

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: New Hampshire

B. Waiver Title(s):

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| In Home Support Waiver Developmental Disabilities Waiver Acquired Brain Disorder Waiver Choices for Independence Waiver for Elderly and Chronically Ill |
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C. Control Number(s):

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|--|
| 0397.R03.02 – In Home Support 0053.R06.02 – Developmental Disabilities 4177.R05.02 – Acquired Brain Disorder 0060.R07.02 – Choices for Independence |
|--|

D. Type of Emergency (The state may check more than one box):

| | |
|-------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> | Pandemic or Epidemic |
| <input type="checkbox"/> | Natural Disaster |
| <input type="checkbox"/> | National Security Emergency |
| <input type="checkbox"/> | Environmental |
| <input type="checkbox"/> | Other (specify): |

E. Brief Description of Emergency. *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

- 1.) On January 31, 2020 the United States Secretary of Health and Human Services declared a public health emergency due to an outbreak of Coronavirus Disease 2019 (COVID-19). The President of the United States declared a national emergency due to COVID-19 on March 13, 2020.
- 2.) New Hampshire has confirmed an increasing number of cases of COVID-19 and as of April 29, 2020 has 2,054 confirmed cases with 66 deaths attributed to COVID-19. The people served through New Hampshire’s home and community based waivers may be particularly vulnerable to infection and resulting illness due to: (1) underlying health conditions; (2) reliance on support from others for activities of daily living; (3) deficits in adaptive functioning that inhibit ability to follow infection control procedures and readily adapt to extreme changes in daily living. The state has identified potential negative impact for people served by the waivers and for the providers that deliver services.
- 3.) The Division of Long Term Services and Supports (DLTSS) provides the oversight for the state’s four Home and Community Based Services (HCBS) 1915 (c) waivers that are managed programmatically through the Bureau of Developmental Services (BDS) and Bureau of Elderly and Adult Services (BEAS). The Division of Long Terms Supports and Services works with the Division of Medicaid Services (DMS) to ensure that New Hampshire’s Department of Health and Human Services is operating in accordance with the Center for Medicare and Medicaid Center (CMS).
- 4.) New Hampshire seeks temporary changes to the four 1915 (c) Home and Community Based Services (HCBS) waivers to accommodate potential issues with staffing shortages and the need for service provision outside of approved service descriptions to ensure that participant health and safety needs are addressed during the emergency. In addition, the state is looking at flexible options to ensure the stability of the HCBS system that has been firmly established as a cost effective option for participants, their families, and others engaged in care.

F. Proposed Effective Date: Start Date: March 1, 2020 **Anticipated End Date:** February 28, 2021

G. Description of Transition Plan.

Any temporary modifications made during the state of emergency will revert to original form when the declarations of emergency have been revoked and the threat of COVID-19 has ended. This transition will be implemented only after Medicaid providers have been given a minimum of five business days' notice.

In the event it is determined that this change may adversely affect a member, the member and his/her team, led by the case manager and/or service coordinator, will discuss the member's needs and options available to meet those needs. Person centered planning is used in all phases of the service development process.

In keeping with existing practices, individualized needs will be re-assessed on a case-by-case basis if any long term changes are required to an individual's person centered plan once the state resumes standard program rules and policies for the 1915 (c) HCBS services.

H. Geographic Areas Affected:

Statewide -- These actions will apply to all individuals impacted by the COVID-19 virus across the state of New Hampshire.

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

New Hampshire's State Emergency Plan can be found at:
<https://www.nh.gov/covid19/>

New Hampshire's Declaration of State of Emergency:
<https://www.governor.nh.gov/news-media/orders-2020/documents/2020-04.pdf>

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. X Access and Eligibility:

i. X Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

IHS Waiver

The state will increase the maximum cap of the In Home Support Waiver (IHS) to an upper limit of \$33,000 according to state guidance issued by the Bureau of Developmental Services to allow for additional Respite and Enhanced Personal Care for those participants who were at the \$30,000 cap at the time of the State of Emergency.

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

None

b. X Services

i. X Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

IHS Waiver

The Department will permit temporary flexibilities as follows:

- The respite cap of 15% of the total IHS budget will be removed even if it is outside of the participant's approved budget or if the participant has already met the annual cap outlined in the Individual Service Agreement (ISA) to allow a participant's family additional flexibility in obtaining supports to care for their family member during the COVID-19 crisis for emergency care provision.

DD and ABD Waivers

The Department will permit temporary flexibilities as follows:

- The respite cap of 15% of the total Participant Directed and Managed Services (PDMS) budget will be removed to allow a participant's family additional flexibility in obtaining supports to care for their family member.
- Required staffing ratios for a participant, as outlined in their Individual Service Agreement, may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

CFI Waiver

The Department will permit temporary flexibilities as follows:

- The respite cap of 30 days will be increased to 90 days. Respite services require prior authorization under CFI preventing duplicate billing for both HCBS and Institutional Care Services.
- The limit for Community Transition Services may be increased, not to exceed a \$2,500 upper limit, as needed. Community Transition Services are not being used to set up temporary isolation residences.

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

All Waivers

Individuals that are moved into a facility based setting will continue to receive 1915(c) HCBS services and will not be admitted to the facility or receive services offered by that facility.

During times of emergency declaration, the following services may be provided in a setting necessary to ensure the health and safety of participants. These settings may include hotel, motel, shelter, church, or any facility based setting which will not duplicate service regularly provided by the facility based setting.

IHS, DD, and ABD Waivers

Respite services (see above settings)

IHS Waiver

Consultation services (see above settings) may be provided using remote/telephonic support when this type of support meets the health and safety needs of the participant. Consultation Services include evaluation, training, mentoring, therapeutic recreation, assistive technology, and/or special instruction.

DD and ABD Waivers

Specialty Services (see above settings) are intended for recipients whose needs in the areas of medical, behavioral, therapeutic, health and personal well-being require services which are specialized pertaining to unique conditions and aspects of developmental disabilities. Specialty Services are utilized to provide assessments and consultations and are used to contribute to the design, development and provision of services, training support staff to provide appropriate supports as well as the evaluation of service outcomes.

Residential Habilitation Services (see above settings) may be provided in uncertified and unlicensed homes upon the approval of the individual/guardian.

Community Participation Services (see above settings)

Community Support Services (see above settings)

Supported Employment Services (see above settings)

- Consideration should be given to the number of people who are accessing the home to decrease the potential exposure or spread of infection.
- Services whose scope allows for the provision of telehealth services may provide and bill those covered services using that delivery method.

CFI Waiver

During times of emergency declaration, homemaker services may be provided in Adult Family Care settings. Personal Care services may be provided in a setting necessary to ensure the health and safety of participants. These settings may include hotel, motel, shelter, church, or any facility based setting which will not duplicate service regularly

provided by the facility based setting. Adult Medical Day services may also be temporarily provided in a home setting provided the method comports with Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of the individuals served. These additional services will be documented in a schedule within the individual's care plan and will require a prior authorization and will be billed separately

Adult Medical Day Services may continue remotely through an enrolled provider that has suspended in-facility operations due to the COVID-19 emergency. Adult Medical Day Services providers may provide daily services and contacts to enrolled participants in the home environment through remote technology or in a method that is consistent with safety recommendations from the CDC or state to ensure the health and well-being of individuals.

Allow Personal Emergency Response Services to be provided in Residential and Adult Family Care Settings.

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c. X Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

IHS, DD and ABD Waivers

Enhanced Personal Care, Residential Habilitation, Community Participation Services (CPS), Community Support Services (CSS), Participant Directed and Managed Services (PDMS) and Supported Employment Services (SEP) may be rendered by relatives or legally responsible individuals when they have been hired or contracted by the service provider agency authorized on the Individual Service Agreement (ISA).

Relatives and legally responsible individuals must receive training on the participant's ISA for whom they are rendering these services. Training on the ISA must consist of basic health and safety support needs for that participant. When one of these services is rendered by relatives or legal guardians, the service provider agency authorized to render the service is responsible for ensuring that services are provided as authorized in the ISA and that billing occurs in accordance with waiver requirements.

d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

IHS, DD, and ABD Waivers

In circumstances when there is a delay in obtaining driver and criminal record checks due to the COVID-19 emergency, accommodations will be made as follows during times of emergency declaration:

- If the prospective staff has a background check on file with a different organization, which includes a criminal record check, driver record check, and Bureau of Elderly and Adult Services registry check, it may be transferrable to another agency regardless of how long ago it was conducted. Staff training is also transferable between agencies.
- If the prospective staff is new and does not have a driver or criminal record check on file, the agency must obtain a self-attestation from the applicant that the applicant meets the requirements outlined in rules relative to background checks.
- The agency must still submit a request for the required background checks prior to hiring and in the meantime, a 90-day extension will be granted to obtain these documents and have them on file for all new staff. Where the extension of provider qualifications falls outside of the Appendix K the state will submit either an amended Appendix K or a simple waiver technical amendment. If an employee does not pass the background check once the state resumes conducting background checks, the provider agency will submit a waiver request which will be reviewed by the state and receive a waiver if appropriate, or the employee will be terminated.

Additional accommodations include:

- TB testing requirements will be suspended for up to 60 days to reduce the burden on the healthcare system and reduce exposure of new employees to environments where sick people are present.
- Allow for existing med-trained staff to continue to administer medications for up to 90 days, when their re-certification has lapsed with documented nursing approval.
- Non-individual specific provider training requirements outlined in rules will be extended from 60 to 90 days.

Each Service Affected

- All Services in all HCBS waivers are affected.

Each Provider Type

- Any provider that is providing direct support.

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

None

iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

DD and ABD Waivers

When necessary, suspend provider certification or licensing requirements for residential and community participation service providers when COVID-19 pandemic affects the ability for providers to obtain license or certification due to state staff or service provider availability. Providers have 90 days to come into compliance with certification requirements at the end of the Covid-19 Emergency.

Certification or licensing requirements will not apply to services that are delivered as an emergency alternative to the certified or licensed setting.

Community Participation Services:

- The certification requirement to provide services in community locations is suspended. CPS will be allowed to be provided in residential settings as an alternative to the community.

CFI Waiver

Adult Family Care:

- The certification requirement that indicates that the maximum number of individuals served in a service location (licensed or certified) may be exceeded to address staffing shortages or accommodate use of other sites as quarantine sites.

e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

All Waivers

Level of Care (LOC) re-evaluation can be extended for 12 months.

IHS, DD, and ABD Waivers

Delay Support Intensity Scale Assessments (SIS) reassessment for up to 12 months.

f. ___ Temporarily increase payment rates.

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

All Waivers

Service coordination/case management planning may also be conducted remotely through telephonic support or with other remote service access technology if the parties are able in accordance with HIPAA.

If requested and/or necessary, modifications to a person-centered plan may be made, as driven by individualized participant need, circumstance and consent on an individualized basis. An electronic signature will be accepted. A phone call or text may be used for individual/legal guardian approval, but it must be followed with electronic email or paper documentation dated and/or signed on the date the change is authorized.

The process to monitor services are delivered as specified in the service agreement/plan of care will continue as outlined in the approved waiver, with the exception of in-person contact. Remote contact may replace in person contact.

IHS, DD, and ABD Waivers

Service coordination staff will monitor the services through a minimum of monthly contact.

CFI Waiver

Case Management staff will monitor the services through a minimum weekly contact.

h. X Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

COVID-19 related deaths are considered “unanticipated deaths” for the purpose of sentinel event reporting for individuals receiving DHHS funded services captured in the Sentinel Event Reporting Policy PO.1003. The following updates are for agencies reporting sentinel events to assist with administrative burden in completion of written reporting forms:

- During the COVID-19 pandemic, Bureau of Program Quality (BPQ) is waiving the 72-hour written notification requirement and instituting a 7-calendar day timeframe for the completion and uploading of the Sentinel Event Reporting Form. The 24-hour verbal notification to the appropriate DHHS Bureau Administrator or designee remains in effect.
- On the reporting form, for those events that are believed to be COVID-19 related, in Section III, Sentinel Event Details, #13a, please start the description with a header of “COVID-19 Related”.

IHS, DD, and ABD Waivers

A remote / electronic option for medication administration certification will be made available to provider agencies.

The Bureau of Developmental Services will track all positive COVID-19 results for waiver participants as reported by Area Agencies.

State certification survey staff are, on a case-by-case basis, postponing agency certification reviews for those agencies impacted for residential and day service settings, which is defined as Habilitative Workshops, extended family homes, and congregate residential habilitation settings until the area is no longer in a state of emergency.

If a temporary service site is identified for a certification review, as long as the site is deemed safe and sensible for the service being provided and there is no non-compliance with regulations that could reasonably be complied with, the site will be determined to be in compliance with certification requirements.

CFI Waiver

The Bureau of Elderly and Adult Services will track all positive COVID-19 results for waiver participants as reported by Independent Case Management Agencies.

i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

All Waivers

Participants that require hospitalization may receive temporary HCBS waiver services in a hospital setting where the participant requires these services for communication, behavioral stabilization and/or intensive personal care support needs.

The services that apply include:

- Residential Habilitation
- Enhanced Personal Care
- Home Health Aide

HCBS services may be delivered in an acute care hospital if:

- 1) They are part of a plan of care;
- 2) They meet needs of the individual that are not addressed by hospital services;
- 3) They do not substitute services that the hospital is required to provide; and
- 4) They are designed to provide smooth transitions to home and community-based settings and to preserve functionality.

j. X Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

All Waivers

In response to the defined emergency, the state may elect to make retainer payments to waiver service providers. Retainer payments may be allowed for habilitation, that include a personal care component, and/or personal care services (e.g. assistance with activities of daily living) to ensure continuous operations and sustainability of waiver services. Retainer payments may only be provided in circumstances in which service closures are necessary due to COVID-19 containment efforts and after any therapeutic leave has been exhausted, provided there are not duplicative payments for the same service.

The retainer time limit may not exceed the lesser of 30 consecutive business days or the number of bed hold days the state specifies in its institutional bed hold policy in its state plan. In addition, retainer payments may only be paid to providers with treatment relationships to beneficiaries that existed at the time the PHE was declared and who continues to bill for personal care services or habilitation, services as though they were still providing these services to those beneficiaries in their absence. The retainer payments may not exceed the approved rate(s) or average expenditure amounts paid during the previous quarter for the service(s) that would have been provided.

State confirms that retainer payments are for direct care providers who normally provide services that include habilitation, that include a personal care component, and/or personal care services, but are currently unable to due to complications experienced during the COVID-19 pandemic because the waiver participant is sick due to COVID-19; or the waiver participant is sequestered and/or quarantined based on local, state, federal and/or medical requirements/orders. The state will implement a distinguishable process to monitor payments to avoid duplication of billing.

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of

individuals in the waiver program]. [Explanation of changes]

The state will adapt data collection and reporting for waiver assurances and sub-assurances accordingly during the emergency. Due to the COVID-19 Emergency, agency certification review data may be unavailable and temporary service site data may not be in compliance with certification requirements.

The timeframes for the submission of the CMS 372s and the evidentiary package(s) will be extended for up to one year pursuant to the emergency. In addition, the state may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Service coordination/Case management
 - ii. Personal care services that only require verbal cueing
 - iii. Residential habilitation
 - iv. Day habilitation / Community participation
 - v. Community support services
 - vi. Supported employment
 - vii. Participant directed and managed services
 - viii. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - ix. Other *[Describe]*:

Consultation Services
Specialty Services

- b. Add home-delivered meals
- c. Add medical supplies and equipment (over and above that which is in the state plan)
- d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services.
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. (*Indicate the providers and their qualifications.*)

- d.
Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. Adjust prior approval/authorization elements approved in waiver.
- d. Adjust assessment requirements
- e. Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

- A. The Medicaid agency representative with whom CMS should communicate regarding the request:**

First Name: Henry
Last Name Lipman
Title: State Medicaid Director
Agency: Division of Medicaid Services
Address 1: 129 Pleasant Street
Address 2: Brown Building
City Concord
State NH
Zip Code 03301
Telephone: 603-271-9434
E-mail henry.lipman@dhhs.nh.gov
Fax Number 603-271-5166

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Deborah
Last Name Scheetz
Title: Director
Agency: Division of Long Term Supports and Services
Address 1: 105 Pleasant Street
Address 2: Main Building
City Concord
State NH
Zip Code 03301
Telephone: 603-271-5034
E-mail deborah.scheetz@dhhs.nh.gov
Fax Number 603-271-5166

8. Authorizing Signature

Signature:

Date: March 1, 2020

_____/S/_____
State Medicaid Director or Designee

First Name: Henry
Last Name Lipman
Title: State Medicaid Director
Agency: Division of Medicaid Services
Address 1: 129 Pleasant Street
Address 2: Brown Building
City Concord
State NH
Zip Code 03301
Telephone: 603-271-9434
E-mail henry.lipman@dhhs.nh.gov
Fax Number 603-271-5166

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

| Service Specification | | | |
|---|--|------------------------------|--|
| Service Title: | In Home Support: Respite Care Services | | |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | | | |
| Service Definition (Scope): | | | |
| Respite care services consist of the provision of short-term assistance, in or out of an eligible child's/individual's home, for the temporary relief and support of the family with whom the child/individual lives. Respite can be family arranged or area agency arranged. Respite services within the In Home Supports waiver are provided in combination with the other In Home Support Services described in this waiver. | | | |
| Changes due to COVID-19 Emergency: | | | |
| The respite cap of 15% of the total IHS budget will be removed even if it is outside of the participant's approved budget or if the participant has already met the annual cap outlined in the service to allow a participant's family additional flexibility in obtaining supports to care for their family member during the COVID-19 crisis for emergency care provision. | | | |
| Respite service settings may include hotel, motel, shelter, church, or any facility based setting which will not duplicate service regularly provided by the facility based setting. | | | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | |
| Individualized budgets should not allocate more than 15% of waiver services funding for Respite Care Services. | | | |
| Provider Specifications | | | |
| Provider Category(s) <i>(check one or both):</i> | <input checked="" type="checkbox"/> | Individual. List types: | <input type="checkbox"/> Agency. List the types of agencies: |
| | | | |
| | | | |
| | | | |
| Specify whether the service may be provided by <i>(check each that applies):</i> | <input type="checkbox"/> | Legally Responsible Person | <input type="checkbox"/> Relative/Legal Guardian |
| Provider Qualifications <i>(provide the following information for each type of provider):</i> | | | |
| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> |

Service Specification

Service Title: In Home Support: Respite Care Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

| | | | |
|--------------------------|-------------|-------------|---|
| <p>Individual</p> | <p>None</p> | <p>None</p> | <p>Respite services within the In Home Supports waiver are provided in combination with the other In Home Support Services described in this waiver.</p> <p>Under family arranged respite, families make their own arrangements for respite services through the use of extended family, neighbors, or other people known to the family.</p> <p>All arrangements shall be at the discretion of, and be the responsibility of, the family.</p> <p>The respite service provider shall be trained in medication administration, if applicable.</p> <p>The State's responsibilities with regard to oversight and monitoring of respite services when provided by the family are accomplished through service review audits of individual In Home Supports records documentation to ensure that the services provided are in keeping with the needs identified in the individual service agreement and that appropriate screenings, as described in section C-2 have been completed.</p> <p>Under Area Agency arranged respite care, the following criteria applies:</p> <p>Providers shall be able to meet the day to day requirements of the child/individual served, including:</p> <p>Activities normally engaged in by the child/individual; and</p> <p>Any special health, physical and communication needs. · The Area Agency will arrange for training of respite care providers in the following areas:</p> |
|--------------------------|-------------|-------------|---|

Service Specification

Service Title: In Home Support: Respite Care Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

| | | | |
|--|--|--|---|
| | | | <p>The value and importance of respite care to a family; Mission statement; Emergency first aid;</p> <p>The nature of developmental disabilities; Behavior management; and Communicable diseases.</p> <p>Other specialized skills may be required of the provider, as determined by the Area Agency in consultation with the family in need of respite care.</p> <p>Training identified above shall be required unless the provider's experience or education has included such training or the respite care provider has, in the judgment of the Area Agency and the family, sufficient skills to provide respite care for a specific person.</p> <p>Medication administration shall be in compliance with applicable state laws and regulations, including delegation of tasks by a nurse to unlicensed providers per NH RSA 326.</p> <p>Respite care providers giving care in their own homes shall serve no more than 2 persons at one time.</p> <p>If respite care is provided overnight, respite care providers shall have a responsible person to contact who, in the judgment of the provider, is able to assist in providing care to a child/individual in the event that the provider is unable to meet the respite needs of the child/individual or comply with state's respite rules.</p> <p>Liability insurance shall be maintained and documented as follows:</p> <p>Providers providing respite care in their own homes shall maintain liability insurance coverage within their</p> |
|--|--|--|---|

Service Specification

| | |
|-----------------------|---|
| Service Title: | In Home Support: Respite Care Services |
|-----------------------|---|

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

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| | | | <p>homeowners or tenants insurance policies;</p> <p>Providers who will be transporting children/individuals in their own automobiles shall so inform the family or guardian and shall carry automobile liability insurance;</p> <p>Providers shall send written proof of required liability insurance to the Area Agency; and</p> <p>The Area Agency shall carry liability insurance to cover potential liabilities in the provision of respite care related services.</p> <p>The following criteria shall apply to family arranged respite:</p> <p>Any family or individual determined to be eligible and approved by the Area Agency to receive respite care may make its own arrangements for respite care through the use of extended family, neighbors, or other people known to the family.</p> <p>In circumstances where the family arranges for respite care, all arrangements shall be at the discretion of, and be the responsibility of, the family except as noted below.</p> <p>The Area Agency shall establish, and inform the family of, compensation amounts and procedures for family arranged respite care.</p> <p>If respite care is to be provided in a residence certified by the state, the provider shall be trained in medication administration in compliance with the State’s Nurse Practice Act, NH RSA 326.</p> |
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Verification of Provider Qualifications

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| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
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Service Specification

Service Title: In Home Support: Respite Care Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

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| Individual | <p>The family has the primary responsibility to ensure family arranged respite providers have the appropriate knowledge and training necessary to support their family member.</p> <p>The Area Agency has the primary responsibility to verify the qualification of service providers arranged by the Area Agency.</p> <p>The BDS provides additional verification upon on-site service audit/record reviews.</p> | <p>Prior to the delivery of services, the Area Agency verifies qualifications. Families verify the qualifications for family arranged respite providers prior to delivery of services.</p> <p>The BDS conducts on-site service audit/record reviews annually.</p> |
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Service Delivery Method

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| Service Delivery Method (<i>check each that applies</i>): | <input checked="" type="checkbox"/> | Participant-directed as specified in Appendix E | <input type="checkbox"/> | Provider managed |
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Service Specification

Service Title: Developmental Disabilities Waiver: Respite

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Respite Services: Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of the caregiver normally providing the care.

Changes Due to COVID-19 Emergency:

Respite services may be provided in a setting necessary to ensure the health and safety of participants.

Respite service settings may include hotel, motel, shelter, church, or any facility based setting which will not duplicate service regularly provided by the facility based setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

None

Provider Specifications

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| Provider Category(s) (check one or both): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | Respite Provider | | Respite Provider | |
| Specify whether the service may be provided by (check each that applies): | <input type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |
| Provider Qualifications (provide the following information for each type of provider): | | | | |
| Provider Type: | License (specify) | Certificate (specify) | Other Standard (specify) | |
| Respite Provider | None | None | <p>Applicant must have two unrelated references and no history of:</p> <ol style="list-style-type: none"> a. Felony conviction; or b. Any misdemeanor conviction involving: <ol style="list-style-type: none"> 1. Physical or sexual assault; 2. Violence; 3. Exploitation; 4. Child pornography; 5. Threatening or reckless conduct; 6. Theft; or 7. Any other conduct that represents evidence of behavior that could endanger the well-being of an individual. <p>Respite providers shall have knowledge and training in the following areas:</p> <ol style="list-style-type: none"> (1) The value and importance of respite to a family; (2) The area agency mission statement and the importance of family-centered supports and services as described in He-M 519.04(a); (3) Basic health and safety practices including emergency first aid; (4) The nature of developmental disabilities; (5) Understanding behavior as communication and facilitating positive behaviors; and | |

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| | | | <p>(6) Other specialized skills as determined by the area agency in consultation with the family.</p> <p>If the respite is to be provided in the respite provider's home, the home shall be visited by a staff member from the area agency prior to the delivery of respite.</p> <p>The staff member who visited the provider's home shall complete a report of the visit that includes a statement of acceptability of the following conditions using criteria established by the area agency:</p> <ol style="list-style-type: none">(1) The general cleanliness;(2) Any safety hazards;(3) Any architectural barriers for the individual(s) to be served; and(4) The adequacy of the following:<ol style="list-style-type: none">a. Lighting;b. Ventilation;c. Hot and cold water;d. Plumbing;e. Electricity;f. Heat;g. Furniture, including beds; andh. Sleeping arrangements. <p>The following criteria shall apply to area agency arranged respite providers:</p> <ol style="list-style-type: none">(1) Providers shall be able to meet the day-to-day requirements of the person(s) served, including all of the services listed in He-M 513.04(m);(2) Respite providers giving care in their own homes shall serve no more than 2 persons at one time; and(3) If respite is provided overnight, respite providers shall identify a person for the area agency to contact who, in the judgment of the provider, is responsible |
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| | | | and able to assist in providing respite to an individual in the event that the provider is unable to meet the respite needs of the individual or comply with these rules. |
| Verification of Provider Qualifications | | | |
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification |
| Respite Provider | The Area Agency has the primary responsibility to verify provider qualifications. | | Verification of provider qualification happens prior to service delivery. Agencies employ a feedback mechanism to elicit the level of satisfaction with provider competency, which they have incorporated into the reimbursement strategy for respite providers. |
| Service Delivery Method | | | |
| Service Delivery Method (<i>check each that applies</i>): | X | Participant-directed as specified in Appendix E | X |
| | | | Provider managed |

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| Service Specification | |
| Service Title: | Developmental Disabilities Waiver: Residential Habilitation / Personal Care Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| Service Definition (Scope): | |
| <p>Residential Habilitation/Personal Care Services includes a range of individually tailored supports to assist with the acquisition, retention, or improvement of community living skills including: assistance with activities of daily living such as meal preparation, eating, bathing, dressing, personal hygiene, medication management, community inclusion, transportation, social and leisure skills, therapeutic recreation (up to the service limits specified in this waiver for therapeutic recreation), and adaptive skill development to assist the individual to reside in the setting most appropriate to his/her needs. Supports may include hands-on assistance, cueing, personal care, protective oversight, and supervision as necessary for the health and welfare of the individual. Services and supports may be furnished in the home or outside the home. Services are provided to eligible individuals with the following general assistance needs:</p> <p>Level I: Intended primarily for individuals whose level of functioning is relatively high but who still require intermittent supports on a daily basis;</p> | |

Level II: Intended for individuals whose level of functioning is relatively high but who nevertheless require supports and supervision throughout the day;

Level III: Intended for individuals whose level of functioning requires substantial supports and supervision;

Level IV: Intended for individuals whose level of functioning requires frequent supports and supervision;

Level V: Intended for individuals who have significant medical and /or behavioral needs and require critical levels of supports and supervision; and

Level VI: Intended for individuals who have extraordinary medical and behavioral needs and require exceptional levels of assistance and specialized care.

Level VII: intended for individuals with the most extensive and extraordinary medical or behavioral management needs.

Providers of this service must meet State standards. When provided in the home, all Residential Habilitation/Personal Care Services are provided in a State certified setting in accordance with either He-M 521 (Family Residence) which w/could include a private family home, He-M 525 (Certified Participant Directed and Managed Services) which w/could include a private family home, or He-M 1001 (Community Residences).

A Community Residence, He-M 1001, is either an agency residence or private residence exclusive of any independent living arrangement that:

(1) Provides residential services for at least one individual with a developmental disability (in accordance with He-M 503) or acquired brain disorder (in accordance with He-M 522);

(2) Provides services and supervision for an individual on a daily and ongoing basis, both in the home and in the community, unless the individual's service agreement states that the individual may be left alone;

(3) Serves individuals whose services are funded by the department; and

(4) Is certified pursuant to He-M 1001, Certified Community Residence.

Payment is not made for the cost of room and board, building maintenance, upkeep, nor improvement.

Changes due to COVID-19 Emergency:

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

For certified and licensed residential settings, the State is suspending requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CDC recommendations for long term care facilities). The modification of this right is not required to be justified in the individual plan. Certified or Licensed homes that have a limited number of beds available may increase their capacity by requesting emergency certification or licensing as described below:

- If the home currently only has one to two individuals, an emergency certification request may be submitted to add a second or third bed.
- For homes that are already at 3 beds, a request must be made directly to the Community Residence Coordinator of Health Facilities Administration, to request licensure as 4 beds and above requires a license.
- For homes that are currently licensed for 4 or more beds, a request for additional beds above and beyond the number of currently licensed beds must be made by contacting the Community Residence Coordinator of Health Facilities Administration directly.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This waiver service is not available to individuals who are eligible to receive such service through the Medicaid State Plan (including EPSDT benefits).

Except in circumstances where BDS has determined that any additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Therapeutic recreation services provided as part of the residential habilitation/personal care service have a service limit of \$1,200 per year. BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as a specialty provider of therapeutic recreation, the recommendation of the Area Agency and the availability of funds.

Provider Specifications

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| Provider Category(s) (check one or both): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | Direct Service Provider | | Direct Service Provider | |
| Specify whether the service may be provided by (check each that applies): | <input checked="" type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |
| Provider Qualifications (provide the following information for each type of provider): | | | | |
| Provider Type: | License (specify) | Certificate (specify) | Other Standard (specify) | |
| Direct Service Provider | If services are being provided in | If medications are being | Qualified Providers: Direct Service Staff of an AA or provider agency/private | |

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| | <p>conjunction with a practice act, provider must comply with the State's licensure and certification laws as appropriate.</p> | <p>administered by non-licensed staff in certified settings, staff members must be certified to administer medications in conjunction with He-M 1201.</p> <p>Medication Administration Training and Authorization: All staff and providers are required to complete Medication Administration Training as outlined in NH's regulation He-M 1201 prior to administering medications to individuals receiving services in certified home or day settings. He-M 1201 training is conducted by a qualified, and BDS approved, registered nurse-trainer.</p> <p>Medication Administration Training consists of:</p> <p>8 hours of classroom instruction;</p> | <p>developmental services agency must meet the following minimum qualifications for and conditions of employment identified in He-M 1001, 521, and or 525.</p> <p>Be at least 18 years of age</p> <p>Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description; and</p> <p>Meet professional certification and licensure requirements of the position.</p> <p>Prior to hiring a person, the provider agency, with the consent of the person, shall:</p> <p>Obtain at least 2 references for the person, at least one of which shall be from a former employer; and</p> <p>Complete, at a minimum, a New Hampshire criminal records check to ensure that the person has no history of:</p> <ul style="list-style-type: none"> Felony conviction; or Any misdemeanor conviction involving: <ul style="list-style-type: none"> Physical or sexual assault; Violence; Exploitation; Child pornography; Threatening or reckless conduct; Theft; Driving under the influence of drugs or alcohol; or Any other conduct that represents evidence of behavior that could endanger the well-being of an individual. <p>Complete a motor vehicles record check to ensure that the potential provider has a valid driver's license.</p> <p>Personnel records, including background information relating to a staff person's qualifications for the position held, shall be maintained by the provider agency for</p> |
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| | | <p>Training regarding the specific needs of the individual;</p> <p>Standardized written testing; and</p> <p>Clinical observation by the nurse-trainer.</p> <p>Ongoing supervision and quality assurance are conducted by an RN to ensure continued competency. This regulation and the accompanying curriculum have been approved by the New Hampshire Board of Nursing.</p> | <p>a period of 6 years after that staff person's employment termination date.</p> <p>No provider or other person living or working in a community residence shall serve as the legal guardian of an individual living in that community residence.</p> <p>Prior to providing services to individuals, a provider shall have evidence of a negative mantoux tuberculin test, or if positive, evidence of follow up conducted in accordance with the Center for Disease Control Guidelines. Such test shall have been completed within the previous 6 months.</p> <p>Prior to delivering services to an individual, a prospective provider shall have received orientation in the following areas:</p> <ul style="list-style-type: none"> Rights and safety; Specific health-related requirements of each individual including: <ul style="list-style-type: none"> All current medical conditions, medical history, routine and emergency protocols; and Any special nutrition, dietary, hydration, elimination, and ambulation needs; Any specific communication needs; Any behavioral supports of each individual served; The individual's fire safety assessment pursuant to He-M 1001.06(m); and The community residence's evacuation procedures. An overview of developmental disabilities including the local and state service delivery system; Clients rights as set forth in He-M 202 and He-M 310; Everyday health including personal hygiene, oral health, and mental health; |
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| | | | <p>The elements that contribute to quality of life for individuals including support to:</p> <p>Create and maintain valued social roles;</p> <p>Build relationships; and Participate in their local communities;</p> <p>Strategies to help individuals to learn useful skills;</p> <p>Behavioral support; and Consumer choice, empowerment and self-advocacy.</p> |
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Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
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| Direct Service Provider | <p>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</p> <p>In addition, DHHS's Bureau of Certification and Licensing, Health Facilities Administration reviews this during certification and licensing reviews.</p> <p>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</p> | <p>Verification of provider qualification happens prior to hiring and service delivery.</p> <p>The Bureau of Health Facilities Administration verifies provider qualifications at certification site visits.</p> <p>BDS conducts service review audits on a sampling of records on an annual basis.</p> |

Service Delivery Method

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| Service Delivery Method <i>(check each that applies):</i> | <input type="checkbox"/> | Participant-directed as specified in Appendix E | <input checked="" type="checkbox"/> | Provider managed |
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Service Specification

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| Service Title: | Developmental Disabilities Waiver: Community Participation Services (CPS) |
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Day Habilitation/Community Participation Services are provided as part of a comprehensive array of community-based services for persons with developmental disabilities that:

Assist the individual to attain, improve, and maintain a variety of life skills, including vocational skills; Emphasize, maintain and broaden the individual's opportunities for community participation and relationships;

Support the individual to achieve and maintain valued social roles, such as of an employee or community volunteer;

Promote personal choice and control in all aspects of the individual's life and services, including the involvement of the individual, to the extent he or she is able, in the selection, hiring, training, and ongoing evaluation of his or her primary staff and in determining the quality of services; and Are provided in accordance with the individual's service agreement and goals and desired outcomes.

All community participation services shall be designed to:

Support the individual's participation in and transportation to a variety of integrated community activities and settings;

Assist the individual to be a contributing and valued member of his or her community through vocational and volunteer opportunities;

Meet the individual's needs, goals, and desired outcomes, as identified in his or her service agreement, related to community opportunities for volunteerism, employment, personal development, socialization, therapeutic recreation (up to the service limits specified in this waiver for therapeutic recreation), communication, mobility, and personal care;

Help the individual to achieve more independence in all aspects of his or her life by learning, improving, or maintaining a variety of life skills, such as:

Traveling safely in the community;

Managing personal funds;

Participating in community activities; and

Other life skills identified in the service agreement;

Promote the individual's health and safety;

Protect the individual's right to freedom from abuse, neglect, and exploitation; and

Provide opportunities for the individual to exercise personal choice and independence within the bounds of reasonable risks.

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

Levels of Day Habilitation/Community Support Services include:

Level I: Intended primarily for individuals whose level of functioning is relatively high but who still require intermittent supports on a regular basis;

Level II: Intended for individuals whose level of functioning is relatively high but who nevertheless require supports and supervision throughout the day;

Level III: Intended for individuals whose level of functioning requires substantial supports and supervision;

Level IV: Intended for individuals whose level of functioning requires frequent supports and supervision;

Level V: Intended for individuals who have significant medical and /or behavioral needs and require critical levels of supports and supervision; and

Level VI: Intended for individuals with the most extraordinary medical and behavioral needs and require exceptional levels of supervision, assistance and specialized care.

Changes due to COVID-19 Emergency:

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Except in circumstances where BDS has determined that any additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Therapeutic recreation services provided as part of the menu of day habilitation/community participation services have a service limit of \$1,200 per year. BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as a specialty provider of therapeutic recreation, the recommendation of the Area Agency and the availability of funds.

Provider Specifications

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| Provider Category(s) (check one or both): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | | Day Service Provider | | Day Service Provider |

| Specify whether the service may be provided by (<i>check each that applies</i>): | <input type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |
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| Provider Qualifications (<i>provide the following information for each type of provider</i>): | | | | |
| Provider Type: | License (<i>specify</i>) | Certificate (<i>specify</i>) | Other Standard (<i>specify</i>) | |
| Day Service Provider | If clinical consultants are used, they shall be licensed or certified as required by New Hampshire law. | <p>If clinical consultants are used, they shall be licensed or certified as required by New Hampshire law.</p> <p>If medications are being administered by non-licensed staff in certified settings, staff members must be certified to administer medications in conjunction with He-M 1201.</p> <p>Medication Administration Training and Authorization: All staff and providers are required to complete Medication Administration Training as outlined in NH's regulation He-M 1201 prior to administering medications to individuals receiving services</p> | <p>Each applicant for employment shall meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description.</p> <p>Staff Qualifications and Training.</p> <p>(a) Day services staff and consultants shall collectively possess professional backgrounds and competencies such that the needs of the individuals who receive day services can be met.</p> <p>(b) Direct service staff may include professional staff, non-professional staff, and volunteers who shall be supervised by professional staff or by the director of day services or his or her designee.</p> <p>(c) Prior to a person providing day services to individuals, the provider agency, with the consent of the person, shall:</p> <ol style="list-style-type: none"> (1) Obtain at least 2 references for the person; and (2) Complete, at a minimum, a New Hampshire criminal records check to ensure that the person has no history of: <ol style="list-style-type: none"> a. Felony conviction; or b. Any misdemeanor conviction involving: <ol style="list-style-type: none"> 1. Physical or sexual assault; 2. Violence; 3. Exploitation; 4. Child pornography; 5. Threatening or reckless conduct; 6. Theft; 7. Driving under the influence of drugs or alcohol; or | |

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| | | <p>in certified day settings. He-M 1201 training is conducted by a qualified, and BDS approved, registered nurse-trainer.</p> <p>Medication Administration Training consists of:</p> <p>8 hours of classroom instruction;</p> <p>Training regarding the specific needs of the individual;</p> <p>Standardized written testing; and</p> <p>Clinical observation by the nurse-trainer.</p> <p>Ongoing supervision and quality assurance are conducted by an RN to ensure continued competency. This regulation and the accompanying curriculum have been approved by the New Hampshire Board of Nursing.</p> | <p>8. Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.</p> <p>(d) If clinical consultants are used, they shall be licensed or certified as required by New Hampshire law.</p> <p>(e) All persons who provide day services shall be at least 18 years of age.</p> <p>(f) Prior to delivering day services to an individual, the provider agency shall orient staff and consultants to the needs and interests of the individuals they serve, in the following areas:</p> <ol style="list-style-type: none"> (1) Rights and safety; (2) Specific health-related requirements including those related to: <ol style="list-style-type: none"> a. Current medical conditions, medical history and routine and emergency protocols; and b. Any special nutrition, dietary, hydration, elimination, or ambulation needs; (3) Any specific communication needs; (4) Any behavioral supports; (5) The individuals service agreements, including all goals and methods or strategies to achieve the goals; and (6) The day services evacuation procedures, if applicable. <p>(g) Provider agencies shall:</p> <ol style="list-style-type: none"> (1) Assign staff to work with an experienced staff member during their orientation if they have had no prior experience providing services to individuals; (2) Train staff in accordance with He-M 506 within the first 6 months of employment; and (3) Provide staff with annual training in accordance with their individual staff development plan. <p>Prior to delivering services to an individual, a prospective provider shall</p> |
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| | | | <p>have received orientation in the following areas:</p> <ul style="list-style-type: none"> Rights and safety; Specific health-related requirements of each individual including: <ul style="list-style-type: none"> All current medical conditions, medical history, routine and emergency protocols; and Any special nutrition, dietary, hydration, elimination, and ambulation needs; Any specific communication needs; Any behavioral supports of each individual served; The individual's fire safety assessment pursuant to He-M 1001.06(m); and The community residence's evacuation procedures. An overview of developmental disabilities including the local and state service delivery system; Clients rights as set forth in He-M 202 and He-M 310; Everyday health including personal hygiene, oral health, and mental health; The elements that contribute to quality of life for individuals including support to: <ul style="list-style-type: none"> Create and maintain valued social roles; Build relationships; and Participate in their local communities; Strategies to help individuals to learn useful skills; Behavioral support; and Consumer choice, empowerment and self-advocacy. |
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| Verification of Provider Qualifications | | |
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| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
| Day Service Provider | <p>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</p> <p>In addition, DHHS's Bureau of Certification and Licensing, Health</p> | <p>Verification of provider qualification happens prior to hiring and service delivery. The Bureau of Health Facilities Administration verifies</p> |

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| | <p>Facilities Administration reviews this during certification and licensing reviews.</p> <p>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</p> | <p>provider qualifications at certification site visits. BDS conducts service review audits on a sampling of records on an annual basis.</p> | | |
| Service Delivery Method | | | | |
| <p>Service Delivery Method (<i>check each that applies</i>):</p> | x | <p>Participant-directed as specified in Appendix E</p> | X | <p>Provider managed</p> |

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| Service Specification | |
| Service Title: | Developmental Disabilities Waiver: Supported Employment Program (SEP) |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| Service Definition (Scope): | |
| <p>Employment services for persons with developmental disabilities served within the state community developmental services system who have an expressed interest in working to:</p> <p>Provide access to comprehensive employment services by qualified staff;</p> <p>Make available, based upon individual need and interest: employment supports, transportation to work, training and educational opportunities; and the use of co-worker supports and generic resources, to the maximum extent possible.</p> <p>All employment services shall be designed to:</p> <p>Assist the individual to obtain employment, customized employment or self-employment, including the development of microenterprises that are appropriately integrated, that is based on the individual's employment profile and goals in the service agreement;</p> <p>Provide the individual with opportunities to participate in a comprehensive career development process that helps to identify, in a timely manner, the individual's employment profile;</p> <p>Support the individual to develop appropriate skills for job searching, including:</p> <p>Creating a resume and employment portfolio;</p> <p>Practicing job interviews; and</p> <p>Learning soft skills that are essential for succeeding in the workplace;</p> | |

Assist the individual to become as independent as possible in his or her employment, internships, and education and training opportunities by:

Developing accommodations;
Utilizing assistive technology; and
Creating and implementing a fading plan;

Help the individual to:

Meet his or her goal for the desired number of hours of work as articulated in the service agreement;
and

Earn wages of at least minimum wage or prevailing wage, unless the individual is pursuing income based on self-employment;

Assess, cultivate, and utilize natural supports within the workplace to assist the individual to achieve independence to the greatest extent possible;

Help the individual to learn about, and develop appropriate social skills to actively participate in, the culture of his or her workplace;

Understand, respect, and address the business needs of the individual's employer, in order to support the individual to meet appropriate workplace standards and goals;

Maintain communication with, and provide consultations to, the employer to:

Address employer specific questions or concerns to enable the individual to perform and retain his/her job; and

Explore opportunities for further skill development and advancement for the individual;

Help the individual to learn, improve, and maintain a variety of life skills related to employment, such as:

Traveling safely in the community;

Managing personal funds;

Utilizing public transportation; and

Other life skills identified in the service agreement related to employment;

Promote the individual's health and safety;

Protect the individual's right to freedom from abuse, neglect, and exploitation; and

Provide opportunities for the individual to exercise personal choice and independence within the bounds of reasonable risks.

SEP Level I: Intended primarily for individuals whose level of functioning is relatively high but who still require intermittent supports on a regular basis;

SEP Level II: Intended for individuals whose level of functioning requires substantial supports and supervision;

SEP Level III: Intended for individuals with the most extensive and extraordinary medical or behavioral management needs.

Changes due to COVID-19 Emergency:

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Provider Specifications

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|--|-------------------------------------|-------------------------|-------------------------------------|-------------------------------------|
| Provider Category(s) (check one or both): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | | Employment Consultant | | Employment Consultant |

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|---|--------------------------|----------------------------|-------------------------------------|-------------------------|
| Specify whether the service may be provided by (check each that applies): | <input type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |
|---|--------------------------|----------------------------|-------------------------------------|-------------------------|

Provider Qualifications (provide the following information for each type of provider):

| Provider Type: | License (specify) | Certificate (specify) | Other Standard (specify) |
|------------------------------|-------------------|-----------------------|--|
| Employment Consultant | None | None | Employment professionals shall: Meet one of the following criteria: Have completed, or complete within the first 6 months of becoming an employment professional, training that meets the national competencies for job development and job coaching, as established by the Association of People Supporting Employment First (APSE) in "APSE Supported Employment |

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| | | | <p>Competencies” (Revision 2010), available as noted in Appendix A; or</p> <p>Have obtained the designation as a Certified Employment Services Professional through the Employment Services Professional Certification Commission (ESPCC), an affiliate of APSE; and</p> <p>Obtain 12 hours of continuing education annually in subject areas pertinent to employment professionals including, at a minimum:</p> <ul style="list-style-type: none"> Employment; Customized employment; Task analysis/systematic instruction; Marketing and job development; Discovery; Person-centered employment planning; Work incentives for individuals and employers; Job accommodations; Assistive technology; Vocational evaluation; Personal career profile development; Situational assessments; Writing meaningful vocational objectives; Writing effective resumes and cover letters; Understanding workplace culture; Job carving; Understanding laws, rules, and regulations; Developing effective on the job training and supports; Developing a fading plan and natural supports; Self-employment; and School to work transition. <p>At a minimum, job coaching staff shall be trained on all of the following prior to supporting an individual in employment:</p> |
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| | | | Understanding and respecting the business culture and business needs; Task analysis; Systematic instruction; How to build natural supports; Implementation of the fading plan; Effective communication with all involved; and Methods to maximize the independence of the individual on the job site. |
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Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|------------------------------|--|---|
| Employment Consultant | Verification of provider qualifications is done at the service level by area agencies and subcontract agencies. BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards. | Verification of provider qualification happens prior to hiring and service delivery. BDS conducts service review audits on a sampling of records on an annual basis. |

Service Delivery Method

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|---|-------------------------------------|---|-------------------------------------|------------------|
| Service Delivery Method (check each that applies): | <input checked="" type="checkbox"/> | Participant-directed as specified in Appendix E | <input checked="" type="checkbox"/> | Provider managed |
|---|-------------------------------------|---|-------------------------------------|------------------|

Service Specification

Service Title: Developmental Disabilities Waiver: Community Support Services (CSS)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Community Support Services: are intended for the individual who has developed, or is trying to develop, skills to live independently within the community. Community Support Services consist of assistance, excluding room and board, provided to an individual to improve or maintain his or her skills in basic daily living and community integration; to enhance his or her personal development and well-being in accordance with goals outlined in the individual's service agreement. Services may begin and continue for a time limited period while the individual is still residing with his/her family. If CSS services begin while the individual is still residing with his or her family, the service agreement must include specific goals and objectives specific to assisting the individual to develop skills for independent living in support of moving from the family home as well as the expected duration of the services to be provided prior to the individual moving out of the family home.

Community Support Services include, as individually necessary, assistance in areas such as: daily living skills, money management, shopping skills, food preparation, laundry, household maintenance, and use of community resources, community safety, social skills and transportation related to these achievement of individual goals and objectives. Persons receiving Community Support Services require the continuous availability of, and access to, services and supports, which shall assure that the individual's needs are met.

Changes due to COVID-19 Emergency:

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Except in circumstances were BDS has determined that any additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Provider Specifications

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|---|--------------------------|----------------------------|---|-------------------------------------|
| Provider Category(s) (check one or both): | X | Individual. List types: | X | Agency. List the types of agencies: |
| | | CSS Staff | | CSS Staff |
| Specify whether the service may be provided by (check each that applies): | <input type="checkbox"/> | Legally Responsible Person | X | Relative/Legal Guardian |

Provider Qualifications (provide the following information for each type of provider):

| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> |
|------------------|--------------------------|---------------------------------|---|
| CSS Staff | None | None | <p>Each applicant for employment shall meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description.</p> <p>Direct Service Staff of an AA or provider agency/private developmental services agency must meet the following minimum qualifications:</p> <p>Be at least 18 years of age</p> <p>Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description; and</p> <p>Meet professional certification and licensure requirements of the position.</p> <p>Prior to hiring a person, the provider agency, with the consent of the person, shall:</p> <p>Obtain at least 2 references for the person, at least one of which shall be from a former employer; and</p> <p>Complete, at a minimum, a New Hampshire criminal records check to ensure that the person has no history of:</p> <p>Felony conviction; or</p> <p>Any misdemeanor conviction involving:</p> <p>Physical or sexual assault;</p> <p>Violence;</p> <p>Exploitation;</p> <p>Child pornography;</p> <p>Threatening or reckless conduct;</p> <p>Theft;</p> <p>Driving under the influence of drugs or alcohol; or</p> <p>Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.</p> <p>Complete a motor vehicles record check to ensure that the potential provider has a valid driver's license.</p> |

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| | | | <p>Personnel records, including background information relating to a staff person's qualifications for the position held, shall be maintained by the provider agency for a period of 6 years after that staff person's employment termination date.</p> <p>Prior to providing services to individuals, a provider shall have evidence of a negative mantoux tuberculin test, or if positive, evidence of follow up conducted in accordance with the Center for Disease Control Guidelines. Such test shall have been completed within the previous 6 months.</p> <p>Prior to delivering services to an individual, a prospective provider shall have received orientation in the following areas:</p> <ul style="list-style-type: none">Rights and safety;Specific health-related requirements of each individual including:<ul style="list-style-type: none">All current medical conditions, medical history, routine and emergency protocols; andAny special nutrition, dietary, hydration, elimination, and ambulation needs;Any specific communication needs;Any behavioral supports of each individual served;The individual's fire safety assessment pursuant to He-M 1001.06(m); andThe community residence's evacuation procedures. <p>An overview of developmental disabilities including the local and state service delivery system;</p> <p>Clients rights as set forth in He-M 202 and He-M 310;</p> <p>Everyday health including personal hygiene, oral health, and mental health;</p> <p>The elements that contribute to quality of life for individuals including support to:</p> <ul style="list-style-type: none">Create and maintain valued social roles; |
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| | | | Build relationships; and Participate in their local communities; Strategies to help individuals to learn useful skills; Behavioral support; and Consumer choice, empowerment and self-advocacy. |
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| Verification of Provider Qualifications | | | |
| Provider Type: | Entity Responsible for Verification: | Frequency of Verification | |
| CSS Staff | <p>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</p> <p>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</p> | <p>Verification of provider qualification happens prior to hiring and service delivery.</p> <p>BDS conducts service review audits on a sampling of records on an annual basis.</p> | |
| Service Delivery Method | | | |
| Service Delivery Method (<i>check each that applies</i>): | X | Participant-directed as specified in Appendix E | X Provider managed |

| Service Specification | |
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| Service Title: | Developmental Disabilities Waiver: Participant Directed and Managed Services (PDMS) formerly Consolidated Developmental Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| Service Definition (Scope): | |
| Participant Directed and Managed Services - PDMS (formerly Consolidated Developmental Services) | |
| <p>PDMS enables individuals to maximize participant direction affording the option to exercise choice and control over a menu of waiver services and utilization of BDS authorized funding. This service category includes an individually tailored and personalized combination of services and supports for individuals with developmental disabilities and their families in order to improve and maintain the individual's need for transportation, opportunities and experiences in living, working, socializing, accessing therapeutic recreation (up to the service limits specified in this waiver for therapeutic recreation), personal growth, safety and health.</p> <p>Individuals whose services are funded through PDMS direct and manage their services according to the definition of Direction and Management in State Administrative Rule He-M 525.</p> <p>Community Support Services include, as individually necessary, assistance in areas such as: daily living skills, money management, shopping skills, food preparation, laundry, household maintenance,</p> | |

use of community resources, community safety, social skills and transportation related to these achievement of individual goals and objectives. Persons receiving Community Support Services require the continuous availability of, and access to, services and supports, which shall assure that the individual's needs are met.

Changes due to COVID-19 Emergency:

The respite cap of 15% of the total Participant Directed and Managed Services (PDMS) budget will be removed to allow a participant's family additional flexibility in obtaining supports to care for their family member.

Respite services may be provided in a setting necessary to ensure the health and safety of participants.

Respite service settings may include hotel, motel, shelter, church, or any facility based setting which will not duplicate service regularly provided by the facility based setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Individualized PDMS budgets should not allocate more than approximately 15% of waiver services funding for Respite Care Services.

Except in circumstances where BDS has determined that any additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Therapeutic recreation services provided as part of the menu of PDMS services have a service limit of \$1,200 per year. BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as a specialty provider of therapeutic recreation, the recommendation of the Area Agency and the availability of funds.

Computer or electronic devices obtained under this category must be based on the written recommendation of a licensed professional, be needed based on the individual's disability, be related to goals and objectives in the service agreement and are subject to an annual service limit of \$1,500; BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as NH ATECH, the recommendation of the Area Agency and the availability of funds. Any items provided under this category must be based on an assessed need by a qualified provider and cannot be available as a benefit under the NH State Medicaid Plan.

| Provider Specifications | | | | | |
|---|--|------------------------------|--|-------------------------------------|--|
| Provider Category(s) <i>(check one or both):</i> | X | Individual. List types: | X | Agency. List the types of agencies: | |
| | Direct Service Staff | | Direct Service Staff | | |
| Specify whether the service may be provided by <i>(check each that applies):</i> | <input type="checkbox"/> | Legally Responsible Person | X | Relative/Legal Guardian | |
| Provider Qualifications <i>(provide the following information for each type of provider):</i> | | | | | |
| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> | | |
| Direct Service Staff | None | None | Staff and providers must: <ol style="list-style-type: none"> a. Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description; b. Meet the certification and licensing requirements of the position, if any; and c. Be 18 years of age or older; (8) The employer, when not the individual or representative, shall provide information to the individual and representative regarding the staff development elements identified in He-M 506.05 to assist him or her in making informed decisions with respect to orientation and training of staff and providers; and (9)...the employer shall insure that the staff and providers receive the orientation and training selected by the individual or representative. | | |
| Verification of Provider Qualifications | | | | | |
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification | | |
| Direct Service Staff | Verification of provider qualifications is done at the service level by area agencies and subcontract agencies. BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards. | | Verification of provider qualification happens prior to hiring and service delivery. BDS conducts service review audits on a sampling of records on an annual basis. | | |

| Service Delivery Method | | | |
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| Service Delivery Method (<i>check each that applies</i>): | X | Participant-directed as specified in Appendix E | <input type="checkbox"/> Provider managed |



Service Specification

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| Service Title: | Acquired Brain Disorder Waiver: Respite |
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Respite Services: Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of the caregiver normally providing the care.

Changes Due to COVID-19 Emergency:

Respite services may be provided in a setting necessary to ensure the health and safety of participants.

Respite service settings may include hotel, motel, shelter, church, or any facility based setting which will not duplicate service regularly provided by the facility based setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

None

Provider Specifications

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|--|-------------------------------------|-------------------------|-------------------------------------|-------------------------------------|
| Provider Category(s) (<i>check one or both</i>): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | | Respite Provider | | Respite Provider |

| | | | | |
|--|--------------------------|----------------------------|-------------------------------------|-------------------------|
| Specify whether the service may be provided by (<i>check each that applies</i>): | <input type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |
|--|--------------------------|----------------------------|-------------------------------------|-------------------------|

Provider Qualifications (*provide the following information for each type of provider*):

| Provider Type: | License (<i>specify</i>) | Certificate (<i>specify</i>) | Other Standard (<i>specify</i>) |
|-------------------------|----------------------------|--------------------------------|--|
| Respite Provider | None | None | Applicant must have two unrelated references and no history of: <ul style="list-style-type: none"> a. Felony conviction; or b. Any misdemeanor conviction involving: <ul style="list-style-type: none"> 1. Physical or sexual assault; |

2. Violence;
3. Exploitation;
4. Child pornography;
5. Threatening or reckless conduct;
6. Theft; or
7. Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.

Respite providers shall have knowledge and training in the following areas:

- (1) The value and importance of respite to a family;
- (2) The area agency mission statement and the importance of family-centered supports and services as described in He-M 519.04(a);
- (3) Basic health and safety practices including emergency first aid;
- (4) The nature of developmental disabilities;
- (5) Understanding behavior as communication and facilitating positive behaviors; and
- (6) Other specialized skills as determined by the area agency in consultation with the family.

If the respite is to be provided in the respite provider's home, the home shall be visited by a staff member from the area agency prior to the delivery of respite.

The staff member who visited the provider's home shall complete a report of the visit that includes a statement of acceptability of the following conditions using criteria established by the area agency:

- (1) The general cleanliness;
- (2) Any safety hazards;
- (3) Any architectural barriers for the individual(s) to be served; and
- (4) The adequacy of the following:
 - a. Lighting;
 - b. Ventilation;
 - c. Hot and cold water;
 - d. Plumbing;
 - e. Electricity;
 - f. Heat;

| | | | |
|--|--|--|---|
| | | | <p>g. Furniture, including beds; and</p> <p>h. Sleeping arrangements.</p> <p>The following criteria shall apply to area agency arranged respite providers:</p> <p>(1) Providers shall be able to meet the day-to-day requirements of the person(s) served, including all of the services listed in He-M 513.04(m);</p> <p>(2) Respite providers giving care in their own homes shall serve no more than 2 persons at one time; and</p> <p>(3) If respite is provided overnight, respite providers shall identify a person for the area agency to contact who, in the judgment of the provider, is responsible and able to assist in providing respite to an individual in the event that the provider is unable to meet the respite needs of the individual or comply with these rules.</p> |
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Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|-------------------------|--|---|
| Respite Provider | The Area Agency has the primary responsibility to verify provider qualifications. | <p>Verification of provider qualification happens prior to service delivery. Agencies employ a feedback mechanism to elicit the level of satisfaction with provider competency. Satisfaction survey results are completed within one week following the provision of area agency arranged respite services by a respite service provider to a new family, in accordance with He-M 513.04(o) (http://www.gencourt.state.nh.us/rules/state_agencies/he-m500.html). Area Agency staff shall contact the family in person, by telephone or by questionnaire to review the respite services provided. The information collected as a result of the family contact shall (1) Be documented in writing and maintained at the Area Agency; (2) minimally address those service requirements listed in (n) above; and (3) Report the family’s satisfaction or dissatisfaction with the respite services provided. Per He-M 513.01(4) the area agency is responsible to assist the family in the selection of area agency or family arranges respite services.</p> <p>During area agency arranged respite, wage is determined by the agency based on the qualifications of the respite provider. During family arrange respite, the families may be provided either a voucher or finite funds</p> |

to pay respite providers within an hourly range based on the individual and family satisfaction.

Service Delivery Method

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| Service Delivery Method <i>(check each that applies):</i> | X | Participant-directed as specified in Appendix E | X | Provider managed |
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Service Specification

Service Title: Acquired Brain Disorder Waiver: Residential Habilitation / Personal Care Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Residential Habilitation/Personal Care Services includes a range of individually tailored supports to assist with the acquisition, retention, or improvement of community living skills including: assistance with activities of daily living such as meal preparation, eating, bathing, dressing, personal hygiene, medication management, community inclusion, transportation, social and leisure skills, therapeutic recreation (up to the service limits specified in this waiver for therapeutic recreation), and adaptive skill development to assist the individual to reside in the setting most appropriate to his/her needs. Supports may include hands-on assistance, cueing, personal care, protective oversight, and supervision as necessary for the health and welfare of the individual. Services and supports may be furnished in the home or outside the home. Services are provided to eligible individuals with the following general assistance needs:

Level I: Intended primarily for individuals whose level of functioning is relatively high but who still require intermittent supports on a daily basis;

Level II: Intended for individuals whose level of functioning is relatively high but who nevertheless require supports and supervision throughout the day;

Level III: Intended for individuals whose level of functioning requires substantial supports and supervision;

Level IV: Intended for individuals whose level of functioning requires frequent supports and supervision;

Level V: Intended for individuals who have significant medical and /or behavioral needs and require critical levels of supports and supervision;

Level VI: Intended for individuals who have extraordinary medical or behavioral needs and require exceptional levels of assistance and specialized care.

Level VII: Intended for individuals who have extraordinary medical and behavioral needs and require exceptional levels of assistance and specialized care.

Level VIII: intended for individuals with the most extensive and extraordinary medical or behavioral management needs.

Providers of this service must meet State standards. When provided in the home, all Residential Habilitation/Personal Care Services are provided in a State certified setting in accordance with either He-M 521 (Family Residence) which w/could include a private family home, He-M 525 (Certified Participant Directed and Managed Services) which w/could include a private family home, or He-M 1001 (Community Residences).

A Community Residence, He-M 1001, is either an agency residence or private residence exclusive of any independent living arrangement that:

- (1) Provides residential services for at least one individual with a developmental disability (in accordance with He-M 503) or acquired brain disorder (in accordance with He-M 522);
- (2) Provides services and supervision for an individual on a daily and ongoing basis, both in the home and in the community, unless the individual's service agreement states that the individual may be left alone;
- (3) Serves individuals whose services are funded by the department; and
- (4) Is certified pursuant to He-M 1001, Certified Community Residence.

Payment is not made for the cost of room and board, building maintenance, upkeep, nor improvement.

Changes due to COVID-19 Emergency:

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

For certified and licensed residential settings, the State is suspending requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CDC recommendations for long term care facilities). The modification of this right is not required to be justified in the individual plan. Certified or Licensed homes that have a limited number of beds available may increase their capacity by requesting emergency certification or licensing as described below:

- If the home currently only has one to two individuals, an emergency certification request may be submitted to add a second or third bed.
- For homes that are already at 3 beds, a request must be made directly to the Community Residence Coordinator of Health Facilities Administration, to request licensure as 4 beds and above requires a license.

- For homes that are currently licensed for 4 or more beds, a request for additional beds above and beyond the number of currently licensed beds must be made by contacting the Community Residence Coordinator of Health Facilities Administration directly.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Except in circumstances where BDS has determined that additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver is that which is required to enable the individual to access the Home and Community Based Services outlined in the individual's service agreement and are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Therapeutic recreation services provided as part of the menu of residential habilitation/personal care services have a service limit of \$1,200 per year. BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as a specialty provider of therapeutic recreation, the recommendation of the Area Agency and the availability of funds.

If the individual/guardian chooses the individual's spouse to provide personal care services, payment shall be available to the spouse, so long as it is determined that this is in the best interest of the individual and when at least one of the following applies:

1. The individual's level of dependency in performing activities of daily living, including the need for assistance with toileting, eating or mobility, exceeds that of his or her peers with an acquired brain disorder ;
2. The individual requires support for a complex medical condition, including airway management, enteral feeding, catheterization or other similar procedures; or
3. The individual's need for behavioral management or cognitive supports exceeds that of his or her peers with an acquired brain disorder.

The legally responsible person or spouse must meet all applicable provider qualifications, including the required criminal records check.

Additionally, in those instances where the spouse is providing personal care services, the spouse cannot provide more than 40 hours per week of personal care services. The case manager shall review on a monthly basis the hours billed by the spouse for the provision of personal care.

Provider Specifications

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|----------------------|---|-------------------------|---|-------------------------------------|
| Provider Category(s) | X | Individual. List types: | X | Agency. List the types of agencies: |
| | | Direct Service Provider | | Direct Service Provider |

| | | | |
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| <i>(check one or both):</i> | | | |
| Specify whether the service may be provided by <i>(check each that applies):</i> | <input checked="" type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> Relative/Legal Guardian |
| Provider Qualifications <i>(provide the following information for each type of provider):</i> | | | |
| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> |
| Direct Service Provider | If services are being provided in conjunction with a practice act, provider must comply with the State's licensure and certification laws as appropriate. | If medications are being administered by non-licensed staff in certified settings, staff members must be certified to administer medications in conjunction with He-M 1201. Medication Administration Training and Authorization: All staff and providers are required to complete Medication Administration Training as outlined in NH's regulation He-M 1201 prior to administering medications to individuals receiving services in certified home or day settings. He-M 1201 training is conducted by a qualified, and BDS approved, registered nurse- | Qualified Providers: Direct Service Staff of an AA or provider agency/private developmental/ABD services agency must meet the following minimum qualifications for and conditions of employment identified in He-M 1001, 521, and or 525. Be at least 18 years of age Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description; and Meet professional certification and licensure requirements of the position. Prior to hiring a person, the provider agency, with the consent of the person, shall: Obtain at least 2 references for the person, at least one of which shall be from a former employer; and Complete, at a minimum, a New Hampshire criminal records check to ensure that the person has no history of: Felony conviction; or Any misdemeanor conviction involving: Physical or sexual assault; Violence; Exploitation; Child pornography; Threatening or reckless conduct; Theft; Driving under the influence of drugs or alcohol; or |

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| | | <p>trainer. Medication Administration Training consists of:</p> <p>8 hours of classroom instruction;</p> <p>Training regarding the specific needs of the individual;</p> <p>Standardized written testing; and</p> <p>Clinical observation by the nurse-trainer.</p> <p>Ongoing supervision and quality assurance are conducted by an RN to ensure continued competency. This regulation and the accompanying curriculum have been approved by the New Hampshire Board of Nursing.</p> | <p>Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.</p> <p>Complete a motor vehicles record check to ensure that the potential provider has a valid driver's license.</p> <p>Personnel records, including background information relating to a staff person's qualifications for the position held, shall be maintained by the provider agency for a period of 6 years after that staff person's employment termination date.</p> <p>No provider or other person living or working in a community residence shall serve as the legal guardian of an individual living in that community residence.</p> <p>Prior to providing services to individuals, a provider shall have evidence of a negative mantoux tuberculin test, or if positive, evidence of follow up conducted in accordance with the Center for Disease Control Guidelines. Such test shall have been completed within the previous 6 months.</p> <p>Prior to delivering services to an individual, a prospective provider shall have received orientation in the following areas:</p> <ul style="list-style-type: none"> •Rights and safety; •Specific health-related requirements of each individual including: <ul style="list-style-type: none"> All current medical conditions, medical history, routine and emergency protocols; and Any special nutrition, dietary, hydration, elimination, and ambulation needs; Any specific communication needs; Any behavioral supports of each individual served; <p>The individual's fire safety assessment pursuant to He-M 1001.06(m); and</p> <p>The community residence's evacuation procedures.</p> |
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| | | | <p>An overview of acquired brain disorder including the local and state service delivery system;</p> <p>Clients' rights as set forth in He-M 202 and He-M 310;</p> <p>Everyday health including personal hygiene, oral health, and mental health;</p> <p>The elements that contribute to quality of life for individuals including support to:</p> <p>Create and maintain valued social roles;</p> <p>Build relationships; and Participate in their local communities;</p> <p>Strategies to help individuals to learn useful skills;</p> <p>Behavioral support; and Consumer choice, empowerment and self-advocacy.</p> |
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Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
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| Direct Service Provider | <p>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</p> <p>In addition, DHHS's Bureau of Certification and Licensing, Health Facilities Administration reviews this during certification and licensing reviews.</p> <p>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</p> | <p>Verification of provider qualification happens prior to hiring and service delivery.</p> <p>The Bureau of Health Facilities Administration verifies provider qualifications at certification site visits.</p> <p>BDS conducts service review audits on a sampling of records on an annual basis.</p> |

| Service Delivery Method | | | | |
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| Service Delivery Method (<i>check each that applies</i>): | <input checked="" type="checkbox"/> | Participant-directed as specified in Appendix E | <input checked="" type="checkbox"/> | Provider managed |

Service Specification

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| Service Title: | Acquired Brain Disorder Waiver: Community Participation Services (CPS) |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| Service Definition (Scope): | |

Day Habilitation/Community Participation Services are provided as part of a comprehensive array of community-based services for persons with acquired brain injury that:

Assist the individual to attain, improve, and maintain a variety of life skills, including vocational skills; Emphasize, maintain and broaden the individual's opportunities for community participation and relationships;

Support the individual to achieve and maintain valued social roles, such as of an employee or community volunteer;

Promote personal choice and control in all aspects of the individual's life and services, including the involvement of the individual, to the extent he or she is able, in the selection, hiring, training, and ongoing evaluation of his or her primary staff and in determining the quality of services; and are provided in accordance with the individual's service agreement and goals and desired outcomes.

All community participation services shall be designed to:

Support the individual's participation in and transportation to a variety of integrated community activities and settings;

Assist the individual to be a contributing and valued member of his or her community through vocational and volunteer opportunities;

Meet the individual's needs, goals, and desired outcomes, as identified in his or her service agreement, related to community opportunities for volunteerism, employment, personal development, socialization, therapeutic recreation (up to the service limits specified in this waiver for therapeutic recreation), communication, mobility, and personal care;

Help the individual to achieve more independence in all aspects of his or her life by learning, improving, or maintaining a variety of life skills, such as:

Traveling safely in the community;

Managing personal funds;

Participating in community activities; and

Other life skills identified in the service agreement;

Promote the individual's health and safety;

Protect the individual's right to freedom from abuse, neglect, and exploitation; and

Provide opportunities for the individual to exercise personal choice and independence within the bounds of reasonable risks.

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

Levels of Day Habilitation/Community Support Services include:

Level I: Intended primarily for individuals whose level of functioning is relatively high but who still require intermittent supports on a regular basis;

Level II: Intended for individuals whose level of functioning is relatively high but who nevertheless require supports and supervision throughout the day;

Level III: Intended for individuals whose level of functioning requires substantial supports and supervision;

Level IV: Intended for individuals whose level of functioning requires frequent supports and supervision;

Level V: Intended for individuals who have significant medical and /or behavioral needs and require critical levels of supports and supervision; and

Level VI: Intended for individuals with the most extraordinary medical and behavioral needs and require exceptional levels of supervision, assistance and specialized care.

Changes due to COVID-19 Emergency:

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Except in circumstances where BDS has determined that additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver is that which is required to enable the individual at access the Home and Community Based Services outlined in the individual's service agreement and are

non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Therapeutic recreation services provided as part of the menu of day habilitation/community participation services have a service limit of \$1,200 per year. BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as a specialty provider of therapeutic recreation, the recommendation of the Area Agency and the availability of funds.

Provider Specifications

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| Provider Category(s) <i>(check one or both):</i> | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | Day Service Provider | | Day Service Provider | |
| Specify whether the service may be provided by <i>(check each that applies):</i> | <input type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |

Provider Qualifications *(provide the following information for each type of provider):*

| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> |
|-----------------------------|--------------------------|---|---|
| Day Service Provider | None | <p>If clinical consultants are used, they shall be licensed or certified as required by New Hampshire law.</p> <p>If medications are being administered by non-licensed staff in certified settings, staff members must be certified to administer medications in conjunction with He-M 1201.</p> <p>Medication Administration Training and</p> | <p>Each applicant for employment shall meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description.</p> <p>Staff must be trained in accordance with He-M 506 and 507 prior to providing day services.</p> <p>Qualified Providers: Direct Service Staff of an AA or provider agency/private developmental /ABD services agency must meet the following minimum qualifications for and conditions of employment identified in He-M 1001, 521, and or 525.</p> <p>Be at least 18 years of age</p> <p>Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description; and</p> <p>Meet professional certification and licensure requirements of the position.</p> |

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| | | <p>Authorization: All staff and providers are required to complete Medication Administration Training as outlined in NH's regulation He-M 1201 prior to administering medications to individuals receiving services in certified day settings. He-M 1201 training is conducted by a qualified, and BDS approved, registered nurse-trainer.</p> <p>Medication Administration Training consists of:</p> <ul style="list-style-type: none"> 8 hours of classroom instruction; Training regarding the specific needs of the individual; Standardized written testing; and Clinical observation by the nurse-trainer. <p>Ongoing supervision and quality assurance are conducted by an RN to ensure</p> | <p>Prior to hiring a person, the provider agency, with the consent of the person, shall:</p> <ul style="list-style-type: none"> Obtain at least 2 references for the person, at least one of which shall be from a former employer; and Complete, at a minimum, a New Hampshire criminal records check to ensure that the person has no history of: <ul style="list-style-type: none"> Felony conviction; or Any misdemeanor conviction involving: <ul style="list-style-type: none"> Physical or sexual assault; Violence; Exploitation; Child pornography; Threatening or reckless conduct; Theft; Driving under the influence of drugs or alcohol; or Any other conduct that represents evidence of behavior that could endanger the well-being of an individual. Complete a motor vehicles record check to ensure that the potential provider has a valid driver's license. Personnel records, including background information relating to a staff person's qualifications for the position held, shall be maintained by the provider agency for a period of 6 years after that staff person's employment termination date. Prior to providing services to individuals, a provider shall have evidence of a negative mantoux tuberculin test, or if positive, evidence of follow up conducted in accordance with the Center for Disease Control Guidelines. Such test shall have been completed within the previous 6 months. <p>Prior to delivering services to an individual, a prospective provider shall</p> |
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| | | <p>continued competency. This regulation and the accompanying curriculum have been approved by the New Hampshire Board of Nursing.</p> | <p>have received orientation in the following areas:</p> <ul style="list-style-type: none"> Rights and safety; Specific health-related requirements of each individual including: <ul style="list-style-type: none"> All current medical conditions, medical history, routine and emergency protocols; and Any special nutrition, dietary, hydration, elimination, and ambulation needs; Any specific communication needs; Any behavioral supports of each individual served; The individual's fire safety assessment pursuant to He-M 1001.06(m); and The community residence's evacuation procedures. An overview of acquired brain disorders including the local and state service delivery system; Clients rights as set forth in He-M 202 and He-M 310; Everyday health including personal hygiene, oral health, and mental health; The elements that contribute to quality of life for individuals including support to: <ul style="list-style-type: none"> Create and maintain valued social roles; Build relationships; and Participate in their local communities; Strategies to help individuals to learn useful skills; Behavioral support; and Consumer choice, empowerment and self-advocacy. |
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| Verification of Provider Qualifications | | |
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| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
| Day Service Provider | <p>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</p> <p>In addition, DHHS's Bureau of Certification and Licensing, Health</p> | <p>Verification of provider qualification happens prior to hiring and service delivery. The Bureau of Health Facilities Administration verifies provider qualifications at certification site visits. BDS</p> |

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| | <p>Facilities Administration reviews this during certification and licensing reviews.</p> <p>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</p> | <p>conducts service review audits on a sampling of records on an annual basis.</p> |
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Service Delivery Method

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| Service Delivery Method (<i>check each that applies</i>): | x | Participant-directed as specified in Appendix E | X | Provider managed |
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Service Specification

Service Title: Acquired Brain Disorder Waiver: Supported Employment Program (SEP)

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Employment services for persons with Acquired Brain Injuries served within the state community developmental/ABD services system who have an expressed interest in working to:

Provide access to comprehensive employment services by qualified staff;

Make available, based upon individual need and interest: employment supports, transportation to work, training and educational opportunities; and the use of co-worker supports and generic resources, to the maximum extent possible.

All employment services shall be designed to:

Assist the individual to obtain employment, customized employment or self-employment, including the development of microenterprises that are appropriately integrated, that is based on the individual's employment profile and goals in the service agreement;

Provide the individual with opportunities to participate in a comprehensive career development process that helps to identify, in a timely manner, the individual's employment profile;

Support the individual to develop appropriate skills for job searching, including:

Creating a resume and employment portfolio;

Practicing job interviews; and

Learning soft skills that are essential for succeeding in the workplace;

Assist the individual to become as independent as possible in his or her employment, internships, and education and training opportunities by:

Developing accommodations;

Utilizing assistive technology; and

Creating and implementing a fading plan;

Help the individual to:

Meet his or her goal for the desired number of hours of work as articulated in the service agreement; and

Earn wages of at least minimum wage or prevailing wage, unless the individual is pursuing income based on self-employment;

Assess, cultivate, and utilize natural supports within the workplace to assist the individual to achieve independence to the greatest extent possible;

Help the individual to learn about, and develop appropriate social skills to actively participate in, the culture of his or her workplace;

Understand, respect, and address the business needs of the individual's employer, in order to support the individual to meet appropriate workplace standards and goals;

Maintain communication with, and provide consultations to, the employer to:

Address employer specific questions or concerns to enable the individual to perform and retain his/her job; and

Explore opportunities for further skill development and advancement for the individual;

Help the individual to learn, improve, and maintain a variety of life skills related to employment, such as:

Traveling safely in the community;

Managing personal funds;

Utilizing public transportation; and

Other life skills identified in the service agreement related to employment;

Promote the individual's health and safety;

Protect the individual's right to freedom from abuse, neglect, and exploitation; and

Provide opportunities for the individual to exercise personal choice and independence within the bounds of reasonable risks.

SEP Level I: Level I: Intended primarily for individuals whose level of functioning is relatively high but who still require intermittent supports on a regular basis;

SEP Level II: Intended for individuals whose level of functioning requires substantial supports and supervision;

SEP Level III: Intended for individuals with the most extensive and extraordinary medical or behavioral management needs.

Changes due to COVID-19 Emergency:

Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.

Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Except in circumstances where BDS has determined that additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver is that which is required to enable the individual to access the Home and Community Based Services outlined in the individual's service agreement and are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Provider Specifications

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| | X | Individual. List types: | X | Agency. List the types of agencies: |
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| Provider Category(s) (check one or both): | Employment Consultant | Employment Consultant | | |
| Specify whether the service may be provided by (check each that applies): | <input type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |
| Provider Qualifications (provide the following information for each type of provider): | | | | |
| Provider Type: | License (specify) | Certificate (specify) | Other Standard (specify) | |
| Employment Consultant | None | None | <p>Employment professionals shall:</p> <p>Meet one of the following criteria:</p> <p>Have completed, or complete within the first 6 months of becoming an employment professional, training that meets the national competencies for job development and job coaching, as established by the Association of People Supporting Employment First (APSE) in “APSE Supported Employment Competencies” (Revision 2010), available as noted in Appendix A; or</p> <p>Have obtained the designation as a Certified Employment Services Professional through the Employment Services Professional Certification Commission (ESPCC), an affiliate of APSE; and</p> <p>Obtain 12 hours of continuing education annually in subject areas pertinent to employment professionals including, at a minimum:</p> <p>Employment;</p> <p>Customized employment;</p> <p>Task analysis/systematic instruction;</p> <p>Marketing and job development;</p> <p>Discovery;</p> <p>Person-centered employment planning;</p> <p>Work incentives for individuals and employers;</p> <p>Job accommodations;</p> <p>Assistive technology;</p> <p>Vocational evaluation;</p> | |

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| | | | <p>Personal career profile development; Situational assessments; Writing meaningful vocational objectives; Writing effective resumes and cover letters; Understanding workplace culture; Job carving; Understanding laws, rules, and regulations; Developing effective on the job training and supports; Developing a fading plan and natural supports; Self-employment; and School to work transition.</p> <p>At a minimum, job coaching staff shall be trained on all of the following prior to supporting an individual in employment: Understanding and respecting the business culture and business needs; Task analysis; Systematic instruction; How to build natural supports; Implementation of the fading plan; Effective communication with all involved; and Methods to maximize the independence of the individual on the job site.</p> |
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Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
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| Employment Consultant | <p>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</p> <p>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</p> | <p>Verification of provider qualification happens prior to hiring and service delivery.</p> <p>BDS conducts service review audits on a sampling of records on an annual basis.</p> |

Service Delivery Method

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| Service Delivery Method (<i>check each that applies</i>): | X | Participant-directed as specified in Appendix E | X | Provider managed |
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| Service Specification | |
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| Service Title: | Acquired Brain Disorder Waiver: Community Support Services (CSS) |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| Service Definition (Scope): | |
| <p>Community Support Services are intended for the individual who has developed, or is trying to develop, skills to live independently within the community. Community Support Services consist of assistance, excluding room and board, provided to an individual to improve or maintain his or her skills in basic daily living and community integration; to enhance his or her personal development and well-being in accordance with goals outlined in the individual's service agreement.</p> <p>Services may begin and continue for a time limited period while the individual is still residing with his/her family. If CSS services begin while the individual is still residing with his or her family, the service agreement must include specific goals and objectives specific to assisting the individual to develop skills for independent living in support of moving from the family home as well as the expected duration of the services to be provided prior to the individual moving out of the family home.</p> <p>Community Support Services include, as individually necessary, assistance in areas such as: daily living skills, money management, shopping skills, food preparation, laundry, household maintenance, use of community resources, community safety, social skills and transportation related to these achievement of individual goals and objectives. Persons receiving Community Support Services require the continuous availability of, and access to, services and supports, which shall assure that the individual's needs are met.</p> <p>Changes due to COVID-19 Emergency:</p> <p>Required staffing ratios for a participant, as outlined in their Individual Service Agreement (ISA), may be modified to allow the participant to receive services in safe and accessible environments, as long as the participant's needs are still being met and guardian approval is documented.</p> <p>Community Participant Services (CPS), Community Support Services (CSS) and Supportive Employment Services (SEP) may be provided in a setting that comports with the Center for Disease Control (CDC) recommendations and that will ensure the health and welfare of individuals served when no other alternatives are available and that setting is the only service setting in which services may be offered to meet an individual's health and safety needs. To allow for flexibility in the types of activities may be billed as CPS, home based activities, to include caring for the individual when s/he is sick and in recovery are allowed to be billed under CPS. The direct supports provided through these services will not duplicate the supports already available in that setting.</p> | |

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Except in circumstances where BDS has determined that additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver is that which is required to enable the individual to access the Home and Community Based Services outlined in the individual's service agreement and are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Provider Specifications

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| Provider Category(s) <i>(check one or both):</i> | <input checked="" type="checkbox"/> Individual. List types: | <input checked="" type="checkbox"/> Agency. List the types of agencies: |
| | CSS Staff | CSS Staff |

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| Specify whether the service may be provided by <i>(check each that applies):</i> | <input type="checkbox"/> Legally Responsible Person | <input checked="" type="checkbox"/> Relative/Legal Guardian |
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Provider Qualifications *(provide the following information for each type of provider):*

| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> |
|------------------|--------------------------|------------------------------|--|
| CSS Staff | None | None | <p>Each applicant for employment shall meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description.</p> <p>Direct Service Staff of an AA or provider agency/private developmental/ABD services agency must meet the following minimum qualifications:</p> <ul style="list-style-type: none"> Be at least 18 years of age Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description; and Meet professional certification and licensure requirements of the position. |

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| | | | <p>Prior to hiring a person, the provider agency, with the consent of the person, shall:</p> <p>Obtain at least 2 references for the person, at least one of which shall be from a former employer; and</p> <p>Complete, at a minimum, a New Hampshire criminal records check to ensure that the person has no history of:</p> <p>Felony conviction; or</p> <p>Any misdemeanor conviction involving:</p> <p>Physical or sexual assault;</p> <p>Violence;</p> <p>Exploitation;</p> <p>Child pornography;</p> <p>Threatening or reckless conduct;</p> <p>Theft;</p> <p>Driving under the influence of drugs or alcohol; or</p> <p>Any other conduct that represents evidence of behavior that could endanger the well-being of an individual.</p> <p>Complete a motor vehicles record check to ensure that the potential provider has a valid driver's license.</p> <p>Personnel records, including background information relating to a staff person's qualifications for the position held, shall be maintained by the provider agency for a period of 6 years after that staff person's employment termination date.</p> <p>Prior to providing services to individuals, a provider shall have evidence of a negative mantoux tuberculin test, or if positive, evidence of follow up conducted in accordance with the Center for Disease Control Guidelines. Such test shall have been completed within the previous 6 months.</p> <p>Prior to delivering services to an individual, a prospective provider shall</p> |
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| | | | <p>have received orientation in the following areas:</p> <p>Rights and safety;</p> <p>Specific health-related requirements of each individual including:</p> <p>All current medical conditions, medical history, routine and emergency protocols; and</p> <p>Any special nutrition, dietary, hydration, elimination, and ambulation needs;</p> <p>Any specific communication needs;</p> <p>Any behavioral supports of each individual served;</p> <p>The individual's fire safety assessment pursuant to He-M 1001.06(m); and</p> <p>The community residence's evacuation procedures.</p> <p>An overview of acquired brain disorder including the local and state service delivery system;</p> <p>Clients' rights as set forth in He-M 202 and He-M 310;</p> <p>Everyday health including personal hygiene, oral health, and mental health;</p> <p>The elements that contribute to quality of life for individuals including support to:</p> <p>Create and maintain valued social roles;</p> <p>Build relationships; and Participate in their local communities;</p> <p>Strategies to help individuals to learn useful skills;</p> <p>Behavioral support; and Consumer choice, empowerment and self-advocacy.</p> |
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| Verification of Provider Qualifications | | |
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| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
| CSS Staff | <p>Verification of provider qualifications is done at the service level by area agencies and subcontract agencies.</p> <p>BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards.</p> | <p>Verification of provider qualification happens prior to hiring and service delivery.</p> |

| | | BDS conducts service review audits on a sampling of records on an annual basis. | | |
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| Service Delivery Method | | | | |
| Service Delivery Method (check each that applies): | X | Participant-directed as specified in Appendix E | X | Provider managed |

| Service Specification | |
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| Service Title: | Acquired Brain Disorder Waiver: Participant Directed and Managed Services (PDMS) formerly Consolidated Developmental Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| Service Definition (Scope): | |
| Participant Directed and Managed Services - PDMS (formerly Consolidated Developmental Services) | |
| <p>PDMS enables individuals to maximize consumer direction affording the option to exercise choice and control over a menu of waiver services and utilization of BDS authorized funding. This service category includes an individually tailored and personalized combination of services and supports for individuals with acquired brain disorders and their families in order to improve and maintain the individual's need for transportation, opportunities and experiences in living, working, socializing, accessing therapeutic recreation (up to the service limits in this waiver for therapeutic recreation), personal growth, safety and health.</p> <p>Individuals whose services are funded through PDMS direct and manage their services according to the definition of Direction and Management in State Administrative Rule He-M 525.</p> <p>Changes due to COVID-19 Emergency:</p> <p>The respite cap of 15% of the total Participant Directed and Managed Services (PDMS) budget will be removed to allow a participant's family additional flexibility in obtaining supports to care for their family member.</p> <p>Respite services may be provided in a setting necessary to ensure the health and safety of participants.</p> <p>Respite service settings may include hotel, motel, shelter, church, or any facility based setting which will not duplicate service regularly provided by the facility based setting.</p> | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | |

Individualized PDMS budgets should not allocate more than approximately 15% of waiver services funding for Respite Care Services.

Except in circumstances where BDS has determined that any additional costs are related directly to the individual's safety, transportation costs may not exceed \$5,000 per year.

In the event that an individual requires additional transportation resources to ensure his/her safety, BDS will consider approval of additional funds for transportation based on a statement of clinical necessity submitted by the individual's service coordinator and as articulated in the individual's service agreement.

Transportation services provided under this waiver are non-medical transportation services and do not duplicate the medical transportation provided under the Medicaid State Plan.

Therapeutic recreation services provided as part of the menu of PDMS services have a service limit of \$1,200 per year. BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as a specialty provider of therapeutic recreation, the recommendation of the Area Agency and the availability of funds.

Computer or electronic devices obtained under this category must be based on the written recommendation of a licensed professional, be needed based on the individual's disability, be related to goals and objectives in the service agreement and are subject to an annual service limit of \$1,500; BDS may authorize additional funds upon the written recommendation of a licensed professional or a recognized entity, such as NH ATECH, the recommendation of the Area Agency and the availability of funds. Any items provided under this category must be based on an assessed need by a qualified provider and cannot be available as a benefit under the NH State Medicaid Plan.

Provider Specifications

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|--|-------------------------------------|------------------------------|---|-------------------------------------|
| Provider Category(s) <i>(check one or both):</i> | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | Direct Support Staff | | Direct Service Staff | |
| Specify whether the service may be provided by <i>(check each that applies):</i> | <input type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |
| Provider Qualifications <i>(provide the following information for each type of provider):</i> | | | | |
| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> | |
| Direct Support Staff | None | None | In accordance with He-M 525.06, staff and providers must: a. Meet the educational qualifications, or the equivalent combination of | |

| | | | |
|--|--|--|---|
| | | | <p>education and experience, identified in the job description;</p> <p>b. Meet the certification and licensing requirements of the position, if any; and</p> <p>c. Be 18 years of age or older;</p> <p>(1) The employer, when not the individual or representative, shall provide information to the individual and representative regarding the staff development elements identified in He-M 506.05 to assist him or her in making informed decisions with respect to orientation and training of staff and providers; and</p> <p>(2) The employer shall insure that the staff and providers receive the orientation and training selected by the individual or representative.</p> |
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| Direct Service Staff | None | None | <p>Staff and providers must:</p> <p>a. Meet the educational qualifications, or the equivalent combination of education and experience, identified in the job description;</p> <p>b. Meet the certification and licensing requirements of the position, if any; and</p> <p>c. Be 18 years of age or older;</p> <p>(1) The employer, when not the individual or representative, shall provide information to the individual and representative regarding the staff development elements identified in He-M 506.05 to assist him or her in making informed decisions with respect to orientation and training of staff and providers; and</p> <p>(2) The employer shall insure that the staff and providers receive the orientation and training selected by the individual or representative.</p> |
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Verification of Provider Qualifications

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| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|----------------|--------------------------------------|---------------------------|

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| Direct Support Staff | The Area Agency has the primary responsibility to verify provider qualifications. | Verification of provider qualification happens prior to service delivery. The certification process involves review of training records. |
| Direct Service Staff | Verification of provider qualifications is done at the service level by area agencies and subcontract agencies. BDS audits records as part of its service review audits and evaluates compliance with provider qualification standards. | Verification of provider qualification happens prior to hiring and service delivery. BDS conducts service review audits on a sampling of records on an annual basis. |
| Service Delivery Method | | |
| Service Delivery Method (check each that applies): | <input checked="" type="checkbox"/> Participant-directed as specified in Appendix E | <input type="checkbox"/> Provider managed |



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|--|---|-------------------------|-------------------------------------|---|
| Service Specification | | | | |
| Service Title: | Choices for Independence Waiver for the Elderly and Chronically Ill - Respite | | | |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | | | | |
| Service Definition (Scope): | | | | |
| Respite Services: Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of the caregiver normally providing the care. | | | | |
| Changes Due to COVID-19 Emergency: | | | | |
| The respite cap of 30 days will be increased to 90 days. | | | | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | | |
| Services are limited to the equivalent of 30, 24 hour days of care per state fiscal year/participant. Services are provided in units of time that are determined appropriate by the caregiver and case manager | | | | |
| Provider Specifications | | | | |
| Provider Category(s) | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | | Respite Provider | | Facilities licensed by the State to provide Residential Care Services |

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| <i>(check one or both):</i> | | Agencies licensed by the State under RSA 151:2 for home care | | |
| | | Facilities licensed by the State as Nursing Facilities | | |
| | | Agencies certified by the State as Other Qualified Agencies | | |
| Specify whether the service may be provided by <i>(check each that applies):</i> | <input checked="" type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |
| Provider Qualifications <i>(provide the following information for each type of provider):</i> | | | | |
| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> | |
| Facilities licensed by the State to provide Residential Care Services | Residential care, RSA 151:2 | | | |
| Agencies licensed by the State under RSA 151:2 for home care | RSA 151:2-b, He-P 809 and He-P 822 | | | |
| Facilities licensed by the State as Nursing Facilities | Nursing Facilities, RSA 151:2 | | | |
| Agencies certified by the State as Other Qualified Agencies | OQA, RSA 161:I | | | |
| Individual | When participant Directed the individual or his/her representative | | | |
| Verification of Provider Qualifications | | | | |
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification | |
| Individual | Individual | | Prior to service delivery and ongoing thereafter | |
| Facilities licensed by the State to provide | Bureau of Health Facilities and Licensing | | Annual | |

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| Residential Care Services | | |
| Agencies licensed by the State under RSA 151:2 for home care | Bureau of Health Facilities and Licensing | Annual |
| Facilities licensed by the State as Nursing Facilities | Bureau of Health Facilities and Licensing | Annual |
| Agencies certified by the State as Other Qualified Agencies | Bureau of Health Facilities and Licensing | Annual |
| Service Delivery Method | | |
| Service Delivery Method (<i>check each that applies</i>): | <input checked="" type="checkbox"/> | Participant-directed as specified in Appendix E |
| | <input checked="" type="checkbox"/> | Provider managed |

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| Service Specification | |
| Service Title: | Choices for Independence Waiver for the Elderly and Chronically Ill - Adult Family Care |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| Service Definition (Scope): | |
| <p>Personal care and services, homemaker, attendant care and companion services, and medication oversight (to the extent permitted by State law) provided in a licensed or certified (as required by law) private home by a principal care provider who lives in the home. Adult Family Care (AFC) services are provided to participants who receive them in conjunction with residing in the home. There shall be no more than 2 unrelated individuals living in the home, including participants in the Program. Separate payment shall not be made for homemaker services to participants receiving AFC, as those services are integral to and inherent in the provision of AFC.</p> | |
| Changes Due to COVID-19 Emergency: | |
| Allow Personal Emergency Response services to be provided in Adult Family Care Settings. | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | |
| None | |
| Provider Specifications | |
| <input checked="" type="checkbox"/> | Individual. List types: |
| <input checked="" type="checkbox"/> | Agency. List the types of agencies: |

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|---|--|----------------------------|--|-------------------------|--|
| Provider Category(s) (check one or both): | Participant approves. AFC homes meet the requirements established in law. | | DHHS approves providers to provide caregiver oversight. AFC homes meet the requirements established in law. | | |
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| Specify whether the service may be provided by (check each that applies): | <input checked="" type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian | |
| Provider Qualifications (provide the following information for each type of provider): | | | | | |
| Provider Type: | License (specify) | | Certificate (specify) | | Other Standard (specify) |
| DHHS approves providers to provide caregiver oversight. AFC homes meet the requirements established in law. Individual | <p>RESIDENTIAL CARE AND HEALTH FACILITY LICENSING laws: RSA 151:2 as follows: II. This chapter shall not be construed to require licensing of the following: (b) Facilities maintained or operated for the sole benefit of persons related to the owner or manager by blood or marriage within the third degree of consanguinity. 151:9 as follows: VIII. The commissioner of the department of health and human services shall establish a program, by rule, to certify facilities that provide services to fewer than 3 individuals, beyond room and board care, in a residential setting, as an alternative to nursing facility care, which offers residents a homelike living arrangement, social, health, or medical services, including, but not limited to, medical or nursing supervision, medical care or treatment by appropriately trained or licensed individuals, assistance in daily living, or protective care.</p> | | <p>Certificate (specify): RESIDENTIAL CARE AND HEALTH FACILITY LICENSING laws: 151:9 as follows: VIII. The commissioner of the department of health and human services shall establish a program, by rule, to certify facilities that provide services to fewer than 3 individuals, beyond room and board care, in a residential setting, as an alternative to nursing facility care, which offers residents a homelike living arrangement, social, health, or medical services, including, but not limited to, medical or nursing supervision, medical care or treatment by appropriately trained or licensed individuals, assistance in daily living, or protective care. Other Standard (specify): These private homes are certified, based on their size, as required by law and serve no more than two unrelated persons.</p> | | <p>These private homes are certified, based on their size, as required by law and serve no more than two unrelated persons. NH Medicaid Enrolled.</p> |

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| Verification of Provider Qualifications | | |
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| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
| Agency | DHHS approves the caregiver oversight agencies if they are licensed or certified to provide personal care and homemaking services, and have expertise in arranging home placements for adults. The NH Bureau of Licensing and Certification certifies the homes as required by state law. | Annually |
| Individual | When Participant Directed and Managed, the individual or his/her representative shall define the provider qualifications that reflect sufficient training, expertise, experience and/or education to ensure delivery of safe and effective services, unless otherwise required by state or federal licensing or certification requirements. Must be a NH Enrolled Medicaid Provider | Prior to service delivery and ongoing thereafter. |
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| Service Delivery Method | | | | |
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| Service Delivery Method (check each that applies): | <input checked="" type="checkbox"/> | Participant-directed as specified in Appendix E | <input checked="" type="checkbox"/> | Provider managed |

| Service Specification | |
|--|--|
| Service Title: | Choices for Independence Waiver for the Elderly and Chronically Ill - Residential Care Facility Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| Service Definition (Scope): | |
| Supportive services provided in a licensed facility, including: Assistance with activities of daily living and incidental activities of daily living; Personal care; 24 hour supervision; Incontinence management; Dietary planning; Non-medical transportation to community based services and supports necessary to access the home and community based supports outlined in the person centered plan; and any other activities that promote and support health and wellness, dignity and autonomy within a community setting. Shared bedrooms do not accommodate more than two people. Personal care services listed above as part of this service are included in the rate paid to the provider and are not separately billed. | |
| Changes Due to COVID-19 Emergency: | |

Allow Personal Emergency Response services to be provided in Residential and Adult Family Care Settings.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

None

Provider Specifications

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|--|--------------------------|-------------------------|-------------------------------------|-------------------------------------|
| Provider Category(s) (check one or both): | <input type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | | | | Residential Care Facility |
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| Specify whether the service may be provided by (check each that applies): | <input checked="" type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |
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Provider Qualifications (provide the following information for each type of provider):

| Provider Type: | License (specify) | Certificate (specify) | Other Standard (specify) |
|---------------------------|-----------------------------|-----------------------|-------------------------------|
| Residential Care Facility | Residential Care, RSA 151:2 | | Enrolled NH Medicaid Provider |
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Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---------------------------|--|---------------------------|
| Residential Care Facility | NH Bureau of Licensing and Certification | Annual |
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Service Delivery Method

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| Service Delivery Method (check each that applies): | <input type="checkbox"/> | Participant-directed as specified in Appendix E | <input checked="" type="checkbox"/> | Provider managed |
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Service Specification

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|----------------|---|
| Service Title: | Choices for Independence Waiver for the Elderly and Chronically Ill - Supportive Housing Services |
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

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| Service Definition (Scope): | | | | |
| Services provided by a licensed agency in apartments located in publicly funded apartment buildings that include: Personal care services, including assistance with activities of daily living and instrumental activities of daily living; Supervision; Medication reminders; and other supportive activities as specified in the comprehensive care plan or which promote and support health and wellness, dignity and autonomy within a community setting. Personal care, medication reminders and other services identified as part of this service are included in the rate paid to the provider and cannot be separately billed. | | | | |
| Changes Due to COVID-19 Emergency: | | | | |
| Allow Personal Care provider services to be provided in settings where Supportive Housing is delivered when personal care provider services are needed as a result of additional support needs. These additional services will be documented in a schedule within the individual's care plan and will require a prior authorization and will be billed separately | | | | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | | |
| None | | | | |
| Provider Specifications | | | | |
| Provider Category(s) (check one or both): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | | | | Agency licensed by the State under RSA 151:2, for home health care services |
| | | | | |
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| Specify whether the service may be provided by (check each that applies): | <input checked="" type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |
| Provider Qualifications (provide the following information for each type of provider): | | | | |
| Provider Type: | License (specify) | Certificate (specify) | Other Standard (specify) | |
| Agency licensed by the State under RSA 151:2, for home health care services | RSA 151:2-b | | NH Enrolled Provider | |
| Verification of Provider Qualifications | | | | |
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification | |
| Agency licensed by the State under RSA 151:2, for home health care services | NH Bureau of Licensing and Certification | | Annual | |

| Service Delivery Method | | | | |
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| Service Delivery Method (<i>check each that applies</i>): | X | Participant-directed as specified in Appendix E | X | Provider managed |

| Service Specification | | | |
|---|---|--------------------------------|---------------------------------------|
| Service Title: | Choices for Independence Waiver for the Elderly and Chronically Ill – Adult Day Health /Adult Medical Day | | |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | | | |
| Service Definition (Scope): | | | |
| Adult medical day programs provide protective environment individuals with cognitive impairments or who are at risk for isolation or institutionalization. Services include an array of social and health care services and provides day-time respite for primary caregivers. Services are furnished on a regularly scheduled basis, for one or more days per week. | | | |
| Changes Due to COVID-19 Emergency: | | | |
| Adult Medical Day services may be provided in a home environment or a setting and method that comports with CDC recommendations and that will ensure the health and welfare of the individuals served. | | | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | |
| None | | | |
| Provider Specifications | | | |
| Provider Category(s) (<i>check one or both</i>): | X | Individual. List types: | X Agency. List the types of agencies: |
| | | | Adult Medical Day, RSA 151:2 |
| | | | |
| Specify whether the service may be provided by (<i>check each that applies</i>): | | Legally Responsible Person | Relative/Legal Guardian |
| Provider Qualifications (<i>provide the following information for each type of provider</i>): | | | |
| Provider Type: | License (<i>specify</i>) | Certificate (<i>specify</i>) | Other Standard (<i>specify</i>) |
| Agency licensed by the State under RSA | RSA 151:2 | | NH Enrolled Provider |

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| 151:2, for Adult Medical Day | | | |
| Verification of Provider Qualifications | | | |
| Provider Type: | Entity Responsible for Verification: | Frequency of Verification | |
| Agency licensed by the State under RSA 151:2, for Adult Medical Day | NH Bureau of Licensing and Certification | Annual | |
| Service Delivery Method | | | |
| Service Delivery Method (check each that applies): | <input checked="" type="checkbox"/> | Participant-directed as specified in Appendix E | <input checked="" type="checkbox"/> Provider managed |



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|---|---|-------------------------|---|
| Service Specification | | | |
| Service Title: | Choices for Independence Waiver for the Elderly and Chronically Ill - Supportive Housing Services | | |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | | | |
| Service Definition (Scope): | | | |
| <p>Services provided by a licensed agency in apartments located in publicly funded apartment buildings that include: Personal care services, including assistance with activities of daily living and instrumental activities of daily living; Supervision; Medication reminders; and other supportive activities as specified in the comprehensive care plan or which promote and support health and wellness, dignity and autonomy within a community setting. Personal care, medication reminders and other services identified as part of this service are included in the rate paid to the provider and cannot be separately billed.</p> <p>Changes Due to COVID-19 Emergency:</p> <p>Allow Personal Care provider services to be provided in settings where Supportive Housing is delivered when personal care provider services are needed as a result of additional support needs. These additional services will be documented in a schedule within the individual's care plan and will require a prior authorization and will be billed separately</p> | | | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | |
| None | | | |
| Provider Specifications | | | |
| | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> Agency. List the types of agencies: |

| | | | | |
|---|--|---|---|-------------------------|
| Provider Category(s) (check one or both): | | | Agency licensed by the State under RSA 151:2, for home health care services | |
| | | | | |
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| Specify whether the service may be provided by (check each that applies): | <input checked="" type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |
| Provider Qualifications (provide the following information for each type of provider): | | | | |
| Provider Type: | License (specify) | Certificate (specify) | Other Standard (specify) | |
| Agency licensed by the State under RSA 151:2, for home health care services | RSA 151:2-b | | NH Enrolled Provider | |
| Verification of Provider Qualifications | | | | |
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification | |
| Agency licensed by the State under RSA 151:2, for home health care services | NH Bureau of Licensing and Certification | | Annual | |
| Service Delivery Method | | | | |
| Service Delivery Method (check each that applies): | <input checked="" type="checkbox"/> | Participant-directed as specified in Appendix E | <input checked="" type="checkbox"/> | Provider managed |

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| Service Specification | |
| Service Title: | Choices for Independence Waiver for the Elderly and Chronically Ill – Home Delivered Meals |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| Service Definition (Scope): | |
| <p>This service provides the delivery of a nutritionally balanced meal to the Participant’s home, that provides at least one-third of the recommended dietary allowances established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, as well as the Dietary Guidelines for Americans issued by the Secretary of the US Department of Health and Human Services and Agriculture. Further, emergencies or potentially harmful situations encountered during the delivery are reported to the appropriate manager.</p> | |
| Changes Due to COVID-19 Emergency: | |

Home Delivered Meals will be provided if needed due to COVID-19 Emergency in supportive housing and residential care settings. Meals shall not constitute a 'full nutritional regimen' (3 meals per day).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

None

Provider Specifications

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|--|-------------------------------------|-------------------------|-------------------------------------|-------------------------------------|
| Provider Category(s) (check one or both): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | Agency | | All qualified nutrition providers | |
| | | | | |

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| Specify whether the service may be provided by (check each that applies): | <input checked="" type="checkbox"/> | Legally Responsible Person | <input checked="" type="checkbox"/> | Relative/Legal Guardian |
|---|-------------------------------------|----------------------------|-------------------------------------|-------------------------|

Provider Qualifications (provide the following information for each type of provider):

| Provider Type: | License (specify) | Certificate (specify) | Other Standard (specify) |
|-----------------------------------|-------------------|-----------------------|---|
| All qualified nutrition providers | Other | Other | A dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services |

Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|-----------------------------------|--------------------------------------|---------------------------|
| All qualified nutrition providers | DHHS Office of Quality Improvement | Annual |

Service Delivery Method

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|--|-------------------------------------|---|-------------------------------------|------------------|
| Service Delivery Method (check each that applies): | <input checked="" type="checkbox"/> | Participant-directed as specified in Appendix E | <input checked="" type="checkbox"/> | Provider managed |
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ⁱ Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.