www.qualitycouncilnh.org
nhdsqc@gmail.com

New Hampshire NHDDQC Developmental Services Quality Council

May 21, 2026

NH Dept of & Human Services
Bureau of Developmental Services
Attn: Lindsey Magee
105 Pleasant Street, Main Building
Concord, NH 03301-3857

Via Email: abdwaiver@dhhs.nh.gov

Re: ABD Waiver Renewal

Dear Lindsey,

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

Thank you for the opportunity to submit comments on the Acquired Brain Disorders waiver renewal. We understand the importance of the ABD waiver to people with brain injuries and their families across New Hampshire and we support improvement in the system of services to better meet these needs.

Eligibility

The Council supports the addition of the new eligibility group for the ABD waiver. The supports provided by the ABD waiver are very important for people with brain injuries.

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

The Council is concerned that people will lose Medicaid in the recertification process. If individuals lose Medicaid, providers will not have the funds to continue to provide waiver support, even if they are able to recoup some funds. Providers don't have any control over this process and do not know how to help or who to call when someone loses Medicaid. One provider discussed someone who has been trying to get their Medicaid restored for over 4 months.

2. Flexibility regarding service caps

The Council supports the newly added provisions to allow individuals to exceed the limit with prior approval from BDS. At times, individuals' needs will not fit into the expected service categories and limits. It is important that there is flexibility to exceed the cap if needed.

3. Services for Individuals with Limited English Proficiency

The Council supports the additional language added " By signing "The State of New Hampshire Department of Health and Human Services New Hampshire Medicaid Provider Participation Agreement" all enrolled providers agree to provide services or items without discrimination as required by Title VI of the Civil Rights Act of 1964, and without discrimination on the basis of handicap as required by Section 504 of the Rehabilitation Act of 1973 as amended" which clarifies that providers must comply with these important laws.

The Council encourages BDS to add an additional provision reminding providers that they are also required to comply with NH anti-discrimination laws, including RSA 354-A.

4. Transportation - Transportation remains a significant barrier for people with acquired brain disorders. The current transportation caps are too low and will not cover the actual transportation costs to travel to/from a job and other activities.

Transportation is not available across the state and, in some places, it is not available when individuals need it. The Council supports contracting with on-demand ride services to increase transportation options but recognizes that it's not available across the state. Taxi cabs are also limited. There is no provider of non-medical transportation in the Monadnock region of the state.

Recent changes to transportation guidelines are difficult to navigate. People with disabilities don't always know when they will be finished with an activity and it is challenging to schedule a pickup time in advance without the flexibility to move it if needed.

It is especially difficult to schedule accessible transportation, and the Council recommends that BDS considers additional funds or other supports for accessible transportation providers.

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

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

The Council encourages the Bureau to consider ways to support providers to add transportation to their service offerings so that there are more options across the state. Many people with disabilities and their families still do not know that this service is available.

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

The Council supports recent changes to the paperwork to eliminate unnecessary paperwork including changes to allow some progress notes to be completed quarterly if requested by the individual and the removal of the remote participation checklist. We encourage BDS to continue to assess the paperwork burden and make additional changes to decrease unnecessary paperwork and increase efficiency.

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

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

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

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

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

8. Person centered planning – The Council appreciates that the waiver includes terminology related to person centered planning in many places in the waiver and that this has been a focus at the Bureau. However, the Council believes that providers need more training about what is expected in initial trainings and during annual refreshers. The Council is also concerned that the training is not standardized across the state. Providers are expected to make their own tests and supplemental materials. The Bureau must develop methods to person centered planning is actually happening as it should. We still hear that it is not really happening. The Council would like the Bureau to consider mandating certain trainings or at least making high quality trainings available to providers for both the yearly and every 5-year trainings.

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

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

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

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

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

13. New Services – The Council believes that it is important to assess the need for new services for people on the ABD waiver as the Department did for DD waiver participants. We appreciate that there is potential to provide some of the services identified as priorities in the discussion with people with developmental disabilities, but it is important to have these conversations with the ABD community too.

Based on conversations with people with developmental disabilities, the new service that the Council thinks is most important is homemaker services. Some people can't physically do chores or need support to do chores. This is important for people of all ages, especially people who are aging. Homemaker services can help people to stay in the community and can help to ensure that individuals pass required home inspections. The Council appreciates that this may be able to be covered under an existing service.

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

Access to a nutritionist is another important service.

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

With the move of camp from community integration, we are concerned that may limit the ability of individuals in enhanced family care to participate in camps as their ability to access respite is limited.

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

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

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

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

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

18, Transition supports – We encourage BDS to consider additional services and supports for individuals with newly acquired brain injuries. Brain injuries often happen suddenly and require major changes to life activities. Individuals with brain injuries and their families could benefit from more intensive supports during this period. We also encourage BDS to consider ways to fund ongoing support for family members of ABD participants.

19. Family members as paid supports – The Council supports additional flexibility regarding legal guardians and legally responsible people being paid to provide supports as long as there are guardrails in place to make sure the individual with disabilities retains their ability to live independently in the setting that they want with the service providers they choose. We understand the sacrifices that families make to care for their children and adults with disabilities especially when they give up their jobs and careers to provide this support, but the individual must make their own choices. We encourage BDS to consider time limits, increased evaluations/reviews, additional person center plans or other guardrails.

For supported employment, the provider must be trained and overseen by an employment specialist.

Thank you for considering these comments.

Sincerely,

Stepanie Patrick
Rules & Regulations Committee, NH Developmental Services Quality Council

Emily K. Manire, MSW
Chair, New Hampshire Developmental Services Quality Council