<b>655</b>	<b>4.85</b>
<b>STATE</b>	<b>295</b>	<b>27%</b>	<b>788</b>	<b>73%</b>	<b>1083</b>	<b>3722</b>	<b>3.44</b>

**CALENDAR YEAR 2017  
AREA AGENCY CERTIFICATION STATISTICS**

	VISITS WITHOUT DEFICIENCIES		VISITS WITH DEFICIENCIES		VISITS	DEFICIENCIES TOTAL NUMBER	NUMBER OF DEFICIENCIES PER VISIT
	#	%	#	%	TOTAL		
1	38	44%	49	56%	87	114	1.31
2	14	22%	50	78%	64	166	2.59
3	27	51%	26	49%	53	68	1.28
4	34	36%	60	64%	94	180	1.91
5	19	20%	76	80%	95	290	3.05
6	35	31%	77	69%	112	186	1.66
7	35	27%	97	73%	132	339	2.57
8	8	11%	67	89%	75	158	2.11
9	17	25%	51	75%	68	136	2.00
10	14	21%	52	79%	66	242	3.67
<b>STATE</b>	<b>241</b>	<b>28%</b>	<b>605</b>	<b>72%</b>	<b>846</b>	<b>1879</b>	<b>2.22</b>

**CALENDAR YEAR 2018  
AREA AGENCY CERTIFICATION STATISTICS**

	VISITS WITHOUT DEFICIENCIES		VISITS WITH DEFICIENCIES		VISITS	DEFICIENCIES TOTAL NUMBER	NUMBER OF DEFICIENCIES PER VISIT
	#	%	#	%	TOTAL		
1	38	38%	61	62%	99	172	1.74
2	20	20%	78	80%	98	287	2.93
3	31	50%	31	50%	62	83	1.34
4	30	30%	69	70%	99	282	2.85
5	17	14%	105	86%	122	400	3.28
6	43	29%	106	71%	149	344	2.31
7	32	22%	112	78%	144	458	3.18
8	14	14%	88	86%	102	484	4.75
9	25	37%	42	63%	67	145	2.16
10	7	9%	69	91%	76	326	4.29
STATE	257	25%	761	75%	1018	2981	2.93



**CALENDAR YEAR 2019  
AREA AGENCY CERTIFICATION STATISTICS**

	VISITS WITHOUT DEFICIENCIES		VISITS WITH DEFICIENCIES		VISITS	DEFICIENCIES TOTAL NUMBER	NUMBER OF DEFICIENCIES PER VISIT
	#	%	#	%	TOTAL		
1	30	36%	53	64%	83	146	1.76
2	19	24%	61	76%	80	233	2.91
3	19	43%	25	57%	44	51	1.16
4	30	31%	67	69%	97	233	2.40
5	25	19%	104	81%	129	397	3.08
6	46	35%	86	65%	132	254	1.92
7	33	21%	124	79%	157	512	3.26
8	16	17%	78	83%	94	409	4.35
9	32	44%	40	56%	72	134	1.86
10	10	13%	69	87%	79	269	3.41
STATE	260	27%	707	73%	967	2638	2.73

**CERTIFICATION STATISTICS FOR PERIOD 1/1/2020 TO 8/31/2020  
AREA AGENCY CERTIFICATION STATISTICS**

	VISITS WITHOUT DEFICIENCIES		VISITS WITH DEFICIENCIES		VISITS	DEFICIENCIES TOTAL NUMBER	NUMBER OF DEFICIENCIES PER VISIT
	#	%	#	%	TOTAL		
1	47	55%	39	45%	86	100	1.16
2	23	41%	33	59%	56	69	1.23
3	26	57%	20	43%	46	45	0.98
4	28	35%	52	65%	80	130	1.63
5	21	24%	66	76%	87	238	2.74
6	41	45%	51	55%	92	110	1.20
7	31	26%	86	74%	117	252	2.15
8	12	16%	65	84%	77	234	3.04
9	22	39%	34	61%	56	85	1.52
10	10	18%	45	82%	55	129	2.35
STATE	261	35%	491	65%	752	1392	1.85