

Department of Disabilities, Aging and Independent Living (DAIL)
Choices for Care HCBS Work Plan
(Revised December 5, 2016)

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 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. Detailed Information is located here: <http://asd.vermont.gov/special-projects/federal-hcbs>.

Choices for Care Step 1 - Mandatory Home-Based Settings

Items from Alignment Report Appendix A & B Requiring Action/Strengthening	Action Steps: Adult Family Care, Adult Day & Case Management
<p>Appendix A:</p> <ul style="list-style-type: none"> • #8. AFC Setting: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors • #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 	<ol style="list-style-type: none"> 1. Adult Family Care (AFC): Revised the following documents to clearly reflect regulatory requirements as identified in the <u>CFC Alignment Report Appendix A</u> (#8, #10, #11, #12 & #14): <ol style="list-style-type: none"> a. CFC Program Manual, Section IV.11 Adult Family Care b. CFC Agreement for Live-in Care. c. AFC Participant Rights <p>Status: DAIL held two provider stakeholder meetings 6/20/16 and 6/30/16 to review new regulations and to work on updates to Manual, Agreement for Live-in Care and Participant Rights. Incorporated all elements from CFC Alignment Report. Distributed draft documents to stakeholders and initiated monthly provider conference calls to provide ongoing technical assistance/training. Final documents will be published <u>January 2017</u>.</p> 2. Adult Day: Revised the Certification Standards for Adult Day Services in Vermont to clearly reflect regulatory requirements as identified in the <u>CFC Alignment Report Appendix A</u> (#12 & #14). <p>Status: DAIL held two provider stakeholder meetings 5/23/16 and 6/13/16 to review the regulations and update the standards. Incorporated recommendations and revised the Certification Review Grid accordingly.</p>

Items from Alignment Report Appendix A & B Requiring Action/Strengthening	Action Steps: Adult Family Care, Adult Day & Case Management
<p>Appendix B:</p> <ul style="list-style-type: none"> • #3. HB & AFC Person Centered Planning: Is timely, occurs at times and locations of convenience to the individual • #10. HB & AFC Person Centered Planning: Reflect that the setting in which the individual resides is chosen by the individual. • #14. HB & AFC Person Centered Planning: (same as settings requirements) Modifications to Person-Centered Planning requirements. 	<p>Finalized a draft, to be published and distributed <u>January 2017</u>. DAIL will provide training/technical assistance at individual provider certification visits as well as regular standing Adult Day provider meetings beginning 2017.</p> <p>3. Case Management Services: Revised the following documents to clearly reflect regulatory requirements as identified in the <u>CFC Alignment Report Appendix B</u> (#3, #10, #14):</p> <ol style="list-style-type: none"> a. CFC Program Manual, Section IV.1 Case Management Services b. CFC Program Manual, Section IV.11 Adult Family Care c. Case Management Standards and Certification Procedures <p>Status: DAIL held two provider stakeholder meetings 6/3/26 and 6/10/16 to review regulations and work on revisions to CFC Manual and Case Management Standards. Incorporated all elements from CFC Alignment Report. Distributed draft documents to stakeholders. Final documents will be published <u>January 2017</u>. DAIL to provide ongoing technical assistance at quarterly Case Management Supervisors’ meetings and during Certification Review visits beginning 2017. Additionally the Case Management stakeholder group will meet beginning 2017 to review person-centered planning forms to revise and/or standardize as needed.</p> <p>4. Provider Self-Assessment: AHS engaged contractor in June 2016 to develop online provider self-assessment tool for use across provider types, modeled after Tennessee.</p> <p>Status: Draft completed December 2016 Estimated completion January 2017 for use with AFC and Adult Day and Case Management providers.</p>

Items from Alignment Report Appendix A & B Requiring Action/Strengthening	Action Steps: Adult Family Care, Adult Day & Case Management
	<p>5. <u>Ongoing Quality Management:</u></p> <ul style="list-style-type: none"> a. DAIL made a decision to transition to the National Core Indicators for Aging & Disabilities in 2017 which will capture HCBS regulation elements. Data will be available late 2018. b. DAIL will continue attending standing meetings with stakeholders to provide ongoing training and technical assistance as needed. <ul style="list-style-type: none"> • Case Management Supervisors Meetings • Adult Family Care Technical Assistance Calls • Adult Day Directors Meetings • DAIL Advisory Board c. DAIL will begin certifying Case Management and Adult Day providers using revised Certification Standards in 2017. d. Once the provider Self-Assessment is completed in early 2017, AHS, DAIL and DVHA will evaluate the results and create a plan for next steps specific to the findings. e. DAIL will continue to coordinate ASD quality activities with AHS and DVHA quality assurances under the Global Commitment Comprehensive Quality Plan (CQP). <p>NOTE: All documents posted here: http://asd.vermont.gov/special-projects/federal-hcbs</p>

Choices for Care Step 2 – Optional Non-Home-Based Setting: Enhanced Residential Care (ERC) (PNMI)

Items from Alignment Report Appendix A: ERC Setting	Proposed Action Steps: ERC Setting
<p>Appendix A:</p> <ul style="list-style-type: none"> • #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 • #8 ERC Setting: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors • #9. ERC Setting: Individuals sharing units have a choice of roommates in that setting • #10. ERC Setting: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement 	<p><u>Work to begin after January 2017</u></p> <ol style="list-style-type: none"> 1. DAIL to provide a self-assessment tool to ERC providers in 2017. 2. DAIL, AHS and DVHA to evaluate results of the provider self-assessment tools. 3. 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. 4. 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 5. DAIL Solicit stakeholder feedback on revised documents. 6. DAIL to publish revised final documents. 7. Training and technical assistance providers as needed. 8. DAIL to incorporate revised standards into regulatory and quality review and activities through the Division of Licensing and Protection and Adult Services Division. 9. DAIL to coordinate quality and licensing review activities with DVHA and AHS quality assurances under the Global Commitment Comprehensive Quality Plan (CQP).

Items from Alignment Report Appendix A: ERC Setting	Proposed Action Steps: ERC Setting
<ul style="list-style-type: none"> • #11. ERC Setting: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time • #12. ERC Setting: Individuals are able to have visitors of their choosing <u>at any time</u> • #14. ERC Setting: Modification to HCBS Settings Requirements <p>Appendix B:</p> <ul style="list-style-type: none"> • #3. ERC Person-Centered Planning: Is timely, occurs at times and locations of convenience to the individual • #5. ERC Person Centered Planning: Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants • #6. ERC Person Centered Planning: 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 	

Items from Alignment Report Appendix A: ERC Setting	Proposed Action Steps: ERC Setting
<p>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</p> <ul style="list-style-type: none"> • #9. ERC Person Centered Planning: Records the alternative home- and community-based settings that were considered by the individual • #10. ERC Person Centered Planning: Reflect that the setting in which the individual resides is chosen by the individual. 	