



NEW HAMPSHIRE  
**DHHS**  
DEPARTMENT OF  
**HEALTH & HUMAN SERVICES**

# **Bureau of Developmental Services Updates**

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**April 2023**

# Agenda

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1. BDS Systems Work – Overview
2. BDS Compliance -What's Changing and Why
3. BDS Compliance -Rule Updates
4. BDS Compliance - Waiver Updates
5. BDS Compliance -Resources
6. Q&A

**Before we get started, one quick note!**

BDS is standardizing how we talk about vendors. Instead of vendors, BDS will begin referring to, “providers.” If you see “provider” in this presentation, or in any other BDS documents, it means vendor.

# BDS Systems Work | Overview

## Prepare for Compliance

- New policies are being written and released
- Formal documentation is being submitted to the federal government
- The NH legislature is finalizing budget decisions about the work
- Service coordinators, providers, and area agencies are receiving training about the new policies and IT system

Spring 2023

## Design & Finalize New Services and Rates

- BDS will review work of the Rates Work Group and Waiver Work Group and make final decisions about:
  - New services
  - New rates
  - IT upgrades
- BDS will plan how to pilot the new services and rates

Fall 2023

## Implement Compliance (7/1)

- Direct bill will begin for providers
- Service coordinators will be responsible for submitting funding requests to BDS (“prior authorizations”)
- Area agencies will continue to support individuals as they get connected to the service system
- Area agencies will begin to bill for their administrative expenses in a new way
- Rule updates and policies will set expectations for people who work in the system

## Implement “Systems Work” Initiatives

- Piloting of the updated service rates will begin
- New services will be added to the DD waiver
- Some service rates will be determined by an individual’s Supports Intensity Scale (SIS) score
- A new person-centered plan template will be available for use by service coordinators

# Achieving Compliance | What's Changing for Individuals

On 7/1, BDS is going live with our compliance initiatives.

Item	Change (Y/N)	How?
<b>System Intake</b>	N	<ul style="list-style-type: none"><li>Area agencies will still work on eligibility.</li></ul>
<b>Annual Waiver Eligibility Checks</b>	Y	<ul style="list-style-type: none"><li>Service coordinators (not area agencies) will complete annual eligibility checks with families.</li><li>Area agencies have done this in the past.</li></ul>
<b>Service Planning</b>	Y	<ul style="list-style-type: none"><li>Service coordinators will be responsible for service planning as they have in the past.</li><li>Service coordinators are now the lead entity</li></ul>
<b>Provider Selection</b>	N	<ul style="list-style-type: none"><li>Individuals will still share their preferences about who provides their services.</li></ul>
<b>Provider Billing</b>	Y	<ul style="list-style-type: none"><li>Providers will now enroll and bill for their services instead of working through an area agency.</li></ul>
<b>Area Agency Payments</b>	Y	<ul style="list-style-type: none"><li>Area agencies will be able to receive Medicaid administrative payments (sometimes called "DAADS") for the work they do to support the service system. Two rates, intake and eligibility/ongoing rate when waiver services are provided</li></ul>
<b>PDMS</b>	N	<ul style="list-style-type: none"><li>PDMS changes related to direct bill won't go into effect until next year.</li></ul>

## Direct Bill

**Goal:** Enroll providers and update payment structures so that providers can direct bill.

- ✓ Define area agency functions
- ✓ Define service coordination functions
- ✓ Train providers on the enrollment process
- ✓ Train providers on how to use the MMIS portal
- Get applications from providers (over 80% have submitted so far)
- Process applications
- Update how area agencies are paid – New Area admin rates (DAADS)
- Update how providers are paid – Adjusted provider rates are estimated to be an increase for providers
- Update the IT system that case managers and area agencies use for payment approvals – Scheduled for 6/4
- Train service coordinators

## Conflict-Free Service Coordination

**Goal:** Provide guidance to area agencies so they can separate their service coordination work from direct service delivery.

- ✓ Issue an Only Willing and Qualified provider
- ✓ Share guidance with area agencies about what it means to “separate” functions
- Complete ongoing monitoring of instances of conflict
- Provide information to people about their rights in the service planning process

# Achieving Compliance | Rule Updates

**BDS must update some rules to support direct bill and conflict-free service coordination.**

## Why?

- Some of our existing rules contradict direct bill requirements
- There's no current funding structure for area agencies documented in rule
- Area agencies won't directly oversee providers in their region, so some requirements for providers need to be added to rule

## What?

- He-M 505, He-M 503, He-M 522
- Potentially new rules

### HE-M 503

- HE-M 503 is a rule that explains how area agencies and service coordinators are supposed to help people get access to services.
- It includes standards for the eligibility process and service planning.
- **Proposed updates make some tasks that have previously been required of area agencies, required of service coordinators instead.**

### HE-M 505

- HE-M 505 is a rule that explains how area agencies are structured.
- The rule includes standards for performance for area agencies.
- **Proposed updates establish what area agency functions will be eligible for a new Medicaid administrative services rate.**

## How to Engage:

- He-M 503 was released for informal comment in December
- He-M 505 was released for informal comment in March (submit feedback now!)
- Expect formal comment in April
- Hearings will be scheduled
- Visit: <https://www.dhhs.nh.gov/doing-business-dhhs/legal-services/administrative-rules/nh-administrative-rules-public-comment>

# Achieving Compliance | Waiver Updates

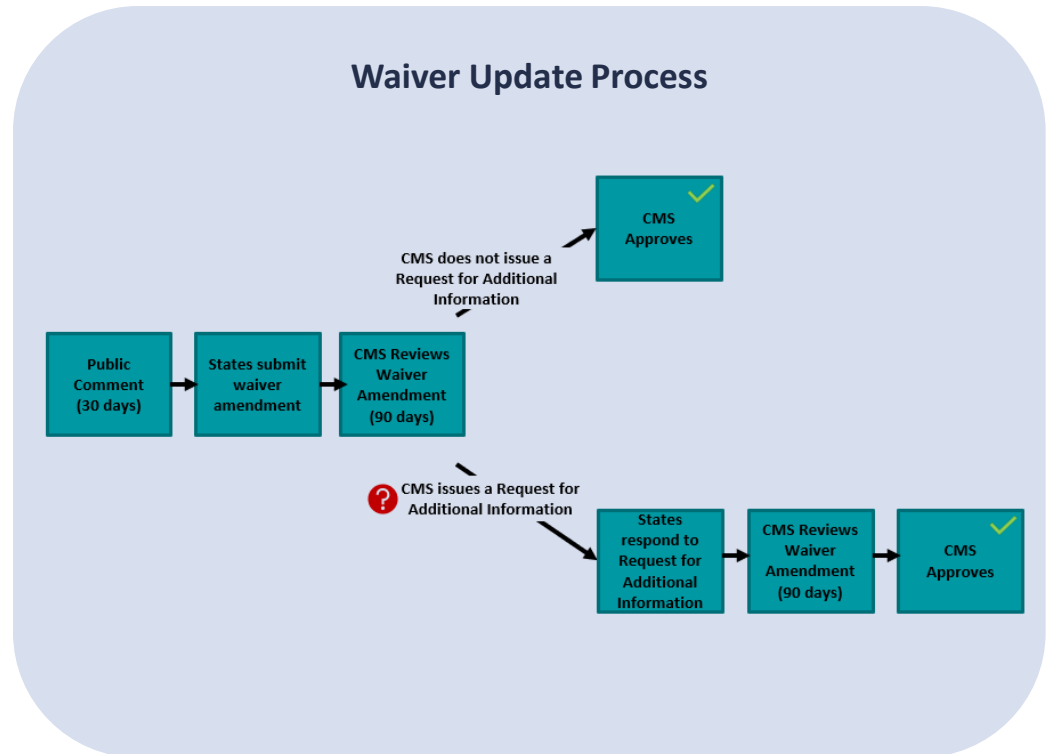
**BDS must update its DD Waiver to support direct bill and conflict-free service coordination.**

## Why?

- The federal government (CMS) requires that states make updates to their waivers when they change things like provider payments or services.
- To implement direct bill, BDS must update how area agencies are paid. This change needs to be reflected in the DD waiver.
- Some service coordination functions are changing. The service coordination function definition needs to be updated in the DD waiver.

## What?

- The New Hampshire Developmental Disabilities Waiver (multiple sections)



## How to Engage:

- The waiver will be available for public comment on April 4th!

- BDS is providing trainings and office hours for service coordinators, providers, and area agencies.
- Last Summer, providers had the opportunity to attend enrollment and billing trainings. More billing-focused trainings will be offered.
- BDS staff is completing one-on-one calls with service providers that have questions.

### What should individuals and families do?

- Ask your service coordinator if they're attending the BDS training series
  - Every 2<sup>nd</sup> and 4<sup>th</sup> Wednesday from 2 to 3:30pm
- Ask your provider if they're attending the BDS Monthly provider Meeting or Office Hours
  - Every 4<sup>th</sup> Wednesday from 10am to 11:30am
  - Office Hours: Every other Tuesday 11am to 12pm
- Encourage your provider to enroll! You may eventually have to switch providers if your provider does not complete the enrollment process.



**BDS is developing a webinar series for release in April or May.**

- These recordings will be published on the BDS webpage.
- Topics will include:
  - The history of direct bill and conflict-free service coordination
  - Implementation details

BDS understands that individuals and families want more Q&As. We hope to provide some opportunities for this soon!

# Achieving Compliance | Stability for Individuals

**BDS is prioritizing service stability for people. We are developing a direct bill back up plan.**

## **What Happens if my Provider is Still Waiting on Approval as of 7/1?**

- If a provider's application isn't processed by 7/1, then status quo will continue for that individual, their providers, and their area agency until the provider enrolls
- This is a temporary solution that will be still be out of compliance with federal requirements
- Eventually (TBD exactly when) BDS will no longer allow providers to rely on this fall back
  - Said another way: If a provider does not successfully enroll in a timely manner, they will not continue to be able to receive Medicaid funding for services.

# Myth-busting!

There's a lot of information out there. But some of it isn't right...

BDS is **NOT** “dismantling” the area agency system. Area agencies will continue to exist.

A new rate structure based on the SIS will **NOT** be implemented on 7/1. BDS will work on this project later in the year.

BDS is **NOT decreasing money** available for providers and area agencies on 7/1. The Governor's budget includes a request for **MORE** money for area agencies and providers.

New services will **NOT** be included in the 7/1 changes. Services will stay the same until late 2023 at the earliest.

BDS **IS** available to answer questions. Sometimes questions get lost between service coordinators, area agencies, and BDS. When a family question makes its way to us, we do our best to answer.  
**Reach out to us directly!**

PDMS changes on May 1<sup>st</sup> (separate services for separate rates) are **NOT** related to direct bill. These are updates we have to make now that some Covid-19 flexibilities are ending.

# Thank You!! Any Questions??

