

## Nemeth, Melissa

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**From:** Carolyn Virtue <carolyn@granitecm.us>  
**Sent:** Friday, April 8, 2022 10:46 AM  
**To:** Nemeth, Melissa  
**Cc:** Michelle Winchester; Gorton, Jessica; Zinno, Allyson; Amy Girouard; Ross-Skianes, Erica  
**Subject:** Re: He-M 524 Final Proposal  
**Attachments:** CMS on Case Management under Waiver.pdf

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Good Morning Melissa,

Thank you for your clarification in regard to the SPA, I find the information very interesting. I did not know there was a mechanism to provide case management for the population under discussion here outside of the waiver and the waiver system under the state plan. I am very interested to learn more, but that is best left for another day. For now, I will stand corrected and agree the SPA is not applicable and apologize for my misunderstanding.

In an effort to acknowledge in this rule participants should have meaningful choice of case management service providers, from qualified enrolled providers which are free from conflict of interest, utilizing solely references to the 1915 (c) waiver regulation guidance, I recommend inclusion of the following by reference to 42 CFR 441.301(c)(1)(vi)

(vi) the Appendix of the rule regulation and an edit to the service coordination language to clarify applicable guidance:

42 CFR 441.301(c)(1)(vi)

(vi) Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Individuals must be provided with a clear and accessible alternative dispute resolution process.

Please also see attached the waiver instructions with highlights regarding the above which clearly defines 42 CFR 441.301(c)(1)(vi) (vi) as applicable to the waiver. Additionally, I'd comment that if utilized to determine

the spirit and intent of CMS, I do not see how we are reaching the bar on service coordination with what is included in the rule presently.

Thank you for your consideration, Carolyn

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On Apr 7, 2022, at 12:28 PM, Nemeth, Melissa <[Melissa.M.Nemeth@dhhs.nh.gov](mailto:Melissa.M.Nemeth@dhhs.nh.gov)> wrote:

Hi Carolyn

The service coordination provided for in IHS is not without federal authority. As IHS is provided through a 1915(c) waiver approved by CMS. The waiver provides that for this waiver, case management is provided solely as a waiver service that is defined in the waiver. I've attached page 86 of the approved IHS waiver for reference. The waiver allows the state to define service coordination.

The SPA for targeted case management in your attached e-mail is only for case management provided on the state plan. The case management (service coordination) for IHS participants through He-M 524 is not provided under the State plan, but in accordance with the waiver.

Thank you

Melissa

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**From:** Carolyn Virtue <[carolyn@granitecm.us](mailto:carolyn@granitecm.us)>

**Sent:** Wednesday, April 6, 2022 4:30 PM

**To:** Nemeth, Melissa <[Melissa.M.Nemeth@dhhs.nh.gov](mailto:Melissa.M.Nemeth@dhhs.nh.gov)>

**Cc:** Michelle Winchester <[m.winchester@maine.rr.com](mailto:m.winchester@maine.rr.com)>; Gorton, Jessica <[Jessica.D.Gorton@dhhs.nh.gov](mailto:Jessica.D.Gorton@dhhs.nh.gov)>; Zinno, Allyson <[Allyson.E.Zinno@dhhs.nh.gov](mailto:Allyson.E.Zinno@dhhs.nh.gov)>; Amy Girouard <[amygirouard4@gmail.com](mailto:amygirouard4@gmail.com)>; Ross-Skianes, Erica <[Erica.M.Ross-Skianes@dhhs.nh.gov](mailto:Erica.M.Ross-Skianes@dhhs.nh.gov)>

**Subject:** Re: He-M 524 Final Proposal

Hi Melissa,

My comment was “similar” to what was done in the CFI rule, not “exactly” what was done with the CFI Rule.

What references would you be inclined to include for the IHS rule? Or is your position that the IHS Waiver and the case management (service coordination) provided is outside of federal authority?

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On Apr 6, 2022, at 4:04 PM, Nemeth, Melissa  
<[Melissa.M.Nemeth@dhhs.nh.gov](mailto:Melissa.M.Nemeth@dhhs.nh.gov)> wrote:

Hi Carolyn

The language below and reference to work done in the CFI rule is relative to case management provided under the state plan. As the service coordination for these particular services is provided through the waiver and not the state plan, it wouldn't be appropriate to include federal regulations that solely relate to the state plan. If those are the references you were planning to get together to send to us, the department wouldn't be able to agree to adding them for this reason.

Thank you

Melissa

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**From:** Carolyn Virtue <carolyn@granitecm.us>  
**Sent:** Wednesday, April 6, 2022 1:52 PM  
**To:** Nemeth, Melissa <Melissa.M.Nemeth@dhhs.nh.gov>  
**Cc:** Michelle Winchester <m.winchester@maine.rr.com>; Gorton, Jessica <Jessica.D.Gorton@dhhs.nh.gov>; Zinno, Allyson <Allyson.E.Zinno@dhhs.nh.gov>; Amy Girouard <amygirouard4@gmail.com>; Ross-Skianes, Erica <Erica.M.Ross-Skianes@dhhs.nh.gov>  
**Subject:** Re: He-M 524 Final Proposal

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Hi Melissa,

You are correct, I did not make all of the meetings, but I believe I made more than two as you state below. I am sorry you missed hearing my comments made on 1/24/2022 during the MCAC Subcommittee meeting on the He-M 524 rule. Although my comments may have been missed by you, this does not negate that I made them as you seem to infer below. Comments should not have to be submitted in writing for them to be considered and I do not believe this is the format utilized during these sessions.

In addition to my contributions to the above referenced meeting, my suggestions made on 1/24/2022 were submitted in part, via email at the request of the Subcommittee Chair on 2/1/2022:

***Case management (service coordination) services provider means any entity or organization which is engaged in arranging services furnished to assist individuals, who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services. Individuals shall be allowed the free choice of any qualified case management (service coordination) provider when obtaining case management (service coordination) services. Case management (service coordination) services shall not be used to restrict an individual's access to other services. Case management (service coordination) service providers shall be free from conflict of interest and shall not provide case management (service coordination) activities and other services to the same individual. Case management (service coordination) activities shall not include activities which constitute the direct delivery of other services.***

In addition, I recommend the following language be utilized to allow for family provision of service coordination which would be in compliance with the federal case management guidance:

***A participant or their representative may coordinate their services in lieu of receiving service coordination (case management)***

My request made in regard to inclusion of the federal regulations was that the **department** consider the applicable guidance to determine and include the references, similar to what was done with the He-E 801 rule. Having said as

much, I am happy to compile the list of references for you. You can expect it by the end of the day tomorrow.

Thank you, Carolyn

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On Apr 6, 2022, at 11:19 AM, Nemeth, Melissa  
<[Melissa.M.Nemeth@dhhs.nh.gov](mailto:Melissa.M.Nemeth@dhhs.nh.gov)> wrote:

Hi Carolyn

In the couple of sub-committee meetings you attended, we did not receive a request from you to include any specific federal regulations in the appendix to this rule. We did not receive any written requests in this regard either. Therefore, no changes were made. We are not sure what exactly you are looking for to be included. If you can provide us with the specific federal regulations you feel should be included, and for which sections of the rule they should be included, we will consider this request.

As was pointed out when you asked about the intersection of the CAP and this rule, New Hampshire's compliance date for the CAP is not until June of 2023. As such, it is premature to make edits to one rule when the system is not yet prepared, nor required, to implement the CAP. Additionally, it was also explained that the Department is looking at all rules that will need to be revised for the CAP, and will make edits to all rules at once to ensure compliance with the CAP. He-M 524 will be included in that process, and changes made at the appropriate time. The CAP is not being ignored.

Thank you

Melissa

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**From:** Carolyn Virtue <carolyn@granitecm.us>  
**Sent:** Wednesday, April 6, 2022 10:02 AM  
**To:** Nemeth, Melissa <Melissa.M.Nemeth@dhhs.nh.gov>  
**Cc:** Michelle Winchester <m.winchester@maine.rr.com>; Gorton, Jessica <Jessica.D.Gorton@dhhs.nh.gov>; Zinno, Allyson <Allyson.E.Zinno@dhhs.nh.gov>; Amy Girouard <amygirouard4@gmail.com>; Ross-Skianes, Erica <Erica.M.Ross-Skianes@dhhs.nh.gov>  
**Subject:** Re: He-M 524 Final Proposal

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Good Morning,

I see that the appendix remains without reference to applicable federal guidance with regard to 1915 (c) waivers and services included in the rule, including but not limited to case management (“service coordination”) which I had requested on several occasions during the MCAC Sub-committee process. Are you still working on the addition of the federal references?

On quick review of this updated version this morning, it appears the requirement for a contract with the Area Agency to provide the service is not consistent with the demands of CMS identified in the Corrective Action Plan, Conflict of Interest and Direct Billing requirements. As I requested during the January 24th, 2022 meeting, the rule should be reconciled to meet the federal requirements of the CAP. Is there an explanation for why the CAP is being ignored?

Thank you,  
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The following is a description of the changes and enhancements to the approved waiver that are being made in this renewal application:

- 1.) The waiver participant cap has been raised from \$30,000 to \$35,000.
- 2.) To comport with technical guidance from the 1915(c) waiver, the state is providing for In Home Residential Habilitation which includes personal care.
- 3.) Additional covered services include: In Home Residential Habilitation, Goods and Services, Personal Emergency Response Services (PERS), Non-Medical Transportation, Assistive Technology, Wellness Coaching, and Community Integration Services.

In Home Residential Habilitation has replaced Enhanced Personal Care which is an enhancement as it is a broader definition that includes personal care, protective oversight, supervision, and all activities related to personal growth and development to include acquisition, retention or improvement in skills related to living in the community. Enhanced Personal Care has been replaced however the services that were included in Enhanced Personal Care are included in the definition of the In Home Residential Habilitation service.

- 4.) Service Coordination has replaced Family Support/Service Coordination in order for New Hampshire's Bureau of Developmental Services (NHBDS) three 1915(c) waivers to align. Family Support/Service Coordination has been replaced, however all elements of this service are included in the definition of the Service Coordination Service.
- 5.) Participant Directed and Managed Services (PDMS) has been modified to include the participant's ability to delegate some or all of their services to a third entity.
- 6.) The waiver includes the compliance and implementation of the Center for Medicare and Medicaid Services (CMS) approved NH Corrective Action Plan regarding conflict of interest requirements, direct bill, and provider selection.
- 7.) All waiver participants will have a completed Health Risk Screening Tool (HRST) which will result in a health care level (HCL) that identifies service and training considerations which will populate into the written service agreement based on significance of risk.
- 8.) The Bureau of Developmental Services (BDS) will be coordinating a long term supports and services (LTSS) participant directed and managed services (PDMS) committee with broad stake holder participation. The committee will develop a PDMS manual which will clearly define the rights and responsibilities of individuals and families relative to managing Medicaid funds and detail budget authority and employment authority.
- 9.) The waiver details compliance with the Home and Community Based Services (HCBS) Final Rule and Regulations per 42 CFR 441.301(c)(4).
- 10.) Performance measures have been updated to reflect the changes outlined in the CMS March 2014 Guidance: Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers.
- 11.) Service delivery has been modified to allow for remote service provision.
- 12.) Temporary provision of services in hospital settings, based on an individual's needs including in home residential habilitation, service coordination, personal emergency response services, environmental and vehicle modifications, assistive technology, consultations, and respite care services.
- 13.) The Supports Intensity Scale (SIS) and Health Risk Screening Tool (HRST) will not require prior authorization to bill.

## Application for a §1915(c) Home and Community-Based Services Waiver

### 1. Request Information (1 of 3)

- A. The State of New Hampshire requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).
- B. Program Title (optional - this title will be used to locate this waiver in the finder):

individual needs services through the waiver and that serve as the basis of the state's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

Pursuant to State Administrative Rule He-M 524, a child/individual requires ICF/IID level of care if he/she requires, on a daily basis, services for at least one of the following:

-Performance of basic living skills; Intellectual, communicative, behavioral, physical, sensory motor psychological or emotional development; Medication administration; or medical monitoring or nursing care by a licensed professional person.

-Services on a less than daily basis as part of a planned transition to more independence or to prevent circumstances that could necessitate more intrusive and costly services.

Initial requests for HCBS-IHS require area agencies to submit the application for waiver services using the NH Bureau of Developmental Services Functional Screen signed by a licensed practitioner.

The state utilizes the Functional Screen submitted by the area agency to determine if an individual meets the level of care initially, and in the case of a request for redetermination. The Functional Screen details the individual's diagnosis, support needs in the areas of activities of daily living and instrumental activities of daily living, communication and cognition, behavior, and risk to community safety, and other medical conditions.

e. **Level of Care Instrument(s).** Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care (*select one*):

- The same instrument is used in determining the level of care for the waiver and for institutional care under the state Plan.
- A different instrument is used to determine the level of care for the waiver than for institutional care under the state plan.

Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

The state has a Medical Eligibility Assessment (MEA) tool to evaluate the level of care (LOC) for the ICF/IID criteria. The state uses the Functional Screen (FS) to determine level of care for the In Home Support waiver. The Functional Screen uses the same domains as the MEA with the exception of the area of supervision; which is included in the FS but not in the MEA. The outcome of the determination of the FS is comparable to the valid and reliable MEA because it uses the same domains, and therefore is also reliable and valid.

f. **Process for Level of Care Evaluation/Reevaluation:** Per 42 CFR §441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the waiver. If the reevaluation process differs from the evaluation process, describe the differences:

The area agency submits the NH BDS functional screen form to the Bureau of Developmental Services to be reviewed by the Bureau of Developmental Services staff to determine or redetermine the child's/individual's eligibility for the waiver.

Redeterminations are completed annually by the area agency submitting an updated NH BDS functional screen form. The reevaluation process does not differ from the evaluation process.

g. **Reevaluation Schedule.** Per 42 CFR §441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule (*select one*):

- Every three months
- Every six months
- Every twelve months
- Other schedule

*Specify the other schedule:*



License (specify):

[Empty box for License specification]

Certificate (specify):

[Empty box for Certificate specification]

Other Standard (specify):

The need for wellness coaching will be detailed in an individual's service agreement by the individual's person centered planning team. Team members consist of, at a minimum, the individual, the legal guardian, the service coordinator, and any other people chosen by the individual and his or her legal guardian.

**Verification of Provider Qualifications**

Entity Responsible for Verification:

Receipt of purchase shall be available during post payment reviews or any time the state of NH requests verification of purchase(s).

Frequency of Verification:

Frequency of verification will be annually during the service file review(s).

**Appendix C: Participant Services**

**C-1: Summary of Services Covered (2 of 2)**

**b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (select one):

- Not applicable - Case management is not furnished as a distinct activity to waiver participants.
- Applicable - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

- As a waiver service defined in Appendix C-3. Do not complete item C-1-c.
- As a Medicaid state plan service under §1915(i) of the Act (HCBS as a State Plan Option). Complete item C-1-c.
- As a Medicaid state plan service under §1915(g)(1) of the Act (Targeted Case Management). Complete item C-1-c.
- As an administrative activity. Complete item C-1-c.
- As a primary care case management system service under a concurrent managed care authority. Complete item C-1-c.

**c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

[Empty box for entity specification]

NH utilizes ten area agencies to provide service delivery statewide. These area agencies are referred to NH's organized health care delivery system (OHCDS). The area agencies are responsible for service plan development and in some cases the area agency may subcontract with an agency (such as an independent case management agency) if directed to do so by the individual and/or the guardian. The area agencies in many cases also provide direct waiver services to the participants.

NH is currently under a Corrective Action Plan (CAP) that establishes the process to develop a system for the State of NH that is compliant with conflict of interest regulations and direct pay rules. CMS approved the CAP on April 21, 2017, and amended 4/27/2018. Per the approved CAP, NH had a plan for compliance with the implementation date of 8/31/2021. Due to Covid-19 setbacks, CMS has granted NH an extension on the CAP to 7/1/2023.

Safeguards to ensure that service plan development is conducted in the best interest of the participant include the following:

1. The Individualized Service agreement (ISA) is housed within the Health Risk Screening Platform (HRS) and is a statewide template that all Service Coordinators (Case Managers) must utilize. The template for the ISA requires that individual choice of provider is offered as an option during the person centered planning process.
2. Annually during the person centered planning process, the individual and his/her legal guardian is informed of their "client rights" which include choice of services and providers.
3. As part of the CAP, staff at the Bureau of Developmental Services (BDS) will be reviewing that choice of providers is offered during annual quality oversight process.
4. The BDS Complaint Process is in place if an individual/guardian feels as though his/her rights are being violated and/or needs are going unmet. The complaint process is utilized to improve quality of services statewide.
5. For those agencies that are providing both service plan development and other direct waiver services, BDS is requiring as part of the CAP, that agencies have a firewall in place to mitigate conflict as part of the Only Willing and Qualified Provider (OWQP) policy. Additionally, during the person centered planning process, individuals/guardians will be educated on conflict of interest requirements in cases where a conflict is present.

## **Appendix D: Participant-Centered Planning and Service Delivery**

### **D-1: Service Plan Development (3 of 8)**

- c. Supporting the Participant in Service Plan Development.** Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

NH has had a multi-prong approach to address its continued quality improvement initiatives.

NH has worked with the oversight and assistance of the Centers for Medicaid and Medicare Services (CMS), to ensure waiver participants are receiving services that do not present a conflict of interest (COI). The ability for providers to direct bill is included in the Corrective Action Plan (CAP), the state is progressing toward compliance, accordingly.

The HCBS' Final Rule and all of its elements have been the primary focus of many committees' efforts during the past four years. Provider selection, case management, an increase in independent case management, rate structures and defining the Financial Management Service responsibilities along with the designated area agencies responsibilities has been a significant undertaking with solid results.

New Hampshire (NH) was the recipient of an Aging and Community Living (ACL) grant written and managed by the NH University Center for Excellence in Disability (UCED), Institute on Disability (IOD) to ensure a strong infrastructure to address a number of quality measures, but most importantly to address the Office of Inspector General's (OIG) concerns related to incident management.

Resources from the ACL grant have been prioritized to target BDS improvements of incident management over the course of five years. NH is in its second year of implementing the quality framework plan and there has been progress in the adoption of a new incident management system by the area agencies, and newly implemented data points regarding waiver participant's experiences of selecting their services and their providers. BDS works closely with the IOD whose mission includes the advancement of policies and practices that improve the quality of life for children and adults with disabilities.

NH has been inspired by Wisconsin's, "I Respect I Self Direct" (IRIS) program and will be developing an ongoing statewide Participant Directed and Managed Services (PDMS) Committee that reviews and adopts relevant sections of the program to enhance the long terms supports and services for NH's waiver recipients.

The goal of the Participant Directed and Managed Services Committee is to assist families to support their loved ones at home and receive the necessary assistance to manage the many aspects of budget authority and employment authority that accompany a participant directed and managed service model.

The committee will be responsible for understanding the feedback from the listening sessions and public comment and ensure that concerns by families inform future policies. The adoption of a comprehensive educational manual with clear rights and responsibilities including understanding fraud will be a component of the manual that will be developed as part of NH's Quality Improvement Strategy.

The adoption of a statewide self-assessment tool for potential PDMS families is worthy of consideration and should be determined by the PDMS committee. This may aid agencies in better understanding the supports that families need to be successful with their employer and budget authorities. In addition to understanding the importance of approving expenses, a focus on timesheets and timeliness of monthly progress reports will be substantive.

The ability to transition services so that the participant delegates the above authorities to a third party, as noted in E-1, shall be available after a very thorough and documented examination of the needs of the family have been identified, shared with the family, and a remediation plan has been documented. In the event the areas of concern(s) are not addressed the family may be asked to transition services to a third entity. The PDMS committee would review He-M 524 to make recommendations to BDS in order to best support waiver recipients who utilize PDMS and a transition policy will be developed and implemented as necessary.

The implementation of the quality framework has included the addition and modification of various templates to address consistency across the geographical areas of the state. Specifically, the addition of the statewide service agreement template, amendment template and adoption of the Planning Process and Acknowledgement Form have successfully provided uniformity resulting in a comprehensive, assessment based, person centered planning process for each individual resulting in a tailored written service agreement. The statewide service agreement template has been amended to include information related to Home and Community Based Services (HCBS) settings expectations, the inclusion of the Health Risk Screening Tool's (HRST) service and training and