New Hampshire
NHDDQC
Developmental Services Quality Council

June 18, 2025

NH Dept of Health and Human Services
Via Email: IHSWaiver@dhhs.nh.gov
Bureau of Developmental Services
Attn: Lindsey Magee**,** HCBS Waiver Administrator
105 Pleasant Street, Main Building
Concord, NH 03301-3857

Re: In Home Supports Waiver Renewal

Dear Ms. Magee,

This letter and recommendations were reviewed and approved by the full Council on June 18, 2025.

As you know, the NH Developmental Services Quality Council was created by the NH legislature "to provide leadership for consistent, systemic review and improvement of the quality of the developmental disability and acquired brain disorder services provided within New Hampshire's developmental services system" (RSA 171:A:33). The Quality Council is a group of people with disabilities, family members, advocates and professionals who come together with a variety of perspectives and experiences to improve the developmental disabilities and traumatic brain injury service delivery system in New Hampshire.

Thank you for the opportunity to submit comments on the proposed In Home Supports (IHS) waiver. We believe that the IHS waiver provides critical supports for families of people with developmental disabilities across New Hampshire and we support opportunities for improvement.

However, we cannot comment on this draft without pointing out the number of families who are struggling to find the direct support workers to support their families. This crisis continues to grow, and we encourage the state to look at creative ways to increase and retain the state's direct support workforce.

1. Waiver Cap

As the Council commented in 2020, we believe the maximum budget available under the waiver($37,450) is too low to meet the needs of some families. According to waiver documents, the average cost to serve one child in an ICF/DD

(Cedarcrest) is approximately $325,784.40, significantly more than the maximum budget available to a child on the IHS waiver.

There's still no explanation in the waiver or to the Council about how the current cap was developed. In the waiver document, the state indicates that children at Cedarcrest are much "higher need" then children on the IHS waiver. The Council believes that families of children with higher needs like those at Cedarcrest are struggling to keep their children at home with the current cap on waiver services.

If the cap cannot be increased, the Quality Council recommends the Bureau consider an exception to the budget cap to allow additional funding in certain circumstances when children have clearly identified needs that cost more than can be met under the cap and any other flexibility related to the cap.

The Council supports the increase of the cap for higher needs related to environmental modifications and vehicle modifications services. Forcing families to choose between ongoing supports and modifications is not acceptable. However, this will not meet the needs of many children with significant ongoing needs.

The failure to increase the cap in this renewal also fails to consider increased costs and inflation since the last waiver increase.

2. Incorporation of "person centered service planning"

While the Council appreciates that BDS is now referencing person centered service planning, the Council remains concerned that there is little understanding of the differences between "person centered service planning" and the broader expectation of "person centered planning". The Council appreciates BDS's recent investment in training on person centered service planning and person centered planning but hopes that it continues as there is still much room for improvement.

3. Allowance of traditional service delivery model

The Council supports the addition of this flexibility in service delivery for the following services: Service Coordination, Assistive Technology, Community Integration Services, Consultations, Environmental and Vehicle Modification Services, Individual Goods and Services, Non-Medical Transportation, Personal Emergency Response Services (PERS), Respite, and Wellness Coaching. Not all families can or want to use the participant directed and managed service delivery model. This change will allow families to choose the service delivery model that is best for them.

The Council encourages BDS to monitor the IHS waiver after implementation to determine whether additional services should be included.

4. Exceptions to waiver services caps

The Council strongly supports the ability of BDS to approve exceptions to waiver service caps for the following services when appropriate: Community Integration Services, Consultations, Individual Goods and Services, and Respite. The needs of each family is unique and BDS must have the ability to consider special circumstances in some cases which would require more of a service than the waiver traditionally allows.

5. Wait list allocation

The Council appreciates that BDS is outlining a process to prioritize individuals if the legislature fails to allocate sufficient funding to service all eligible individuals.

The process: "In the event of a waitlist based on budget appropriations by the state legislature, entry to the waiver will be prioritized based on the imminent need for services that is determined through an assessment process. This assessment process should yield information as outlined in He-M 524 to indicate individual and/or family need." seems reasonable.

The Council believes that it is important that the assessment identifies and considers the lack of family resources and other characteristics to put the child at risk in the process. These children may have more need for services.

While the Council appreciates this addition, we believe that there should not be a waiting list. The IHS waiver must be fully funded to meet the needs of all children and young adults with disabilities.

6. Reductions in documentation required

The Council supports reduced documentation for some families who will now be required to submit documentation quarterly instead of monthly. This will decrease the administrative burden on families. To the greatest extent possible, BDS and service providers should reduce duplicative data requirements, i.e. data entered in one place should not have to be entered again and again. For example, it is frustrating that families are asked to complete their address and phone number on every form.

7. Required in-home visits

The Council generally supports the number of required home visits as visits can be intrusive and disruptive to some families. However, the Council hopes that BDS will make it clear to case managers/support coordinators that they are expected and supported to visit more often when families are new to the IHS waiver, when family circumstances change or when families need more oversight or support.

8. Fencing Cap

The Council supports the increased cap on fencing to $5000. The cost of fencing materials and installation has dramatically increased over the last 5 years.

9. Remote service delivery

The Council supports flexibility in the waiver and appreciates that the proposed waiver allows for remote delivery of services. However, the Council is concerned that families will only be offered the remote option when it is actually more convenient for the service provider. BDS must continue to monitor the use of remote services to ensure this service delivery method is what families and people with disabilities want.

10. Non-medical transportation

The Council supports the waiver changes to allow Uber, Lyft and other on demand transportation to be utilized. Sometimes this is the most cost-effective or only option for people with disabilities and families. The Council believes that it is important to allow direct pay by the recipient and other practices to increase flexibility in the use of this service if this is feasible for people with disabilities and families.

We encourage the Bureau to make every effort to expand the non-medical transportation provider network by pre-qualifying national and regional carriers to the greatest extent possible.

11. Temporary provision of services in hospitals

The Council appreciates that the draft waiver allows for temporary provision of services in acute care hospitals, based on an individual's needs. Waiver services are not duplicative of services offered by acute care hospitals and many children with disabilities will continue to need IHS waiver support while they are hospitalized.

12. Underutilization

The Council appreciates that "Language removed regarding underutilization, reallocation of funds to alternate individuals, and decreasing individual's overall budget." The Council hopes that this reflects a new understanding of the development of budgets to meet the needs of the individual and not of the system as a whole.

13. Restraints

The Council believes that injuries due to pharmacological restraints and to seclusion should be included in the sentinel event reporting category below.

Injuries due to physical or mechanical restraints.

14. "Community" services

It is very confusing that there are services with similar names which all include "community". The Council recommends exploring other names for these services.

15. Wellness services

The Council believes that there is still much confusion regarding the activities previously allowed under CIS which may now be allowed under wellness coaching (camperships, yoga, therapeutic horseback riding). More training and education for service coordinators, families and providers is needed.

The Council supports the change to allow licensed healthcare practitioners to authorize the services instead of more narrow language used previously. We hope that BDS will clarify who qualifies as "licensed healthcare practitioners" and allow this to be applied as broadly as possible.

16. PDMS committee

In its last comments, the Quality Council made recommendations regarding the work of the PDMS committee.

The committee should also be tasked with the development of clear, family friendly documents outlining expectations of area agencies, service coordinators, and BDS. The committee should also address training needs and requirements including how family voices in can be incorporated in trainings for case managers and area agencies.

The Council is hopeful that the soon to be released PDMS handbook will reflect these recommendations and also uses plain language.

Finally, the Council wants to note that, according to Page 17 of the draft waiver, the area agencies are "Advised by Regional Family Support Councils". Based on recent conversations about the role and responsibilities of the state and regional family support councils, the Council is concerned that this is not always accurate. If the Bureau expects that area agencies should empower their regional family support councils to advise them on the needs of families with disabilities outside of state family support funding, this should be clearly explained to the regional family support councils and to the area agencies. Perhaps this should be assessed in the yearly area agency audit? At a minimum, the role of regional and state family support councils should be explored in more detail.

Thank you for the opportunity to provide these comments and for many of the changes which are in line with previous Quality Council recommendations.

Sincerely,

New Hampshire
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