

Explanation of Family and Individual Control Model Recommendation

While not all individuals/families chose to control, design, supervise and manage their own services, many more might particularly if some of the barriers or technical issues around this model are addressed. AAs would also be more likely to promote these choice and control models. There is evidence to indicate that they are more cost effective than more conventional models. But again, they are not everyone.

Two models are mentioned in the text.

1. The Fiscal Intermediary model is of two types:

- a. The Support ISO provides an array of supportive services to consumers, representatives and, on a limited basis, to workers, including conducting employer skills training, advocacy, assisting with recruitment, hiring, training and reassessments, assisting with developing consumer service plans, budgets and negotiating payment.
- b. The Agency with Choice ISO establishes an Agency as the operating entity to invoice the State for public funds, process workers' employment documents and criminal background checks, and manage all aspects of payroll for consumers and representatives; may also provide supportive services as described above. Another consideration Employer of Record; is the term used when a consumer is participating in the Agency of Choice model using the agency to employ their worker but it is the consumer who takes the role of the worker's managing supervisor.

2. The Cash & Counseling model provides consumer with a flexible monthly allowance that is based on an individualized budget; each consumer or his/her representative may direct and manage his/her own personal assistance services and use portions of his/her allowance to purchase goods and services to meet his/her own specific needs. In addition, counseling and fiscal assistance is provided to help participants manage their allowances and responsibilities.

Comment Regarding Area Agency Sole Provider Issue Recommendation

Several comments weighed in on the issue of AAs being the principal or sole DD service provider in a region, thus overseeing, providing, and arranging case management, the day service, residential service and other major aspects of many of their clients lives as well as performing abuse and neglect investigations and monitoring functions, essentially of itself. There are six AAs that have this model. Reasons were given why this is not an appropriate model. One person stated that the lack of competition tends to stifle quality improvement and may drive prices up. There are potential or actual conflicts of interest in investigations and monitoring. Choices of providers are obviously limited. The rationale given for this model is that it saves costs and assures smoother operations. This is a

complex issue. Determinations about these and other issues will take a more singular focus and further study, hence the recommendation.

Comment on IT, Quality Assurance, and Standardization of Certain Functions Recommendations

The benefits from more widespread use of technology, automation, and standardization both with regard to QA/QE as well as basic operations' functions and activities are obvious. While it will require an up front investment, well conceived and implemented measures in this area will save time, money and improve the effectiveness of the system. Thus the recommendation proposes an HHS task force, representing all relevant bureaus as well as key stakeholders to consider these issues.

DHHS/BDS/AA performs QA/QE functions through a variety of methods, some multiple levels including:

- Licensing and certification of providers
- Case management
- Re-designation
- Abuse and Neglect Investigations primarily performed at the AA level, generally with duplicative efforts by BEAS
- Clients rights grievance process
- Contract Monitoring
- Medication Monitoring
- NH Quality Outcomes Partnership

The latter has become a collaboration between BDS and CSNI producing, among other things, a yearly report summarizing considerable performance outcome data on how the system as a whole is doing. A report has not been disseminated in two years. The Institute on Disabilities was an initial collaborator as was V. Bradley a leading expert in QA/QE and her organization, HSRI, who acted as a consultant in the development of this initiative. Other key stakeholder collaboration has also been missing in recent years.

Bradley in her presentation to the Commission talked about at least four broad challenges and opportunities to QA/QE today, most if not all of which, are applicable to New Hampshire, including:

- Increasing complexity of the task because of smaller and more dispersed settings, fewer public monitors, self-determination and individual budgeting
- Pressure from stakeholders for more transparency, need for more information in order to make choices as well as changing perceptions of quality and more self-advocacy
- Improvements in Technology, including the use of PDAs and laptops for easier data entry in the field, increased ability to merge data across platforms making integrated analysis easier, and web access making data dissemination easier.

- Changes at CMS which will require improved and more rigorous QA/QE on the state level

Bradley recommendations for New Hampshire are:

- Ensuring validity of current information (e.g. family and consumer surveys)
- Revisiting performance indicators to ensure their continued relevance
- Compare data to national norms (which has not been done)
- Assess current QA system to ensure that key components are in place (one of which she mentioned was professional team reviews)
- Establish ways to make information more transparent
- Integrate current information into a more comprehensive picture

Bradley's Nisbet's, and McLaughlin's testimony and other information all formed the basis of recommendations on technology, QA/QE and standardization measures under Recommendation IX(A).

Comment on Comprehensive Electronic Resource Director and Navigator Recommendation

A comprehensive electronic resource directory has many benefits. There are some examples of electronic resource websites. None are as comprehensive as the proposal here. This effort could be universally geared to other or all populations served by HHS, which might allow HHS/BDS to leverage existing or new grant funds.