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February 10, 2026

NH Department of Health and Human Services
Bureau of Developmental Services
Attn: Lindsey Magee
105 Pleasant Street, Main Building
Concord, NH 03301-3857
Via Email: ddwaiver@dhhs.nh.gov

Dear Lindsey,

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 current Developmental Disabilities to be considered in the final waiver renewal. We understand the importance of the DD waiver to people with developmental disabilities and their families across New Hampshire and we appreciate the opportunities to provide input during this process.

Before beginning our formal comments, we want to share our concerns regarding abuse and neglect in the Developmental Disabilities services system as profiled in the series of articles by the [NH Bulletin](#). While we understand that opportunities to address the issues from the articles within the waiver may be limited, we think it is important that the waiver includes clear expectations for prevention, detection, response, and accountability. Abuse and neglect should be treated within the waiver as predictable system risks requiring proactive safeguards not solely as issues addressed after harm occurs.

DD waiver comments

In June 2024, the Council issued comments to the Bureau which focused on current and proposed waiver services. We believe that these comments are still relevant to this discussion, even though funding for new services is limited and we support efforts to add additional services or incorporate these supports into existing services whenever possible.

In November 2025, the Council submitted additional comments to the Bureau. Below, the comments from November 2025 with additional comments in blue italics.

1. Transportation - Transportation remains a significant barrier for people with developmental disabilities. The current transportation caps are too low and will not cover the actual transportation costs to travel to/from a job and other activities. There continues to be confusion regarding requests to exceed the transportation cap and families are discouraged to request an exception. There is also confusion about who can be paid to provide transportation and who can be reimbursed for transportation expenses. The parental/family reimbursement rate for transportation is too low.

Transportation is not available across the state, and, in some places, it is not available when individuals need it. The Council supports contracting with on-demand ride services to increase transportation options but recognizes that it's not available across the state. Taxi cabs are also limited. There is no provider of non-medical transportation in the Monadnock region of the state. Recent changes to transportation guidelines are difficult to navigate. People with disabilities don't always know when they will be finished with an activity and it is challenging to schedule a pickup time in advance without the flexibility to move it if needed.

Transportation is particularly important to people who are working and cannot drive. One member noted that the supported employment providers in their area cannot provide ongoing sustainable transportation without providing additional SEP services, something not all individuals need or desire.

The Council also has concerns about the reliability of non-emergency medical transportation which is supposed to be provided by the managed care companies. When non-emergency medical transportation is unreliable, difficult to schedule or not available, individuals are forced to use their waiver funded transportation, which is limited. One of the members of the committee was almost stranded. It is also confusing about what transportation is the responsibility of the managed care companies and what is the responsibility of the DD waiver.

The Council strongly supports the addition of non-medical transportation in the waiver and encourages the Bureau to consider ways to support providers to add transportation to their service offerings so that there are more options across the state. Many people with developmental disabilities and their families still do not know that this service is available.

The Council continues to believe that the transportation cap is too low. We appreciate the ability to request a higher amount, but this will dissuade some individuals from accessing the services they need. In addition, the Council continues to believe that reimbursement rates are too low and hopes that the Bureau will consider an update to that rate. The Council appreciates the improved access to Uber, Lyft and other on of this service.

2. Paperwork – Council members noted that the paperwork burden for both families and providers is high and seems to have increased. Also, area agencies require different paperwork for the same service which is challenging for providers.

The Council appreciates the clarification regarding the frequency of some required reports. We hope that the Bureau will continue to address this and other paperwork barriers.

3. Staffing challenges – As the Council discusses regularly, the shortage of staff for direct support, case management and specialized services continues. This is challenging for people with disabilities who often need this support to reach their goals. The Council also discussed the impact of losing staff. Sometimes there’s no support for people in the transition – both in terms of the gap in services and in terms of the loss of a friend.

The Council continues to believe that staffing challenges are a significant concern and suggests that the Bureau works to find solutions to this problem. We understand that this may not be able to be resolved in the waiver.

5. Dental Services - Access to dental services is still limited and some dentists require payment or do not take Medicaid, especially in terms of dentures and oral surgery. The Council would like the Bureau to explore whether more can be done using waiver services.

The Council continues to be concerned about the limits to dental services, including that surgery and over procedures to prepare the mouth for surgery are not included.

6. Aging - The Council recognized that waiver may not be designed to meet the needs of people who are aging and encourages the Bureau to explore how the current services or others could be changed to better meet the needs of people with developmental disabilities who are aging. When people are aging, they may be less interested in some community-based activities or be interested in different activities, and the waiver must adapt to meet these needs. People who are aging may also need more supports. For example, Wisconsin includes retirement activities in their day habilitation service.

NH’s family caregivers are also aging, and the state must consider how their ability to provide support is ending or changing.

This concern was not addressed in the draft waiver. The Council also suggests that the Bureau consider how to add retirement type activities in the definition of Community Participation Services in the waiver to make it clear that these activities can be included. The Council hopes that the Bureau will take steps to address this in rule, guidance and training in the near future.

7. Community Participation Services – The Council appreciates the recent increased flexibility related to community participation services goals and the increased understanding of the specific needs of people with disabilities that may be outside the standard expectations.

This suggestion has been addressed in rule.

8. Person centered planning – The Council appreciates that the waiver includes terminology related to person centered planning in many places in the waiver and that this has been a focus at the Bureau. However, the Council believes that providers need more training about what is expected in initial trainings and during annual refreshers. The Council is also concerned that the training is not standardized across the state. Providers are expected to make their own tests and

supplemental materials. The Bureau must develop methods to person centered planning is actually happening as it should. We still hear that it is not really happening. The Council would like the Bureau to consider mandating certain trainings or at least making high quality trainings available to providers for both the yearly and every 5-year trainings.

The Council appreciates efforts to increase trainings and other resources on person centered service planning and thinking but believes that there is still a lack of true, intensive person-centered planning outside of service planning in most of the state. Service coordinators are not typically trained to support people with disabilities to create true person-centered plans. They need extensive training to do this. According to families, they are told that their service coordinator has been trained and is able to do person centered planning, but this is not accurate. People with disabilities and families are confused. We encourage the Bureau to continue to try to address this problem in the waiver and in other ways.

9. Eligibility – Members are concerned about the eligibility determination and redetermination process. It does not seem like the local Medicaid offices have enough people and expertise to help Medicaid recipients now. The process takes too long, things are lost and customer support is not reliable. Members are concerned that this will get worse when recertification happens more frequently.

The Council is concerned that people will lose Medicaid in the recertification process. If individuals lose Medicaid, providers will not have the funds to continue to provide waiver support, even if they are able to recoup some funds. Providers don't have any control over this process and do not know how to help or who to call when someone loses Medicaid. One provider discussed with someone who has been trying to get their Medicaid restored for over 3 months.

The Council understands that there is no way to address this concern in the DD waiver but continues to believe this issue must be addressed and recommends that the Bureau collaborates with the Bureau of Family Assistance to find solutions.

10. Starting services/Conflicts of Interest – Members are concerned about delays in the process for beginning waiver services. It is difficult to find providers and the process of starting services takes a long time.

When conflict of interest became top priority, providers hoped there would be some changes to the way that requests for proposals were circulated by the case managers so that people can access all the providers who can meet their needs. It does not seem like this is happening. It seems like service providers are still gatekeepers/suggesting good providers to people instead of helping them to explore all the options as required. One Council member said that she was required to choose a specific vendor. She was not given options.

The Council requests that BDS consider a performance measure about choice and requiring people with Could BDS add to performance measures something about choice? Could the Bureau require that individuals are given a list of providers that they must sign at each service planning meeting including the initial meeting where they should be given the choice of service coordinator agencies? In the experience of Council members, the discussion about providers generally lasts less than a minute. Families are not given choices, especially the choice of new providers. This includes the choice of services coordinators.

The Council hopes that the Bureau will strengthen the expectations regarding choice of providers for all services in all areas of the state. The Council believes that narrowing the focus of conflict free management requirements to area agencies as service providers and service coordinators was a disservice to the system as a whole. Choice of provider is much bigger.

The Council remains concerned about the issues raised in this section and does not believe they are addressed in the draft waiver. We are concerned that the Bureau is not assuring true conflict free services. While we appreciate the Bureau's increased attention to documentation regarding choice of service coordinators and providers, this is not sufficient. Relationships between service coordinators and providers are still influencing choice of providers in problematic ways. During the implementation of conflict free case management, there were many discussions regarding standardization of the process of provider selection to address these issues, but this has not happened. The Council believes that the person with disabilities should decide on their provider without undue influence of their service coordinator.

11. 18-22 Gap – The Council remains concerned that there are gaps for people who are 18-21 who are who are transitioning out of school or still in school.

The Council remains concerned that the right to services for individuals who are 18-22 is not addressed in the waiver, leading to continued confusion about the right of young people with disabilities to access the services.

12. Public Information - The Council is concerned that it is difficult to navigate the Bureau's website which makes it hard for people to get information that they need.

The Council appreciates the short informational videos that the Bureau has been producing to explain waiver services and other issues. We support the continuation and expansion of this work.

13. New Services – The Council believes that all the proposed new services are important and will meet the different needs of people with developmental disabilities. The new service that the Council thinks is most important is homemaker services. Some people can't physically do chores or need support to do chores. This is important for people of all ages, especially people who are aging. Homemaker services can help people to stay in the community and can help to insure that individuals pass required home inspections.

The second important service is peer support. The NHCDD, a member of the Council, is committed to assisting the Bureau to explore ways to provide this service. For example, budgeting is a clear need and seems like peer support could be a great resource.

Access to a nutritionist is another important service.

Finally, recreation and community engagement are still important. There is still confusion about how things can be covered in different ways, but people still need the services that are no longer covered.

The Council believes that peer support is an important new service which was not added to the waiver. We encourage the Bureau to consider alternative funding sources to explore this service over the next few years and to consider adding it to the waiver whenever possible.

As we understand it, homemaker services, access to a nutritionist and funding for camperships is available in the waiver draft and we support this. We hope that the Bureau will continue to educate service coordinators, providers and families about the availability of these services, yoga, equine therapy and other services under the current and draft waiver. We believe there is still significant confusion about this.

13. Guardianship – The Council believes that people with developmental disabilities should make as many choices as possible even when someone has a guardian. Guardians seem to have control and authority to make more decisions than they should. The Council should discuss guardianship in more detail and explore how to maintain and expand the ability of the person with disabilities to make more of their own decisions. The waiver and related services must support ability of person to be involved in own decisions is clear, even under guardianship. This issue is especially prevalent for people who are in residential settings and people who are navigating relationships.

The Council understands that there were no changes to the waiver related to this comment and recognizing that this may be better addressed in rules, policy and training. Regardless, we believe this is still an important issue.

14. Plain Language – The Council believes that it is important to share information about waiver services in plain language.

The Council supports the Bureau's efforts to do this and wants to encourage the state to use plain language and improve readability for the waiver comment tracker and other documents.

15. Transparency – It is important that decisions regarding waiver services are clear and communicated effectively. The Bureau must be transparent in their decisions as much as possible.

The Council supports this recommendation and hopes transparency will be a priority throughout the public comment process and final development of the new DD waiver.

16. Gender neutral language - We continue to support the use of gender-neutral language wherever possible.

The Council supports changes to the waiver, rules and policies in response to this comment.

17. Services available and service coordination – There is still much confusion about what is actually covered by which service, especially with community integration, health and wellness. There is also confusion about services with similar names like community participation, community integration. Service coordinators should be helping families to understand these differences and to get the services that they need. The Council encourages the Bureau to connect with all service coordinators across the state to make sure they understand how the waiver can support individuals with disabilities, especially those who work with larger support coordination organizations.

The Council appreciates the change in the name of Community Support Services to Supported Independent Living Services and is hopeful this will help to eliminate some confusion about these services.

The Council remains concerned about the effectiveness of service coordination across the state. We appreciate that the Bureau is hosting regular meetings with service coordinators and service coordinator supervisors but believe there is still much room for improvement in the implementation of this service. We hope that service coordinators will always explore all options for coverage of requested and needed services.

New Comments

The Council is concerned that the draft waiver eliminates the use of the word “may” in listings of covered services and encourages the Bureau to retain as much flexibility as possible in the specifics of covered services to best meet the needs and wishes of the person with disabilities. Families have also expressed concerns to the Council about the proposed respite service cap change from 20% of the overall PDMS budget to \$7,500 per year regardless of the method of service delivery. Paired with the move of camperships from Community Integration Services to Respite, families are worried that their budgets will not allow for important services. For families who are experiencing extreme workforce shortages, respite is critical to maintaining life, work, and caregiving balance. The former flexibility was reasonable, necessary, and appropriate to maintain balance.

Thank you for considering these additional comments.

Sincerely,

