

New Hampshire Health and Welfare Site Review Summary Report

October 16, 2024

I. Executive Summary

The Centers for Medicare & Medicaid Services (CMS) Division of Home and Community-Based Services Operations and Oversight (DHCBSO) conducted the New Hampshire Health and Welfare Site Review (H&W SR) in coordination with the Administration for Community Living (ACL). The H&W site review team conducted the review with a focus on the state's Developmental Disabilities (DD-NH.0053), Acquired Brain Disorder (ABD-NH.4177) and Choices for Independence (CFI-NH.0060) HCBS 1915(c) waiver programs from May 14 through May 17, 2024.

The site review included multiple meetings with state directors and staff responsible for the administration and operation of the three 1915(c) waivers including staff from New Hampshire's Department of Health and Human Services (DHHS), the Bureau of Developmental Services (BDS), and the Bureau of Elderly and Adult Services (BEAS). The H&W SR team also held meetings with representatives from NH's licensing entity, the Bureau of Licensing and Certification, Adult Protective Services (APS), support planners, service coordinators/case managers, providers, and waiver participants. In addition, the H&W SR team held two separate pre-visit virtual meetings; one with the state's Long-Term Care and Legal Regulatory Ombudsmen and the other with stakeholders.

The focus of these meetings was to understand how the process for reporting, investigating and resolving critical incidents operates in practice and how health and welfare is assured for HCBS participants in New Hampshire through the lens of the stakeholder community. The review was conducted as part of a national initiative to provide individualized technical assistance to states on maximizing the health and welfare of Medicaid beneficiaries, and to identify both promising practices and challenges to address.

The NH-DHHS retains administrative authority in overseeing the state's DD, ABD and CFI waiver programs. Furthermore, BDS is the operating agency for the DD and ABD programs and BEAS is the operating agency for the CFI waiver.

During the site review, the H&W SR team identified strengths and promising practices, state challenges, and recommendations that are listed here and summarized more fully later in the report.

Strengths and Promising Practices for Ensuring Health and Welfare

- BDS (operating agency of the DD and ABD waivers) has a defined sentinel events process.
- Waiver providers interviewed were well-aware of the state's sentinel event process and highlighted strong communication with a BDS Administrator of Clinical Services who sits on the state's Sentinel Events Committee.
- BEAS (operating agency of the CFI waiver) oversees APS, which demonstrates a strong relationship in terms of communication and the state's ability to receive timely updates on APS' involvement with incident investigations.

- CFI case managers emphasized strong communication with the CFI operating agency team regarding incident follow-ups led by a BEAS Administrator.
- Mortality Review Committee tracks and trends cases monthly, which has led to the development and implementation of a suicide prevention hotline/team along with a fire safety program (distribution of smoke detectors).
- HCBS providers and participants that were interviewed appeared to be well-informed and educated on who to reach out to and/or contact to report an incident or a complaint.
- HCBS providers that were interviewed exhibited a clear understanding of their role in assuring participant H&W.
- Participants also demonstrated satisfaction with their surrounding along with the support they receive from providers.

Challenges

- The state does not have a single point of contact to receive complaints and critical incidents. As a result, CMS could not identify how the state communicates incident resolution and/or corrective measures to participants who report incidents.
- The state lacks an electronic incident reporting system, which creates challenges for the state to track and trend timely and differentiate between critical incidents and complaints.
- Some providers shared that there are significant delays with receiving payment for services rendered.
- Some Providers and case managers expressed concerns about their safety and the safety of other participants when a new individual is transferred/assigned to them with no historical information. It was explained during the visit that a participant can choose to not have their information shared when transitioned or assigned to a new provider/case manager.

II. Background

Before the site review, the H&W SR team reviewed waiver program documents, annual CMS 372 reports, which provide expenditure data and information pertaining to the quality of services and other materials from the public domain related to the health and welfare assurance of individuals receiving HCBS in New Hampshire.

Table 1 lists all four New Hampshire waiver programs that were reviewed prior to the visit, in addition to the waiver’s expiration date, operating agency, and target population.

Table 1. Waiver Review by the H&W SR team

Waiver Name and Number	Expiration Date	Operating Agency	Target Population
Developmental Disabilities (DD)- NH.0053	August 31, 2026	Bureau of Developmental Services (BDS)	Individuals of all ages with an intellectual and/or developmental disability who meet an Intermediate Care Facility (ICF) level of care.

Acquired Brain Disorder (ABD)- NH.4177	October 31, 2026	BDS	Individuals who have experienced the onset of an acquired brain injury after the age of twenty-two and prior to age sixty, who meet a nursing home level of care.
Choices for Independence (CFI)- NH.0060	June 30, 2027	Bureau of Elderly and Adult Services (BEAS)	Individuals aged and disabled who meet a nursing facility level of care.
In-Home Supports Waiver for Children with Developmental Disabilities- NH.0397	December 2025	Bureau of Developmental Services	Participants aged 0-21 with autism spectrum disorder (ASD), developmental disabilities (DD), intellectual disabilities (ID)

CMS identified NH for a site visit based on several factors and potential promising practices.

The DD waiver, which served 4,851 individuals as per the most recent CMS 372 report is scheduled for renewal in 2026. The state affirms that the program was developed to provide services that maximize the ability and informed decision-making authority of people with intellectual and/or developmental disabilities. As per the state, the program was designed to promote the individual’s personal development, independence, and quality of life in a manner that is determined by the individual. If deemed eligible for services under State Administrative Rule He-M 503, an individualized service agreement and budget are developed by utilizing a person-centered planning process, assessment-based decision making and the availability of resources.

The ABD program, as per the most recent CMS 372 report, served 235 participants and is also scheduled for renewal in 2026. The state describes the waiver as being conceived in response to requests from individuals and families who had experienced or were advocating on behalf of a loved one with an ABD who wished to reside in the community rather than receive services in an institutional care setting or a nursing facility. NH has adopted Administrative Rule He-M 517 and He-M 522 that defines the eligibility criteria for the waiver, the covered services, the planning process and service agreement, the quality review oversight process, qualified providers, rights of the participants and the appeal process.

BDS is the operating agency for the DD and ABD waiver programs. NH has defined within both programs a range of HCBS, which support families and individuals respectively. Families and individuals work with Area Agencies (AAs) and the state to identify, through the person-centered planning process, specific services and supports offered under the waivers that are needed to avoid placement in an institutional setting.

For both the DD and ABD waivers, BDS applies State Administrative Rule He-M 202, to demonstrate that specific safeguards are in place to assure participant H&W. The state's statute describes that any agency staff who suspects a participant of being a victim of abuse, neglect or exploitation must call in a complaint to the Office of Client and Legal Services (OCLS). The statute encompasses DHHS's overarching policy regarding critical events, which is referred to as the Bureau of Program Quality (BPQ) Sentinel Event Reporting and Review Policy. As per the state, the protocol establishes the reporting and review requirements of critical or sentinel events involving individuals served by the Department. All providers that render services through DHHS and BDS are required to report sentinel events that involve individuals who are receiving Department funded services, have received Department funded services within the preceding 30 days or are subject of a Children or APS report. The state defines a sentinel event as an unexpected occurrence involving death or serious physical or psychological injury, or risk thereof. In addition, the policy outlines that upon the discovery of a sentinel event by a provider or the Department, the entity is required to provide verbal notification to the appropriate DHHS administrator or designee within 24 hours. A written notification of the sentinel event shall be provided by the reporting person or assigned agency staff member to the appropriate DHHS office within 72 hours of the event.

The CFI waiver, which served 4,252 individuals as per the most recent CMS 372 report is scheduled for renewal in 2027. The state confirms that the goal of the waiver is to support eligible seniors and adults with disabilities to continue living independently in their homes and communities rather than in an institutional setting. The program provides a wide range of service choices to beneficiaries through a network of community-based provider agencies who are directly enrolled as NH Medicaid providers.

BEAS is the operating agency for the CFI program and applies NH State statute He-E 801, and He-E 805 (Targeted Case Management), which directs the state's administration of the waiver program. He-E 801 describes clinical eligibility standards, the eligibility process, service definitions and requirements and provider requirements. It also includes the requirement of a comprehensive person-centered plan developed by the case manager and participant using a person-centered planning process.

BEAS also adheres to and applies like BDS, the DHHS BQP Sentinel Event Report and Review Policy as the protocol which establishes the waiver's reporting and review requirements of sentinel events. The BEAS sentinel event notifications must be provided to the bureau's administrator or designee in accordance with the same timeframes and methods that are described in the protocol.

As mentioned above, each approved waiver application includes language, which supports the state's assurance that the H&W of participants is safeguarded through the provision of services and supports identified in the person-centered plan, implementation of assessment-based decision-making, the operation of a quality assurance and improvement program, and the implementation of a comprehensive complaint and critical incident investigation process.

New Hampshire Site Review

In preparation for the four day on-site visit, the H&W SR team conducted two virtual meetings with protection and advocacy entity representatives, the state's ombudsmen offices and other stakeholders to understand how the entities work together to assure the H&W of participants for the various waivers. While on-site the following topics were covered in addition to reviewing a sample of critical incident reports.

- The State Medicaid Agency's and operating agencies' oversight of the waiver programs and the critical incident management systems and processes
- NH's mortality review process
- Critical incident reporting process (from both the provider and participant perspectives)
- The role of the service coordinator (DD and ABD)/case manager (CFI) in assuring participant H&W through participant/family education, ongoing service monitoring, provider oversight, engagement with critical incident management and outcomes, and participant/family support during and following a critical incident allegation.

III. State Strengths and Promising Practices for Ensuring Health and Welfare

The following is an overview of the strengths and promising practices identified by the H&W SR team regarding the design or practice of ensuring the H&W of HCBS participants in New Hampshire.

- **BDS has a defined sentinel events process** – DHHS' Sentinel Event Reporting and Review Policy (Sentinel Event Policy) is part of a comprehensive quality assurance program with the BPQ. The Sentinel Event Policy establishes the reporting and review requirements of sentinel events involving individuals serviced by the state, which includes participants of the three waiver programs under review. A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury or risk thereof. All HCBS providers including AAs, service coordinators/case managers are required to report sentinel events within 24 hours of the discovery to the appropriate DHHS program area. Each DHHS program area informs community agencies that report sentinel events who their initial notifications will go to. The initial notification shall be provided by direct telephone contact, confidential voice mail, or encrypted e-mail. Each DHHS program area responsible for reporting sentinel events shall identify a primary contact for BPQ to interface with regarding sentinel events. The primary contact shall serve on the DHHS Sentinel Event Review Committee unless another individual is designated. The primary contact will participate in ad hoc sentinel event reviews as applicable.
- **Waiver providers interviewed were well-aware of the state's sentinel event process and highlighted strong communication with BDS** – In preparation for CMS' visit, the state provided an evidence packet, which included corresponding documents and forms associated with the state's Sentinel Event Policy. As mentioned above, all HCBS providers interviewed during the H&W visit demonstrated proficiency with the state's sentinel event process and highlighted strong communication and collaboration with a BDS Administrator of Clinical Services who is a key member of the Sentinel Event Review Committee and is a main point of contact for providers to obtain updates and

information related to the status of investigations and resolution of reported BDS-Sentinel Events.

- **BEAS oversees APS** – BEAS directly oversees the central Adult Protective Services (APS) unit and is responsible for APS to adhere to its mission to receive and investigate reports involving vulnerable adults who are suspected to have been abused, neglected or exploited in their own homes by individuals paid to provide care, or while receiving care in a community, general or specialized hospital, rehabilitation center or other treatment center. APS is also responsible to provide protected services or referrals to other resources like the Long-Term Care Ombudsman, to ensure a person’s safety and well-being. BEAS’ administrative authority over APS allows for direct and open lines of communication that may be associated with incident investigations, follow-up issues and/or concerns related to the CFI waiver community.
- **CFI case managers emphasized strong communication with CFI operating agency team regarding incident follow-ups** – The H&W SR team had the opportunity to meet with service coordinators who provide service coordination via the 1915(c) authority to the BDS waiver community and case managers that render Targeted Case Management via the State Plan authority to participants of the CFI waiver program. During the discussion with the CFI case managers, the group highlighted BEAS’ efforts during monthly and ad-hoc calls that discuss/monitor the progress of reported incidents. The case managers noted that the recent addition of a BEAS Administrator has improved their ability to update caseloads in a timelier manner and with meaningful information related to incident investigations. The new BEAS team member’s role and dedication towards communicating with case managers demonstrates the state’s commitment to participant H&W through the implementation of internal process improvements.
- **Mortality Review Committee tracks and trends cases monthly** – The H&W SR team meeting with the NH Mortality Review Committee included staff from BDS, BEAS and APS. The state applies Administrative Rule He-M 1001, to define the process on how BDS must be notified of the death of a waiver participant within 12 hours, which results in a mortality notification. BEAS/APS carries out their involvement in the committee via their role with the Incapacitated Adult Fatality Review Committee (IAFRC), which was developed to study the incidence and causes of death of incapacitated adults and to recommend policies, practices, and services that will promote collaboration among various public and private agencies and organizations that service and advocate for NH’s elderly and incapacitated adults. As per the state, the IAFRC recognizes that a careful examination of certain fatalities provides the opportunity to develop education, prevention, service delivery, management, quality assurance strategies and, if necessary, prosecution strategies that will lead to improved coordination of services for elderly and incapacitated adults and their families. Collaboratively, the Mortality Review Committee is able to track and trend deaths of vulnerable and elderly adults, which includes members of the waiver communities. These activities have led to the development and implementation of a suicide prevention hotline/team along with a fire safety program that includes the distribution of smoke detectors to community members. The committee also endorses community resources like the “Good Morning Henniker!” program, which is spearheaded by the Henniker police department. The program promotes H&W and is

specifically designed to check-in on the safety and welfare of elderly or handicapped individuals within communities who live alone or have special needs.

- **HCBS providers and participants that were interviewed appeared to be well-informed and educated on who to reach out to and/or contact to report an incident or a complaint** – NH-DHHS assisted the H&W SR team with coordinating site visits at six different HCBS settings. The waiver programs under review were represented accordingly by two sites each that provided services to the respective waiver communities. The six sites were within a 50-mile radius from the DHHS offices in Concord. The H&W SR team visited and met with HCBS providers and participants at the following sites:
 - Central Office for HCBS Provider Network (Waypoint), which serves CFI participants.
 - Assisted Living Facility (Rose Meadow Acres), which serves DD/ABD participants.
 - Groups Homes (Neuro-International and Community Partners), which serves DD/ABD participants.
 - Residential Support Home (Alternative Programs and Treatment), which serves participants from all three waiver communities.
 - Adult Day Habilitation Center (Gateways Adult Day Center), which serves the DD/ABD communities.

The HCBS providers that were interviewed exhibited a clear understanding of their role in assuring participant H&W. The providers referred to regularly scheduled virtual trainings and recertification tutorials that DHHS requires to ensure critical incident education and identification remains constant within the provider community, especially for new hires. The H&W SR team also met with provider management, quality assurance staff and direct service workers at the various sites who demonstrated readiness, knowledge and the ability to identify and report abuse, neglect and exploitation accordingly. In addition, the providers seemed to be well-informed and supported by DHHS with direct lines of contact to their respective operating agencies to report incidents and/or sentinel events.

HCBS participants interviewed by the H&W SR team exhibited a strong sense of knowledge regarding who to reach out to and/or contact to report a complaint or incident. The individuals interviewed shared that they felt comfortable communicating with their care manager, parent, or residence staff for assistance to report an incident. At one particular setting (Neuro-International) the DHHS complaint hotline number was posted throughout the walls of the group home and when asked who they can contact to report or request assistance with reporting an incident, a participant mentioned they are well-informed and will gladly discuss issues with their service coordinator or any residence staff member.

- **Participants also demonstrated content with their surroundings along with the support they receive from providers.**
 - A BDS waiver participant shared how pleased they are with the support they receive from residence staff, their service coordinator, and an on-site nurse administrator regarding their plans to have gender re-affirming surgery in the near

future. The individual excitedly shared their plans for surgery and emphasized feeling safe, supported, and accepted in their setting.

- Another BDS participant discussed their fondness for fishing and eagerly showed the H&W SR team their fishing gear. The individual shared that fishing is their favorite hobby and is often the topic of conversation during meetings with their service coordinator.
- A CFI participant praised their case manager for being kind, attentive and always willing to help. The individual added that their life has been enriched since they started receiving services and supports from the waiver. The beneficiary added that they are extremely grateful for their Personal Care Service Provider (PCSP), who was present during the interview. The participant added that their PCSP provides hands on assistance with daily task and is able to accompany them on medical appointments, so they don't have to feel unsafe when traveling alone. The individual also shared that the services and supports she receives from the waiver are priceless, and they couldn't picture their life without it.

The above factors demonstrate the state's successful approach to person-centered planning, which allows HCBS participants to feel safe and supported while having their individual needs met with meaningful access to their surrounding community. In addition, the meetings with participants also exhibited a strong foundation of person-centered-ness, which aligns with what is important to participants regarding preferences for the delivery and receipt of services and supports.

IV. State Challenges

The following is an overview of the challenges identified by the H&W SR team regarding the design or practice of ensuring the health and welfare of HCBS participants in New Hampshire.

During the H&W SR pre-visit meetings with stakeholders and the Ombudsmen, both groups shared concerns related to individuals not receiving updates on reported incidents. Incident resolution and/or corrective measures were also referred to as information that is not received after an individual reports an incident. As per the state, all incidents regardless of categorization are investigated and resolved accordingly. However, the H&W SR team could not identify how the state communicates and relays incident resolution and/or corrective measures to case managers and/or participants who report incidents particularly for incidents that are identified as non-Sentinel Events or not investigated by APS.

- **CMS could not identify how the state communicates incident resolution and/or corrective measures to participants who report incidents** – Some Providers and CFI case managers shared that incident notifications are sent to multiple contacts, and it can be challenging to receive follow-ups on incidents that are not investigated as Sentinel Events or are non-APS related. The provider community also shared that this leads to confusion and the lack of a confirmation of receipt from a state entity forces them to allot time to reach out to different offices to inquire which office received their notification and if it will be followed-up accordingly.
- **DHHS lacks an electronic incident reporting system** - DHHS self-identified the lack of an electronic incident reporting system. Currently, each state entity is manually tracking

incident reports received, which creates challenges with the ability to track and trend timely and differentiate between complaints and critical incidents. The absence of an electronic platform limits the ability to trend incidents and creates opportunities for error such as complaints and/or incidents going un-addressed and not followed-up/investigated in a timely manner.

- **Some providers shared that there are significant delays with receiving payment for services rendered** – A particular provider referenced that since July 2023, a multitude of unpaid service claims has put additional strain on an already delicate and short-staffed provider network. This puts their participants at risk of losing services required to remain safely in the community. Providers and AAs acknowledged that DHHS coordinates bi-weekly fiscal meetings to address the unpaid claim concerns however, the outstanding balances continue to grow for some providers without significant and impactful resolution. As per the providers and AAs, the growing issues surrounding unresolved bills impede the provider management teams in terms of being able to recruit additional service providers who may be aware of the gross amount of bills that remain in arrears. In response to these concerns, the state indicated that most of the backlogs of unpaid claims are due to issues outside of DHHS’ control. The state notes that barriers identified were not necessarily in the claiming process itself but due to bottlenecks in the flow of submissions of prior authorization for services between the provider agencies and service coordination agencies before the service authorizations were submitted to the state for review and approval.
- **Some providers and case managers expressed concerns related to their safety and the safety of other participants** – When individuals are transferred from other AAs or different case management agencies the individual can choose to not share their full risk assessment and/or historical information. As per the providers interviewed, this practice protects the rights of the participant, however; it places the newly assigned providers and agency staff at risk since they may be unaware of certain aversive and/or violent behaviors.

V. Recommendations and Next Steps for New Hampshire

CMS appreciates the state’s participation in the H&W SR team and would like to provide recommendations that would enhance the state’s ability to safeguard health and welfare in HCBS waiver programs.

- **Case managers and participants should receive updates on the investigation of incidents, which should include resolutions and corrective actions** – DHHS is advised to develop a process that will ensure that case managers are able to receive timely updates on the investigation of incidents that include resolutions and details surrounding implemented corrective measures. The information should also be communicated to the corresponding participant especially if the individual reported the incident. Please note that enhancing the communication with providers, case managers and participants regarding the status of incidents can alleviate doubt and concerns that were voiced by the waiver community in terms of not knowing if a reported incident is being investigated or addressed.

- **The state is advised to develop and implement an electronic incident reporting system** – DHHS acknowledged the lack of an electronic incident management system, which creates various challenges for the state to track and trend complaints and/or incidents. Therefore, the state is encouraged to develop an online system that will enable the appropriate entities with the ability to identify, report, triage, investigate, resolve, track and trend incidents accordingly. This recommendation aligns with the recently published CMS Medicaid Access Rule, which requires states to operate and maintain an electronic incident management system that identifies trends and patterns to enhance HCBS programs and promote the overall H&W of participants.
- **A single point of contact or a streamlined process should be implemented to receive reports of complaints and critical incidents, regardless of waiver population** – DHHS should establish defined points of contact to receive notifications of specific types of complaints and/or incidents. Providers shared that to ensure that DHHS receives complaint/incident notifications, multiple offices are notified with hopes that the appropriate entity receives the notice and responds accordingly. Implementing a streamlined notification process that includes designated DHHS contacts will enhance the reporting process, improve H&W procedures, and alleviate concerns from the provider community. As per BEAS, the team is in the process of revising the Individual Rights Booklet, which is anticipated for publication in December 2024. This CFI waiver resource is expected to include an outline of the roles of each state entity including APS, the Long-Term Care and the Civil Rights Ombudsmen.
- **The state is advised to ensure that APS is in compliance with existing Rules & Regulations** – DHHS is advised to consider collaborating with APS to share information about their respective jurisdictional domains in order to better understand the extent to which partnerships may be enhanced, such as through a memoranda of understanding, to ensure that there is mutual information sharing between DHHS and APS to the extent permitted by state law (*see Access Rule §441.302(a)(6)(i)(E)*) on the status and resolution of respective critical incidents (state Medicaid agency) and abuse, neglect, and exploitation investigations. Furthermore, if APS is constrained from providing information to DHHS regarding APS investigations or APS determinations on whether an investigation is warranted, DHHS should proceed to investigate critical incidents within state-specified timeframes (*see Access Rule §441.302(a)(6)(i)(F)*). As a friendly reminder, the APS program can only share information with DHHS to the extent allowed by state law.
- **The state is advised to increase the frequency of fiscal meetings held with providers that have significant backlogs with unpaid claims** –The state highlighted their commitment to supporting system adequacy in the areas of service authorization and billing, regardless of entity with whom the barriers exist. DHHS also developed an escalation process, continues to facilitate regular meetings with service coordinators and provider agencies and monitors claims weekly to ensure system adequacy and to identify areas of needed support. CMS recommends DHHS to increase the frequency of fiscal discussions. The state is also encouraged to develop a robust schedule for provider trainings on how to bill independently if the provider has the capability to do so. These corrective measures may also alleviate concerns and allow for more opportunities for

providers to receive technical assistance from DHHS and fiscal concerns being addressed in a timely manner.

- **The state is advised to explore revising the option for the participant or guardian to not share their historical information.** – DHHS is advised to explore revising the policy related to participants and/or guardians having the choice not to share risk assessment or historical information with newly assigned providers and/or case managers. The current lack of transparency related to participants who may have alarming/harmful behaviors puts providers and the overall waiver communities at risk. The absence of sharing pertinent risk assessment information allows for an individual's needs to go unmet, which can then develop into unwarranted gaps in service.

In conclusion, DHHS is advised to note that the above recommendations are shared based on the state's well-demonstrated commitment to safeguard the H&W of HCBS participants. CMS acknowledges and appreciates the state's dedication towards those we serve. Please feel free to reach out to the CMS H&W SR team for additional information or technical assistance with any component of the NH H&W Site Visit Summary Report.