

Family Forum on the BDS System Redesign

Welcome!

Acronyms translated:

CMS –Center for Medicaid Service – the federal agency that makes all the Medicaid rules NH has to follow

BDS - Bureau of Developmental Services - the Bureau within NH's Dept of Health & Human Services (DHHS) that oversees the Developmental Disability waiver and the In-Home Support waiver

DD – Developmental Disability – people with developmental disabilities are entitled to Medicaid's Developmental Disability waiver funding to have community-based lives

AA – Area Agencies – the ten designated agencies that provide services and support for people on the DD waiver

Service providers – the broad term for the Area Agencies *and* smaller, private providers of supports and services.

BACKGROUND

- Individuals and families have been behind all major changes within *our* system →
 - Garetty vs. Gallen;
 - Family Support Legislation that created the Quality Council (QC);
 - Fighting off the threat of out-of-state Managed Care Organizations from taking over our system
 - Developmental Disability Budget Allocations during NH's legislative budget years
- The Area Agency System we have is governed by Board of Directors whose membership MUST be comprised of at least 1/3 individuals served or family members under the Rules (H-em 505)
- We, who are served & supported by the DD system, who live these lives, are the *experts*, we know what works & what does not work
- We are in the best position to drive the decision-making around the needed changes & their implementation
- We have our greatest successes when we acknowledge and exercise our collective power

Why Are We Here ?

- We are here to commit to exercising our individual and collective power
- POWER is very simply → The Ability to Act
- We **MUST** believe in and exercise our power. If not, those who may not share or understand our values will fill the void
- Our individual voices matter, but our power is magnified when we pool our efforts
- When presented with weak or bad ideas, it is our responsibility to bring light to those who do not share our experience, who have no institutional memory, or don't realize how far we have come from Laconia
- Our Area Agencies are **NOT** perfect – but **we know best** what needs to be improved, what is missing, what is inconsistent, etc. for them to be the most responsive to the needs of the DD community

How Do We Do This ?

- **LEARN** as much about the proposed BDS Systems Change work as you can
- **UNDERSTAND** how the proposed changes *may* affect you or your family's day to day lives
- **ASK** questions. Ask lots and lots of questions and specific questions
- **DECIDE** if any answers you get are adequate, consistent, are results you can live with or not
- **TAKE ACTION:** Articulate your concerns; **connect** with others facing the same concerns; get on ABLE NH's email list to stay informed; join ABLE NH's "BDS Redesign Committee" to work together toward the changes you want to see
- **BELIEVE** you are powerful; that your voice and ideas matter; that you are the expert in this field

Alvarez and Marsal: How We Got Here

2019

- HB 4 convened & developed a report on the needs of the System
- Committee recommends DHHS hire an outside consultant to work on the issues outlined in the report

2020

- Covid-19 concerns about the Budget
- DHHS contracted A&M to imbed themselves in DHHS in order to learn more

2021

- Budget proposed with A&M funding as requested by DHHS-all funding removed at NH House & Senate budget committee level
- DHHS bypasses the legislature, funds to pay A&M approved by the NH Executive Council (\$13,820,000/ \$550,000 per month).

BDS Redesign Committees

- **Steering committee** – This group is engaged in looking at the overall project & the multiple pieces that feed in to it, *assisting in steering*, the overall work to redesign the waiver structure, rates and information technology systems. This committee is now referred to as the *“Advisory Committee”*
- **Rate committee** – This group, comprised of members of the steering committee, as well as other interested parties, focuses efforts on reviewing & building a revised reimbursement rate methodology.
- **Waiver committee** – This group works primarily to identify services to be included in the new waiver structure, help in developing service definitions, and support BDS in developing operational standards for the waivers.
- **Communications Committee** – Meets as necessary and is not open to the public. The primary work of this committee is to review any correspondence about A&M that is considered public facing.

Public Information Sessions

Meets the first Thursday, every other month

[Zoom Link](#) | Webinar ID: 926 0530 1181 | Passcode: 646791

UPCOMING MEETINGS

- July 7, 2022, 6:00pm
- September 1, 2022, 6:00pm
- November 3, 2022, 6:00pm





To pay for services for people with developmental disabilities (DD), the State of New Hampshire(NH) operates the “DD Waiver.” The DD Waiver includes services with broad definitions. While this offers a lot of service flexibility, the broad definitions do not work for everyone. To offer more services to families and help improve equal access to services for all families, the Department of Health and Human Services (DHHS) and the Bureau of Developmental Services (BDS) will revise this waiver with updated (and new) service definitions. After the DD Waiver enhancements are complete, the Department will develop a new **Individual and Family Support Waiver** to further expand services and promote equal access.



What Does Having an enhanced DD Waiver Mean for People?

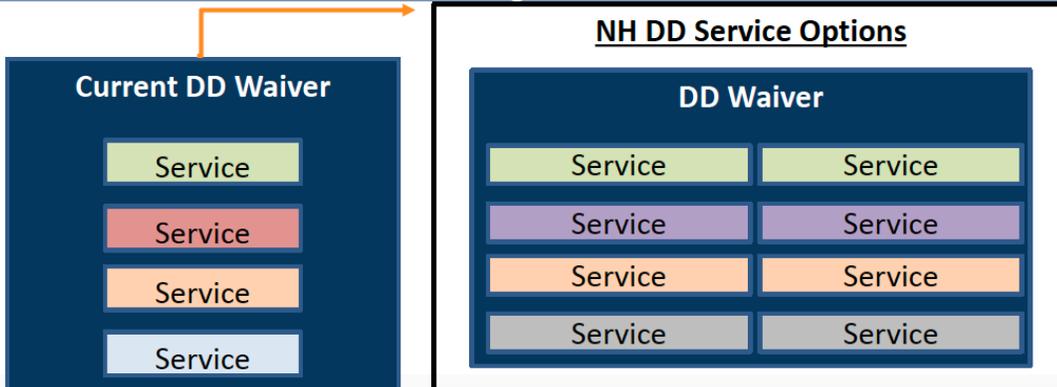
Our current waiver will be updated to include additional services and revised service definitions for existing services. State rules and guidance will also be updated, so that individuals, families, and providers have the information they need to plan.

Clearer, more distinct service definitions will promote equal access to services across the state. These new service definitions will support the development of rates that better align service delivery with service cost. Additionally, some new services will be added to the waiver that will improve the options available to individuals and families.

As a part of the service definition development process, the Department is working with stakeholders to refine how service planning, new service definitions, and an individual’s SIS assessment will work together to support individuals.

As of May 2022, the Department is prioritizing enhancements to the existing DD waiver. Development of a new IFS waiver will occur after the DD waiver has been improved.

NH is building a new menu...



Last Updated: May 2022



What Led Us Here

- Stakeholders have identified that services may not be delivered with consistency.
- Updating the waiver provides an opportunity to create some new services and to better define current services to promote equal access.

Intended Individual and Family Impact



- The system will provide equal access to services.
- The waiver will have clear service definitions.
- Services will change. Some existing services will have new definitions and new services will be added.

Where Can I Learn More and Provide Feedback?

<https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/bds-systems-work>



Some Questions Regarding New Waivers

- CMS is requiring NH to adopt: conflict-free case management, direct billing, & rate methodology changes, this in addition to IT modernization, is enough change for families at one time. Right? Can't we see how this impacts us?
- The SIS tool is going to be used to determine DD budgets, SIS focuses on deficits. RSA 171a includes a vision for robust, community-based lives including "habilitation" as a service guarantee. How much weight will the SIS have? What about dreams, hopes, aspirations? What about Person-Centered Plans (PCP) which are philosophically different from an Individual Service Agreements. Currently, providers earn an "F" on providing PCPs to individuals. The law requires PCPs, but no provider is held to account on this. The move toward an SIS seems like another step away from Person-Centered Planning.

Some Questions Regarding New Waivers

- Currently, the service providers are not accountable for any goals around improving quality-of-life outcomes for the individuals they provide services to. For example, “Employment First” is federal policy but NH’s rates of DD employment are flat for over a decade. The proposed BDS Redesign waiver changes do nothing to put “accountability teeth” in outcomes measuring quality of services or life outcomes. Why not?
- Currently, there is a lack of **equity** to access the **existing** service categories. Depending on where one lives in NH; and/or how well-trained provider staff are; and/or how hard a family advocates plays a large role in supports and service options an individual receives. Providers and BDS are both responsible for this terrible inconsistency. How will ALL service providers be held to account to: train staff on the service categories; as well as publicize a **universal** supports & services list for all individuals & NH families to easily access? Having more waiver services doesn’t matter if families aren’t informed by either BDS or the providers of what they are. Who is responsible for informing families? How will there be accountability?

The Bureau of Developmental Services (BDS) is the State Agency that manages statewide developmental disability (DD) services. The DD system requires complex IT systems that support billing, help track which individuals receive what services, and help BDS meet federal standards more efficiently.

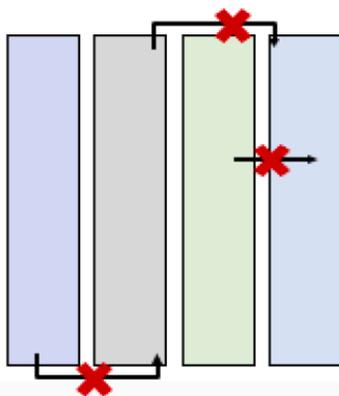
BDS is going to develop modernized IT Systems that can keep up with the new things that BDS is doing.

- The IT systems that BDS uses are old and insufficient.
- BDS has not had enough funding to update them for many years.
- Additionally, the outdated IT systems can't effectively communicate with one another, making it challenging to monitor the service system in real time.

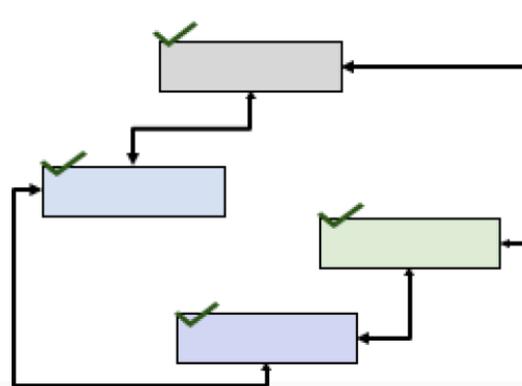
What is the Difference?

The modernized IT system will support the BDS Systems Waiver and Rate changes. Inefficiencies that reduce the system's ability to meet people's needs will be improved.

Separate, Aged Systems



Connected, Modern Systems



What Led Us Here

- Systems in place since 1998 have not been modernized.
- Outdated technology presents a challenge for families working with BDS, area agencies, and other providers.

Intended Individual and Family Impact



➤ **Faster, smoother service approval for families is likely when these new systems reduce human error.**

➤ **Better data coordination will make it easier for the everyone to understand the “big picture” of a person’s situation and improve quality of care.**

➤ **Increased transparency will make it easier for families to work with BDS, Area Agencies, and other service providers.**

Where Can I Learn More and Provide Feedback?

<https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/bds-systems-work>

Some Questions Regarding IT

- Families frequently experience extremely frustrating situations with area agencies and private providers then feel more frustrated by BDS's inability to hold providers to account in any meaningful way. How will increased transparency yield to more effectively resolving families' challenges with providers when BDS doesn't have enough staff to ensure "transparency," how will it be applied and translate into on-the-ground improvements?

The Bureau of Developmental Services (BDS) is the State Agency that manages Medicaid rates for developmental disability (DD) services. These rates work behind the scenes in every individual budget. They set the funding amount that providers receive for providing care to people with developmental disabilities.

Unfortunately, these rates (which are a part of NH’s Medicaid waiver) have not been updated in many years. Stakeholders have raised concerns that the rates may not cover the cost of services or meet the needs of those supported.

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

How Does this Help People with Developmental Disabilities?

The new rates will be up-to-date and better able to support quality services in New Hampshire at current costs. Plus, using an assessment will create rates that are aligned with the level of support someone needs – promoting consistency across the system for all people accessing services.

Assessment Tool (SIS)



Provides data about what people need



Cost Evaluation



Provides data about provider costs



New Rates			



Individual Budgets



Last Updated: February 2022



What Led Us Here

- Rates used now have their basis in old data. Costs are rapidly increasing, and our rates should reflect up-to-date information.
- Analysis has shown that there is an opportunity to better align funding with support needs.
- Sometimes, in the current rate system, the individual rates for specific services may not fully cover the cost of the service.

Intended Individual and Family Impact



- **Better rates will support more accessible, quality services.**
- **Families will be able to view and understand the rates that are used.**
- **DSP wages and benefits will be a primary area of study for the new rates.**
- **Individual budgets will be developed using these rates.**

Where Can I Learn More and Provide Feedback?

<https://www.dhhs.nh.gov/programs-services/disability-care/developmental-services/bds-systems-work>



Some Questions Regarding Rates

- Changes in Medicaid reimbursement rates, may lead to increased wages for DSPs. At present, it appears that rate increases this will lead to fewer hours of paid DSP support for individuals. Is this true? Is BDS preparing the NH Legislature for increased DD system costs so that individual budgets can be increased to prevent loss of DSP staff hours?
- Will PDMS (Participant Directed and Managed Services) receive the same rate increases as providers ? - As managers of our own services, PDMS families are de-facto providers
- Will PDMS budgets be fortified enough to compete with wages and benefits offered by provider agencies ?
- If not, how will PDMS programs be protected from their DSP staff persons being lured away by larger provider agencies who can pay more and perhaps offer benefits?

Some Questions Regarding Rates

- How will BDS or DHHS ensure that any rate increases offered to provider agencies will be passed down proportionately to the DSPs they employ ?
- Given that the consultant Myers & Stouffer has indicated it will be challenging to form a rate methodology in NH due to the extensive service options our Waiver already offers, and due to our highly individualized approach, how will BDS and DHHS know what will be proposed will work ? What is the test ?

YOUR Questions

➤ ???

➤ ???

➤ ???

Next Steps

- **BELIEVE** you are a powerful expert; your voice and ideas matter;
- **REFLECT** on what you've heard tonight
- **UNDERSTAND** how the proposed changes *may* affect you or your family's day to day lives
- **ASK** questions of BDS. Add your questions to ABLE NH's list of master questions
- **DECIDE** if the answers you get are adequate, consistent, are results you can live with or not
- **TAKE ACTION:** Articulate your concerns; **connect** with others facing the same concerns; get on ABLE NH's email list to stay informed; join ABLE NH's BDS Redesign Committee to work together toward the changes **we** want to see. Wednesday's, 9:00am, lisab@ablenh.org for the Zoom link.