



*The Developmental Services Quality Council provides leadership for consistent, systemic review and improvement of the developmental disability and acquired brain disorder services provided within New Hampshire's developmental services system*

## **Annual Report**

**October 2021 - September 2022**

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## HISTORY OF QUALITY COUNCIL

In 2009 the New Hampshire legislature passed, and Governor Lynch signed into law, HB 483 establishing the New Hampshire Developmental Services Quality Council (hereafter referred to as the Quality Council). The creation of the Quality Council came about as a result of the State Legislature's repeated consideration of issues affecting New Hampshire's developmental services system. In 2007 the New Hampshire Legislature passed SB 138 providing funding for the developmental services wait list, proposed increasing salaries for certain direct care workers, and establishing a broadly representative committee (known as the SB 138 Committee) to improve the capacity of New Hampshire's developmental services system to address workforce and quality assurance issues. In its final report, *SB 138 Quality Improvement Committee Report*, issued in November 2008 the committee recommended establishing, in statute, an ongoing council to review quality assurance efforts and make recommendations to improve the ability of the developmental services system to meet the needs and goals of the individuals it serves. The purpose of the Quality Council would be "to provide leadership for consistent, systemic review and improvement of the developmental disability and acquired brain disorder services provided within New Hampshire's developmental services system." (See **Addendum #1-RSA 171-A:33**). By statute, the Quality Council is required to report to the New Hampshire Legislature. This is the Council's report; it covers the Quality Council's work from October 2021 through September 2022.

## ORGANIZATIONAL STRUCTURE AND SUPPORT

In its first year, the Quality Council created an organizational structure and adopted by-laws. The by-laws call for the Quality Council to meet at least six times a year with an annual meeting in September. The meetings are open to the public and a period for public comment is included on every Council agenda. The Council's meeting schedule, agenda, and meeting minutes are posted on the Department of Health and Human Services (DHHS) website at <http://www.dhhs.nh.gov/dcbcs/bds/qualitycouncil/>

In accordance with its bylaws, the Quality Council has two elected offices, Chair and Vice-Chair. These seats were voted on at the September 2021 Meeting. Stephanie Patrick was elected as the Council Chair and Carrie Durran was elected Vice Chair.

During this reporting period, the Quality Council held regular monthly meetings. The Quality Council meetings continued to be held virtually through ZOOM to the nationwide emergency related to the COVID-19 pandemic.

Administrative support for the Council was provided by Community Partners. Community Partners receives a stipend from the Department of Human and Health Services to provide to the Quality Council and the Council on Autism Spectrum Disorders. The Quality Council and Council on Autism Spectrum Disorders began working with Community Partners to hire a dedicated administrator to serve both Councils. Mikayla Moore was hired as the admin in January 2022. She remained in the role until August 2022. Brittany Potvin was then hired in September 2022.

Quality Council committees during this reporting period included: Transparency Stakeholder Engagement, Workforce, Data, BDS- Redesign, Bylaws, Rules & Regulations, and Executive.

## QUALITY COUNCIL MEMBERSHIP

The membership of the Quality Council as defined in the statute includes representation from the Bureau of Developmental Services; Area Agency Board of Directors; Family Support Councils; Institute on

Disability; Brain Injury Association of New Hampshire; New Hampshire Council on Developmental Disabilities; Disability Rights Center; NH Council on Autism Spectrum Disorders; People First of New Hampshire; ABLE NH and Private Provider Network. The statute also calls for one direct support professional and one enhanced family care provider, appointed by the New Hampshire Council on Developmental Disabilities. At least 51% of the Council members shall be individuals served by the State's developmental system or parents of individuals who are served by the system.

The Quality Council has a committed and active membership. During this reporting period there has been a quorum at every Quality Council meeting. The amount of time volunteered, and the quality of professional experience and expertise provided by Council members has been exceptional. The membership list is regularly updated as representation changes. **(See Addendum #2 - *New Hampshire Developmental Services Quality Council Members*)**

While more than half of the Quality Council's active members are individuals with developmental disabilities or parents of individuals with disabilities, the Council has had difficulty maintaining consistent representation from some specific representatives. Of note, during this reporting period there was no identified representative from Enhanced Family Care Providers or Direct Services Providers. Additionally, only two of the three Area Agency Board of Directors Seats were filled.

On June 7, 2022, Governor Sununu signed [SB 238](#) into law, adding five additional seats to the Quality Council, to be nominated by the Council and appointed by the Governor. During the next few months, the Quality Council began the process to update its bylaws and develop procedures to select new members.

### QUALITY COUNCIL FOCUS AND PRIORITIES

By statute, the Quality Council is charged with reviewing rules to ensure that the state's developmental services system works as intended in RSA 171-A:1. To meet this obligation, the Council reviews all proposed changes in developmental services regulations. The Quality Council also tracks proposed legislation that could impact individuals with developmental disabilities and acquired brain disorders and their families and receives a legislative update at most meetings.

### **BDS SYSTEM REDESIGN**

During fall of 2020, the Governor and Executive Council commissioned Alvarez and Marsal (A&M) to do an efficiency audit on the Department of Health and Human Services (DHHS). Every DHHS system was examined for areas that could be improved. After several months of examination, the auditors provided recommendations for improvements through the A&M Report. As a result of these recommendations, the Bureau of Developmental Services (BDS) embarked on a system redesign.

Workgroups and Committees were formed by DHHS to engage stakeholders and work on the BDS Systems Redesign. Many Quality Council members sit on these workgroups and committees through other roles they hold, however the Quality Council does not have a designated representative on the steering committee/advisory group or any of the workgroups.

The Council recognizes that the changes proposed will impact the services people within the disability community will receive for decades to come. The Quality Council decided to maintain the A&M Report/ BDS System Redesign as a standing agenda item to oversee, make recommendations, and ensure quality in the process.

During this reporting period, the Quality Council continued to express concerns about the redesign process at full Quality Council meetings and a committee on the redesign which met weekly. Concerns included the lack of involvement of people with disabilities in the redesign process; the role of the "steering" committee and the failure of the state to consider and accept steering committee recommendations; lack of transparency; the proposal to create a dual waiver system; failure to address the most pressing concerns identified by families and people with disabilities and sustainability of the area agency system. The Council sent two letters about these concerns to the Bureau of Developmental Services and worked jointly with a number of groups and organizations on a third letter. These letters are available as an attachment and at <https://www.nhqualitycouncil.org/recommendations>. See **Addendum# 3- QC Comments on the Role of Steering Committee in BDS Systems Work Dated February 8, 2022, Addendum# 4- QC Concerns regarding the BDS System Redesign Dated March 16, 2022 AND Addendum #5- Joint Stakeholder Concern Letter Dated May 23, 2022**

### FOCUSED DISCUSSIONS OF THE QUALITY COUNCIL

The Quality Council had various presentations and updates throughout this reporting period.

### **COMPLAINT DATA**

In November, the Quality Council was presented a spreadsheet from the Bureau of Developmental Services which compiled complaint data from 2020 and the first 5 months of 2021. The Council reviewed the breakdown of complaints, the nature of the complaints, and how they were handled. BDS's complaint filing process was also explained to the Council. The Council requested that the data committee look more closely at the data to address questions and concerns raised by members.

### **WORKFORCE**

In December, the Quality Council received a report that the state decided to use money received through the American Rescue Plan Act (ARPA) to address the workforce recruitment and retention. There was a concern about on boarding and the length of onboarding of DSP's. The Council recommended that ARPA money be used to fund health insurance savings programs or other incentives to strengthen DSP and Direct Care Staff workers. The Council also recommended additional clarity in the onboarding process. When DHHS appropriated the ARPA funding to the area agencies, they allowed significant flexibility in the use of funds, however no increase to salaries was allowed because that would not be sustainable. It was reported that the plan focused on workforce recruitment and retention. Members appreciated that area agencies were allowed flexibility but depending on where people live, compensation could be very different. The Council discussed the following recommendations:

1. Use of a consultant for out of state recruitment.
2. Use of funds to create Health Savings Accounts to help offset full health insurance not available.
3. Clearer process to onboard DSP's across the state in plain language.

There are several different organizations and groups that are trying to innovate to bring on the next generation of workforce, particularly the workforce of Direct Service Providers (DSP). The Council was educated on initiatives being worked on under the Living Well Grant (in Year Five) including work with Gateways in Region 6 to develop training for high school seniors with career technical high schools. Additional programs, initiatives and plans included the Work Now Program and a program through Adam's Camp.

The Quality Council plans to request a report from DHHS and/or CSNI about the use of the ARPA retention, training and recruitment funds for DSPs and Case Managers and other direct care workers in the next fiscal year.

## **WEBSITE**

During this reporting period, two Quality Council members and alternates, Karen Blake and Heather Young, began designing a new website for the Quality Council, <https://www.nhqualitycouncil.org/>. This website will allow the Quality Council to archive and share information about its work in a more accessible and easier to update format. The new website debuted in 2022.

## **OVERVIEW OF THE DD SYSTEM AND THE QUALITY COUNCIL'S INVOLVEMENT**

In 2007, SB138 was passed with broad bipartisan support. This law included the language that the legislature should fund budget requests, and it established a committee known as the Senate Bill 138 Committee to sit for two years and generate two reports. The first year was spent on analysis and recommendations around strengthening the workforce. The second year they were charged to look at quality- what does it look like, where is it lacking, how can the state improve it, and how to measure it. Since quality is subjective and changes with time they decided they needed a council to monitor and make recommendations to legislation around the topic of quality. In 2010, RSA 171-A was amended, and the Quality Council was seated.

## **COMMITTEES OF THE QUALITY COUNCIL**

During this reporting period the Quality Council had 7 committees. Six committees were created to address issues of specific concern or interest to the Quality Council. These are Transparency/Stakeholder Engagement, Workforce, Data, BDS- Redesign, Bylaws, and Rules & Regulations. The final committee is the Executive Committee, created to plan meetings and address administrative/member concerns in between meetings.

## **TRANSPARENCY**

The Quality Council believes that for families and individuals to make informed decisions about their supports and services, they need to have better access to information. The Council formed a Transparency Committee to improve accessibility to information and general transparency in New Hampshire's Developmental Services System. During this reporting period, the Transparency Committee recommended that recordings of the Quality Council meetings be made public. The recommendation was voted on and accepted by the full Quality Council. A plan was set in place for the recordings to be made available via YouTube to be shared with members of the Council and the general public by request.

## **WORKFORCE/EMPLOYMENT**

The purpose of the workforce committee is to address issues related to Direct Support Professionals (DSPs), including the shortage of DSP's, increased pay, and increased access to trained DSP's. During this reporting period this committee was unable to meet regularly. While conversations (see above) still took place about workforce and employment issues, the Quality Council ended this committee in order to focus more on the BDS Redesign.

## **DATA**

By Statute, the Council is mandated to regularly review information on the quality of developmental services in New Hampshire and make recommendations for improving service quality and the quality

assurance and continuous improvement systems. To fulfill this charge, our Strategic Plan included the goal of having access to quality-related reports and unfiltered data upon request. After challenges gathering data, the Council established the Data Committee to organize and formalize data requests.

During this reporting period this committee reviewed data provided by BDS. The information received included complaint data and complaint processes, waiver performance, reimbursement rates, and restraint and seclusion. BDS also provided copies of 372 reports from the past 3 years which BDS has provided to the Center of Medicaid and Medicare Services (CMS) on performance indicators and areas where improvements have been and need to be made.

Additionally, the Data Committee began discussions around recommendations for Statewide training on:

- General Area Agency 101 (history, purpose, and differences in the system)
- PDMS 101 (this would serve as supplemental training to the manual that is coming out)
- Human Rights
- Monthly Office Hours (a time for questions to be answered)
- Understanding Medicaid
- Benefits Training
- Person-Centered Planning

## **BDS REDESIGN**

The work of this committee informed the Quality Council's work in this focus area as described above.

## **BYLAWS**

At the legislative session during this reporting period, a bill passed to add 5 additional members to the Council. The Bylaws Committee was therefore needed to update the Council's bylaws to reflect this change and also make updates to meet the current needs of council members. Additional updates included defining a quorum as a majority plus one as provided in law, authorizing stipends for members and updating a seat for the Autism Society to the Autism Council. The work of reviewing the bylaws will continue into the next reporting period.

## **RULES AND REGULATIONS**

The Quality Council receives regular updates, typically from council membership, during the legislative session regarding the budget status and process, elections, and any relevant legislation.

The Quality Council reviews state developmental services regulations as they come up for renewal and recommends changes to ensure that the regulations retain their relevancy for the current service system.

In this reporting period, the committee reviewed various rules that were scheduled to be revised as part of the state's compliance with BDS's Corrective Action Plan and proposed comments for consideration by the full Council. The following comments were approved by the Council.

- He-M 507 regarding Community Participation Services: **(See Addendum # 6 - QC Comments on He-M 507 Dated June 17, 2022)**

During this reporting period, the Bureau of Developmental Services paused work on rule changes to focus on the BDS redesign and the committee stopped meeting. The committee will

begin meeting again when the BDS begins publishing draft rules for informal and formal feedback.

#### IN SUMMARY

New Hampshire Developmental Services Quality Council continues to provide leadership for the review and improvement of New Hampshire's services for individuals with developmental disabilities and acquired brain injuries. The Quality Council has a diverse and active membership; those serving on the Council have given their time and talents and are committed to helping New Hampshire provide the best possible services for individuals and their families.

**TITLE XII**  
**PUBLIC SAFETY AND WELFARE**  
**CHAPTER 171-A**  
**SERVICES FOR THE DEVELOPMENTALLY DISABLED**  
**Developmental Services Quality Council**

**Section 171-A:33**

**171-A:33 Developmental Services Quality Council Established; Membership; Duties. -**

I. There is established the developmental services quality council 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. At least 51 percent of the members of the council shall be individuals with disabilities served by the system or parents of individuals served by the system. The members of the council shall be as follows:

- (a) The commissioner of the department of health and human services, or designee.
- (b) A representative of People First of New Hampshire, appointed by such organization.
- (c) A representative of Advocates Building Lasting Equality in New Hampshire (ABLE **NH**), appointed by such organization.
- (d) A representative of the New Hampshire council on autism spectrum disorders who shall be either the individual who has an autism spectrum disorder or the family member of a person who has an autism spectrum disorder, appointed by the council.
- (e) A representative of the Brain Injury Association of New Hampshire, appointed by the association.
- (f) Two representatives of the New Hampshire Developmental Disabilities Council, at least one of whom shall be a person with a developmental disability, appointed by the council.
- (g) Three representatives of local Family Support Councils, appointed by the state Family Support Council.
- (h) One direct support professional and one enhanced family care provider, appointed by the New Hampshire Developmental Disabilities Council.
- (i) Three representatives of area agency boards of directors including at least 2 persons with a developmental disability or family members of such persons, appointed by the Community Support Network Incorporated.
- (j) A representative of the Community Support Network Incorporated, appointed by such organization.
- (k) A representative of the Private Provider Network, appointed by such organization.
- (l) The director of the Institute on Disability, University of New Hampshire, or designee.
- (m) A representative of the Disabilities Rights Center, appointed by the center.



(n) Up to 5 additional members, nominated by the council and appointed by the governor.

II. The groups represented under paragraph I are encouraged to provide, according to their ability, the in-kind and other resources necessary for the council to succeed. The council may request information and analysis on quality from the department of health and human services, area agencies, and providers. The council shall have access to all non-confidential information on quality for services funded all or in part by public funds.

III. The council shall regularly review information on the quality of developmental services in New Hampshire and make recommendations for improving service quality and the quality assurance and continuous improvement systems, including but not limited to:

- (a) Standards of quality and performance expected of area agencies and provider agencies.
- (b) Types of data to be collected, analyzed, and disseminated to determine whether standards are being met.
- (c) Quality assurance and oversight mechanisms to be used to gather data and information.
- (d) Content, frequency, and recipients of quality evaluation and improvement reports.
- (e) Expectations and procedures for following up on identified areas where improvements are needed.
- (f) Structures, policies, rules, and practices, including staffing or organizational changes, to ensure that the developmental services system works as intended in RSA 171-A:1, including:
  - (1) Ways of supporting values-based and person-centered service planning and provision, as well as problem solving, innovation, and learning;
  - (2) Recognizing and disseminating what is working well (best/model practices); and
  - (3) Reviewing, interpreting, and disseminating data and information on a regular basis to bring about transparency for all stakeholders and the public.

IV. The council shall make an annual report beginning on November 1, 2010 that includes its recommendations and an assessment of the actions taken in response to previous recommendations to the governor, the speaker of the house of representatives, the president of the senate, the members of the house committee on health, human services and elderly affairs and the members of the senate committee on health and human services.

V. The meetings shall be convened by the commissioner of the department of health and human services, or designee, and shall meet regularly as determined by the council. The meetings shall be open to the public and subject to the provisions of RSA 91-A, the right-to-know law. The council may establish bylaws for governing its meetings, decisions, and other operations. A quorum of the council shall be a majority plus one member of the appointed members of the council.

**Source.** 2009, 104:1, eff. Aug. 14, 2009. 2014, 102:1, eff. Aug. 10, 2014. 2022, 158:3, 4, eff. Aug. 6, 2022.

**ADDENDUM #2 - NEW HAMPSHIRE DEVELOPMENTAL SERVICES QUALITY COUNCIL MEMBER LIST AUGUST 2021**

Agency/Organization	Representative	Contact Information
<p>NH Department of Health &amp; Human Services Bureau of Developmental Services 105 Pleasant Street Concord, NH 03301</p> <p><b>Term Expires: 9/2022</b> <i>Nominating entity = LTSS Director</i></p>	<p><b>Sandy Hunt,</b> Bureau Chief, BDS Bureau of Developmental Services</p> <p><b>Alternate: Nancy Rollins</b></p>	<p><a href="mailto:sandy.hunt@dhhs.state.nh.us">sandy.hunt@dhhs.state.nh.us</a></p> <p><a href="mailto:nancy.1.rollins@dhhs.nh.gov">nancy.1.rollins@dhhs.nh.gov</a></p>
<p>People First of NH 4 Park Street #214 Concord, NH 03301</p> <p><b>Term Expires: 09/2022</b> <i>Nominating entity = People First of NH</i></p>	<p><b>Tammy Mills</b></p> <p><b>Alternate: Kelly Ehrhart</b></p>	<p><a href="mailto:Tmills03781@yahoo.com">Tmills03781@yahoo.com</a> (603) 675-2254</p> <p><a href="mailto:Kehrhart65@gmail.com">Kehrhart65@gmail.com</a></p>
<p>Advocates Building Lasting Equality in NH 2 ½ Beacon Street Concord, NH 03301</p> <p><b>Term Expires: 9/2022</b> <i>Nominating entity = ABLE NH</i></p>	<p><b>Lisa Beaudoin (Chair - Workforce, Employment)</b> Executive Director ABLE NH</p> <p><b>Alternate: Tim McKernan</b></p>	<p><a href="mailto:lisa.ablenh@gmail.com">lisa.ablenh@gmail.com</a></p> <p><a href="mailto:timmm@ablenh.org">timmm@ablenh.org</a></p>
<p>NH Council on Autism Spectrum Disorders 2 ½ Beacon Street Concord, NH 03301</p> <p><b>Term Expires: 9/2022</b></p>	<p><b>Adrienne Evans (Chair - Transparency)</b> Co-Chair NH Council on Autism Spectrum Disorders</p> <p><b>Alternate: Sarah Aiken</b></p>	<p><a href="mailto:adrienneferro@comcast.net">adrienneferro@comcast.net</a></p> <p><a href="mailto:saiken@communitybridgesnh.org">saiken@communitybridgesnh.org</a></p>

The New Hampshire Developmental Services Quality Council

Annual Report October 2021 through September 2022 Addendum #2-QC Member List

<i>Nominating entity = NH Council on ASD</i>		
Brain Injury Association of NH 52 Pleasant Street Concord, NH 03301  <b>Term Expires 9/2022</b> <i>Nominating Entity = BIA of NH</i>	<b>Liz Prior</b>  <b>Alternate: VACANT</b>	<a href="mailto:liz@bianh.org">liz@bianh.org</a>
Direct Support Provider NH Council on Developmental Disabilities 2 ½ Beacon Street, Suite 10 Concord, NH 03301  <b>Term Expires: 09/2022</b> <i>Nominating entity= NH Council on DD</i>	<b>Debra Orman</b>	<a href="mailto:Debor1yn61@gmail.com">Debor1yn61@gmail.com</a>
Enhanced Family Care Provider NH Council on Developmental Disabilities 2 ½ Beacon Street, Suite 10 Concord, NH 03301  <b>Term Expires: 09/2023</b> <i>Nominating entity = NH Council on DD</i>	<b>VACANT</b>  <b>Alternate: VACANT</b>	

<p>NH Council on Developmental Disabilities 2 ½ Beacon Street, Suite 10 Concord, NH 03301</p> <p><b>Term Expires 9/2022</b> <i>Nominating Entity: NH Council on DD</i></p>	<p><b>Isadora-Rodriguez-Legendre</b> Executive Director NH Council on DD</p> <p><b>Alternate: Ronnie Rakoski</b></p> <p><b>James C. Piet, MS</b> Public Relations Specialist New Hampshire Department of Education, Vocational Rehabilitation</p> <p><b>Alternate: VACANT</b></p>	<p><a href="mailto:Isadora.Rodriguez-Legendre@ddc.nh.gov">Isadora.Rodriguez-Legendre@ddc.nh.gov</a></p> <p><a href="mailto:Ronnieann.L.Rakoski@ddc.nh.gov">Ronnieann.L.Rakoski@ddc.nh.gov</a></p> <p><a href="mailto:James.Piet@doe.nh.gov">James.Piet@doe.nh.gov</a></p>
<p>NH Family Support Councils Bureau of Family Centered Services 97 Pleasant Street, Thayer Building Concord, NH 03301</p> <p><b>Term Expires 9/2023</b> <i>Nominating Entity = State FS Council</i></p>	<p><b>Debra Opramolla- Region 5</b></p> <p><b>Alternate: VACANT</b></p> <p><b>Karen Blake Mosman- Region 1</b></p> <p><b>Alternate: VACANT</b></p> <p><b>Carrie Duran- Region 1 (Vice-Chair)</b></p> <p><b>Alternate: VACANT</b></p>	<p><a href="mailto:dopramolla@gmail.com">dopramolla@gmail.com</a></p> <p><a href="mailto:kblake4213@gmail.com">kblake4213@gmail.com</a></p> <p><a href="mailto:carriemartinduran@gmail.com">carriemartinduran@gmail.com</a></p>
<p>Area Agency Board of Director Members Community Support Network INC (CSNI) 10 Ferry Street, Suite 401 Concord, NH 03301</p> <p><b>Term Expires 9/2023</b></p>	<p><b>Cathy Spinney- Region 10</b></p> <p><b>Alternate: VACANT</b></p> <p><b>Rich Crocker - Region 3</b></p> <p><b>Alternate: VACANT</b></p>	<p><a href="mailto:cspinney58@gmail.com">cspinney58@gmail.com</a></p> <p><a href="mailto:richcrocker@metrocast.net">richcrocker@metrocast.net</a></p>

<i>Nominating Entity = CSNI</i>	<b>Maria Sieper- Region 7</b>  <b>Alternate: VACANT</b>	<a href="mailto:mariasieper@hotmail.com">mariasieper@hotmail.com</a>
Community Support Network INC (CSNI) 10 Ferry Street, Suite 401 Concord, NH 03301  <b>Term Expires: 09/2022</b> <i>Nominating entity = CSNJ</i>	<b>Ellen McCahon</b>  <b>Alternate: Heather Young</b>	<a href="mailto:emccahon@helmsco.com">emccahon@helmsco.com</a>  <a href="mailto:hyoung@csni.org">hyoung@csni.org</a>
Private Provider Network (PPN) 55 South Commercial Street 4 <sup>th</sup> Floor Manchester, NH 03101  <b>Term Expires: 9/2023</b> <i>Nominating entity = PPN Board Chair</i>	<b>Emily Manire</b> Nashua Center 18 Simon Street Nashua, NH 03060  <b>Alternate: VACANT</b>	<a href="mailto:emanire@nashuacenter.org">emanire@nashuacenter.org</a>
Institute on Disability 67 Regional Drive #8 Concord, NH 03301  <b>Term Expires: 9/2023</b> <i>Nominating entity = IOD Associate Director</i>	<b>Mary St. Jacques</b> Institute on Disability  <b>Alternate: Linda Bimbo</b>	<a href="mailto:Mary.stjacques@unh.edu">Mary.stjacques@unh.edu</a>  <a href="mailto:linda.bimbo@unh.edu">linda.bimbo@unh.edu</a>
Disabilities Right Center 64 N. Main Street #2 Concord NH 03301  <b>Term Expires: 9/2023</b> <i>Nominating entity= DRC Director</i>	<b>Stephanie Patrick (Council Chair and Chair - Review of Rules and Regulations)</b> Executive Director Disabilities Rights Center  <b>Alternate: Karen Rosenberg</b>	<a href="mailto:stephaniep@drcnh.org">stephaniep@drcnh.org</a>  <a href="mailto:karenr@drcnh.org">karenr@drcnh.org</a>

Stephanie Patrick, Chair  
*Disability Rights Center - NH*

Carrie Duran, Vice-Chair  
*Family Support Council Member*

Members

Lisa Beaudoin  
*ABLE New Hampshire*

Linda Bimbo  
*Institute on Disability*

Karen Blake  
*Community Support Network, Inc*

Rich Crocker  
*Area Agency Board Member*

Adrienne Evans  
*NH Council on ASD Member*

Sandy Hunt  
*Bureau of Developmental Services*

Liz Pryor  
*Brain Injury Association of NH*

Emily Manire  
*Private Provider Network*

Tammy Mills  
*People First of New Hampshire*

Deb Opramolla  
*Family Support Council Member*

Debra Ormen  
*Direct Support Provider*

Jim Piet  
*NH Council on  
Developmental Disabilities*

Isadora Rodriguez-Legendre  
*NH Council on  
Developmental Disabilities*

Maria Sieper  
*Area Agency Board Member*

Cathy Spinney  
*Area Agency Board Member*



Date: February 8, 2022

To: Lori Shibinette, Commissioner, NH Department of Health and Human Services  
Nancy Rollins, Associate Commissioner, NH Department of Health and Human Services  
Sandy Hunt, Director, Bureau of Developmental Services, NH Department of Health and Human Services

Re: Role of Steering Committee in BOS System Work

Several months ago, the NH Developmental Services Quality Council wrote to you expressing significant concern about the process to make significant changes to the developmental disabilities services system as outlined in the A&M report. We appreciate that videos of committee meetings are now available on the DHHS website and you have begun to hold informational sessions for families.

However, we continue to be concerned about the substantive work that is happening at BOS to implement the A&M recommendations and the lack of willingness to respond to valid concerns raised by the steering committee and others.

By definition, a steering committee is "a managing or directing committee".<sup>i</sup> Steering committees are created to set the priorities and direction for an initiative.

In the case of the "steering committee" for the BOS systems work, this is not happening. Over the course of the last several meetings, members' concerns about changes to the DD waiver have been ignored. Decisions, like the decision to move to two waivers instead of one, continue to be made without asking the steering committee for input or even explaining the rationale for the decision when asked by committee members.

As such, at the January 19, 2022 meeting, the Quality Council voted to support changing the name of the committee from the Steering Committee to the Advisory Committee.

We hope that you appreciate the reason for this vote and our disappointment in the process to this point.

Sincerely,

*Stephanie Patrick, Chair*

*Carrie Duran, Vice Chair*

<sup>i</sup> <https://www.merriam-webster.com/dictionary/steering%20committee>

## New Hampshire



March 16, 2022

Lori Shibbinette via mail and email [Lori.Shibinette@dhhs.nh.gov](mailto:Lori.Shibinette@dhhs.nh.gov)  
Commissioner  
NH Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

Christine Santaniello via mail and email [Christine.Santaniello@dhhs.nh.gov](mailto:Christine.Santaniello@dhhs.nh.gov)  
Associate Commissioner  
NH Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

Sandy Hunt via mail and email [Sandy.L.Hunt@dhhs.nh.gov](mailto:Sandy.L.Hunt@dhhs.nh.gov)  
Bureau Chief  
Bureau of Developmental Services, NH Department of Health and Human Services  
105 Pleasant Street  
Concord, NH 03301

Re: Concerns regarding BDS Systems Redesign

Dear Commissioner Shibbinette, Associate Commissioner Santaniello, and Bureau Chief Hunt,

The Quality Council is very concerned about the Department's plans to redesign the developmental disabilities services system over the next several years. Attached are a summary of our current concerns and questions.

Thank you for your consideration of these questions and concerns. We would appreciate a response in writing to each of these by April 1, 2022.

Sincerely,

Stephanie Patrick, Chair

Carrie Duran, Vice Chair

Stephanie Patrick, Chair  
*Disability Rights Center - NH*

Carrie Duran, Vice-Chair  
*Family Support Council Member*

### Members

Lisa Beaudoin  
*ABLE New Hampshire*

Linda Bimbo  
*Institute on Disability*

Karen Blake  
*Community Support Network, Inc*

Rich Crocker  
*Area Agency Board Member*

Adrienne Evans  
*NH Council on ASD Member*

Sandy Hunt  
*Bureau of Developmental Services*

Liz Prior  
*Brain Injury Association of NH*

Emily Manire  
*Private Provider Network*

Tammy Mills  
*People First of New Hampshire*

Deb Opramolla  
*Family Support Council Member*

Jim Piet  
*NH Council on  
Developmental Disabilities*

Isadora  
Rodriguez-Legendre  
*NH Council on  
Developmental Disabilities*

Maria Sieper  
*Area Agency Board Member*

## **Quality Council Concerns regarding the Bureau of Developmental Services Redesign**

**March 16, 2022**

### **Public Information Sessions:**

- The webinar format is not accessible to some people including people with developmental disabilities.
- In addition to asking questions via the chat feature, we request that you add an option for participants to ask questions verbally through video.
- Sign language interpretation should be provided for all public information sessions and included on video recordings.
- Answers must be provided in plain language and double speaking should be avoided.
- There is no process for follow up if a participant's question is not fully answered or answered at all.
- We appreciate the meetings with stakeholders, but messaging is not consistent, creating additional confusion. Messaging must be consistent to all groups and stakeholders.
- At times, the answers to questions and concerns during listening sessions are too simple and do not fully address the concern. While plain language is important, this does not mean that you should provide vague or unclear answers to concerns. If you don't know the answer to a question or the topic has not been decided, please say that.
- Despite the fact that BOS has held two listening sessions for families and the general public, we have seen little evidence that BOS is listening to the concerns that families are expressing about this systems redesign or the current waiver process. What can families do to be more effective?

### **Waiver Development and Redesign:**

- We are in the process of implementing a changing rate methodology, direct pay, conflict free case management and IT modernization. We believe that these changes may yield some of the goals of the larger systems redesign. With the workforce crisis and the required changes to the waiver to comply with CMS, we feel like the additional changes are premature and will cause unnecessary stress and upheaval for families who are barely managing now.
- At the information session on March 3, 2022, BOS said that people can be on both the proposed new waivers. We do not believe that the Center for Medicare and Medicaid Services (CMS) allow participation on two 1915(c) waivers at the same time. Please explain.
- Please explain the state's plan to define eligibility for each waiver. What criteria will be used? Will individuals be required to need 24-hour care or residential services for the most comprehensive waiver?
- Will there be budget or enrollment caps on either waiver?
- We are concerned that the two-tiered waiver proposal will limit access to services and create unnecessary delays if an individual must move from one waiver to another. Please explain how the proposed two-tiered system will improve services.
- Habilitation, including the ability of people with disabilities to be engaged in their communities, is a critical part of RSA171A. It is not addressed in the SIS and it doesn't seem to be getting enough attention in the process. Will the new waiver provide services to support habilitation?
- The expectation on families to provide significant free supports to their adult children with disabilities is not realistic. It hurts people with disabilities as they are not allowed the independence that they want and need. It hurts parents who cannot work in the jobs that they love, which can only contribute to NH's workforce shortage. We have not heard any acknowledgement of this reality in these discussions. Will the system redesign address these issues? If not, when will BOS address this issue?
- Please explain how BOS can justify the burden on families to provide unpaid care to their loved ones. Is this outlined in state law or regulation? This system cannot continue and we are concerned that this has not been addressed in any significant systems redesign conversations to this point.



- If BDS expects families to continue to provide significant support without compensation, will the state consider changes to state law or policy to support families: property tax relief, interest free loans for modified vehicles, health insurance supplements, etc?
- It seems that PDMS families are being left out of conversations. Why aren't rules consistent across the board? Will the new waiver rules be applied the same if you use PDMS or utilizing area agency services? How would that look different
- Some services are only available in particular regions now. How will BDS assure that all services are available across the state for all people who need them?

#### **Budget and Funding:**

- At the information sessions, BDS has said services will not be cut and rates will be improved, but there is no need for additional funding for the system. This does not add up. Please explain in detail how this is possible.
- For years, families have expressed concerns that waiver participants rarely receive increased budgets until a crisis happens. We would like a commitment that BDS will regularly assess the needs of each participant and increase budgets when needs increase.
- Has DHHS made any efforts to educate the legislature on these changes, particularly the likelihood that these changes will increase the cost of developmental disability services?
- At a recent meeting, Chris Santinello said that BDS has legislative support. Please explain this statement. Do you have support from specific legislators or committees?
- According to the A&M report, current individual budgets are not equitable and people are being over served and underserved. We currently use the SIS & PCP to if the plan is to continue using those tools how will the process become more equitable?

#### **Employment:**

- We are concerned that the state is not focusing on employment and this will not improve when we move to a two tiered waiver system.
- Current employment services do not meet the needs of people with significant disabilities, with behavior challenges, with communication needs and others. We are concerned that the new waiver system will continue to ignore the employment needs of these individuals.
- Please explain how employment for people with disabilities will improve under the tiered waiver system?

May 23, 2022

Melissa Hardy via mail and email [Melissa.A.Hardy@dhhs.nh.gov](mailto:Melissa.A.Hardy@dhhs.nh.gov)  
Director, Division of Long Term Supports and Services  
NH Department of Health and Human Services  
105 Pleasant Street  
Concord, NH 03301

Sandy Hunt-Feroz via mail and email [Sandy.L.Hunt@dhhs.nh.gov](mailto:Sandy.L.Hunt@dhhs.nh.gov)  
Bureau Chief, Bureau of Developmental Services  
NH Department of Health and Human Services  
105 Pleasant Street  
Concord, NH 03301

Re: Concerns regarding BOS Systems Redesign

Dear Director Hardy and Bureau Chief Hunt-Feroz,

We write to you today to express concerns with the Bureau of Developmental Services Systems Redesign process. As individual organizations, we've reached out to leaders at the DHHS to express many of these concerns at committee meetings, information sessions and in writing. Today, we are coming together to express our concerns and the gravity of the potential impact of these redesign efforts on an already fragile system of supports for people with developmental disabilities across New Hampshire.

Before we share our concerns, we want to acknowledge the commitment of the staff of the Bureau of Developmental Services and DHHS more broadly. We do not doubt that we share the same goals to create a system of services that supports people with disabilities to live the lives that they want to live as a part of their communities. The system of services is strongest when we all work together in a way that values all our different perspectives.

We recognize that there is much room for improvement in the developmental services system. People with disabilities and their families across the state are struggling to find providers, direct support professionals, home health aides, nurses, and other community-based supports. Many people with disabilities have sufficient budgets but cannot use their hours without these supports. In most cases, family members have stepped up to fill this void - they are exhausted, and some are enduring unsustainable economic hardship. People with disabilities, like other adults, want to live independently and cannot create their own independent lives when they do not have supports to live independently. The list of challenges in the current system is significant.

We also recognize that there are some good parts to the systems redesign. We strongly support efforts to:

- Modernize the IT systems to create more efficient and effective work processes including ways to measure systems success.
- Serve people with developmental disabilities in New Hampshire, rather than out of state with the proper infrastructure, funding, and staffing.
- Professionalize direct support professionals so that direct support is a career with livable wages and not just a job, that recognizes the dedication of our current direct support professionals and creates a system to attract more people to this field.
- Develop rates that support our current providers and bring more providers to the state.
- Ensure services are provided consistently and fairly across the state.

However, we have several concerns regarding the current plan that is being implemented that are outlined below.

- Family involvement - The lack of involvement of families during the redesign process from the beginning, and a lack of ongoing education to families regarding the changes the system will undergo and the way those changes will impact families is very concerning. Families must be provided with opportunities to share meaningful input throughout the process. When families do provide input, the state must listen and respond to their concerns, including why they cannot or will not be addressed in the redesign process.
- Scope of change - The state is in the process of implementing changes to rate methodology, direct pay, conflict-free case management, and its modernization. We believe that these changes may yield some of the goals of the larger systems redesign. The additional changes are premature and will overwhelm families.
- Diversity - It does not appear that DHHS is actively seeking to include the perspectives of the Black Indigenous, and People of Color (BIPOC) community (e.g., representation on committees), in this process or addressing these needs within the "systems redesign". Members of the BIPOC community, particularly those with limited English proficiency, immigrants and refugees experience unique challenges in accessing critical services and their voices must be included.
- Funding uncertainties - We appreciate the commitment to examine rates and increase as needed. However, we do not understand how the state can afford these increases without cutting services or increasing the budget for developmental services. Please explain how DHHS plans to fund these rate increases. If additional funding will be required, what is the state's plan to obtain

the funding from the legislature? What will happen if the legislature does not agree to these increases?

- **Area agency stability** - We are concerned that proposed changes to funding will impact the ability of area agencies to continue to serve the needs of people with disabilities and families in their region, particularly in crisis situations and as the provider of last resort. Ideally, area agency Board of Directors are made up of users of the system who truly understand the challenges facing people with disabilities and families in their regions. When this is happening as intended, this "bottom-up" decision-making authority makes our system stronger.
- **Family Responsibility** - Many families of people with developmental disabilities are providing significant direct support and care now because direct support workers are not available or their current waiver budgets are not adequate to meet their needs. Families are concerned that they will be asked or required to do more. There is no delivery system in NH without the FREE care offered by families. By necessity, the positions of those who offer a lifetime of this care cannot be ignored or minimized. Please reassure families that you do not expect them to provide even more FREE care; that their current number of staffed/paid hours will not be reduced without their consent to cover funding shortages/ rate increases; and/or that their current budgets will be proportionately increased to cover any DSP wage/benefit increases so that their number of staffed hours will not be reduced.
- **Family Voices** - It is critical that the state maintains support for the voices of people with disabilities and families in directing how their services are provided and how the organizations that serve them are run. BOS must commit to proactively strengthening and reinforcing the voices of families in the service delivery, including in the redesign process, other state led initiatives and as members of the Area Agency Boards of Directors.
- **Stakeholder committee membership** - While we appreciate that stakeholder committees are a part of the process, we have concerns about the structure of the committees and the expectations placed on those individuals who represent a variety of different interests. While members may serve on various groups and coalitions, they have not been appointed by those groups or authorized to speak for them. Each member brings their own experiences and perspectives to this process. It is not realistic to expect that members will go back to their groups and organizations to represent all of their committees and councils and the needs of their family at one time in a monthly two-hour meeting. In addition, it is not reasonable to expect them to share what is happening without also sharing their concerns about the process. There is also a concern that these committees are

structured in a way that does not give members the ability to truly recommend change. Many members have reported that they feel they are not able to truly make recommendations. It is critical to involve families that do not have a conflict of interest.

- Committee authority - Messages from DHHS have not been clear. It is critical that DHHS listens to the recommendations that the committees are making. What is the authority and decision-making power of each committee and work group in the redesign process?
- Reliance on residential/institutional care- Families of those with high support needs are concerned about the two proposed waivers, particularly that one waiver is "residential". What does this mean for people with significant needs who do not want or need to live in a residential/institutional facility? Families are worried that, unless they agree to provide even more UNPAID supports, their loved one will end up in residential placement that is not wanted. It is critical that the state supports people with disabilities to live in their own homes and communities, even if they need 24 hour paid supports if that is their choice. This option MUST be stated in the language of one of the Waivers.
- System Needs- People with disabilities and families across the state clearly understand where the system is broken. We are genuinely concerned that a "systems redesign" is not addressing these clear needs. We are concerned that BOS chose to move forward with A&M's recommendation of a 2-waiver system without any input from constituents.
- Use of the Supports Intensity Scale (SIS) - The state has indicated that the SIS will be used to develop budgets and we are concerned. Please explain how the state will ensure it is administered consistently and how results will be used.
- Limitations of the SIS - It is critical that the State consider the goals, hopes and dreams of those that we serve, and the SIS alone does not adequately focus on these goals. RSA:171A indicates that "Habilitation" is a primary responsibility of the system. The SIS does little to address this area. Nor does it adequately address defining the level of UNPAID supports the individual relies on currently or in the future to facilitate proper planning.
- Mixed messaging - Many stakeholders, including people with disabilities, have asked questions about the systems redesign process by mail, email and at the informational sessions. Specific questions regarding concerns are asked and general answers are received, answers are not clear, and are sometimes inconsistent. For example, families have asked about potential caps on budgets or specific services in the two waivers. The A&M Phase 1 report assumes caps

on services (<https://www.dhhs.nh.gov/ocom/documents/dhhs-operations-assessment-phase-1a-report.pdf>, Page 32). The current FAQ acknowledges this question, but does not answer it (<https://www.dhhs.nh.gov/dcbcs/bds/documents/bdssystemworkfags.pdf>, Question 9). Individuals have also asked this question at committee meetings and other planning meetings. The question: "Will this initiative include caps on budgets or services?" is clear - direct answers are yes, no or we don't know yet. Other answers and similar answers to other questions create uncertainty and confusion and can foster mistrust.

- Transparency - We appreciate that BOS recently uploaded videos of committee meetings from December, January and March to its website and expect that this will continue. However, we remain concerned about the number of decisions that have already been made without input from the various committees and inconsistencies in how the work of work groups is being reported. The lack of transparency continues to contribute to a lack of trust in the process.

We understand that this redesign cannot address all the problems facing people with developmental disabilities across the state. However, we anticipate continued problems if the state does not commit to addressing the real problems facing people with developmental disabilities each day: housing, transportation, and workforce shortages. These issues are all connected. DHHS must commit to actively working to address these issues to create a system that meets the needs of people with disabilities.

Please respond to these concerns in writing by June 10, 2022. We would also like an opportunity to meet about these concerns via Zoom. Please reach out to Stephanie Patrick and Carrie Duran.

Sincerely,

ABLE NH (Advocates Building Lasting Equality in NH)  
Community Crossroads  
Community Support Network, Inc.  
Developmental Services Quality Council  
Disability Rights Center - NH  
Gateways Community Services  
Granite Case Management, LLC  
Granite State Independent Living  
Great Bay Services, Inc.  
Lakes Region Community Services  
Monadnock Developmental Services  
Monadnock Family Council

New Hampshire Council on Autism Spectrum Disorders  
NH Council for Youths with Chronic Conditions (CYCC)  
NH Council on Developmental Disabilities  
Northern Human Services  
One Sky Community Services, Inc.  
PathWays of the River Valley  
People First of New Hampshire  
Self Advocacy Leadership Team

cc: Lori Shibinette, Commissioner, Department of Health and Human Services Via  
Email: [Lori.Shibinette@dhhs.nh.gov](mailto:Lori.Shibinette@dhhs.nh.gov)

Christine Santaniello, Associate Commissioner, Department of Health and Human  
Services Via Email: [Christine.L.Santaniello@dhhs.nh.gov](mailto:Christine.L.Santaniello@dhhs.nh.gov)

Stephanie Patrick, Chair  
*Disability Rights Center - NH*

Carrie Duran, Vice-Chair  
*Family Support Council Member*

Members

Lisa Beaudoin  
*ABLE New Hampshire*

Mary St. Jacques  
*Institute on Disability*

Ellen McCahon  
*Community Support Network, Inc*

Rich Crocker  
*Area Agency Board Member*

Adrienne Evans  
*NH Council on ASD Member*

Jessica Gorton  
*Bureau of Developmental Services*

Liz Prior  
*Brain Injury Association of NH*

Emily Manire  
*Private Provider Network*

Tammy Mills  
*People First of New Hampshire*

Deb Opramolla  
*Family Support Council Member*

Jim Piet  
*NH Council on  
Developmental Disabilities*

Isadora Rodriguez-Legendre  
*NH Council on  
Developmental Disabilities*

Cathy Spinney  
*Area Agency Board Member*



Melissa Nemeth via email [Melissa.M.Nemeth@dhhs.nh.gov](mailto:Melissa.M.Nemeth@dhhs.nh.gov)  
NH Department of Health and Human Services  
105 Pleasant Street  
Concord, NH 03301

Sandy Hunt-Feroz via email [Sandy.L.Hunt@dhhs.nh.gov](mailto:Sandy.L.Hunt@dhhs.nh.gov)  
NH Department of Health and Human Services  
105 Pleasant Street  
Concord, NH 03301

June 17, 2022

Dear Melissa and Sandy,

Attached are the Quality Council's recommendation on He-M 507, Community Participation Services. These were approved by the Quality Council on October 20, 2021. I apologize for the delay in sending them to you.

Please let me know if you have any questions or need additional information.

Sincerely,

A handwritten signature in black ink that reads "Stephanie Patrick".

Stephanie Patrick  
Chair, Quality Council



## Quality Council Comments on He-M 507, Community Participation Services

In addition to the specific comments on He-M 507 below, the Quality Council wants to encourage BOS to provide additional support to people with disabilities and families to understand the regulations and regulatory process. Simple changes like adding the title/topic when a rule references another rule would help with ease of understanding. We also encourage BOS to develop or support development of a guide to the regulatory process in plain language to be shared widely with people with disabilities and their families.

### Overall comments:

- It is critical that these rules and all rules governing developmental services consider the needs of all individuals receiving services including people with low and high support needs, to ensure that people with the highest needs or unique needs are able to access supports. Many community based services including community participation services are not universally designed.
- The Quality Council recommends adding language that reiterates that personal choice should be provided in the same way in group homes and other structured settings as in home settings. This must include:
  - o more opportunities for input from individuals with developmental disabilities and their families
  - o more education and training related to, as well as enforcement of, the right to personal choice in all settings, and
  - o a focus on person centered planning training, including the use of person center planning to develop and direct services.
- The Quality Council recommends removing references to he/him and she/her. Rather rules should reflect gender neutral language.

#### 1) 507.01 Purpose

- Section a: The Council recommends adding "including education and training" after "vocational skills"

#### 2) 507.02 Definitions

b. Acquired Brain Disorder: The Council is concerned that the rules require that the acquired brain disorder must "Occur prior to age 60". We would appreciate more information about why individuals who meet the other criteria cannot be served if their brain injury occurs after age 60? What alternative services are available to people who are 60 and older? We strongly believe that community participation services should be provided to as many people as possible as they enable individuals with acquired brain injuries and other disabilities to remain at home for as long as possible.

c. Basic living skills: The definition should be expanded to allow for activities to improve the life of the person with disabilities. Not all participants will have independence, but can still benefit from support in basic living skills. In addition, the definition should include training as a way to provide support.

I. Family: In this and all rules, the Council encourages the state to broaden the definition of family to include non-traditional families who may not meet this definition.

r. Personal Profile: The Council is concerned about personal development goals. For many people with disabilities, sustaining progress made is a significant goal in itself. There are concern that individuals are encouraged to develop plans with unachievable goals that set them up for failure. We recognize that training should emphasize improvements, but goals for basic living skills must take into account that sustaining progress is an important goal.

x. Service coordinator-The Council recommends including language related to conflict-free case management (CAP) here by making the changes noted below. "Service coordinator" means a person who is chosen or approved by an individual and his or her guardian and designated by the area agency to organize, facilitate and document service planning and to negotiate and monitor the provision of the individual's services. **The service coordinator is not affiliated or employed by the direct service provider for the same individual, meets all requirements outlined in HeM ??? (specify rules where service coordinator requirements are outlined) and WOO is ...**

b. 507.03 Service Principles

As noted above, the Council is concerned about personal development goals, particularly as articulated in (a)(4). For many people with disabilities, sustaining progress made is a significant goal in itself. There are concern that individuals are encouraged to develop plans with unachievable goals that set them up for failure. We recognize that training should emphasize improvements, but goals for basic living skills must take into account that sustaining progress is an important goal.

(b) Community participation services shall be primarily provided in community settings outside of the home where the individual lives.

The Council believes that this is a critical principle of community participation services which have been severely restricted since the start of the COVID-19 pandemic. It is critical that the state support providers to adapt and develop new ways to ensure safe access to the community for people with disabilities.

c. 507.4 Covered Services

In Section a, the Council recommends adding that "services shall be provided in the least restrictive environment possible".

In Section(b), the Council recommends adding the following (in bold).

The following services shall be covered:

(1) Instruction and assistance to learn, improve, or maintain:

- a. Social and safety skills in different community settings;
- b. Decision-making regarding choice of and participation in community activities;
- c. Life skills as applied to community-based activities, such as purchasing items and managing personal funds;
- d. Good nutrition and healthy lifestyle;
- e. Communication skills and abilities including non-verbal communication;**
- f. Self-advocacy and rights and responsibilities as citizens; and
- g. Any other skill identified by the individual or guardian during service planning and related to the individual's participation in, or contribution to, his or her community;

d. 507.05 Non-covered Services

In Section (a)(4), the language regarding noncovered services for children who are in school should be updated to reflect the responsibility of this program to provide services to individuals who are under 21, including those who are still in school as clarified in recent caselaw.

In Section B, the Council does not believe that the 120 day restriction on covered services is reasonable. Services must be individualized, and each individual's circumstances are different. Some individuals may need additional services particularly related to employment. People with disabilities often need ongoing support for retraining, jobs change, supervisor changes etc. Others may need intermittent help or check ins to maintain employment.

e. 507.06 Certification

In Section c, the Council recommends removing the address. Rules and policies should allow for multiple options for submission including by email or other electronic transmission.

f. 507.07 Operating Requirements

While not specifically addressed here, the Council believes that people with disabilities and families must be fully informed about rights and choices every time. We are concerned that the discussion of rights is actually just box that is checked, sometime in advance of any meeting or discussion. The state must ensure there is a robust discussion of rights each year and more frequently if needed.

In Section B, the Council recommends that a discussion of employment and volunteer opportunities occurs each year with every person who is receiving services, not just those receiving community participation services. Many individuals with disabilities can work or volunteer even if their access to the community is limited.

The Council recommends that Section F be expanded to provide additional protections for people with disabilities in terms of termination of services.

g. 507.08 Organization and Administration

In Section {8}(2), the Council recommend that the rule outlines a process in which the person with the disability and family can have more input and influence in emergency planning for the individual(s) with disabilities. At minimum, policies regarding emergency planning must consider individual needs and desires of the person with disabilities.

In Sections c.- f, the Council recommend that people with disabilities are informed and can influence how their personal information is stored and retained.

In Section (E)(6), the Council recommends removing references to specific editions of the SIS and HRST to allow the state to adopt new versions as needed.

In addition, the Council recommends that the policies of area agency and service providers which guide decisions for people with disabilities are made available to the public on the provider's website and by request. The Council recognizes that personnel policies and administrative policies may not be appropriate to be shared with the public but people with disabilities and families must have access to policies that are being used to guide decisions about eligibility, services and other decisions directly impacting people with disabilities.

h. 507.09 Oversight and Quality Improvement

Section (c)(8), "The community participation services director and service coordinator shall determine whether the following criteria are being met and, if not, take appropriate action:" including "Individuals, and guardians if applicable,

are satisfied with services". The Council is concerned about how this is verified and recommends addition specifics regarding the assessment of satisfaction. This should include requiring multiple ways to provide feedback: mail, phone to a designated person, email, web form, NCI survey. Anonymous feedback must be considered. It should specify that people with disabilities can call their service coordinator at any time to request a meeting if dissatisfied with services. Finally, this process must be published on the service providers website and shared with families at each service planning meeting.

In addition, the community participation services director and service coordinator must make sure that people with disabilities are informed about formal and informal appeals processes if they do not agree with a decision.

i. 507.10 Staff and Provider Qualification

No comments on this section.

j. 507.11 Staff and Provider Training

In Section (b) (1), the Council recommend that the timeframe for "shadowing" during orientation be more specific (e.g. during the first 30 days of hire) prior to working with any individual with disabilities independently. Shadowing should be a minimum of 2 day and required for all new hires.

In addition, shadowing of family member should be allowable to meet this requirement if they are providing direct care services even if they are not paid.

In terms of training requirements, the Council recommends that BDS set standards for training, develop expectations regarding the achievement of measurable competencies and ensures consistency of training for service providers across the service delivery system. In addition, the Council believes that service providers should regularly assess the outcomes of training provided and opportunities for improvement, including gathering feedback from people being trained and people with disabilities who are being served.

In addition, the rule should specify that additional training will be provided when needed to support the specific needs of the person with disabilities including communication needs via ASL or other means of communication.

In Section (2)(b)(2-6), the Council recommends that service providers must include input from people with disabilities families in training topics provided to staff, both globally and for specific trainings. This includes training related to independence, choice, improved skills, addressing challenging behavior and health and safety practices as these can be very specific to the individual.

In Section (6), the Council believes there is a need for more training in these areas specifically with individuals with disabilities and better alignment of these trainings between area agencies.

k. 507.12 Prior Authorization of Community Participation Services.

No comments on this section.

l. 507.13 Denial or Revocation of Certification

No comments on this section.

m. 507.14 Immediate Suspension of Certification

No comments on this section.

n. 507.15 Appeals

No comments on this section.

o. 507.16 Prior Authorization and Payment

The Council is concerned that this section may need to be amended to ensure compliance with conflict free case management and direct billing.

p. 507.17 Waivers

The Council believes that people with disabilities and families could benefit from additional information regarding waivers, including what is and is not in statute and therefore eligible for a waiver. The Council suggests a one-page document with this information.