

Department of Disabilities, Aging and Independent Living (DAIL) Choices for Care HCBS Work Plan

This document represents the DAIL's improvement and action steps to strengthen Vermont's Choices for Care home and community-based services system. It was developed as part of the State's Comprehensive Quality Strategy (CQS). The CQS calls for the systemic assessment of the alignment of Choices for Care Long Term Services and Supports with recent federal Home and Community Based Services standards related to person-centered planning and home and community based settings. The CQS also calls for an improvement and quality monitoring plan to address any areas of weakness based on the findings of the systematic assessment. Choices for Care planning included the following activities:

- Presentation of the State's Proposed Comprehensive Quality Strategy and its relationship to the HCBS regulations to the DAIL Advisory Board (August 13, 2015);
- A review of policies and rules governing Choices for Care operations (*Choices for Care Managed Long-Term Services and Supports Systemic-Assessment of Person-Centered Planning and Home- and Community-Based Settings Policies (Pacific Health Policy Group, October 27, 2015; revised December 2015)*);
- Distribution of and a solicitation for input on a draft work plan and alignment findings (November 9, 2015);
- Positing of the draft work plan and alignment findings to the DAIL Adult Services Division and DVHA websites (November- December 2015);
- Presentation of the draft work plan and alignment findings at the DAIL Advisory Board (December 10, 2015); and
- The State's review of stakeholder feedback and incorporation of changes in final work plan and findings report (December 18, 2015).

Based on feedback received the State updated its findings and draft work plan as it relates to the Enhanced Residential Care Settings. Specifically, the State proposed additional action steps in the areas of case management and conflict of interest requirements in this Private Non-Medical Institution (PNMI) setting. Additionally, the State will initiate the provider self-assessment process earlier in the work plan timeline. Outlined on the following pages are the improvements/action steps that have been prioritized for Choices for Care settings.

The primary lead for Choices for Care proposed improvements/actions steps rests with the Department of Disabilities, Aging and Independent Living (DAIL). All improvements/actions steps will be managed in collaboration with program stakeholders, the Vermont Agency of Human Services (AHS) and the Department of VT Health Access (DVHA). The work plan will commence in January 2016 and is anticipated to be complete by December 2016.

Choices for Care Step 1 - Home-Based Settings: Adult Family Care (AFC) and Adult Day (AD) Settings

Regulation: Settings Requirements	Findings	Proposed Improvements/Action Steps
#8. AFC Setting: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors	<p>AFC service plans and live-in agreements would benefit from more specific guidance regarding participant preferences and needs.</p> <p>Standards for AD services are silent on visitors</p> <p>#8, #10 and #11 are not applicable to AD since it is not a residential option.</p>	<p>a. DAIL to provide a self-assessment tool to Adult Family Care and Adult Day providers.</p> <p>b. DAIL to update the Choices for Care Program Manual, Section IV.11 Adult Family Care, to reflect regulatory requirements. http://ddas.vt.gov/ddas-policies/policies-cfc/policies-cfc-highest/section-iv-11-adult-family-care</p> <p>c. DAIL to update CFC Agreement for Live-in Care. http://ddas.vt.gov/ddas-programs/cfc-live-in-requirements.</p> <p>d. DAIL to update AFC Participant Rights to reflect regulatory requirements.</p> <p>e. DAIL to update the Standards for Adult Day Services in Vermont to address regulatory requirements. http://ddas.vt.gov/ddas-programs/ddas-policies/policies-adult-day/policies-adult-day-documents/standards-for-adult-day-services-vt.</p> <p>f. DAIL to solicit stakeholder feedback on updated documents.</p> <p>g. DAIL to incorporate feedback into documents.</p> <p>h. DAIL to publish revised documents and distribute to</p>
#10. AFC Setting: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement		
#11. AFC Setting: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.		
#12. AFC & AD Settings: Individuals are able to have visitors of their choosing <u>at any time</u>		
#14. AFC & AD Settings: Modification to HCBS Settings Requirements		

Regulation: Settings Requirements	Findings	Proposed Improvements/Action Steps
		<p>stakeholders.</p> <ul style="list-style-type: none"> i. DAIL to incorporate related elements of consumer experience of care into the DAIL annual consumer survey j. DAIL to provide training and technical assistance to providers and stakeholders as needed. k. AHS, DAIL and DVHA to evaluate results of the provider self-assessment tools. l. DAIL to coordinate ASD quality activities with AHS and DVHA quality assurances under the Global Commitment Comprehensive Quality Plan (CQP).

Regulation: Person-Centered Planning	Findings	Proposed Improvements/Action Steps
<p>#3. HB & AFC Settings: Is timely, occurs at times and locations of convenience to the individual</p>	<p>Guidance discusses participant direction but does not specify time and location arrangements.</p> <p>Documentation could be strengthened.</p>	<ul style="list-style-type: none"> a. DAIL to provide a self-assessment tool to Case Management and Adult Family Care providers. b. DAIL, AHS and DVHA to evaluate results of the provider self-assessment tools. c. DAIL to update the Choices for Care Program Manual, Section IV.1 Case Management Services, to reflect regulatory requirements. http://ddas.vt.gov/ddas-policies/policies-cfc/policies-cfc-highest/section-iv-1-case-management-1. d. DAIL to update the Choices for Care Program Manual, Section IV.11 Adult Family Care, to reflect regulatory requirements. http://ddas.vt.gov/ddas-policies/policies-cfc/policies-cfc-highest/section-iv-11-
<p>#10. HB & AFC Settings: Reflect that the setting in which the individual resides is chosen by the individual.</p>		
<p>#14. HB & AFC Settings: (same as settings requirements) Modifications to Person-Centered Planning requirements.</p>		

Regulation: Person-Centered Planning	Findings	Proposed Improvements/Action Steps
		<p>adult-family-care</p> <p>e. DAIL to update <i>Case Management Standards and Certification Procedures</i> for more specificity. http://ddas.vt.gov/ddas-programs/programs-oaa/revised-case-management-standards.</p> <p>f. DAIL to solicit stakeholder feedback on updated documents.</p> <p>g. DAIL to incorporate feedback into documents.</p> <p>h. DAIL to publish revised documents and distribute to stakeholders.</p> <p>m. DAIL to provide training and technical assistance to providers and stakeholders as needed.</p> <p>n. DAIL to incorporate related elements of consumer experience of care into the DAIL annual consumer survey.</p> <p>i. Coordinate ASD quality activities with DVHA and AHS quality assurances under the Global Commitment Comprehensive Quality Plan (CQP).</p>

Choices for Care Step 2 - Non-home-based: Enhanced Residential Care (ERC) Setting (PNMI)

Regulation: Settings Requirements	Findings	Proposed Improvements/Action Steps
<p>#1 ERC Setting: Commensurate with a persons individualized plan, needs and abilities - The setting is integrated in and supports full access to community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving HCBS</p>	<p>Due to nature of PNMI (Private Non-Medicaid Institution) and Licensing Standards some settings may be located on the grounds of private hospitals or nursing facilities.</p> <p>Residential Care Home Licensing Regulations are silent regarding lockable door requirements</p> <p>Residential Care Home Licensing regulations are silent regarding how roommates are assigned in semi-private situations</p>	<p>a. DAIL to provide a self-assessment tool to ERC providers.</p> <p>b. DAIL, AHS and DVHA to evaluate results of the provider self-assessment tools.</p> <p>c. DAIL to incorporate relevant HCBS features into Residential Care Home regulations for Level III and Assisted Living Residences. http://www.dail.vermont.gov/dail-statutes/statutes-dlp-documents/rch-licensing-regulations.</p>
<p>#8 ERC Setting: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors</p>	<p>Residential Care Home Licensing regulations are silent on the topic of furnishing and décor.</p>	<p>d. DAIL to incorporate relevant HCBS features into Choices for Care Program Manual, Section IV.8 Enhanced Residential Care. http://ddas.vt.gov/ddas-policies/policies-cfc/policies-cfc-highest/policies-cfc-highest-manual</p>
<p>#9. ERC Setting: Individuals sharing units have a choice of roommates in that setting</p>	<p>Residential Care Homes offer meal plans and are required make options available as requested by participants. Regulations are silent on 24/7 access</p>	<p>e. DAIL Solicit stakeholder feedback on revised documents.</p>
<p>#10. ERC Setting: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement</p>	<p>Residential Care Home Licensing regulations outline minimum standards (e.g., 8 am to 8 pm) not maximum</p>	<p>f. DAIL to publish revised final documents.</p> <p>g. Training and technical assistance providers as needed.</p>
<p>#11. ERC Setting: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time</p>	<p>Residential Care Home Licensing regulations outline minimum standards (e.g., 8 am to 8 pm) not maximum</p>	<p>h. DAIL to incorporate revised standards into regulatory and quality review and activities through the Division of Licensing and Protection and Adult Services Division.</p>
<p>#12. ERC Setting: Individuals are able to have visitors of their choosing <u>at any time</u></p>	<p>Residential Care Home Licensing regulations outline minimum standards (e.g., 8 am to 8 pm) not maximum</p>	<p>i. DAIL to coordinate quality and licensing review activities with DVHA and AHS quality assurances</p>

Regulation: Settings Requirements	Findings	Proposed Improvements/Action Steps
#14. ERC Setting: Modification to HCBS Settings Requirements	Documentation requirements could be stronger.	under the Global Commitment Comprehensive Quality Plan (CQP).

Regulation: Person-Centered Planning	Findings	Proposed Improvements/Action Steps
#3. ERC Setting: Is timely, occurs at times and locations of convenience to the individual.	Guidance discusses participant direction but does not specify time and location arrangements.	See above action steps.
#5. ERC Setting: Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants	ERC specific conflict of interest standards could be strengthened due to the nature of the all-inclusive package.	
#6. ERC Setting: Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Individuals must be provided with a clear and accessible alternative dispute resolution process	Due to nature of the all-inclusive payment, persons who choose these living options are also choosing an all-inclusive service package that includes case management.	

Regulation: Person-Centered Planning	Findings	Proposed Improvements/Action Steps
<p>#9. ERC Setting: Records the alternative home- and community-based settings that were considered by the individual</p>	<p>Documentation could be strengthened (#9 and 10).</p>	
<p>#10. ERC Setting: Reflect that the setting in which the individual resides is chosen by the individual.</p>		