

State of New Hampshire Department of Health and Human Services

Division of Long Term Supports & Services

March 8, 2021

Agenda

- Contact Information
- Overview of Division/Bureau
- Key Programs / Services
- Population Served
- Delivery System
- Accomplishments and Key Challenges
- Workload Benchmarks



Contact Information

 Deborah Scheetz, Division Director, Division of Long Term Supports and Services Current position at DLTSS 2 Years, DHHS 6 years total

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 Jayne Jackson, Finance Director, Division of Long Term Supports and Services Current position at DLTSS finance 2.5 years, DHHS 2.5 years total

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Division of Long Term Supports and Services (DLTSS)

The Division of Long Term Supports and Services (DLTSS) was established in 2017, aligning Elderly and Adult Services, Developmental Services, and Family Centered Services bureaus. This alignment provides opportunities to strengthen access, streamline efforts, and provide comprehensive, coordinated services throughout a person's life.

Bureau of Developmental Services (BDS)

• 4 Major Program Areas

Bureau for Family Centered Services (BFCS)

Bureau of Elderly and Adult Services (BEAS)

3 Major Program Areas 9 Major P

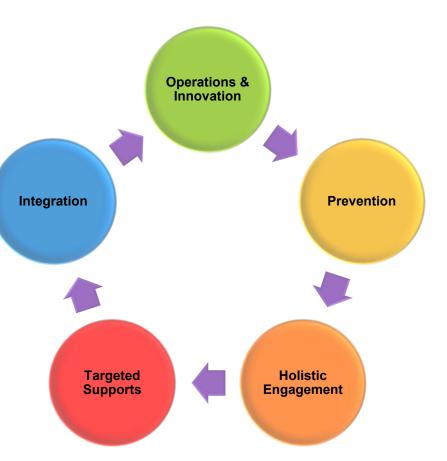
• 9 Major Program Areas

	FY 20 Actual Expense					
	BEAS	BDS/BFCS	Total			
Federal	233,447,172	169,157,568	402,604,740			
General	36,357,870	169,276,345	205,634,215			
Other	187,694,350	148,837	187,843,187			
	457,499,392 338,582,750 796,082,14					
BEAS	Bureau of Elderly and Adult Services					
BDS	Bureau of Developmental Services					
BECS	Bureau of Family Centered Services					



DLTSS: SCOPE, FOCUS, AND APPROACH

- Serves individuals and families from birth through the lifespan
- Provides a whole person/whole family approach
- Emphasizes the importance of Social Determinants of Health and its impact on a person/family
- Focuses on reducing programmatic and systemic barriers and silos to services
- Strengthens program organization to create solutions
- Provides shared leadership in the commitment to integration and working as a team





DLTSS Multi-Federal/State

Program Compliance Requirements



Center for Medicare and Medicaid Services (CMS)

1915 (c) Home and Community Based Care Waivers:

- Developmental Disability
- In Home Support
- Acquired Brain Disorder
- Choices for Independence



- Health Resources Services Administration (HRSA)
- Title V Services for Children and Youth with Special Health Care Needs



Federal Office of Special Education (OSEP)

• Part C Early Intervention

Administration for Community Living (ACL)

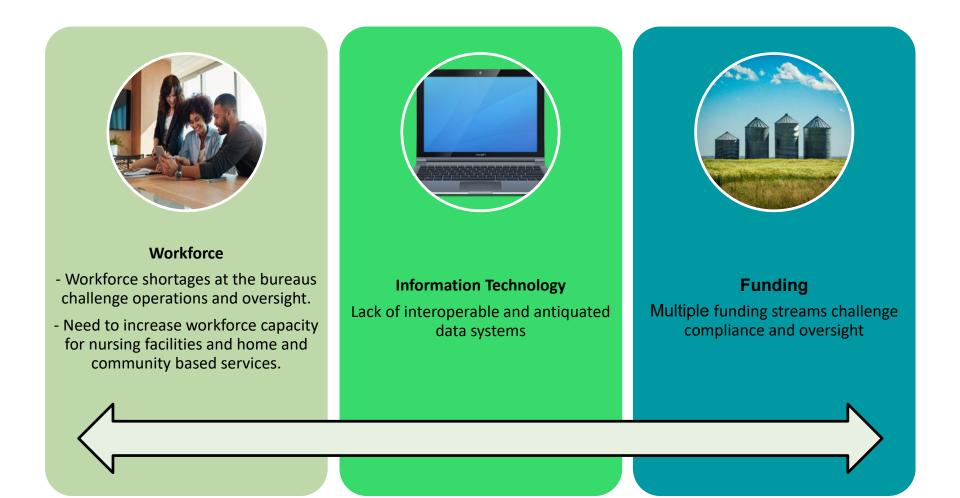
- Older Americans Act of 1965, Title III
- State Health Insurance Assistance Program (SHIP)
- Senior Medicare Patrol (SMP)
- Titles II and IV of the Older Americans Act, the Omnibus Consolidated Appropriation Act of 1997 and the Health Insurance Portability and Accountability Act of 1996.



- Omnibus Reconciliation Act of 1981 [P.L. 97-35], Title XX of the Social Security Act.
- Family Support for Children and Youth with Special Health Care Needs
- Home Based Services
- Home Delivered Meals
- Information and Referral



DLTSS – Key Challenges





Capital Projects -- Strong Return on Investment for Improved Compliance, Oversight, and Operations

BDS Direct Billing: The Centers for Medicare, and Medicaid Services (CMS) determined that the NH Bureau of Developmental Services (BDS) was out of compliance with direct pay and conflict of interest regulations for their 1915(c) Home and Community Based Services waivers. This project will enable BDS to meet these requirements and without impact to the three 1915(c) Home and Community Based Services waiver services servic

» Federal Financial Participation is anticipated at 90% of the total cost of \$1,000,000

Developmental Services IT Remediation: A multi-year project to modernize the Developmental Services Information Technology infrastructure in response to the Legislative Budget Assistant Audit "State of New Hampshire, Health and Human Services, Bureau of Developmental Services Unspent Appropriations, Performance Audit Report, February 2016." The goal is to ensure ongoing bureau compliance with federal and state regulations. Phase 1 of the project was funded as part of an earlier capital budget project from the SFY 2018-19 and this request will continue the funding for Phase 2.

» Federal Financial Participation is anticipated at 90% of the total cost of \$13,278,333



Capital Projects -- Strong Return on Investment for Improved Compliance, Oversight, and Operations

Electronic Visit Verification System: H.R.34, the 21st Century Cures Act, was signed into law on December 13, 2016. This law requires that all states implement an Electronic Visit Verification (EVV) system for Medicaid-funded Personal Care Services provided in the home by January 1, 2020 and Home Health Services by January 1, 2023.

» Federal Financial Participation is anticipated at 90% of the total cost of \$5,660,000

Bureau of Elderly and Adult Services Modernization: The 23 year old system needs to be updated to help BEAS better manage BEAS social worker caseloads, the Adult Protective Services Program, service authorization and provider payment processing. Without the upgrade improved business processes are not supported, customer service could decline, and additional personnel will be needed for data entry and manipulation.

» Federal Financial Participation is anticipated at 90% of the total cost of \$6,795,427



Department of Health and Human Services

Alvarez and Marsal Report

Recommendations for Developmental Services System

- 1915(c) Waiver Redesign of Developmental Disability Waiver
- Develop Tiered Reimbursement Rates
- Establish Comprehensive Bureau of Developmental Services Information Technology System
- Develop In-State Intensive Treatment Services Residential Options





State of New Hampshire Department of Health and Human Services

Bureau of Elderly and Adult Services

March 8, 2021



Contact Information

• Unique Identifier: 4805,4810,4820

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- Wendi Aultman, Bureau Chief, Bureau of Elderly and Adult Services Current position at BEAS 3 Years, DHHS 23 Years
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Overview – Bureau of Elderly and Adult Services (BEAS)

- Provides comprehensive and coordinated services for older adults, ages 60 and older, and adults with disabilities between the ages of 18-59.
- Serves as the State's designated State Agency on Aging, under the Older American's Act (OAA).
- Ensures the rights, safety, independence and dignity of adults with disabilities and people who are aging and prevent their abuse, neglect and exploitation.
- Administers the Choices for Independence Medicaid Home and Community Based Services (HCBS) Waiver.
- Sets policy and program implementation for Older Americans Act, Adult Protection, Medicaid Long Term Supports and Services, and Nursing Facility.

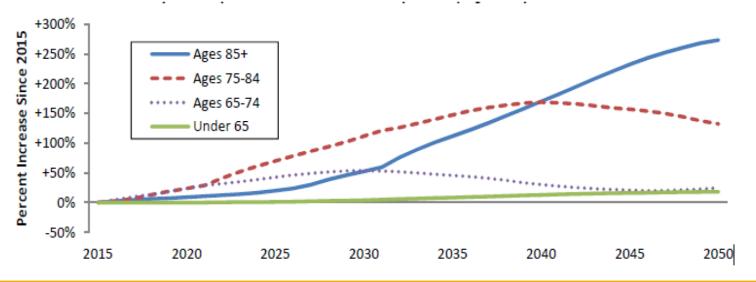
NH's demographics are changing and the state is growing older. The aging service delivery system across NH is working to respond to and plan for these changes. By the year 2030, it is estimated that over one-third of NH's population will be over 65 years of age.



New Hampshire's Changing Demographics

The State of NH is now ranked as having one of the fastest growing number of older adults in the country, at the same time that the working age population is not growing. According to the NH Center for Public Policy Studies, the largest impact on NH is anticipated to occur after 2020, when the estimated number of older adults will rise from 106,086 to 247,740, with NH's northern and rural counties projected to experience the highest growth percentages. At a time when our state is experiencing significant growth in the population of older people, NH is especially challenged in keeping pace with the demand for a strong workforce, and appropriate funding to meet their needs.

Projection Population Growth in New Hampshire, by Age Group, 2015-2050



AARP Report: 2018 Across the States Profiles of Long Term Services and Supports



BEAS Operations

Long Term Care Policy (7 Staff) -Contract oversight (53 contracts) -Grant Management -NHCarePath and ServiceLink -Oversight/Quality Reviews -Program Coordination -Training and Technical Assistance State Unit on Aging (2 Staff, Bureau Chief and Administrative Assistant) -State Plan on Aging

-CFI Waiver Management -Federal and State Policy -Public partner correspondence Adult Protective Services (61 staff across 11 District Offices) -Intake -State Registry -Investigations -Coordination of supports and services -Outreach and Education

Long Term Care Medical Eligibility (8 Staff) -Nursing Facility Level of Care -Service Authorizations -Provider Relations -Appeals



Information Systems (4 Staff) -Options, New Heights -Help Desk Support -Support and Provider relations -Reports and Analysis BEAS

Delivery System

Service	Type of Provider	Delivery System
Adult Protective Services	State Employees	 11 District Offices have an Adult Protected Services office
Medicaid LTSS Waiver: Choices for Independence	 Independent organizations, senior center, nutrition providers, assisted living providers, community based organizations 	 221 enrolled providers servicing Statewide and regionally *1 Contract for Pre-Admission Resident Review (PASRR) & Nursing Facility Level of Care Services
 Elderly and Adult Service Providers: Older Americans Act Social Services Block Grant 	 Independent organizations, CAP agencies, senior center, nutrition providers, area agencies 	 *45 Contracted providers, most cover a particular county, 13 offer statewide services
Nursing Facilities	County, nonprofit and for profit	 71 nursing facilities, 11 are operated by the counties
ServiceLink Aging and Disability Resource Centers	 Independent providers, 501(c) organizations 	 *7 contracts operating in 13 locations statewide



BEAS Programs and Populations Served

Major Program Areas

Choices for Independence

- Services Include: Case Management, Personal Care, Assisted Living, Supportive Housing, Supported Employment, Participant Directed and Managed Services, Financial Management Services, Accessibility Modifications, Non Medical Transportation.
- **Clients Served:** Older adults and adults with disabilities who need services to remain at home or in the community and meet the nursing facility level of care. Provided under a 1915 (c) Home and Community Based Medicaid Waiver.

Adult Protective Services

- Services Include: Protective Services Case Management, Counseling, Coordination of care that can include In Home Supports, Adult Day, Respite, connection with other community based services promote safety of individual. APS State Registry of founded reports.
- Clients Served: Vulnerable adults in need of protection as a result of abuse, neglect (including self neglect), and exploitation.

Administration on Aging (Title III)

- Services Include: Home Delivered and congregate meals, transportation, family caregiver supports, Medicare counseling, home health services, adult day services and several prevention programs.
- **Clients Served:** Adults ages 60 and older who are not on Medicaid, who demonstrate need for a service and are in greatest social or economic need.



BEAS Programs and Populations Served

Major Program Areas

Social Services Block Grant (Title XX)

- Services Include: Home Delivered meals, home health services and adult day services.
- Clients Served: Adults ages 60 and older, and adults between the ages of 18 59 with a chronic illness and/or physical disability who are not on Medicaid. Clients must demonstrate need for a service and must have a monthly income of no more than \$1,314.30.

ServiceLink Resource Centers

- Services Include: Information Referral and Assistance, Person Centered Options counseling, NH Family Caregiver Program, State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol (SMP), Veteran Directed Home & Community Based Service.
- Clients Served: People of all ages, disabilities and income levels.

Nursing Facilities

- Services Include: 71 nursing facilities, 11 are operated by the counties.
- Clients Served: Those who meet nursing facility level of care and are unable to remain safely at home or in the community.

*BEAS partners with the Division of Medicaid for nursing facility rate setting 2 times per State Fiscal Year and for support for finance administration. Health Facilities Administration and Program Integrity also play a critical role in oversight.



NFQA is a 5.5% tax on a nursing facility's net patient services revenue. The Department of Revenue Administration (DRA) administers the quarterly filings and the collection of the tax payments.

- The aggregate tax funds are transferred to DHHS, which is then matched with Federal Medicaid funds
- NFQA tax funds the supplemental Medicaid Quality Assessment Program (MQIP)



MQIP provides quarterly supplemental rates to nursing facilities for each paid Medicaid bed day at their facility in the prior quarter. All nursing facilities statewide that are paid through the Medicaid acuity-based reimbursement system receive supplemental MQIP rates.

- The amount of funds collected from the DP-156 forms and confirmed with DRA for the current quarter, plus or minus any adjustments to the tax collected, less the post payments from prior quarters, determines the aggregate tax funds available to distribute.
- Nursing facilities that accept Medicaid reimbursement are paid a MQIP payment. These supplemental Medicaid payments are based on the paid Medicaid bed days at each facility and are adjusted to fill shortfalls in initial rates due to the application of a budget neutrality factor.



ProShare payments are annual Medicaid supplemental payments made to each county in June. In order to maximize the amount of the allowable ProShare payment, the ten county nursing facilities have been divided into two groups: ProShare 1 and ProShare 2.

- NH receives Federal Medicaid funds for ProShare 1 based upon the difference between Medicaid payments for nursing home care provided by county facilities and what the payment would have been if the care for those residents had been from Medicare. ProShare 1 group is calculated using a payment-based methodology of the difference between the calculated Medicare equivalent compared to total Medicaid payments. The non-federal share, half of the total, is provided through the county.
- NH receives Federal Medicaid funds for ProShare 2 based on a Certified Public Expenditure (CPE) claim on the quarterly CMS-64. ProShare 2 group is calculated using a cost-based methodology of the difference between what Medicaid has paid to County facilities for their Medicaid enrollees compared to all Medicaid allowable costs as reflected on the most recently submitted Medicaid cost report that is available, including the portion of the NFQA tax that can be allocated to Medicaid. The federal share is paid directly to the counties.



BEAS Caseloads- Unduplicated

Year	APS	CFI	NF	Title III and XX	ServiceLink
2015	4,549	2,885	4,261	32,691	29,186
2016	4,694	2,890	4,222	34,240	30,883
2017	4,797	3,015	4,112	34,359	34,747
2018	4,899	3,399	4,100	34,687	36,671
2019	5,122	3,557	4,019	37,954	37,404
2020	5,087	3,672	3,911	35,802	41,779



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BEAS Key Accomplishments

- State Plan on Aging Federal and State approval of the four year New Hampshire State Plan on Aging, October 1, 2019 through September 30, 2023.
- Governor's State Commission on Aging BEAS participates representing DHHS. Planning for an older New Hampshire.
- **COVID-19** Ongoing work with the public, provider network, and stakeholders to ensure flexibilities in service delivery to meet people's needs. Guidance focused on who to contact, what to do, access to medications, face to face contact with providers, and how to stay up to date. Submitted Appendix K for home and community based waiver flexibilities for Federal partner approval.
- Long Term Care Stabilization Program Established in partnership with Employment Security.
- Public Health Emergency Funding Increased funding from Federal partners has assisted with supporting growing need for Nutrition Services/Meals On Wheels, remote supports for participants in Adult Day Service Programs, establishing safe ServiceLink office environments, and more.
 - Adult Protective Services Outreach Campaign Launched During Emergency Identifies vulnerable and isolated individuals and connects them to supports.



BEAS – Key Challenges



Information Technology

- Electronic Visit Verification

- Bureau of Elderly and Adult Services System Modernization

Workforce

- Need to increase workforce capacity for nursing facilities and home and community based services



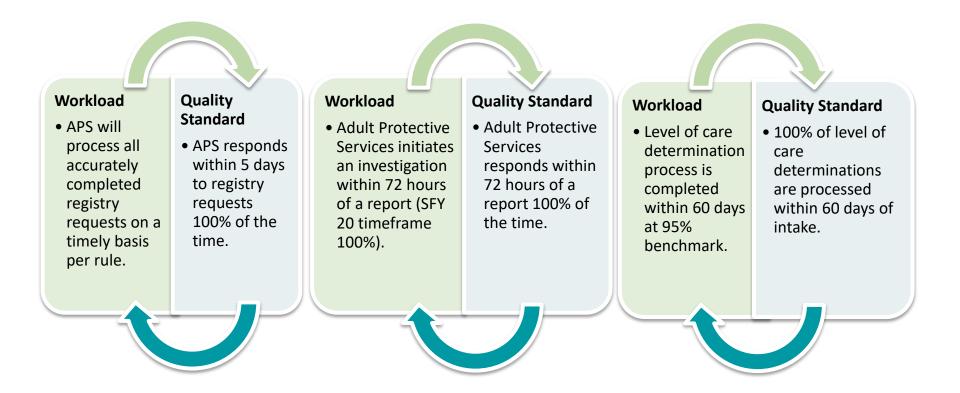
System Transformation

- Staff focused on operational efforts and challenged to have the ability to innovate or stand up new programs or system change

Need Increased Capacity to Prepare and Innovate for an Aging State



BEAS Workload Benchmarks





BEAS

5% Incremental / Decremented Budget Outcome

Would enable bureau to increase CFI waiver rates for Adult Day Service Program and Home Health which could improve workforce capacity development and ensure greater customer satisfaction.

Would enable bureau to hire 3 additional staff positions to work on CFI Waiver administration, improve customer service for eligibility processing, and grant management/oversight.

Would enable bureau to hire 2 additional staff Adult Protective Services staff to improve intake and registry processing.

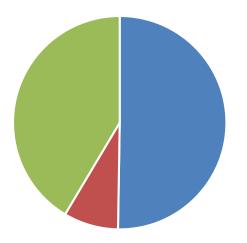
A reduction would necessitate the reduction of non-Medicaid billable services.

Risk of non-compliance with grant, waiver, and other federal funding programs resulting in loss of matching Medicaid federal funds or a recoupment.

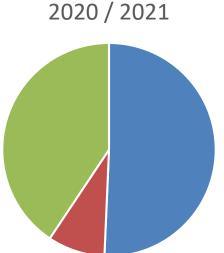


BEAS Budget Chart Comparison

2018 / 2019

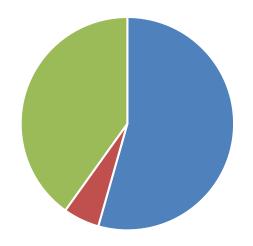


- Federal Funds \$442,100,772
- General Funds \$72,962,868
- Other Funds \$364,578,489



- Federal Funds \$480,657,835
- General Funds \$82,310,756
- Other Funds \$385,309,020

2022 / 2023



- Federal Funds \$541,328,568
- General Funds \$54,615,630
- Other Funds \$399,142,814



Activity-Accounting Unit	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
4805-9250	Adult Protection Program	DLTSS	BEAS	997	79
4810-7872	Administration on Aging	DLTSS	BEAS	998	81
4810-8917	Health Promotion Contracts	DLTSS	BEAS	1000	
4810-9255	Social Services Block Grant	DLTSS	BEAS	1000	83
4810-8925	Medicaid Services Grants-SHIP	DLTSS	BEAS	1001	
4810-2360	NH No Wrong Door BCP	DLTSS	BEAS	1002	



Activity-Accounting Unit	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
4810-3317	Admin on Aging Svcs Grant – SMPP	DLTSS	BEAS	1003	
4810-8920	Money Follows the Person	DLTSS	BEAS	1004	
4810-9010	Volunteer Activities	DLTSS	BEAS	1004	
4810-9565	Servicelink	DLTSS	BEAS	1005	85
4810-8918	NH Foster Grandparents	DLTSS	BEAS	1005	
4810-8915	Congregate Housing	DLTSS	BEAS	1006	



Activity-Accounting Unit	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
4810-8943	Alzheimer's & Related Disorders	DLTSS	BEAS	1007	
4820-2152	Waiver/NF Pmts-County Participation	DLTSS	BEAS	1008	87
4820-2154	Nursing Services	DLTSS	BEAS	1009	89
4820-2157	MQIP Payments	DLTSS	BEAS	1010	91
4820-2161	ProShare Payments	DLTSS	BEAS	1011	92
4820-2164	CFI Program Eligibility	DLTSS	BEAS	1011	93



Activity-Accounting Unit	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
4820-2165	Civil Monetary Penalties	DLTSS	BEAS	1012	



BEAS Staffing

Governor Recommended Positions SFY22/23	%	Bureau of Elderly and Adult Services Activity - Accounting Unit
61	74%	4805-9250 Adult Protective Services
14	17%	4810-7872 Adm on Aging (13) 1 position unfunded 4810-8925 Medicaid Svcs Grts-SHIP (1)
8	9%	4820-2164 CFI Waiver Program Eligibility





State of New Hampshire Department of Health and Human Services

Bureau of Developmental Services (BDS) Bureau for Family Centered Services (BFCS)

March 8, 2021



Contact Information

- Unique Identifier: 093
 - Deborah Scheetz, Division Director, Division of Long Term Supports and Services Current position at DLTSS 2 Years, DHHS 6 years total <u>Deborah.Scheetz@dhhs.nh.gov</u> / 603-271-9459
 - Jayne Jackson, DLTSS Finance Director Current position at DHHS finance 2.5 years, DHHS 2.5 years total <u>Jayne.Jackson@dhhs.nh.gov</u> / 603-271-5146
 - Jennifer Doig, DLTSS Business Administrator Current position at DLTSS business 4 years, DHHS 16 years total <u>Jennifer.Doig@dhhs.nh.gov</u> / 603-271-7224
 - Sandy Hunt, Bureau Chief, Bureau of Developmental Services Current position at BDS 3.5 Years, DHHS 6 years total <u>Sandy.Hunt@dhhs.nh.gov</u> / 603-271-5026
 - Deirdre Dunn Tierney, Bureau Chief, Bureau for Family Centered Services Current position at BFCS 1 year, DHHS 12 years total <u>Deirdre.Dunn@dhhs.nh.gov</u> / 603-271-8181

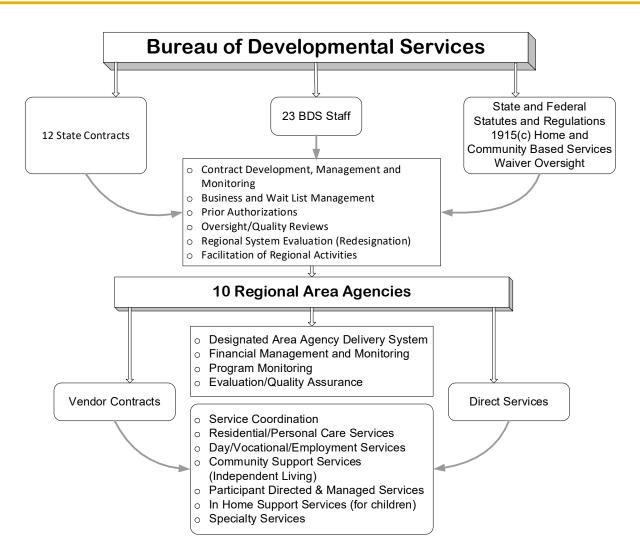


Overview – Bureau of Developmental Services (BDS)

- Serves as the state's designated agency to ensure the delivery of Community Based services for adult and children with Developmental Disabilities and Acquired Brain Disorder through three 1915(c) Home and Community Based Service (HCBS) Waivers.
- Ensures the rights, safety, interdependence and dignity of adults with Developmental Disabilities and Acquired Brain Disorder and prevent their abuse, neglect and exploitation.
- Builds a comprehensive, community based, service delivery system that maximizes natural supports and interdependence.
- Works with the Bureau of Family Centered Services to administer Early Supports and Services programs for children 0-3 and engages with schools to conduct transition planning for those exiting the school system in to adult developmental services.
- Oversees Wait List management to ensure the people get the services they need and providers get paid.



Bureau of Developmental Services





BDS Delivery System

Area Agency	Providers	Delivery System				
 A regional system of 10 nonprofit 501 (c) (3) organizations called Area Agencies (AAs). 	 AAs provide services directly and/or through a subcontract service provision. 	 BDS has a public/private partnership with local, nonprofit agencies. 				
Area Agencies are designated by	 Area Agencies contract with provide provider organizations to 	 Services are community based. 				
the State of New Hampshire in accordance with RSA 171-A and He-M 505.	deliver Home and Community Based Care Waiver services.	 New Hampshire is currently under a Corrective Action Plan (CAP) relative to the 3 Waivers with the 				
Area Agencies are responsible to serve as lead agencies to plan,	 Currently the ten area agencies work with approximately 70 private providers across the 	Center for Medicare and Medicaid Services (CMS).				
provide, and oversee services in their community.	service delivery system.	 The focus areas of the CAP are Conflict of Interest (COI) regarding the provision of case management 				
• Exercise local control; governed by a local Board of Directors.		and direct service delivery and compliance with Direct Pay rules, which allow qualified Medicaid				
One-third of board membership must be recipients of BDS services.		providers to bill directly to the State. The date for full compliance is July 1, 2023.				



BDS Programs and Populations Served

New Hampshire provides the majority of services with three Home and Community Based Services (HCBS) 1915 (c) waivers through the Center for Medicaid and Medicare Services (CMS).

Developmental Disa	bilities (DD)
Services Include:	 Typically require life long supports and services, can range from support during the day and/or at work up to 24/7 residential.
Eligibility:	 He-M 503 defines eligibility – e.g., developmental disability, intellectual disability, autism, cerebral palsy.
Acquired Brain Diso	rder (ABD)
Services Include:	 Typically require extensive life long supports and services, can range from support during the day and/or for work up to 24/7 residential.
Eligibility:	 He-M 522 defines eligibility – e.g. traumatic brain injury, Huntington's disease. Require skilled nursing level of care or specialized residential services.
In Home Support Se	rvices (IHS)
Services Include:	 Personal care services for children living at home with their families.
Eligibility:	• Children up through the age 21, eligibility defined in He-M 524.
Forensic Services	
Services Include:	• 24/7 services in a secure setting, with an ultimate goal to a less-restrictive setting.
Eligibility:	 Eligibility defined in He-M 171-B. Individuals who have DD/ID, are charged with felonies, and found incompetent to stand trial; and/or Individuals who, through clinical risk assessment, are found to be at risk to self and/or the community.

171-A:1-a Full Funding of Services Budget; Limits of Waiting Lists

II. Beginning with the fiscal year ending June 30, 2010, and thereafter, the department of health and human services shall incorporate the cost of fully funding services to eligible persons, in accordance with the requirements of paragraph I, and as otherwise required under RSA 171-A, and the legislature shall appropriate sufficient funds to meet such costs and requirements.



Developmental Disability Wait List

Who is typically listed as waiting for services?

- Students exiting the school system (A's)
- People who have never accessed services previously, but are in need of them (B's); and
- Those who currently have services, but require additional services (C's):
 - People in this category are typically those who live with their families and due to family circumstances require a change in services; and
 - Those who do not live with their families, but have changes of their own and require additional services.



Waiver Participants Served from the Developmental Disability Wait List

Year to date for the current biennium, SFY 20/21, through 12/31/20

- 1,000 Individuals funded, as follows:
 - 455 A's and B's with the original budget appropriation
 - 494 C's with the original budget appropriation
 - 51 C's with BDS funds due to vacancy dollars
- There are 0 people waiting for services.



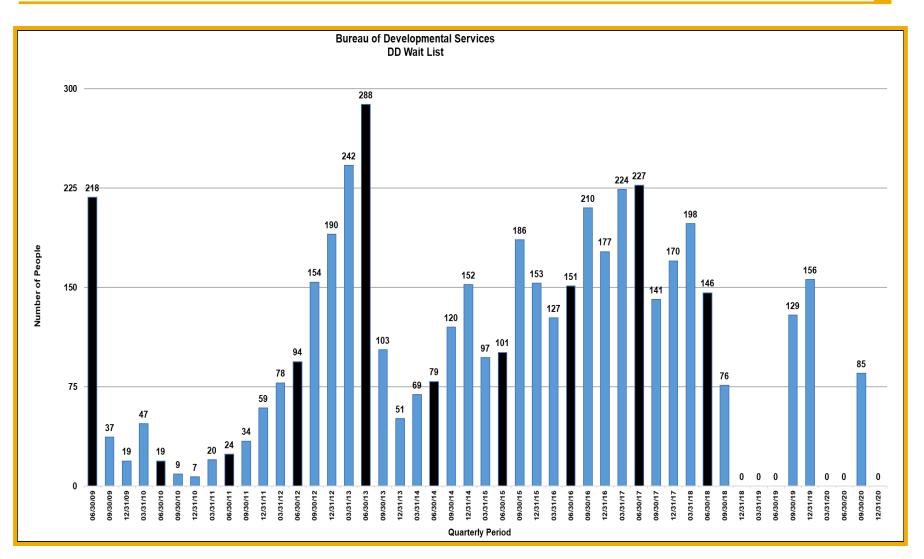
Waiver Participants Served from the Acquired Brain Disorder and In Home Support Waiver

Year to date for the current biennium, SFY 20/21, through 12/31/20

- Acquired Brain Disorder Waiver, 33 Individuals served
- In Home Support Waiver, 85 Individuals served
- There are 0 people waiting for services



Developmental Disability Wait List





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SFY 22:

Anticipate at a minimum that 226 DD individuals will need services

- Represents students known to BDS and the Area Agencies who will exit the school system during the fiscal year.
- Represents new individuals to the service system as well as individuals who have services and will require additional services.

SFY 23:

Anticipate at a minimum that 198 DD individuals will need services

- Represents students known to BDS and the Area Agencies who will exit the school system during the fiscal year.
- Represents new individuals to the service system as well as individuals who have services and will require additional services.



BDS Key Accomplishments

- Waiver Management Gained Federal approval of the In Home Support Waiver for Children with Developmental Disabilities January 1, 2021 through December 30, 2025. Working on the Developmental Disabilities Waiver renewal.
- COVID-19 Ongoing work with the public, provider network, and stakeholders to ensure flexibilities in service delivery to meet people's needs as NH managed to COVID-19. Submitted Appendix K for home and community based waiver flexibilities for Federal partner approval.
- Long Term Care Stabilization Program -- Established in partnership with Employment Security.
- Corrective Action Plan BDS received Federal approval of the Corrective Action Plan (CAP) for compliance with Conflict of Interest (COI) requirements and has extended the deadline from August 31, 2021 to July 1, 2023 to allow for continued collaboration with Area Agencies, providers and stakeholders.



BDS Key Accomplishments

- Settings Requirements NH's Statewide Transition Plan to ensure that 1915(c), Home and Community Base Care Services (HCBS) are provided in settings that are community based pursuant to Federal Rule 42 C.F.R. §441.301(c)(6)(iii) has initial approval. Deadline for compliance has been extended to March 2023. Compliance rate for homes is currently at 98%.
- **Transition Planning** Developed a training for educators and Area Agencies in collaboration with the Department of Education and Area Agencies to educate stakeholders on the transition from school system to adult developmental services.
- Wait List Management BDS has continued to start services for people that have been funded off the Wait List, but agencies have experienced slower starts due to the COVID-19.

• System Capacity - BDS facilitated the increase in system capacity with the closure of the Crotched Mountain residential program that impacted 26 individuals.



BDS – Key Challenges







Information Technology

- Direct Billing - Electronic Visit Verification - BDS IT Remediation

Intensive Treatment Services

- Need to build capacity to ensure an adequate provider network for Intensive Treatment Services as part of a continuum of care. Compliance and Operations

- Staff resources are needed to improve oversight and compliance. Corrective Action Plan

- The Corrective Action Plan (CAP) for compliance with Conflict of Interest (COI) requires significant systemwide changes to operations, oversight, and federal reporting.

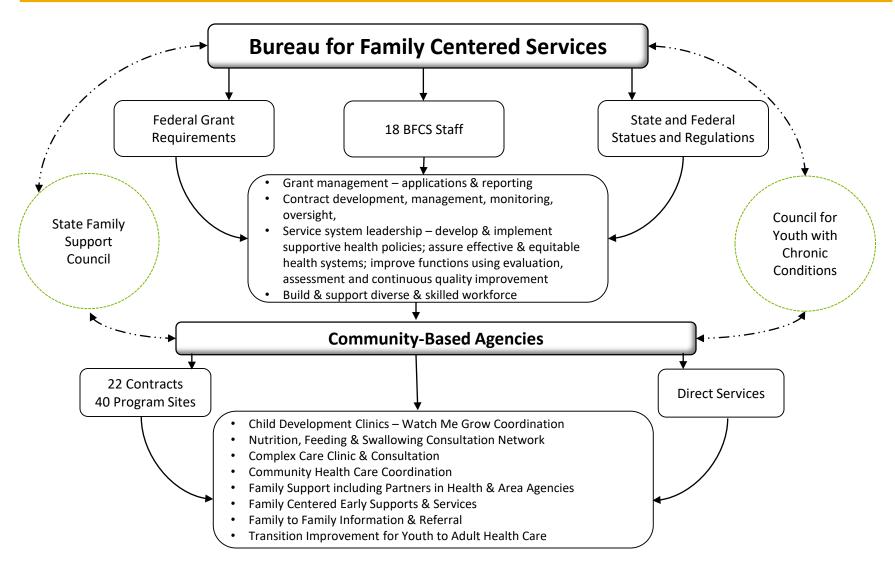


Overview – Bureau for Family Centered Services (BFCS)

- Serves as the State's Title V agency for children and youth with special healthcare needs (CYSHCN) through Special Medical Services (SMS), Family Support, and Early Supports and Services (ESS).
- Provides and coordinates services and activities that assist families in developing and maximizing their ability to care for CYSHCN.
- Builds and supports a community-based system of care that integrates public and private health services with education, social services, mental health, and family support programs to best meet the needs of children and families.
- Provides grant and contract management and oversight for 22 contracts and three federal grants.



Bureau for Family Centered Services



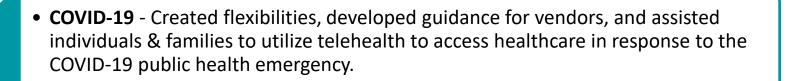


BFCS Programs and Populations Served

The Bureau for Family Centered Services (BFCS) administers programs and services for children from birth to 21 years who have, or are at risk for a chronic medical condition, disability or special health care need. BFCS also serves as the agent to administer Part C Early Intervention and Family Support for the Bureau of Developmental Services.

Special Medical Servic (birth to 21)	es (SMS) - System of Care for Children with Special Health Care Needs
Services Include:	 Community-based care coordination, specialty clinics and consultation. Medical Home Project, Developmental Screening, Lifespan Respite, and Youth Transition.
Eligibility and Funding:	 Family to Family Health Information and workforce development. He-M 520 Children's Special Medical Services. Funded with Title V - Maternal Child Health Block Grant and State General Funds.
Family Support	
Services include:	 Partners In Health (PIH) family support for children with chronic health conditions (ages 0 to 21 years) and their families. Provided through ten (10) competitively bid contracts with community-based agencies (4 of which are Area Agencies). Funded by Social Service Block Grant.
Eligibility and Funding:	 He-M 523 Family Support Services to Children and Young Adults with Chronic Health Conditions Family Support for individuals (all ages) who are eligible for Area Agency Services and their families. Funded by State General Funds.
Family Centered Ear	rly Supports and Services (FCESS) – Part C Early Intervention
Services Include:	• Early intervention program for children (ages 0 to 3) with or at risk for developmental delays.
Eligibility and Funding:	 He-M 510 Family-Centered Early Supports and Services Funded with Part C of IDEA Federal Funds and State General Funds.

BFCS Key Accomplishments



- Title V Grant Application & Compliance Recognized by national Title V Program reviewers for NH's commitment to providing leadership, support, and services to CSHCN and families. Completion of the 5-year Needs Assessment, in collaboration with Public Health, reinforced and established priorities for the next 5 year grant period that include opportunities to achieve health equity by addressing the Social Determinants of Health (SDOH).
- **Coordination with Managed Care Organizations** Assisted NH's MCOs with development of training modules for staff to improve services provided to youth (ages 14-21 years), their families, health care providers and community agencies for transitioning youth with special health care needs to adult health services.



BFCS – Key Challenges



Technology

 BFCS uses outdated and, in some cases, unsupported data systems to manage case records and for program implementation.



Workforce

 Nursing, respite, and pediatric specialty provider shortages continue to be a significant challenge for families.



Staffing

 Hiring freeze left the Bureau operating with a 41% staff vacancy rate and challenged to keep up with operations.



	SFY12	SFY13	SFY14	SFY15	SFY16	SFY17	SFY18	SFY19	SFY20
BFCS	2,735	3,625	3,783	4,310	4,099	3,723	3,203	3,206	3,244
FCESS	4,423	4,323	4,577	4,624	4,864	4,743	5,117	5,038	4,595
BDS	7,090	7,257	7,165	7,075	7,176	7,286	7,318	7,426	7,699
BDS + FCESS	11,513	11,580	11,742	11,699	12,040	12,029	12,435	12,464	12,294
Total Programs	14,248	15,205	15,525	16,009	16,139	15,752	15,638	15,670	15,538

*Year to Date June (end of State Fiscal Year) numbers reported on the DHHS dashboard. Each July, of the State Fiscal Year, the unduplicated count begins over again.



BDS/BFCS Workload Benchmarks

CMS 372 Reporting

Process 372 reports by comparing approved waiver services and costs to realized services and costs. 372 Reports for CMS completed infull and ontime on a yearly basis, expectation is 100% processing. **Prior Authorization Processing**

Prior authorizations for emergent services are processed timely 100%. Some authorizations (i.e. SIS/HRST) completed after 45 day requirement due to workload.

Approve 100% of prior authorizations within 45 days of receipt and services beginning.

Area Agency Redesignation

Bureau ensures integrity of area agency organized healthcare delivery system by timely, per statute, area agency review of Governance Financial management

Contractual and regulatory requirements; and

Client/family satisfaction

Two area agencies each year undergo file review, governance oversight, and contract compliance review 100% per RSA 171-A:18 and He-M 505.08(a).

BDS/BFCS 5% Incremental / Decremented Budget Outcome

Build Intensive Treatment Services capacity in-state to drive down cost per client and enhance positive outcomes for community inclusion. Funding would be used to assist with a start-up residential housing and staffing education and specialty hiring.

Would hire 2 staff for Intensive Treatment Services development oversight and Medicaid quality oversight to ensure federal match is protected.

Would hire 1 staff for Corrective Action Plan implementation and oversight.

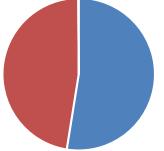
A reduction would necessitate continued out of state placements.

Unable to serve people off the Developmental Disability Wait List, causing family hardship and individuals costing more when they finally enter service.



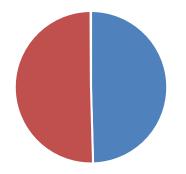
Budget Chart Comparison – BDS and BFCS

2018 / 2019



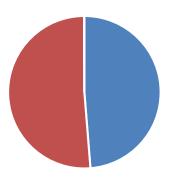
- Federal Funds \$351,867,660
- General Funds \$317,363,648
- Other Funds \$684,070





- Federal Funds \$364,558,915
- General Funds \$370,508,710
- Other Funds \$414,932

2022 / 2023



- Federal Funds \$382,546,376
- General Funds \$402,034,053
- Other Funds \$470,000



BDS and BCFSS Accounting Units

Activity-Accounting Unit	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
9300-7100	Developmental Services	DLTSS	BDS	1132	209
9300-5947	Program Support	DLTSS	BDS	1132	211
9300-7016	Acquired Brain Disorder Services	DLTSS	BDS	1134	213
9300-7110	Children IHS Waiver	DLTSS	BDS	1134	215
9300-7014	Early Intervention	DLTSS	BFCS	1135	217
9300-7164	NH Designated Rec Facility	DLTSS	BDS	1136	
9300-7013	Family Support Services	DLTSS	BFCS	1137	219



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BDS and BCFSS Accounting Units

Activity-Accounting Unit	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
9300-7852	Infant – Toddler Program PT- C	DLTSS	BFCS	1137	221
9300-7167	Medicaid Compliance	DLTSS	BDS	1138	
9300-7858	Social Services Block Grant DD	DLTSS	BFCS	1139	
9300-5191	Special Medical Services	DLTSS	BFCS	1141	223
9300-8134	Worker's Compensation	DLTSS	BDS	1142	
9300-8582	Unemployment Compensation	DLTSS	BDS	1143	



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BDS and BFCS Staffing

Governor Recommended Positions SFY22/23	%	9300 – Bureau of Developmental Services Accounting Unit
18	32%	5947 – Program Support (1 Unfunded)
17	30%	7164 – NH Designated Rec Facility (All unfunded)
2	3.5%	7852 – Infant – Toddler Program Pt C
6	11%	7167 – Medicaid Compliance
2	3.5%	7858 – Social Services Block Grant DD
11	20%	5191 – Special Medical Services

