



# Overview of Services for People with Developmental Disabilities in New Hampshire

17-Feb-2025

## **Disclaimer**

The content of this document is for informative purposes only and is not to be relied upon as a professional or legal opinion whatsoever. Please send errata or suggestions for improvement to [wwalker@gatewayscs.org](mailto:wwalker@gatewayscs.org).

## **Purpose**

This document provides a detailed overview of the New Hampshire service delivery system for people with developmental disabilities. The topics covered include why it exists, relevant state statutes and administrative rules, who it serves, what services are available, and how it is organized.

## **Summary**

The New Hampshire developmental disability service delivery system is defined in detail by NH statutes, administrative rules, and Federal regulation. It is efficiently run – more efficient and cost-effective than institutionalization – with much of it relying upon uncompensated family members to provide the bulk of the care. At its core are participation of individuals in decisions that impact them, choice, inclusion in the community, and maximizing independence.

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## History

On February 14, 1901, the Federation of Women's Clubs testified before the New Hampshire House of Representatives, advocating for segregating individuals with developmental disabilities into institutions<sup>1</sup>. They argued "is it not the part of wisdom to guard society from the crimes, the vice, and the immorality of this degenerate class, who with their weak will power and deficient judgment are easily influenced by evil?" and "it is believed that it is better and cheaper for the community to assume permanent care of this class before they have carried out a long and expensive career of crime."



On March 22, 1901, the New Hampshire passed legislation to create the New Hampshire School for Feeble-Minded Children for children between the ages of 3 and 21<sup>2</sup>. The institution, later renamed Laconia State School, opened in 1903 with an initial population of 60 children. Subsequent amendments to the law included anyone of any age.

In 1970, Laconia State School reached a peak population of 1167. Conditions at the institution had degraded due to a variety of reasons including lack of resources, understaffing, staff burnout, and a high staff turnover rate.

In 1975, the New Hampshire legislature passed NH State Statute [RSA 171-A](#) "to establish, maintain, implement and coordinate a comprehensive service delivery system for developmentally disabled persons." RSA 171-A, which is discussed in more detail later in this document, was based on the understanding that treatment and habilitation of individuals with disabilities was generally more effective when provided in community-based programs rather than in large, isolated institutions.

Prompted by the state's delay in implementing RSA 171-A, Laconia State School residents and their families filed [Garrity v. Gallen](#) with the Federal District Court in 1978. Sandra Garrity was an 18 year-old resident of Laconia State School who was admitted to the school in 1966. Hugh J. Gallen was the New Hampshire Governor at the time.

The Garrity v. Gallen decision led to the closure of Laconia State School in 1991, making New Hampshire the first in the nation to have no institutions for people with developmental disabilities. New Hampshire also became the first in the nation to have a community-based system for supports and services, a core value of RSA 171-A.

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<sup>1</sup> As described in the Summer 2004 issue of "[The New Hampshire Challenge](#)"

<sup>2</sup> See Chapter 102 on page 597 of

<https://scholars.unh.edu/cgi/viewcontent.cgi?article=1015&context=lawsnh>

## State Statutes and Administrative Rules

Before discussing the service programs for people with developmental disabilities, it is important to understand relevant New Hampshire state statutes and administrative rules.

### *New Hampshire RSA 171-A*

As mentioned previously, the New Hampshire legislature passed [RSA 171-A](#) in 1975 to establish a system of services for people with developmental disabilities or acquired brain disorders. While the entirety of RSA 171-A is important and relevant, this section touches on two aspects of RSA 171-A: its purpose and its funding.

#### **Section 171-A:1 Purpose and Policy**

The [Purpose and Policy](#) of RSA 171-A is as follows. A few key phrases have been highlighted. Of particular note is the entirety of paragraph I, which is often paraphrased as “Nothing about us without us”: each person is unique and they are best able to determine their own needs.

The purpose of this chapter is to enable the department of health and human services to establish, maintain, implement and coordinate a comprehensive service delivery system for developmentally disabled persons. **The policy of this state is that persons with developmental disabilities and their families be provided services that emphasize community living and programs to support individuals and families**, beginning with early intervention, and that such services and programs shall be based on the following:

- I. **Participation of people with developmental disabilities and their families in decisions** concerning necessary, desirable, and appropriate services, recognizing that they are best able to determine their own needs.
- II. Services that offer comprehensive, **responsive, and flexible** support as individual and family needs evolve over time.
- III. Individual and family services based on **full participation in the community**, sharing ordinary places, developing meaningful relationships, and learning things that are useful, as well as enhancing the social and economic status of persons served.
- IV. Services that are relevant to the individual's age, abilities, and life goals, including support for gainful employment that **maximizes the individual's potential** for self-sufficiency and independence.
- V. Services based on **individual choice**, satisfaction, safety, and positive outcomes.
- VI. Services provided by competent, appropriately trained and compensated staff.

Furthermore, RSA 171-A calls for the services to be provided in a “**least restrictive environment**” which least inhibits a client's freedom of movement, enables informed decisions and participation in the community, all while achieving the purposes of habilitation and treatment.

## **Section 171-A:1-a Full Funding of Services Budget; Limits of Waiting Lists**

To help identify an individual's support needs, New Hampshire uses the Supports Intensity Scale ([SIS](#)) from the American Association on Intellectual and Developmental Disabilities ([AAIDD](#)). The individual and members of their support team use the SIS results to create the individual's service agreement. Once the service agreement and its associated budget has been approved, the individual is put on a projected service needs list.

[Section 171-A:1-a](#) provides the following requirements for the allocation of funds for the service agreement budget (some statute text has been omitted for clarity):

- (a) For persons in school and already eligible for services from the area agencies, funds **shall be allocated 90 days prior** to their graduating or exiting the school system or earlier
- (b) For newly found eligible adults, the time of completion of an individual service agreement and the allocation of the funds **shall not exceed 90 days**
- (c) For persons already receiving services who experience significant life changes, the time for initiation of new services **shall not exceed 90 days** from the amendment of the individual service agreement

Furthermore, the RSA 171-A both calls for the Department of Health and Human Services (DHHS) to incorporate the cost of fully funding services and for the legislature to appropriate sufficient funds to meet the costs and requirements.

Because individuals in any of the 3 categories listed above have not yet entered the system, the cost of fully funding services for them must be placed in the additional prioritized needs (APN) of the agency budget request. As a result, budget cuts to the APN will result in insufficient funds for anticipated service agreements and thus result in individuals going without services until the funds can be allocated.

## ***He-M 500***

[Chapter He-M 500](#) of the New Hampshire administrative rules covers developmental services. He-M 500 has over 20 parts. For example, He-M 525 covers participant directed and managed services.

Throughout this document, the reader will find references to relevant parts from Chapter He-M 500. It is recommended that the reader download [Chapter He-M 500](#) in a separate window and refer to it when reading this document. When this document refers to an He-M part, the reader will find text in a footnote to help the reader locate the part in the He-M 500 chapter.

## Target Population - People with Developmental Disabilities

As defined by the US Centers for Medicare & Medicaid Services (CMS), a developmental disability is attributable to a mental or physical impairment or is a combination of mental and physical impairments that is manifested before the person attains age 22 and results in substantial functional limitations in 3 or more of the following areas of major life activity:

1. Self care
2. Receptive and expressive language
3. Learning
4. Mobility
5. Self direction
6. Capacity for independent living
7. Economic self sufficiency



Examples of developmental disabilities include autism, Down syndrome, cerebral palsy, and intellectual disabilities.

## Support and Services Examples

There is no one-size-fits-all solution for people with developmental disabilities: the types of services and intensity of supports a person needs varies greatly from person to person. Many of these services support “residential habilitation” which enables the individual to develop and maintain daily living skills to live as independently as possible within the community.

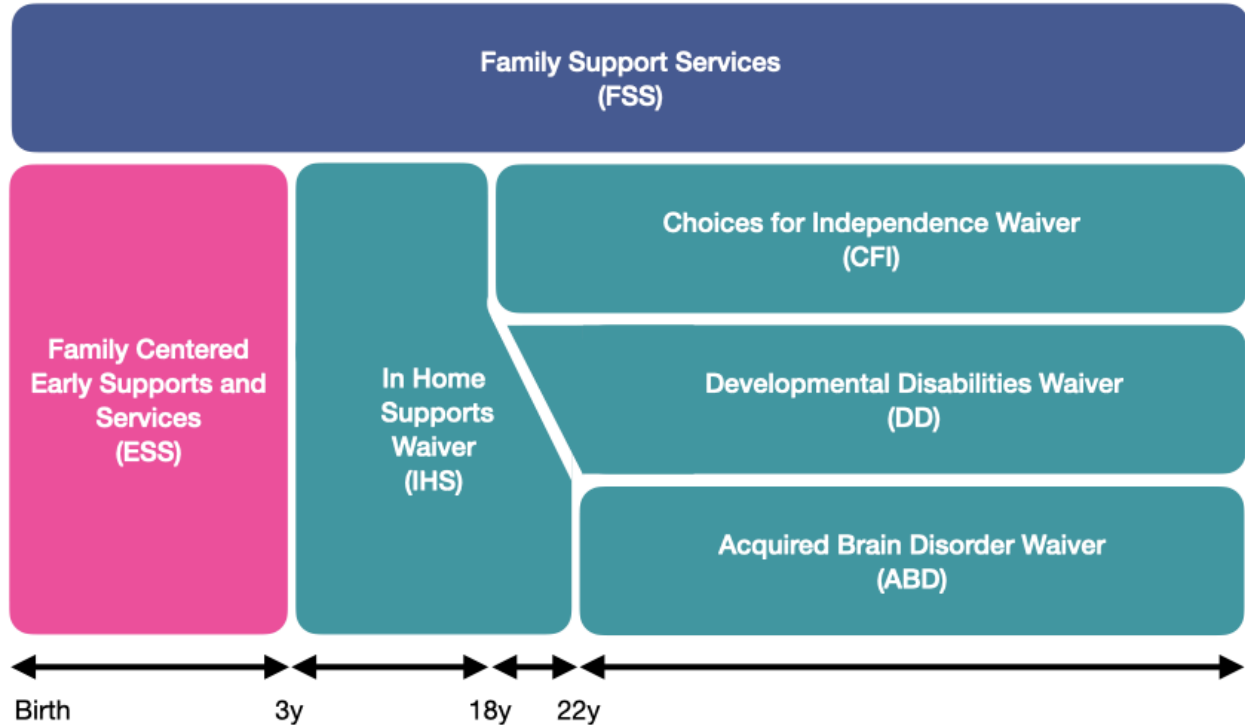
Examples of these types of skills training include, but are not limited to, the following:

- Adaptive skills such as independent living, communication, self-direction and health care activities of daily living and personal care skills
- Community inclusion
- Access to and use of transportation
- Educational supports
- Supported employment to maintain and improve the individual’s vocational skills
- Social and leisure skill development

Another service known as “respite care” provides temporary relief for primary caregivers. It can help caregivers who are exhausted, stressed, or need to run errands.

## Service Programs

There are several service programs available to people with disabilities depending upon their age and their intensity of needs. Each of the programs in the following diagram is explained in the sections that come after it:



### ***Family Support Services (FSS)***

Family Support Services ([FSS](#)) is a proven cost-effective program that helps strengthen and support families within the context of their lives and within their own communities. It is designed to keep families intact and prevent/delay the need for more intensive and costly services and supports such as those provided by the Medicaid Waivers discussed later.

FSS services include the following:

- Recreational opportunities
- Parent to parent support
- Respite services
- Assistance in accessing home modifications or adaptive equipment
- Information and referral
- Assistance with planning for transition from ESS to school or adult services

He-M 519<sup>3</sup> holds the administrative rules for FSS in New Hampshire. The eligibility requirements are specified in He-M 519.03 and include the following:

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<sup>3</sup> PART He-M 519 FAMILY SUPPORT SERVICES



- Be from birth through age 2 and eligible for family-centered early supports and services
- Be age 3 or older and have a developmental disability or an acquired brain disorder

## ***Family Centered Early Supports and Services (ESS)***

Part C of the Individuals with Disabilities Education Act (IDEA - US Title 20 [Chapter 33](#)) establishes Family Centered Early Supports & Services ([ESS](#)) for children from birth to age 3.

Early supports and services recognizes that every child learns and grows at their own pace. While most infants and toddlers will learn the same skills in a predictable pattern called developmental milestones, some children need extra time and support to get there. Early Supports and Services can help families determine what help, if any, their child needs to stay on track.

He-M 510<sup>4</sup> holds the administrative rules for ESS in New Hampshire. The eligibility requirements for ESS are specified in He-M 510.06 and include the following:

- Must be an infant or toddler with a disability who is under 3 years of age
- Must be at risk for or has a developmental delay, or exhibits atypical behavior, or has an established condition

## ***Medicaid Waivers Authorized by Social Security Act §1915(c)***

Within broad Federal guidelines<sup>5</sup>, Social Security Act §1915(c) enables U.S. states to develop home and community-based services waivers (HCBS Waivers). The waiver program permits a state to furnish an array of home and community-based services that help Medicaid beneficiaries live in the community and avoid institutionalization. Furthermore, the HCBS Waivers must demonstrate that providing waiver services won't cost more than providing these services in an institution.

The HCBS Waivers relevant to the scope of this document are discussed in the following sections. Examples of services provided under the HCBS Waivers include, but are not limited to, the following<sup>6</sup>:

- **Community Participation Services (CPS)**, also known as **Day Services**, support the individual's participation in a variety of integrated community activities and settings. CPS also helps the individual to be a contributing and valued member of their community through vocational and volunteer opportunities. See also He-M 507<sup>7</sup>.
- **Community Support Services (CSS)** are intended for individuals who have developed or are trying to develop skills to live independently within the community. Services

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<sup>4</sup> PART He-M 510 FAMILY-CENTERED EARLY SUPPORTS AND SERVICES

<sup>5</sup> See [Home & Community-Based Services 1915\(c\) | Medicaid](#)

<sup>6</sup> See also [Services For Individuals With Developmental Disabilities](#)

<sup>7</sup> PART He-M 507 COMMUNITY PARTICIPATION SERVICES



include assistance and training to maintain and improve skills in daily living and community integration. See also He-M 517<sup>8</sup>.

- **Supported Employment (SEP)** focuses on assistance and training provided to maintain and improve the individual's skills in vocational activities and enhance their social, personal development, and well-being within the context of vocational goals. These services develop paid employment opportunities in integrated settings which offer meaningful opportunities for workers to interact with coworkers and customers. See also He-M 518<sup>9</sup>.
- **Respite Care** is a short-term service that provides temporary relief for primary caregivers. It can help caregivers who are exhausted, stressed, or need to run errands. See also He-M 513<sup>10</sup>.

### **In Home Supports Waiver (IHS)**

In Home Supports ([IHS](#)) is an array of services intended to help the individual remain living at home with their family and actively engaged with their community. IHS enhances the family's and other caregivers' ability to care for the individual and to provide the individual with opportunities to develop a variety of life skills.

He-M 524<sup>11</sup> holds the NH Administrative Rules for IHS. The eligibility requirements for IHS are specified in He-M 524.03 and include the following:

- Are between the ages of 3 and 21, inclusive (eligibility stops on 22nd birthday)
- Have a developmental disability or significant medical or behavioral challenges
- Live at home with their family
- Has not exited the school system
- Are found eligible for services by an area agency as outlined in He-M 503<sup>12</sup>
- Are found eligible for Medicaid by the NH Department of Health and Human Services
- Meet the level of care criteria as outlined in the [IHS Waiver](#)

Note also that IHS follows the Participant Directed and Managed Services (PDMS) model. With PDMS, the participant, family and/or guardian are in the decision making role with regard to support staff, their individual budget, and overall service design. The rules for PDMS can be found in He-M 525<sup>13</sup>.

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<sup>8</sup> PART He-M 517 MEDICAID-COVERED HOME AND COMMUNITY-BASED CARE SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES AND ACQUIRED BRAIN DISORDERS

<sup>9</sup> PART He-M 518 EMPLOYMENT SERVICES

<sup>10</sup> PART He-M 513 RESPITE SERVICES

<sup>11</sup> PART He-M 524 IN-HOME SUPPORTS

<sup>12</sup> PART He-M 503 ELIGIBILITY AND THE PROCESS OF PROVIDING SERVICES

<sup>13</sup> PART He-M 525 PARTICIPANT DIRECTED AND MANAGED SERVICES

## Developmental Disabilities Waiver (DD Waiver)

The Developmental Disabilities Waiver ([DD Waiver](#)) provides services to maximize the ability and informed decision-making authority of people with developmental disabilities. It also includes services to promote the individual's personal development, independence and quality of life in a manner that is determined by the individual.

The delivery of services through the DD Waiver comes in two models:

- **Participant Directed and Managed Services (PDMS)** - As with In Home Supports, the participant, family and/or guardian are in the decision making role with regard to support staff, their individual budget, and overall service design. The rules for PDMS can be found in He-M 525<sup>14</sup>.
- **Traditional** - With the traditional model, all services are provided under the oversight, hire, and management of a Medicaid enrolled service provider. The family still has a part of who works with the individual, but it is managed by the provider.

The following are a couple of the key differences between the PDMS and traditional service delivery options:

- **Control over budget:** With PDMS, individuals manage their service budget directly, deciding how funds are allocated among different services.
- **Level of involvement:** PDMS requires a higher level of personal involvement from the individual or their families to manage the care.

He-M 517<sup>15</sup> holds the NH Administrative Rules for the DD Waiver. The eligibility requirements for the DD Waiver are specified in He-M 517.03 and include the following:

- Must be at least 18 years old and have exited the school system (may start at age 17 if the individual has obtained a high school diploma)
- Experience a developmental disability as specified in [RSA 171-A:2](#) and meet the criteria in [RSA 171-A:1-a](#)
- Meet level of care criteria as outlined in the [DD Waiver](#)

Furthermore, the items and services covered by the DD Waiver must not otherwise be covered by other entities, agencies or insurances such as the NH Medicaid State Plan, the Local Education Authority (LEA), and the Division of Children Youth and Families (DCYF).

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<sup>14</sup> PART He-M 525 PARTICIPANT DIRECTED AND MANAGED SERVICES

<sup>15</sup> PART He-M 517 MEDICAID-COVERED HOME AND COMMUNITY-BASED CARE SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES AND ACQUIRED BRAIN DISORDERS

## **Acquired Brain Disorder Waiver (ABD Waiver)**

While not core to the scope of this document, people with acquired brain disorders can receive services and supports through the Acquired Brain Disorder Waiver ([ABD Waiver](#)) in a manner very similar to the DD Waiver.

As with the DD Waiver, the purpose of the ABD Waiver is to provide services to maximize the ability and informed decision-making authority of people with acquired brain disorders. It also includes services to promote the individual's personal development, independence and quality of life in a manner that is determined by the individual.

Both He-M 517<sup>16</sup> and He-M 522<sup>17</sup> hold the NH Administrative Rules for the ABD Waiver. The eligibility requirements for the ABD Waiver are defined in He-M 522.03 and include the following:

- Are no younger than 22 years
- Individuals who have sustained a brain or spinal cord injury as specified in [RSA 137:K](#)
- The acquired brain disorder shall have occurred prior to the age of 60
- Meet level of care criteria, as outlined in the [ABD Waiver](#)

## **Choices for Independence Waiver (CFI)**

The goal of the Choices for Independence Waiver ([CFI](#)) is to support elders and adults with disabilities to live independently in the community. The services and supports are delivered through a network of community based provider agencies who are directly enrolled as NH Medicaid Providers.

Examples of support through the CFI Waiver include assistance with personal care tasks, meal preparation, and household tasks; providing equipment to support independence; making changes to the home to support independence; providing respite care services for caretakers; and providing supported employment services.

Part He-E 801 of [Chapter He-E 800](#) holds the administrative rules for CFI in New Hampshire. The eligibility requirements are specified in He-M 801.03 and include the following:

- Must be at least 18 years old
- Must be eligible for Medicaid
- Must meet nursing facility level of care

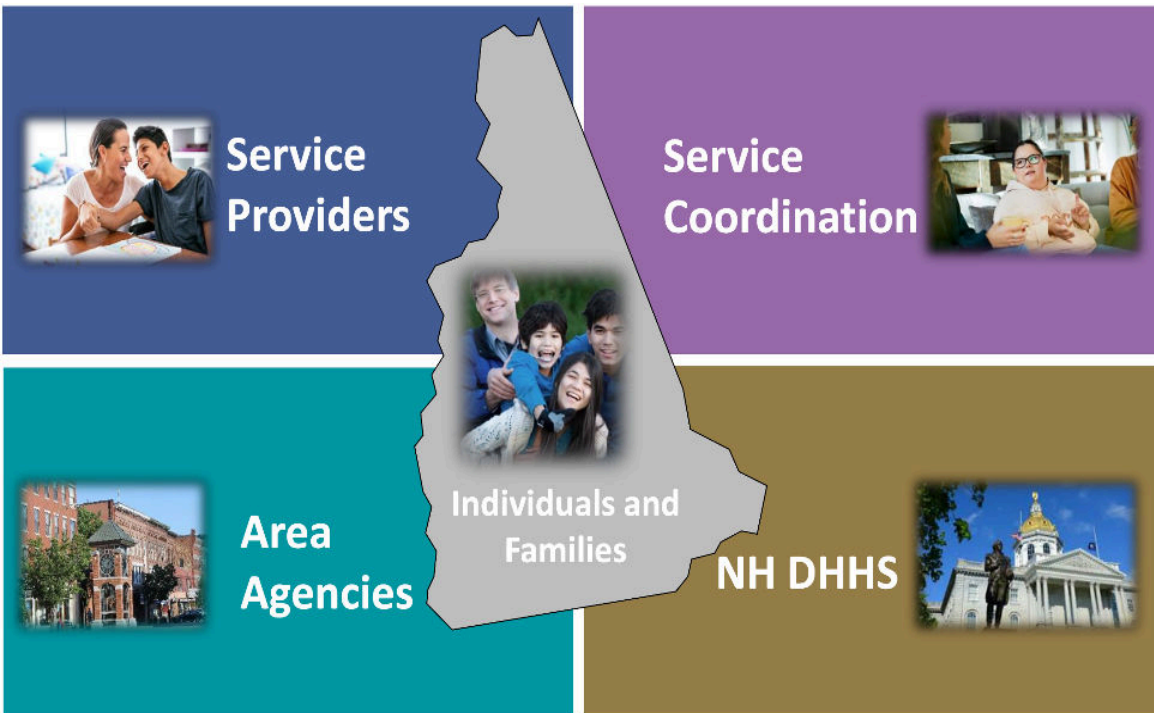
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<sup>16</sup> PART He-M 517 MEDICAID-COVERED HOME AND COMMUNITY-BASED CARE SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES AND ACQUIRED BRAIN DISORDERS

<sup>17</sup> PART He-M 522 ELIGIBILITY AND THE PROCESS OF PROVIDING SERVICES FOR INDIVIDUALS WITH AN ACQUIRED BRAIN DISORDER

## Organizational Structure

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The previously mentioned [Service Programs](#) are summarized here along with the number of people receiving services as of January 2025<sup>19</sup>:

Program	Number of Individuals Served in NH
<a href="#">FSS - Family Support Services</a>	Over 6,000
<a href="#">ESS - Family Centered Early Supports &amp; Services</a>	4,475
<a href="#">IHS - In Home Supports Waiver</a>	488
<a href="#">DD - Developmental Disabilities Waiver</a>	5,061
<a href="#">ABD - Acquired Brain Disorder Waiver</a>	228
<a href="#">CFI - Choices for Independence Waiver</a>	4,161

The management, coordination, and delivery of these programs are handled across a variety of organizations, including the State of New Hampshire Department of Health and Human Services, Area Agencies, Service Coordinators, and Service Providers.

<sup>18</sup> Image taken from NH BDS "[Moving Forward Together](#)" presentation from December 2024

<sup>19</sup> Data obtained from CSNI and DHHS

## ***State of New Hampshire Department of Health and Human Services***

The service delivery system is managed by the State of New Hampshire Department of Health and Human Services (DHHS) using the following structure. The indentation indicates the reporting structure.

- ❖ Department of Health and Human Services ([DHHS](#))
  - Commissioner: Lori Weaver
  - Assoc. Commissioner: Christine Santaniello
  
  - ↳ Division of Long Term Supports & Services ([LTSS](#))
    - Division Director: Melissa Hardy
  
    - ↳ Bureau for Family Centered Services ([BCFS](#))
      - Bureau Chief: Deirdre Dunn Tierney
      - Responsible for **ESS**
  
    - ↳ Bureau of Adult and Aging Services ([BAAS](#))
      - Bureau Chief: Wendi Aultman
      - Responsible for **CFI**
  
    - ↳ Bureau of Developmental Services ([BDS](#))
      - Bureau Chief: Jessica Gorton
      - Responsible for **DD, ABD, IHS, and FSS**

## Area Agencies

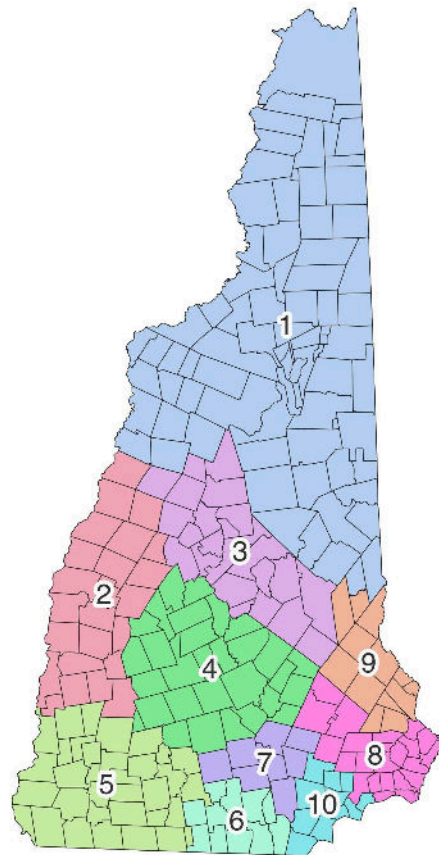
Core to the coordination and delivery of the services are [Area Agencies](#) (e.g., Gateways Community Services) which work with the Department of Health and Human Services (DHHS).

Area Agencies are private 501(c)(3) non-profit corporations defined in [RSA 171-A](#) and run pursuant to He-M 505<sup>20</sup>. There are 10 Area Agencies in New Hampshire, each of which covers a unique geographic region known as a “catchment area”. For example, Gateways Community Services is the Area Agency that covers Region 6: Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua, and Wilton.

Per He-M 505, the primary responsibility of an area agency shall be to plan, establish, or maintain comprehensive service access and delivery for all individuals who are residing in their catchment area.

Also per He-M 505.03, additional roles and responsibilities of area agencies include, but are not limited to, the following:

- Provide information, education, and referrals to the service delivery system
- Manage and complete intake and eligibility activities for individuals
- Initiating waiver services
- Complete the request for the funding of a public guardian
- Provide or support the arrangement of financial management services
- Manage and provide family support services
- Manage and provide family centered early supports and services
- Provide oversight and management of the provider network, including monitoring the provider network to support the needs of the catchment region
- improve the community’s understanding of the service delivery system
- Collaborate with the community mental health center to support coordinated service planning and delivery for individuals accessing or wishing to access services from both service systems



A number of the Area Agency activities are not tied directly to an individual’s service plan and fall under the umbrella of Designated Area Agency Delivery System ([DAADS](#)) activities.

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<sup>20</sup> PART He-M 505 ESTABLISHMENT AND OPERATION OF AREA AGENCIES

## ***Service Coordinators***

Service coordinators are chosen by the individual, their guardian, or their representative. While area agencies employ the majority of service coordinators, service coordinators may also work for other organizations.

A service coordinator must meet the requirements defined in He-M 504<sup>21</sup>, He-M 506<sup>22</sup>, and He-M 503.08<sup>23</sup>. Per He-M 503.08, service coordinators serve a variety of functions, including but not limited to the following:

- Advocate on behalf of individuals for services to be provided
- Coordinate the service planning process
- Describe to the individual, guardian, or representative service delivery options including participant directed and managed services
- Monitor and document services provided to the individual
- Ensure continuity and quality of services provided in the amount, scope, frequency, and duration as outlined in the service agreement
- Monitor and document quality of services provided
- Provide crisis and critical incident coordination and planning
- Ensure that service documentation is maintained
- Determine and implement necessary action and document resolution when goals are not being addressed, support services are not being provided in accordance with the service agreement, or when health or safety issues have arisen
- Convene quarterly satisfaction and progress meetings that are person centered

Depending upon their employer, a service coordinator typically has a target caseload of 35 individuals. Due to the workforce shortage, however, they often have well over 40.

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<sup>21</sup> PART He-M 504 PROVIDER AND PROVIDER AGENCY OPERATIONS

<sup>22</sup> PART He-M 506 STAFF QUALIFICATIONS AND STAFF DEVELOPMENT REQUIREMENTS FOR DEVELOPMENTAL SERVICE AGENCIES

<sup>23</sup> He-M 503.08 Service Coordination



## ***Service Providers***

Individuals receive services from a service provider who may work independently or work for a service provider agency. Service providers include Direct Support Professionals (DSPs) and the broader workforce of Direct Care Workers (DCWs). As with service coordinators, service providers are chosen by the individual, their guardian, or their representative.

With the PDMS service delivery model described previously, the individual or their families are responsible for finding a DSP to execute the individual's service plan. The individual or their families may do so by working with a service provider agency who employs the DSP, or they may choose to use the family managed employee (FME) model. With the FME model, the family selects, hires, supervises, and trains the DSP directly, but a separate entity, such as the area agency, becomes the employer of record.

The rules for service provider and service provider agency operations are defined in He-M 504<sup>24</sup>. With PDMS, additional training responsibilities are outlined within the Waiver and further identified in He-M 525<sup>25</sup> and He-M 506<sup>26</sup>.

Note that due to the conflict of interest requirements from the Centers for Medicare & Medicaid Services ([CMS](#)), a single organization is not allowed to both coordinate and provide services for the same individual.

Per He-M 504.03, the roles and responsibilities of providers and provider agencies include, but are not limited to, the following:

- Participating in person-centered service planning
- Reviewing and sign the service agreement
- Ensuring service delivery is led by the individual and family, if chosen by the individual, and promotes community involvement, relationship development, independence, societal contribution, enhancement of individual communications, and aligns with an individual's service agreement
- Providing documentation of service planning, monitoring, and billing related to the service being provided
- Participating in activities with the area agency that are necessary to complete its responsibilities

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<sup>24</sup> PART He-M 504 PROVIDER AND PROVIDER AGENCY OPERATIONS

<sup>25</sup> PART He-M 525 PARTICIPANT DIRECTED AND MANAGED SERVICES

<sup>26</sup> PART He-M 506 STAFF QUALIFICATIONS AND STAFF DEVELOPMENT REQUIREMENTS FOR DEVELOPMENTAL SERVICE AGENCIES

## Summary

The New Hampshire developmental disability service delivery system is defined in detail by NH statutes, administrative rules, and Federal regulation. The delivery of the services is an efficient and coordinated effort between the individuals and their families; bureaus within the NH Department of Health and Human Services; non-profit Area Agencies; service providers; and service coordinators.

As required by Federal guidelines, the system is demonstrated to be more efficient and cost-effective than institutionalization, with much of it relying upon uncompensated family members to provide the bulk of the care.

Built into the system are several core values:

- Individuals and their family members are included in all decisions related to them
- Inclusion and living in the community benefits both the individuals and society
- Each individual is different and thus requires different types of supports and services
- Services include habilitation to help the individual maximize their independence

## About the Author

Will Walker lives with his wife and their adult son who has autism. Will thanks the many people who gave input to and helped review this document. Please send errata or suggestions for improvement to [wwalker@gatewayscs.org](mailto:wwalker@gatewayscs.org).