



MINUTES
Rate Structure Work Group Meeting
Friday October 20, 2023 / 10:00AM - 12:00PM
Held via: Zoom Webinar

Attendance: Melissa Hardy, BDS Facilitator; Laurie Vachon, BDS Facilitator; Christy Roy, DHHS Facilitator; Abby Conger, BDS; Drew Smith, A&M; Krista Stephani, MSLC; Lesley Beerends, MSLC; Martin McNamara, Optumas; Jacquelyn George, MSLC; Mary Elizabeth Lipcsak, PCG; Brittani Trujillo, PCG; Kim Shottes, ED Plus Company; Will Walker, Family Member; Ellen McCahon, ED CSNI; Matthew Cordaro, ED One Sky Services; Shelley Kelleher, CFO Lakes Region Community Services; Sudip Adhikari, Gateways; Kara Nickulas, CMCC; Alecia Ortiz, A&M; Susan Silsby, Easter Seals

Please reference the corresponding slide presentation for the detailed agenda, including topics and themes covered in the meeting and corresponding takeaways and applicable action items.

Topic	Key Takeaways & Action Items
<p style="text-align: center;">Introduction of PCG</p>	<p><u>Introduction of Team</u></p> <ul style="list-style-type: none"> • Public Consulting Group (PCG) was selected as the contractor to conduct future SIS assessments in New Hampshire. • Key members of the PCG team are: <ul style="list-style-type: none"> ○ Mary Elizabeth Lipcsak, Project Coordinator ○ Brittani Trujillo, Quality and Subject Matter Expert ○ Lori Williams, Quality Lead and Trainer ○ Emily Crawford, Project Manager ○ PCG trained SIS assessors: Our assessors have to be recognized in every state to use the SIS. • All PCG SIS assessors reside in New Hampshire and have received training to be formally recognized as SIS-A assessors. • PCG is headquartered in Boston; the firm has 40 offices and employs 2,500. • PCG focuses on five practice areas, including health and human services.

- PCG reports having conducted more SIS-A 2nd edition assessments than any other state and/or vendor.

SIS-A 2nd Edition and Benefits

- The 2nd edition was released in January 2023 and includes updates to norms and several enhancements.
- The SIS-A is completed in a group (to include the individual) and must include at least two individuals who are familiar with the individual and their names.
- A qualified assessor guides discussion and helps team determine accurate ratings.
- The SIS-A measures an individual's exceptional medical and BH support needs (please see accompanying PowerPoint deck for a list of support needs for life activities).
- The assessments take between 2-4 hours.
- Section 1: Exceptional medical/BH support needs.
- Section 2 is where discovery happens. Items that are reviewed include the supports that would best fit the needs in 7 adult life settings.
 - The items in this section focus on what the individual cannot do, rather what they can do with right supports.
- The individual's team determines right amount of supports, frequency of supports.
- There are several benefits of the 2nd edition of the SIS-A including:
 - New norms ensure that person's score remain meaningful in comparison to today's population rather than people from over 20 years ago.
 - New items added to exceptional support needs section to provide better distinctions in support need and ensure that important support needs are not overlooked.
 - Supplementation Protection and Advocacy renamed to Advocacy Activities to reflect agency of individual's assessed. Questions are the same, just a new title.
 - AA scale is incorporated in the SIS-A as a normed scale.
 - Data analysis confirms the SIS-A remains a valid assessment of support needs amount adults with IDD up to 84.
 - Employment Activities renamed to Work activities. Applicable to older adults who may have retired.

- Reorganization of sections/scales and items to make interview more efficient.
- Minor edits in wording and phrasing of headings and item descriptions.

Proposed Process for Performing Assessments

- The Department will begin implementing the SIS-A assessments in November 2023.
- PCG will work with the Department to develop the SIS-A referral process.
 - PCG will also work with the Area Agencies (AAs) to schedule assessments.
- It is anticipated that PCG will conduct 120 assessments per month.
- **Question:** Who will be ensuring that the most appropriate people are in the interviews? It is important to ensure that providers are represented when appropriate.
 - **PCG Response:** It is required that the respondent team include at least two individuals who have known individual for at least 3 months. We always ask that the individual is present too. We understand that individuals may not be able to participate in the entire interview. We will be working with our scheduling team to make sure appropriate people are included as well.
- **Question:** Is the plan to use/leverage expertise in management consulting and SIS area to integrate us and make us look more like VT and Maine or to give us our own separate path in NH?
 - **PCG Response:** We are here to propose and recommend ideas but we are open to processes and procedures that are specific to New Hampshire. We have a very successful track record of assessing, but we do have experience that has worked in other states. We can have further discussion with the Department.
- **Question:** How does the SIS work for individuals living with a brain injury?
 - **Department Response:** The SIS is designed for individuals with intellectual disabilities who are 16 and over. Our first goal is to prioritize rate development for the DD waivers, and then expand this work for individuals receiving services under other waivers.

- **Question:** As an independent service agencies, do we need to work with the AAs or work with PCG to be involved in scheduling and the assessment meeting?
 - **Department Response:** It depends on where the individual is on their journey in our service system. If they have a case manager we will be working with them. If the individual is brand new we will work with the AA.
- **Question:** You are planning on 120 assessments per month. What is your plan for addressing the current backlog?
 - **PCG Response:** We do not have the exact answer, this will be a discussion that we need to have with the Department.
- **Question:** Part of the reason of doing the 400 independent assessments was to avoid conflict of interest. But this leaves all of the ones that had been done. Am I correct in recalling that the 400 assessments were in lock step with what had been done previously?
 - **Department Response:** We plan to do the SIS-A2 on every individual. Former assessments will be redone, and we are working on a plan to address this.
- **Question:** Will there be a dispute process if someone does not agree with the results.
 - **Department Response:** We are working on this at this time and it will be clearly delineated to families. We will be creating a SIS exceptions sub-committee to respond to individuals about questions.
- **Question:** Will the SIS be used as the person-centered planning tool? The language on the Department's website is unclear.
 - **Department Response:** The SIS is part of the person-centered planning process and we will review the language on the website.
- **Question:** How often will the SIS be conducted?
 - **Department Response:** Every five years on a regular basis.
- **Question:** What will happen when someone has a change in condition?
 - **Department Response:** We will be talking more about this. Not all rates are informed by the SIS. We will discuss

	<p>more about what happens when there is a change in someone’s circumstances.</p> <ul style="list-style-type: none"> • Question: What will the SIS assessors be paid? <ul style="list-style-type: none"> ○ Department Response: They are paid through the contract and we cannot answer what the individual rate of pay will be.
<p style="text-align: center;">SIS-A Assessments and Rates</p>	<p><u>SIS Levels Developed for New Hampshire</u></p> <ul style="list-style-type: none"> • Myers and Stauffer has customized the SIS levels for New Hampshire, although similar models are used in other states. • On the matrix (please see the accompanying PowerPoint deck), support needs is the equivalent to general support needs. You will notice that general support needs increases by SIS Level. • For the behavioral health (BH) support category, the SIS Level 3 is the first increase in terms of support needs. Even if an individual has low or moderate general support needs, they would be placed in the SIS Level 3, instead of Levels 1 or 2. <ul style="list-style-type: none"> ○ Individuals will always be placed in the highest level that the SIS assesses. ○ Level 7 is the highest for the BH support category. • Within the medical support category, the highest SIS Level is Level 6. <ul style="list-style-type: none"> ○ If an individual has both extraordinary needs, the default is to place them in SIS Level 7. • At this time, the proposal is to not have seven SIS Levels for each rate. Levels will be grouped, and will depend on the service. <ul style="list-style-type: none"> ○ These groupings are still under-development, but Myers and Stauffer can talk about the rates that will be using these levels. • Question: There is a lack of understanding about how SIS information is translated to a rate group. I think it would be really helpful to take SIS score people are used to seeing and crosswalk it to these SIS levels. Without addressing knowledge gap this will generate a lot of questions <ul style="list-style-type: none"> ○ Myers and Stauffer Response: We can work on putting this information together. It is important to keep in mind that this information is still under-development to a certain extent and may be subject to adjustments.

Developmental Disabilities (DD) Waiver Current Services

- The DD waiver services that are currently proposed to align with SIS Levels are:
 - Community Participation Services.
 - Community Support Services.
 - Residential Services (staffed residential homes, enhanced family care, and other residential services).
 - Respite.
 - Supported employment.
- **Question:** The index score may not be completely reflective on the areas where someone is struggling. This can definitely determine how we care for individuals. If there is a way to capture this data somewhere it would be helpful. But I think looking at home supports, community, and home living are probably three categories that will be critical to making it a functional system.
 - **Myers and Stauffer Response:** Thank you for your feedback.
- **Question:** I need more information, but in these levels, I am thinking about people we serve whose support needs are probably low to moderate but BH needs are high and are challenging to support. If an individual has a high level BH need and are at level 3, what is the mechanism if a provider cannot support this individual to receive a higher rate?
 - **Myers and Stauffer Response:** If an individual does have BH needs above high, even if they have little to no general support needs, they would end up in the Level 7. Hopefully this would help.
 - **Department Response:** We will use some supplemental questions to determine unique support needs. We are working on a SIS exceptions sub-committee process (may not be the name for it, but we will outline this as part of the process).
- **Question:** Someone could be in a Level 1 but they receive 1:1 services. Will this be reflected?
 - **Department Response:** I think we will see this in the rate methodology. I think you will see some of that in how the rates are proposed. And then in addition we will have the exceptions process.

- **Comment:** Only looking at SIS scores every 5 years may not reflect current person-centered planning.
 - **Myers and Stauffer Response:** The SIS is only a tool and was used only as a budgeting tool, not rates: I think some of this was just addressed by the Department in discussion about the exception process.
 - **Department Response:** As people receive more information, some questions will be answered.
- **Question:** Can you please clarify what other residential services include, does this include services under the In-Home Supports waiver?
 - **Myers and Stauffer Response:** In-Home Supports waiver services will be looked at separately. For this discussion other residential services include the 521/525 homes.

Components Adjusted for SIS-Informed Rates

- Myers and Stauffer adjusted components based on the last conversation had with the Rate Work Group. Adjustments included:
 - Direct support professional (DSP) wages.
 - DSP training hours (this is factored into the DSP Productivity Factor).
 - Staffing Ratios (these likely apply most to staffed residential services; however, we may see staffing ratios impacting other rates).
 - Support Levels for Residential Services.
- The Department really does want to focus on providing adequate wages to the DSPs because this is critical to providing services to individuals.
- For staffed residential, it is important to keep in mind that there may be multiple rates in the SIS Level 2 band.
- **Question:** How are you accounting for travel time and distance?
 - **Myers and Stauffer Response:** There are some services that consider travel time and distance. Some rates have costs built in that are attributed to time/distance.
- **Question:** What will the impact be of House Bill 642?

	<ul style="list-style-type: none"> ○ Department Response: We are keeping Myers and Stauffer informed to determine how any changes may impact calculations. ● Question: When might we see updated rates for service coordination and DSPs? <ul style="list-style-type: none"> ○ Department Response: We are reviewing House Bill 2 but this is separate from this rate methodology work. We are working with stakeholders to determine how this will roll out. ● Question: Any potential to grandfather existing home care provider stipends if they are currently reimbursed more than the new banded stipend? <ul style="list-style-type: none"> ○ Myers and Stauffer Response: The stipends are only one component and there is some flexibility here. We are also looking at historical budgets to see what we calculated to determine how this compares to what is being proposed. Also, we are working with the Department to look at specific ones budgets to make sure we are accounting for everything we should be. ○ Department Response: There is a lot of nervousness about what will happen. Our only goal is to develop adequacy of rates, fiscal stability of providers, and increase capacity. It is possible where the rate does not equal what it is today, but we will be looking at those and how we will implement rates. It is very important to us that we ensure continuity of care.
<p style="text-align: center;">Next Steps</p>	<p><u>Upcoming Rate Work Group Meetings</u></p> <ul style="list-style-type: none"> ● November 17, 2023 from 10-12 PM <ul style="list-style-type: none"> ○ Location: Philbrook (PATH) Granite Conference Room 1221, South Fruit St. Concord, NH ● December 1, 2023 from 9-12 PM <ul style="list-style-type: none"> ○ Location: DHHS Brown Building, Brown Auditorium 129 Pleasant St. Concord, NH 03301 ● Meetings are planned to discuss various rate components and data sources used as part of development of initial rate calculations.

	<ul style="list-style-type: none"> ○ Myers and Stauffer is planning on showing each service with the SIS-informed rates for the DD waiver. ○ It is anticipated that Myers and Stauffer will walk through proposed rates and how the methodologies were developed. ● In-person attendance required for Rate Work Group Members. ● Members of the public can attend in-person or virtually. ● Feedback can be submitted to BDSRateStructureWorkgroup@dhhs.nh.gov. ● The intent of these meetings is to have all Rate Work Group members together to look at proposals and receive feedback.
<p style="text-align: center;">General Questions and Comments</p>	<ul style="list-style-type: none"> ● Two Rate Work Group members requested materials for this meeting (the SIS crosswalk and presentations in advance of the meeting dates). The Myers and Stauffer team committed to providing both sets of materials. ● Question: Do you have a financial impact statement on how this will impact system and budgets? <ul style="list-style-type: none"> ○ Myers and Stauffer Response: We are working on system impact and looking at individualized budgets. But because we do not have updated SIS assessments, it is difficult to review how they will align up with levels. We are making a lot of assumptions, but we are working with the Department to verify assumptions.