THE NEW HAMPSHIRE DEVELOPMENTAL SERVICES QUALITY COUNCIL

YEAR END REPORT TO THE NEW HAMPSHIRE LEGISLATURE
NOVEMBER 2011

INTRODUCTION

In 2009 the New Hampshire legislature passed, and Governor Lynch signed into law, HB 483 establishing the New Hampshire Developmental Services Quality Council (hereafter referred to as the Quality Council). The creation of the Quality Council came about as a result of the State Legislature's consideration of developmental services issues over several sessions. In 2007, the New Hampshire Legislature passed SB 138 providing funding for the developmental services wait list, increasing salaries for certain direct care workers, and establishing a broadly representative committee (known as the SB 138 Committee) to improve the capacity of the State's developmental services system to address workforce and quality assurance issues. In its final report, *SB 138 Quality Improvement Committee Report*, issued in November 2008 the committee recommended establishing, in statute, an ongoing council to review quality assurance efforts and make recommendations to improve the ability of the developmental services system to meet the needs and goals of the individuals it serves. As stated in the statute, the purpose of the Quality Council is "to provide leadership for consistent, systemic review and improvement of the developmental disability and acquired brain disorder services provided within New Hampshire's developmental services system."

http://www.gencourt.state.nh.us/rsa/html/XII/171-A/171-A-33.htm

By law, the Quality Council is required to make an annual report to the New Hampshire Legislature. This is the Council's second report; the first was issued in December 2010 and summarized the Quality Council's first 16 months. This report covers the Quality Council's work and achievements from November 2010 through October 2011.

ORGANIZATIONAL STRUCTURE AND SUPPORT

In its first year, the Quality Council created an organizational structure and adopted by-laws. The by-laws call for the Quality Council to meet at least six times a year. The meetings are open to the public and a period for public comment is included on every Council agenda. The Council's meeting schedule, agenda, and meeting minutes are posted by the Bureau of Developmental Services on the Department of Health and Human Services (DHHS) website at http://www.dhhs.nh.gov/dcbcs/bds/qualitycouncil/

From November 2010 through October 2011, the Quality Council met every month with

the exception of December. The Council subcommittees met more frequently and reported at the Council's monthly meetings. Quality Council subcommittees active during the last year included: Planning for Regional Meetings, Development of Employment Indicators, Improving Access and Transparency, and Review of He-M 503 (the State regulation concerning eligibility for developmental services).

At its annual meeting on September 20, 2011, the Quality Council set priorities for the coming year. The Council will continue to review and make recommendations concerning developmental services regulations, policies, and practices. The Council also voted to focus its efforts on improving the quality of direct care and family support in New Hampshire's developmental services system. Council subcommittees have been established to work on these issues.

The Bureau of Developmental Services provides administrative support to the Quality Council, including: 1) staffing for monthly meetings and work projects, 2) researching issues that come before the Council, 3) access to E-studio (a secure on-line workspace used by Council members to post information and share materials), and 4) maintaining a Quality Council link on the DHHS website. Organizations represented on the Council have posted the DHHS-Quality Council link on their websites.

During the past year, the New Hampshire Council on Developmental Disabilities hosted Council meetings in its conference room in the Walker Building. For the coming year, the Quality Council will move its meeting to the professional conference center at the Institute on Disability- University of New Hampshire in Concord. This will provide Council members who are unable to travel to Concord the option to participate in meetings through a videoconference link at an Area Agency nearer their home. Teleconference access is available as well.

QUALITY COUNCIL MEMBERSHIP

The membership of the Quality Council as defined in the statute includes representation from the Bureau of Developmental Services, Area Agency Boards of Directors and Family Support Councils, the Institute on Disability, service providers, advocacy organizations, a direct support professional, an enhanced family care provider, and individuals with developmental disabilities.

In October 2010, the Quality Council adopted a Code of Ethics for members. At its November 9, 2010 meeting, the Council voted unanimously to approve the following statement concerning member responsibilities.

NH DEVELOPMENTAL SERVICES QUALITY COUNCIL
COUNCIL MEMBER RESPONSIBILITIES

1. *Be informed about and a proponent of the Quality Council's guiding principles, policies, and procedures.*

2. *Exercise legal and ethical integrity and maintain accountability and transparency to individuals with disabilities and their families, the general public, and each other.*
3. *Prepare for and attend (in person or by teleconference) Quality Council and subcommittee meetings.*
4. *Actively participate in meetings and assignments.*
5. *Support the majority opinions of the Quality Council.*
6. *Be available as a resource and provide ethical, professional support to the Quality Council.*
7. *Avoid involvement in political campaigns in the name of the Quality Council.*

The Quality Council has a committed and active membership. Since its inception, there has been a quorum at *every* Council meeting. In addition to the monthly meetings, nearly all members serve on at least one Council subcommittee. The amount of time volunteered and the quality of professional experience and expertise provided by Council members has been exceptional.

In accordance with its by-laws, the Quality Council's annual meeting is held in September; Council officers are elected and each year a third of the membership is up for reappointment. At its annual meeting on September 20, 2011, the Council unanimously re-elected Quality Council Chair Cathy Spinney and Vice Chair Kathy Bates to another term. Council appointments for the coming year included representatives from Family Support Councils, Area Agency Board of Directors, the Private Provider Network, the Institute on Disability, and the Disability Rights Center. The current list of Council members, can be viewed on-line at:

http://www.dhhs.nh.gov/dcbcs/bds/qualitycouncil/documents/members.pdf

The Quality Council still has open seats for a representative appointed by the Private Provider Network and a local Family Support Council representative appointed by the State Family Support Council.

IMPROVING EMPLOYMENT OUTCOMES

During the past year the Council's Employment Subcommittee reviewed current quality assurance measures for employment services and worked to develop standards and processes that would improve employment outcomes for individuals who are served by the developmental services system. The Committee worked over several months to developed employment indicators, sharing their progress and seeking feedback from the full Council at its monthly meetings. In June 2011, the Committee presented its final report to the Council; the report included Quality Indicators for Employment and recommendations to the Bureau of Developmental Services for improving employment outcomes. The Quality Council voted unanimously to accept the Employment Committee's report and requested that Bureau send the report to Area Agency Boards of Directors and Family Support Councils. (See Addendum #1 – *Quality Council Report: Quality Indicators for Employment)*

On September 15, 2011 the Bureau of Developmental Services issued a formal response

to the Quality Council's report and recommendations. In his letter to Council Chair, Cathy Spinney, Bureau Administrator Matthew Ertas noted that the "Council has done a very thorough job in highlighting the need for capturing meaningful data that can be used to influence decision-making on all levels." He went on to state that the Bureau will be incorporating the quality indicators identified by the Council as they develop a data system on employment services and outcomes. As the data system comes on-line, the Bureau will consider the recommendations in the Quality Council's report. He invited the Quality Council to participate in the Bureau's workgroup to review baseline data and develop benchmarks and performance targets for employment services. (See Addendum #2 - *Bureau of Developmental Services Administrator Matthew Ertas September 2011 letter to the Quality Council.*)

IMPROVING ACCESS AND TRANSPARENCY

By statute, the Quality Council duties include reviewing, interpreting, and disseminating data and information on the quality of developmental services to bring about transparency for all stakeholders and the public. During the past year, improving access to information and transparency about the developmental services system has been a priority for the Council. In its monthly meetings, the Council has frequently discussed the need to provide individuals with disabilities and their families with better access to information. As an example, a Council member who is a parent advocate and has two children with developmental disabilities talked about the inconsistencies across regions in how Area Agencies inform families about the Children's In-Home Support Waiver.

In the Spring of 2011, the Council created a subcommittee to consider what can be done to make it easier for individuals with disabilities and their families to access information about services and to improve transparency in the Area Agency system. The subcommittee suggested creating an overview, in a simple bulleted format, of available developmental services programs and supports. This information could be compiled on a CD and posted on the Bureau of Developmental Services and Area Agency websites with links to more detailed descriptions of services.

Cynthia Mahar, CSNI's representative to the Council and a member of the Access and Transparency Subcommittee, created a PowerPoint for 525 Consolidated Services (formerly known as consumer directed services). She asked families to preview this presentation and used their feedback to make revisions. At its November 2011 meeting, the Quality Council will be reviewing the 525 PowerPoint. It is anticipated that this PowerPoint can provide a model for providing concise, easily accessed information about other developmental services programs.

Cathy Spinney, Chair of the Quality Council and Board President for the Area Agency in Region 10, took on the task of trying to improve access to information about Area Agency policies that govern services. She developed PowerPoint presentations for three agency policies in Region 10. She presented these to the Council and asked members if it would be helpful to have this type of information available to individuals with disabilities

and their families. Council members concurred that giving families access to concise, easily understood information would be extremely valuable. The Council recommended that this information be available on-line and organized by service category with a menu that would be easy for families to navigate. The Council recommended that in addition to links to the Area Agencys' complete policies, that there also be links to any corresponding State rules or regulations. At the request of the Quality Council Chair, the Executive Director at Region 10 has agreed to develop the model to provide access to Area Agency policies on their website. However, with current budget constraints and increased demands on Region 10 staff, this work will not begin until Spring 2012.

REVIEW OF DEVELOPMENTAL SERVICES RULES AND REGULATIONS

Among its responsibilities, the Quality Council is charged with reviewing rules to ensure that the developmental services system works as intended in RSA 171-A:1. To meet this obligation, the Council reviews and makes recommendations on proposed changes in developmental services regulations. In its first year, the Council reviewed changes in the He-M 202 (state regulations governing client rights) that would shift responsibility for conducting formal complaint investigations from the Area Agencies to the Bureau of Developmental Services. After careful deliberation and debate, the Quality Council voted 11 to 3 (with one member abstaining) to support the Bureau's proposed rule change. Beginning September 1, 2011, the new complaint investigation process for the developmental services system took affect.

In its monthly meeting following their vote on changes to He-M 202, members discussed the decision making process that the Quality Council used in considering these proposed regulatory changes. This discussion included concerns about how to handle potential conflicts of interests of members and underlined the need for a formal code of ethics for the Quality Council. A subcommittee was appointed to draft a code and in October 2010, the Council voted unanimously to adopt a code of ethics. (See Addendum #3 – *Quality Council Member Responsibilities.*) Members also recognized the importance of having a formal policy to guide the Council in its review of regulations. A subcommittee was formed to work on this and in January 2011 presented a draft policy to the Council. The Quality Council reviewed the draft and made recommendations for changes and in March 2011 unanimously voted to accept the revised policy for reviewing State regulations. (See Addendum #4- *Quality Council Policy for Review of State Regulations.*)

In June 2011, Council Vice Chair Kathy Bates brought to the Council's attention proposed changes to the Bureau of Elderly and Adult Services (BEAS) regulations governing personal care services. If these changes were to go into effect, BEAS would authorize payment only for *in-home* personal care supports. Ms. Bates and others who depend on personal care service providers to access their communities would no longer have the support they needed to work, volunteer, or participate in community events. While the Quality Council has no formal relationship with the Bureau of Elderly and Adult Services, several Council members agreed to look into this matter. Responding to concerns raised by Council members and others, including Granite State Independent

Living, in August 2011 BEAS removed proposed regulatory changes that would limit or substantially change personal care services.

During the summer of 2011, a Council subcommittee reviewed proposed changes to He-M 503 (State regulations concerning eligibility for developmental services). The subcommittee presented its findings and recommendations to the Quality Council at its meeting in October 2011. In November, the Council will vote on the subcommittee's recommendations concerning changes to He-M 503.

RESPONSE TO THE STATE BUDGET AND NH'S MOVE TO MANAGED CARE

During the Legislative Session, the agenda for the Quality Council's monthly meetings included updates on the State Budget and proposed legislation that would impact individuals with disabilities and their families. The Quality Council has been – and remains - deeply concerned about the impact of cuts in the developmental services budget on the availability and quality of supports and services for New Hampshire citizens with developmental disabilities and/or acquired brain injuries.

In March, the Quality Council submitted a formal letter to the New Hampshire House of Representatives, to be included in the public testimony on the State Budget, registering their concerns with the proposed budget. (See Addendum #5 – *Quality Council Letter to the New Hampshire House.*) When the Senate Finance Committee took testimony on the State Budget in April, the Quality Council again submitted a formal letter expressing concern about the impact that cuts in supports and services will have on individuals with disabilities and/or acquired brain injuries and their families. (See Addendum #6 – *Quality Council Letter to the New Hampshire Senate Finance Committee.*)

The Quality Council also has been closely following the Department of Health and Human Services' move to implement a managed care model for financing and delivering all Medicaid-funded services in New Hampshire. In June 2011, the Quality Council sent a letter to Commissioner Nicholas Toumpas responding to the DHHS Guiding Principles for moving to managed care. The Quality Council noted that these principles were focused on "health outcomes" associated with medical services and cost efficiencies and did not address "quality of life" issues that are inherent to habilitative services or long term care that is provided by the developmental services system.

In the letter to the Commissioner, the Council stated, "We would submit that 'health outcomes' are much more difficult to assess in the context of long term care. Will satisfaction with one's living arrangement, community involvement, and work opportunities have meaning in this (managed care) system? If so, is it not reasonable for your principles to reference 'quality of life' alongside 'health outcomes'?" (See Addendum #7 – *Quality Council's June Letter to Commissioner Toumpas.*)

The Quality Council has received no response to its letter to Commissioner Toumpas. At its October 2011 meeting, the Council unanimously voted to resubmit this letter. Council

Chair Spinney wrote the Commissioner and requested feedback to questions posed in the Council's earlier correspondence and invited the Commissioner to attend a Council meeting to further discuss this issue. (See Addendum #8 – *Quality Council's October Letter to Commissioner Toumpas.*)

2011 Regional Meetings

During the past year, the Quality Council, in collaboration with Area Agencies, held regional meetings in Nashua, Claremont, Concord, and Laconia. The regional meetings introduced the Quality Council to a broad range of stakeholders, including individuals with developmental disabilities and their families, Area Agency and vendor staff, and interested community members. These meetings also provided Council members with the opportunity to hear first hand about the issues affecting the quality of developmental services and the challenges confronting the State's developmental services system.

The Council had planned to hold meetings in all ten regions over the course of the year. However, as the State budget crisis unfolded, Area Agencies asked that the regional meetings be postponed, as they needed to focus their time and energy on helping families to understand and plan for potential changes in services and supports. The Council plans to hold meetings in the six remaining regions during the coming year. A meeting in Region 10 is scheduled at Community Support Services on November 15, 2011.

Getting the Word out about the Quality Council

The Quality Council has made a concerted effort to inform the individuals with disabilities, family members, service providers, and the general public about its work. Detailed information about the Quality Council is included on the Department of Health and Human Services website. The Council also has its own email address, bdsqualitycouncil@dhhs.state.nh.us In January 2011, the Quality Council information on the DHHS website was updated to include a "Contact Us" option that provides an email link for users.

Council member Jan Larsen wrote an article about the Quality Council that appeared in the fall 2010 issue of the *New Hampshire Challenge*. In January 2011, Council member Crystal Johnson made a presentation about the Quality Council for People First. The 2011 Family Support Conference in May and Direct Support Professionals Conference in October included workshops with Quality Council members presenting information about the Council and answering questions.

In Summary

Since its inception in September 2009, the New Hampshire Developmental Services Quality Council has taken its charge very seriously to provide leadership for the review

and improvement of New Hampshire's services to individuals with developmental disabilities and acquired brain injuries. While its membership is diverse and represents a wide variety of stakeholders, the Council is united in its commitment to preserve and improve the quality of New Hampshire's developmental services system. In the past year, the Council has developed quality indicators and processes to improve employment outcomes for individuals with developmental disabilities and acquired brain injuries. The Council has reviewed and made recommendations to proposed changes in the rules and regulations that govern New Hampshire's developmental services system. The Council also has offered public comment on the State budget and the Department of Health and Human Services move to a managed care model for funding services.

In setting its priorities for the coming year, the Quality Council has voted to focus its efforts on improving the quality of direct care and family support services in our state. The Council is also continuing its work to increase the accessibility and transparency of New Hampshire's developmental services system. The Council will be closely following the State's adoption of managed care and will be looking carefully at how this approach will impact individuals receiving long term care and supports.

ADDENDUM

Addendum #1 – *Quality Council Report: Quality Indicators for Employment*

Addendum #2 - *Bureau of Developmental Services Administrator Matthew Ertas September 2011 letter to the Quality Council.*

Addendum #3 - *Quality Council Member Responsibilities*

Addendum #4 – *Quality Council Policy for Review of State Regulations*

See Addendum #5 – *Quality Council Letter to the New Hampshire House*

Addendum #6 – *Quality Council Letter to the New Hampshire Senate Finance Committee*

Addendum #7 – *Quality Council June Letter to Commissioner Toumpas*

Addendum #8 – *Quality Council's October Letter to Commissioner Toumpas*

ADDENDUM #1

NEW HAMPSHIRE DEVELOPMENTAL SERVICES QUALITY COUNCIL

Bureau of Developmental Services
105 Pleasant Street
Concord, NH 03301

Phone: 603-271-5143

Cathy Spinney, *President*
Area Agency Board Member

Members

Kathy Bates
NH Council on Developmental Disabilities
Ellen Boudreau
Autism Society of New Hampshire
Robin Carlson
Enhanced Family Care Provider
Dick Cohen
Disability Rights Center
Matthew Ertas
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Chrystal Johnson
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Jan Larsen
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Debra McClure
Family Support Council Member
Kirsten Murphy
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Dave Ouellette
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Jennifer S. Pineo
Area Agency Board Member
John Richards
Brain Injury Association of NH
Scott Trudo
Institute on Disability
Barbara Wilson
Direct Support Provider

Coordinator

Denise Sleeper
Bureau of Developmental Services

14 July 2011

Matthew Ertas
Bureau Administrator
State of New Hampshire Bureau of Developmental Services
105 Pleasant Street, First Floor South
Concord, N 03301

Dear Matthew:

Attached is the final report from the Quality Council's Employment Data Review sub-committee. Committee members Dick Cohen, John Richards, Kathy Bates, Dave Ouellette and Denise Sleeper have done a thorough job identifying quality indicators and putting forth recommendations to measure quality in the employment domain.

The full Quality Council has reviewed the indicators and recommendations and has unanimously approved the report's content. We ask the Bureau to consider the content of this report when formulating goals and means to measure quality for Area Agencies and vendors. The Council will be reviewing and monitoring data over the next few years and will likely make further proposals as the data is analyzed.

We are also sharing this report with Area Agency Boards, Family Support Councils and Executive Directors to assist them in their strategic planning around the employment domain. We welcome feedback and questions, and all Council meetings are open to the public. Time is allotted at the end of each meeting for public comment as well.

As always, the Council appreciates your thoughtful consideration and assistance.

Regards,

Cathy Spinney
Quality Council President

cc: Area Agency Boards
Area Agency Family Support Councils
Area Agency Executive Directors
NH Quality Council membership

QUALITY COUNCIL REPORT ON STATEWIDE AND REGIONAL QUALITY INDICATORS FOR EMPLOYMENT (7/12/11)

Employment Subcommittee's Charge and Background

The law establishing the Developmental Services Quality Council, RSA 171: A:33 (also known as HB 483, 2009) requires the council to develop and recommend to the DHHS/BDS:

- Standards of quality and performance expected of area agencies and provider agencies.
- Methods to determine whether the standards are being met through data and information collection and other quality assurance (Q.A.) and oversight mechanisms.
- Content, frequency and recipients of quality assurance reports.
- Expectations and procedures for improvements when identified as needed.

The Quality Council determined that it should tackle the employment domain first and assigned a subcommittee to make recommendations to the full committee. A preliminary report and presentation from the subcommittee was made at the April 12, 2011meeting, and at the June14, 2011 meeting the Quality Council approved the indicators with some modifications.

Attached as Appendix A are the approved standards and indicators. As of now, they are not intended to replace other standards or methods DHHS/BDS uses to review or evaluate Area Agency performance. ***It is recommended that the Quality Council and/or BDS go through other licensing, certification and quality assurance standards and mechanisms to eliminate any duplication and unnecessary measures or mechanisms and add or align them with the standards/indicators recommended here.***

The Quality Council guiding principles, which are taken from legal or best practice standards, and which support the recommendations are attached as Appendix B.

Quality Indicators for Employment

As noted, Appendix A lists the indicators and the sources of data or methods to determine whether the indicators have been met. The indicators specified as "primary" are the ones in which performance of the AA's will be directly measured and upon which actions may be taken when they are not met.

Almost all of this data is being collected now. The difference is that they will be measured against benchmarks and targets.

Most of the data on the secondary indicators is also being collected. They will have several related purposes. Like the primary indicators, they will also inform on how well the Area Agencies (AA's) are doing in promoting employment and employment outcomes. They will also help explain why one or more primary indicators are not being met and therefore suggest a corrective action or conversely explain why an AA is meeting or exceeding primary indicators.

Further Recommendations

The Quality Council recommends that DHHS/BDS adopt the following standards and processes:

1. Provide a 5-7 year time frame for AA's to meet established targets for each primary indicator. BDS, with input from the Quality Council, shall determine the targets and use as a guiding principle the expectation and norms for persons without disabilities. See Appendix C for examples. Regional, economic or other salient factors should be taken into account. For example, if the employment rate in one region of the state is 80% and another it is 95%, the targets should be adjusted accordingly.

2. Annual or biannual benchmarks would be set leading to the 5 to 7 year target. For example if the goal is to achieve an average of 30 hours per week of employment by the final year, intermediate benchmarks for year one could be 15 hours, year two-17.5 hours, year three- 20 hours, etc.

3. If the in-house capacity does not exist at DHHS/BDS or otherwise in state government to determine the employment economics aspects of the determinations, calculations and the metrics, a consultant(s) should be retained.

4. The benchmarks and targets would not be set until after collecting 12-18 months of baseline data for at least each primary indicator.

5. In addition to looking at the averages and expectations of the non-disabled population, the targets and benchmarks would be based on:

   (a) What is both realistic and challenging.

   (b) The assumption that best practices and well trained and supervised staff will be used.

   (c) The baseline data (i.e. what the starting point is)

   (d) Possibly allowances for certain types of disabilities

   (e) And as noted, regional differences

6. Consideration should be given to allowing for adjustments to the benchmarks or target in the implementation phase when there are compelling reasons such as a major shut down of an

employer in a region. Alternatively rather than alter the benchmark, such significant events could be taken into account in determining the action that should (or should not) be taken if the benchmark or target is not met.

7. The above process and the benchmarks and targets should be incorporated in the DHHS—AA contracts or through some other means so that they have legal effect. The process/contract will also provide rewards, consequences or assistance depending on whether or not the benchmarks and targets are met. Specifically, it is recommended that DHHS/BDS, with input from the Quality Council, consider the following menu of options:

   (a) Rewards, including financial incentives, and/or recognition when benchmarks are met and especially when they are exceeded.

   (b) Corrective Action Plans/Technical Assistance when they are not, based on a root cause analysis

   (c) Financial penalties, nonrenewal of contract, de-designation.

   (d) Contracting out employment supports and services to other AA's or vendors.

   Factors to weigh in determining the type and severity of the sanctions would be the scope and/or amount of the departure for benchmark or target, the reasons and the frequency (one year vs. three year in a row of failure to meet benchmarks).

8. Given the purpose and nature of this initiative, it will be important that definitions are clear, e.g. what is considered "employment," and that the data be accurate. There should be a valid verification system to ensure reliability of data and measurement.

9. There should also be targets and benchmarks statewide for each indicator so that the whole state is working toward the same goal and so that the BDS Director, DHHS Commissioner, Governor, and Legislature, and all stakeholders can evaluate the performance of the service delivery system as a whole and DHHS/BDS.

10. More thought should be given as to how vendors should be integrated into this approach. Since vendor contracting is not uniformly dispersed across the state or clients, it would be difficult on a macro basis to pre-set benchmarks and goals for vendors. Preliminarily it seems sufficient to

have the targets and benchmarks at the Area Agency level. Each AA could then determine how and how many vendors they wish to contract with and then fashion the contracts consistent with AA's responsibility to meet their own benchmarks and targets. For example, for X,Y,Z vendor the AA may want them to support 6 people in jobs making at least $9.00 per hour 20 hours per week. But for ABC vendor who serves a different or larger population, the AA may contract with them for 25 clients in jobs for at least $7.50 per hour, 18 hours per week.

11. Finally, to be completed by the end of the baseline period, each AA should develop a strategic or action plan designed to achieve the benchmarks and targets. Similarly there should be a statewide plan both to define the state's role in implementation and to engage in those complimentary activities that are best done at the state level.

12. The quest for quality services, and therefore the performance or quality standards should be dynamic. Where changes are needed based on experience, new developments or innovation, DHHS/BDS with input from the Quality Council and other stakeholders, should make them. As time goes on more, less or revised indicators may be needed, and adjustments should be make accordingly. This concept needs to be balanced against the need for reliable and consistent measures so that improvement (or slippage) can be tracked over time and grantees of public funds do not escape evaluation and accountability.

APPENDIX A

RECOMMENDATIONS FOR THE INDICATORS FOR EMPLOYMENT

By Developmental Services Council, 7-12-11

KEY MEASURES	Primary or Secondary	Source of Data	INSTRUMENT NEEDED	PERFORMANCE INDICATORS*
TOTAL # & % OF INDIVIDUALS EMPLOYED (21-64)	PRIMARY	(ED)	NO	% INCREASE IN # PEOPLE EMPLOYED
AVERAGE WAGES PER HOUR	PRIMARY	ED BDS EMPLOYMENT CHART	NO	% CHANGE IN EARNED WAGES

# & % OF PEOPLE EARNING BELOW MINIMUM WAGE	PRIMARY	ED	NO- REFINE FIELD TO CLEARLY DELINEATE SUB-MINIMUM WAGES	% CHANGE (OR DECREASE)
# & % OF PEOPLE EARNING MINIMUM WAGE OR ABOVE	PRIMARY	ED	NO- REFINE FIELD TO CLEARLY DELINEATE MINIMUM WAGE AND ABOVE	% CHANGE (OR INCREASE)
AVERAGE HOURS WORKED PER WEEK	PRIMARY	ED BDS EMPLOYMENT CHART	NO	% INCREASE IN HOURS WORKED
DISTRIBUTION OF HOURS WORKED	SECONDARY	DITTO	DITTO	
LONGEVITY ON CURRENT JOB # MONTHS EMPLOYED	SECONDARY	ED	NO	
WORK HOURS PER WEEK WITH NO PAID SUPPORTS (ON SITE?)	SECONDARY	ED	*REFINE DATA FIELD IN NEW SYSTEM	% DECREASE IN NUMBER OF PEOPLE/HOURS OF PAID SUPPORTS
# & % OF PEOPLE UTILIZING WORK INCENTIVES	SECONDARY	ED	NO	% INCREASE IN NUMBER OF PEOPLE USING WORK INCENTIVES
# & % OF STAFF ACRE CERTIFIED OR EQUIVALENT	PRIMARY	NONE	YES CREATE INSTRUMENT W/AA HR/TRAINING	% INCREASE IN NUMBER STAFF TRAINED

			DEPT	
# & % OF STAFF W/JOB COACHING CERTIFICATION	PRIMARY	NONE	YES CREATE INSTRUMENT W/AA HR/TRAINING DEPT	% INCREASE IN NUMBER STAFF TRAINED
AVERAGE # OF EMPLOYMENT RELATED PROFESSIONAL DEVELOPMENT HOURS	PRIMARY	NONE	YES	% INCREASE IN # OF PROF. DEV HOURS
STAKEHOLDER INPUT/SATISFACTION				
SATISFACTION WITH EMPLOYMENT STATUS***	PRIMARY	ACOS (1999-2009) NCI 2010 – AND BEYOND	YES NCI INCLUDES (SEE NCI TABLES BELOW)	% OF INDIVIDUALS WHO REPORT SATISFACTION WITH THEIR EMPLOYMENT STATUS
# & % OF PEOPLE OF ARE UNEMPLOYED, WHO WANT TO WORK	PRIMARY****	ACOS (1999-2009) AND NCI FOR COMPARISON	NO	% DECREASE IN # OF PEOPLE WHO REPORT UNEMPLOYED AND WANT TO WORK
# & % OF PEOPLE WHO HAVE A SPECIFIC EMPLOYMENT GOAL IDENTIFIED IN THEIR ISP/IEP?	PRIMARY	NCI/ PROGRAM REVIEW	YES	

# & % OF PEOPLE WHO ARE IN ACTIVITIES DIRECTLY RELATED TO A SPECIFIED EMPLOYMENT GOAL	PRIMARY	PROGRAM REVIEW		% INCREASE IN NUMBER OF PEOPLE WHO ARE IN ACTIVITIES DIRECTLY RELATED TO THEIR EMPLOYMENT GOALS

*SEE ACCOMPANYING 4/11POWER POINT FOR FULLER EXPLANATION OF PERFORMANCE INDICATORS AND THE RECOMMENDED PLAN FOR ESTABLISHING THEM.

***NCI Questions related job satisfaction and other aspects of employment.

*****This indicator is essentially equivalent to the "unemployment rate" and because of its importance, the Quality Council believes that it should be reported out at the same frequency or nearly the same frequency as the primary indicators on page 1.***

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GLOSSARY:

ED = Current BDS Employment Data System, AKA "MR ED"
NCI = NATIONAL CORE INDICATORS
SIS = SUPPORTS INTENSITY SCALE
ACRE = ASSOCIATION OF COMMUNITY REHABILITATION EDUCATORS
ACOS = ADULT CONSUMER OUTCOME SURVEY

Appendix B

Relevant Provisions from the Developmental Services Quality Council Guiding Principles

No. 3. The purpose of an effective and total quality assurance system is to:

A. Provide information to HHS and other funders and policy makers, Area Agencies (AAs), providers, this Council, family support, other advisory groups, and others on whether standards are being met or improvements are needed and being made.

B. Promote continuous improvements beyond legal requirements.

C. Provide individuals and families with information about service providers so they can make informed choices and advocate to improve services for themselves and others.

Other Relevant Provisions from our Guiding Principles

No. 7A. The right to quality services including habililitaton, treatment, psychological, medical, **vocational**, social, educational or rehabilitative services as the individual requires **within the limits of modern knowledge...**

No. 7(G) are provided to maintain or improve an individual's behaviors, competencies, and skills in various life domains, including home, community, **and employment**.
#7H. Services should be relevant to the individual's age, abilities, and life goals, including services that promote the ability of individual to function **at his/her highest capacity and as independently as possible, to include engaging in gainful employment.**

No. 7I. Services should be provided in such a way that the individual is seen as a valued, contributing member of the community.

Appendix C

Examples of Employment Related Targets

I

Unemployment/underemployment rate for nondisabled population is say 16% or conversely employment rate is 84%.

So goal for year 6 for the state and each area agency might be 25% and 75%, respectively. By year 10 it might be 20% and 80% respectively. (Yearly intermediate benchmarks would be set as well.)

II

Wages currently say are $6.50 per hour for persons in the system. For nondisabled pop. it is say $11.00 per hour. Goal after year six might be $10.00 (taking into account inflation.)

ADDENDUM #2

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF COMMUNITY BASED CARE SERVICES

BUREAU OF DEVELOPMENTAL SERVICES

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate Commissioner

105 PLEASANT STREET, CONCORD, NH 03301
603-271-5034 1-800-852-3345 Ext. 5034
Fax: 603-271-5166 TDD Access: 1-800-735-2964

September 15, 2011

Cathy Spinney, Chair
Quality Council

Dear Cathy:

I want to thank the Quality Council for its extensive work on developing quality indicators for employment and the ensuing recommendations for the Bureau's consideration. The Council has done a very thorough job in highlighting the need for capturing meaningful data that can be used to influence decision-making on all levels.

I agree that having access to accurate and reliable data is essential to effectively evaluating, monitoring, and identifying quality outcomes. Through funding from the Medicaid Infrastructure Grant, the Bureau is currently developing a data system that will provide us with information on employment services and outcomes. Barring any last-minute complications, the data system will be fully developed by the end of December 2011 with rollout beginning in January 2012.

As part of this infrastructure improvement project, the Bureau envisions the following:

1) A dashboard will be developed that will contain a number of employment data, including the primary indicators identified by the Quality Council;
2) Reports will be generated on a quarterly basis, at a minimum, and widely distributed;
3) Decisions regarding the allocation of individual Wait List funds will include employment as a priority;
4) Baseline data will be collected during the current biennium contract (FY'12 & FY'13);
5) A workgroup will be established to review baseline data and develop benchmarks and performance targets; and
6) In the next biennium contract (FY'14 & FY'15), contract expectations will likely include outcome measures for employment services funded through the Bureau.

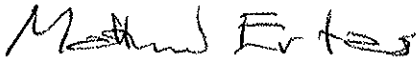
As the new data system comes on-line, the Bureau will consider the recommendations identified in the Quality Council Report: Quality Indicators for Employment. In addition, the Bureau will invite representatives from the Quality Council to participate in the work group that is identified in item #5 above.

Finally, the Bureau believes that creation of a database is one of several critical components that can influence the quality of employment services. In addition to data, the Bureau also supports the following as part of a comprehensive approach to improving employment outcomes:

1) A strong vision for employment that is values based;
2) Aligning funding and regulations with the vision;
3) Establishing expectations for certification and professional development for Employment Specialists; and
4) Raising expectations for employment by sharing success stories statewide.

I am appreciative of the Quality Council's recommendations for improving employment outcomes. I look forward to updating the Quality Council on the Bureau's progress towards these efforts and welcome the Council's feedback.

Sincerely,



Matthew Ertas
Bureau Administrator

New Hampshire Developmental Disabilities and Acquired Brain Disorders Quality Council Individual Council Member Responsibilities

Adopted November 9, 2010

1. Be informed about and a proponent of the Council's guiding principles, policies and procedures.
2. Exercise legal and ethical integrity and maintain accountability and transparency to consumers, families, the general public and each other.
3. Prepare for and attend (in person or by teleconference), Council and sub-committee meetings.
4. Actively participate in meetings and assignments.
5. Support the majority decisions of the Council.
6. Be available as a resource and provide ethical, professional support to the Council.
7. Avoid involvement in political campaigns in the name of the Council.

New Hampshire Developmental Disabilities and Acquired Brain Disorders Quality Council

Policy for the Review of State Regulations

Purpose: This policy outlines the method by which the Quality Council shall review state regulations.

Scope:

1. This policy applies to all members of the Quality Council.
2. This policy describes the Quality Council's objectives for reviewing pertinent state regulations.

Reference(s):

1. Quality Council Code of Ethics

Definition(s):

1. Regulation or Regulatory: A rule or order for prescribing the management and delivery of developmental services in the state, including but not limited to New Hampshire rules, procedural safeguards, departmental policies, and Medicaid waivers

Responsibilities:

1. Subcommittee
    a. At least three members who are also members of the Quality Council
    b. Chosen by the Chair of the Quality Council.
    c. Develop set of questions for review
    d. May engage in fact-finding that elicits multiple points of view, such as questionnaires, surveys, focus groups, previous reports
    e. Report findings to the full Quality Council
2. Quality Council
    a. Submit specific questions to be reviewed
    b. Hear findings of the subcommittee and vote upon recommendations.

Procedure(s):

1. Any Council member may bring forward a regulation for review, with the Quality Council deciding by vote whether to review that regulation or a portion thereof in accordance with these guidelines.

2. Having so determined that a regulation shall be reviewed by the Council, the Chair will appoint a subcommittee as needed and determine the schedule or timeframe by which the subcommittee will report findings.
3. Any member of the Quality Council may submit questions to be reviewed by the subcommittee at the Quality Council meeting and by vote.
4. If needed, the subcommittee may develop essential fact-finding methods and interact with multiple individuals and groups relevant to the regulation. Such methods may include, but are not limited to, questionnaires, surveys or focus groups.
5. No member of the Quality Council shall speak or act on behalf of the Council at any public or private forum or hearing unless designated to do so by the Quality Council.
6. The subcommittee will report findings during a Quality Council meeting.
7. At the discretion of the Chair, members of the public may be given the opportunity to comment on the regulation(s) under review during a Quality Council meeting.
8. The Quality Council shall vote on recommendations with regard to the regulation.
9. The Chair or his/her designee, who shall be a member of the Quality Council, shall provide written recommendations regarding the regulation to the appropriate parties after formal vote and in accordance with the decision of the Quality Council.

Adopted March 8, 2011

ADDENDUM #5

NEW HAMPSHIRE DEVELOPMENTAL SERVICES QUALITY COUNCIL

Bureau of Developmental Services
105 Pleasant Street
Concord, NH 03301

Phone: 603-271-5143

Cathy Spinney, *President*
Area Agency Board Member

Members

Kathy Bates
NH Council on Developmental Disabilities
Ellen Boudreau
Autism Society of New Hampshire
Robin Carlson
Enhanced Family Care Provider
Dick Cohen
Disability Rights Center
Matthew Ertas
Bureau of Developmental Services
Debra Hopkins
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People First of New Hampshire
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Debra McClure
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Jennifer S. Pineo
Family Support Council Member
John Richard
Brain Injury Association of NH
Mary Schuh
Institute on Disability
Carol Stamatakis
NH Council on Developmental Disabilities
Barbara Wilson
Direct Support Provider

March 23, 2011

House Finance Committee
Concord, NH 03301

Dear Committee Members.

We are writing to voice our collective and strong opposition to HB 1 and HB 2.

The deep cuts and radical policy shifts contemplated by these bills threaten to dismantle a service delivery system that is a national model for cost-effective, community-based care. The human capital that anchors that system — trained workers, willing family caregivers, ties to local organizations — is the result of over 30 years of state and federal investment in education, coalition building, and leadership development. HB 1 and 2 would squander these carefully developed assets by returning to extensive waitlists, slashing family support funds, and setting aside the established relationship between DHHS and regional area agencies.

The NH Developmental Services Quality Council was established by statute in 2008 to "provide leadership for consistent, systematic review and improvement of the developmental disability and acquired brain disorder services provided by New Hampshire's developmental services system." We do so in a spirit of collaboration with the many hard-working NH citizens who have a stake in seeing that those who experience a disability receive the supports needed to live healthy and productive lives of their own choosing.

Most individuals with a developmental disability or brain injury live with a family member; others live independently or with another household in which they become a family member. Modest support services enable caregivers in these situations to continue working and paying taxes; they enable individuals who have a development difference or brain injury to contribute to their community, maintain their health, and exercise the greatest degree of independence possible.

Since the closing of the Laconia State School, which once housed most of NH's citizens with developmental differences, NH's developmental services system has moved in the direction of increasing expectations, both financial and personal, of individuals with disabilities and their families. We applaud that movement in that it both respects the dignity of individuals who have a disability and utilizes public resources in the most cost effective manner.

While this system is not perfect, the Quality Council is committed to seeing that the values of self-determination, personal responsibility, and cost effective service delivery are advanced. A return to lengthy waiting lists, cuts to family support and day services, reductions in early childhood services, and the consolidation of area agency administration do not move us in this direction.

Please reconsider your support for this radical redirection in human services funding.

Sincerely,

Cathy Spinney for the NH Council on Developmental Services Quality membership

ADDENDUM #6

NEW HAMPSHIRE DEVELOPMENTAL SERVICES QUALITY COUNCIL

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Area Agency Board Member

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Mary Schuh
Institute on Disability
Carol Stamatakis
NH Council on Developmental Disabilities
Barbara Wilson
Direct Support Provider

April 15, 2011

Senate Finance Committee
Concord, NH 03301

Dear Senator Morse and Committee Members,

We are writing to voice our collective and strong opposition to HB 1 and HB 2 and to urge you to restore funding to developmental services, including that designated for waitlisted individuals.

The deep cuts and radical policy shifts contemplated by these bills threaten to dismantle a service delivery system that is a national model for cost-effective, community-based care. The human capital that anchors that system — trained workers, willing family caregivers, ties to local organizations — is the result of over 30 years of state and federal investment in education, coalition building, and leadership development. HB 1 and 2 would squander these carefully developed assets by returning to extensive waitlists, slashing family support funds, and setting aside the established relationship between DHHS and regional area agencies.

The NH Developmental Services Quality Council was established by statute in 2008 to "provide leadership for consistent, systematic review and improvement of the developmental disability and acquired brain disorder services provided by New Hampshire's developmental services system." We do so in a spirit of collaboration with the many hard-working NH citizens who have a stake in seeing that those who experience a disability receive the supports needed to live healthy and productive lives of their own choosing.

In our current system, most individuals with a developmental disability or brain injury live with a family member; others live independently or with another household in which they become a family member. Modest support services enable caregivers in these situations to continue working and paying taxes; they enable individuals who have a development difference to contribute to their community, maintain their health, and exercise the greatest degree of independence possible. We fear that without sufficient support, families will be forced to consider the far more costly alternative of Intermediate Care Facilities (ICF/MR), estimated to be $175,000/year.

Since the closing of the Laconia State School, which once housed most of NH's citizens with developmental differences, NH's developmental services system has moved in the direction of increasing expectations, both financial and personal, of individuals with disabilities and their families. We applaud that movement in that it both respects the dignity of individuals who have a disability and utilizes public resources in the most cost effective manner.

While this system is not perfect, the Quality Council is committed to seeing that the values of self-determination, personal responsibility, and cost effective service delivery are advanced. A return to lengthy waiting lists, cuts to family support and day services, reductions in early childhood services, and the consolidation of area agency administration do not move us in this direction.

We urge you to restore funding to the developmental services system and the NH citizens that it serves.

Sincerely,

Cathy Spinney for the NH Council on Developmental Services Quality membership

NEW HAMPSHIRE DEVELOPMENTAL SERVICES QUALITY COUNCIL

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Institute on Disability
Barbara Wilson
Direct Support Provider

June 24, 2011

Commissioner Nicholas Toumpas
Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301-3852

Dear Commissioner Toumpas,

On behalf of the NH Council on Developmental Services Quality, we are writing to share some thoughts and concerns regarding your department's implementation of a managed care model for financing and delivering all Medicaid-funded services in New Hampshire. We appreciate that both the Legislature and Governor Lynch have been clear on the need to move forward with this plan in the hopes of reducing medical expenditures and better aligning the incentives of payers, providers, and consumers. We will not belabor the pros and cons of managed care in general. Rather we would like to raise some concerns specific to the Guiding Principles that you have shared with several stakeholder groups.

As you know, the Bureau of Developmental Services (BDS) supports people with long term care needs due to developmental disabilities and/or acquired brain injuries. These individuals often have acute and chronic medical issues, as well as other significant needs as outlined in their respective waivers.

Guiding Principle #2 states that "services will ... Achieve intended outcomes within the context of available financial and business resources." This statement implies a capitated approach to funding, something with which the individuals served by BDS are very familiar. The Bureau's success in managing this model is in part due to the checks and balances that have evolved over many years. These including the use of a standardized assessment tool to measure need, a legible appeals process, and the ability to waive the requirement that the cost of care not exceed that of institutional care when there are compelling quality of life concerns. Even the presence of the Quality Council itself represents an important consumer safeguard. Moreover, as independent nonprofit corporations, the area agencies have no incentive to reduce expenses in a manner inconsistent with their mission.

Our questions are as follows:

- How will a managed care company interface with the current area agency system? What value is to be achieved by "dual oversight"? How much control does the managed care company have? Can they say yes or no to a budget to which an area agency and BDS have agreed? What are the incentives or disincentives for care managers to save money by denying supports?

- How does Quality of Life factor into the "intended outcome" of care? For example, if you were running a staffed group home, you could minimize costs by keeping staff ratios low, sitting people in front of the TV, and hoping for the best. We are certain that that is not what your department intends. However, if outcomes are limited to health and safety concerns, one could justify minimizing the individualized and aspirational nature of developmental services.

- What sort of appeal/ombudsman/oversight process will be in place to prevent abuse or misinterpretation? There is no reference to an appeal process or to consumer safeguards in the Guiding Principles. However, these have proved to play an important role in assuring the quality of the habilitative care provided by BDS and the area agency system.

A second area of concern lies with Principle #4, which states, "The value of services will be measured by health outcomes achieved per dollar spent." While this makes sense when discussing a medical procedure or course of treatment, it is not clear how value would be established when describing habilitative care. We would submit that "health outcomes" are much more difficult to assess in the context of long term care. Will satisfaction with one's living arrangement, community involvement, and work opportunities have meaning in this system? If so, is it not reasonable for your principles to reference "quality of life" alongside "health outcomes"?

We acknowledge and appreciate that you and your team have been charged with a very difficult, even daunting, task. The Quality Council welcomes the opportunity to work with you to achieve a positive outcome. We would be pleased to have you or members of your team attend one of our meetings for further discussion.

Thank you in advance for your time and attention.

Sincerely,

Cathy Spinney
Chair, NH Council on Developmental Services Quality

cc. Katie Dunn, Director of Medicaid Business and Policy
Katja Fox, Assistant to the Commissioner
Nancy Rollins, Director of Community Based Care Services

ADDENDUM #8

NEW HAMPSHIRE DEVELOPMENTAL SERVICES QUALITY COUNCIL

Bureau of Developmental Services
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John Richards
Brain Injury Association of NH
Scott Trudo
Institute on Disability
Barbara Wilson
Direct Support Provider

Coordinator

Denise Sleeper
Bureau of Developmental Services

14 October 2011

Commissioner Nick Toumpas
Department of Health and Human Services
129 Pleasant Street
Concord, N 03301-3852

Dear Commissioner Toumpas:

On June 24th of this year, the NH Council on Developmental Disabilities and Acquired Brain Disorders sent you a letter (attached), wherein we outlined our concerns about the proposed managed care guiding principles and how those principles would be applied in the context of long term habilitative care for citizens with disabiities.

To date, we have not yet received your reply to our concerns. As you know, the Council was established to oversee and make recommendations regarding the quality of care and supports for this population. With so much still unknown as to exactly how the managed care model will be implemented for them, our concerns have tangible merit.

We would appreciate your feedback to our questions, and invite you to one of our monthly meetings if your schedule allows it. The Council membership is diverse but we are single-minded in our desire to uphold and improve quality in the service delivery system so many have labored to create over the past 30 years.

Regards,

Cathy Spinney
Quality Council President

cc: NH Quality Council membership