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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 23-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 7, 2023

Lori A. Weaver, Commissioner
Department of Health and Human Services
120 Pleasant Street
Concord, NH 03301

RE: New Hampshire's Initial 1915(j) Home and Community-Based Services (HCBS) State Plan Benefit TN #23-0022 for Self-Directed Personal Assistance Services (PAS)

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend its state plan to add an initial 1915(j) HCBS benefit to allow Self-Directed PAS with transmittal number 23-0022. The effective date for this 1915(j) benefit is May 12, 2023. Enclosed is a copy of the approved state plan amendment (SPA).

With this amendment, the state adds a 1915(j) benefit to allow Self-Directed PAS, following the end of the Public Health Emergency, in order to enable ongoing access for enrollees who accessed services granted under 1135 waiver authority.

Per 42 CFR §441.464(e), the state must provide CMS an annual report of the number of individuals served under the State Plan benefit and the total expenditures on their behalf in the aggregate.

It is important to note that CMS approval of this initial 1915(j) HCBS benefit to the state plan solely addresses the state's compliance with the applicable Medicaid authorities. CMS approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Christopher Semidey at Christopher.Semidey@cms.hhs.gov or (212) 616-2328.

Sincerely,



George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

Enclosure

cc:

Christopher Semidey, CMS
Alexandra Eitel, CMS
Ciera Lucas, CMS
Joyce Butterworth, CMS
Cynthia Nanes, CMS
Wendy Hill Petras, CMS
Dawn Tierney, NH-DHHS
Olivia May, NH-DHHS
Henry Lipman, NH-DHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES


1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>2</u> <u>2</u>		2. STATE <u>NH</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI		
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 12, 2023
5. FEDERAL STATUTE/REGULATION CITATION Section 1915(j) of the Social Security Act		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>14,303</u> b. FFY <u>2024</u> \$ <u>34,328</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A, pages 1-11 (new pages) Supplement 2 to Attachment 3.1-B, pages 1-11 (new pages)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) N/A new pages

9. SUBJECT OF AMENDMENT
Self-Directed Personal Assistance Services

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL


OTHER, AS SPECIFIED:

11. SIGNING AGENCY OFFICIAL 	15. RETURN TO Dawn I. Tierney Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301
12. TYPED NAME Ann H. Lantry	
13. TITLE Associate Commissioner	
14. DATE SUBMITTED 5/12/2023	

FOR CMS USE ONLY

16. DATE RECEIVED 5/12/2023	17. DATE APPROVED 11/07/2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 5/12/2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL George P. Failla, Jr.	21. TITLE OF APPROVING OFFICIAL Director, DHCBSO

22. REMARKS
Governor comments, if any, will follow.

Notwithstanding anything else in this State Plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

State of New Hampshire

1915(j) Self-Directed Personal Assistance Services State Plan Amendment Pre-Print

Citation 3.1(a) (1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)
1915(j)

 X Self-Directed Personal Assistance Services, as described and limited in Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

State of New Hampshire 1915(j) Self-Directed Personal Assistance Services State Plan Amendment Pre-Print

Amount, Duration, and Scope of Medical and Remedial Care Services Provided To the Categorically Needy

Self-Directed Personal Assistance Services, as described in Supplement 2 to Attachment 3.1-A.

Election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects Self-Directed Personal Assistance Services as a State Plan service delivery option.

No election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects not to add Self-Directed Personal Assistance Services as a State Plan service delivery option.

Notwithstanding anything else in this State Plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

State of New Hampshire 1915(j) Self-Directed Personal Assistance Services State Plan Amendment Pre-Print

i. Eligibility

The State determines eligibility for Self-Directed Personal Assistance Services:

- A. X In the same manner as eligibility is determined for traditional State Plan personal care services, described in Item 24 of the Medicaid State Plan.
- B. In the same manner as eligibility is determined for services provided through a 1915(c) Home and Community-Based Services Waiver.

ii. Service Package

The State elects to have the following included as Self-Directed Personal Assistance Services:

- A. X State Plan Personal Care and Related Services, to be self-directed by individuals eligible under the State Plan.
- B. Services included in the following section 1915(c) Home and Community Based Services waiver(s) to be self-directed by individuals eligible under the waiver(s). The State assures that all services in the impacted waiver(s) will continue to be provided regardless of service delivery model. Please list waiver names and services to be included.

iii. Payment Methodology

- A. X The State will use the same payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services.
- B. The State will use a different payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services. Amended Attachment 4.19-B page(s) are attached.

iv. Use of Cash

- A. The State elects to disburse cash prospectively to participants self-directing personal assistance services. The State assures that all Internal Revenue Service (IRS) requirements regarding payroll/tax filing functions will be followed, including when participants perform the payroll/tax filing functions themselves.
- B. X The State elects not to disburse cash prospectively to participants self-directing personal assistance services.

v. Voluntary Disenrollment

The State will provide the following safeguards in place to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

The authorized representative or Personal Assistance Services (PAS) participant may choose to accept traditional State Plan personal care attendant services instead of the PAS option. When the authorized representative or participant voluntarily elects to discontinue participation, the overseeing entity staff, Fee for Service Medicaid staff, or MCO case manager will discuss with the participant or authorized representative the reason for disenrollment and assist the participant in resolving any barriers or problems that may exist in preventing continuation. If the participant wishes to continue with the option to disenroll, the overseeing entity will assist the participant by informing him or her of traditional personal care providers available. The nurse staff of the overseeing entity will develop an updated plan of care that considers the timing and process of transition from the PAS option to a traditional personal care services provider. The PAS option services will continue until alternative services are fully established or the participant may elect to use informal supports until alternative services are established. The overseeing entity will confirm with the Managed Care Organization (MCO) or Fee for Service (FFS) Medicaid of this change and all agreed steps to ensure continuity of services. A plan of care will be submitted to the MCO or FFS Medicaid, which will include an approval from a primary care provider.

vi. Involuntary Disenrollment

- A. The circumstances under which a participant may be involuntarily disenrolled from self-directing personal assistance services, and returned to the traditional service delivery model are noted below.

Involuntary disenrollment of participant/authorized representative direction of services may be necessary when the participant or his/her representative is unable to carry out their responsibilities to assure the participant's health and welfare, or when there is evidence of misuse of public funds. Other reasons include: participant moving out of state, a temporary or permanent long-term care facility admission, hospitalization for more than 30 days, loss of Medicaid

eligibility, representative not being available for participation, death, or admission to a licensed facility.

The participant would be notified at least 30 days in advance of the change to State Plan PCA or home health aide services. If the participant is being disenrolled for loss of Medicaid eligibility, notification would follow standard noticing for disenrollment due to loss of eligibility.

- B. The State will provide the following safeguards in place to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

The State will provide all appropriate safeguards available to ensure continuity of services. For example, if a participant cannot comply with the program requirements due to mental or physical inability to self-direct, the overseeing entity would first work with the participant or authorized representative to identify any additional supports needed to continue services as elected. If the participant is still unable to comply with program requirements, then the overseeing provider would initiate disenrollment by first notifying the participant, any authorized representatives, and providers with advance notice of the plan to transition to traditional State Plan PCA or home health services.

vii. Participant Living Arrangement

Any additional restrictions on participant living arrangements, other than homes or property owned, operated, or controlled by a provider of services, not related by blood or marriage to the participant are noted below.

No additional restrictions on participant living arrangements.

viii. Geographic Limitations and Comparability

- A. The State elects to provide self-directed personal assistance services on a statewide basis.
- B. The State elects to provide self-directed personal assistance services on a targeted geographic basis. Please describe: _____
- C. The State elects to provide self-directed personal assistance services to all eligible populations.
- D. The State elects to provide self-directed personal assistance services to targeted populations. Please describe:

- E. X The State elects to provide self-directed personal assistance services to an unlimited number of participants.
- F. The State elects to provide self-directed personal assistance services to (insert number of) participants, at any given time.

ix. Assurances

- A. The State assures that there are traditional services, comparable in amount, duration, and scope, to self-directed personal assistance services.
- B. The State assures that there are necessary safeguards in place to protect the health and welfare of individuals provided services under this State Plan Option, and to assure financial accountability for funds expended for self-directed personal assistance services.
- C. The State assures that an evaluation will be performed of participants' need for personal assistance services for individuals who meet the following requirements:
- i. Are entitled to medical assistance for personal care services under the Medicaid State Plan; or
 - ii. Are entitled to and are receiving home and community-based services under a section 1915(c) waiver; or
 - iii. May require self-directed personal assistance services; or
 - iv. May be eligible for self-directed personal assistance services.
- D. The State assures that individuals are informed of all options for receiving self-directed and/or traditional State Plan personal care services or personal assistance services provided under a section 1915(c) waiver, including information about self-direction opportunities that is sufficient to inform decision-making about the election of self-direction and provided on a timely basis to individuals or their representatives.
- E. The State assures that individuals will be provided with a support system meeting the following criteria:
- i. Appropriately assesses and counsels individuals prior to enrollment;
 - ii. Provides appropriate counseling, information, training, and assistance to ensure that participants are able to manage their services and budgets;
 - iii. Offers additional counseling, information, training, or assistance, including financial management services:
 1. At the request of the participant for any reason; or
 2. When the State has determined the participant is not effectively managing their services identified in their service plans or budgets.
- F. The State assures that an annual report will be provided to CMS on the number of individuals served through this State Plan Option and total expenditures on their behalf, in the aggregate.

- G. The State assures that an evaluation will be provided to CMS every 3 years, describing the overall impact of this State Plan Option on the health and welfare of participating individuals, compared to individuals not self-directing their personal assistance services.
- H. The State assures that the provisions of section 1902(a) (27) of the Social Security Act, and Federal regulations 42 CFR 431.107, governing provider agreements, are met.
- I. The State assures that a service plan and service budget will be developed for each individual receiving self-directed PAS. These are developed based on the assessment of needs.
- J. The State assures that the methodology used to establish service budgets will meet the following criteria:
- i. Objective and evidence based, utilizing valid, reliable cost data.
 - ii. Applied consistently to participants.
 - iii. Open for public inspection.
 - iv. Includes a calculation of the expected cost of the self-directed PAS and supports if those services and supports were not self-directed.
 - v. Includes a process for any limits placed on self-directed services and supports and the basis/bases for the limits.
 - vi. Includes any adjustments that will be allowed and the basis/bases for the adjustments.
 - vii. Includes procedures to safeguard participants when the amount of the limit on services is insufficient to meet a participant's needs.
 - viii. Includes a method of notifying participants of the amount of any limit that applies to a participant's self-directed PAS and supports.
 - ix. Does not restrict access to other medically necessary care and services furnished under the plan and approved by the State but not included in the budget.

x. Service Plan

The State has the following safeguards in place, to permit entities providing other Medicaid State Plan services to be responsible for developing the self-directed personal assistance services service plan, to assure that the service provider's influence on the planning process is fully disclosed to the participant and that procedures are in place to mitigate that influence.

Granite State Independent Living or any participating overseeing organization (referred to hereinafter as GSIL) will develop a beneficiary-centered initial plan and will review and modify the plan as needed at least annually. This plan will be reviewed and approved by the participant's physician and is subject to regular monitoring by the MCO or State Fee-for-Service program as applicable. GSIL will conduct in-home visits on a 60 day cadence.

All participants, regardless of MCO enrollment, will be reported to the State agency for monitoring and oversight of approved and fulfilled hours.

xi. Quality Assurance and Improvement Plan

A. The State's quality assurance and improvement plan is described below, including:

- i. How it will conduct activities of discovery, remediation, and quality improvement in order to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement;

Discovery activities would include:

- Periodic record and documentation review
- Review of MCO utilization reporting
- Participant surveys
- On-site visits
- Regular meetings with GSIL or any overseeing organization for program updates
- Regular review of care with the primary care provider

Each participant will have a person-centered care plan that is approved by a PCP and updated at least twice a year or more frequently based on home visits every sixty days.

Remediation of issues identified in discovery would include:

- Re-training of provider by the registered nurse with documentation of successful completion of training
- Increased oversight from the registered nurse responsible for overseeing the case
- Updating the plan of care as appropriate

System-level issues identified would be addressed by the Department of Health and Human Services at the system level through clarification of state policies and corrective action activities, coordinating through Managed Care Organizations as needed.

Opportunities for improvement will be identified through discovery activities and may take the form of the following actions. These will be periodically explored by the Departments and based on regular input from MCO partners:

- Updating regulations, as needed
- Presenting on improvement recommendation to stakeholders including MCOs and GSIL as well as member representatives
- Updating program guidance
- Issuing state policy directives to enact system improvement.

- ii. The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.

The state will plan an annual participant satisfaction survey in collaboration with New Hampshire Family Voices. Additionally, the state will collect performance reporting every 6 months which include metrics such as the number of beneficiaries electing self-directed PAS with the number of hours utilized, dollars spent, and total expenditures.

xii. Risk Management

- A. The risk assessment methods used to identify potential risks to participants are described below.
- Intake, assessment and re-assessment process completed by GSIL-employed nurse.
 - Physician approval of plan of care.
- B. The tools or instruments used to mitigate identified risks are described below.
- Comprehensive assessment tool
 - GSIL-provided guidance to providers
 - GSIL to retain emergency backup plan to identify needed resources if needed.
 - Criminal & Worker Background Checks – GSIL to perform background and references checks for all providers wishing to be listed on the Provider Registry.
 - Virtual orientation on universal precautions
 - Plan of care
 - Physician signature of plan of care
- C. The State’s process for ensuring that each service plan reflects the risks that an individual is willing and able to assume, and the plan for how identified risks will be mitigated, is described below.
- All tools and instruments used to identify, mitigate, and assume risks become part of the participant’s case file and inform the plan of care.
 - The overseeing nurse discusses physical/environmental risks identified and how to mitigate with in-home supports or modifications.
 -
- D. The State’s process for ensuring that the risk management plan is the result of discussion and negotiation among the persons designated by the State to develop the service plan, the participant, the participant’s representative, if any, and others from whom the participant may seek guidance, is described below.
- Risk management plan becomes a written document signed by appropriate representatives and kept on file by GSIL or any participating overseeing organization.
 - Periodic in-home visits will ensure any needed updates to reflect new risks are identified and incorporated.
 - Others that participants may include in the discussions and negotiations include family, friends and professionals (as desired or required).

- Face-to-face assessment and reassessments take place in the participant's residence. This enables the nurse to visit with the participants (and/or their representative) and observe them in a setting where they are comfortable. They will also discuss concerns and safety issues. The resulting assessments are more reflective of the participant's needs.

xiii. Qualifications of Providers of Personal Assistance

- A. The State elects to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.
- B. The State elects not to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.

xiv. Use of a Representative

- A. The State elects to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.
- i. The State elects to include, as a type of representative, a State mandated representative. Please indicate the criteria to be applied.
- B. The State elects not to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.

xv. Permissible Purchases

- A. The State elects to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.
- B. The State elects not to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

xvi. Financial Management Services

- A. The State elects to employ a Financial Management Entity to provide financial management services to participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.
- i. The State elects to provide financial management services through a reporting or subagent through its fiscal intermediary in accordance with section 3504 of the IRS Code and Revenue Procedure 80-4 and Notice 2003-70; or

- ii.* X The State elects to provide financial management services through vendor organizations that have the capabilities to perform the required tasks in accordance with section 3504 of the IRS Code and Revenue Procedure 70-6. (When private entities furnish financial management services, the procurement method must meet the requirements set forth Federal regulations in 45 CFR section 74.40 – section 74.48.)
- iii.* The State elects to provide financial management services using “agency with choice” organizations that have the capabilities to perform the required tasks in accordance with the principles of self-direction and with Federal and State Medicaid rules.

B. The State elects to directly perform financial management services on behalf of participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.

Notwithstanding anything else in this State Plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

State of New Hampshire

1915(j) Self-Directed Personal Assistance Services State Plan Amendment Pre-Print

Citation 3.1(b) (1) Amount, Duration, and Scope of Services: Medically Needy (Continued)
1915(j)

 X Self-Directed Personal Assistance Services, as described and limited in Supplement 2 to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

State of New Hampshire 1915(j) Self-Directed Personal Assistance Services State Plan Amendment Pre-Print

Amount, Duration, and Scope of Medical and Remedial Care Services Provided To the Medically Needy

Self-Directed Personal Assistance Services, as described in Supplement 2 to Attachment 3.1-B.

Election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects Self-Directed Personal Assistance Services as a State Plan service delivery option.

No election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects not to add Self-Directed Personal Assistance Services as a State Plan service delivery option.

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State of New Hampshire 1915(j) Self-Directed Personal Assistance Services State Plan Amendment Pre-Print

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The State determines eligibility for Self-Directed Personal Assistance Services:

- A. In the same manner as eligibility is determined for traditional State Plan personal care services, described in Item 24 of the Medicaid State Plan.
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ii. Service Package

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- A. State Plan Personal Care and Related Services, to be self-directed by individuals eligible under the State Plan.
- B. Services included in the following section 1915(c) Home and Community Based Services waiver(s) to be self-directed by individuals eligible under the waiver(s). The State assures that all services in the impacted waiver(s) will continue to be provided regardless of service delivery model. Please list waiver names and services to be included.

iii. Payment Methodology

- A. The State will use the same payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services.
- B. The State will use a different payment methodology for individuals self-directing their PAS under section 1915(j) than that approved for State plan personal care services or for section 1915(c) Home and Community-Based waiver services. Amended Attachment 4.19-B page(s) are attached.

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Involuntary disenrollment of participant/authorized representative direction of services may be necessary when the participant or his/her representative is unable to carry out their responsibilities to assure the participant's health and welfare, or when there is evidence of misuse of public funds. Other reasons include: participant moving out of state, a temporary or permanent long-term care facility admission, hospitalization for more than 30 days, loss of Medicaid

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- B. The State will provide the following safeguards in place to ensure continuity of services and assure participant health and welfare during the period of transition between self-directed and traditional service delivery models.

The State will provide all appropriate safeguards available to ensure continuity of services. For example, if a participant cannot comply with the program requirements due to mental or physical inability to self-direct, the overseeing entity would first work with the participant or authorized representative to identify any additional supports needed to continue services as elected. If the participant is still unable to comply with program requirements, then the overseeing provider would initiate disenrollment by first notifying the participant, any authorized representatives, and providers with advance notice of the plan to transition to traditional State Plan PCA or home health services.

vii. Participant Living Arrangement

Any additional restrictions on participant living arrangements, other than homes or property owned, operated, or controlled by a provider of services, not related by blood or marriage to the participant are noted below.

No additional restrictions on participant living arrangements.

viii. Geographic Limitations and Comparability

- A. The State elects to provide self-directed personal assistance services on a statewide basis.
- B. The State elects to provide self-directed personal assistance services on a targeted geographic basis. Please describe: _____
- C. The State elects to provide self-directed personal assistance services to all eligible populations.
- D. The State elects to provide self-directed personal assistance services to targeted populations. Please describe:

- E. X The State elects to provide self-directed personal assistance services to an unlimited number of participants.
- F. The State elects to provide self-directed personal assistance services to (insert number of) participants, at any given time.

ix. Assurances

- A. The State assures that there are traditional services, comparable in amount, duration, and scope, to self-directed personal assistance services.
- B. The State assures that there are necessary safeguards in place to protect the health and welfare of individuals provided services under this State Plan Option, and to assure financial accountability for funds expended for self-directed personal assistance services.
- C. The State assures that an evaluation will be performed of participants' need for personal assistance services for individuals who meet the following requirements:
- i. Are entitled to medical assistance for personal care services under the Medicaid State Plan; or
 - ii. Are entitled to and are receiving home and community-based services under a section 1915(c) waiver; or
 - iii. May require self-directed personal assistance services; or
 - iv. May be eligible for self-directed personal assistance services.
- D. The State assures that individuals are informed of all options for receiving self-directed and/or traditional State Plan personal care services or personal assistance services provided under a section 1915(c) waiver, including information about self-direction opportunities that is sufficient to inform decision-making about the election of self-direction and provided on a timely basis to individuals or their representatives.
- E. The State assures that individuals will be provided with a support system meeting the following criteria:
- i. Appropriately assesses and counsels individuals prior to enrollment;
 - ii. Provides appropriate counseling, information, training, and assistance to ensure that participants are able to manage their services and budgets;
 - iii. Offers additional counseling, information, training, or assistance, including financial management services:
 1. At the request of the participant for any reason; or
 2. When the State has determined the participant is not effectively managing their services identified in their service plans or budgets.

- F. The State assures that an annual report will be provided to CMS on the number of individuals served through this State Plan Option and total expenditures on their behalf, in the aggregate.
- G. The State assures that an evaluation will be provided to CMS every 3 years, describing the overall impact of this State Plan Option on the health and welfare of participating individuals, compared to individuals not self-directing their personal assistance services.
- H. The State assures that the provisions of section 1902(a) (27) of the Social Security Act, and Federal regulations 42 CFR 431.107, governing provider agreements, are met.
- I. The State assures that a service plan and service budget will be developed for each individual receiving self-directed PAS. These are developed based on the assessment of needs.
- J. The State assures that the methodology used to establish service budgets will meet the following criteria:
 - i. Objective and evidence based, utilizing valid, reliable cost data.
 - ii. Applied consistently to participants.
 - iii. Open for public inspection.
 - iv. Includes a calculation of the expected cost of the self-directed PAS and supports if those services and supports were not self-directed.
 - v. Includes a process for any limits placed on self-directed services and supports and the basis/bases for the limits.
 - vi. Includes any adjustments that will be allowed and the basis/bases for the adjustments.
 - vii. Includes procedures to safeguard participants when the amount of the limit on services is insufficient to meet a participant's needs.
 - viii. Includes a method of notifying participants of the amount of any limit that applies to a participant's self-directed PAS and supports.
 - ix. Does not restrict access to other medically necessary care and services furnished under the plan and approved by the State but not included in the budget.

x. Service Plan

The State has the following safeguards in place, to permit entities providing other Medicaid State Plan services to be responsible for developing the self-directed personal assistance services service plan, to assure that the service provider's influence on the planning process is fully disclosed to the participant and that procedures are in place to mitigate that influence.

Granite State Independent Living or any participating overseeing organization (referred to hereinafter as GSIL) will develop a beneficiary-centered initial plan and will review and modify the plan as needed at least annually. This plan will be reviewed and approved by the participant's physician and is subject to regular monitoring by the MCO or State Fee-for-Service program as applicable. GSIL will conduct in-home visits on a 60 day cadence.

All participants, regardless of MCO enrollment, will be reported to the State agency for monitoring and oversight of approved and fulfilled hours.

xi. Quality Assurance and Improvement Plan

A. The State's quality assurance and improvement plan is described below, including:

- i. How it will conduct activities of discovery, remediation, and quality improvement in order to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement;

Discovery activities would include:

- Periodic record and documentation review
- Review of MCO utilization reporting
- Participant surveys
- On-site visits
- Regular meetings with GSIL or any overseeing organization for program updates
- Regular review of care with the primary care provider

Each participant will have a person-centered care plan that is approved by a PCP and updated at least twice a year or more frequently based on home visits every sixty days.

Remediation of issues identified in discovery would include:

- Re-training of provider by the registered nurse with documentation of successful completion of training
- Increased oversight from the registered nurse responsible for overseeing the case
- Updating the plan of care as appropriate

System-level issues identified would be addressed by the Department of Health and Human Services at the system level through clarification of state policies and corrective action activities, coordinating through Managed Care Organizations as needed.

Opportunities for improvement will be identified through discovery activities and may take the form of the following actions. These will be periodically explored by the Departments and based on regular input from MCO partners:

- Updating regulations, as needed
- Presenting on improvement recommendation to stakeholders including MCOs and GSIL as well as member representatives
- Updating program guidance
- Issuing state policy directives to enact system improvement.

- ii. The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.

The state will plan an annual participant satisfaction survey in collaboration with New Hampshire Family Voices. Additionally, the state will collect performance reporting every 6 months which include metrics such as the number of beneficiaries electing self-directed PAS with the number of hours utilized, dollars spent, and total expenditures.

xii. Risk Management

- A. The risk assessment methods used to identify potential risks to participants are described below.
- Intake, assessment and re-assessment process completed by GSIL-employed nurse.
 - Physician approval of plan of care.
- B. The tools or instruments used to mitigate identified risks are described below.
- Comprehensive assessment tool
 - GSIL-provided guidance to providers
 - GSIL to retain emergency backup plan to identify needed resources if needed.
 - Criminal & Worker Background Checks – GSIL to perform background and references checks for all providers wishing to be listed on the Provider Registry.
 - Virtual orientation on universal precautions
 - Plan of care
 - Physician signature of plan of care
- C. The State's process for ensuring that each service plan reflects the risks that an individual is willing and able to assume, and the plan for how identified risks will be mitigated, is described below.
- All tools and instruments used to identify, mitigate, and assume risks become part of the participant's case file and inform the plan of care.
 - The overseeing nurse discusses physical/environmental risks identified and how to mitigate with in-home supports or modifications.
- D. The State's process for ensuring that the risk management plan is the result of discussion and negotiation among the persons designated by the State to develop the service plan, the participant, the participant's representative, if any, and others from whom the participant may seek guidance, is described below.
- Risk management plan becomes a written document signed by appropriate representatives and kept on file by GSIL or any participating overseeing organization.
 - Periodic in-home visits will ensure any needed updates to reflect new risks are identified and incorporated.

- Others that participants may include in the discussions and negotiations include family, friends and professionals (as desired or required).
- Face-to-face assessment and reassessments take place in the participant's residence. This enables the nurse to visit with the participants (and/or their representative) and observe them in a setting where they are comfortable. They will also discuss concerns and safety issues. The resulting assessments are more reflective of the participant's needs.

xiii. Qualifications of Providers of Personal Assistance

- A. The State elects to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.
- B. The State elects not to permit participants to hire legally liable relatives, as paid providers of the personal assistance services identified in the service plan and budget.

xiv. Use of a Representative

- A. The State elects to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.
- i. The State elects to include, as a type of representative, a State mandated representative. Please indicate the criteria to be applied.
- B. The State elects not to permit participants to appoint a representative to direct the provision of self-directed personal assistance services on their behalf.

xv. Permissible Purchases

- A. The State elects to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.
- B. The State elects not to permit participants to use their service budgets to pay for items that increase a participant's independence or substitute for a participant's dependence on human assistance.

xvi. Financial Management Services

- A. The State elects to employ a Financial Management Entity to provide financial management services to participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.
- i. The State elects to provide financial management services through

a reporting or subagent through its fiscal intermediary in accordance with section 3504 of the IRS Code and Revenue Procedure 80-4 and Notice 2003-70; or

- ii.* X The State elects to provide financial management services through vendor organizations that have the capabilities to perform the required tasks in accordance with section 3504 of the IRS Code and Revenue Procedure 70-6. (When private entities furnish financial management services, the procurement method must meet the requirements set forth Federal regulations in 45 CFR section 74.40 – section 74.48.)

- iii.* The State elects to provide financial management services using “agency with choice” organizations that have the capabilities to perform the required tasks in accordance with the principles of self-direction and with Federal and State Medicaid rules.

B. The State elects to directly perform financial management services on behalf of participants self-directing personal assistance services, with the exception of those participants utilizing the cash option and performing those functions themselves.