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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF LONG TERM SUPPORTS AND SERVICES*  
*BUREAU OF DEVELOPMENTAL SERVICES*

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May 14, 2020

Alan Greene  
Monadnock Developmental Services  
121 Railroad Street  
Keene, NH 03431

Dear Mr. Greene,

Please find enclosed the redesignation report for Monadnock Developmental Services (MDS). Redesignation is a fundamental aspect to the developmental services system and is required by State Statute RSA 171-A:18 and He-M 505.08. Per He-M 505.08(a), an area agency is required to apply to the Bureau of Developmental Services (BDS) for redesignation every five years.

As outlined in He-M 505.08(e) (1) – (9), an area agency shall be considered successful and operating efficiently when it annually:

- 1) Demonstrates, through its services and supports, a commitment to a mission that embraces and emphasizes active community membership and inclusion for persons with disabilities;
- 2) Demonstrates, through multiple means, its commitment to individual rights, health promotion, and safety;
- 3) Provides individuals and families with information and supports to design and direct their services in accordance with their needs, preferences, and capacities and to decide who will provide them;
- 4) Involves those who use its services in area planning, system design, and development;
- 5) Assesses and continuously improves the quality of its services, and ensures that the recipients of services are satisfied with the services that they receive;
- 6) Demonstrates, through its board of directors and management team, effective governance, administration, and oversight of the area agency staff, providers, and, if applicable, subcontract agencies;
- 7) Is fiscally sound, manages resources effectively to support its mission, and utilizes generic community resources and proactive supports in assisting people;
- 8) Complies, along with its subcontractors, if applicable, with state and federal requirements; and
- 9) Achieves the goals identified in its area plan and implements the recommendations made in its previous redesignation report from the department.

BDS seeks information from the following sources to ensure that the requirements outlined in 1-9 (above) are being met:

- 1) Public comments generated by, self-advocacy groups, and the family support council regarding the area agency's demonstrated ability to provide local services and supports to individuals and their families;
- 2) A comprehensive self-assessment of the area agency's current abilities and past performance;
- 3) Input from a wide range of people, agencies, or groups who are either recipients, providers, or people who collaborate in the provision of services and supports;
- 4) Documentation pertaining to area agency operations available in the area and at the department; and,

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5) Input from department staff who have direct contact with and knowledge of area agency operations.

Based on the information gathered through the redesignation process, BDS has determined that MDS met the standard for redesignation. MDS is redesignated for the next 5 years in accordance with He-M 505.08.

Sincerely Yours,



Sandy L. Hunt  
Bureau Chief  
Bureau of Developmental Services

cc.

James Schofield, MDS Board President  
Lori Shibinette, Commissioner, Department of Health and Human Services  
Deborah Scheetz, Director, Division of Long Term Supports and Services  
Jennifer Doig, Finance Administrator, Bureau of Developmental Services  
Melissa St. Cyr, Chief Legal Officer

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## **Executive Summary**

In accordance with State of New Hampshire Administrative Rule He-M 505 Establishment of Area Agencies, review of an area agency (AA) occurs upon application and thereafter every five years. The purpose of He-M 505 is to define the criteria and procedures for approval and operation of state designated area agencies. A redesignation review of Monadnock Developmental Services in Keene, NH occurred between November 1, 2019 and April 1, 2020. The review team included staff from the Department of Health and Human Services (DHHS), the Division of Long Term Supports and Services (DLTSS), the Bureau of Developmental Services (BDS) and the Office of Improvement, Integrity and Information (OIII).

**The Summary of Redesignation Activities, Findings and Observations references the following sources of information:**

- Area Agency 2019 Annual Governance Audit
- Area Agency Financial Condition with Five-Year Trend Analysis
- Compliance with DHHS Program Certification Requirements
- Compliance with Family Centered Early Supports and Services (FCESS) Requirements
- Compliance with Medication Administration and Health Care Coordination Requirements
- Compliance with Requirements for Employment Supports for Individuals
- Developmental Disabilities (DD), Acquired Brain Disorder (ABD) and In Home Support (IHS) Waivers Service File Review Findings
- Summary of Stakeholder Engagement to Include:
  - Family Support Council Questionnaire
  - Individuals and Self-Advocates Redesignation Forum
  - Family and Guardian Redesignation Forum
  - Family and Guardian Redesignation Survey
  - Provider Redesignation Survey

## **Attachments**

- Appendix A: The NH Department of Health and Human Services, Bureau of Developmental Services Regional Governance Audit 2019 Statewide Tally and the 2019 Governance Audit for MDS
- Appendix B: Developmental Services System Annual Report of Financial Condition for FY -2018 with Five-Year Trend Analysis report

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- Appendix C: Area Agency Certification Statistics from 2015 - 2019
- Appendix D: Extracted and combined pages from the New Hampshire Developmental Services Employment Data reports from BDS Employment Reports dated June 2015, June 2016, Jan-July 2017, June 2018 and September 2019.
- Appendix E: BDS' Service File Review reports for review period April 1, 2019 – June 30, 2019

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**2019 Governance Audit Summary:**

Please refer to the NH Department of Health and Human Services, Division of Long Term Supports and Services, Bureau of Developmental Services (BDS) Regional Governance Audit and Statewide Tally for MDS, 2019 (See Appendix A).

<b>Standard</b>	RSA 171A:18 Area Agency Responsibility and Operations He-M 505 Establishment and Operation of Area Agencies, and He-M 519 Family Support Services Contract, Exhibit A, Section 2: Scope of Services
<b>Status</b>	Met

**Findings:**

The BDS annual Governance Audit for 2019 measures area agency compliance with 23 indicators found in RSA 171-A, RSA 126-A, RSA 126-G, He-M 505, and He-M 519 and the contracts between the area agencies and the Bureau of Developmental Services. MDS distinguished themselves by being rated as “Met” in all categories.

New to the Governance Audit in 2019 was a change to the ratings structure. There is no longer a “substantially met” rating. Area agencies either received a rating of “met” or “unmet”. Also new in 2019 was the measurement of the area agencies’ compliance with the reporting requirements as identified by the 2018 Office of the Inspector General report regarding reportable incidences (RSA 126-A:4 and section 1.5 of the contract between MDS and BDS). In addition, the 2019 audit also requested information regarding compliance with the requirement of the area agencies to have a memorandum of understanding with the local community mental health centers (sections 2.5.1 through 2.5.6 of the contract between MDS and BDS). MDS was rated as “met” in both of these areas.

Over the preceding five years, MDS has demonstrated a high rating in the following areas:

- An excellent area plan that is well developed with specific areas of focus, which include plans for measuring outcomes.
- Demonstrated excellence in communication with provider agencies to include frequent contacts on a variety of platforms.

**Remediation:**

None Required

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**Compliance with Area Agency Financial Condition**  
**DHHS, DLTSS, BDS: Bureau of Improvement and Integrity**

Please refer to the Developmental Services System Annual Report of Financial Condition for FY 2018 with Five-Year Trend Analysis report (See Appendix B).

<b>Standard</b>	Contract, Exhibit A, Section 2.12: Maintenance of Fiscal Integrity
<b>Status</b>	Met

**Findings:**

The contract between the Bureau of Developmental Services and the area agency requires the contractor to have enough cash and cash equivalents on hand to cover expenditures for a minimum of thirty (30) calendar days (Exhibit A, Section 2.12.2.1 c.). The chart below demonstrates MDS' level of compliance with this requirement over the past five years. This data is cited from the monthly maintenance of Fiscal Integrity Analysis required per the contract (section 2.12).

Days of Cash on Hand	06/30/2015	06/30/2016	06/30/2017	06/30/2018	06/30/2019
<i>(based on 365 days)</i>	26	10	33	36	33

The Agency was in compliance with the contract for the fiscal years ending 2017, 2018 and 2019 as shown above. This financial analysis shows an upward trend of compliance since FY 2016.

The current ratio is an indication of a firm's liquidity. Liquidity refers to the entity's ability to maintain sufficient liquid assets, such as cash and accounts receivable, to meet its short-term obligations. As depicted in the chart below, MDS has a healthy current ratio. It has been steady since June 2015.

Current Ratio	06/30/2015	06/30/2016	06/30/2017	06/30/2018	06/30/2019
	1.44:1	1.71:1	1.74:1	1.84:1	1.68:1

MDS has maintained a healthy surplus over the last four fiscal years as reflected in the chart below.

Surplus (Deficit)	06/30/2015	06/30/2016	06/30/2017	06/30/2018	06/30/2019
	(\$580,103)	\$440,991	\$201,795	\$209,383	\$372,379

**Remediation:**

None

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**Compliance with DHHS Program Certification Requirements**  
**Office of Legal and Regulatory Services/Health Facilities Administration**  
**Calendar Year 2015 through September 2019**

Please refer to the Area Agency Certification Statistics Calendar Year 2015 through September 2019 report (See Appendix C).

<b>Standard</b>	He-M 1201 Medication Administration He-M 1001 Certification Standards for Developmental Services He-M 507 Certification for Community Participation Services He-M 506 State Qualifications and Staff Development Requirements for Developmental Services Agencies He-M 503 Eligibility and the Process of Providing Services He-M 310 Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community RSA 171-A Services for the Developmentally Disabled Contract, Exhibit A, Section 1: Provisions Applicable to all Services
<b>Status</b>	Met

**Findings:**

In the chart below, overall the certification statistics for Monadnock Developmental Services have remained fairly stable over the past 5 years. Although the yearly deficiency average per review has gone from a low of 2.08 to a high of 3.55, the average number of deficiencies per review over this five-year period was 3.04, which is in line with the statewide average of 2.93 over that same period of time.

	2015	2016	2017	2018	2019 (as of 10/18/2019)
<b>REVIEWS</b>	117	102	138	118	108
<b># DEFICIENCIES</b>	327	378	287	400	384
<b>AVG # DEF. PER REVIEW</b>	2.79	3.70	2.08	3.39	3.55
<b>ABBREVIATED</b>	0	0	0	4	6
<b>NEW</b>	33	23	65	24	20
<b>ANNUAL</b>	54	59	50	57	61
<b>BIENNIAL</b>	31	30	23	39	20
<b>FOLLOW UP</b>	0	1	0	1	0
<b>SKIP</b>	0	0	0	0	1
<b>He-M 310</b>	3	23	8	16	13
<b>Me-M 503</b>	13	26	22	55	37
<b>He-M 506</b>	6	4	8	13	8
<b>He-M 507</b>	6	65	42	33	31
<b>He-M 1001</b>	65	187	141	196	228
<b>He-M 1201</b>	7	34	41	56	53
<b>RSA 171-A</b>	5	14	20	19	7

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Certification Analysis and Summary:

Beyond the basic statistics, the information below is a breakdown of MDS' data into the ten most frequently cited He-M's and RSA's, as follows:

#10 – He-M 1001.03(u)(3) (formerly He-M 1001.03(o)(3)): This rule indicates that “each community residence shall have an integrated, hard-wired fire alarm system with a detector in each bedroom and on each level of the home, including the basement and attic if the attic is used for living or storage space. All detectors must be replaced every 10 years”.

- This issue was cited 40 times over the past 5 years.

#9 - He-M 503.10(m)(1): This rule indicates that “a person responsible for implementing any part of an expanded service agreement, including goals and support services, shall collect and record information about services provided and summarize progress as required by the service agreement or, at a minimum, monthly”.

- This issue was cited 46 times over the past 5 years.

#8 – He-M 1001.06(x): This rule indicates that “if a community residence for 3 or fewer individuals has been evacuated in 3 minutes or less during each of 6 consecutive monthly drills, one of which has been a sleep-time drill, the residence thereafter shall conduct a drill at least once quarterly, with one drill per year to be during sleep hours”.

- This issue was cited 46 times over the past 5 years.

#7 - He-M 1001.07(b): This rule indicates that “a behavioral change program or any form of restrictive strategy shall only be implemented by a community residence when such has been approved in writing by the individual, his or her guardian, the individual's team, and the area agency's human rights committee, established pursuant to RSA 171-A:17.

- This issue was cited 47 times over the past 5 years.

#6 - He-M 507.08(e)(2): This rule indicates that “the service component of each individual's record shall include, as a guide for planning activities, an individual, week-long, personal schedule or calendar that is created at the time of the annual service planning meeting”.

- This issue was cited 53 times over the past 5 years.

#5 - He-M 310.03(b)(4): This rule indicates that “Provider agencies shall advise individuals or their guardians or representatives of individual's rights upon initial participation in any service, upon any change in provider agency or community residence, and at least once per year after initial participation”.

- This issue was cited 58 times over the past 5 years.

#4 – He-M 506.05(a): This rule indicates that “each person employed by a provider agency shall participate in the writing and implementation of an individual staff development plan with his or her supervisor at least annually”.

- This issue was cited 59 times over the past 5 years.

#3 – He-M 507.08(e)(3): This rule indicates that “the service component of each individual's record shall include a record of daily community participation services activities maintained by the provider agency”.

- This issue was cited 79 times over the past 5 years.



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#2 - RSA 171-A:11, I(a): This rule indicates that “the needs and services of every client in the service delivery system shall be subject to a periodic review under the supervision of the administrator, which shall include, but not be limited to, a thorough clinical examination, including an annual health assessment”.

- This issue was cited 104 times over the past 5 years.

#1 - Formerly He-M 1001.03(k)(1): This rule has now been broken down into a number of specific deficiencies, as the previous rule simply indicated that “living space must be arranged and maintained to support the health and safety of all household members, as follows: each community residence shall be maintained in good repair and free of hazard to household members”.

- This issue was cited 150 times over the past 5 years.

Some of the certification trends and observations that DHHS sees in this region are as follows:

- With the exception of a higher number of He-M 503 deficiencies in 2018, the deficiency numbers have remained mostly consistent in all other years.
- Regarding He-M 507, there was a fairly significant jump in deficiencies from 2015 to 2016, but the number has continued to decrease over the past 3 years.
- The He-M 1001 deficiency number has continued to increase for each of the past 2 years, going from a low of 141 in 2017 to high of 228 so far this year.
- The He-M 1201 deficiencies have increased each year from 2015 to 2018, with this year trending higher than last year, as the 2019 data includes only those homes reviewed prior to 10/18/2019. MDS and a few of their vendors have struggled with nurse trainer retention over the last several years.
- Although their 5-year deficiency average is in line with the state average, the yearly average has increased each of the past two years.
- There continues to be significant turnover with MDS and Monadnock Worksource program managers, making it difficult to have consistent certification review results at their locations.
- Although MDS deals with several vendor agencies, DHHS is seeing the most consistent results at the Chesco certification reviews. They typically have very few deficiencies, and they are always well prepared for their reviews with DHHS.
- MDS has transferred a number of their programs to Crotched Mountain over the past few years and those homes appear to be running smoothly after those transitions.
- MDS has had very stable service coordinator retention compared to several other area agencies around the state.
- There was a point several years ago where MDS was struggling with an increasing number of training deficiencies; however, the introduction of Relias appears to have corrected that issue. MDS attributes this to their initiative in purposely combining oversight of quality compliance and training. This includes monitoring of the Relias program and enhanced involvement in program training needs, within both MDS programs as well as other agencies.

**Remediation:**

None Required

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**Compliance with Family Centered Early Supports and Services Summary**  
**DHHS, DLTSS, Bureau of Family Centered Services**  
**Fiscal Years 2015, 2016, 2017, 2018 and 2019**

MDS contracts with the Bureau of Developmental Services (BDS) to provide Family Centered Early Supports and Services (FCESS) to children from birth to three years of age in Region 5. MDS contracts with two FCESS programs, MDS Birth to Three (MDS) and Rise for Baby and Family (Rise) each of whom provide a portion of the FCESS services to children and families within the region. An area agency (AA) FCESS Regional Coordinator is designated at the AA as the responsible party to supervise the FCESS programs. MDS has varied their level of oversight and collaboration with the FCESS programs throughout the past 5 years, as summarized within this report.

<b>Standard</b>	He-M 510 Family-Centered Early Supports and Services Contract, Exhibit A, Section 4: Family Centered Early Supports and Services
<b>Status</b>	Met

**Findings:**

The AA has provided quarterly meetings with FCESS programs as needed. The AA participates in monitoring for both FCESS programs serving children 0-3 years old, who live in region 5. Area agency and program staff are cooperative and consistently use feedback from State monitoring reviews for program improvement. When requested, documentation is provided in a timely manner. For the five years included in this summary, there have been no formal complaints or disputes for FCESS programs in this region.

The Rise FCESS program director retired in the end of FY18. The new Rise director began during the beginning of FY19 and has made a significant improvement to the program following a variety of He-M 510 violations during the FY18 State monitoring visit. Along with the new director, the AA has increased their oversight of the FCESS programs through virtual and random on-site visits for monitoring compliance throughout the year. They also conduct regional quarterly meetings and provide required Procedural Safeguard trainings as well as background checks. The heightened AA involvement has increased regional collaboration between the FCESS programs and the AA throughout the year.

Licensure for MDS FCESS program staff are consistently up to date. Professional development plans for staff are consistent with the state standards. For the past five years, all required trainings have been completed for all staff working in the MDS FCESS program. Licensure for Rise FCESS program staff are consistently up to date with the exception of FY18. During the FY18 State monitoring, it was discovered that one staff member did not have a required license to be conducting eligibility evaluations or IFSP development. This same provider as well as another provider, did not receive the required on-site supervision in order to provide services as an unlicensed staff. Professional development plans for staff are consistent with the standards of our system. For the past five years, all required trainings have been completed for all staff working in the Rise FCESS program with the exception of FY18. At that time, it was discovered that two staff did not complete the required Service Coordinator training, “WESS Orientation,” to provide and bill for service coordination activities.

Several compliance indicators are monitored annually on site, with on-site and data system follow up as needed, and/or through virtual desk audits.

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- Indicator 1 monitors the timely provision of services to children and families. Both MDS and Rise FCESS programs have maintained 100% compliance with this indicator for the 5 years summarized in this report.
- Indicator 2 monitors the provision of services in the child’s natural environment(s). Both MDS and Rise FCESS programs have consistently provided services in the child’s natural environment and within the parameters allowed for this indicator, for the five years summarized in this report.
- Indicator 7 monitors the 45-day timeline covering the time span beginning with the referral of a child to the AA FCESS through family consent to a completed Individual Family Support Plan (IFSP). Both MDS and Rise have achieved 100% compliance for the past five years for this indicator.
- Indicator 8 monitors the quality and timeliness of transitions for children from the Part C FCESS system to their local Part B Preschool Special Education program. For this indicator there are three subcategories of compliance.
  - 8a. MDS achieved 100% compliance for the past five years because all children transitioning to Preschool Special Education had transition plans completed within the expected timeframe with the exception of FY15 when follow-up was needed. In FY15, the program achieved 100% compliance within the 90 day allotted time to correct discoveries of noncompliance. Rise achieved 100% compliance with this indicator with the exception of FY19 where follow-up was needed. In FY19, Rise achieved 100% success within the 90 day allotted time to correct discoveries of noncompliance. No findings of noncompliance have been issued against the program.
  - 8b. The MDS program maintained 100% compliance of notifications to both the local education agency (LEA, Preschool Special Education Programs) and the state education agency (SEA, Department of Education) according to compliance guidelines for the past 5 years. The Rise program maintained 100% compliance with timely notifications to the LEA for the past 5 years and achieved 100% compliance for notifications to the SEA with the exception of FY18. In FY18 Rise achieved 100% success within the 90 day allotted time to correct discoveries of noncompliance for SEA notifications. No findings of noncompliance have been issued against the program.
  - 8c. During the five years summarized in this report, both MDS and Rise FCESS programs were 100% compliant with requirements to schedule transition conferences and inviting school staff.

Although both MDS and Rise FCESS programs achieved 100% compliance with each indicator above during the five years summarized in this report, both programs engaged in a required Corrective Action Plan (CAP) due to findings of noncompliance within other He-M 510 rules and regulations.

Following FY15 Monitoring, MDS was issued a finding of noncompliance due to a violation of He-M 510 multidisciplinary team requirement (IFSP meetings require a FCESS team of two professionals from two disciplines). The MDS program in collaboration with the AA engaged in a required corrective action plan (CAP) and corrected the program practices to meet the requirements of He-M 510. MDS completed the FY15-16 CAP and no further findings have been issued.

Following FY18 monitoring, Rise was issued a finding of noncompliance due to a violation of He-M 510 license requirements and service coordination training requirement. This violation of He-M 510 included Medicaid payback due to billing service coordination activities by an unauthorized provider. This monitoring period also revealed that criminal background checks for new FCESS staff had not been conducted.

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The Rise program in collaboration with the AA engaged in a CAP. Throughout FY19, the new program director and the AA worked collaboratively to address the CAP and implemented a process to ensure that no further violations would happen. Rise completed their FY18 CAP and no further findings have been issued.

MDS has an AA/FCESS Regional Coordinator who participates in monitoring of quality and compliance of the two contracted FCESS programs. Each year the area agency and program staff have worked cooperatively with the Part C office staff to maintain quality and compliance for FCESS programs. There have been no formal complaints or disputes for FCESS programs in this region. When requested, documentation and follow up was provided in a timely manner.

Family Outcome Summaries (FOS) are used to assess quality of services for families served by the FCESS programs. Both MDS Birth to Three and Rise for baby and family have consistently received positive evaluations of services as measured by the FOS. Families report that the programs in region 5 have helped them to understand their rights, communicate their child's needs and help their child to grow and learn.

MDS provides consistent quality and compliant services for the FCESS system through their programs. AA supervision has increased this past year due to noncompliance areas identified in FY18. The programs and area agency work as a collaborative team to serve children and families in the region effectively.

**Remediation:**

None Required

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**Compliance with Medication Administration and Health Care Coordination Summary**  
**DHHS, DLTSS, BDS Nurse Administrator**  
**Fiscal Years (FY) 2015 – 2018**

MDS has a mixed model of Nurse Trainers that work in partnership to meet the medication administration and health care coordination needs of the individuals that are served by this area agency. This model includes Registered Nurses employed by MDS and Registered Nurses working directly for vendor agencies. Together, these nurses provide ongoing training, oversight and compliance of the He-M 1201 regulations regarding healthcare coordination and medication administration by non-licensed staff.

As outlined in He-M 1201.06, Nurse Trainers are responsible for delivering the State of New Hampshire's approved education for medication administration to non-licensed providers and observing medication administration as part of the initial certification and annual renewal of all medication-trained staff. Nurse Trainers work in collaboration with vendor agencies, program managers, service coordinators, residential staff, home care providers, day program staff, and direct support professionals to provide a multi-disciplinary approach to the healthcare of the individuals served. The collected data, service considerations and other key elements that contribute to an individual's overall health care status are captured in the Health Risk Screening Tool (HRST). The HRST is designed to detect those who are at risk for destabilization and intended to assist in preventing rapid decompensation. Nurse Trainers are both raters and clinical reviewers within this system; they input data and are also responsible for reviewing some of the ratings assigned by service coordinators. When an individual is identified with a health care level of three or higher on the Health Risk Screening Tool scale, which ranges from one to six, a clinical review by the nurse trainer is required. This ensures that accurate information is available within the system and that appropriate oversight and interventions are initiated for the individual identified as being at risk.

In accordance with He-M 1201.11, a medication committee is appointed by the Bureau Administrator. The medication committee includes the Medical Director of the bureau or designee, two Registered Nurses from provider agencies, two non-nurse representatives from provider agencies and a representative from the Bureau of Development Services. Nurse Trainers compile all medication error reports and submit a summarized six-month report to the medication committee for review twice each year. The information captured in these reports identifies trends of errors, corrective action or approaches taken, systemic issues and actual or potential harmful outcomes. The medication committee responds to each submitted report with a letter outlining concerns, feedback and expectations of the area agency regarding medication administration. Then, in turn, the area agency submits a response and acknowledgement to the committee's letter. By comparing previous submitted reports to the most current, the medication committee is able to measure growth and capture ongoing themes as they occur.

Monadnock Developmental Services currently has one non-nursing representative on the Medication Committee. MDS holds semi-annual Nurse Trainers meetings each year that are open to all nurse trainers working in Region Five. Last year, the lead Nurse Trainer at MDS attended the annual Developmental Disabilities Nurses Association conference and was the liaison to the New Hampshire chapter of Developmental Disabilities Nurses Association. There are several nurse trainers working for MDS or associated vendor agencies within Region Five that are active members of this chapter and are participants in offered healthcare focused trainings and advocacy opportunities. The findings support that MDS is meeting the He-M 1201 standard. Trends have been accurately identified by MDS with appropriate correction action steps quickly following. The additional supports and education that had been applied to address such trends were effective as evidenced by trend improvements outlined in the subsequent reports.

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<b>Standard</b>	He-M 1201 Medication Administration Contract, Exhibit A, Section 1: Provisions Applicable to all Services
<b>Status</b>	Met

**Summary of Findings:**

FY 2015 Medication Administration Outcomes: Monadnock Developmental Services submitted two reports, each of which covered six months of FY 2015.

Report One: September 1, 2014 - February 28, 2015

- This report outlined 737 medication errors with a total of 321,880 prescribed doses. This is an error to dosage ratio of 0.0022.
- 305 of these errors were identified as wrong dosage of a medication. The report spoke to this trend by explaining that there were two programs that experienced a wrong dosage error, secondary to a dosage change that was missed, and those errors went undiscovered for several weeks. There were no negative outcomes to either of the individuals that were prescribed the medications. Corrective action to address this trend was implemented by reinforcing the significant need for and expectation of a three-check system to be in place for all medication orders.
- All reports were submitted to the area agency in compliance with due dates.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

Report Two: March 1, 2015 – August 31, 2015

- This report outlined 360 medication errors with a total of 324,831 prescribed doses. This is an error to dosage ratio of 0.0011. This was nearly a 50% reduction in medication error occurrences from the previous six-month report.
- The highest trend seen in this report was with medication omissions. 175 medication errors were cited as a medication omission. This was most frequently the outcome of medication refills not being available to the providers for various reasons. The nurse trainers had since emphasized the importance of a systematic refill process to obtain the necessary medications in advance of supply depletion.
- The area agency attributed the decrease in medication errors to better oversight in programs and increased staff/provider understanding and accountability.
- The reports were not submitted timely for this timeframe.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

FY 2016 Medication Administration Outcomes: Monadnock Developmental Services submitted two reports each covering six months of FY 2016.

Report One: September 1, 2015 - February 28, 2016

- This report outlined 524 medication errors with a total of 322,563 prescribed doses. This is an error to dosage ratio of 0.0011.
- There were two outstanding categories that revealed trends in this data and accounted for 357 of the 524 errors.

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1. Omission of medications occurred for 157 doses of medications. This continued to be resulting from delays in refilling medications. The area agency identified the need to have two staff overseeing medication refills and monitoring medication supplies.
  2. Documentation errors accounted for 200 medication errors. This came in the form of not properly documenting medication changes, omissions of documentation of effectiveness of PRN medications and incomplete documentation of medication orders. Reinforcement and retraining of some provider staff took place around documentation expectations. Unannounced site visits were also initiated to check on documentation in medication logs.
- There was improved compliance with timeliness and in completion of required forms for the medication report.
  - Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

Report Two: March 1, 2016 - August 31, 2016

- This report outlined 516 medication errors with a total of 314,088 prescribed doses. This is an error to dosage ratio of 0.0016.
- Overall, the total number of prescribed doses decreased but the errors stayed about the same as the previous report.
- The same trends were seen. Process improvements continued.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

FY 2017 Medication Administration Outcomes: Monadnock Developmental Services submitted two reports each covering six months of FY 2017.

Report One: September 1, 2016 - February 28, 2017

- This report outlined 421 medication errors with a total of 318,208 prescribed doses. This is an error to dosage ratio of 0.0013.
- There were two outstanding categories, which revealed trends in this data and accounted for 357 of the 421 errors. These were the same two areas of concern from FY 2016.
  1. Omission of medications occurred for 142 doses of medications. This continued to be resulting from delays in refilling medications. The topic was raised again to look at suggestions for improving this process and identify exactly where delays are happening. It was discovered that physicians were being contacted before the medication ran out but there was then often a delay in their response to order the refill.
  2. Documentation errors accounted for 115 medication errors. This came in the form of not properly documenting medication changes, omissions of documentation of effectiveness of PRN medications and incomplete documentation of medication orders. Reinforcement and retraining of some provider staff took place around documentation expectations. Unannounced site visits were taking place and did result in faster discovery of documentation errors as well as an improvement in occurrence.
- One of the involved agencies held a meeting with program managers, nurse trainers and representation from MDS to brainstorm root causes of medication errors and prevention methods.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

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Report Two: March 1, 2017 - August 31, 2017

- This report outlined 383 medication errors with a total of 345,286 prescribed doses. This is an error to dosage ratio of 0.0011.
- There was a significant increase in the total number of doses during this reporting period. However, the overall number of errors decreased.
- The areas of trends still demonstrated needs for improvement with omission and documentation but both areas did show improvements over the previous report.
- Thirteen out of twenty provider agencies reported fewer errors than the previous reports or remained at zero errors.
- Reports coming from MDS continued to be precise, accurate and timely.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

FY 2018 Medication Administration Outcomes: Monadnock Developmental Services submitted two reports each covering six months of FY 2018

Report One: September 1, 2017 - February 28, 2018

- This report outlined 290 medication errors with a total of 322,254 prescribed doses. This is an error to dosage ratio of 0.0008.
- Significant decrease in overall total errors. There were fewer overall doses than previous report but the overall ratio still improved.
- Trends of omission and documentation themes continue to account for the majority of errors, however, the number of occurrences continued to trend in a positive direction.
- Poor compliance with timeliness of forms from some vendors to area agency. Reinforcement and reeducation regarding timelines went out from MDS to address this with all providers.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

Report Two: March 1, 2018 - August 31, 2018

- This report outlined 628 medication errors with a total of 338,315 prescribed doses. This is an error to dosage ratio of 0.0019.
- This report demonstrated that there was a significant increase in documentation errors. Of the 628 overall errors, 401 were documentation errors.
  1. In this report, there were several errors that went unnoticed for an extended period of time. This resulted in multiple doses being affected and therefore, very high numbers stemming back to one documentation error. MDS provided remedial training with mandatory attendance for all providers to address the three-check system. Additional unannounced visits were initiated once again.
  2. Many new staffing changes occurred during this time period and at times, staffing shortages.
- The number of actual omission errors decreased in this report.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

FY 2019 Medication Administration Outcomes: At the time of this report, Monadnock Developmental Services had submitted one report covering six months of FY 2019.



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Report One: September 1, 2018 - February 28, 2019

- This report outlined 343 medication errors with a total of 338,794 prescribed doses. This is an error to dosage ratio of 0.0010.
- A significant decreased was noted in the documentation errors in this report. It went down from 401 to 99 occurrences. The total number of doses to be administered remained consistent with the last report.
- All forms were submitted to the area agency within the timeframe given for submission.
- Region wide, there were no errors reflected in this report that were in the category of wrong person. There were no medication errors that resulted in actual harm to any of the individuals served.

**Remediation:**

None required

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**Compliance with Employment Supports for Individuals Summary**  
**DHHS, DLTSS, BDS Administrator of Employment Support**  
**Fiscal Years 2015-2018**

In accordance with He-M 518, area agencies must make employment services available to individuals served in their region and must report quarterly data using the Employment Data System (EDS).

Please refer to the reports entitled: BDS Employment Reports June 2015, June 2016, Jan-July 2017, June 2018 and September 2019 (See Appendix D).

<b>Standard</b>	He-M 518 Employment Services Contract, Exhibit A, Section 2.7: Employment Data System (EDS)
<b>Status</b>	Met

**Findings:**

According to the data reports referenced above, Monadnock Developmental Services (MDS) was ranked as follows for individuals employed (21-64 years old, excluding self-employment):

	<b>Rank</b>	<b>% of Individuals Employed</b>
<b>June 2015</b>	4th	40.20%
<b>June 2016</b>	5th	42%
<b>June 2017</b>	Not Available	Not Available
<b>June 2018</b>	6 <sup>th</sup>	36.77%
<b>Sept 2019</b>	4 <sup>th</sup>	Not Available

According to the Employment Data Reports referenced above, MDS was ranked as follows for average hours worked per week by job and average hourly wage per job.

	<b>Average Hours Worked Per Week</b>	<b>Average Hourly Wage per Job</b>
<b>June 2015</b>	9.92	\$8.23
<b>June 2016</b>	11.38	\$7.98
<b>June 2017</b>	12.4	\$8.80
<b>June 2018</b>	9	\$8.25
<b>Sept 2019</b>	11.3	\$9.02

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MDS is in compliance with contractual requirements for entering employment data in the NH Leads Database (EDS). According to the EDS Data Administrator, improvements have been noted for FY19 and FY20 in the efforts made to update information on a regular basis.

MDS also participates in the Project SEARCH program, a unique, business led, one year, school-to-work program that takes place in the workplace through a series of internships that are designed to teach marketable skills that will transfer to a variety of employment settings. The program provides a comprehensive approach to employment training and career advancement for individuals with developmental disabilities. MDS has partnered with Cheshire Medical Center/Dartmouth Hitchcock-Keene, Vocational Rehabilitation and the local school districts since 2011. The program has a 90% rate of employment for graduates.

<b>Class Year</b>	<b>Number of Graduates</b>	<b>Number of Graduates Who Became Employed After the Program</b>
2011	4	2
2011-2012	7	6
2012-2013	6	5
2013-2014	7	7
2014-2015	6	6
2015-2016	6	6
2016-2017	5	5
2017-2018	7	7
2018-2019	6	5
<b>Total</b>	<b>54</b>	<b>49</b>

MDS stands committed to support individuals to become employed. Service agreements contain a Vocational History form for each individual, which is not a requirement. This further highlights their commitment to supporting and empowering individuals to work.

**Remediation:**

None Required

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**Developmental Disabilities (DD), Acquired Brain Disorder (ABD) and In Home Support (IHS) Waivers  
 2019 Service File Review Findings**  
**Bureau of Developmental Services Program Planning and Review Specialist**

Service review audits are part of an evolving annual quality review process developed by the Bureau of Developmental Services (BDS) to monitor compliance with New Hampshire’s Home and Community Based Services waivers.

Area agencies prepare a self-assessment review of randomly selected files, which consist of Developmental Disability (DD) Waiver, Acquired Brain Disorder (ABD) Waiver and In Home Support (IHS) Waiver service files. The Bureau of Developmental Services then completes an onsite review of the files and self-assessment information.

The Service File Review process includes a review of the following for each record:

- Service agreements for the review period and year prior as well as amendments and supplemental forms.
- Progress notes from the review period.
- Service Coordination contact notes from the review period.
- Documentation of all visits to the home by the Service Coordinator as outlined in the Service Agreement(s).
- Individuals’ budgets for the review period and the budget from the year prior.
- Services billed to Medicaid during the review period.
- Prior Authorizations during the review period.
- Invoices to support Medicaid billing during the review period.
- Any other data to support responses on the self–assessment form.

In addition, the area agencies prepare a Summary at a Glance, which notes self-evaluated strengths, areas needing improvement, lessons learned and systemic barriers that have affected service provision. In addition, these summaries include:

- Total number of individuals served by the agency specific to each waiver;
- Summary of the File Review and Post Payment Review, by specific waiver;
- Any plans of correction as a result of the review.

Please refer to BDS’ Service File Review reports for review period April 1, 2019 – June 30, 2019, Appendix E.

<b>Standard</b>	He-M 505.08 Redesignation
<b>Status</b>	Met

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**Findings:**

A self-assessment review was completed by MDS for 55 records, which consisted of 25 Developmental Disability (DD) waiver service files, 5 Acquired Brain Disorder (ABD) waiver service files and 25 In Home Support (IHS) waiver service files, covering the service period of April 1, 2019 to June 30, 2019. In addition, the Bureau of Developmental Services completed an onsite review of MDS' findings. The following information was indicated:

**Summary of Findings**

- All Service Agreements reviewed were renewed within one year or contained a signed amendment to extend the service agreement.
- All files reviewed showed evidence of person-centered planning as the Service Agreements were developed in accordance with the individuals' interests, preferences and needs.
- All files reviewed included a Health Care Level based on the Health Risk Screening Tool (HRST).
- All DD and ABD Service Agreements reviewed documented a meaningful conversation around assistive technology.
- All Service Agreements reviewed included documentation of satisfaction.
- All Service Agreements reviewed listed specific support services to be provided under each service category.
- All Service Agreements reviewed included goals as well as the frequency, duration and necessary documentation to describe progress.
- All DD and ABD files reviewed contained progress notes for the audit period.
- All DD and ABD files reviewed showed evidence of monthly contact from the Service Coordinator.
- All files reviewed demonstrated that the individual and/or other individuals involved in his/her life were part of the service planning process.

**Systemic Barriers**

- MDS recognizes that the lack of a robust workforce pool in their region has impacted service coordination and individual programs. Lack of applicants and low wages often result in high turnover for Service Coordinators as well as for staff working with families. Inconsistent documentation and follow-through as well as under-utilization of services are often the result.
- MDS reported that their IHS Coordinator position was vacant during the audit period, 4/1/2019 – 6/30/2019. The responsibilities associated with this position were reassigned for coverage; however, this affected the overall workflow of the Children's Department.
- MDS has also reported that they lack a database from which information can be pulled and tabulated. Such an enhancement would allow them to gather data quickly, create fewer errors and enhance oversight.
- MDS has worked diligently to ensure that all Supports Intensity Scale (SIS) assessments are completed within timeframes, however, limited accessibility to interviewers in their region often creates a challenge and greatly impacts timeframes.

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**Self-Assessed Lessons Learned and Enhancements**

- MDS reports that they have improved their tracking and documentation of home visits since the 2018 BDS File Review.
- MDS also notes that while progress notes were present for all files reviewed, they will continue to emphasize the need for improved detail within the notes. They have provided training around oversight of this documentation to their Service Coordinators.
- The HRST Service Agreement template has check boxes to indicate if there is a need for guardianship or if there are services needed but not available. MDS will request that their Service Coordinators ensure that there is also documentation within their notes regarding these discussions.
- Families find it difficult to attend in-person trainings for numerous reasons. MDS intends to begin offering trainings online. Training logs have also been developed and are provided to families to enhance tracking.
- A new tracking sheet for PDMS quarterly satisfaction was developed and implemented so that the Service Coordinator can follow up with a family when this information has not been received.
- Most IHS Service Agreements reviewed were extended beyond 12 months during the review period. MDS has implemented a system to track timeframes for Service Agreements to ensure that they are completed within 12 months whenever possible.
- The majority of the IHS programs underspent their budgets by 25% or more for two years primarily due to staffing shortages. When appropriate, budgets are updated to reflect the ongoing service needs.
- Additional staff have been on-boarded in the Children's Department to assist with tasks such as tracking monthly attendance sheets, tracking receipt and quality review of monthly progress notes, mailing of monthly budget reports, satisfaction feedback and finalizing Service Agreements.
- MDS intends to align their Participant Managed and Directed Services (PDMS) Unit and In Home Supports/Children's Department in order to standardize practices between these two self-directed program units.
- A new electronic service log has been implemented which has enhanced the overall thoroughness, consistency and quality of this documentation.
- A new quarterly review form is being used to document satisfaction and if services and goals meet the needs and interests of the individual.

**Remediation:**

None Required

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**Stakeholder Feedback Findings**

**BDS Program Planning and Review Specialist**  
**October 2019 – February 2020**

In accordance with He-M 505.08(f) as part of the redesignation process, the Department of Health and Human Services sought feedback from a variety of stakeholders. Methods for engagement include questionnaires, in-person forums and online surveys. The feedback provided is included in the following sections.

**Family Support Council (FSC) Redesignation Questionnaire Responses**

As outlined in He-M 519.06 the area agency is required to have a Family Support Council (FSC). It is part of the FSC's role to make recommendations to the area agency with regard to their strategic plan as well as the utilization of respite. In accordance with He-M 505.08, the FSC was asked to respond collectively to the following questions. The responses are included below, as written by the FSC:

1. What level of involvement do you have in the development of the Area Agency's Strategic Plan?

The Family Council (FC) Chair brings to the MDS Strategic Plan meetings the concerns of the families as well as those of the Council. The Chair is present to ensure an inclusive view of [the] family's needs are presented for incorporation into the Plan.

2. How is the council kept informed of issues and changes pertaining to Family Support or any other regional and statewide changes in laws or services?

The current Chair of the council sits on the State Quality Council and the State Family Council. She brings back information to the council. In addition, our Legislative Liaison reports to the council monthly. We receive important bill information and which bills need support from families to get it passed. In the future, the Family Coordinator will be briefing us too.

3. Briefly describe any outreach activities of the council as they relate to informing and assisting the community on ways to include individuals with disabilities in full participation in their communities.

The FC each year plans outreach events and participates in events by sponsoring events. Once a quarter we have family events such as renting the YMCA (access to pool, basketball courts, rock wall...), family picnic and new to this year drumming. We are sponsors to MDS Run, Walk, Smile 5K. We maintain a Facebook page and provide education opportunities to our families.

4. Does the area agency share with you any information (such as survey results) it has compiled about quality of services?

Yes, MDS does share the results of various surveys they have done on quality. However, we are not aware of MDS having done any recent surveys.

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5. Are you given an opportunity to help improve these services?

Yes, MDS and the FC work closely together to help improve on the supports and services as families have reported their concerns.

6. Do you have an understanding of and input into the overall family support budget and have control of the council allocation?

The FC Chair, FC Treasurer, Executive Director and Budget Director have a budget. Once the fund for the budget is allocated the FC has the sole responsibility to spend down the budget.

7. How would you describe the council's relationship with the area agency?

The FC has a good relationship with the area agency. MDS is supportive of the council's needs and concerns. The FC liaison to the MDS board has been made a permanent member position. The Liaison keeps the flow of information between the MDS board and the FC. This is a valuable conduit of information for both groups.

8. What information/educational opportunities does the area agency provide the council about rights and rights protection. (for example, did you have input into the development of the rights manual and its updated; are any council members involved in rights trainings and instructors for individuals, families or area agency/subcontract agency staff)?

The chair is aware that in the past the AA worked with the council to develop the rights manual. The FC is not aware of any updates or training for rights. At this point there are not any council members involved in rights trainings and/or instructors for individual, families or AA staff.

Nor is the council aware of any recent updates.

9. What additional information would like to have on this topic?

We would like a better understanding of the FC family coordinator position. Does the job description match PIH family coordinator position?

10. Do you feel that the activities and contributions of the council are valued by the area agency?

When the FC make suggestions they are quickly considered, work on and most implemented.

11. Would you like to offer any additional comments?

Not at this time.



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**Individual and Self-Advocates Redesignation Forum Responses**

A forum was held at the Peterborough public library on January 6, 2020, to receive feedback from individuals who receive services. The Bureau of Developmental Services (BDS) facilitated the forum and three individuals who receive services attended.

Overall:

There was general satisfaction with Monadnock Developmental Services (MDS). Themes that emerged from the forum included:

- All of the individuals expressed on numerous occasions that they felt they had choices and that they could request changes and would be listened heard.
- The individuals in attendance felt supported in a number of areas and also felt that they received strong communication from MDS.

The following questions were asked of the attendees. Their answers and comments are noted below.

1. Are you getting the support you need?

	Yes	Sometimes	No	Not Applicable
At home	3			
During the day	3			
At work	2			1
Other places	3			

Comments:

One individual responded that she lives in a town outside of Keene with a home care provider. She feels supported at home. She explained that she does not work, as she is 64 and retired. She goes out and about during the day with her HCP or day staff. Most of her errands are in Keene and she is always able to get there easily. She has a consistent schedule but feels that she can alter it at any time. She goes to church every Sunday.

Another individual stated that she lives in Peterborough on her own. She works at multiple jobs and likes them very much. She is able to get transportation wherever she needs to go.

Another individual shared that she lives outside of Keene with a home care provider. She feels supported at home. She works and feels supported at work and when out with her day staff.

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2. Do you feel like you're part of the community?

- Yes
- Sometimes
- No

Why or why not?

All three participants responded with "yes". They all stated that they are able to get around fine and feel that they are part of their communities.

One individual stated that there isn't much to do in her town and she usually chooses to go to Keene instead. She goes to church with her family. She works most days and also volunteers at two different locations.

3. Does your service coordinator:

	Yes	Sometimes	No	Not Applicable
Listen to you?	3			
Get back to you when you call?	3			
Help you get what you need?	3			

Comments:

An individual had positive feedback about her Adult Service Coordinator (ASC). She said that her ASC helps her to get what she needs and is good about getting back to her.

Another individual explained that she doesn't know who her ASC is. She calls [Name redacted] when she needs anything. This person always gets back to her and she feels good about this relationship.

Another person said that she knows her ASC and she has been with her for a long time. Her ASC gets her what she needs. This individual had a very positive experience with her ASC recently when she needed assistance with scheduling and paying for dental work.

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4. Are you:

	Yes	Sometimes	No	Not Applicable
Familiar with your service agreement?	3			
Are the goals in it important to you?	3			
Are you regularly working on those goals?	3			

Comments:

One individual said that everyone at MDS helps her to work on her goals. She recently started a goal to lose weight. They helped her to get to the YMCA where she walks around the track to stay in good health.

Another individual works at the hospital, Nursing home and cares for dogs. She feels supported in her goals.

Another individual has a goal to see her grandchildren more. She also has a goal related to her business. She feels supported in all of her goals.

5. Are you:

	Yes	Sometimes	No	Not Applicable
Supported to stay healthy	3			
Make good food choices	3			
Exercising	3			
Getting health checkups etc.	3			

Comments:

Two of the individuals said that they both feel supported to get the right foods, make healthy choices, exercise and get to the doctor. One further said she is supported by either MDS or her HCP. Both said that they are helped by MDS to make appointments.

Another individual said that she has two staff during the day. They walk at the gym and on the rail track when it is nice. She also goes to the senior center. She feels supported to stay healthy and exercise. She has also been going to physical therapy. Her HCP helps her with her physical therapy homework and also packs her a very nice lunch every day.

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6. Do you:

	Yes	Sometimes	No	Not Applicable
Make choices about where you live	2		1	
Who you live with	1		1	1
Where you go	2	1		
Where you work	2			1
Who supports you	2	1		

Comments:

One individual said that she works with a couple of day staff each week. She likes the variety, stating that she doesn't get bored with them. She feels that she has a choice in where she lives, who lives with her, where she goes and who supports her. She chooses not to work.

Another individual said that she likes her staff. They take her grocery shopping and other errands. They drop her off at work. She lives on her own and does not have a roommate. She feels she has choices over where she lives, works and who supports her.

Another individual said she was taken to her current home and didn't feel that she had a choice in her HCP or roommate. She would have preferred live closer to Keene where her family is but she does really likes her HCP. If she wanted to leave, she feels that she would be able to express that and that she would be listened to. She said that she gets to choose her daily schedule sometimes but that she always feels that she can ask for changes to the schedule. She said that she did not choose her staff but feels comfortable asking if she wanted to request a different staff.

7. Are you helped to have friends?

- Yes
- Sometimes
- No

Comments:

All said that they feel supported to maintain relationships with friends. One individual said that she attends a sewing group. She is also supported to visit or call her friends. She does not have a cell phone but has access to two phones at home.

Another individual said that she is originally from down south and has close family in Keene. She is supported to see and call them. Her grandkids in Keene are mostly teenagers and are sometimes hard to connect with.

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8. Are you:

	Yes	Sometimes	No	Not Applicable
Working	2		1	
Do you want to?			1	2
Are you getting help to find work?				3

Comments:

One of the individuals said that she is retired and chooses not to work.

Another said that she is working and likes her jobs. She is not looking for other jobs.

Another said that she likes her job. The staff there help her to learn their [modernization] updates. This is her first job in a long time.

9. Does anyone talk to you about?

	Yes	Sometimes	No	Not Applicable
Your rights as a citizen?	2		1	
Your rights as someone who receives support from an Area Agency?	3			
Do you know whom to call if someone violates your rights?	3			

Comments:

One said that she knows her rights and MDS talks to her about these. She knows she can file a complaint and would call her ASC if she needed to.

Another individual said that no one talks to her about her rights as a citizen but she said she already knows them. She said that she knows that she can talk to someone if needed.

Another individual said that she knows her rights and that she knows she can file a complaint stating that when she is unhappy, “they know it!” She would call either her ASC if there was an issue.

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10. Do the people who support you:

	Yes	Sometimes	No	Not Applicable
Treat you well?	3			
Do they listen to you?	3			
Do they help you get what you need?	3			

Comments:

All said that staff treat them well and that they feel supported. Two of the individuals said that if they needed help during the day, they feel that they could call anytime and would get help quickly.

Another said that she gets help and is treated well by staff, her home care provider (HCP) and MDS. Her HCP got her a new coffee maker for Christmas so that she has her own single serving portions of different flavors.

11. Are you in a self-advocacy group?

- Yes  
 No

Two of the individuals said that they are not and stated that they are not interested. Another individual stated that she is not interested because people get, “too bossy”.

12. Would you like to offer any additional comments?

Comments:

One individual stated that everything is great. She wanted to come to the forum to say that she’s very satisfied.

Another said that MDS knows that she would prefer to live in Keene in order to be closer to her grandkids. She doesn’t drive but can always get rides there from her day staff or HCP. Living closer to her grandkids is important to her and she wishes that MDS could find her something in Keene. But still, MDS is very supportive of her business. They help her to find customers and work on her employment-related goals.

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**Family and Guardian Redesignation Forum Summary**

A forum was held at the Peterborough public library on January 6, 2020, to receive feedback from families of individuals who receive services in Region 5. The Bureau of Developmental Services (BDS) facilitated the forum and two families attended and responded to the questions noted below.

1. Do you or your family member receive the information that is needed from the area agency to make decisions about services and resources?  
Yes: 1  
No: 1
  
2. Do you get the information you need about: *(IF APPLICABLE)*
  - Family Support Services (e.g. respite, Emods, advocacy):  
Yes: 2
  - Family Support Council:  
Yes: 2
  - Employment Services:  
No response
  - Waiting Lists:  
Yes: 2
  - Transition from High School to adult services:  
Yes: 2
  - Support and information at age 14 and older regarding options available upon graduation:  
N/A: 2
  
3. Are the area agency staff responsive? For example do they return your calls in a reasonable amount of time?  
Yes: 1  
Sometimes: 1
  
4. Are you, your family member, and other family members and friends encouraged and supported to exercise choice and control over:
  - The planning of services?  
Yes: 2
  - Implementation of services?  
Yes: 1  
Sometimes: 1
  - Managing financial resources?  
Yes: 1  
Sometimes: 1

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5. Are you encouraged and supported to get involved in financial decisions regarding your family member's service budget?  
Yes: 2
6. Do you feel the Area Agency considers the unique concerns, priorities and resources of your family in providing services?  
Sometimes: 1  
No: 1
7. Do you think that staff and providers respect your family member's choices regarding
- The services they receive?  
Sometimes: 2
  - Who provides the service?  
Sometimes: 2
  - Where the services are provided?  
Sometimes: 2
  - What goals are pursued in the service agreement?  
Sometimes: 2
8. Are you satisfied with the services you and your family member/ward are receiving from the area agency?  
If not, what specific improvements need to be made?  
Sometimes: 1  
Yes: 1
9. Are you satisfied with the health related supports that are provided to your family member by the Area Agency?  
Yes: 1  
No: 1
10. Are you satisfied with the safety related supports that are provided to your family member by the Area Agency?  
N/A: 1  
Yes: 1
11. Do you know whom to call if your family member's/ward's rights have been violated or s/he is not receiving the services s/he needs?  
Yes: 1  
Sometimes: 1 – called with no response.
12. Are you aware of the area agency's complaint process? Yes: 2



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13. Would you like to offer any additional comments?

One family explained that they are generally satisfied. If not, they ask for a meeting and any issues are resolved. There is not much that can be done about direct service provider turnover. Their biggest question and concern is who will take care of their child as they age.

Another family explained that they were not there to say negative things about MDS. The agency tries their best and there are things that are out of their control, such as staffing, that impacts the responses provided at this forum.

The requirements on the family for Person Directed and Managed Services are a lot for a family to take on, specifically regarding the training of staff and administrative requirements.

Both families felt that wages were too low to compete and that there need to be more entities involved in solutions, short and long term.

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**Family and Guardian Redesignation Survey Summary**

BDS conducted a Family and/or Guardian Survey via Survey Monkey and via paper form. Families and/or guardians responded anonymously to this survey. The responses are notes below. Not all will total 100% as the numbers were rounded.

1. Do you or your family member receive the information that is needed from the area agency to make decisions about services and resources?

Answer Choices	Responses
Yes	87.5%
Sometimes	9.7%
No	2.8%
Not Applicable	0.0%

2. Do you get the information you need about: *(IF APPLICABLE)*
  - a. Family Support Services (e.g. respite, Emods, advocacy)

Answer Choices	Responses
Yes	60.56%
Sometimes	14.08%
No	7.04%
Not Applicable	18.31%

- b. Family Support Council

Answer Choices	Responses
Yes	52.43%
Sometimes	18.57%
No	8.57%
Not Applicable	20%

- c. Employment Services

Answer Choices	Responses
Yes	26.09%
Sometimes	17.39%
No	2.9%
Not Applicable	53.62%

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d. Waiting Lists

Answer Choices	Responses
Yes	15.49% %
Sometimes	9.86%
No	7.04%
Not Applicable	67.61%

e. Transition from High School to adult services

Answer Choices	Responses
Yes	18.84%
Sometimes	1.45%
No	4.35%
Not Applicable	75.36%

f. Support and information at age 14 and older regarding options available upon graduation

Answer Choices	Responses
Yes	10.14%
Sometimes	1.45%
No	5.8%
Not Applicable	82.61%

3. Are the area agency staff responsive? For example, do they return your calls in a reasonable amount of time?

Answer Choices	Responses
Yes	88.73%
Sometimes	8.45%
No	2.82%

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4. Are you, your family member, and other family members and friends encouraged and supported to exercise choice and control over:

a. The planning of services?

Answer Choices	Responses
Yes	83.1%
Sometimes	7.04%
No	4.22%
Not Applicable	5.63%

b. Implementation of services?

Answer Choices	Responses
Yes	80.28%
Sometimes	7.04%
No	5.63%
Not Applicable	7.04%

c. Managing financial resources?

Answer Choices	Responses
Yes	56.34%
Sometimes	11.27%
No	7.04%
Not Applicable	25.35%

5. Are you encouraged and supported to get involved in financial decisions regarding your family member's service budget?

Answer Choices	Responses
Yes	42.86%
Sometimes	12.86%
No	12.86%
Not Applicable	31.42%

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6. Do you feel the Area Agency considers the unique concerns, priorities and resources of your family in providing services?

Answer Choices	Responses
Yes	67.61%
Sometimes	23.93%
No	4.23%
Not Applicable	4.23%

7. Do you think that staff and providers respect your family member's choices regarding

a. The services they receive?

Answer Choices	Responses
Yes	89.85%
Sometimes	5.8%
No	4.35%

b. Who provides the service?

Answer Choices	Responses
Yes	91.18%
Sometimes	2.94%
No	5.88%

c. Where the services are provided?

Answer Choices	Responses
Yes	88.24%
Sometimes	4.41%
No	7.35%

d. What goals are pursued in the service agreement?

Answer Choices	Responses
Yes	89.71%
Sometimes	5.88%
No	4.41%

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8. Are you satisfied with the services you and your family member/ward are receiving from the area agency?

Answer Choices	Responses
Yes	83.1%
Sometimes	11.27%
No	5.63%

9. Are you satisfied with the health related supports that are provided to your family member by the Area Agency?

Answer Choices	Responses
Yes	52.78%
Sometimes	8.33%
No	1.39%
Not Applicable	37.5%

10. Are you satisfied with the safety related supports that are provided to your family member by the Area Agency?

Answer Choices	Responses
Yes	61.11%
Sometimes	2.78%
No	2.78%
Not Applicable	33.33%

11. Do you know whom to call if your family member's/ward's rights have been violated or s/he is not receiving the services s/he needs?

Answer Choices	Responses
Yes	84.29%
Sometimes	11.43%
No	2.86%

12. Is your family member/ward supported to form and maintain relationships and become an active member of the community, doing work/leisure activities of his/her choice?

Answer Choices	Responses
Yes	74.63%
Sometimes	16.42%
No	8.96%

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13. Does the area agency ask you if you are satisfied with the quality of services you receive from them?

Answer Choices	Responses
Yes	85.71%
No	12.86%

14. If you made suggestions, did the area agency/subcontract agency follow-up?

Answer Choices	Responses
Yes	67.27%
Sometimes	16.36%
No	16.36%

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**Provider Redesignation Survey Summary**

BDS conducted a family and/or guardian survey via Survey Monkey and via paper form. Families and/or guardians responded anonymously to this survey.

Please choose one to rate the overall effectiveness of communication between your agency and the area agency:

Answer Choices	Responses
Excellent	28.57%
Good	57.14%
Inconsistent	0.00%
Lacking	14.29%

Is there timely communication with Service Coordinators when there is an incident/issue/emergency involving an individual?

Answer Choices	Responses
Yes	100%
No	0.00%
Sometimes	0.00%

Does the Area Agency communicate and explain policy and funding issues released by the Bureau of Developmental Services?

Answer Choices	Responses
Yes	80%
No	0.00%
Sometimes	20.00%



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How does the Area Agency communicate regular updates and changes to policy, funding, performance, etc? Choose ALL that apply:

Answer Choices	Responses
Email	100%
Phone Calls	20.00%
Regularly Scheduled Provider Meetings	100%
Special Meetings	0.00%
Letters	20.00%
Other	0.00%

Do you have a specific contact person to talk regarding funding, funding issues, crisis needs, and/or changes in funding with regards to individuals' needs?

Answer Choices	Responses
Yes	100%
No	0.00%

When there is an issue with an individual, are there timely responses and meetings that meet the level of urgency?

Answer Choices	Responses
Yes	100%
No	0.00%
Sometimes	0.00%

Overall, are Area Agency staff easily accessible and phone calls returned in a timely manner?

Answer Choices	Responses
Yes	80.00%
No	20.00%

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Is your agency invited to participate in the development and on-going assessment of the Area Agency's Area Plan (also possibly known as Biennial Plan or Strategic Plan)?

Answer Choices	Responses
Yes	40.00%
No	0.00%
Not Sure	60.00%

Do you believe individuals and families are objectively given a choice of providers in the regional area?

Answer Choices	Responses
Yes	80.00%
No	20.00%

How well is the RFP process working in your regional area?

Answer Choices	Responses
Very Well	40.00%
Good	40.00%
Inconsistent	0.00%
Needs Improvement	0.00%

Do you believe individuals and families understand their rights to choice and how to exercise these rights?

Answer Choices	Responses
Yes	80.00%
No	20.00%

Overall, are service coordinators responsive to the needs of the individual?

Answer Choices	Responses
Yes	100%
No	0.00%

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In general, do you feel individuals (and their guardians/representatives) are adequately supported to advocate for themselves in the service planning process and implementation of their services?

Answer Choices	Responses
Yes	100%
No	0.00%

In general, do you believe individuals (and their guardians/representatives) are encouraged and supported to request changes to their services?

Answer Choices	Responses
Yes	80.00%
No	20.00%

Overall, do you believe service coordinators are adequately trained in their role?

Answer Choices	Responses
Yes	80.00%
No	20.00%

Has the Area Agency explained and made available the process for requesting funding changes for individual service needs to your agency?

Answer Choices	Responses
Yes	80.00%
No	20.00%

In your opinion, has the Area Agency explained and made available the process for requesting funding changes for individual service needs to the individual, guardian/representative?

Answer Choices	Responses
Yes	100%
No	0.00%

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Does the Area Agency have adequate processes in place to prevent or minimize recoupment of payment?

Answer Choices	Responses
Yes	76.00%
No	0.00%

Does the Area Agency have processes in place to address underutilized services?

Answer Choices	Responses
Yes	50.00%
No	0.00%
Unsure	50.00%

**Remediation Resulting from Stakeholder Engagement:**  
 None Required