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June 28, 2024

Jessica Gorton (via email: jessica.d.gorton@dhhs.nh.gov)
Bureau Chief, Bureau of Developmental Services
New Hampshire Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Re: Proposed Developmental Disabilities Waiver Comments

Dear Chief Gorton,

Thank you for inviting the Quality Council to provide comments on potential services to be included in the new Developmental Disabilities waiver. We appreciate that this is a draft document, created from recommendations from the waiver work group of the BDS Systems Work Advisory Committee.

Over a period of nine months, members of the NH Developmental Disabilities Quality Council Rules Committee and other members of the public conducted a series of meetings to review and provide feedback on a number of waiver services that the Bureau of Developmental Disabilities is considering adding to the DD waiver over the next two years. Members of the staff of the Bureau of Developmental Services attended each meeting. At the meetings, members discussed the proposed services and made recommendations on the proposed services to be considered by the full Quality Council. These recommendations were considered and approved by the full Quality Council on June 18, 2024.

The Council appreciates the thoughtful and deliberate process that the Bureau has conducted so far and hopes this will continue as these proposed services continue to be considered. We appreciate that the Bureau began to solicit feedback well in advance of implementation of

proposed changes and all perspectives are considered. As this process continues, we encourage the department to share ideas and proposals in plain language, in alternate formats and in a variety of communication methods so that all stakeholders will have the opportunity to share meaningful feedback.

Overview

In addition to the comments on specific services as outlined below, the Council believes that the following factors are important to consider in the development and implementation of all DD waiver services.

- People with disabilities and families must understand how services are supposed to be provided and what constitutes high quality services so that they can hold providers accountable.
- Service providers must prioritize making the system of services as easy to navigate as possible for people with disabilities and families.
- Information about services must be provided in plain language including large type, multiple languages and in an accessible format.
- It is important that BDS seeks feedback from different groups and provides information in culturally considered ways. The Council suggests reaching out to the Office of Health Equity at DHHS and stakeholders in this process.
- The Council appreciates the scope of new services being considered. In the final list, it will be important to make sure each service is clearly different from the others so that people with disabilities and families understand what each service includes.
- The Council supports soft limits on services with the ability to request additional services, services over a longer period of time and more intensive services with the approval of the Bureau of Developmental Services.
- The Council recommends that abbreviations be written out and information be provided to better understand complicated or unfamiliar phrases or concepts when they are important to the understanding of the service.
- Budgets for services must be flexible and allow for disabled people to live the lives that they want to live, even if it was not part of their yearly service plan.
- All services must be culturally appropriate for each participant with disabilities. This is especially important with residential and shared living services.

- The development of rates for all these services are very important. Rates must be high enough to support high quality providers and ensure choice of providers across the state.
- It is important that the state considers the difficulty in navigating these services for people with disabilities and their families and prioritizes removing any burdens or barriers wherever possible.

BDS must ensure that all settings are in compliance with the HCBS settings rule and promote true community integration, including residential and community-based programs.

As these services are implemented, we believe that it is very important to develop and conduct trainings for providers, service coordinators, people with disabilities, family members and advocates so that all groups have a common understanding of what these services are, how they should be delivered and how to assess whether they are of high quality. Trainings in a variety of formats are most helpful, including short videos available on demand, handouts and FAQs. We suggest that videos include statements and descriptions of services from people receiving services. Explanations of services and what to expect should not fall solely on service coordinators.

The Council also recommends that in-depth training be available for service coordinators, providers and others in key positions as it is helpful to have experts available in case the training described above is not sufficient.

Both of these trainings will also help to make sure that services are provided in a consistent way across the state, which is a problem that the Quality Council has discussed in previous comments.

It is important that people with disabilities and family members are consulted in the development of all trainings including PDMS families. Trainings address the various needs of people with a range of disabilities, including low incident disabilities. Trainings must consider a range of learning styles.

The Council also recommends that the Bureau consider working with self-advocacy organizations to develop a handbook on new waiver services similar to the one being developed to explain the rights of people with developmental disabilities as outlined in the HeM 310 rule.

Service Coordination

The description of service coordination must prioritize person centeredness in the development and implementation of service plans. However, a service plan is not equivalent to a person-centered plan and the definitions must make this clear using plain language.

It is important that expectations for all service coordinators be clear and in writing, including service coordinators for PDMS families. Rates must be sufficient to allow service coordinators the time for training and to provide high quality services.

The Council recommends consideration of whether multiple/enhanced rates could be helpful for people who require more intensive support.

The Council recommends adding the underlined to these expectations:

- Person-centered service planning, including coordination and facilitation of the person-centered planning process, services and the development of a service agreement pursuant to He-M 503.
- Assistance to individuals in identifying available provider agencies and providers and with supporting of changing providers/identifying new providers and ensuring freedom of choice.
- The Council believes that some service coordinators struggle to provide “advocacy education and skill development to the individual, their family and their representative or guardian” well and recommends additional skill building and accountability for service coordinators if this is expected to be provided.

The Council recommends that these be added to the list of expectations for service coordinators:

- Assist with the coordination of mental health services and understanding other systems.
- Assistance with understanding and navigating the complaint process. Assistance with understanding and navigating the appeals process.
- Assistance to obtain a person-centered plan.
- Linkages to advocacy groups and organizations.
- Monitoring and documenting services for quality.
- Help to access education about additional services and resources like legal information and information about financial planning. We do not expect that all service coordinators will be experts in all these things, but they should act as a librarian to help the individual and family to find reliable information that they need.

- Assist with paperwork/application when requested and appropriate. For example, Medicaid reapplications.
- Serve as the liaison for family support funds and the application process.

The Council recommends further discussion about whether service coordinators should be licensed.

Support Broker

The Council appreciates the addition of this service, but recognizes that it can be exhausting for people with disabilities and family members to deal with multiple people and to be expected to tell their story multiple times to different service providers. If this service is added, it should be optional, not required.

The Council recommends that the Bureau hold focus groups with families to further develop this service if it may be added. The Council also recommends consideration of a peer support model for this service where people with disabilities and families provide this support to other families. Many do this already without pay or support. Finally, the Council recommends technical assistance from other states who have implemented this service.

If this service is added, the Council recommends BDS develop trainings and materials to help people with disabilities understand the service and how it could be helpful. Individuals and families must be part of the development of these trainings.

The Council recommends adding “Understanding legal obligations and risks as employer and navigating legal obligations” and “Technical assistance to families when service coordinators are not fulfilling their responsibilities” to the list of supports that the broker may provide.

The Council recommends training for people with disabilities, families, service coordinators and support brokers so that they all understand the roles of both providers and have clear expectations for high quality services.

The Council recommends adding a restriction that support brokers cannot make decisions regarding employees or budgets on behalf of employees.

Community Support Services

The Council recommends that the definition of this service be expanded to make it clearer that these services are designed to help people learn the skills they need to live independently. Also the Council recommends specifying that there is no limit to the duration of this service if the individual is living independently.

Interpretation and Translation Services

The Council recommends that this service be allowed to be provided remotely if chosen by the individual. The Council recommends that this service be allowed to be provided as a Medicaid pass through service or by an enrolled Medicaid provider as some interpreters and translators are not able or interested in becoming Medicaid providers. This should include sign language interpreters.

It is very important that the rates for this service be high enough to be sustainable. It is also important that interpretation and translation services are available for families. Sometimes family members/guardian/parents need the interpreter when the person receiving the service does not. The cost of providing interpreters and translators for these families can be quite expense. We encourage the Bureau to explore if this can be paid by the Medicaid waiver and to explore other funding if waiver funds cannot be used.

Community Residence – Staffed Services

The Council is concerned that NH is using Medicaid waiver funds for residential facilities, particularly those with more than 4 people. It is difficult, if not impossible, to provide individualized services that prioritize the wants, needs and interests of each person in such a large group setting as is required by the HCBS settings rule and is best practice.

The Council understands that these services are being provided in larger group settings now and does not want changes to these services to lead to homelessness for anyone but recommends moving toward smaller residential settings over the next several years.

The Council recommends that BDS articulates standards for waiver funded residential services to minimize institutional qualities within the waiver definition or in rule. This should include regular interviews with residents to ensure the services are individualized and person centered.

The Council recommends that BDS look at the personal needs allowance/spending money and raise it if possible. This is especially important given the likely need for additional funding for recreational services.

The Council understands that “Waiver funds are not used to pay for the cost of room and board, including the cost of building maintenance, upkeep and improvement”, but recognizing that some damage caused by residents could be significant. The Council recommends additional discussions with providers about the impact of this

limit. We do not want these limits to cause providers to reject people with the highest needs/providers to “cherry pick” residents. The Council recommends that BDS consider a system of managing admissions and rejections to limit the ability of providers to only serve individuals whose needs are less.

Stabilization Services

For stabilization services in home and out of home, it is important to recognize that the person with the disability is in a crisis and, if they have family or other supporters, their supporters are focused on helping them to address the crisis. The state must consider the impact of burdensome paperwork and other procedures in these situations. We appreciate that this may be addressed in the operationalization of this service.

Stabilization Services – In Home

The Council recognizes the importance of this service in a crisis for either a provider or person with disabilities receiving services, particularly to prevent loss of placement. The Council recommends a grace period for approvals if needed to allow maximum flexibility during the crisis, particularly during the first few days.

The Council recommends that stabilization services providers receive additional training to prepare them to address the needs of the person with the disability in the crisis. As this service definition and related rules are developed, the Council recommends additional discussions with expert providers of these types of services within the developmental disabilities services system including nurses and other systems like the mental health system. This is important as this service could be used in the event of a behavioral or physical/medical crisis.

Stabilization Services – Out of Home

The Council recommends additional discussions about this service including how to structure it, how to make sure the service recipient is receiving needed mental health services and how to prevent “cherry picking” in this service.

Just as above, it will be important to discuss this service with experts in the developmental disabilities system and other service systems to design a service that is flexible and will meet people’s needs.

The Council believes that this could be useful to support someone during transitions, particularly when a new person moves into a setting.

Stabilization Services – Non Residential

As the Council understand it, this service will be available to people with developmental disabilities who are not in residential placement and need stabilization services in their community-based programs like day programs or similar programs. The Council believes that stabilization supports/services in the community are an important part of stabilization. With this service and the ones above, the individual with the disability can receive stabilization services in all parts of their lives where this is needed.

The Council understands why this service should be outlined in the individual's service plan and discussed by their team, but as noted above, the Bureau must consider the paperwork burden and whether requirements like this can lead to unnecessary delays, which can only intensify the crisis.

For this service, it is important that the individual with a disability determines where this service will be provided. They may prefer that this service be provided in a different setting than their day program and their preference must be respected. It is important that their provider understands this.

The Council appreciates that this service will be available to people with disabilities who are hospitalized and need additional supports that hospitals cannot or will not provide.

It is important that qualified and trained individuals provide these support services, but also that there is consistency in the individuals providing these supports. We hope the state will consider ways to allow direct support workers and others to provide different waiver services with the appropriate training.

Transitional Assistance Services

The Council believes that it is important that people's belongings move with them when they move to new settings and supports this service if it will help to ensure this happens.

The Council recommends that BDS puts reasonable requirements in place related to two bids for this service. As noted below, the Council recommends requiring two bids for services over \$600. The Council understands the reasons for two bids but believes that sometimes two bids are not reasonable or efficient.

Community Residence – Intensive Treatment Services

The Council is pleased that BDS is considering adding this service earlier than 2025 if this will help to move people back to New Hampshire from out of state.

Just as with other services, these services must be culturally appropriate.

It is important that disabled people receiving DD waiver services can access services in the least restrictive environment possible.

The Council is concerned about the full process of recommending intensive treatment services through the Community of Practice and of placing individuals in certain homes. To protect individuals' rights including freedom of choice, the criteria for placement must be specific, articulated and transparent. This includes the process for accessing emergency services.

The Council recommends further discussions on the most appropriate processes to manage risks while making sure people are living in the least restrictive environment possible. The appropriateness of a restrictive placement must be assessed regularly. The discussions should also involve the process of emergency placement. The Council believes that there must be a balance between managing emergency needs and fairness for individuals who have been waiting for an extended time for a scarce service.

Shared Living Services (Currently Enhanced Family Care)

It is important to make sure that shared living providers don't face a significant loss of revenue if the person with disabilities wants to go on vacation or faces an unexpected hospitalization. Payment for shared living services is an important part of a household budget. To maintain providers, this must be a reliable revenue source.

BDS should monitor changes to shared living services to allow only 30 out of service days from 52. The Council hopes this is not a disincentive for providers.

The Council recommends that home provider for shared living be expected to provide internet in their homes for use by service recipients. The rate for the service must cover this additional expense if needed.

The Council is concerned about the provision of shared living services for three people in one home and recommends that the limit be 2 people with the possibility that the Bureau could approve 3 people in one home in special circumstances like siblings. The Council believes that it is difficult to provide individualized services

chosen by the person with the disability if three people are living in one home, with 1-2 providers. Another possible exception would be a third respite bed, especially if that is used to maintain a stable income for a provider when one of their residents is on vacation or otherwise out of the home.

As with residential services above, shared living services must be culturally appropriate. Participants should be supported in their choice of food, activities, religious observances, etc. People need a real choice of settings so that they can choose one that is appropriate for them and not be provided with only one option. True person-centered planning is an opportunity to discuss what the individual wants and needs in their shared living setting.

The current payment method for shared living services does not support real choice of the most appropriate setting. As discussed above, payment for the service stops as soon as the person with the disability leaves. This can create a difficult financial situation for providers who need someone to move in quickly.

The Council recommends that the state make improvements to the program as recommended by people with disabilities and current providers. Once this is complete, the Bureau should market this service broadly across the state so that there is real choice of providers.

One particular area of concern is transportation. If shared living providers are expected to provide transportation, rates must be enough to cover time and expenses. If shared living providers are expected to help the disabled person to utilize non-emergency medical transportation, this system must be improved. Providers should also be able to be paid through the non-medical transportation service.

The Council is concerned that the rate for shared living is expected to cover "Habilitation supplies and equipment that are not specifically prescribed for one individual". The cost of some habilitation supplies can be expensive. The Council recommends that the Bureau further research the impact of this restriction on provider recruitment and sustainability.

The Council recommends that the requirement that "Overnight, the HCP may be asleep if appropriate based on the individual's assessed needs but must be present and available to respond immediately to the individual's needs and emergencies" be based on an individual's service plan and assessed need. This may not be appropriate or necessary in some cases.

Finally, the Council recommends that “Community Integration” be renamed “Access to the Community” so that it is not confused with the community integration service. Language be more inclusive to include activities of the individual’s choice. The current language “to the greatest extent possible” is vague and allows for misinterpretation that community access could be a trip to the grocery store which is not necessarily an activity of choice but a necessary one.

Chore Services

The Council recommends that this service be renamed “Household Care and Maintenance” as this more accurately describes the service.

The Council understands why the Bureau included this restriction, “These services are only provided when neither the individual nor anyone else in the household is capable of performing or financially providing for them and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is responsible for their provision”, but recommends that the Bureau clarifies that families are not expected to pay for services when the family member does not live with them and that participants are not expected to use their limited income/savings to pay for these services.

The Council understands the requirement for two bids (estimates/quotes to justify vendor selection for services but recommends that this only be required for services that exceed \$600 over the course of the year.

Professional Assessment and Evaluation Services

It is important that providers of professional assessment and evaluation services have the proper credentials, training, and expertise to provide the service. Proper assessments and evaluations are to make sure people can stay in their homes and communities.

The Council believes that there is some confusion when evaluations have the same or similar names, but the scope and intensity is different. Participants and families can have difficulty advocating for the appropriate evaluations and assessments via the waiver if they have already received a similarly named evaluation previously. The Council recommends using different names whenever possible. This can also lead to confusion around denials of managed care funded services, which is required for the waiver to fund the service.

The Council is also concerned about delays in accessing assessments and evaluation.

The Council encourages the Bureau to minimize any confusion which could lead to unnecessary delays.

The Council encourages BDS to collaborate with Managed Care organizations and service coordinators to make sure these services are actually available to the people who need them.

Person-Centered Strategic Consultation

The Council appreciates this service and the ability to provide ongoing support to waiver participants to ensure services and supports are person centered. These services must be individualized and adaptable.

The Council recommends edits to paragraph 2 to clarify that these are not behavioral support services, which are available under a different service.

“This service is not intended to replace individual therapeutic treatment. Rather, services under this category could enhance other waiver services in a way that helps providers create a supportive, individualized service environment for individuals. This may be through consultation and/or education for people in an individual’s life.”

Positive Behavior Support Services

The Council recommends additional conversations about how this service compares to specialty services. Overall, the Council believes that it is important to minimize overlap and confusion among the different services.

Positive Behavior Support Services include:

- Assessment, observation and evaluation of the individual and/or their environment in order to determine behavioral and clinical need(s);
- Development of a positive behavior support plan that includes intervention techniques as well as teaching strategies for increasing new adaptive positive behaviors, and decreasing challenging behaviors addressing these needs in the individual’s natural environments;
- Provision of training to the individual’s family and the support providers in appropriate implementation of the positive behavior support plan and associated documentation;
- Evaluation of the effectiveness of the positive behavior support plan by monitoring the plan on a monthly basis, and by meeting with the team one month after the implementation of the positive behavior support plan, and every three month thereafter; and

- Professional consultation and clinical evaluation

The Council recommends adding “Services to reduce the use of restraint and seclusion in response to behavioral issues” to the list above.

In addition, the Council recommends adding a reference to compliance with the HCBS settings rule and individual rights as outlined in He-M 310 to this section.

The Council is concerned that the inclusion of training creates an expectation that family member are going to be asked to implement behavior support plans. The training should be available to families by request, but families should not be expected to replace services that should be provided by trained professionals. This needs more clarity.

Non-Medical Transportation

The Council believes that transportation is one of the most important services to support people with disabilities to live lives that are integrated in their communities. There are big challenges with transportation services now including with the provision of non-emergency medical transportation. Both systems must be viable to meet the needs of people with disabilities.

The state must also consider creative transportation solutions throughout New Hampshire, particularly in rural areas and in Northern NH where taxicabs and rideshare services like Uber and Lyft are not available.

This is a new service that is available in the current DD waiver. The Council believes that there is a lot of confusion about how to implement this service particularly utilizing ride share services and recommends additional discussions with providers and service coordinators so that people with disabilities can access this important service. The Council also recommends that BDS form a working group to look at challenges to implement this service and to make recommendations for improvement.

If Uber, Lyft or other rideshare companies can provide non-medical transportation, the state must consider how the service is funded and reimbursed. It is not reasonable to expect people with disabilities or their families to cover the cost and pursue reimbursement. It is also not reasonable to expect a taxicab or rideshare service to wait months for payment.

When providers or staff must travel long distances to pick up the person with the disability, transportation to the home of the disabled person is not covered. This can be a large burden, especially for providers serving larger and more rural regions.

To be most useful, non-medical transportation should be available on demand, in the evening and on weekends. Now, non-emergency medical transportation must be scheduled weeks in advance, which is not useful. It is also important for providers to offer this as a supplement to other services.

It is important that the state speaks to users of medical and non-medical transportation about problems and confusion about these systems. The state must take action to fix the problems within these systems.

It is important that BDS makes sure that medical and no-medical transportation services are available across the state.

Finally, the state must make sure that people who need accessible transportation services know about medical and non-medical transportation services and can access these across the state. It is also important to consider how people who need more support and cannot independently use on demand transportation can utilize this service. Otherwise, a significant part of the DD waiver population will be unable to utilize this service.

The Council strongly recommends that BDS issues operational guidance for this service as soon as possible as this is not being utilized as much as it could be now. This must be addressed in 2024.

Respite Services

The Council supports changes to the certification of respite homes to allow homes to be certified before people live there. This will make it easier to recruit additional respite homes, especially homes that do not want to be providing services all the time.

The Council recommends that respite services be available to people who receive shared living services.

Homemaker Services

The Council is pleased that BDS is considering this service, which is available for participants on the CFI waiver. The Council recommends that this service be based

on assessed needs and capacity. It should not substitute for skill building related to homemaking.

Assistive Technology

The Council believes that service animals are an important part of assistive technology and can lessen the long term medical and direct care costs to support disabled people. The Council recommends that the costs of caring for a service animal be covered. In addition, the Council believes that the cap on this service is low, particularly with the high cost of new technology and service animals. If the cap remains, the Bureau should educate disabled people, family members and service providers about the process to request a higher limit. The Council is concerned that people don't understand that they can request a waiver if the cap is too low to get the services they need and don't make the request.

As this service is revised, the Bureau should consider smart home technology to increase the independence and autonomy of people with disabilities.

For people using internet-based technology, the Bureau should pay for the monthly internet costs so that the individual can utilize this technology.

The Council believes that there is some confusion when assistive technology has the same or similar names, but is different. Participants and families can have difficulty advocating for the appropriate technology via the waiver if they have already received a similarly named technology previously. The Council recommends using different names whenever possible. This can also lead to confusion around denials of managed care funded services, which is required for the waiver to fund the service.

The Council encourages BDS to collaborate with Managed Care organizations, NH Vocational Rehabilitation and service coordinators to make sure these services are actually available to the people who need them.

Home Environmental Modifications

On this list of covered services, the Council recommends adding "and/or related ancillary equipment and systems" to Installation of specialized electric and plumbing systems because some people will need grounded outlets, tamper proof plumbing or other ancillary equipment and systems to fully utilize the modification safely.

The Council recommends that the state issues operational guidance related to this service as soon as possible so that people with disabilities and families can plan for

their portion of obtaining or replacing home environmental modifications. This guidance must be updated every 6 months. While these comments are focused on the new waiver services, these issues must be addressed now for current services.

With the recent changes to the area agencies, there is a lot of confusion and people are not getting the home environmental modification services they need.

Vehicle Modifications

The service definition and related guidance must make it clear that maintenance expenses for the modification are also included under this service.

The Council recommends that the state issues operational guidance related to this service so that people with disabilities and families can plan for their portion of obtaining or replacing a vehicle. This guidance must be updated every 6 months. While these comments are focused on the new waiver services, these issues must be addressed now for current services. With the recent changes to the area agencies, there is a lot of confusion and people are not getting the vehicle modification services they need.

Supported Living

The Council believes that this service is very important as it will provide direct support to people with disabilities who are living independently. It is important that this service is available to people using the PDMS model and those who use the traditional provider services model. The Council appreciates the additional flexibility in the number of hours that is being proposed. The Council appreciates that skill building is not required in this service if it is not what the individual with developmental disabilities needs or wants.

The Council appreciates the exception process to the requirement that this service be provided in the individual's home as we can envision situations where the individual is living in their home, but they are not on the lease.

The Council is concerned that family members of people with disabilities cannot be paid to provide this service, but they can be paid to provide the service below, In Home Personal Care. In many situations, particularly with the caregiver shortage, family members of people with disabilities want to support them to live independently in their own home. The Council supports allowing family members to be paid for this service and the one below. This can help with consistency and support, especially during transitions.

Overall, the Council requests maximum flexibility in providing this service. This type of support is very important, particularly in times of transition.

In Home Personal Care

The Council supports this service. As noted above, we support consistency in paying family members to provide this service.

Live-In Caregiver Services

The Council supports additional exploration of how this service can be provided. It is unclear how a live in caregiver may impact the disabled person's eligibility for Section 8/HUD housing. It is important that any impacts be considered/mitigated before this service is provided. It is also important to consider how any caregiver income could impact Medicaid eligibility for the waiver participant.

The Council does not support an age limit for this service, for the person with the disability or caregiver. If there are specific exclusions, the state must have a process for exceptions on a case-by-case basis. The Council also supports flexibility in the number of hours of support provided per week. We understand the 40 hour limit, but there may be situations where this is not appropriate and more or less is better.

We appreciate that it is clear that this is provided in the home of the person with the disability. If the situation is no longer working, it must be clear that the live in caregiver is expected to move, not the person with the disability.

The Council recommends additional consideration of the Department of Labor and other employment considerations for this type of service.

Finally, it is important to consider how the person with the disability will manage expenses during periods of transition. They need time to find a live-in caregiver who is a good fit without fearing that they will get behind on their monthly rent and other bills. There must be a backup plan.

Regardless, the focus must remain on what the person with the disability wants and needs.

Individual Goods and Services

The Bureau is not recommending significant changes to this service and the Council supports this.

As noted in previous comments, the Council is concerned about this restriction:

The individual does not have the funds to purchase the item or service or the item or service is not available through another source.

It is important to consider all funding sources to pay for these services. Waiver funds should not be used when there are other readily available funding sources. But it must be clear that individuals and families are not expected to contribute to the cost of services when their funds are limited.

Also, the process for obtaining reimbursement for individual goods and services must be clear and reimbursement must be provided quickly. The Council prefers that is a pass through service so this burden of the expense does not fall on families.

The Council recommends that there be a collaborative process between people with disabilities, families, area agencies and BDS to determine a process that works for everyone for this service and other Medicaid waiver pass through services. Payment by families and individuals for the expense up front should be an option, but not a requirement. BDS must make sure that these services are provided consistently across the state.

The Council supports more clarity on what can be funded in this service. We appreciate the flexibility, but believe that examples or additional guidance would be helpful.

However, the Council believes that this service may be underutilized and recommends additional training for people with disabilities, family members and services providers about the possibilities of this service.

Additional Suggested Services

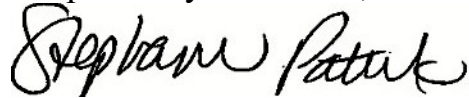
Peer Support

The Council supports funding for services to pay people with disabilities to work as peer supporter specialists for other people with disabilities. The peer support specialists are trained to serve as mentors or educators for other people with disabilities.

The Council recommends continued conversations with People First of NH, Team SALT and other advocacy organizations as this service is developed.

The Council recognizes that there may be challenges in using Medicaid waiver funds for this service and recommends that the Bureau consider alternative funding mechanisms if Medicaid waiver funds are not available.

Respectively submitted,

A handwritten signature in black ink, appearing to read "Stephanie Patrick". The signature is written in a cursive, flowing style.

Stephanie Patrick

Chair, NH Developmental Services Quality Council