NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

He-M 504

2023

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Background – HE-M 504

As the service system implements direct bill, and area agencies begin to provide less direct oversight to providers, a regulation that establishes standards for provider activities is needed.

This presentation provides an overview of the key requirements in the proposed He-M 504 with an emphasis on areas that providers have expressed increased interest in.

We will cover:

- Enrollment & Billing
- Certification Transfer/ Issuance
- Discontinuation of Services
- Passthrough Services
- Information Sharing & Availability

Throughout this presentation, answers to some commonly asked questions will be provided in a blue banner along the bottom of the slide.

When will we be provided a copy of our contract with the State?

Providers won't receive a contract with the State. Instead, the provider will complete a Medicaid Provider Participation Agreement. Additionally, He-M 504 will outline certain expectations of providers.

Enrollment/ Enrollment Requirements & Billing

Enrollment Process

- First- thank you to all providers who have already submitted an enrollment application!
- He-M 504 will require all home and community based waiver services (HCBS) providers to enroll by:
  - Completing an application for enrollment via the MMIS portal
  - Contacting BDS to complete a screening (this is new)
  - Completing the Medicaid Provider Participation Agreement

Enrollment Requirements

- HCBS providers must:
  - Comply with all applicable standards and meet any service-specific requirements (like certification and licensing)
  - Routinely check the OIG Exclusion List for current/future employees
  - Complete required criminal records requests for employees
  - Complete a DCYF registry and BEAS registry check for all employees working directly with individuals

Billing

- Claims must be submitted no later than 90 days after the date of service on the claim
- Submission of claims constitutes a provider's assurance that:
  - The service was delivered in compliance with all applicable federal and state rules
  - The provider agency has created and maintained all records necessary
  - The provider agency is prepared to share records with the Department or the Department's designee
  - The information included in the claim is accurate and complete

Discontinuation of Services

Notice Requirements

- Residency Agreement Services – 90 day notice
- No Residency Agreement Services – 30 Day notice, as defined by He-M 310
- If a provider decides to terminate their enrollment status, they must provide at least 90 days notice to the Department, the area agency, and the service coordination agency

Transition Requirements

- The provider agency must transfer a copy of the individual's service file to their service coordination agency
- The service coordinator must conduct service planning for any necessary transitions in accordance with He-M 503, He-M 522, or He-M 524
- The provider must participate in service planning activities and transition activities at the direction of the service coordinator
- The provider shall provide the service coordinator with alternative residential options or demonstrate a good faith effort to identify an alternative

Individual Appeals

- An individual may request an appeal of a discontinuation notice UNLESS the discontinuation is due to:
  - The provider agency's inability to provide services in accordance with an individual's needs/ health and safety;
  - The provider agency's inability to provide services in accordance with the individual's client rights;
  - The provider agency's cessation of operations.

How will termination(discontinuation) of services work?

Providers must provide notice to service coordinators and the area agency if they intend to discontinue services. The amount of notice depends on the type of service. Service coordinators will lead supporting transitions for individuals, but providers are responsible for assisting the transition process. For some discontinuation reasons, individuals may be able to appeal.

If an individual doesn't pay cost of care what recourse other than termination of services are there?

He-M 504 does not outline a process for providers to follow if cost of care obligations are not met. Each provider must decide how to operationalize this within their organization. Individuals may be able to appeal a discontinuation notice related to cost of care.

Passthrough Services

Passthrough Services

- Assistive Technology
- Environmental and Vehicle Modification Services
- Individual Goods and Services
- Crisis Response Services when providing indirect services
- Non-Medical Transportation
- Personal Emergency Response System
- Community Integration Services
- Respite
- Wellness Coaching
- Specialty Services for Assessments, Consultations, Evaluations

OHCDS Provider Requirements

- Be an enrolled provider
- Hold a contract or other agreement with the provider
- Ensure providers with which it contracts meet relevant requirements
- Submit an annual report
- Maintain records
- Do not restrict providers or individuals unnecessarily

How will pass-through services be managed and processed?

He-M 504 does not outline specific details of pass-through service management. Each pass through entity (are agency) will decide how to work with vendors on pass through services. BDS does intend to release a standard invoice template for area agencies to use.

Certification Transfer/ Issuance

Non-Emergency Certifications

- Every certification issued prior to July 1, 2023 to shall transfer from the area agency to the provider agency upon renewal
- Every certification issued after July 1, 2023 shall be issued directly to the provider agency requesting the certification

Emergency Certification

- When submitted after July 1, 2023 emergency certifications must be signed and submitted by the provider agency
- When issued after July 1, 2023 emergency certifications must be issued directly to the provider agency requesting the certification

Information Sharing & Availability

Broad Requirements

- Providers must share any information related to service delivery with BDS upon request (within 30 days)
- Providers must share any information that area agencies need to have access to, to complete their He-M 505 activities (within 30 days)
- Providers must share any information that service coordinators need to complete their Chapter He-M 500 activities

Specific Requirements

- The MMIS Portal/ BDS must be updated when:
  - There is a business affiliation change
  - There is an ownership/ control information change
  - There is a federal tax identification number change
  - There is a criminal conviction change
  - There is an addition to the BEAS or DCYF state registries
  - There is a service type change
- The area agency/ service coordination entity must be notified of any change that impacts the provider's status
- The Department, the area agency, and the service coordination must be notified when a provider decides to terminate their enrollment status

Will the new rule require a notice to providers if an individual wants to change vendor agencies.

This is not currently a requirement in He-M 504. If you would like to provide feedback on a potential provision on this topic, then please submit an informal public comment this month.

Rulemaking Updates

- BDS shared an initial draft of He-M 504 for informal feedback on May 3rd.
- Please submit feedback on the rule to BDS by June 5th, 2023.
- The Department will review comments and work on an updated version of the rule.
- It is unlikely that the rule making process will conclude by the time it is necessary to implement these elements.
- It is possible that the Department will file an emergency rule.