



NHDSQC Meeting Minutes for November 17, 2025

Hybrid Meeting and In-Person.

Agenda:

Welcome and introduction (Emily Manire, Chair)

Chair Update & Announcements (Emily Manire, Chair)

- Strategic Planning

Approve October Meeting Minutes (Vote)

Bureau of Developmental Services Update (Jessica Gorton)

NH CDD 5-year Plan 2026-2030 (Isadora Rodriguez-Legendre)

Rules & Regulations (Stephanie Patrick)

Committee Updates:

- Self-Advocacy Groups (Kelly Ehrhart, Louis Esposito)

Other Business and Announcements:

- Annual Report
- Survey
- Let Shanon know if you would like to receive a stipend

Planning the December 17th Meeting

Public Comment



Quality Council Members and Attendance:

Jessica Gorton	Bureau of Developmental Services	Present In-Person
Abigail Conger (Alternate)	Bureau of Developmental Services	Present Virtual
Tammy Mills *	People First of New Hampshire	Present In-Person
Roseann Tardiff * (Alternate)	People First of New Hampshire	Present Virtual
Krysten Evans (Alternate)	ABLE NH	Not Present
Louis Esposito *	ABLE NH	Not Present
Gina Cannon*	NH Council on Autism Spectrum Disorders	Present Virtual
Tammy Drew	Brain Injury Association, BIA	Present Virtual
Adam Schrier (Alternate)	Brain Injury Association, BIA	Not Present
Isadora Rodriguez-Legendre Chair of Membership Committee	NH Council on Developmental Disabilities (NHCDD)	Present In-Person
Jim Piet *	NH Council on Developmental Disabilities (NHCDD)	Present In-Person
Lisa Steadman * QC Vice Chair	State Family Support Council	Present In-Person
Karen Hatch * Chair of Recreation Committee	State Family Support Council	Not Present
Karen Blake*	State Family Support Council	Present Virtual
Donna Corriveau	Direct Support Provider	Present Virtual
Ann Sanok *	Area Agency Board, One Sky	Not Present
VACANT	Area Agency Board	Position VACANT
VACANT	Area Agency Board	Position VACANT
Marissa Berg Housing Committee Chair	Community Support Network Inc. (CSNI)	Present In-Person
Emily Manire QC Chair & Data Committee Chair	Private Provider Network	Present In-Person
Kenda Howell (Alternate)	Private Provider Network	Not Present
Mary St. Jacques	UNH Institute on Disability, IOD	Present In-Person
Jen Sulewski (Alternate)	UNH Institute on Disability, IOD	Not Present
Stephanie Patrick	Disability Rights Center (DRC)	Present In-Person
Kelly Ehrhart *	At Large Member Self-Advocate	Present Virtual
Jennifer Bertrand*	At-Large Member Self - Advocate	Present Virtual

A Quorum was reached.

(*) Delineates family member of/or individual with a disability which counts toward an in-person quorum.



Guests or Members of the Public:

Guests; Michele Peterson, Carrie Durran, Alyssa Antman, Sylvia Pelletier, Jennifer Baker, Ann Potoczak, Melissa Whaley, Michael Ames, Jo-Ann Sheehan, Mary Anne Wisell & Sylvia Dow

Welcome and introduction

All Council members and guests introduced themselves.

Chair Update & Announcements - Emily Manire

Strategic Planning – *Last year survey was included with the documents.*

Quality Council is planning to begin strategic planning this winter. We've set a date in January, with a snow day scheduled for February. I followed up and met with the Institute on Disability to review the plan, and we're moving forward.

As a reminder, this will be a full-day retreat held on the same day we would normally have our January Quality Council meeting (1/21/26), snow date February (2/18/26). Instead of our usual two-hour meeting, the retreat will run from 9:00 to 3:00. Marissa has already booked our main meeting space as well as breakout rooms, at the CSNI office (11 S. Main Street Concord NH). In December, the Institute on Disability will return to give us an overview of what to expect for the retreat, and that will be part of our next agenda.

Approval of October Meeting Minutes

Isadora motioned to approve the minutes with corrections. Lisa second the motion.

Corrections –

- Typo, Beth Grasso name was spelled incorrectly.
- Gina listed as present in person, she was virtual. Also, on the matrix it does not have her starred as being someone with both the disability and someone who is supporting someone with a disability so that I can count towards a quorum.
 - ✓ Motion passed with all in favor: Jessica Gorton, Tammy Mills, Gina Cannon, Isadora Rodriguez-Legendre, Jim Piet, Lisa Steadman, Donna Corriveau, Marissa Berg, Emily Manire, Stephanie Patrick & Kelly Ehrhart
 - ✓ Abstain: Tammy Drew, Karen Blake, Mary St. Jacques,

Bureau of Developmental Services (BDS) - Jessica Gorton

Time was used to review Articles Published:

This is a challenging conversation, nothing shared is meant to minimize, excuse, or take away from what has been learned, or from what individuals and families have experienced. Any changes to practices or improvements that are pursued are part of a collective responsibility, both as members of the Quality Council and as members of the broader system. BDS's role is to take the information receive, identify gaps, consider how to close those gaps, and discuss potential recommendations.

Some of the things that have happened over the last several years to strengthen oversight and shift the structure of their system. Toward the end of 2021 and into early 2022, the Bureau



established a Sentinel Event Review Team. Some people may already be familiar with this, but for context: the Sentinel Event policy and process are overseen by the Division of Program Quality and Improvement.

BDS wanted to ensure that there was also a program-level review of the Sentinel Events. Since then, and continuing to this day, the team meets weekly to review every Sentinel Event that comes in. There is often a back-and-forth process in which the team requests follow-up information or clarification. Sometimes that information comes later in the process, especially as additional details emerge through complaints, investigations, or other reviews. Over the months, this ongoing work has helped strengthen our understanding of each event and improve the consistency of our oversight.

A Sentinel Event is defined as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes significant loss of functioning. The Bureau of Program Quality (BPQ) has established categories for reporting full Sentinel Events. These requirements extend beyond BDS, multiple agencies are required to follow Sentinel Event reporting standards.

BDS began conducting program-level reviews even though they are not formally required at the program level. They identified a clear need for this additional oversight, particularly to ensure thorough review, consistent questioning, and a fuller understanding of each event.

In April 2023, BDS introduced a crisis policy that brings all relevant team members to the table when someone is experiencing a crisis. This could include a Sentinel Event, but it might also involve issues such as the potential loss of permanent housing or other significant life challenges. The goal is to create a wraparound discussion focused on two things:

1. How do we support the person right now?
2. How do we help them move toward greater stability going forward?

In July 2023, BDS released a corrective action plan. While many people think primarily about conflict-free case management—an important component—another key aspect, which is discussed less often, is direct billing. Direct billing significantly changed the relationship between the state and provider agencies. All providers were required to be involved with the Medicaid program.

It significantly changed the direct relationship with provider agencies. As part of that shift, they created rule He-M 504, which established oversight requirements for any provider agency, as well as any individual provider working under an agency. This doesn't apply only to staff—it also includes others who meet the definition of providers, such as contractors or individuals who have direct contact with the people we serve, by shifting how payments and responsibilities are structured.



Within that rule, we significantly strengthened background check requirements. Previously, background checks were only required at the time of hire. Under the new rule, they must be renewed every two years, including checks of the Adult Abuse and Neglect Registry and criminal background checks. We also added—for the first time—a requirement to check the DCYF Registry.

In the off years, when a full background check is not due, providers must now keep on file an authorization from each staff member or applicable individual affirming that they have not had any findings or disqualifying events since the previous check. In the off years to conduct a full background check providers are required to submit an attestation.

At the same time, an increase to the number of required home visits for residential programs. These visits were previously conducted twice a year; the rule now requires four visits per year, further strengthening oversight and support.

Several changes were happening during this time, and around December 2023 BDS entered the ongoing monitoring phase of our settings compliance work. Initially, all programs were required to meet the CMS—Centers for Medicare and Medicaid Services—Home and Community-Based Services (HCBS) settings expectations.

There is now a dedicated team, supported significantly by IOD and by Joshua Gehling and Rachel Devita from the Bureau, that conducts frequent on-site monitoring visits. Their role is to ensure that each residence continues to meet the definition and criteria of a true community-based setting. This includes verifying that the environment is not institutional in nature and that the home is not operating in ways that resemble an institution.

These visits are typically announced, though not always tied to a set schedule. This is another element that has been incorporated into our oversight approach. These examples represent just a few of the increased oversight measures, responsibilities, and broader system changes that have taken place. They remain committed to protecting and upholding these expectations across our entire system.

With all of these efforts underway, it's important for the Council to be aware of the changes that have occurred over the last few years. Also, both the BDS and DLTS perspectives, they are always willing to collaborate, to listen, and to consider recommendations that help move the system forward.

Stephanie proposed forming a smaller working group to design a series of six public meetings to be held over a six-month period (e.g., January–June or February–July). Each meeting would focus on a specific component of the system. Suggested topics include:

- Law enforcement and prosecutors



- Support coordination and area agencies
- Adult Protective Services (APS)
- Licensing and certification
- Bureau of Developmental Services (BDS) and its investigation processes
- Additional system components to be defined

Comments

A member expressed strong support for developing a set of recommendations and producing a final report for submission to the Department. However, he also acknowledged a concern that, despite the significance of the work, there is a possibility the report could be received but not acted upon. He noted that, as an advisory body without formal authority, the Quality Council's recommendations may lack the influence needed to ensure implementation, and he emphasized the importance of finding ways to make sure the Council's work leads to meaningful change.

A member shared that the recent issues have generated strong emotions and raised more questions than answers for many individuals, including herself. She thanked Jessica for outlining recent developments related to oversight and accountability, but stated that significant questions about existing processes remain. She recommended forming an ad hoc committee to bring in subject-matter experts who can help clarify these processes and identify any gaps. She further emphasized that this committee should be established as soon as possible, rather than waiting until February, so that the Council can begin addressing these issues promptly.

Motion

Mary made a motion to form a committee under the Quality Council that will bring together subject-matter experts and gather public feedback from the community regarding the recent incidents. The committee will develop a report summarizing the feedback received and outlining recommendations to be submitted to the Bureau. Isadora second the motion.

- ✓ Motion passed with all in favor: Jessica Gorton, Tammy Mills, Gina Cannon, Tammy Drew, Isadora Rodriguez-Legendre, Jim Piet, Karen Blake, Lisa Steadman, Donna Corriveau, Marissa Berg, Emily Manire, Mary St. Jacques, Stephanie Patrick & Kelly Ehrhart

NH CDD 5-year Plan 2026-2030 Isadora Rodriguez-Legendre

DD Council operates on a federally required five-year state plan, which is developed using information collected about needs, barriers, and opportunities within New Hampshire's developmental services system. The Council has created a draft of the new five-year plan and has voted to release it for public comment. Although only a 45-day public comment period is required, the Council has chosen to allow 60 days, ending on December 1, 2025, coinciding with a scheduled presentation to the Family Support Council for feedback. The Council has already conducted several listening sessions, feedback sessions, and presentations to other groups.



PowerPoint presentation was included in the council materials. The slides include background information about the DD Council—who they are, how they are funded, and their federal responsibility to develop a five-year plan that addresses the needs of people with developmental disabilities. All Council activities must align with this plan, with the next plan covering **2026–2031**.

The DD Council has voted to adopt two broad overarching goals for the new plan. She noted that the pandemic demonstrated the value of broad goals, as they allow the Council to shift priorities and respond to unexpected needs. Each goal will include specific objectives: two objectives under Goal 1 and three objectives under Goal 2.

- **Goal 1 – Community Life:**

The Council will work alongside people with intellectual disabilities to promote community integration and to educate others on the benefits of person-centered, inclusive communities.

Objective 1: Support increased access to community-based programs, policies and practices that promote and enable the inclusion of all people in all aspects of community life including:

- Housing
- Transportation
- Education
- Internet and infrastructure
- Information access and assistive technology
- Expand access to Employment opportunities
- Other emerging needs

Community feedback has already emphasized the need to call out health care explicitly within this objective, including physical health, mental health, dental care, and overall wellness. The Council intends to add this explicitly in the revised draft

Objective 2: Support access and improvement to quality person-centered services in the home and community for all people with IDD, their families, and paid and unpaid caregivers.

- **Goal 2 - Advocacy**

Objective 1: Support self-advocacy groups and provide opportunities related to:

- Leadership development, including expanding leadership education
- Creating and supporting peer mentorship opportunities, and;
- Increasing access to civic leadership positions in their communities.

Objective 2: Contribute to capacity building activities with the DD Act network partners and other NH stakeholders.

Objective 3: Build relationships with legislators and other decision-makers to enhance policies that contribute to person-centered living for all NH residents with IDD, their families and those who support them.



Feedback should be giving by December 1, 2025.

Comments.

1. Supports, such as direct support needs, assistance in employment settings, or access to whole-health supports. They suggested that this may warrant adding an additional bullet or clarifying language to ensure that supportive services are clearly recognized as part of comprehensive health and wellness. (*See Goal 1; Objective 2*)
2. Social opportunities
3. Easy to read.

Rules & Regulations - Chair, Stephanie Patrick

Over the past few months, the Rules Committee has primarily focused on reviewing and providing comments on the DD waiver. This has felt like an ongoing, never-ending conversation within the Quality Council and its Rules Committee.

Currently, the Bureau plans to issue a draft of the new DD waiver, which is expected to go into effect next year, likely in late summer or fall. The draft could be released very soon. Once it is issued, there will be a formal process for submitting comments. The final stage of the Quality Council and Rules Committee's work will be reviewing and commenting on this formal draft. I anticipate this will take place during the January Quality Council meeting, giving us enough time to provide input. Lindsey has been very helpful in coordinating the timing to ensure the Council can review these formal comments.

To give context, there are three stages in this process:

1. Over a year ago, we provided comments on potential services during the pre-drafting stage of the waiver.
2. We have submitted additional comments during the drafting process.
3. The final step will be commenting on the formal draft once it is issued.

The Rules Committee has met several times to identify gaps and issues they want the Bureau to consider as they finalize the waiver. Lindsey has been involved in this process, so she is familiar with much of the discussion. It's important for the Quality Council to formally document the comments we are making. Afterward, we will be able to track whether the Bureau incorporated our feedback and, if not, understand why.

What you have in front of you is a summary of the issues identified for consideration. The regular members of the Rules Committee include Stephanie, Isadora, Lisa, Rob from the Private Provider Network, Lindsey from DHS, and Kelly. There are also occasional other members who participate.

Comments/Questions:

- How do we make sure that this message is getting to the right people?
 - BDS can make sure it gets to the Bureau of Family Assistance or with non-emergency medical transportation to office of Medicaid, just share the council's feelings.

- The group discussed recent efforts related to reviewing and redefining waiver services. The Bureau of Developmental Services has hosted multiple open forums to gather public feedback on service definitions. While the Rules Committee has held public meetings for certain initiatives (such as PMS and the In-Home Supports waiver), it did not hold public forums specifically for the DD waiver. Proposed new services were reviewed within the Quality Council, but those meetings were not open to the public. Members noted that many of the current recommendations appear to overlap with feedback gathered in past forums and committee work. This overlap was viewed positively, as it suggests that committee and council members are connecting with their networks and accurately reflecting the priorities and concerns of individuals and families. The Council previously conducted in-depth reviews of proposed waiver services created a few years ago, aligning that work with efforts to update rates and cost reports. In the last budget cycle, prioritized funding for updated rates was requested but not approved. As a result, the committee is now approaching the waiver from a slightly different perspective, focusing on what remains most important for the upcoming waiver-writing phase. Overall, the group agreed that significant progress has been made in the development of recommendations and that the direction moving forward is positive.

Motion

Lisa motion to endorse the draft letter written by the Rules & Regulations Committee. Mary second the motion.

- ✓ Motion passed with all in favor: Jessica Gorton, Tammy Mills, Gina Cannon, Tammy Drew, Isadora Rodriguez-Legendre, Jim Piet, Karen Blake, Lisa Steadman, Donna Corriveau, Marissa Berg, Emily Manire, Mary St. Jacques, Stephanie Patrick & Kelly Ehrhart.

Committee Updates:

Self-Advocacy Groups -Kelly Ehrhart

Louis sent along the following update:

This month brought both strong participation in our events and serious concerns in the disability community.

A training was led at the Advocate Conference at UNH, where more than twenty people attended and took part in group discussions. People were very engaged and asked for more trainings in the future. We also held another advocacy conference that was well attended, with workshops on writing Letters to the Editor, starting your own business, person-centered planning, assistive technology, and supported decision-making. Participants shared that they left feeling more confident and ready to speak up for their needs.



We did experience one cancellation this month of our training series. Our virtual advocacy training with Pathways of the River Valley was scheduled to take place but had to be postponed. We plan to reschedule with them and continue to build that connection.

At the same time, there has been growing concern in our community due to several recent articles from the *New Hampshire Bulletin*. These reports describe serious cases of abuse and neglect involving people with disabilities. Our group was asking questions like: *Do people know their rights and do they feel safe speaking up when something is wrong?*

We are especially focused on reaching individuals who may be the most vulnerable. Those who are isolated or who do not have strong support systems. We were all concerned because we felt that those in the article would not have been people who would attend our training as it currently stands.

We need to make sure all people receiving services understand:

- What abuse and neglect look like
- How to report them
- Who to call for help
- That they have a right to safety, dignity, and respect

Looking ahead, we see a need to:

- Create plain language materials about human rights and safety
- Offer more training for self-advocates, families, and support staff
- Build stronger peer support networks to reduce isolation
- Help make reporting processes clearer and more trusted

Our trainings this month showed that advocacy skills are growing across New Hampshire but the recent concerns remind us that protecting human rights must remain a top priority. Our goal is to help people understand their rights, know where to turn for help, and feel supported when they speak up.

Self-Advocate will be meeting in Nashua at 3:00pm today. (11/19/2025).

CSNI has been sending out updates every six months to gather information on self-advocacy groups to the area agencies. One major gap is information from provider agencies. The goal is simply to make sure any active groups can be included on the statewide list.

This information is listed on the CSNI website it is available under the *Family Resources* tab, there's a button labeled; Are you looking for the list of self-advocacy groups in your area.

Right now, that list only covers area agency-hosted groups. It does *not* include the dozens of provider agencies or whatever groups they may run.

Other Business and Announcements:

- Annual Report
 - Carrie has been working diligently on our annual report. She completed a version of one of the reports that was very robust, comprehensive, and covered a lot of the

Council's work. That draft has been reviewed. We're now working on the second report, which will bring us fully up to date, especially since we're now in the current year and need to plan how to approach this year's report as well.

- Survey
 - At our last meeting, during the discussion about strategic planning, we mentioned the survey we conducted in the spring regarding the logistics of the strategic planning process. Several people asked to see the survey results, so those are included in the packet you received today.
- Stipends
 - We need to submit monthly to crossroads. If you have any questions regarding the stipends, please let either Shanon or Emily know and we'll get you the information you need so you receive your reimbursement. You cannot receive these as a direct deposit.
- December 17th meeting
 - Jessica will not be at the meeting; Abby will be attending in her place. She would like to join the committee. If you would like for her to help identify who in what department would be the best outreach.
 - Currently tracking 177 bills as of now. As we head into the legislative session, it might be helpful for us to think about whether there are specific bills we want to follow more closely. We should have much of the bill language available by late December. I'm not sure how detailed people want the tracking to be or how it was handled in the past, but it seems worth discussing.
In the past, we had a designated person who provided legislative updates, and We would need to identify a smaller group of key bills that matter most to the Quality Council. It may help to have a group decide which bills should rise to that level of priority.
 - Family Support Conference, if anyone has a proposal for a breakout session, please let Karen or Lisa know. Karen would be happy to do an update regarding the conference in December.

Public Comment

Has anyone from the State Office of Medicaid come to talk about exemptions—specifically regarding work requirements? Some individuals received a letter stating that they were *not* exempt from the work requirements. On page 2 of the letter, the exemption list did not indicate that individuals with ATPD were exempt.

1. Can the letter be revised so that the exemption list on page 2 clearly states that individuals with ATPD are exempt?
2. Can BDS confirm whether the staff answering phones at DHHS are receiving proper training, so callers aren't given incorrect information? Families are spending hours trying to resolve something when their family member already meets the criteria for an exemption.



- Olivia May from the Office of Medicaid came to speak about the new requirements. She talked briefly about the letters being sent out and how they were preparing for that process. Karen Hebert over sees the call center. Emily and Jessica will bring this feedback back to Olivia May & Karen Hebert.

Do we know how many people who are on expanded Medicaid that haven't been transitioned over to the APTD?

- We can't automatically move someone from one Medicaid category to another—there are two different issues at play. Simply being enrolled in Granite Advantage does not, by itself, make someone subject to work requirements or cost-sharing. As Olivia explained, those obligations depend on the information the system has about a person's Medicaid category, disability status, and other factors. So your category of Medicaid does not automatically determine whether you must meet the work requirements.
- However, people who are in the expanded Medicaid category (Granite Advantage) *are* subject to the six-month redetermination cycle that is scheduled to begin in 2027. So, it's worth having conversations now: if someone is eligible for another Medicaid category, they may want to explore switching.
- Some people end up on Granite Advantage because of assets, since Granite Advantage has no resource test, while other Medicaid categories have both income and asset limits. Certain assets are considered "countable," while many are not, so depending on their situation, someone may only qualify for Granite Advantage and not another category. In other words, not everyone can qualify for both, but many people actually do.
- There is no systemic switch happening, it remains an individual choice. But on that question, I would defer to the Bureau of Family Assistance, not even necessarily Olivia at Medicaid, but BFA specifically.

Suggestion that we add a discussion to the December council meeting agenda on this topic. In advance of the meeting, we could request that Medicaid provide copies of all notices they've sent out in the past three months related to these Medicaid changes. Also have a copy of the timeline that was shared with Health and Human Services oversight, which indicates that work requirements won't start until the end of 2026, so it's unclear why letters are being sent out now. To make sense of this, it would be helpful for Medicaid to provide all relevant documentation so that we can review it ahead of time and then discuss it during the meeting.

Lisa made a motion to adjourn the meeting. Mary seconded the motion.
The meeting was adjourned at 11:58 AM.