Governor's Commission on Disability's Analysis and Report

by the Committee to Study the
State's System of Support for Individuals
with Developmental Disabilities
and Recommendations for
Reforms and Improvements

GCD
NH Governor's Commission on Disability

February 2020

GOVERNOR'S COMMISSION ON DISABILITY
ANALYSIS AND REPORT

COMMITTEE TO STUDY THE STATE'S SYSTEM OF SUPPORT FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND RECOMMENDATIONS FOR REFORMS AND IMPROVEMENTS

Mr. Charles J. Saia, Chairperson

Respectfully submits to the Governor, Speaker of the House of Representatives, President of the Senate, Senate Clerk, House Clerk, and State Library this report for consideration.

February 1, 2020

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COMMITTEE TO STUDY THE STATE'S SYSTEM OF SUPPORT FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND RECOMMENDATIONS FOR REFORMS AND IMPROVEMENTS

COMMITTEE MEMBERS

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Mr. **Brian Collins**, Executive Director, Community Partners
Ms. **Sarah Aiken**, Director of Public Affairs and parent, Community Bridges
Ms. **Nancy Rollins**, COO, Easter Seals NH, VT, ME and Farnum Center
Ms. **Deb Ritcey**, President and CEO, Granite State Independent Living
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Ms. Deborah Scheetz, Division Director, Division of Long Term Supports and Services, NH Department of Health and Human Services
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Ms. Christine Brennan, Deputy Commissioner, NH Department of Education
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Ms. Carrie Duran, Vice President, State Family Support Council and parent
Ms. Adrienne Evans, Chair, NH Autism Council and parent

COMMITTEE STAFF

Ms. Jane Darrell, Administrative Secretary, NH Governor's Commission on Disability

PREFACE

The Governor's Commission on Disability "Committee to Study the State's System of Support for Individuals with Developmental Disabilities and Recommend Reforms and Improvements" (the Committee) is established in Chapter 346, HB 4-FN-A-LOCAL – FINAL VERSION, Laws of 2019, General Statutes (HB 4). The Committee is tasked as follows:

346:242 Governor's Commission on Disability; Analysis and Report. The governor's commission on disability, established in RSA 275-C, shall analyze the state's system of support for individuals with developmental disabilities and recommend reforms and improvements to ensure that the state's service delivery model is structured to provide maximum benefit and tailored services to individuals with developmental disabilities. The governor's commission on disability shall consult with the university of New Hampshire institute on disability, the department of health and human services, the New Hampshire council on developmental disabilities, Granite State Independent Living, Community Support Network, Inc., Disability Rights Center-NH, the developmental services quality council of the department of health and human services, and any other relevant stakeholders including individuals with developmental disabilities and their families and/or guardians, and may accept and expend any applicable federal funds, and any gifts, grants, or donations that may be available for the purposes of this section. The commission shall also coordinate with the New Hampshire council on developmental disabilities to secure any funds that may be used for this purpose under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (PL 106-402) and in conjunction with the development and amendment of the state plan goals and objectives. The governor's commission on disability shall report its findings to the governor, the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, and the state library on or before February 1, 2020.

EXECUTIVE SUMMARY

The Governor's Commission on Disability (GCD) is pleased to submit to Governor Christopher T. Sununu, Speaker of the House Stephen Shurtleff, President of the Senate Donna M. Soucy, the House Clerk, the Senate Clerk and the State Library this Report of the Committee To Study the State's System of Support For Individuals with Developmental Disabilities and Recommendations for Reforms and Improvements.

To develop this Report, the GCD consulted with the entities named in HB 4, as well as other relevant stakeholders (including individuals with disabilities, parents of individuals with disabilities, area agencies, and executive branch state agencies). Although not required to do so, and in the interest of transparency and with full stakeholder participation, the GCD formed the Committee whose members may be found on page 2 of this report. The representations and suggestions in this report reflect the consensus of the Committee.

Keeping true to its first in the nation reputation, in 1991 New Hampshire was the first state in the U.S.A. to permanently close its institution for those with developmental disabilities and in consistent Granite State fashion, New Hampshire ushered in and promoted community and home-based services for individuals with developmental disabilities. For a number of years, New Hampshire has been highly regarded on the national landscape for building and sustaining a home and community-based service model. The ten Area Agencies, strategically and logically placed across the state with local catchment areas, work closely with the Department of Health and Human Services (DHHS) to ensure that individuals with developmental disabilities and their families receive services that emphasize and support community living. National rankings have placed New Hampshire in the top 10 of service delivery systems. The State has continued in its efforts to fund the Development Disability Wait List, and at the end of FY 2019 zero people were waiting for services and 998 were removed from the Wait List in FYs 2018 & 2019.

As of 2018, 1 in 8 people of the New Hampshire population had a disability, and projections indicate that by 2030 New Hampshire will experience roughly a 9 percent increase in this number. As with any system of nearly 30 years, there comes the necessity to reevaluate and realign mandates to confirm that the original intent of the system is met, while adapting to a changing landscape. The Committee wholeheartedly supports the intent of HB 4, and it embraces this exciting and brave piece of legislation which is giving all of us the opportunity to continue to be a leadership state.

New Hampshire's historically strong delivery model offers many options from which we can move forward into the new decade. The Committee understands the intent of HB 4 and holds it sacrosanct to comply with the law's requirements. The Committee has carefully deliberated and respectfully recommends that the State of New Hampshire engage a recognized consultant, cognizant of the national landscape, through a competitive procurement process and that a

Request for Application (RFA) be funded and issued with the stated goal of a system improvement design. As required by HB 4, the Committee researched and sought funding for this project through the federal Developmental Disabilities Act as well as the NH Council on Developmental Disabilities. Unfortunately, our efforts did not result in any funding. In order to meet the objectives to ensure that the State's delivery model is providing maximum benefits and tailored to meet the needs of individuals with developmental disabilities, the State will need to identify the sum of $550,000.

> Throughout the deliberative process, the members of the Committee reflected upon their own professional and personal experiences and agreed upon 13 Target Improvement Areas (TIA) for consideration by the selected national consultant. The Committee in essence has provided a blueprint for the national consultant based upon the real life situations as opposed to hypotheticals. This way the consultant can compare and contrast other states when offering a system redesign that will work and be tailored to our State's needs.
>
> At the heart of any system redesign is the provision of the best possible services in a timely manner with a recognition of a cost curve implementation. The Committee understands and advocates that the system must continue to be sustainable. All of the assumptions and TIAs identified by the Committee are postured to have a strong return on investment, as part of the consultant's system improvements recommendations.

New Hampshire is quite different when compared to other States. Perhaps it is our Yankee ingenuity and our steadfastness to get the job done. At the center of our Developmental Disability System are our families. They have the boots on the ground and are providing a host of caring supports to a child, grandchild or a sibling's life. Family members also wear the hat of advocate for their loved ones, and the families work closely with New Hampshire Department of Health and Human Services (DHHS) and various Councils, to insure that individuals are receiving the best possible supports in an integrated community. The consultant must consider the role of New Hampshire families when offering its plan.

The Committee looks forward to the next stage of this report. We have chipped away at the issues to provide you with a concise, high level debriefing, with the hopes of making a good system even better. We welcome your comments and suggestions and stand ready to assist forthwith.

Respectfully Submitted,

Charles J. Saia
GCD Executive Director & Committee Chair

COMMITTEE PROCEEDINGS

The Chair initially convened the Committee on November 5, 2019. The Committee convened for a total of ten (10) meetings. See Appendix A for meeting notes.

NH COUNCIL ON DEVELOPMENTAL DISABILITIES FUNDING CONSIDERATIONS PER STATUTE

In chapter 346.242 of HB 4 it states, "The commission shall also coordinate with the New Hampshire council on developmental disabilities to secure any funds that may be used for this purpose under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (*PL 106-402* citation added) and in conjunction with the development and amendment of the state plan goals and objectives.

The New Hampshire Council on Developmental Disabilities (NHCDD) has made an inquiry to the Director of Information & Technical Assistance Center for Councils on DD (ITACC) at the National Association for Councils on Developmental Disabilities (NACDD) to see if additional funds were available for this purpose under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (PL 106-402) (DD Act). The response from the NACDD was that "**There are no additional federal funds available to DD Councils. DD Councils are funded through a mandatory formula grant** (which means an on-going program with specific criteria outlined in authorizing statute)".

That being said, Section 124(c)(4)(A)(i) of the DD Act indicates that state plan activities are derived from the unmet needs of the citizens of the State/Territory. This clause keeps the focus of DD Council funds on unmet needs of the citizens in New Hampshire. In the NHCDD's current State Plan, there is a goal focused on "Access to Quality Services" and a corresponding objective (Obj. 1) that indicates the establishment of outcome measures and quality for services and systems change efforts as a result. **Based on this goal and objective, the NHCDD could consider providing some funds or staff time investments** (which is also considered an investment of federal funds) towards this initiative.

Neither the director nor the staff of the NHCDD have the authority to direct any significant portion of the Council's funding to any project or entity without the express consent of the Council's membership. Those members, following narrow federal guidelines, are solely responsible for deciding how the Council's allotment is spent. Their decisions are based on a narrowly defined five-year plan far in advance of any expenditure and are not subject to change, but can be amended as needed.

Additionally, the NHCDD is a "minimum allotment state", meaning that any funds provided by the federal government through the Administration on Community Living (ACL) is the least amount available to any state DD Council. Funding is allotted by a complex Federal formula based on per capita incidence of individuals with developmental disabilities. The proposed project budget of $550,000 as contained in the body of this report is roughly equivalent to the entire annual federal allotment provided to the NHCDD.

There are a few entities that the NHCDD suggests have worked on this type of study. These include, Human Services Research Institute (HSRI), who has provided this type of analysis for other states. There are also national data projects funded by ACL to gather data on people with intellectual and developmental disabilities. The State of the States in Intellectual and Developmental Disabilities Project, administered by the University of Colorado (sometimes referred to as the Braddock report and focused on public dollars and types of services); ICI in Boston (focuses on employment); and University of Minnesota (RISP - residential data) are the main ones.

In conclusion, although the NHCDD supports the goals of HB 4, it is unable to contribute substantially to its realization due to existing funding and protocol constraints. However, at times, ACL, Office of Disability Services Innovation has other federal funds for special projects. It is important to note that ACL directs the focus of an innovation (project of national significance). Current funding opportunities can be viewed at https://acl.gov/grants/open-opportunities

FUNDING RESOURCES FOR INNOVATION

The GCD, and members of the Committee, are committed to achieving the objectives set forth in Chapter 36, HB 4-FN-A-LOCAL – FINAL VERSION, Laws of 2019, General Statutes (HB 4), to analyze the state's system of support for individuals with developmental disabilities and recommend reforms and improvements to ensure that the state's service delivery model is structured to provide maximum benefit and tailored services to individuals with disabilities. In order to meet these objectives in a thoughtful, transparent manner, the state will need to identify $550,000 in funding for a national consultant through a competitive procurement process. This projected cost is based on a similar system analysis which was approved by the Governor and Executive Council on May 17, 2017, http://sos.nh.gov/nhsos_content.aspx?id=8589968825, item #12. The Committee also requests that DHHS explore the possibility of receiving a match from the Center for Medicare and Medicaid Services (CMS).

By way of historical context, in the 2019 legislative session Governor Sununu appropriated the sum of $500,000, as recited in HB2-FN-A-As Introduced, with similar stated objectives as contained in the current HB 4.

> There is hereby appropriated to the governor's commission on disability established in RSA 275-C, from the capital infrastructure revitalization fund established in RSA 6-E:2, the sum of $500,000 which shall be non-lapsing and shall be expended for the purpose of retaining a consultant to analyze the state's system of support for individuals with developmental disabilities and to suggest reforms and improvements to ensure that the state's service delivery model is structured to provide maximum benefit and tailored services to individuals with developmental disabilities. The governor's commission on disability shall coordinate with the department of health and human services, and may accept and expend any applicable federal funds that may be available for the purposes of this subparagraph.

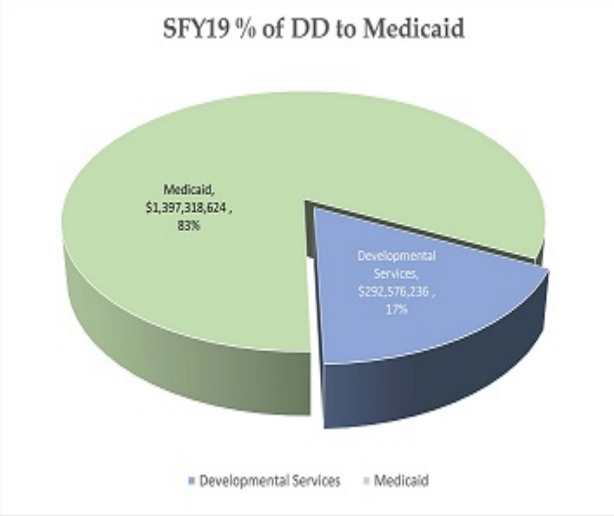
The national consultant, per the scope of procurement, will examine New Hampshire's overall developmental services system, census and cost trending for developmental services, and make a system innovation recommendation, with full consideration of target improvement areas, ensuring that a New Hampshire specific system funding model be developed that supports innovative, high quality services to support people to realize their needs and goals.

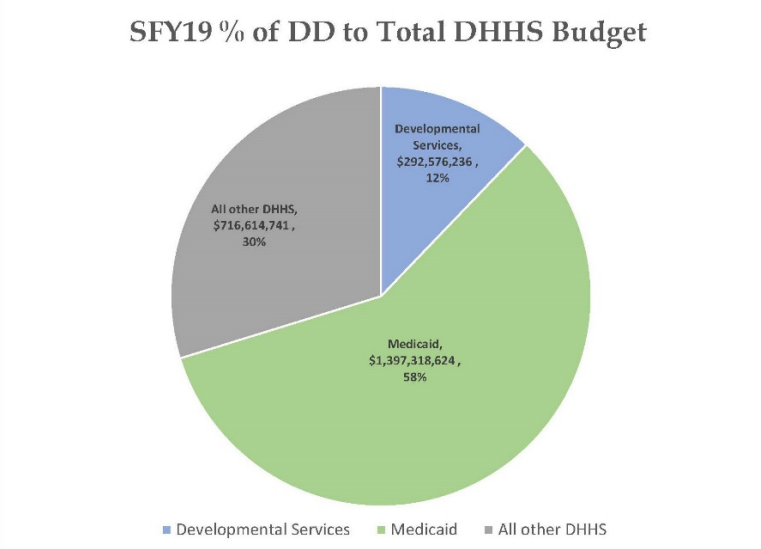
Designing and implementing significant system change requires upfront analysis to ensure that the system change has positive impacts to those served as well as a return on investment both short and long term. A system change project will be a major focus of the Bureau of Developmental Services (BDS), Area Agencies, providers, families, and stakeholders for several years. Working with a national consultant will provide a foundation for the assessment of models at a national level, the applicability of models to New Hampshire, consideration of transition options for change, the preparation of a proposed implementation plan, and assistance, if needed, with waiver amendments and funding options to maximize federal match and/or other funding opportunities.

INTRODUCTION

According to the 2018 Report on Disability in New Hampshire issued by the University of New Hampshire Institute on Disability (IOD), 12.3% of the New Hampshire population or about 1 in 8 people in New Hampshire have a disability over the average of the five years 2012-2016. This is only slightly lower than the national average of 12.5%. In 2016, New Hampshire ranked 21st in prevalence of people with disabilities. People served by the current developmental services systems, those with a developmental disability (DD) or acquired brain disorder (ABD), in state fiscal year (SFY) 2019 numbered 5,381. Projections based on SFY2015-SFY2019 census and service data provided by the BDS indicate that by 2030, New Hampshire will likely experience an 8-10 percent increase in the number of individuals receiving services through the DD, ABD and In Home Supports waivers.

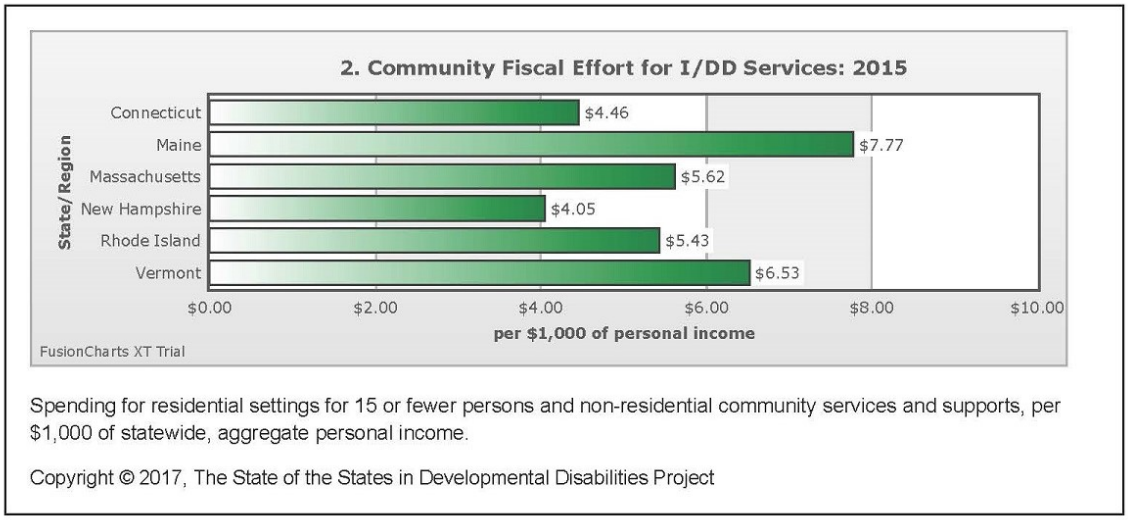
The following two pie charts show the developmental services spending as a percentage of all Medicaid Spending in New Hampshire for SFY19 as well as the percentage of developmental services spending of the total DHHS budget for SFY19.





It is important to note that while fiscal effort on the part of the State increased in the last biennium, the Wait List at the end of SFY2019 was at zero people waiting with 998 people being removed from the Wait List in fiscal years SFYs 2018 and 2019. Current projections forecast, for the next ten years, a rising number of people aging and remaining in services for as they age in place receiving waiver services, a growing number of people with Autism Spectrum Disorder (ASD) exiting the school system into adult waiver services, and people with mental health complexity rising. Appendix B shows the total number of individuals found eligible for developmental services who have an identified diagnosis of ASD. The graph depicts the total number of individuals, by age and gender, currently found eligible regardless of whether they are currently receiving services.

The developmental services system which supports some of the state's most vulnerable people, represents a substantive investment on the part of New Hampshire's citizens and that the investment must be thoughtful and sustainable. In addition, it is important to note how New Hampshire's investment compares to other states. The University of Colorado state profile for New Hampshire, as part of their "State of the States in Intellectual and Developmental Disabilities," report shows a variety of census and cost related measures of the New Hampshire Developmental Services system, including a comparison of fiscal effort for New Hampshire's system compared to the five other New England states. The most current version of this report shows data through SFY 2015. An updated State of the States report is expected in 2020, which the Committee looks forward to seeing in order to observe any changes in the intervening period. In 2017, New Hampshire's fiscal effort was $3.80 per $1,000.00 aggregate statewide personal income compared to other New England states at $6.50 per $1,000.00 aggregate statewide personal income as follows:



Spending for residential settings for 15 or fewer persons and non-residential community services and supports, per $1,000 of statewide, aggregate personal income.

To see the full profile for New Hampshire, please refer to Appendix C.

Appendix D shows the actual census and Medicaid funding by service type for all three waivers from SFY2015-2019. Appendix E shows census and cost projections for the three 1915(c) waivers administered by BDS, for the ten-year period from SFY2020-SFY2029. This report was

provided to the New Hampshire State Demographer in order to identify projected trends for service demand. Census projections were multiplied by an assumed Medicaid spend rate per individual to derive the total projected cost for each age band shown in the report. Cursory review shows a differential in this data from projections made by the area agencies utilizing the Projected Services Needs list (PSNL).

As the State considers opportunities to improve on the Developmental Services System, it is important to note that in comparison to other states in New England, New Hampshire has a cost effective model of support. That being said, the state has an opportunity and responsibility to get out in front of rising costs and should be considering best practices to curve costs, and just as importantly ensure that people are served with quality and inclusion at the forefront, when it comes to growing populations like seniors, those with ASD, and people with mental health complexity that are eligible for waiver services with the Developmental Services System.

Committee members acknowledge the Governor's understanding for the CMS CAP changes to the system and most importantly, his support for individual and family choice along with the importance of competition for providers to better ensure quality services (see Appendix F).

In addition, New Hampshire's Developmental Services System is evolving its 30-year established structure to comply with the CMS determination that it is out of compliance with direct pay and conflict of interest regulations; which specifically impacts the Developmental Disabilities Waiver (NH.0053) and the Acquired Brain Disorders Waiver (NH.4177). Additionally, the In-Home Supports for Children with Developmental Disabilities Waiver (NH.0397) is out of compliance. In order to bring the waivers into compliance with federal regulations, the state has developed a Corrective Action Plan (CAP) to address the two issues and CMS has approved the work plan inclusive of timeline. The intent is to come into compliance without destabilizing service delivery thereby allowing people, and their families, greater choice.

Beginning with the 1991 closing of the Laconia State School, New Hampshire's only institution for individuals with developmental disabilities, New Hampshire has built a national reputation for developing innovative home and community based services. The Area Agency system, in collaboration with the Private Provider Network (PPN), has grown in scope and complexity to meet the ongoing and changing needs of the population of individuals with developmental disabilities and acquired brain disorders. In its annual ranking of state service systems, United Cerebral Palsy has consistently ranked New Hampshire among the top ten states in the nation.[1] New Hampshire also participates in the National Core Indicators project, which is a nationally recognized program to collect and report data on a variety of outcome measures relative to developmental services.

In 1999, the U.S. Supreme court ruled that states must provide community-based services to people with disabilities and that unjustified institutionalization constitutes discrimination under the Americans with Disabilities Act (ADA) in *Olmstead v. L. C.* (https://www.law.cornell.edu/supct/html/98-536.ZS.html). This decision and subsequent cases across the country, affirm the right of people with disabilities to be integrated in their

[1] http://www.caseforinclusion.org/data/state-scorecards

communities, to live in home and community-based settings as much as possible. Even 30 years later, this right is a critical consideration in the development of a system of services for people with developmental disabilities. There is still room for improvement as 14% of New Hampshire adults with developmental disabilities live in congregate care settings.[2]

New Hampshire's Area Agency System, was created in 1979 under NH RSA 171-A, which states:

> "The purpose of this chapter is to enable the department of health and human services to establish, maintain, implement and coordinate a comprehensive service delivery system for developmentally disabled persons. The policy of this state is that persons with developmental disabilities and their families be provided services that emphasize community living and programs to support individuals and families, beginning with early intervention, and that such services and programs shall be based on the following:
>
> I. Participation of people with developmental disabilities and their families in decisions concerning necessary, desirable, and appropriate services, recognizing that they are best able to determine their own needs.
>
> II. Services that offer comprehensive, responsive, and flexible support as individual and family needs evolve over time.
>
> III. Individual and family services based on full participation in the community, sharing ordinary places, developing meaningful relationships, and learning things that are useful, as well as enhancing the social and economic status of persons served.
>
> IV. Services that are relevant to the individual's age, abilities, and life goals, including support for gainful employment that maximizes the individual's potential for self-sufficiency and independence.
>
> V. Services based on individual choice, satisfaction, safety, and positive outcomes.
>
> VI. Services provided by competent, appropriately trained and compensated staff."

The ten Area Agencies in New Hampshire are organized as non-profit corporations and each is governed by a local board of directors comprised of individuals receiving services, family members of individuals served, and local community leaders. In keeping with its legislated mandate, and in conformance with New Hampshire Administrative Rules, the Area Agency system operates as a close partner with the DHHS BDS to ensure that programs are providing timely, effective and quality services that are funded appropriately to ensure their strength. Service Coordination and direct services are provided both directly by Area Agencies as well as by private providers who operate under contracts with the Area Agencies.

[2] https://caseforinclusion.org/data/data-by-issue/promoting-independence

The PPN, established in 1996, currently represents 18 private agencies that provide a wide range of high quality cost effective community-based supports to individuals with developmental and acquired disabilities throughout New Hampshire. Services are provided by these independent non-profit and for-profit agencies through individualized contractual arrangements with the Area Agencies.

Once a person is deemed eligible for services by the Area Agency, an individualized care plan is established and a client may choose their provider. In many instances, the provider of choice is one of these private agencies. The private agency then contracts with an Area Agency for the delivery of services for these individual clients. The private provider then bills the Area Agency for reimbursement but the CAP referenced earlier will allow for provider direct billing.

Guiding the work of the PPN is the central belief that consumer choice is optimized by a broad based, entrepreneurial, competitive vendor system that is locally controlled.

Operationally, the Area Agencies perform a variety of functions on behalf of the State, in accordance with NH RSA 171-A, various Administrative Rules, and their Area Agency contracts. Some of these functions include intake of individuals applying for services, determination of eligibility for services, Wait List management, service budget development, submission of prior authorization requests, oversight and improvement of the quality of services, compliance reviews, completion of standardized assessments to determine service levels and support needs, managing financial accountability of service providers, operation of family support programs and transition services to support individuals exiting the school system and entering adult services, etc.

The Role of Families in the Service System

At the core of the Developmental Services System is a wide network of family members of those receiving supports and services. Family members are often the ones providing a majority of supports for their loved ones, and as such require access to needed resources to help them throughout their child, grandchild, or sibling's life. These resources include such elements as respite care, education, financial support, access to natural supports, peer supports, coordination and planning of benefits, and perhaps most importantly, the security of knowing that their family member will be supported when they are no longer able to provide the supports they have been providing.

According to the Developmental Disabilities Act of 2000, Family Support Services are supports, and other assistance, provided to families with members who have developmental disabilities, that are designed to—

(i) strengthen the family's role as primary caregiver;

(ii) prevent inappropriate out-of-the-home placement of the members and maintain family unity;

(iii) and reunite families with members who have been placed out of the home whenever possible. Supports include respite care, provision of rehabilitation technology and assistive technology, personal assistance services, parent training and counseling,

> support for families headed by aging caregivers, vehicular and home modifications, and assistance with extraordinary expenses, associated with the needs of individuals with developmental disabilities. (Developmental Disabilities Act, 2000)

In addition to the direct support they provide for their loved ones, family members also operate in both formal and informal ways to provide service design input, advocacy, and accountability. It cannot be overstated that the role of families within the Area Agency system is vital to its success. Each Area Agency supports a regional Family Support Council as established by NH RSA 126-G (1989), whose functions include engaging families in advocacy, assisting families in accessing needed supports and resources such as respite and local activities, education of families on a variety of topics and providing input to the operation of the Area Agency.

A robust system of long term supports and services is essential to ensure that individuals with developmental disabilities and acquired brain disorders, and their families, can live their lives in the most inclusive and natural manner possible. In order for this to be achieved, the service system must be capable of responsive, comprehensive, and adaptive approaches to the emerging needs of individuals. Any system improvement design must allow for continued access to high quality supports and services across the lifespan, without unnecessary barriers.

Further information about the Area Agencies and the Private Provider Network can be found at:

https://www.dhhs.nh.gov/dcbcs/bds/index.htm

www.csni.org

https://www.nhprovidernetwork.com/index.html

COMMITTEE FINDINGS AND RECOMMENDATIONS

The Committee recommends that a system improvement design RFA specifically examine national trends and best or promising practices to evolve the service delivery system. New Hampshire is a leadership state and has a service delivery system with a wide array of options. A thorough investigation of other leadership states and their waiver systems would yield valuable information to inform the next step in growing the system without destabilizing service delivery, incorporate recommendations around accreditation processes to promote excellence, and ensure the state is performing at the highest level.

The Committee acknowledges the importance of considering the next evolution of New Hampshire's historically strong developmental services system and wants to ensure that any system improvement design is undertaken in a thoughtful manner, leverages best practices by other states, considers the cost curve, ensures financial sustainability, and assures active engagement by key informants and stakeholder; inclusive of the people served by the system and their families.

The CMS has determined that New Hampshire is out of compliance with direct pay and conflict of interest regulations; which specifically impacts the Developmental Disabilities Waiver (NH.0053) and the Acquired Brain Disorders Waiver (NH.4177). Additionally, the In-Home Supports for Children with Developmental Disabilities
Waiver (NH.0397) is out of compliance. In order to bring the waivers into compliance with federal regulations, the state has developed CAP to address the two issues and CMS has approved the work plan inclusive of timeline. As the state considers recommendations for reform and improvements service delivery improvements, the Corrective Action Plan requirements and timelines for delivery, as approved by CMS, must be taken into consideration. For further information on the CAP and progress made towards compliance by New Hampshire please visit the BDS web page at https://www.dhhs.nh.gov/dcbcs/bds/coi-cap.htm.

In order to make a thoughtful recommendation fulfilling the intent of HB 4, the Committee recommends that a national consultant be engaged through a competitive procurement process and that a report be issued by Q4-CY-2020. The end goal of this effort will be the delivery of a concrete, system improvement design action plan.

The Committee recommends that an RFA be funded and issued through an outcome-based competitive procurement process by the State of New Hampshire to ensure that a system improvement design is thoughtfully considered and that there is active, and on-going, stakeholder engagement as part of the system improvement redesign process. The RFA should focus on system improvement design considerations that ensure the following:

- Continue to offer, develop and improve upon high quality services that support choice, self-determination, and independence in the most integrated setting appropriate, with a strong focus on integrated, competitive employment and independent community living.
- Deliver services more cost-effectively and in accordance with the individual's assessed needs.
- Realign incentives and reallocate new and existing developmental services service funds to serve more people.
- Improve coordination of physical and behavioral health and long term supports and services.
- Continue to ensure essential family supports.
- Leverage technology to augment current system strengths.
- Engage stakeholders for future feedback

NH RSA 126-A:5, XIX(i), enacted in May 2018, prohibits the incorporation of long term supports and services from being incorporated into the DHHS Medicaid Care Management Program for delivery by managed care organizations as defined in NH RSA 125-A:5, XIX (c)(3) under contract with the state.

The contracted consultant must develop options for system improvement outside of the state's Medicaid Care Management Program that will enhance and improve access, coordination, oversight, quality monitoring, outcomes and financial sustainability.

The RFA should prescribe that a contracted vendor will deliver:

- Gap Analysis and Prioritization of Improvement Opportunities -- A gap analysis identifying specific opportunities for improvement, with a ranking analysis for the priority for improvement, for New Hampshire's current system. The gap analysis is an appraisal that compares an enterprise's actual to its potential or desired performance. It is an assessment of what an enterprise is doing currently and where it wants to go in the future. A gap analysis flows from benchmarking (the level of performance achieved by peer enterprises) and other assessments of requirements and current capabilities. This gap analysis includes comparisons of the present performance of the New Hampshire system to that of systems in other states. Such comparisons aid in pinpointing areas of strengths and weaknesses in system performance. Note that the Committee report identifies areas for the consultant's consideration and prioritizes five areas for cost curving.
- Best Practice Report -- A national landscape report for best practices specifying areas, with targeted timelines inclusive of potential glide paths for phased change, which could be leveraged by New Hampshire for system improvement. The Best Practice Report will align with the Gap Analysis noted above.
- Cost Curve Recommendation -- Recommendations for proven cost effective models utilized by other states.
- Target Improvement Areas (TIAs) – The RFA will identify specific areas for consideration by a selected vendor as identified by the Committee.
- System Improvement Design Action Plan – The RFA will specify an action plan with next steps and timeline.
- Nothing About Us Without Us - The RFA process and system analysis must include people with disabilities and family members from across the state and with diverse disability experiences. As the users of these services, their experiences must be valued and incorporated into the process throughout the assessments of the issues and development of solutions. It is critical that the process should be designed to support the participation of individuals and families through stipends, transportation support, remote participation and any other needed supports.

The RFA process and system analysis must include people with disabilities and family members from across the state and with diverse disability experiences. As the users of these services, their experiences must be valued and incorporated into the process throughout the assessments of the issues and development of solutions. It is critical that the process should be designed to support the participation of individuals and families through stipends, transportation support, remote participation and any other needed supports.

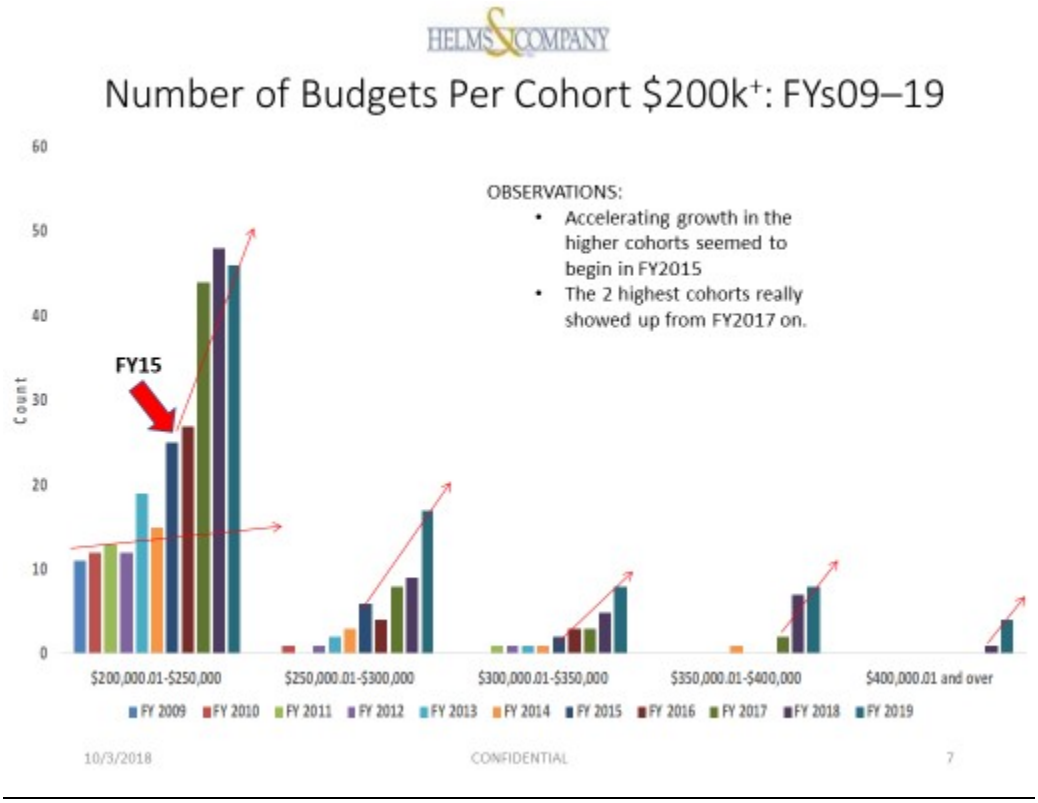
Target Improvement Areas

After consideration of New Hampshire's current Developmental Services system, the Committee has targeted thirteen (13) areas for potential improvement and consideration by a selected vendor. Following are the areas:

Intensive Treatment Services (ITS)

The Committee recommends that a system improvement design RFA consider Intensive Treatment Services ("refers to a set of programs that provide services to individuals with developmental disabilities who are known to have engaged in high risk behaviors including problematic sexual behavior, violence towards others, or arson") capacity developed to meet the needs of individuals eligible for developmental services with serious mental illness as well as those with dangerous, high-risk behaviors. The Committee recommends that a consultant review the potential for braiding funding from New Hampshire's Managed Medicaid Program and its 1915(c) waivers to strengthen access to clinical services and to promote the development of step-down programs. The Committee also recommends that a consultant validate New Hampshire's experience that the incidence of cases who meet the criteria for ITS and those who have a co-existing psychiatric diagnosis is rising.

New Hampshire has experienced significant changes in demand for ITS over the past several years. ITS programs require higher levels of staffing and environmental modifications aimed at resident and community safety, as well as the presence of on-site clinical resources to ensure that behavioral interventions are applied effectively and consistently. As a result, ITS programs require significantly higher levels of funding per individual. In 2018, Community Support Network, Inc. hired consulting firm Helms and Company to analyze individual budget levels and to show trending in various budget cohorts (in $50,000 increments). The figures below are derived from NH Leads (an information system shared by all ten Area Agencies) and the Budget Tracking System (BTS) database which is used by Area Agencies and the BDS to track individual service budgets. This analysis shows that beginning in SFY2015, budgets over $200,000 increased steadily. This increase coincided with the sudden closure of a residential setting in New Hampshire and transfer of its 34 residents to programs both in-state and out of state. Many of these residents required ITS-level services. The graphic below illustrates the growth in budgets over $200,000 from SFY2009-SFY2019.



The New Hampshire legislature recently convened a commission pursuant to Laws of the State of New Hampshire, Chapter 269 of 2019. This commission focused on the needs of individuals served by the Developmental Services System who also have psychiatric diagnoses and/or high risk behavior. The Commission concluded that additional "step-down" capacity is needed for ITS programs, and that efforts to better integrate mental health services, developmental services, educational systems and correctional programs through braided funding and collaboration are important to improving this system. Specific recommendations are included regarding funding for clinical services through directed Managed Medicaid payments, as well as integration of services as part of New Hampshire's 10-year Mental Health Plan (https://www.dhhs.nh.gov/dcbcs/bbh/documents/10-year-mh-plan.pdf). A full copy of the commission's report relative to Laws of the State of New Hampshire, Chapter 269 of 2019 can be found at http://www.gencourt.state.nh.us/statstudcomm/reports/1481.pdf.

Neuropsychiatry combines the specialized expertise in disorders of the nervous system (neurology) and mental disorders (psychiatry). These disorders include but are not limited to ASD, intellectual disabilities, TBI, genetic disorders, dementias of various types which can be a sequela of various intellectual disabilities; all of which can co-occur with any of the spectrum of mental illness diagnoses. Area Agencies and contract providers serve many clients with dual diagnoses. Some estimates put the number of individuals who have an intellectual disability and who have also been diagnosed as having a mental illness at 30 to 40%. The expression of and severity of symptoms is also a variable. Often these clients require inpatient treatment due to extreme aggression or behaviors that prevent management of the client at home. Such

behaviors can often necessitate an inpatient stay in a secure setting for children and adolescents; or for adults. Inpatient stays provide an opportunity for neuropsychological testing, other diagnostic and treatment interventions, including psychopharmacology. Prior to 2008, a specific Unit at New Hampshire Hospital provided expertise and professional consultation to the field. Deemed the "I" Unit, it was closed in 2008 due to budget restrictions and the professional staff left the state.

Although 80% of individuals with intellectual disabilities in state psychiatric hospitals have a co-occurring diagnosis of a mental illness, only 7% are served in units specializing in treatment for both conditions. An inpatient component of ITS adds depth to community-based care and fills a significant gap in service provision. A Unit designated for specific age groups (children and adolescents; adults) can offer comprehensive neuropsychiatric evaluation and case consultation either inpatient or outpatient. Thorough evaluation and case consultation can then guide individual care planning for community living. Currently this service is lacking statewide. While there are many promising collaborative practices in certain areas, the state is lacking sufficient capacity to provide the necessary case consultation, training and psychopharmacology.

In addition, it is critical that the state explores opportunities to serve these individuals in the community wherever possible. Many people with intensive treatment needs can live successfully in the community with appropriate supports including access to mental health services, mobile crisis, medication management and access to inpatient supports on a short term basis. In addition to complying with the mandate in *Olmstead v. L.C.* to serve people with disabilities in the least restrictive environment, home and community based services are typically more cost effective.

Autism Spectrum Disorder (ASD)

The Committee recommends that a system improvement design RFA address supports and services for the growing number of children entering into New Hampshire's Developmental Service System (Family Centered Early Supports and Services) and educational system with ASD. The Committee also recommends that a consultant validate New Hampshire's experience of a rising incidence of individuals with ASD.

Research suggests the costs associated with the intensive treatment through early supports and services are quickly recovered as the children will need fewer services over time which longitudinally decreases cost to the adult developmental disability system in New Hampshire which has seen rising costs in supporting people with ASD (as evidenced in the costs noted in the Transition TIA). The RFA should consider how New Hampshire improves upon the current system of diagnosis and early intervention, as well as develops and tests the effectiveness of life-long service system interventions to improve functional and health outcomes for people with ASD at three key life stages: early childhood, transition from youth to adulthood, and adulthood. Identifying and implementing best practices to support people with autism across the life span will likely result in cost curving for the system moving forward. The RFA should consider:

- Evaluation of wait time for diagnostic services and network adequacy for early interventions services providers inclusive of applied behavior analysis providers.
- Network adequacy for early interventions service providers inclusive of applied behavior analysis providers
- Development and return on investment for educational programs and therapeutic programs designed to meet the unique needs of students with severe ASD
- Establishing evidence-based scalable practices leading to improved postsecondary employment, education, community living and other key outcomes relevant to adolescents and young adults with ASD. The consultant should consider adult transition demonstration projects aiming to implement and assess impact of services and intervention that are scalable. The consultant should identify and recommend appropriate system-wide linkages to enhance access, lead to measurable improvements in adult outcomes and ensure sustainability of impact at the population-level. "Transition to adulthood" is broadly defined and could include transition from secondary school to work, secondary school to post-secondary education, as well as from living with parents to supported or independent living in community settings. Processes, or services, that support these transitions should be the focus of inquiry in the RFA and might include early stages in the transition process, such as pre-vocational training, or later stages in the transition process, such as on-the-job coaching and supports
- Evaluate network adequacy for supported housing models and employment for those with ASD
- Leveraging commercial and Medicaid Autism insurance benefits for individuals with ASD over the age of twenty-one
- Development and return on investment for childcare options for parents of children with ASD
- Develop and recommend evidenced based best practice related to significant behavioral challenges individuals with ASD may have and how it will impact access to appropriate education, access to employment and independent living

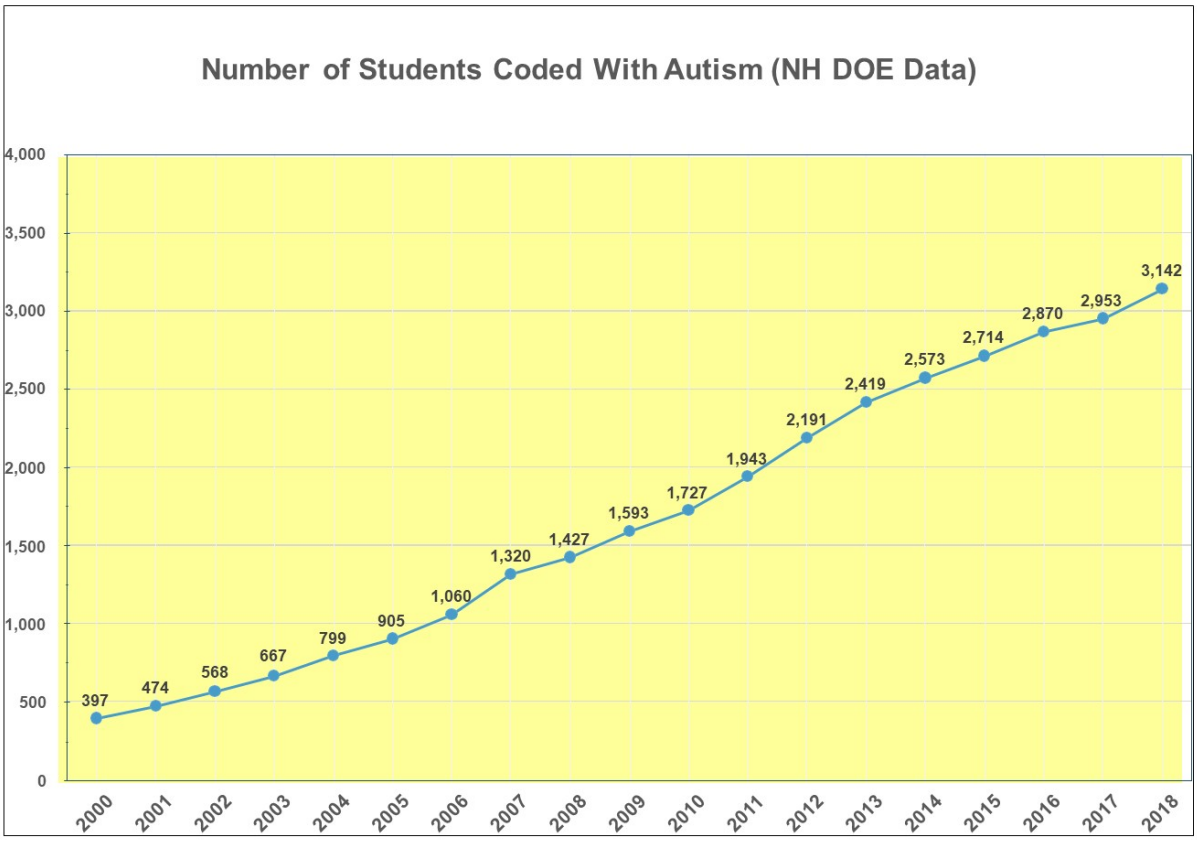
Autism is defined as a developmental disorder of variable severity that is characterized by difficulty in social interaction and communication and by restricted or repetitive patterns of thought and behavior.

Symptoms must be present in the early developmental period (but may not become fully manifested until social demands exceed limited capacities or may be masked by learned strategies in later life.) Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning. Based on 2014 Reports from the CDC, the Autism prevalence rate is one in fifty-nine however, ASD commonly co-occurs with other developmental, psychiatric, neurologic, chromosomal, and genetic diagnoses. The co-occurrence of one or more non-ASD developmental diagnoses is 83%. The co-occurrence of one or more psychiatric diagnoses is 10%.

The number of individuals living with ASD in the State of New Hampshire is unknown. In 2008, the State of New Hampshire developed a mandatory Autism registry however the

mandate does not apply to children that were diagnosed in states outside of New Hampshire, those who have a primary diagnosis of something other than Autism, or an individual diagnosed prior to 2008. Many pediatric providers, particularly general pediatricians, are unaware of the obligation to report.

December 2018 data from the New Hampshire Department of Education (DOE) clearly indicates a substantive climb from 2000 to 2018 in the number of children on the Autism Spectrum in the State's school system as evidenced below. It is important to consider that the numbers of individuals supported by the Area Agency System with an ASD diagnosis will not align with the numbers of people diagnosed with ASD in the school system as a medical diagnosis does not always translate to an educational diagnosis and vice versa.



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https://www.education.nh.gov/instruction/special_ed/documents/student_census_by_disability.pdf

The Developmental Services System has also observed a rising number of children under the age of 21 with ASD. As of January 2020, the Area Agencies identified a total of 1,696 individuals under 21 who have already been determined to meet eligibility criteria for developmental services, and have a diagnosis of ASD. Please see Appendix B for a breakdown of eligible individuals by age and gender.

In addition to rising overall numbers of students with ASD, New Hampshire is also seeing an increase in those with ASD who experience significant behavioral complexity, aging out of the school system. In the table below, Gateways Community Services, the Nashua region Area Agency and the second largest Area Agency in the state, provided a 5-year projection for service needs noting a 71% increase is the number of students with ASD and a 95% increase in the number of students with an ASD diagnosis and significant behavioral needs in that region. The area agencies PSNL confirms that other regions of the State are experiencing increased numbers of people with ASD and significant behavioral needs as well.

Gateways Community Services

Students with ASD & Significant Behavioral Needs Aging Out

	ACTUAL NUMBERS					PROJECTED NUMBERS					Actual	PROJECTED		
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 15 -19 Totals	FY 20 - 24 Totals	Future Increase	% Increase
Number of Students Aging Out with ASD Diagnosis	10	16	12	12	8	22	12	21	21	23	58	99	41	71%
Number of Students Aging Out with ASD Diagnosis and Significant Behavioral Needs	3	6	6	3	4	6	5	9	13	10	22	43	21	95%

The rise in ASD elevates the need for the state to consider the 1) appropriate delivery of early interventions services to improve outcomes, 2) improved collaboration between the school system and area agency delivery system for transition services at both entry and exit in the school system (see Transition TIA), and 3) ongoing supports for employment, housing, etc. for adults with ASD.

Aging Supports

The Committee recommends that a system improvement design RFA, identify available options, resources and best practices to assist family caregivers who are aging, individuals with disabilities who are aging and ways in which New Hampshire can expand its options for community-based supports and residential services. As individuals are living longer, their needs become more complex due to age related issues. The Committee also recommends that a

consultant validate New Hampshire's experience of a rising incidence of individuals with developmental disabilities and acquired brain disorders over the age of 50.

New Hampshire has the second highest median age in the country, second only to Maine. Twenty percent of the state's population is over age 60 (301,000 people), resulting in 1 in every 5 people in New Hampshire being 60 years of age or older. The aging of New Hampshire's population impacts both people with developmental disabilities and their caregivers. As the "sandwich generation" continues to grow, the expectations of caregivers increase and support needs for caregivers cannot be ignored.

Based on 2020 New Hampshire Medicaid Management Information System data, the number of individuals over the age of 50 who are receiving Home and Community Based Services (HCBS) on the DD or ABD waivers represents 24.4% of the total number of individuals served on these waivers. The table below shows a breakdown by waiver of those under-and over-50.

New Hampshire Medicaid ABD & DD Waiver Enrollment by Age, 1/1/2020
Source: MMIS data as of 1/2/2020

Age Groups: 0-49, 50+

ABD Waiver	77	164	241
DD Waiver	3,703	1,057	4,760
Total	**3,780**	**1,221**	**5,001**

Currently, the service delivery system relies on adult foster care and families to provide the majority of services for those individuals receiving home and community based supports. As individuals, providers and family members continue to age, there is a need to identify alternative support methods that would continue to provide supports in community settings. In addition, the state must ensure adequate residential placements when home and community care is no longer appropriate.

Capacity in state Medicaid funded adult day, assisted living settings and/or nursing homes are being outpaced by growing demand and as a result, are additional barriers to the resources necessary for a system of care for those who are aging. The State should assess current "bed capacity" to determine if longitudinally capacity is sufficient for New Hampshire's aging population. Of particular concern are the lack of adult day, assisted living settings and/or nursing home beds that have the specialty skills necessary to care for aging persons who have a developmental delay or acquired brain injury. This is especially true for those persons who have a disability and are experiencing dementia. Additionally, resources to provide ongoing training should be identified.

Transition Supports and Services

The Committee recommends that a system improvement design RFA consider the pipeline of students transitioning from 1) Early Supports and Services through the Developmental Services System to the school system and 2) the school to the adult Developmental Services System; including those transitioning from foster care and those with mental health and behavioral complexity. The RFA should consider gaps in transition planning and system supports as well as how the state might cost effectively fill these gaps through interagency collaboration.

With so many services overlapping at different times, it is difficult for families, and young people, to understand and manage transition in a way that ultimately empowers them to be successful. When the education, housing, health, and workforce systems work collaboratively at the state and local levels, youth are better served and families better able to navigate a positive transition experience. Coordinating services reduces burdens on families and youth by making it easier to access services, and it creates outcomes that are more positive by strengthening results and accountability. Systems coordination is especially important during "transition points" for youth from foster care.

The consultant should:

- Identify ways to enhance cross system work on transition plans and to develop authentic vocational experiences. The more an individual's strengths and personal goals are known and developed, the more effective and efficient a plan can be developed to strengthen individual services and decrease associated costs. Current systems need to be developed for a more robust means to ensure educational partnerships between area agencies and school systems; particularly with special education teachers and the Vocational Rehabilitation Student Transition Services counselors already embedded within New Hampshire's schools. Educators and Area Agency Service Coordination staff should be actively involved in Individualized Education Program (IEP) meetings that address transition planning to create a person centered team with the family and student
- Make recommendations on the role of Medicaid reimbursable services to schools
- Develop a recommended approach to build more effective and efficient transition experiences for those individuals with dual diagnosis as well as those who have behavioral challenges
- Consider best practices to create access to opportunities for youth as they transition from foster care to postsecondary education, the workforce, and a healthy adult life. It should consider how current resources are being utilized for young people to access postsecondary opportunities, including sustainable social capital, permanency supports, and connections to education and the workforce
- Outline ways that individuals either headed into the school system through Early Support and Services or exiting the school system can be supported through their local school district, DHHS, and Area Agencies

In addition, the DOE and DHHS should solidify a system of care through a newly executed Memorandum of Understanding (MOU) that takes into consideration the roles of New

Hampshire's Area Agencies and school systems to identify and plan for eligible students to receive services as determined by need. Currently, many school systems struggle to connect with area agencies via a lack of understanding for what services can be provided, at what age they can be provided, and who funds the services. The MOU should:

- Identify learning opportunities for Futures Planning for school systems and help schools identify how agencies can assist as well as develop opportunities for individuals to learn about transition to adult services, through inter-agency collaboration
- Reevaluate the collaboration between DOE and DHHS around Early Supports and Services transitions as well as secondary transitions

Operational Efficiencies

The Committee recommends that a system improvement design RFA specifically considers improvements to the efficiency and cost effectiveness of the Bureau of Developmental Services, Division of Medicaid Services, Bureau of Family Assistance, Area Agencies and contracted private providers. This should include an assessment of opportunities to decrease redundancies, avoid duplication of work and increase efficiencies through improved processes, procedures and the use of technology, as well as consider ways to leverage the Department's Medicaid Care Management program to achieve improved coordination of care and access to services for those served by the developmental services system.

A large percentage of individuals served through the developmental services system are also served by other divisions of DHHS, and the Managed Care Organizations, that provide for primary care, specialty medical care, and behavioral health services. Many individuals served by the Area Agency system require ongoing and changing levels of medical and psychiatric supports. The RFA should consider areas in which the Bureau of Developmental Services and Area Agency system could leverage the scale and information capabilities of the NH Medicaid Care Management program to:

- Identify and address through local care management requirements in the current Medicaid Care Management contracts the needs of individuals with complex medical and/or mental health diagnoses.
- Consider directed payment models with the Medicaid Care Management program to increase capacity for the provision of services for people with dual developmental disability and mental health diagnoses.
- Identify and address network adequacy concerns through Managed Care Organizations and Area Agencies including allowing for alternative delivery service methods.
- Inform utilization management practices between the developmental services system and managed care organizations to ensure that state plan services are provided uniformly and timely manner.
- Increase collaboration between the developmental services system and managed care organizations as it relates to care coordination. Insure there is ongoing collaboration between both systems in both individual case planning and addressing of systemic challenges to service delivery.

- Utilize more extensive data sharing regarding diagnoses, pharmacy and treatment plans, both medical and social, to increase efficiency and coordination.
- Consider the State's 1115 waiver requirements and how the collaboration between the integrated delivery networks, developmental services system and the managed care organizations will collectively access the services provided for those with developmental disabilities and mental health diagnoses

New Hampshire's system of services for people with developmental disabilities has evolved over the last 30 years. During this time, there have been many changes in the requirements from the Center for Medicare and Medicaid Services, legislature and others.

Over the last few years, the state has faced requirements to implement a number of unfunded mandates from the Centers for Medicare and Medicaid Services, which oversees the federal Medicaid program and state legislature, including Conflict of Interest case management, Medicaid billing requirements and electronic visit verification. According to recent changes to federal Medicaid regulation, an Area Agency may not provide client case management and also provide direct service delivery. Additionally, the current process of billing between Area Agencies and private providers in New Hampshire is in conflict with Medicaid billing requirements. These changes, while potentially improving the system in the long term, require significant investment of resources without additional funds.

It is critical that the state assess the processes and procedures required to provide high quality services to people with developmental disabilities. In order to operate in a cost-effective way, the system must operate efficiently. Technology used by the state, Area Agencies and private providers must support this work and the workers, avoiding unnecessary bureaucracy, duplication of effort and redundancy. Recently, BDS has worked with consultants from Public Consulting Group to define system requirements and is poised to issue a Request for Proposals to develop a comprehensive system, pending further funding approvals.

In 2005, the Governor's Commission to Study Area Agencies recommended that the state look at building upon "current systems (1) of the need to further standardize and automate programmatic, business, reporting and quality assurance functions, (2) of the need to refine the type and accuracy of performance data and methods of dissemination and use of performance and outcome data, and (3) whether any regulatory requirements in the system are unnecessary and burdensome and may be removed without compromising services." In the years following the publication of the report, the state made many improvements in these areas, but now, 15 years later, it is time to look at efficiencies again.

In 2016, the Office of the Legislative Budget Assistant (LBA) conducted an audit of the Bureau of Developmental Services (BDS) after $38.5 million was left unspent in SFY 2015 with over 100 people with developmental disabilities on the waiting list for services. The LBA found, "Several factors contributed to underutilizing appropriated funds, including DHHS problems with tracking expenditures, constraints imposed by future budgets, delays in hiring people to provide client services, restrictions on reallocating unspent funds, inadequate rules regulating timely service provision, and forces external to the service delivery system." The Bureau of Developmental Services has made a number of changes to its processes and procedures to reduce the amount of unspent funds and address the concerns outlined in the audit, but there is

room for additional improvement. In SFY 2018, the legislature approved a $5M capital budget request for the Bureau of Developmental Services to develop an information system that would significantly streamline workflows between BDS, the Area Agencies, and the state's Medicaid information systems.

In 2017, the University of New Hampshire's Institute on Disability (IOD) received the Living Well Quality Framework grant to improve the quality of services for people with developmental disabilities in New Hampshire. As part of this grant, the IOD is partnering with BDS to improve the state's data collection system (HRST) to better track and improve the quality of care for people with developmental disabilities. Now is the time to look further at the HRST and other data collection systems to improve efficiency and outcome measurement.

Early Intervention

The Committee recommends that a system improvement design RFA shall consider all potential sources of supports available to enable successful early interventions, including State Plan Medicaid, New Hampshire's In-Home Supports 1915(c) waiver, Family Centered Early Supports and Services, Early Periodic Screening, Diagnosis, and Treatment (EPSDT), Local Educational Authorities, Individuals with Disabilities Education Act funding (Part-C), PUB.L.101-476 private insurance and other federal and state funding sources.

One of the main components of part C is the assessment. The assessment is the tool that guides the development of the Individualized Family Support Plan (IFSP). The IFSP must include specific early intervention services and that those services must be delivered by qualified p. Qualified personnel means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services. (20 U.S.C. 1432(4)(F))

The RFA should include:

- A mechanism for families to access services to address the goals outlined in the IFSP
- All services should be delivered by qualified personnel
- Explore alternative ways to expand the current transition protocol
- Evaluating the feasibility and ROI of incorporating design elements consistent with New Hampshire Senate Bill 14 Laws of the State of New Hampshire, Chapter 44 of 2019 relative to child welfare. Such elements include:
    - development of a unified, evidence-based, wraparound approach to the identification of key treatment and development needs
    - a coordinated system of care management that ensures access to all needed supports which will enable a child to succeed developmentally, academically, vocationally and socially

One opportunity that can be leveraged is using the governance structure model from the $26.8M Preschool Development Grant. This grant has allowed DHHS and DOE to co-lead the NH Council for Thriving Children. The DOE and DHHS will have strong interagency coordination which has been formalized by Governor Sununu's Executive Order https://www.education.nh.gov/pdg/index.htm. The Early Childhood Integration Teams (ECIT) (one at DOE and one at DHHS) have a charter amongst the two agencies. This charter is meant to advance the state's vision for children, families and communities, formalizing collaborations and connections to foster efficient, high-quality services, using a strong equity lens to guide implementation based on goals and principals.

Employment Opportunities

Thee Committee recommends that a system improvement design RFA consider the employment opportunities for persons within the disability community. We recommend looking at ways to increase collaboration between local state & community agencies and employment partners throughout the State of New Hampshire.

Desired outcomes:

1. Employment readiness starts long before employment starts
    a. Readiness for residents and community partners, thus impacting employment longevity and satisfaction
2. All person's living with a disability have the opportunity for employment
    a. Potentially reduce the dependence on state aid
3. Employers are equipped to successfully employ a person living with a disability
    a. Help reduce employment turnover
4. Statewide agencies build collaborative working relationships with community partners
5. Research and identify potential employers with telecommute policies. These companies can directly impact the shortage of transportation and flexibility of work hours for those living with a disability.

All individuals have a right to employment regardless of a seen or unseen disability. According to the Department of Labor, the New Hampshire unemployment rate for December 2019 for those persons living with a disability is 7.0% compared to those living without a disability at 3.2%. This Committee is requesting a full review of the current policies and procedures around employment & supported employment and how community partners can play a role in supporting employment for all. Knowing that strong partnerships are key to successful outcomes, this needs to start with the State of New Hampshire being the flagship employer for those living with a disability. Once the State of New Hampshire is seen as a valued employer, other community partners will be willing to invest in all New Hampshire residents regardless of one's abilities.

In order to ensure possible employment starts at an age regulated by the state, education/employment readiness needs to begin long before one's education has been reached. To do this successfully, the Committee is recommending a feasibility study be completed for a statewide employer partnership coalition to support community partners to ensure employers are set-up for success and the potential needs of this population.

Consideration also needs to be made as it relates to the New Hampshire Strategic Initiative on Employment (SIE), currently in draft form, attached herein. (See Appendix G) Much work has been completed with all the right stakeholders to address employment concerns and issues for the disability community.

Collaboration with the New Hampshire Bureau of Vocational Rehabilitation (VR) is vital to a proven, measurable, and successful implementation of any recommendations made. VR, as a part of the state's workforce system, is focused on assisting individuals in training and entering industry sectors available so that career pathways can be determined. This will lead individuals into more independence and self-sufficiency and meet employer demands. Performance accountabilities for the VR program include credential attainment, measurable skills gains, and employment in the short and long term as well as employer measures. Transition services for students with disabilities, as early as age 14, will improve outcomes for this population and drive students for sector employment opportunities to enhance their future success in the workplace.

Assistive Technology

The Committee recommends that a system improvement design RFA examine Assistive Technology, inclusive of Remote Support, and the role it can take in establishing functional independence and delivering a return on investment. The State of New Hampshire should consider, in collaboration with a national consultant, funding mechanisms, through Medicaid, the CMS Innovations Center, further leveraging the AT Act of 2004, and other funding streams to support the adoption of assistive technology inclusive of remote support. The RFA should prescribe a cost benefit analysis for the use of assistive technology, inclusive of remote support, that considers the longitudinal value of assistive technology relative to direct support professional availability and cost.

Assistive Technology is defined, consistent with the Assistive Technology Act of 1998, as any item, piece of equipment, or product system, whether it is acquired commercially, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities. It also noted that the broad legislative language intentionally permitted programs created by the legislation to cover general use products if, for a given individual, such a product worked as well as or better than for a specially designed product. Users of assistive technologies cite a lack of funding and a lack of information about appropriate technologies as barriers to access.

People with a developmental disability or ASD can leverage assistive technology for the following:

- Communication -- For individuals who cannot communicate with their voices technology can help them communicate. Augmentative and alternative communication (AAC) may involve technology ranging from low-tech message boards to computerized voice output communication aids and synthesized speech.
- Mobility -- Simple to sophisticated computer controlled wheelchairs and mobility aids are available. Technology may be used to aid direction-finding, guiding users to destinations. Computer cueing systems and robots have also been used to guide users with intellectual disabilities.

- Environmental control -- Assistive technology can help people with severe or multiple disabilities to control electrical appliances, audio/video equipment such as home entertainment systems or to do something as basic as lock and unlock doors.
- Activities of daily living -- Technology is assisting people with disabilities to successfully complete everyday tasks of self-care. Automated and computerized dining devices allow an individual who needs assistance at mealtime to eat more independently. Audio prompting devices may be used to assist a person with memory difficulties to complete a task or to follow a certain sequence of steps from start to finish in such activities as making a bed or taking medication. Video-based instructional materials can help people learn functional life skills such as grocery shopping, writing a check, paying the bills or using the ATM machine.
- Education --Technology is used in education to aid communication, support activities of daily living and to enhance learning. Computer-assisted instruction can help in many areas, including word recognition, math, spelling and even social skills. Computers have also been found to promote interaction with non-disabled peers.
- Employment -- Technology, such as video-assisted training, is being used for job training and job skill development and to teach complex skills for appropriate job behavior and social interaction. Prompting systems using audiocassette recorders and computer-based prompting devices have been used to help workers stay on task. Computerized prompting systems can help people manage their time in scheduling job activities.
- Sports and recreation -- Toys can be adapted with switches and other technologies to facilitate play for children. Computer or video games provide age-appropriate social opportunities and help children learn cognitive and eye-hand coordination skills. Specially designed Internet-access software can help people with intellectual disabilities access the World Wide Web. Exercise and physical fitness can be supported by video-based technology.

People with disabilities living at home and in their community compensate for their functional limitations by receiving personal assistance from human caregivers and through assistive technologies. With the increasing demand for long-term services and supports, and a long-run shortage of personal care workers or direct support professionals, assistive technology can be a substitute for paid long-term services or a complement to support. If assistive technology is a complement, meaning both are used together, then providing such technology will increase costs to the extent that it is provided, although it may reduce unmet need.

The RFA should specify reviewing the benefit of New Hampshire adopting a Technology First initiative. Ohio's "Technology First Executive Order" which establishes a Technology First Council to ensure technology is considered as part of all service and support plans for people with disabilities. The executive order is not a technology-only policy but rather aims to help people learn more about how to use technology to improve their quality of life and how they can experience more independence and personal freedom. Supportive technology, which helps a person accomplish a task or provides care from a distance, includes two services: Assistive

Technology and Remote Support. Remote Support, sometimes called remote monitoring, is a Medicaid service in Ohio.

Modern technology now provides nontraditional ways to support people so they can live in their own homes. Remote supports can be customized to meet the individual needs of each person. This type of home support can provide an exciting option for people with developmental disabilities. The service offers a person with a developmental disability the support of a direct service provider even when the provider is not in their home with them. Remote Support uses two-way communication in real time, just like Skype or FaceTime, so a person can communicate with their providers when they need them. A person can choose supports like sensors that call for help if someone has fallen or cameras that help monitor who is visiting a person's home. All Ohio Medicaid waivers cover the cost and maintenance of equipment used for Remote Support service delivery. Some Medicaid providers for remote support include *Rest Assured*, *Night Owl Support Systems, LLC*, and *2gethertech*.

The State of Missouri has also implemented a Technology First initiative that may chart a course for implementation for New Hampshire and as such, should also be considered as part of the scope of consideration in the RFA.

According to the National Education Association (NEA), the number of U.S. students enrolled in special education programs has risen 30 percent over the past 10 years. Additionally, the NEA reports that nearly every general education classroom in the country includes students with disabilities, as three out of every four students with disabilities spend part or all of their school day in a general education classroom. One tool to help students with disabilities even in the face of a special education teacher shortage is assistive technology.

Today, assistive technology can help students with certain disabilities learn more effectively. Ranging in sophistication from low technologies such as a graphic organizer worksheet to high technologies including tablet/pad software and smartphone apps, assistive technology is a growing and dynamic field. Several areas of assistive technology and sample products may be found in any given classroom, making a difference in how students of all abilities learn. As these tools appear in the home and classroom, parents, caregivers, and teachers can utilize them for students' academic and personal growth. Technology alone is not enough. To successfully use these tools, it is critical to develop a plan for their use and have regular check-ins to ensure the student is gaining the most value possible. In addition, assistive technology must readily transition from the school and home to the adult service system with continuity in care, technical assistance, and funding supports.

Assistive technology can help students transitioning to adult HCBS; both those with a developmental disability and the rising number of individuals with ASD. Young adults (16-24) with ASD and/or intellectual disability transitioning from (often intensive) schooling or therapy to less supported environments have difficulty. These individuals are often heavily reliant upon caregivers and others for assistance with daily tasks. There is a need to be able to use smartphones, tablets, and other devices for organization and scheduling of life events that are both personalized and structured; freeing or supplementing from caregiver reliance.

Transportation

The Committee recommends that a system improvement design address opportunities to maintain and expand transportation for people with developmental disabilities, including statewide coordination. The RFA should address the current and potential funding streams for public transportation and examine the current models of the New Hampshire State Coordinating Council (SCC) in conjunction with the Draft 10 Year Plan of New Hampshire Department of Transportation (DOT) to insure that individuals with disabilities may live independently in the community including use of non-emergency medical transportation. The RFA should also consider ways to support private and volunteer transportation options, particularly where public transportation is limited.

The New Hampshire SCC referenced in its 2017-2018 Annual Report that community transportation includes services that address the community needs, which includes people with disabilities, seniors and those with limited resources. Even though one may not have access to an automobile or drive a vehicle, the basic needs of employment, healthcare, education, and other community services are still needed. "New Hampshire transportation and human services agencies have been discussing ways to coordinate the various community transportation services offered in the state. The goal has been to reduce duplication, increase the availability of service, and make scarce resources go further as the need for transportation increases with an aging and growing population".

There are 11 public transit providers in New Hampshire and intercity bus transportation provided by the private sector. Services are provided in both the rural areas of the north and west, and also to the more populated areas of the south and east. The SCC reports that the providers consist of non-profits, community action programs, city departments and the University of New Hampshire (UNH).

Although the SCC's purview encompasses transportation as a whole across the State, its findings and recommendations squarely apply to the transportation conundrum applicable to individuals with disabilities. The SCC confirms that public transportation funding derives from DOT as well as DHHS. Advancements have been undertaken with the use of the SCC and Regional Coordinating Councils in transportation to overcome barriers by using existing transportation resources which may be the building blocks of further enhancements.

New Hampshire DOT notes in its 2021-2030 Draft Ten Year Plan [Governor's Advisory Commission on Intermodal Transportation (GACIT)] that individuals with disabilities make up a large and growing portion of the non-driving population. The need for improved public transit options and basic mobility services cannot be overlooked as confirmed by the DOT.

The recently published 2019 State Plan on Aging references the need to accommodate a growing senior population to age in place, which conclusions may be seamlessly applied to individuals with disabilities, living in the community. The conversation about transportation has been voiced by a consumer member of this honorable Committee, who squarely stated that the lack of transportation directly and routinely impacts her life to live in the community. This Committee member said, "Without someone available for transportation, people can't get where they need to go." For further information, please see Appendix H. Various reports, surveys and findings have been drafted (UNH IOD, Community Action Programs, and the like)

over the past 10 years or so indicating the need for changes to transportation to assist those without the ability to drive to live meaningful lives in the community.

Housing Models

The Committee recommends that a system improvement design RFA examine housing and housing models providing supports and services, particularly in community based settings in compliance with the HCBS settings rules as required by the CMS. The RFA should address emerging practices to braid funding and utilize housing models that promote independence for individuals with disabilities.

Housing is a social determinant of health as established by the World Health Organization and one that may be out of reach for individuals with disabilities. Individuals with disabilities often receive Supplemental Security Income (SSI) funds as a means to support basis living expenses. However, the average rental in New Hampshire cost for a two bedroom is $1347. New Hampshire residents with disabilities expect to reside and engage in their local communities. New Hampshire is experiencing a shortage of sufficient affordable housing. Individuals with disabilities may require either accessible housing or housing that enables support staff to assist them in their activities of daily living. These additional layers further compound the shortage of available housing to this population. New Hampshire does have robust housing waiver programs and recently received increased funding to provide specifically for people with disabilities who do not qualify for subsidies associated with aging. HUD provided this funding with the intent to increase people's ability to live independently in their communities.

New Hampshire utilizes a model of Enhanced Family Care (EFC) to provide individuals with developmental disability and acquired brain disorders natural supports in a home environment. Alternative models do exist and have proven viable and effective. Examples of these models include Visions for Creative Housing and Farmsteads of New England. Parents seeking alternative options for their adult children with disabilities developed both of these models. Visions published a toolkit explaining the systematic process employed to establish a community with varying levels of supportive housing for the individuals they serve. Vision's residents are fully active and involved with their local community in employment, civic engagement, and social activities. Farmsteads of New England is a working farm with multiple levels of supported housing included. In addition to consideration of these options, the RFA should consider how to expand EFC and provide supports for people with disabilities living in their own homes or apartments. Regardless of setting, it is critical that the person with the disability chooses where he or she wants to live.

Quality Workforce

The Committee recommends that a system improvement design RFA specifically address workforce concerns inclusive of recruitment, retention, training, and compensation.

Long Term Services and Supports are provided on an ongoing basis to help people of all ages with developmental and other disabilities, and chronic conditions, live independently and participate in their communities. However, the State's effort to meet its citizens' long-term needs is hampered by the severe shortage of direct support professionals (DSPs). On a

community level, needs cannot be met and people cannot be cared for adequately and safely because of critical shortages and the high turnover of caregivers. Together, these unmet needs contribute to economic losses for the State as well as profound safety concerns for those who rely on timely care delivery. It is anticipated that the 3.1% Medicaid reimbursement rate raise implemented in the SFY 20-21 biennium budget will help support wages that reflect a glide path to a competitive wage scale for a healthy economy in New Hampshire. That being said, the current system would benefit from additional study taking into consideration improvements for 1) direct support professional training, 2) a robust mechanism to collect capacity data of the current workforce and use of that data to project future workforce needs, and 3) the reduction of barriers and delays in on-boarding staff.

Confronting workforce shortages is inextricably related to all other aspects of long-term services and supports reform—from defining what the long-term care system is expected to do and how it should be financed, to how to promote quality, employ technology, and develop and implement new models of organization and service delivery. How New Hampshire chooses to meet the growing demand for long-term services and supports in the future will have a significant impact on the number and types of personnel that will be needed, from where they will be recruited, how they should be compensated and trained, the nature of their work, and the settings in which they work.

Family Support*

The Committee recommends that a system improvement design RFA specifically address funding mechanisms, through Medicaid, and other funding streams to support the adoption of the recommendations herein. The RFA should prescribe a cost benefit analysis for Family Support.

According to the DD Act of 2000, Family Support Services are supports, and other assistance, provided to families with members who have developmental disabilities, that are designed to:

- strengthen the family's role as primary caregiver
- prevent inappropriate out-of-the-home placement of the members and maintain family unity
- reunite families with members who have been placed out of the home whenever possible. Such term includes respite care, provision of rehabilitation technology and assistive technology, personal assistance services, parent training and counseling, support for families headed by aging caregivers, vehicular and home modifications, and assistance with extraordinary expenses, associated with the needs of individuals with developmental disabilities. (DD Act, 2000)

According to a recent study, 78% of individuals with developmental disabilities live at home with their family. Given this statistic, it is important to note that families provide the lion's share of support services for individuals with disabilities in New Hampshire.

There are 4 types of supports generally speaking:

1. Emotional support – Assistance related to improving psychosocial functioning in terms of reducing stress and improving a positive orientation of feelings

2. Physical support – Assistance related to improving physical health (e.g., health checks, nutrition, therapy) or daily living skills of the family member with a disability (e.g., helping child with toileting, eating, moving around their environment)

3. Material/instrumental support – Assistance related to improving access support to adequate financial resources and the completion of necessary tasks (e.g., transportation to doctor's appointments, childcare enabling the parents to work)

4. Informational support – Assistance related to improving knowledge from verbal or written materials presented either online, through print, or video that leads to improved decision-making

System improvement designs should address:

- Clear and consistent application of all current laws, rules, policies and guidelines across all providers
- Access to all programming and resources
- Clear and consistent communication
- Respite for both Medicaid and non-Medicaid insured families
- Simplified and timely access to Medicaid
- Strengthen partnerships to ensure that learning is consistent in all domains
- Training on advocacy and systems of care for both families including how navigate care management for medical conditions
- Coordination of therapeutic interventions and assistive technology between school and home
- Partnering with family resource centers to access information about child development
- Access to appropriate childcare, housing, and transportation including resources to easily access medical transportation
- Respite for both Medicaid and non-Medicaid insured families
- Simplified and timely access to Medicaid

*For the purposes of this document, Family support refers to all supports families may need, not the Family Support Program that is part of the Area Agency Service System.

Waiver Considerations

The Committee recommends that a system improvement design RFA specifically consider opportunities to expand, improve or better fund services to people with developmental disabilities within the current waiver system, via the use of other waivers, by expanding state plan Medicaid services and by utilizing other federal funding opportunities.

New Hampshire currently operates four 1915 (c) waivers which include:

- The Developmental Disabilities Waiver: #NH 0053.R05.00, services for individuals with a developmental disability (DD),
- The Acquired Brain Disorders Waiver: #NH 4177.R04.00, services for individuals with an acquired brain disorder (ABD)
- The In-Home Supports Waiver: #NH 0397.R02, services for children with developmental disabilities in their homes
- The Choices for Independence Waiver: #NH 0060.R06.01, services for individuals 65+ years, and individuals with physical and other disabilities ages 18-64 years

Medicaid waivers are the primary funding mechanism for services for children and adults with developmental disabilities across the state. Via the waivers, the State obtains federal matching funds for State expenditures for these services.

The State must determine if the current waivers are the most appropriate way to support the citizens of New Hampshire or if there are other options that may be more effective in meeting the current and projected needs of waiver recipients and obtaining a more favorable matching rate for State expenditures to support people with developmental disabilities in an efficient way. The analysis should also address any gaps or opportunities to maximize the use of waiver services to increase the return on investment by reducing State expenditures on these critical services. The analysis should examine the process to apply for, and continue to receive services to ensure that it is user friendly.

It is also critical that the analysis identify opportunities to enhance the use of federal Medicaid funds for administrative expenses of the Medicaid program.

Wait List

The Committee recommends that a system improvement design RFA specifically address Wait List management and cost drivers for those entering the adult Developmental Services System as well as examine options to cost curve waiver expenditures for individuals initially entering into services and those requiring enhancements. The consultant should also consider maintenance of effort for the system based on the recent number of individuals entering into services with the Wait List at zero people waiting as of January 16, 2020.

Cost curving (see Cost Curving section) could be achieved by eliminating operating inefficiencies (see Operating Efficiencies TIA) in the system and by considering innovative support models for higher cost clients including those needing ITS (see Intensive Treatment Services TIA), those with ASD (see ASD TIA), and those with co-occurring mental health diagnoses. People who are aging are also impacting Wait List costs each year as these individuals require residential supports when family are no longer able to care for them due to death or incapacity (see Aging TIA). A consultant should consider overall Wait List management and associated cost drivers as well as recommended approaches to place program expenditures on a more sustainable course.

This bias toward institutionalization, as well as a growing understanding that institutional care is generally costlier than HCBS for individuals with the same level of need, led to the creation of federal Medicaid rules that allow states to establish Medicaid HCBS waiver programs. In addition to being cost effective, HCBS services provide for an improved quality of life. It's not only about being cost effective, it's about giving the people the best quality of life. Nearly two decades ago, the Supreme Court recognized this truth.

Its 1999 decision in *Olmstead v. L.C.* held that institutional bias was not only an unjust segregation of people with disabilities from the larger community, but "confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment."

In almost every state that offers an HCBS waiver program, there is more demand for waiver slots than there are slots available. States respond by maintaining a Wait List of people who are eligible for the program. The list can be maintained on a first come, first served basis or can be prioritized based on the individual's birthdate, level of need, whether the individual is in transition or other indicators of urgent medical or social need.

New Hampshire, for the past 3 years, has fully funded the Wait List which allows costs to be driven down longitudinally since people do not enter into service in crisis or with a greater need due to lack of services for a sustained period of time which is costly to the system longitudinally. Many states that maintain Wait Lists fund people in crisis which means that people may face inordinately dire straits before receiving appropriate and adequate services and supports.

In their review of data relative to changes in budget levels for students entering the adult service delivery system, Community Support Network Inc. notes that the past three state fiscal years have shown an increase in the number of individual budgets over $150,000 as indicated in the chart in Appendix I. This analysis indicates that service level needs of those entering the adult system appear to be higher for at least a segment of this population.

Over the past 12 years since the adoption of revisions to NH RSA 171-A:1-a, New Hampshire has received funding to remove people from the Wait List. Some of these individuals may have entered the service system at a high budget rate due to crisis entry, while others may have entered into the system with increased complexity for supports due to a co-occurring mental health diagnoses or complexity as a result of a diagnoses for ASD. The system is seeing more

people enter the system at a higher cost than previously experienced for Wait List starts. Area Agencies are observing that those exiting from the school system are presenting with greater needs than ever before. An RFA should consider the role Early Supports and Services and school based programs can play in reducing initial Wait List entry costs for those exiting the school system (see Transition and Early Supports and Services TIAs).

Service needs are influenced by a host of factors other than a person's diagnosis, including the age of onset and severity of the disability, whether other co-occurring disabilities or chronic illnesses are present, cultural differences, and the capacity of the family and friends to provide informal support and lend continuity to the person's life. These factors merely scratch the surface of the complexities involved. Within each broad category, a significant number of factors come into play in crafting a person centered treatment and support plan tailored to the needs of the individual. Social and environmental factors must be taken into account in determining appropriate interventions and supports. A consultant could assist the system in gaining a better understanding for a needs based reimbursement model and options for maximizing funding.

The Committee notes that in order to meet, or mask, a 15 year gap in unmet needs for public mental health services, the developmental services system has evolved to support and fund individuals with co-occurring disorders. A consultant could assist with an evaluation of the cost driver for supporting people with co-occurring disorders and make recommendations for system improvements and financing models that maximize federal match.

Lastly, a consultant could assist the State with an evaluation of the following considerations that align to specific target improvement areas noted in the report, resulting in improved Wait List management, placing program expenditures on a more predictable course inclusive of cost curving in certain high cost driver areas:

- Reward Area Agencies and providers, through Alternative Payment Methodologies, for system innovation in target improvement areas as noted in the report (see Cost Curving section and potential for adoption of Alternative Payment Methodologies). For example, this could 1) encourage the system to build step down capacity for those in ITS, 2) develop housing models for individuals with ASD, 3) consider reimbursement for remote monitoring and other technology models (see Assistive Technology TIA), or 4) explore the expansion and return on investment of self-directed services.
- Consider statewide scale efforts for select services that are part of an overall plan that allow the individual to remain in the community and the home. Crises intervention services or mobile crisis teams, and even short term therapeutic homes or the re-establishment of I-Unit capacity, as a few examples, are effective means of avoiding hospital or out of state stabilization placements for those experiencing mental health or behavioral crises. In some instances statewide efforts can augment the established regionally driven Area Agency system of support. (see Intensive Treatment Services and Housing TIAs)
- The BDS should design, develop and maintain a management information system with the capability to manage the Wait List and do predictive modeling for cost and census. The same system should allow for the transparent collection and analysis of performance and outcome data as part of a quality monitoring and improvement system

that will allow for Alternative Payment Methodologies to be implemented. (see Operational Efficiencies TIA)
- Analyze and consider ways to leverage State Plan services that are delivered through the State's MCM program to ensure that the scale and risk assumed by the (MCM) program are maximized for those receiving waiver services. Ensure that these services are accessible and timely in delivery to individuals. (See Operational Efficiencies TIA).

System Cost Curving

The Committee recognizes the imperative need to look to the future of long term supports and services by focusing efforts on improving areas where costs have grown at an accelerated rate in recent years or are expected to rise disproportionally in relation to other aspects of the service system. Demand for services remains strong, driven by several factors including but not limited to longer lifespans of individuals with disabilities, the rising incidence of ASD, and the complexity of supporting individuals with co-occurring mental illness. It is consistent with the stated intentions of the enabling legislation that established the developmental services system that individuals and families who require supports should receive them in a timely manner, and in ways that facilitate inclusion in the broader community.

It is therefore incumbent upon the service system to ensure that resources are applied to their highest and best use. The Committee recognizes that services need to be delivered cost effectively and that realigning incentives and reallocating new and existing service funds to serve more people will help ensure that the system meets demands while still offering quality, choice, self-determination, independence, inclusion, and other core principles that have guided New Hampshire's system for over thirty years.

The Committee suggests the Target Improvement Areas (TIAs) which represent the greatest opportunity for cost curving include:

- Intensive Treatment Services
- Autism Spectrum Disorder Services
- Aging supports
- Transition Supports, and
- Operational Efficiencies

All TIAs have the potential to yield quality improvements with a thorough review and improvement to the current practices, but the above five TIAs are suggested to hold the most potential to cost curve system expense. The anticipated increase in the number of people who need ITS, ASD services, and aging supports has the potential to drive system cost up. It is critical that an RFA consider census modeling and best practices to develop cost effective, quality services for these growing populations within the Developmental Services System. Transition supports and operational efficiencies should also be considered for cost curving potential as well. It is also incumbent upon a consultant hired to identify collaboration

opportunities that leverage the state's Medicaid Care Management Program to improve and cost curve services for people that require ITS, ASD supports, and aging services.

The Committee is making this recommendation for prioritization based on the information and statistics available to the Committee members. A national consultant is well positioned to assess the information and Committee assumptions to ensure that target improvements are sound and that system improvements will have a strong return on investment for the state and the people served.

The following target improvements will provide both short & long-term opportunities for cost curving, as well as the potential for implementation of alternative payment models.

	Quality Improvements	Short Term Opportunities	Long Term Opportunities	Alternative Payment Models
Intensive Treatment Services	X	X	X	X
Autism Spectrum Services	X	X	X	X
Aging Support	X	X	X	X
Transition Supports & Services	X	X	X	X

While Early Intervention and Operational Efficiencies will not likely have an impact on short-term opportunities for cost curving, they may provide the best opportunity for long-term return.

	Quality Improvements	Short Term Opportunities	Long Term Opportunities	Alternative Payment Models
Early Intervention	X		X	X
Operational Efficiencies	X	X	X	

All other TIAs will provide for quality improvements and potential savings through alternative payment models, but the Committee was having difficulty quantifying short term and long term savings opportunities. The assistance of a national consultant to further quantify the savings opportunities and best practices for adoption by the state would better ensure that system changes are thoughtful and have a return on investment.

	Quality Improvements	Short Term Opportunities	Long Term Opportunities	Alternative Payment Models
Employment Opportunities	X			X
Assistive Technology	X			X
Transportation	X			X
Housing Models	X			X
Workforce	X			
Family Support	X			
Waiver Considerations	X			

Recommendations made in this report, inclusive of the TIAs noted throughout and the potential for cost curving and quality improvement, will require validation by a qualified consultant. The Committee recommends that a competitive procurement process be undertaken to identify a consultant with the expertise to ensure that the state's strategic direction is informed and thoughtful.

APPENDIX A
Committee Meeting Dates and Notes

The Committee to Study the State's System of Support for Individuals with Developmental Disabilities and Recommendations for Reforms and Improvements (herein the Committee) convened a total of ten (10) times. Notes and information from each Committee meeting are listed below.

November 5, 2019

The Committee convened its organizational meeting with introductions of all members as well as review of the enabling statute. The Committee discussed additional necessary stakeholders and explored potential funding sources. The Committee discussed and reviewed the history of the developmental disabilities service delivery system in New Hampshire. Committee members proposed preliminary topics for further examination and methods of developing and organizing the final report.

November 14, 2019

Mr. D.J. Bettencourt, Governor Sununu's Policy Advisor, addressed the Committee. Mr. Bettencourt thanked the Committee for their efforts and discussed expectations for the report. The Committee reviewed and discussed a preliminary draft of a Request for Application (RFA) outlining areas for further development. The Committee agreed on inviting further members to represent the consumer and family voice.

November 25, 2019

The Committee examined the status of New Hampshire as a leadership state and accomplishments made to date with minimal funding. Members identified target improvement areas for inclusion in the report and additional work completed by other study committees having relevancy to this subject. The Committee identified and assigned specific tasks to individuals and small committees.

December 4, 2019

Discussion centered on the importance of including discussion throughout the report relative to anticipated return on investment and identification of potential cost drivers. Participants discussed the role of families in supporting individuals and the responsibility of the service delivery system to provide comprehensive, meaningful, and seamless service delivery.

December 19, 2019

Mr. D.J. Bettencourt attended to discuss the preliminary draft. Mr. Bettencourt expressed appreciation for the work accomplished to date. The Committee reviewed completed work to date and discussed further necessary edits. Discussion centered on prioritizing target improvement area. Committee members agreed to continue drafting text to address outstanding areas in the report.

January 3, 2020

The Committee continued reviewing the document and suggested changes. Areas needing further work were identified and assigned to individuals. The Committee agreed that another draft, comprising of the near to final, Targeted Improvement Areas will be ready for review and discussion at the next meeting.

January 9, 2020

The Committee had an open discussion regarding the $550K and the need for a thorough evaluation from a consultant with national experience. The need for a cost curving target improvement area, use of the Braddock report and the inclusion of SB 14 and SB 86 were discussed. Committee members, including a parent and GCD commission member, provided input for the transportation target improvement area to be included in the report

January 16, 2020

The Committee reviewed and prioritized the current target improvement areas. All data and data sources were reviewed and confirmed. The group discussed long term and short term return on investment.

January 22, 2020

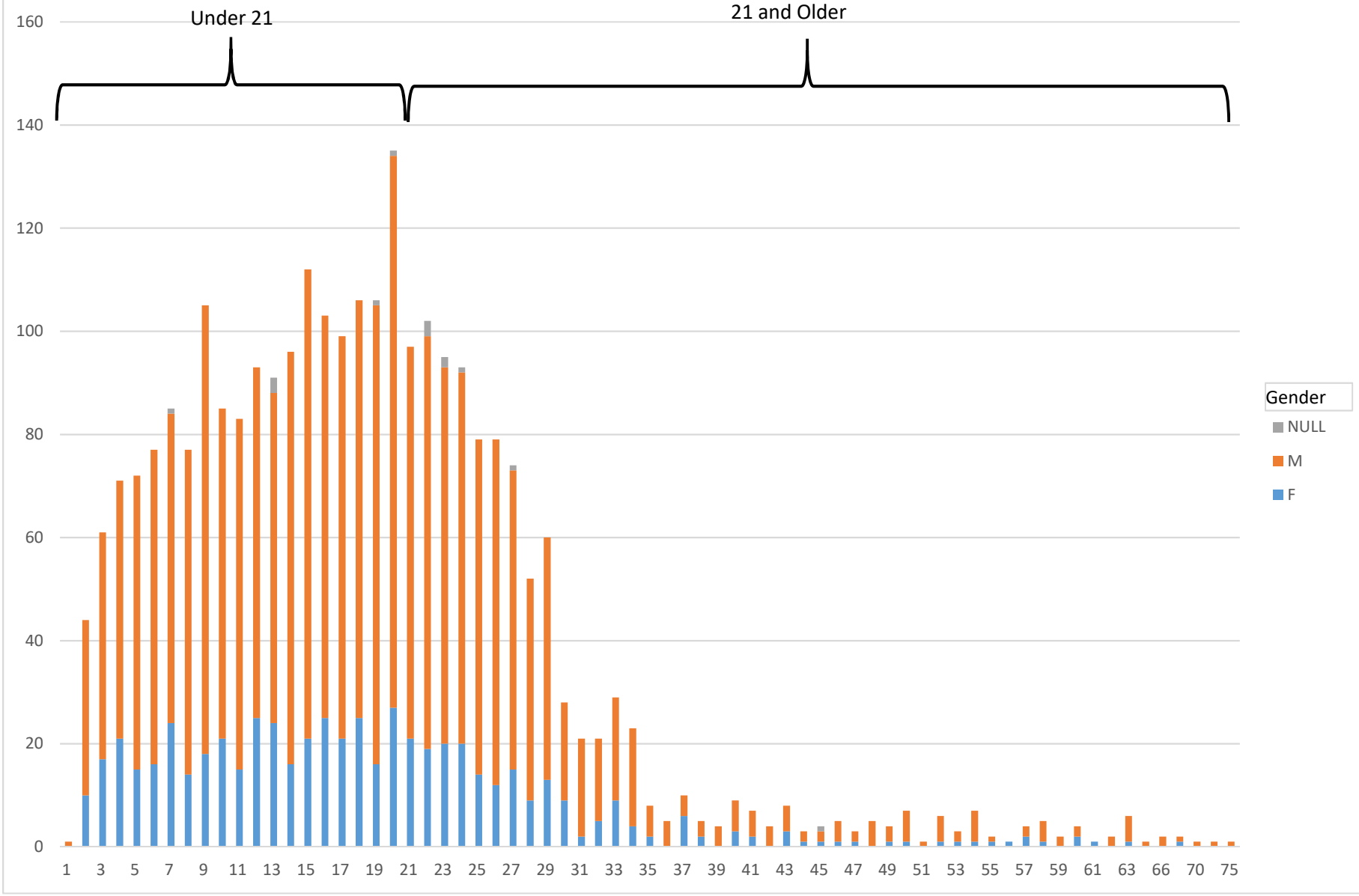
The Committee discussed the Role of Families in the Service System section, the rising numbers for Autism Spectrum Disorder (ASD), validation of cost savings and the inclusion of the Olmstead text.

January 29, 2020

The Committee convened its final meeting for the project. Active discussion revolved around the Executive Summary and the most recent added Target Improvement Areas. Since additional edits and overall review of the report was needed to ensure consistency, an ad hoc committee was formed consisting of Chuck Saia, Brian Collins, Jonathan Routhier, Lorrie Ripley and Jane Darrell.

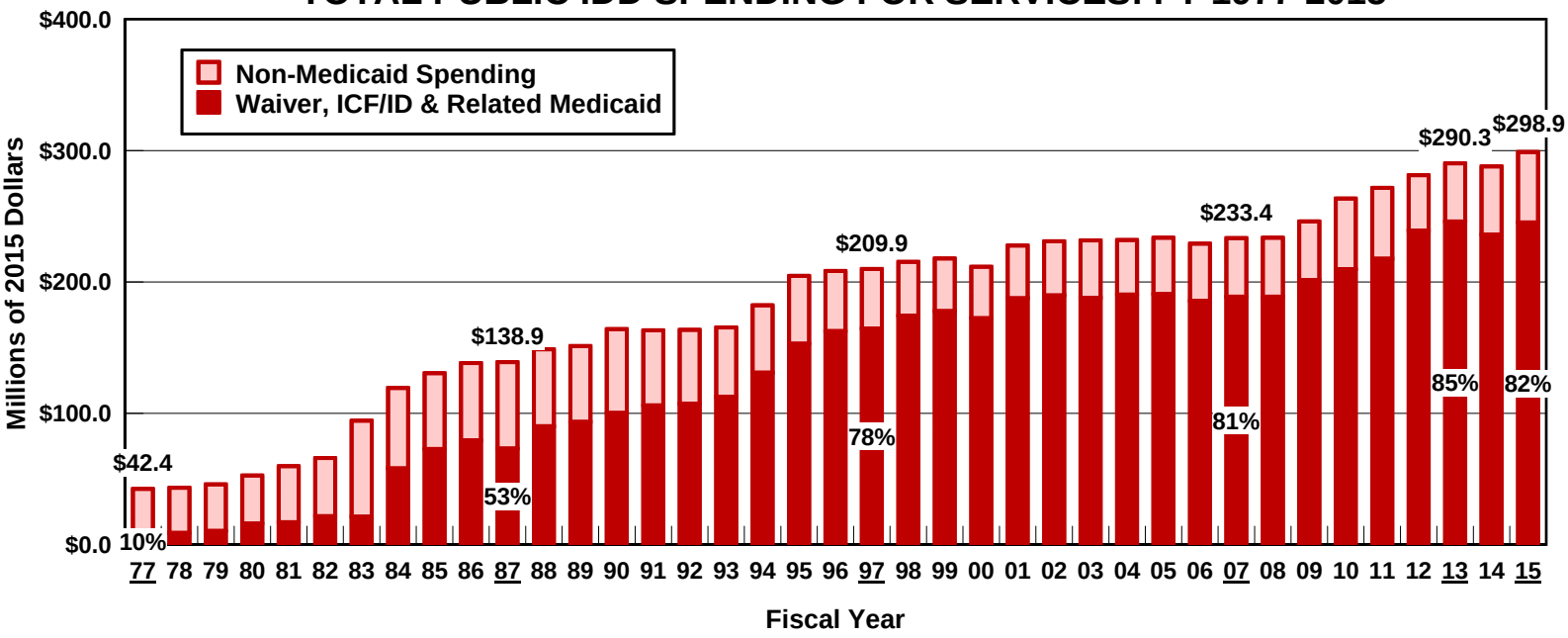
APPENDIX B

Count of Eligible Individuals with ASD Diagnosis by Age and Gender (1/9/2020)

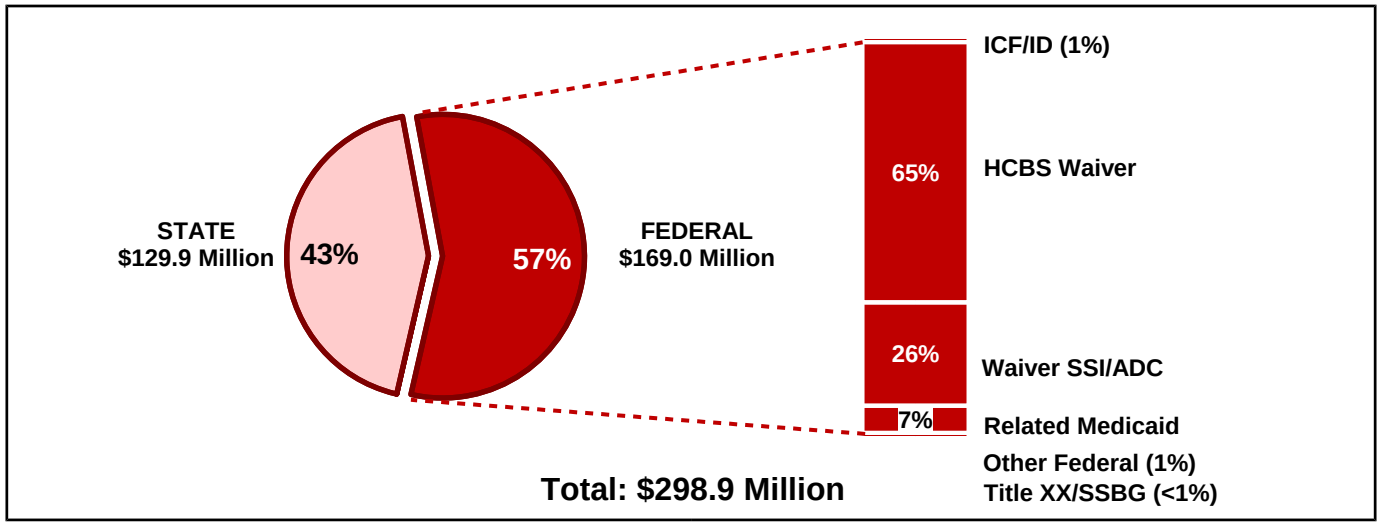


*Source CSNI--NH Leads Eligibility Database

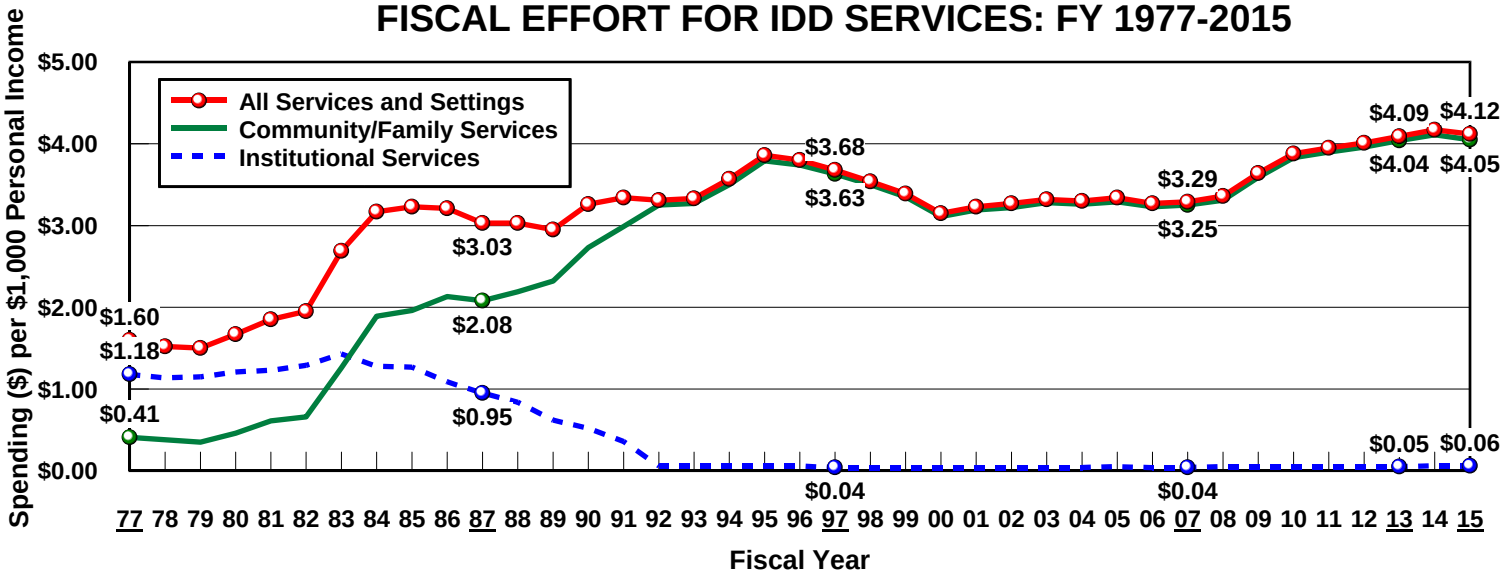
TOTAL PUBLIC IDD SPENDING FOR SERVICES: FY 1977-2015



PUBLIC IDD SPENDING BY REVENUE SOURCE: FY 2015



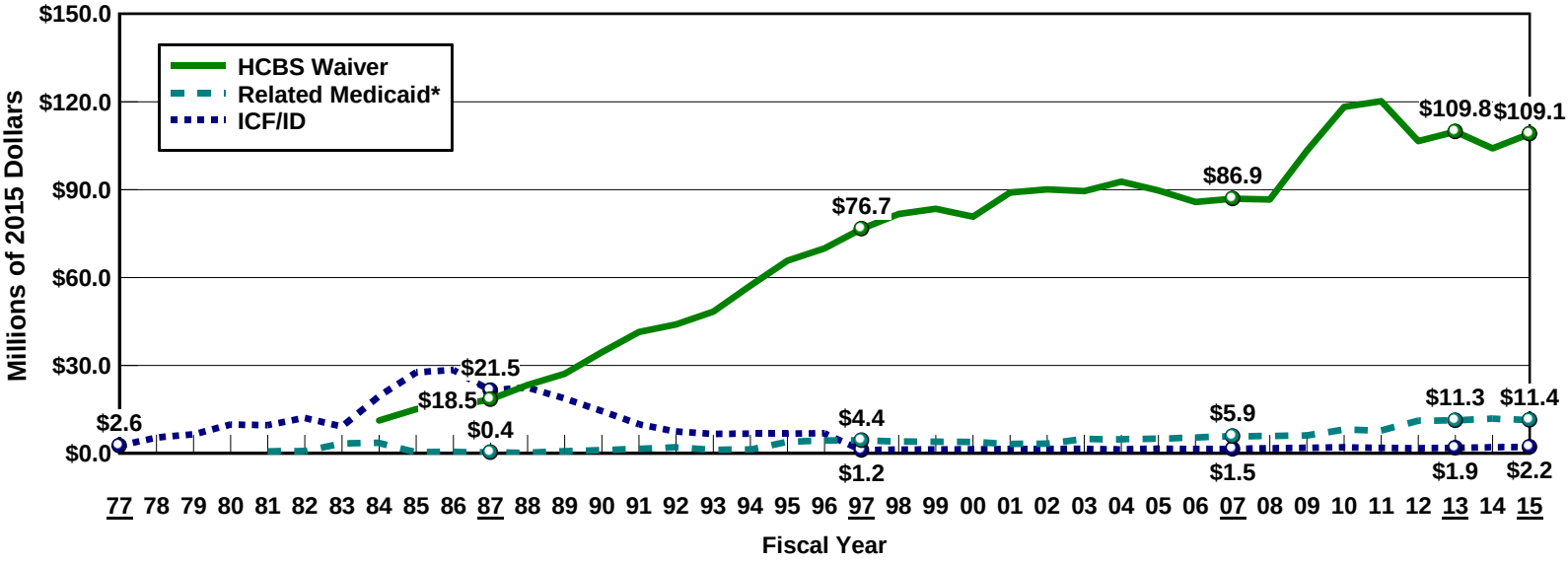
FISCAL EFFORT FOR IDD SERVICES: FY 1977-2015



Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017.

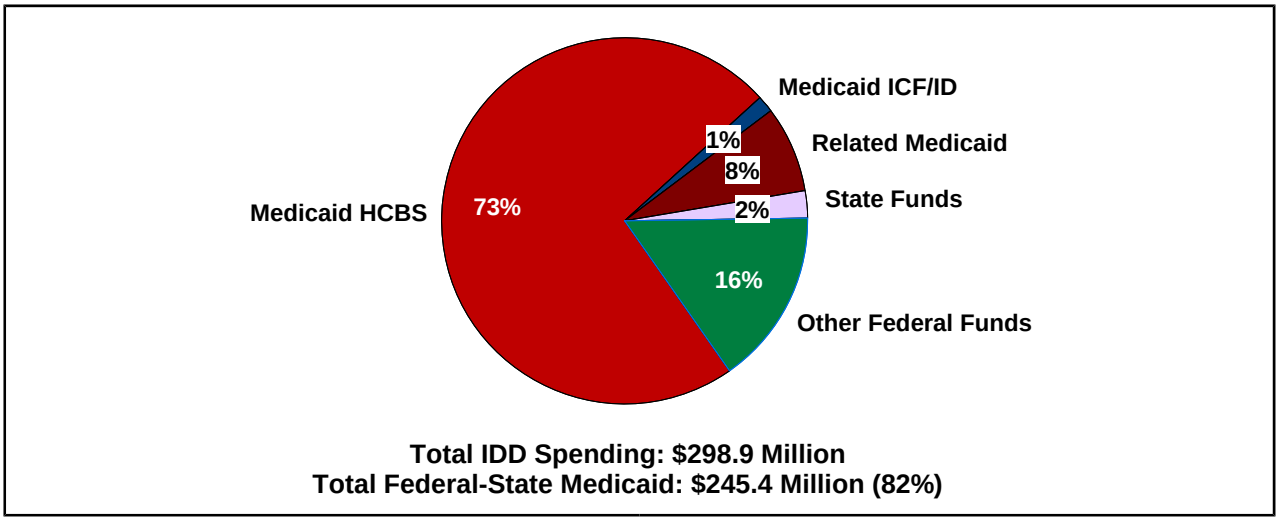
NEW HAMPSHIRE

FEDERAL IDD MEDICAID SPENDING BY REVENUE SOURCE



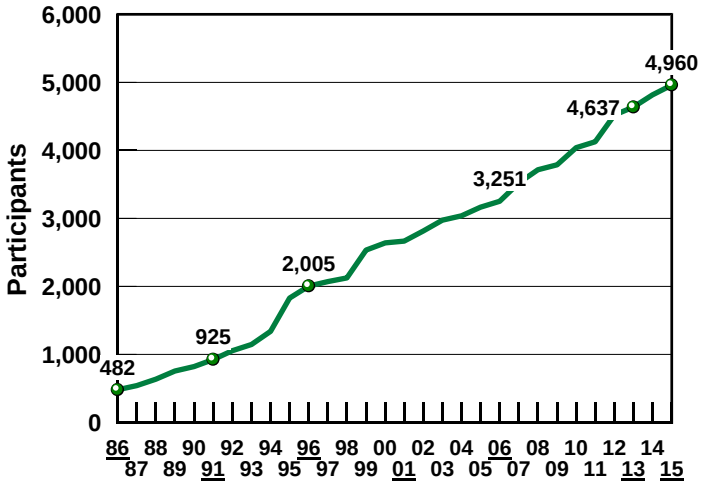
*In 2015, "Related Medicaid" was clinical rehabilition ($9.2 million) and targeted case management ($2.2 million).

FEDERAL-STATE MEDICAID AS A PERCENTAGE OF TOTAL IDD SPENDING IN FY 2015

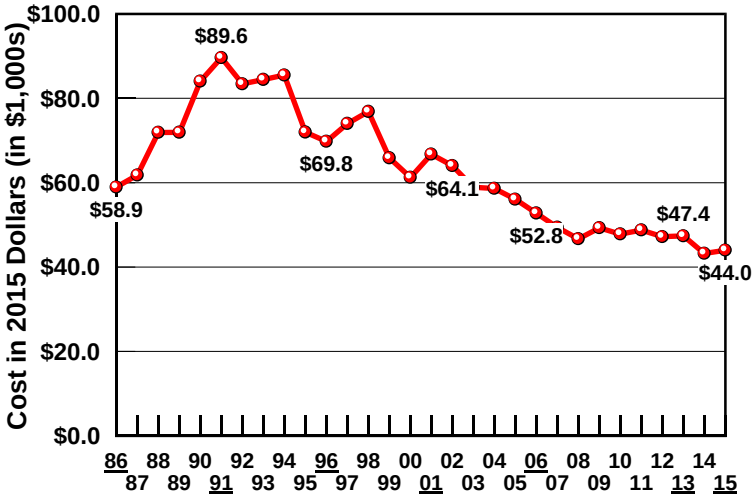


Total IDD Spending: $298.9 Million
Total Federal-State Medicaid: $245.4 Million (82%)

HCBS WAIVER PARTICIPANTS

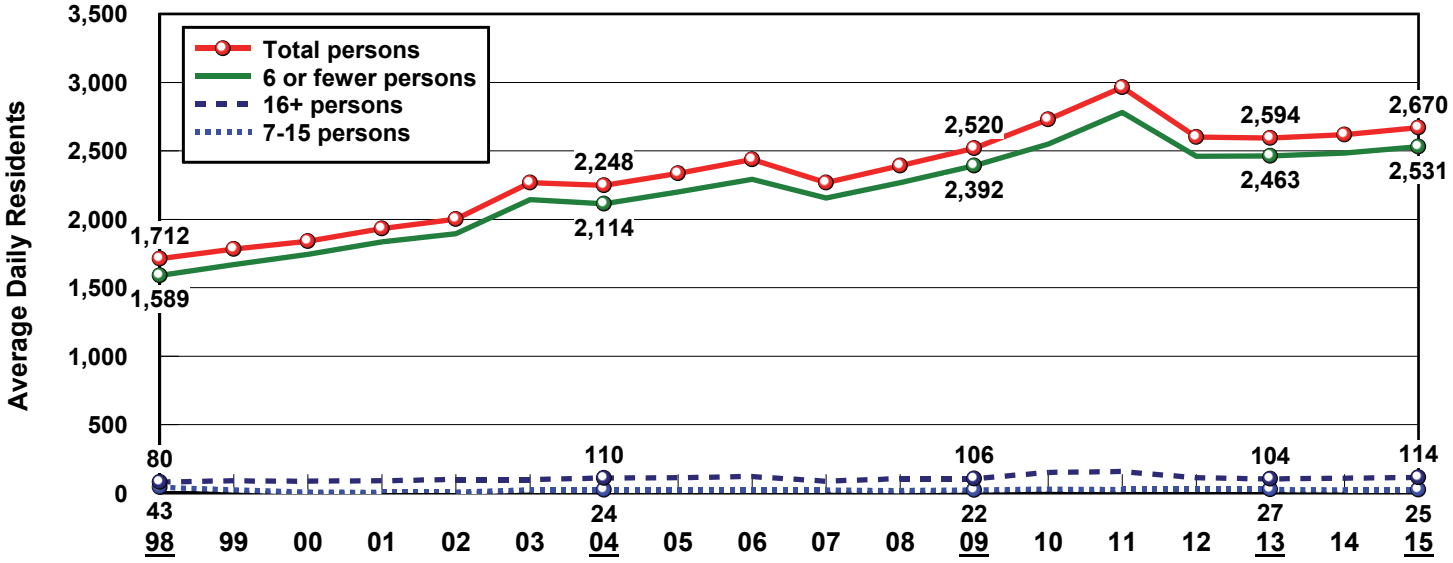


ADJUSTED WAIVER COST PER PARTICIPANT



Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017.

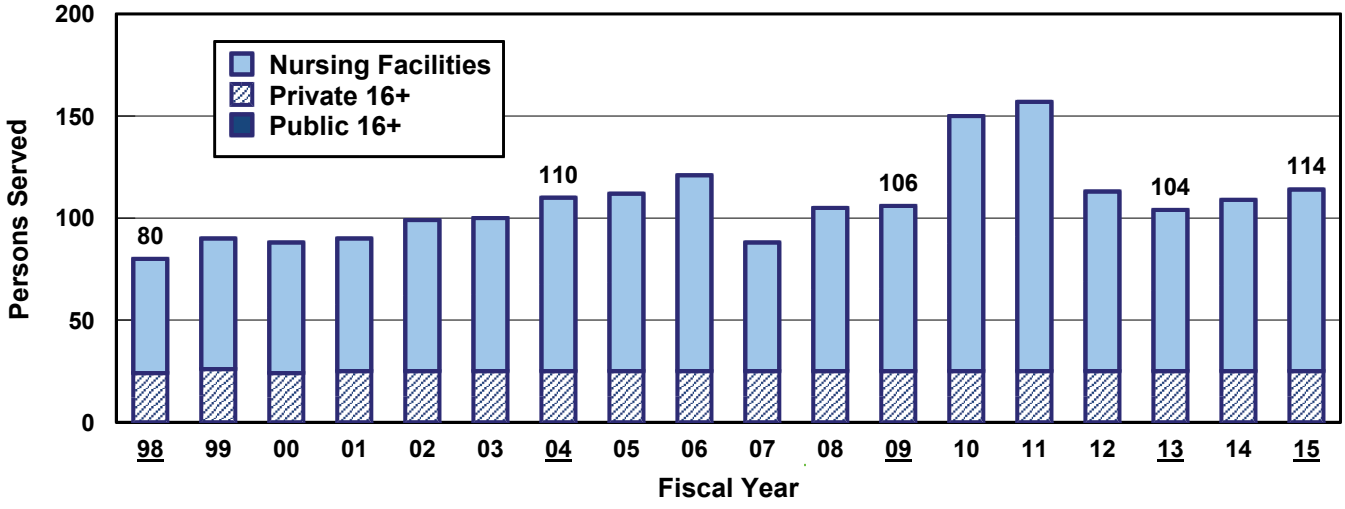
PERSONS WITH IDD BY SIZE OF SETTING: FY 1998-2015



PERSONS SERVED BY SETTING: FY 1998-2015

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
TOTAL	**1,712**	**1,784**	**1,840**	**1,933**	**2,002**	**2,268**	**2,248**	**2,336**	**2,438**	**2,268**	**2,392**	**2,520**	**2,729**	**2,965**	**2,601**	**2,594**	**2,618**	**2,670**
16+ PERSONS	**80**	**90**	**88**	**90**	**99**	**100**	**110**	**112**	**121**	**88**	**105**	**106**	**150**	**157**	**113**	**104**	**109**	**114**
Nursing Facilities	56	64	64	65	74	75	85	87	96	63	80	81	125	132	88	79	84	89
State Institutions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Private ICF/ID	24	26	24	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25
Other Residential	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7-15 PERSONS	**43**	**25**	**8**	**7**	**7**	**24**	**24**	**24**	**24**	**24**	**19**	**22**	**29**	**27**	**27**	**27**	**25**	**25**
Public ICF/ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Private ICF/ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Residential	43	25	8	7	7	24	24	24	24	24	19	22	29	27	27	27	25	25
≤6 PERSONS	**1,589**	**1,669**	**1,744**	**1,836**	**1,896**	**2,144**	**2,114**	**2,200**	**2,293**	**2,156**	**2,268**	**2,392**	**2,550**	**2,781**	**2,461**	**2,463**	**2,484**	**2,531**
Public ICF/ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Private ICF/ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supported Living	290	306	341	342	367	376	372	356	385	368	377	378	395	449	475	485	480	470
Other Residential	1,299	1,363	1,403	1,494	1,529	1,768	1,742	1,844	1,908	1,788	1,891	2,014	2,155	2,332	1,986	1,978	2,004	2,061

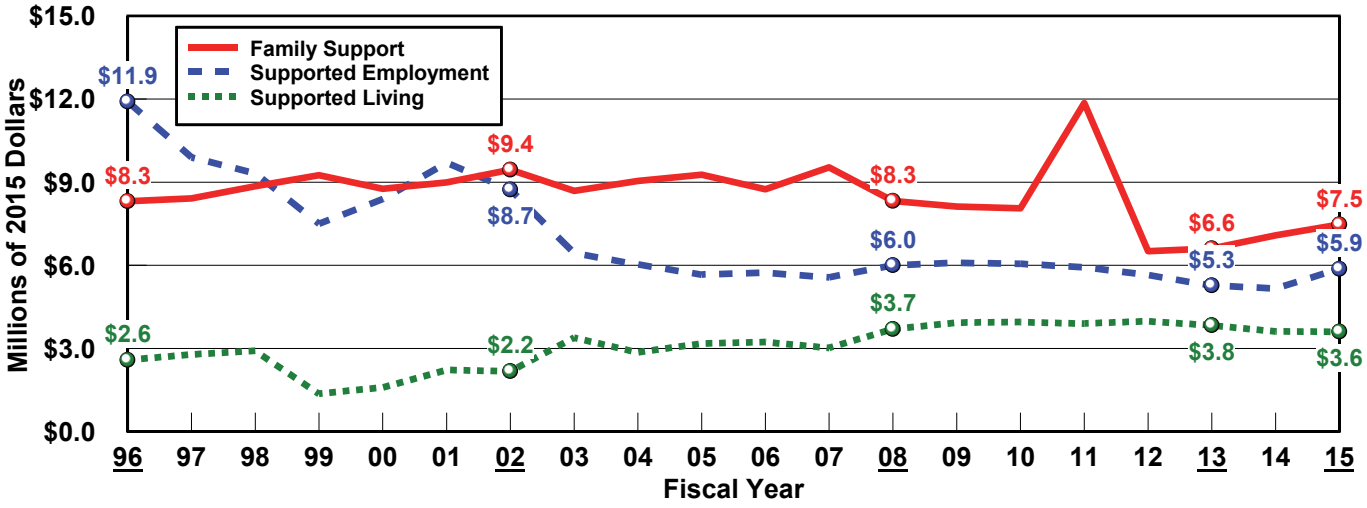
PERSONS IN PUBLIC AND PRIVATE 16+ INSTITUTIONS: FY 1998-2015



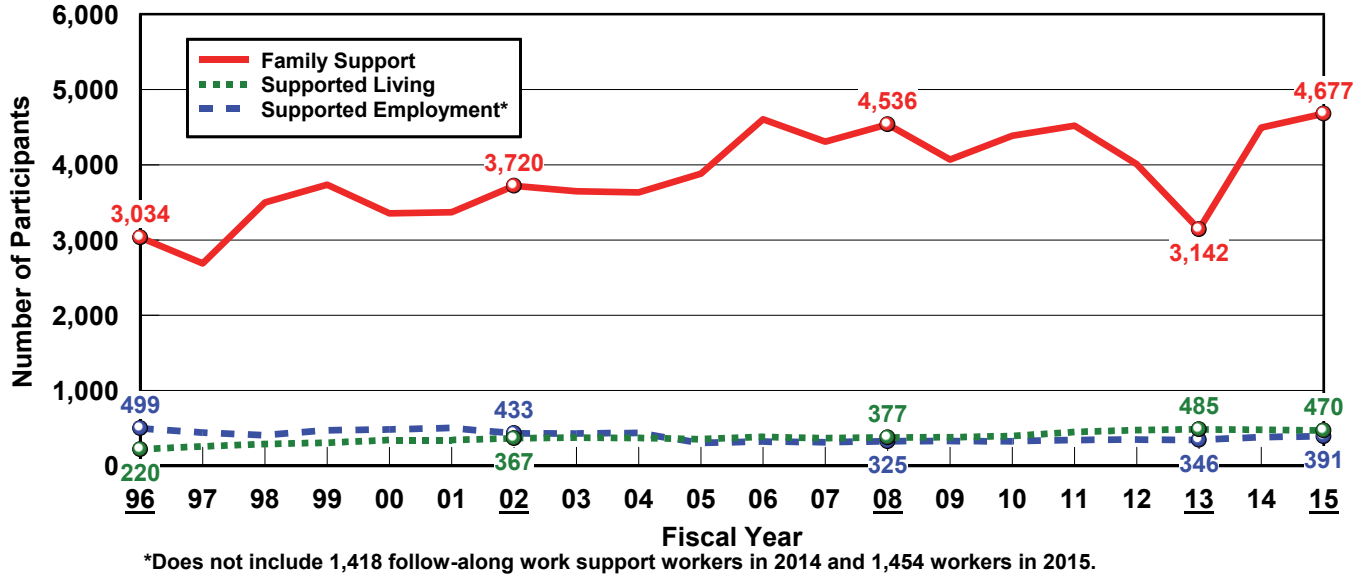
Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017.
http://stateofthestates.org

INDIVIDUAL AND FAMILY SUPPORT

SPENDING: FY 1996-2015

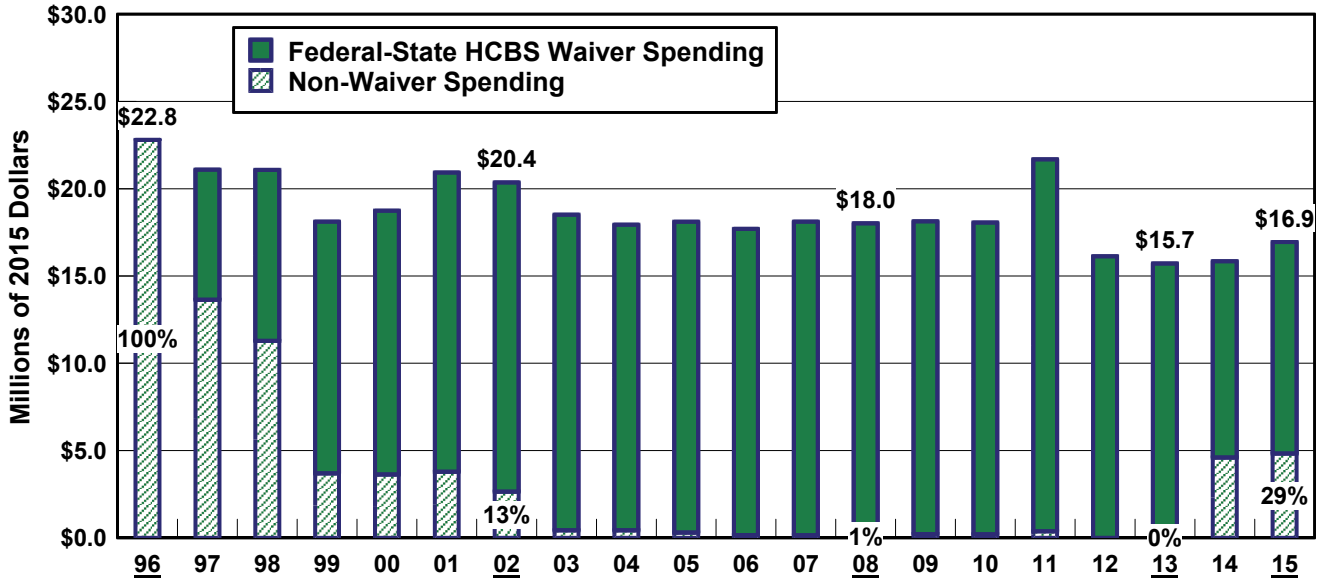


PARTICIPANTS: FY 1996-2015



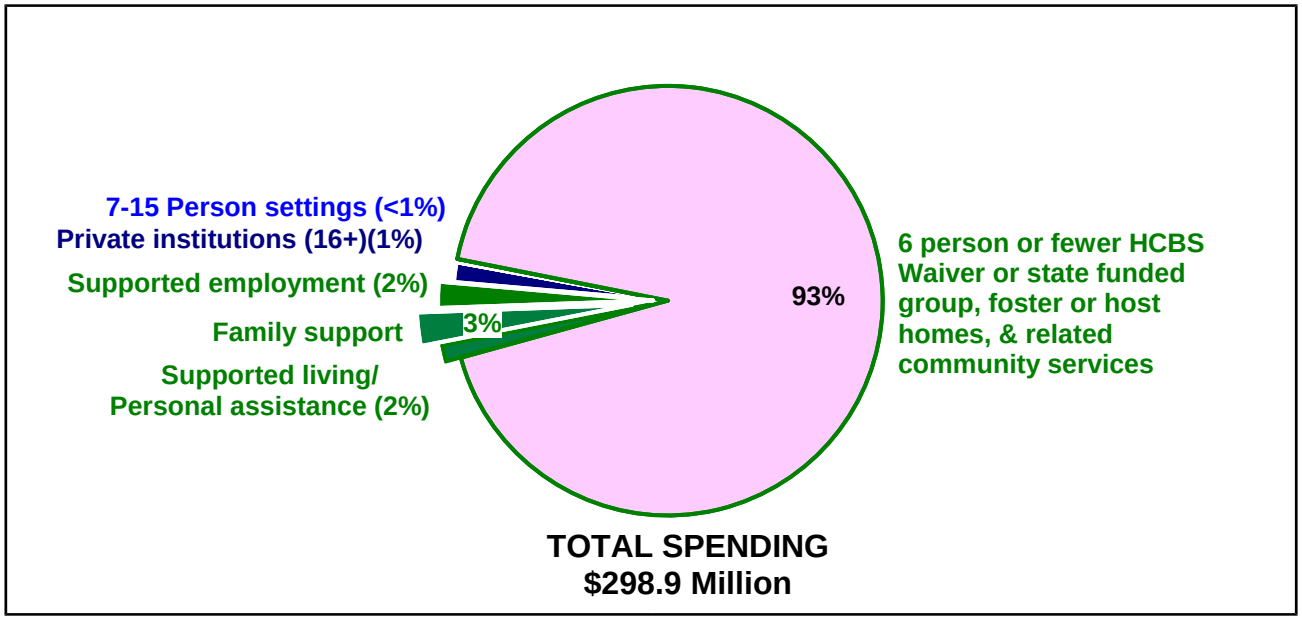
*Does not include 1,418 follow-along work support workers in 2014 and 1,454 workers in 2015.

SUPPORTED LIVING, FAMILY SUPPORT AND SUPPORTED EMPLOYMENT SPENDING: FY 1996-2015

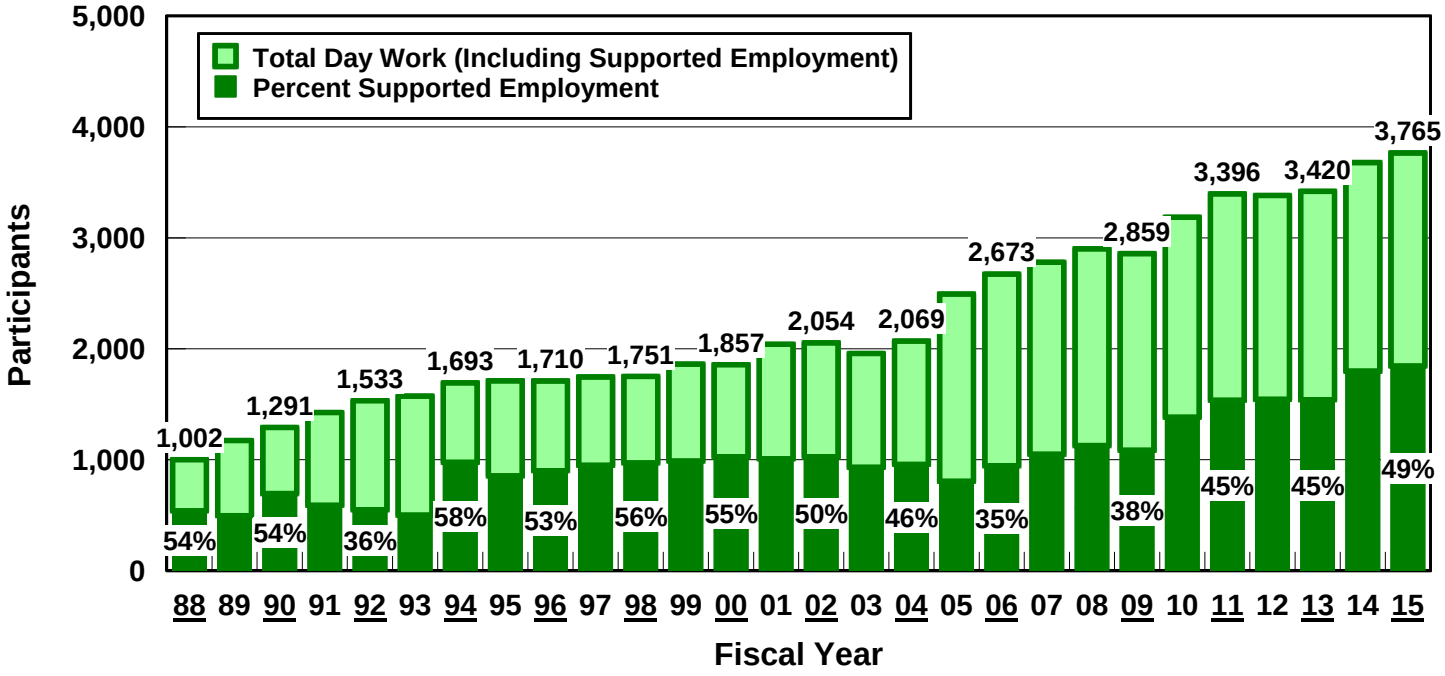


Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017.
http://stateofthestates.org

SUPPORTED LIVING, FAMILY SUPPORT, AND SUPPORTED EMPLOYMENT AS A PERCENTAGE OF TOTAL SPENDING: FY 2015



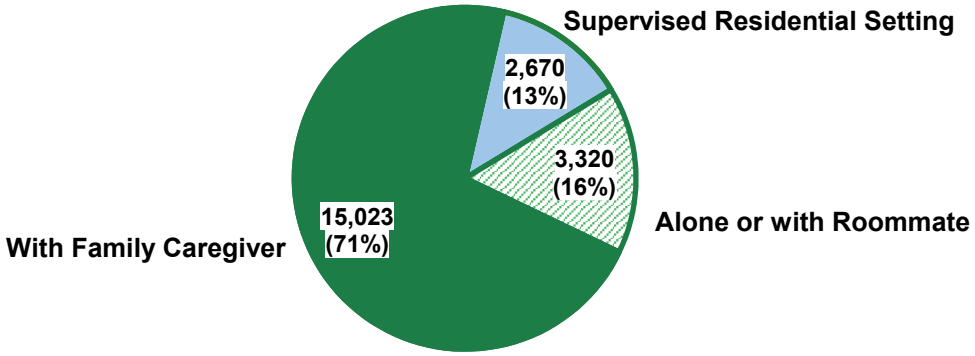
TOTAL DAY/WORK AND SUPPORTED EMPLOYMENT PARTICIPANTS : FY 1988-2015



Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017.

http://stateofthestates.org

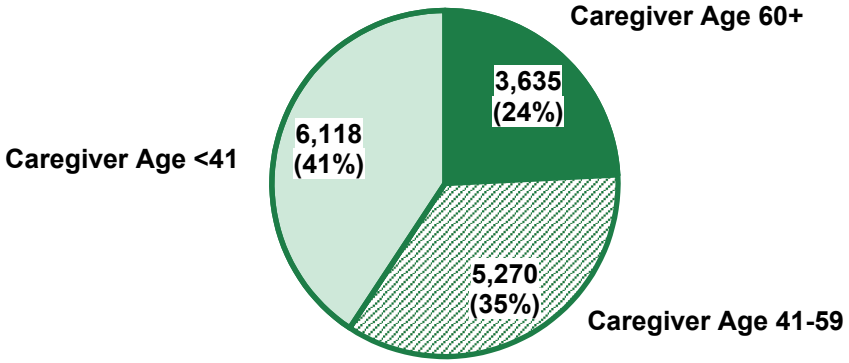
ESTIMATED NUMBER OF INDIVIDUALS WITH IDD BY LIVING ARRANGEMENT: FY 2015



TOTAL: 21,013 PERSONS

Braddock et al. 2016, based on Fujiura 2008, 2012

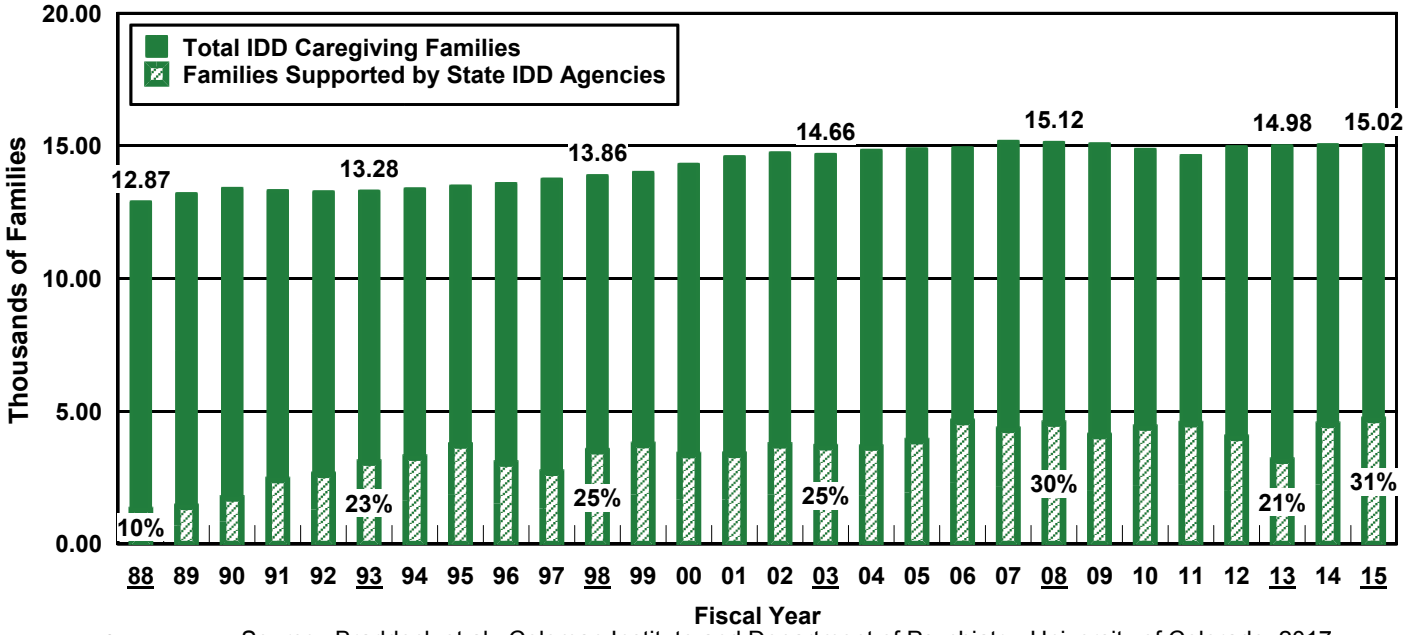
ESTIMATED NUMBER OF INDIVIDUALS WITH IDD BY AGE GROUP LIVING WITH FAMILY CAREGIVERS: FY 2015



TOTAL: 15,023 PERSONS

Braddock et al. 2016, based on Fujiura 2008, 2012

ESTIMATED NUMBER OF IDD CAREGIVING FAMILIES AND FAMILIES SUPPORTED BY IDD AGENCIES: FY 1988-2015



Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017.

	A	B	C	D	E	F	G	H	I	J	K
1	SFY15-19 Budget Appropriation. Unduplicated # & Expenditures by DD, ABD & IHS Waiver Service										
2											
3											
4		SFY15		SFY16		SFY17		SFY18		SFY19	
5		Undup #	Dollars	Undup #	Dollars	Undup #	Dollars	Undup #	Dollars	Undup #	Dollars
6	**Developmental Disabilities (DD) - Adjusted Auth**		**$ 232,587,182**		**$ 225,400,119**		**$ 233,962,669**		**$ 247,949,375**		**$ 261,530,222**
7	**Prior Year Balance Forward**		**$ 11,195,188**		**$ -**		**$ 5,720,143**		**$ -**		**$ 4,243,396**
8	**Transfers**		**$ (12,040,775)**		**$ -**		**$ (248,178)**				**$ (1,096,961)**
9	**Total for Services per year**		**$ 231,741,595**		**$ 225,400,119**		**$ 239,434,634**		**$ 247,949,375**		**$ 264,676,656**
10											
11	**DD Unduplicated Count & Expenditures by Service**										
12	H2011 - Crisis Response Service	120	$ 1,336,365	122	$ 1,415,995	120	$ 1,803,452	129	$ 2,111,922	142	$ 1,950,704
13	H2015 - Community Support Services	439	$ 3,547,605	427	$ 3,493,913	430	$ 3,443,093	419	$ 3,232,522	401	$ 3,007,565
14	H2023 - Supported Employment	392	$ 5,612,948	391	$ 5,770,009	443	$ 6,419,512	465	$ 6,804,749	477	$ 7,090,954
15	S5165 - Environmental Modifications	175	$ 981,789	190	$ 971,997	188	$ 731,244	163	$ 599,390	98	$ 580,017
16	T1005 - Respite	988	$ 1,747,496	925	$ 1,774,040	934	$ 1,995,893	899	$ 1,880,897	839	$ 1,936,699
17	T1020 - Residential Personal Care	3,640	$ 106,298,209	3,689	$ 109,137,755	3,771	$ 120,368,099	3,818	$ 123,944,082	3,867	$ 133,519,726
18	T2021 - Day Habilitation	1,900	$ 48,119,380	1,937	$ 47,141,146	1,974	$ 49,903,166	1,989	$ 50,133,561	2,009	$ 54,933,840
19	T2022- Case Management	3,004	$ 8,755,807	3,055	$ 8,656,357	3,158	$ 9,374,454	3,182	$ 9,076,675	3,208	$ 8,992,944
20	T2025 - PDMS & Specialty Services	2,776	$ 36,976,730	3,271	$ 37,663,086	3,312	$ 41,309,018	3,406	$ 43,930,383	3,475	$ 45,679,852
21	T2035 - ATECH	435	$ 642,278	451	$ 648,229	339	$ 381,604	327	$ 454,699	60	$ 29,917
22	**Totals DD Unduplicated Count & Expenditures**	**4,595**	**$ 214,018,608**	**4,611**	**$ 216,672,528**	**4,657**	**$ 235,729,536**	**4,704**	**$ 242,168,879**	**4,672**	**$ 257,722,217**
23	**Partners in Health & Targeted Case Mgmt**		**$ 4,275,548**		**$ 3,007,448**		**$ 3,456,920**		**$ 1,537,100**		**$ 1,858,886**
24	**Total Expenditures**		**$ 218,294,156**		**$ 219,679,976**		**$ 239,186,456**		**$ 243,705,979**		**$ 259,581,103**
25											
27	**Acquired Brain Disorder (ABD) -Adjusted Auth**		**$ 25,054,634**		**$ 22,153,274**		**$ 23,163,607**		**$ 24,564,720**		**$ 25,803,918**
28	**Prior Year Balance Forward**		**$ 876,006**		**$ -**		**$ -**		**$ -**		**$ 1,643,135**
29	**Transfers**		**$ (1,829,709)**		**$ (35,723)**		**$ (38,012)**		**$ 592,310**		**$ (2,160,024)**
30	**Total for Services per year**		**$ 24,100,931**		**$ 22,117,551**		**$ 23,125,595**		**$ 25,157,030**		**$ 25,287,029**
31											
32	**ABD Unduplicated Count & Expenditures by Service**										
33	H2011 - Crisis Response Service	12	$ 124,447	7	$ 141,299	13	$ 164,056	13	$ 185,700	8	$ 115,042
34	H2015 - Community Support Services	12	$ 125,798	15	$ 92,726	14	$ 127,209	12	$ 103,942	17	$ 131,653
35	H2023 - Supported Employment	3	$ 43,800	4	$ 28,858	3	$ 37,206	4	$ 37,640	3	$ 51,554
36	S5165 - Environmental Modifications	13	$ 96,798	14	$ 125,165	14	$ 62,785	9	$ 43,266	4	$ 17,781
37	T1005 - Respite	3	$ 6,554	1	$ 7,216	3	$ 3,311	2	$ 10,283	1	$ 4,674
38	T1020 - Residential Personal Care	184	$ 16,029,537	193	$ 16,673,902	200	$ 17,428,154	198	$ 17,977,239	188	$ 17,854,009
39	T2021 - Day Habilitation	119	$ 2,086,619	116	$ 2,170,225	110	$ 2,246,026	105	$ 2,124,225	99	$ 2,049,848
40	T2022- Case Management	201	$ 553,282	213	$ 574,437	217	$ 620,693	217	$ 607,823	215	$ 583,485
41	T2025 - PDMS & Specialty Services	160	$ 2,284,271	208	$ 2,280,808	213	$ 2,411,378	212	$ 2,439,922	203	$ 2,318,961
42	**Total ABD Unduplicated Count & Expenditures**	**247**	**$ 21,351,105**	**257**	**$ 22,094,636**	**262**	**$ 23,100,816**	**262**	**$ 23,530,040**	**254**	**$ 23,127,006**
43											

	A	B	C	D	E	F	G	H	I	J	K
1	SFY15-19 Budget Appropriation. Unduplicated # & Expenditures by DD, ABD & IHS Waiver Service										
2											
3											
4		SFY15		SFY16		SFY17		SFY18		SFY19	
5		Undup #	Dollars	Undup #	Dollars	Undup #	Dollars	Undup #	Dollars	Undup #	Dollars
45	**In-Home Supports (IHS) - Adjusted Auth**		**$ 6,563,268**		**$ 6,277,700**		**$ 5,685,698**		**$ 7,185,698**		**$ 7,185,698**
46	**Prior Year Balance Forward**		**$ 437,824**		**$ -**		**$ 702,279**		**$ -**		**$ 1,398,593**
47	**Transfers**		**$ (912,451)**		**$ (150,608)**		**$ (397,134)**				**$ (1,994,289)**
48	**Total for Services per year**		**$ 6,088,641**		**$ 6,127,092**		**$ 5,990,843**		**$ 7,185,698**		**$ 6,590,002**
49											
50	**IHS Unduplicated Count & Expenditures by Service**										
51	S5165 - Environmental Modifications	0		9	$ 60,451	12	$ 130,087	13	$ 87,780	15	$ 122,685
52	T2025 - PDMS	359	$ 4,738,381	412	$ 5,213,755	405	$ 5,463,622	441	$ 5,727,410	453	$ 5,771,619
53	**Total IHS Unduplicated Count & Expenditures**	**359**	**$ 4,738,381**	**415**	**$ 5,274,206**	**409**	**$ 5,593,709**	**444**	**$ 5,815,190**	**455**	**$ 5,894,304**
54											
55	**Total Developmental Services Budget by Year**		**$ 261,931,166**		**$ 253,644,763**		**$ 268,551,072**		**$ 280,292,103**		**$ 296,553,687**

SFY19 Developmental Services as a percentage of Medicaid * & DHHS
Prepared for Nancy Rollins
1/12/2020

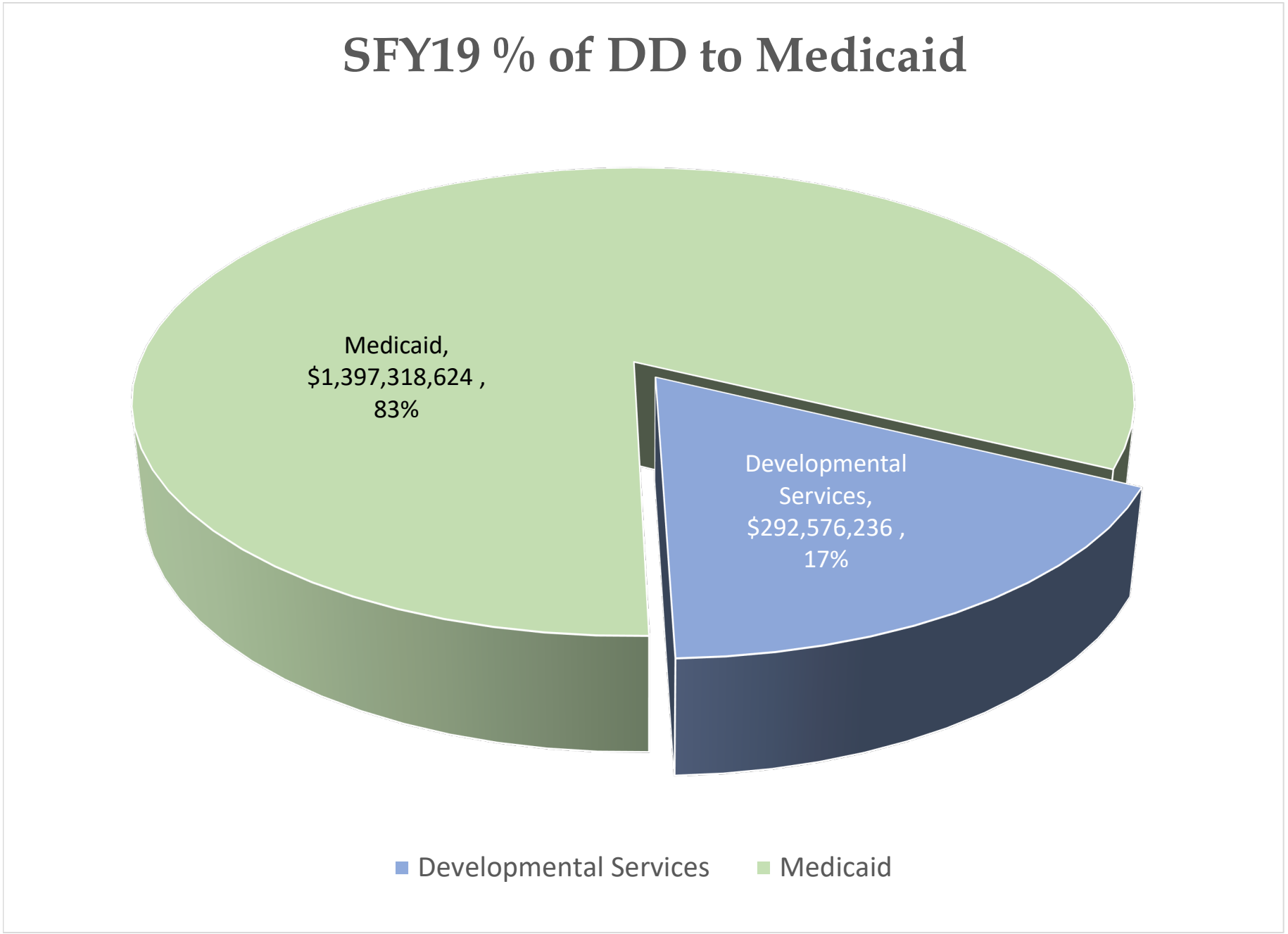
	SFY19 Budget Appropriation from HB144
Developmental Services	**$ 292,576,236**
Medicaid	$ 1,397,318,624
All other DHHS	$ 716,614,741
DHHS	$ 2,406,509,601

% DD of Total Medicaid	**17.31%**

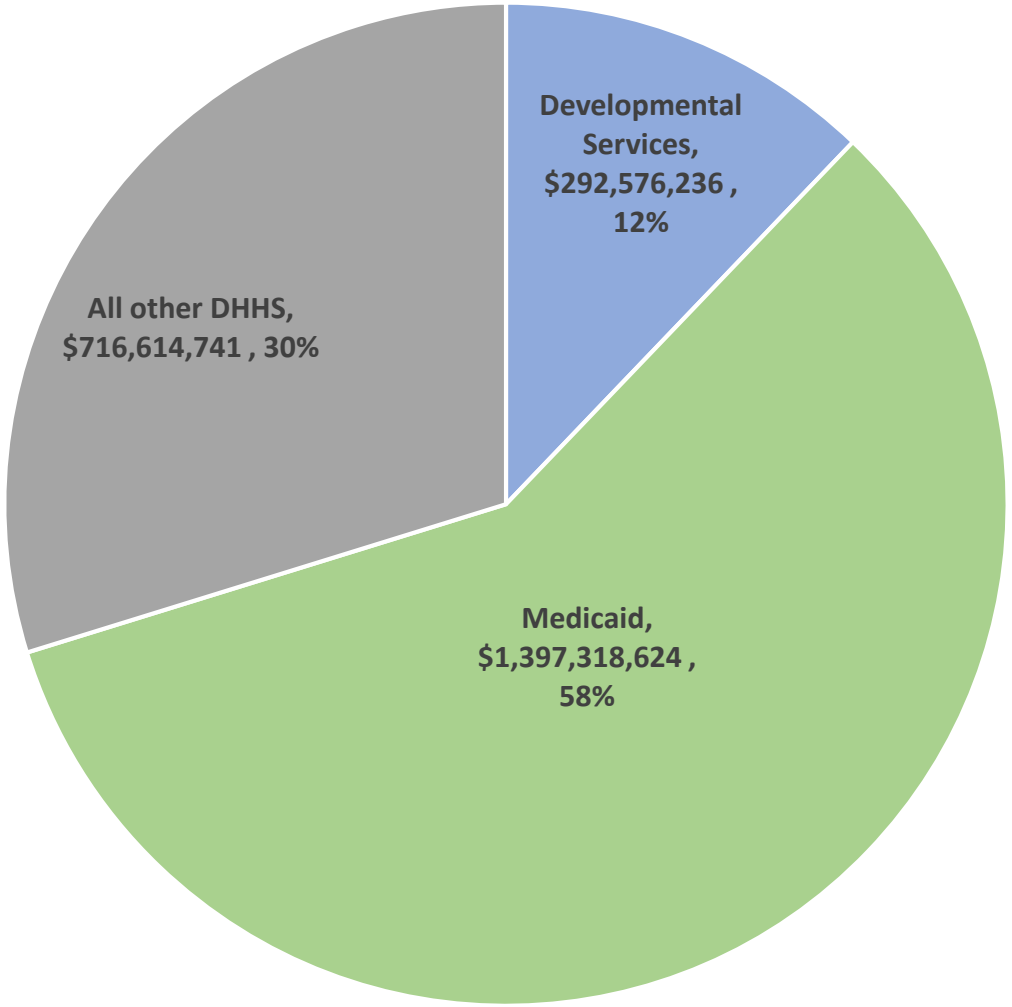
% DD of Total DHHS	12.16%

Notes:

* Medicaid = Medical Payments, Developmental Services; and, Nursing Facility & Choices for Independence


SFY19 % of DD to Medicaid
Medicaid, $1,397,318,624 , 83%
Developmental Services, $292,576,236 , 17%
Developmental Services
Medicaid

SFY19 % of DD to Total DHHS Budget



Appendix E

SFY20-29 10 Year Projection - NH Medicaid Average Annual Users of Service in Fund Group and Funds Paid Total *

Annual Average Paid Patients													
Fund Group	State Fiscal Year	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	Total 5
ABD	2020	0	0	0	0	1	6	10	20	16	18	47	
	2021	0	0	0	0	1	6	10	21	17	17	46	
	2022	0	0	0	0	1	6	10	21	17	17	44	
	2023	0	0	0	0	1	5	10	21	17	17	43	
	2024	0	0	0	0	1	5	10	22	18	16	41	
	2025	0	0	0	0	1	5	10	22	18	16	40	
	2026	0	0	0	0	1	5	10	22	18	16	39	
	2027	0	0	0	0	1	5	10	22	19	17	38	
	2028	0	0	0	0	1	5	10	23	19	17	38	
	2029	0	0	0	0	1	5	9	23	19	17	37	
DD	2020	45	184	212	232	564	701	528	377	264	250	263	
	2021	45	185	211	229	563	692	533	382	270	245	255	
	2022	45	186	210	227	563	683	538	388	276	239	247	
	2023	45	187	209	225	562	674	543	393	282	234	239	
	2024	45	187	207	222	561	665	548	398	288	229	232	
	2025	45	188	206	220	560	656	553	404	294	223	224	
	2026	45	189	208	219	556	654	547	408	298	229	219	
	2027	45	190	209	219	552	652	540	413	303	234	215	
	2028	45	191	210	218	548	650	533	417	308	239	210	
	2029	45	191	211	218	543	648	527	422	313	245	206	
IHS	2020	5	44	116	123	26	0	0	0	0	0	0	
	2021	5	44	116	122	26	0	0	0	0	0	0	
	2022	5	44	115	121	26	0	0	0	0	0	0	
	2023	5	44	115	120	26	0	0	0	0	0	0	
	2024	5	44	114	118	26	0	0	0	0	0	0	
	2025	5	44	113	117	26	0	0	0	0	0	0	
	2026	5	45	114	117	26	0	0	0	0	0	0	
	2027	5	45	115	117	26	0	0	0	0	0	0	
	2028	5	45	115	116	25	0	0	0	0	0	0	
	2029	5	45	116	116	25	0	0	0	0	0	0	

Annual Total Fund Payments													
Fund Group	State Fiscal Year	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	Total 5
ABD	2020	$ -	$ -	$ -	$ -	$ 111,309.31	$ 630,753	$ 1,057,438	$ 2,263,289	$ 1,818,052	$ 1,966,464	$ 5,535,633	$ 5,467,
	2021	$ -	$ -	$ -	$ -	$ 111,141	$ 622,624	$ 1,067,685	$ 2,295,971	$ 1,858,395	$ 1,924,252	$ 5,369,975	$ 5,305,
	2022	$ -	$ -	$ -	$ -	$ 110,973	$ 614,496	$ 1,077,931	$ 2,328,653	$ 1,898,738	$ 1,882,040	$ 5,204,316	$ 5,144,
	2023	$ -	$ -	$ -	$ -	$ 110,806	$ 606,367	$ 1,088,178	$ 2,361,336	$ 1,939,081	$ 1,839,827	$ 5,038,658	$ 4,983,
	2024	$ -	$ -	$ -	$ -	$ 110,638	$ 598,239	$ 1,098,424	$ 2,394,018	$ 1,979,425	$ 1,797,615	$ 4,873,000	$ 4,822,
	2025	$ -	$ -	$ -	$ -	$ 110,470	$ 590,110	$ 1,108,671	$ 2,426,700	$ 2,019,768	$ 1,755,403	$ 4,707,342	$ 4,660,
	2026	$ -	$ -	$ -	$ -	$ 109,650	$ 588,495	$ 1,095,334	$ 2,453,200	$ 2,053,043	$ 1,797,615	$ 4,613,746	$ 4,529,
	2027	$ -	$ -	$ -	$ -	$ 108,830	$ 586,879	$ 1,081,998	$ 2,479,700	$ 2,086,319	$ 1,839,827	$ 4,520,151	$ 4,397,
	2028	$ -	$ -	$ -	$ -	$ 108,011	$ 585,264	$ 1,068,661	$ 2,506,200	$ 2,119,594	$ 1,882,040	$ 4,426,555	$ 4,266,
	2029	$ -	$ -	$ -	$ -	$ 107,191	$ 583,648	$ 1,055,324	$ 2,532,700	$ 2,152,870	$ 1,924,252	$ 4,332,959	$ 4,134,
DD	2020	$ 316,411	$ 1,305,196	$ 1,500,592	$ 1,640,497	$ 47,421,394	$ 58,900,299	$ 44,346,813	$ 31,656,285	$ 22,215,428	$ 21,010,808	$ 23,335,778	$ 24,644,
	2021	$ 317,299	$ 1,310,898	$ 1,492,913	$ 1,624,200	$ 47,349,851	$ 58,141,255	$ 44,776,530	$ 32,113,404	$ 22,708,395	$ 20,559,788	$ 22,637,437	$ 23,917,
	2022	$ 318,187	$ 1,316,600	$ 1,485,234	$ 1,607,902	$ 47,278,307	$ 57,382,211	$ 45,206,247	$ 32,570,523	$ 23,201,363	$ 20,108,767	$ 21,939,095	$ 23,191,
	2023	$ 319,074	$ 1,322,302	$ 1,477,556	$ 1,591,605	$ 47,206,763	$ 56,623,167	$ 45,635,964	$ 33,027,643	$ 23,694,330	$ 19,657,746	$ 21,240,753	$ 22,464,
	2024	$ 319,962	$ 1,328,004	$ 1,469,877	$ 1,575,307	$ 47,135,219	$ 55,864,123	$ 46,065,681	$ 33,484,762	$ 24,187,298	$ 19,206,725	$ 20,542,412	$ 21,737,
	2025	$ 320,850	$ 1,333,706	$ 1,462,198	$ 1,559,009	$ 47,063,675	$ 55,105,079	$ 46,495,398	$ 33,941,881	$ 24,680,265	$ 18,755,705	$ 19,844,070	$ 21,010,
	2026	$ 320,612	$ 1,339,340	$ 1,470,753	$ 1,554,768	$ 46,714,476	$ 54,954,223	$ 45,936,087	$ 34,312,533	$ 25,086,870	$ 19,206,725	$ 19,449,513	$ 20,417,
	2027	$ 320,374	$ 1,344,975	$ 1,479,308	$ 1,550,527	$ 46,365,277	$ 54,803,366	$ 45,376,776	$ 34,683,186	$ 25,493,474	$ 19,657,746	$ 19,054,955	$ 19,824,
	2028	$ 320,137	$ 1,350,610	$ 1,487,863	$ 1,546,286	$ 46,016,078	$ 54,652,509	$ 44,817,465	$ 35,053,838	$ 25,900,079	$ 20,108,767	$ 18,660,398	$ 19,230,
	2029	$ 319,899	$ 1,356,245	$ 1,496,418	$ 1,542,045	$ 45,666,879	$ 54,501,653	$ 44,258,155	$ 35,424,490	$ 26,306,683	$ 20,559,788	$ 18,265,840	$ 18,637,
IHS	2020	$ 107,821	$ 942,531	$ 2,520,638	$ 2,672,309	$ 570,426	$ -	$ -	$ -	$ -	$ -	$ -	$
	2021	$ 108,123	$ 946,648	$ 2,507,739	$ 2,645,761	$ 569,566	$ -	$ -	$ -	$ -	$ -	$ -	$
	2022	$ 108,426	$ 950,766	$ 2,494,841	$ 2,619,213	$ 568,705	$ -	$ -	$ -	$ -	$ -	$ -	$
	2023	$ 108,728	$ 954,883	$ 2,481,943	$ 2,592,665	$ 567,844	$ -	$ -	$ -	$ -	$ -	$ -	$
	2024	$ 109,031	$ 959,001	$ 2,469,044	$ 2,566,117	$ 566,984	$ -	$ -	$ -	$ -	$ -	$ -	$
	2025	$ 109,333	$ 963,118	$ 2,456,146	$ 2,539,569	$ 566,123	$ -	$ -	$ -	$ -	$ -	$ -	$

	2029	$	-	$	-	$	-	$	-	$	111,309	$	111,309	$	111,309	$	111,309	$	111,309	$	111,309	$	117,571	$	117,
DD	2020	$	7,084	$	7,084	$	7,084	$	7,084	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	88,729	$	88,
	2021	$	7,084	$	7,084	$	7,084	$	7,084	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	88,729	$	88,
	2022	$	7,084	$	7,084	$	7,084	$	7,084	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	88,729	$	88,
	2023	$	7,084	$	7,084	$	7,084	$	7,084	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	88,729	$	88,
	2024	$	7,084	$	7,084	$	7,084	$	7,084	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	88,729	$	88,
	2025	$	7,084	$	7,084	$	7,084	$	7,084	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	88,729	$	88,
	2026	$	7,084	$	7,084	$	7,084	$	7,084	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	88,729	$	88,
	2027	$	7,084	$	7,084	$	7,084	$	7,084	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	88,729	$	88,
	2028	$	7,084	$	7,084	$	7,084	$	7,084	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	88,729	$	88,
	2029	$	7,084	$	7,084	$	7,084	$	7,084	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	84,043	$	88,729	$	88,
IHS	2020	$	21,667	$	21,667	$	21,667	$	21,667	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	-	$	
	2021	$	21,667	$	21,667	$	21,667	$	21,667	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	-	$	
	2022	$	21,667	$	21,667	$	21,667	$	21,667	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	-	$	
	2023	$	21,667	$	21,667	$	21,667	$	21,667	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	-	$	
	2024	$	21,667	$	21,667	$	21,667	$	21,667	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	-	$	
	2025	$	21,667	$	21,667	$	21,667	$	21,667	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	-	$	
	2026	$	21,667	$	21,667	$	21,667	$	21,667	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	-	$	
	2027	$	21,667	$	21,667	$	21,667	$	21,667	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	-	$	
	2028	$	21,667	$	21,667	$	21,667	$	21,667	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	-	$	
	2029	$	21,667	$	21,667	$	21,667	$	21,667	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	21,731	$	-	$	

Notes:

* Annual Average Paid Patients was calculated using State by County data & projecting by Fund Group by Age.
Annual Total Fund Payments was calculated by multiplying Annual Average Paid Patients to Average Payments per Year per Average People.
Average Payments per Year per Average People was calculated by grouping age categories into four groups, 0-19, 20-49, 50-69, & 70+. Then using the 2020 data in the appropriate age categories.

STATE OF NEW HAMPSHIRE
OFFICE OF THE GOVERNOR

CHRISTOPHER T. SUNUNU
Governor

May 16, 2019

The Honorable Jeanne Shaheen
United States Senate
506 Hart Senate Office Building
Washington, DC 20510

The Honorable Ann McLane Kuster
United States House of Representatives
320 Cannon House Office Building
Washington, DC 20515

The Honorable Margaret Hassan
United States Senate
324 Hart Senate Office Building
Washington, DC 20510

The Honorable Christopher Pappas
United States House of Representatives
323 Cannon HOB
Washington, DC 20515

Dear Members of New Hampshire's Congressional Delegation,

I write to you today to share my thoughts and concerns regarding upcoming changes in current service arrangement due to a federal regulation under the Affordable Care Act called Conflict-Free Case Management.

This rule was initiated in 2014 to protect the interests of those who are relying on Medicaid-funded services related to developmental disabilities. I support policies that protect and ensure people's rights, health, and safety; however, what makes this new rule problematic for New Hampshire families is the way in which it limits their informed choices. With this new regulation, Granite Staters will not be able to receive all of their services from a single provider agency which, for some who have received those services, has been their choice for decades.

The implementation of these changes carries the risk of dismantling effective treatment corridors, potentially causing served individuals in the developmental disability community to navigate an additional layer of oversight and management outside of their primary providers.

New Hampshire regulations have long enabled individuals in need of services to make decisions regarding their services and to choose their providers based on their individual needs, situation, and preferences. In doing so, many have chosen to receive all of their services from the same agency. This approach has worked and enabled them to address issues efficiently.

Simply put, I support empowering served individuals with the ability to make the ultimate choice in where they access services and to foster greater competition among providers. As such, I am very concerned with this rule because it eliminates that choice and adds unnecessary red tape.

New Hampshire is pursuing a waiver that would allow us to provide families who prefer to work with one service agency the ability to do so. While ACA regulations currently do not permit a waiver, we are not relenting in our advocacy.

107 North Main Street, State House - Rm 208, Concord, New Hampshire 03301
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Website: http://www.governor.nh.gov/ • Email: governorsununu@nh.gov
TDD Access: Relay NH 1-800-735-2964

Therefore, I respectfully ask that you work to put forward legislation to change this rule and permit waivers to states. This will allow New Hampshire to continue to be the gold standard for service delivery to individuals with developmental disabilities. I stand ready to work with you in partnership to make this change.

Since the imposition of this rule in 2014, the developmental disability community in New Hampshire has been facing considerable uncertainty. I stand united with New Hampshire's developmental disability community, the time to take immediate action is now.

I appreciate your time and consideration of this matter.

Sincerely,

Christopher T. Sununu
Governor

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APPENDIX G

DRAFT, 1/2/20 - New Hampshire's Strategic Initiative on Employment (SIE)

Focused on Populations Served by the Division of Long Term Supports and Services, NH Department of Health and Human Services

State Fiscal Year 2020 – State Fiscal Year 2022

NH's Strategic Initiative on Employment (SIE) Mission

A National Issue

The confluence of demographic, economic and health factors have made the employment situations of both older Americans and Americans with disabilities a matter of urgent national importance. Increasing competitive integrated employment among people with disabilities across their lifespan will not only benefit these individuals and their families, but will also expand the labor force and boost productivity. Americans with disabilities of all ages participate in the workforce at a disproportionately lower rate compared to people without disabilities. The current public support system for working age people with disabilities has significant gaps, while public expenditures for services and supports continue to grow at an unsustainable rate. Additionally, the labor force is aging. As people age, they become more likely to acquire a disability or experience reduced functional capabilities, which may affect their ability to perform the essential duties of a job and ultimately remain in the workforce.

(Federal) Administration on Community Living Strategic Plan, 2013-2018

A New Hampshire Response

The NH Department of Health and Human Services (DHHS), Bureau of Developmental Services (BDS) established the NH Employment Leadership Committee (ELC) over a decade ago to advance inclusion of individuals with developmental disabilities and acquired brain disorders in the workforce. In the last year, the ELC has gone through significant changes to better align its mission and focus with the Division of Long Term Supports and Services (DLTSS) at DHHS. DLTSS was established in 2017 and aligns a number of services and programs with shared goals of enhancing and integrating services. The realigned programs include: Bureau of Elderly and Adult Services, BDS, Bureau of Family Centered Services and Division of Community Based Military Programs. Today, ELC has a broad and integrated mission that is aligned with DLTSS and is at the core of NH's Stategic Initiative on Employment (SIE).

NH Department of Health and Human Services, Bureau of Developmental Services, 2019

The NH Employment Leadership Committee (ELC)

Serving as the Advisory Team aligned with the Strategic Initiative on Employment

The mission and focus of the Strategic Initiative on Employment (SIE) builds on the work and history of the Employment Leadership Committee, while broadening its focus, and adding structure, partners and outcomes.

ELC History

The ELC was established over a decade ago to and is responsible for adhering to the following NH State He-M Rules: He-M 518.11:

- *He-M 518.11 (d): Bureau of Development Services (BSD) shall develop and maintain an employment services leadership committee consisting of representation of employment professionals from area agencies, provider agencies and the bureau of vocational rehabilitation.*
- *He-M 518.11 (e, 1): Review quarterly employment data reports, identify trends, and establish statewide benchmarks.*
- *He-M 518.11 (e, 2): Identify and ensure relevant employment training is available for individuals served, families, employment professionals, service coordinators and other agency personnel.*
- *He-M 518.11 (e, 3): Annually review the memorandum of understanding between the bureau of developmental services and the bureau of vocational rehabilitation.*
- *He-M 518.11 (e, 4): Provide an annual report to the developmental services quality council, established pursuant to RSA 171-A:33, at the end of each fiscal year.*
- *He-M 518.11 (e, 5): Review national core indicators and other relevant data to measure individual and family satisfaction with employment services.*
- *He-M 518.11 (e, 6): Support efforts to collaborate with business and industry.*

ELC Mission

The mission of the ELC is to advance inclusion of individuals with disabilities in the workforce through collaboration, education and outreach.

The NH Employment Leadership Committee (ELC)

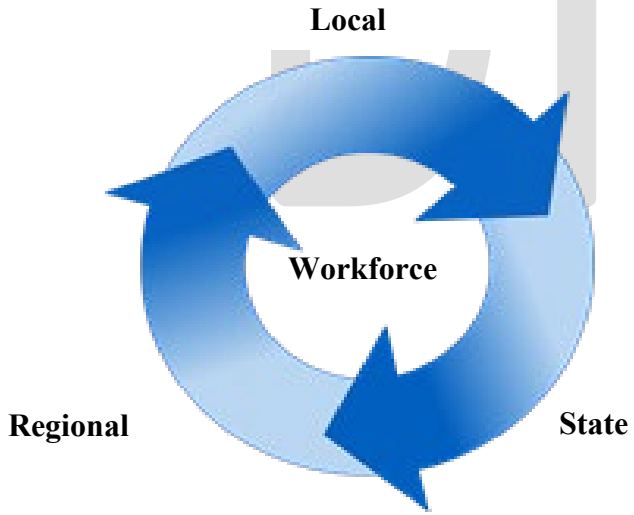
Serving as an Advisory Team aligned with the Strategic Initiative on Employment

ELC Priorities (confirmed in January of 2019)

- *Creative and strategic outreach to businesses and communities*
- *Promotion of best practices and promising practices*
- *Development and distribution of the employment data report*
- *Support for employer recognition programs, including the Employment Leadership Awards*
- *Development of a Memorandum of Understanding (MOU) between NH Department of Health and Human Services (DHHS), Bureau of Developmental Services (BDS) and NH Department of Education (DOE), Bureau of Vocational Rehabilitation*
- *Collaboration with Community Mental Health Centers in the coordination of cross-system training and the alignment of supported employment services*

ELC Membership

The Employment Leadership Committee is comprised of Local, Regional and State Partners



Local Partners

- Employment provider agencies, self-advocates and families

Regional Partners

- Area Agencies and Community Mental Health Centers

State Partners

- NH DHHS, Bureau of Developmental Services
- NH DHHS, Bureau of Mental Health Services
- NH DOE, Bureau of Vocational Rehabilitation
- NH Employment Security
- NH Council on Developmental Disabilities
- Institute on Disability, University of NH

New Hampshire's Strategic Initiative on Employment (SIE) Goals:

Goal #1: Elevate awareness of employment efforts for individuals with disabilities
Goal #2: Cultivate partnerships with businesses and communities
Goal #3: Develop and promote employment data reports
Goal #4: Foster training, collaboration and inter-agency supports
Goal #5: Facilitate ongoing planning, development and quality review.

Employment Disability Network (EDN)
The EDN referenced throughout this SIE may include (at a minimum and as appropriate) the following current and possibly new partners in our statewide employment efforts.

**Area Agencies*
Best Buddies NH
**Bureau of Developmental Services, NH DHHS*
Bureau of Elderly and Adult Services, NH DHHS
Bureau of Family Centered Services, NH DHHS
**Bureau of Mental Health Services, NH DHHS*
**Bureau of Vocational Rehabilitation, NH Department of Education*
Businesses and Employers
**Charting the LifeCourse NH*
**Community Support Network Inc.*
Developmental Services Quality Council
**Division of Long Term Supports and Services, NH DHHS*
Easterseals NH
**Employment Leadership Awards Committee*
**Family Members*
**Granite State Independent Living*
**Institute on Disabilty, University of New Hampshire*
NH Alliance for Healthy Aging
NH Council on Churches
**NH Council on Developmental Disabilities*
NH Department of Business and Economic Affairs
NH Department of Military and Veterans Services
NH Employment Leadership Committee
**NH Employment Security*

NH Family Support Council
NH Family Voices
NH Governor's Commission on Disabilities
NH Governor's Office
NH House of Representatives
NH START
State Committee on Aging
NH State Library
NH State Senate
**NH State Rehabilitation Council*
Office of Health Equity, NH DHHS
Omni Mt. Washington Resort
People First
PLUS Company
Public Information Office, NH DHHS
**Self-Advocates*
Senior Community Services Employment Program
ServiceLink Aging & Disability Resource Centers
**Service Providers/Vendors*
Sodexo
State Commission on Aging
State Coordinating Council on Transportation
State Veterans Advisory Committee

* = ELC Members

Goal #1:
Elevate awareness of employment efforts for individuals with disabilities.

Objective #1.1:
Elevate employment efforts across leadership and program areas within the Division of Long Term Supports and Services, NH DHHS, and other State agencies.

- Strategy: Engage leadership from the Division of Long Term Supports and Services, NH DHHS on integrated and/or supported employment issues, including the continued development and implementation of the *Strategic Initiative on Employment.*
    - Meet quarterly with the Bureau Chief of the Bureau of Developmental Services, NH DHHS;
    - Meet quarterly with the Bureau Chief of the Bureau of Elderly and Adult Services, NH DHHS;
    - Meet quarterly with the Bureau Chief of Family Centered Services, NH DHHS;

    - Meet quarterly with the Administrator of Community Based Military Programs, NH Department of Military and Veterans Services; (For example, a military family, whose child has autism, exceeded their Area Agency respite funds. The NH National Guard was able to provide additional respite funds to support this child and family); and
    - Facilitate monthly meetings of the ELC
- Strategy: Begin to consider long-range opportunities to strengthen employment efforts across BDS, such as: elevating inclusion of employment goals within Area Agency Strategic Plans, inclusion of employment goals within BDS/Area Agency contracts, inclusion of employment priorities within the State Plan on Aging, strengthening family involvement through collaboration with the Bureau of Family Centered Services and identifying alignment opportunities with the Division of Community Based Military Programs.
- Strategy: Explore opportunities to strengthen partnerships across interagency initiatives, such as: State Coordinating Council on Transportation, Governor's Commission on Disabilities, State Rehabilitation Council, NH Council on Developmental Disabilities, Family Support Conference and other statewide initiatives.

Objective #1.2:
Partner with the NH DHHS Public Information Office (PIO) on integrated and/or supported employment through various communication channels, including radio, news media, events, corporate communication and social media.

- Strategy: Identify self-advocates and employers to share their positive employment experiences.
- Strategy: Identify communication/public relations liaisons and supporters from ELC and EDN to interview and write stories on integrated and/or supported employment that include promising or best practices.
- Strategy: Explore creative story opportunities with the "select 12" businesses/employers identified through ELC, promoting stories and articles that focus on promising or best practices.
- Strategy: Localize materials from the U.S. Department of Labor, Office of Disability Employment Policy on promoting National Disability Employment Awareness Month (NDEAM) in October.

Objective #1.3:
Provide education regarding integrated and/or supported employment to the employment provider network, families and the public.

- Strategy: Partner with the NH DHHS PIO on the redesign and regular updating of the BDS employment webpage.
- Strategy: Support the Community Support Network, Inc. and ELC in developing an *Employment Newsletter for Families* to promote promising or best practices.
- Strategy: Explore opportunities to introduce and promote integrated and/or supported employment at meetings/events at Chambers of Commerce, Rotary Clubs and other civic organization events across NH. Partner with appropriate Area Agencies and service providers/vendors in targeting select locations.
- Strategy: Promote ELC work at regional workshops and/or statewide conferences to include table booths/resource tables, signage, conference packet inserts and other communication methods. Possible conferences or events could include: Advocate Conference, Direct Support Professional Conference, Yellow Flag Ribbon Event at Statehouse, Family Support Conference, Caregiver's Conference, and others.

Goal #1 Outcomes:

- Redesign NH DHHS BDS Employment Webpage in 2020.
- Update NH DHHS BDS Employment Webpage at least twice per year.
- Develop an *Employment Newsletter for Families* twice per year.
- Develop a media announcement to promote National Disability Employment Awareness month in October of each year.
- Partner with 2 businesses each year to highlight employment successes through corporate, community, state or national media.
- Initiate stories with NH local and statewide media – ongoing.
- Present to two Chambers of Commerce, Rotary Clubs and/or other local civic organizations each year.
- Participate in two regional or statewide conferences each year

Goal #2:
Cultivate partnerships with businesses and communities.

Objective #2.1:
Explore and partner with statewide businesses/employers who are identified through employment data reports, ELC discussions and/or Area Agency/service provider/vendor partnerships.

- Strategy: Identify businesses/employers from across the state, with a goal of: engaging corporate leadership, strengthening overall partnerships, highlighting promising practices, meeting with them "on their own turf" and brainstorming statewide opportunities.
- Strategy: Partner with CSNI in reviewing 25 businesses/employers (to pursue the above goal) based on # of jobs, multiple locations and employment leadership awards history/recognition.
- Strategy: Engage in discussions with ELC in selecting/prioritizing 12 businesses/employers (out of the list of 25). In confirming the "select 12", consider the above 2 strategies, as well as Area Agency/service provider relationships and statewide opportunities
- Strategy: Meet with leadership from these "select 12" businesses/employers at their geographic location to review successes, challenges, barriers and opportunities. Identify and collaborate on possible next steps based on meeting outcomes.
- Strategy: Invite leadership from the "select 12" businesses/employers to an ELC meeting and/or other local or regional meetings to strengthen understanding of each partner and to review opportunities in moving forward. Identify and collaborate on possible next steps based on meeting outcomes.

Objective #2.2:
Develop a *NH Business Ambassador Liaison* role to elevate education and support regarding the hiring and supporting of individuals with disabilities ***within*** businesses/employers. This *Business Ambassador Liaison* is already embedded within the business, although may not be identified as such. (The person could have another official role within the company, but may also serve as an unofficial/not identified *Business Ambassador Liaison*. Examples include the Gift Shop Coordinator at Joseph Hospital or the Senior Human Resource Manager at Omni Mt. Washington Resort.)

- Strategy: Work with ELC in creating a list of businesses/employers who may already have someone within their company who serves as an unofficial *Business Ambassador Liaison* within their company.

- Strategy: Partner with ELC, Project SEARCH coordinators and businesses/employers on creating a NH *Business Ambassador Liaison* job description. Possible roles and responsibilities could include: providing updates to the adding inclusive employment successes to the business leadership agenda,
- Strategy: Create a statewide email list of all possible liaisons from appropriate businesses/employers, with a goal of quarterly communication to help motivate, recognize, support and educate all liaisons/ambassadors.

Objective #2.3:
Recognize businesses/employers for their successes in hiring, retaining and supporting individuals with disabilities.

- Strategy: Partner with the NH Employment Leadership Awards (ELA) Committee in promoting ELA to new businesses through communication and collaboration with the ELC.
- Strategy: Identify and partner with other State agencies, commissions or associations (such as the Diversity Workforce Coalition-Workforce Diversity and Inclusion Award, Governor's Commission on Disabilities-Governor's Accessability Award) to elevate, promote and recognize businesses/employers for their successful hiring practices.
- Strategy: Explore opportunities with ELC to better recognize businesses/employers within their own community or region.

Goal #2 Outcomes:
- Strategically partner with a minimum of 3 businesses/employers each year on specific statewide opportunities
- Include ELA updates and discussions at (a minimum of) quarterly meetings of the ELC each year;
- Recognize two self-advocates from two different businesses/employers (highlighting best or promising practices) in each of the *Employment Newsletters for Families* that will be produced twice per year.
- Secure funding and coordinate outreach to sponsor 1 table (8 seats) of leadership from new business/employers to attend ELA. Table would be hosted by ELC.
- Nominate a business/employer (possibly from previous ELA nominees) to receive an employment award at a different awards event/opportunity - separate from the ELA each year.
- Invite at least 2 business/employer leaders to attend and present at ELC each year.

Goal #3:
Develop and promote employment data reports

Objective #3.1:
Partner with BDS leadership and ELC in the development of the BDS Employment Data Report (EDR).

- Strategy: Partner with ELC, CSNI and IOD/UNH on the redesign of the EDR, including the addition of a cover page, introductory letter, highlights page and definitions page, as well as a new layout, content edits and other quality improvement changes.
- Strategy: Communicate regularly with BDS, Area Agencies, Area Agency Data Liaisons, CSNI, IOD/UNH and ELC on improving accuracy, clarifying updates, agreeing on definitions and making other quality improvements to the EDR.
- Strategy: Communicate regularly with Area Agencies to ensure that employment data updates are submitted in the employment data system by 9/30, 12/31, 3/31 and 6/30.

- Strategy: Connect with CSNI one week prior to the above 4 quarterly dates, to check on Area Agency updates in the employment data system; communicate immediately with Area Agencies regarding missed data, gaps and/or inaccuracies.

Objective #3.2:
Promote the EDR to the employment disability community across NH.

- Strategy: Add the quarterly EDRs to the DHHS/BDS employment webpage quarterly.
- Strategy: Broadly distribute the EDR to BDS, Area Agencies, ELC, Families and EDN. Expand the distribution list in promoting/sharing the EDR.
- Strategy: Regularly review data and explore opportunities to align data successes with media opportunities and news stories.

Objective #3.3:
Partner with the (federal) Administration on Intellectual and Developmental Disabilities to analyze day and employment service trends on previous and current data collection.

Strategy: Work with BDS Business Management/Data Liaison, IOD/UNH and CSNI on compiling and analyzing day and employment service trends.
Strategy: Submit NH data (on day and employment service trends) to the National Survey of State Intellectual and Developmental Disabilities Agencies' Employment and Day Services (IDD Survey).
Strategy: Share data between EDR and IDD Survey, identifing opportunity to strengthen, align and/or "learn from" both sets of data.

Objective #3.4:
Partner with other State agencies and organizations in data sharing.

- Strategy: Collaborate with the Bureau of Vocational Rehabilation, NH Department of Education on opportunities to share elements of data sets.
- Strategy: Collaborate with the Bureau of Mental Health Services at NH DHHS on opportunities to share elements of data sets.
- Strategy: Collaborate with the Bureau of Elderly and Adult Services (including ServiceLink) on opportunities to share elements of data sets.
- Strategy: Collaborate with the Division of Community Based Military Programs on opportunities to share elements of data sets.
- Strategy: Collaborate with the State Coordinating Council on Transportation on opportunities to share elements of data sets.

<u>Goal #3 Outcomes:</u>
- Develop and distribute 4 quarterly EDRs each year.
- Ensure that data is included and updated from at least 95% of all possible data records.
- Establish a baseline of key data elements.
- Develop and complete the NH data report for the National Survey of State Intellectual and Developmental Disabilities Agencies' Employment and Day Services – each year.
- Identify priority data elements to compile and share between BDS and the Bureau of Mental Health Services in 2020

Goal #4: Foster collaboration, training and inter-agency supports.

Objective #4.1:
Partner with the NH Department of Education, Bureau of Vocational Rehabilitation in the development of a Memorandum of Understanding (MOU).

- Strategy: Explore how other states and the federal government have successfully aligned the Bureau of Vocational Rehabilitation (VR), the NH DHHS and employment service providers who serve individuals with disabilities.
- Strategy: Partner closely with the VR Director in identifying, exploring and agreeing on key priorities and goals to include in MOU.
- Strategy: Engage ELC and BDS in exploring and identifying priority areas for the MOU, including:
  - *Simplifying & Promoting the Flowchart & Process*
  - *Sharing of Data (to include priority data elements)*
  - *Strengthening Transition Plans for Securing Long Term Medicaid-Waivered Services*
  - *Sharing of Resources (i.e. training, transportation, business contacts, leadership)*
  - *Streamlining Paperwork & Improving Efficiencies (i.e. Combining DD & MH referral forms)*
- Strategy: Collaborate with the Bureau of Mental Health Services (BMHS), NH DHHS, to include: attending meetings of the ELC; participating in quarterly meetings between the DLTSS, BDS and VR; regular MOU review; and participation in any VR meetings as appropriate.
- Strategy: Partner with VR leadership in introducing the MOU through "MOU Road Shows" to regions across the state.
- Strategy: Meet quarterly with VR leadership (and MOU team members as identified) on the implementation of the MOU statewide.

Objective #4.2:
Increase understanding of the impact of dual diagnoses on employment, and identify opportunities to strengthen supported employment collaboration between Area Agencies and Community Mental Health Centers.

- Strategy: Partner with NH START on the facilitation of a minimum of 3 ELC sessions between Area Agencies and Community Mental Health Centers (CMHC), including Service Providers, State agencies, self-advocates and families, regarding alignment opportunities to strengthen supported employment for both populations.
- Strategy: Partner with NH START on providing consultation and technical support to the Bureau of Developmental Services and Bureau of Mental Health Services regarding linking network partners on employment.
- Strategy: Engage NH START in intentionally focusing on identifying employment opportunities and/or gaps with each of their clients and teams as appropriate.
- Strategy: Begin to consider long-range opportunities to strengthen inter-agency employment efforts between the Area Agencies and the CMHCs, such as including an employment focus in the the Area Agency/CMHC MOU.

Objective #4.3:
Explore opportunities to elevate, expand or include employment in any and all trainings, workshops and/or conferences as appropriate.

- Strategy: Strengthen training opportunities for employment professionals, including (but not limited to) participation in the the Association of Community Rehabilitation Educators (ACRE) training and/or other employment trainings that meet the national competencies for job development and job coaching, as established by the Association of People Supporting Employment First (APSE).
  A total of 33 individuals attended 2 ACRE trainings in calendar year 2019; 1 ACRE training was cancelled due to low attendance.

- Strategy: Submit a Workshop Proposal to the organizers of the Family Support Conference taking place in April of each year.
- Strategy: Advocate to include employment keynote messages, workshop presentations, table booths or agenda packet inserts in regional and/or statewide conferences.
- Strategy: Identify creative opportunities for ELC and/or BDS to include employment messaging/training in "community/service provider gatherings".

Objective #4.4:
Support statewide "promising or best practice" partnership projects that support employment.

- Strategy: In collaboration with Project SEARCH partners, help to develop information (i.e. fact sheets, info graphic, contact info) that promote statewide efforts and success.
- Strategy: In collaboration with the NH Charting the LifeCourse Committee, provide supports needed to ensure that employment is included as a focus in this work. Attend (at least) quarterly meetings of the NH Charting the LifeCourse Committee.

Goal #4 Outcomes:
- Partner with VR on the completion of an MOU in 2020.
- Partner with VR on presenting an "MOU Road Show" in at least 8 communities.
- Meet at least quarterly with VR Director.
- Meet at least quarterly with Administrator of Supported Employment at Bureau of Mental Health Services, NH DHHS
- Partner with Bureau of Mental Health Services in engaging at least 50% of CMHC Supported Employment Coordinator participation in three ELC meetings
- Develop"Top 10 Practices in Aligning Supported Employment" (between Area Agencies and CMHCs).
- Development of a Project SEARCH statewide fact sheet/info graphic.
- Submit an employment workshop proposal to the Family Support Conference every year.
- Development of a Project SEARCH statewide fact sheet/info graphic.

Goal #5:
Facilitate ongoing planning, development and quality review.

Objective #5.1
ELC will serve as an Advisory Team to the *Strategic Initiative on Employment*. The mission of the ELC is to "advance inclusion of individuals with disabilities in the workforce through collaboration, education and advocacy."

- Strategy: ELC will conduct quarterly reviews of the *Strategic Initiative on Employment,* to include successes, challenges, gaps and next steps.
- Strategy: Develop an annual dashboard that outlines key performance indicators of the *Strategic Initiative on Employment.* Include National Core Indicator (NCI) information and other relevant data to measure individual and family satisfaction with employment services (per NH State He-M Rules: He-M 518.11: e, 5).
- Strategy: Recruit and maintain the ELC membership through ongoing communication with members, updating of the membership list and adhering to NH State He-M Rules: He-M 518.11 (d).

- Strategy: In alignment with the SIE, explore opportunities to expand membership to possibly include representation from the older adult community and/or veteran/military family community.
- Strategy: Request funding from the *Small Community Grant* program of the NH Council on Developmental Disabilities to support ELC and SIE work as appropriate.

Objective #5.2
Explore opportunities to strengthen integrated and/or supported employment through national supports.

- Strategy: Research and review information on national and/or regional organizations that support employment of individuals with disabilities, to possibly include the below. Initiate outreach to these organizations with a goal of establishing partnership opportunities:
    - Administration on Community Living;
    - Administration on Intellectual and Developmental Disabilities;
    - Association of People Supporting Employment First;
    - Centers for Medicare and Medicaid Services;
    - U.S. Department of Labor, Office of Disability Employment Policy;
    - Work Without Limits (University of Massachusetts Medical School)

Goal #5 Outcomes:
- Maintain membership of at least 25 members (including representation of every Area Agency).
- Develop a *Strategic Initiative on Employment* dashboard at least once per year.

New Hampshire's Strategic Initiative on Employment, SFY 2020-2022

The SIE Dashboard – A Performance Tool for Measuring Progress and Outcomes

Goals & Outcomes	Date of Completion	Progress/Update	Additional Comments
Goal #1: Elevate awareness of employment efforts for individuals with disabilities.			
Redesign NH DHHS BDS Employment Webpage.		Submitted to BDS Web Liaison on 12/13/19.	
Update NH DHHS BDS Webpage at least twice per year.			
Develop an Employment Newsletter for Families twice per year.		Researched other NH family publications. Met with Cris/CSNI and discussed possible template on 12/10/19.	Per ELC discussion, our goal is to release 1st newsletter at Family Support Conference on 4/24/20.
Develop a media announcement to promote National Disability Employment Awareness month in October of each year.			
Initiate partnership with 2 businesses each year to highlight employment successes through corporate, community, state or national media.	Summer of 2019	Confirmed 2 businesses: *Sodexo *Omni Mt. Washington Resort	
Initiate stories with NH local and statewide media – ongoing.			
Present to two Chambers of Commerce and/or other local civic groups each year.			
Participate in two regional or statewide conferences each year.			Attended numerous conferences, including: Annual Advocacy Conference, DSP Conference and Transition Summit.
Goal #2: Cultivate partnerships with businesses and communities.			
Strategically partner with a minimum of 3 businesses/employers each year on specific statewide opportunities.	Fall of 2019		NH is confirmed as 1st State partner in national **Sodexo** history; agreed on goal of 10 hires. Met with **Omni** executive leadership; Omni agreed to host Business to Business Reception in 3/20 and partner with ELC on workshop at Family Support Conference.

Include Employment Leadership Awards updates and discussions at (a minimum of) quarterly meetings of the ELC each year.	January 2019	Ongoing.	
Recognize 2 self-advocates from 2 different businesses/employers (highlighting best or promising practices) in each of the *Employment Newsletters for Families* produced twice per year.		April Newsletter will target stories from Sodexo (The Moore Center) and Omni (Northern Human Services)	
Secure funding and coordinate outreach to sponsor 1 table (8 seats) of leadership from new businesses/employers to attend the Employment Leadership Awards. Tables would be hosted by ELC.	December 2019	Bureau of Vocational Rehabilitation agreed to pay for 8 seats of new business leaders, at ELC hosted table.	
Invite at least 2 business leaders to attend and present at ELC each year.	November 2019		Gary Symolon, National Recruitment Liaison from Sodexo presented at the 11/19 ELC mtg.
Goal #3: Develop and promote employment data reports.			
Develop and distribute 4 quarterly BDS Employment Data Reports (EDR) each year.		Completion Date of 1/15/20 for Quarter 4 of the EDR.	
Ensure that data is included and updated from at least 95% of all possible data records.			Data is complete for about 88% of employment records in June of 2019.
Establish a baseline of key data elements.			
Develop and complete the NH data report for the National Survey of State Intellectual and Developmental Disabilities Agencies' Employment and Day Services – each year.			
Goal #4: Foster collaboration, training and inter-agency supports.			
Partner with the Bureau of Vocational Rehabilitation on the completion of a Memorandum of Understanding (MOU) in 2020.		5 key priorities were discussed and confirmed at ELC meeting on 10/19.	
Partner with the Bureau of Vocational Rehabilitation on presenting an "MOU Road Show" in at least 8 communities.			
Meet at least quarterly with Director of Bureau of Vocational Rehabilitation.		Ongoing	
Meet at least quarterly with Administrator of Supported Employment at Bureau of Mental Health Services, NH DHHS.		Ongoing	

Partner with Bureau of Mental Health Services in engaging at least 50% of CMHC Supported Employment Coordination participation in 3 ELC meetings.	Sept 2019	40% of CMHCs Supported Employment Coordinators attended 1st ELC-CMHC partnership meeting.	
Develop "Top 10 Practices in Aligning Supported Employment" (between Area Agencies and CMHCs).		NH START Co-Director is working on Top 10 Practices based in info discussed at 9/19 ELC meeting.	
Development of a Project SEARCH statewide fact sheet/info graphic.		Outreach to 5 Project SEARCH Coordinators in 11/19.	
Goal #5: Facilitate ongoing planning, development and quality review.			
Maintain membership of at least 25 members (including representation of every Area Agency).	Spring 2019		
Develop a Strategic Initiative on Employment Dashboard to measure progress and outcomes.		1st Preliminary Draft Completed on 1/02/20.	
Update Strategic Initiative on Employment Dashboard quarterly each year.			

Appendix H

Important Considerations for Individuals with Intellectual Disabilities

By Laura Davies

Transportation

- Many individuals can’t obtain a driver’s license
- Without someone available for transportation, people can’t get where they need to go
- Hard to get to job, meetings, activities, and social life.
- Uber and Lyft can be expensive and dangerous
- Public transportation limited in certain areas

Employment

- Hard to find companies willing to accommodate needs of individuals
- Hours tend to be cut
- Hours aren’t flexible enough, especially with limited transportation
- Difficult to find and work with job developers (not always a good resource)

Personal Employment Experience

I applied to work for a large corporation over the summer of 2018. The corporation left me hanging with inconsistent communication about the job. Eventually, I got the job and a job developer to assist me with learning the demands of the position. The corporation would not allow the Assistive Technology consultant to work with me during my hours. They also wanted me to be totally independent with no accommodations or special training. If not, to have my job developer there all the time. The other staff were not assisting me. My hours were 20 hours per week but then they stopped putting me on the schedule. I wasn't treated with respect nor encouraged to learn new things.

Assistive Technology

- Apps can help individuals to learn tasks and apply consistently
- Using apps at work helps to organize work and stay on task
- Helps to be more independent

AT at Work

I have had a job at a restaurant for 5 years working as a busser. When I first started the job, I used an app called CanPlan to help me learn the steps and tasks I needed to do at work. My Transition Coordinator and AT consultant at the time helped me set up the app so I could work independently. Because of the support from the staff to allow me to use AT, I can now do the job with minimal assistance.

Transition out of school services

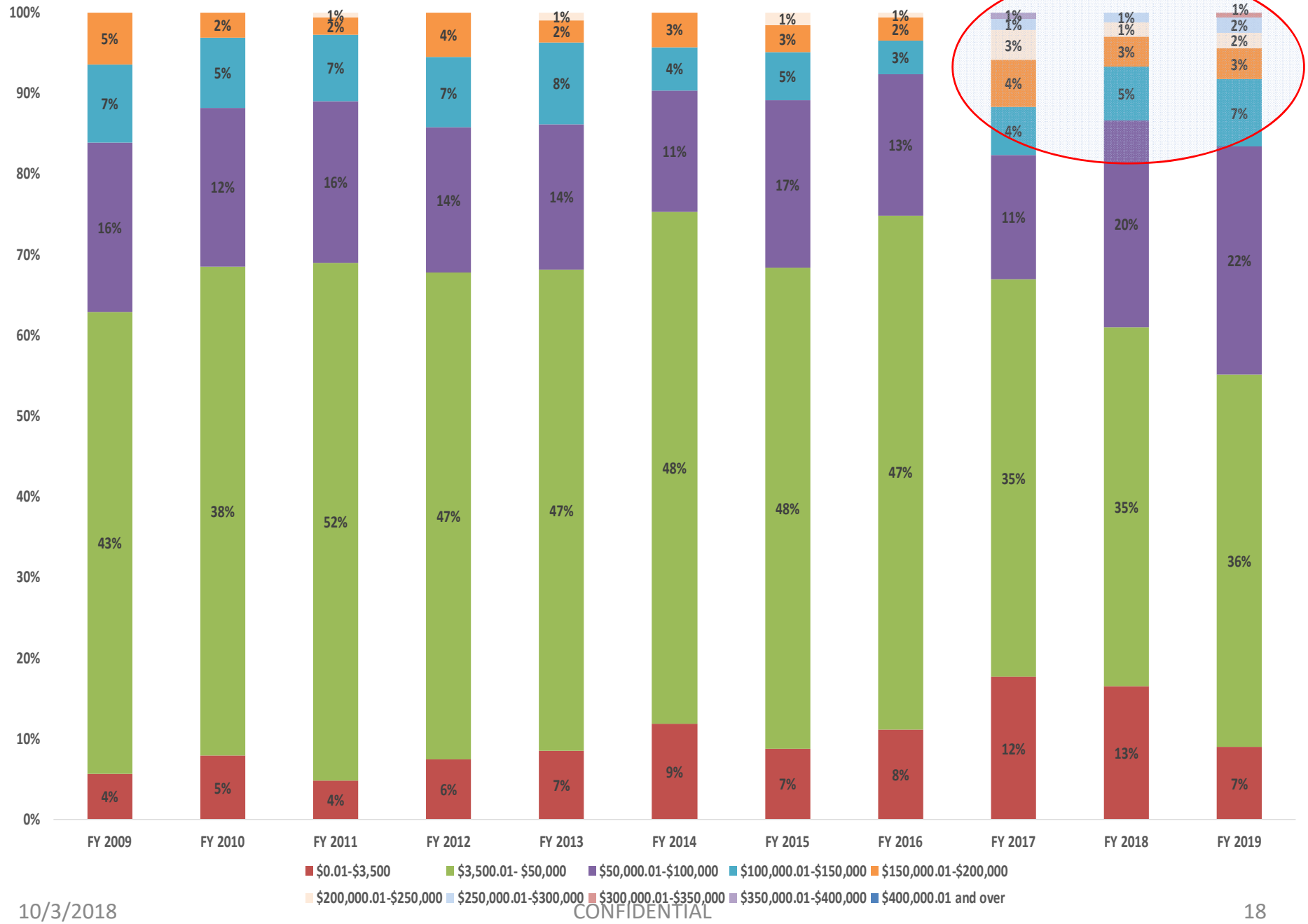
- Lose support from people who have watched you grow over time, making it difficult to find new people who understand you well
- Trouble finding new supports to work with and who are a good fit for needs
- No longer having a constant cohort of friends
- Difficult on family as well as individuals
- Time management changes drastically for individual and family

Higher Education

- There should be access to higher education for individuals with intellectual disabilities
- Expand knowledge on topics of interest
- Certificates from higher education could help with employment opportunities
- Important for everybody to be able to expand their knowledge as they move forward in life
- Gives tools and knowledge to advocate for what you believe in
- Higher education comes with independence and social learning opportunities
- Allows for new and active friend groups

Thank you for taking my input into consideration!

Appendix I: % of 22-Year-Olds per Budget Cohort: FYs09–19



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