

State of Vermont
Comprehensive Quality Strategy Systemic Assessment

Section III State Standards:
Home and Community Based Services

**Choices for Care Managed Long-Term Services and
Supports**

December 2015; Updated November 21, 2016

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Background

On January 10, 2014, the Centers for Medicare and Medicaid Services (CMS) issued final regulations regarding home- and community-based settings (HCBS). The rule supports enhanced quality in HCBS programs, outlines person-centered planning practices, and reflects CMS's intent to ensure that individuals receiving services and supports under 1915(c) HCBS waivers, 1915(k) (Community First Choice), and 1915(i) State Plan HCBS Medicaid authorities have full access to the benefits of community living and are able to receive services in the most integrated setting.

The State of Vermont has been particularly progressive in pursuing a home- and community-based continuum of care that offers meaningful community integration, choice, and self-direction, and strives to promote health, wellness, and improved quality of life. In doing so over the years, the State has used many authorities available under the Medicaid State Plan's rehabilitation option, as well as former 1915(c) waivers and Medicaid Section 1115 Demonstration projects. Additionally, guidance and assurances for home- and community-based care in Vermont are codified in statute or placed in rule. As a result, the term "home and community based" is used in Vermont to represent a broad array of services and supports that may not be typical of 1915(c) populations and CMS rules in other states, but that have been authorized under its Section 1115 Demonstration.

As part of Vermont's Global Commitment to Health (GC) Section 1115 Demonstration amendment, effective January 30, 2015, CMS has asked Vermont to provide assurances that the State's Managed Long-Term Services and Supports (MLTSS) in the Choices for Care Program are in compliance with certain aspects of the HCBS rule, specifically those related to the setting requirement and person-centered approaches for service planning. Two specific Special Terms and Conditions (STC's) from the GC Section 1115 Demonstration are summarized below:

- Person-centered planning (i.e., the process, the service plan, and the review of the service plan) will be in compliance with the characteristics set out in 42 CFR 441.301 (c)(1)-(3) (STC #29)
- Compliance with the characteristics of home- and community-based settings in accordance with 42 CFR 441.301 (c)(4) for Choices for Care Services (*i.e., those not found in the Vermont State Plan*) (STC #32).

Because of Vermont's public managed care delivery system, the State is integrating person-centered planning and integrated community setting assurances into its Comprehensive Quality Strategy for all Specialized Programs. Regardless of the setting type that beneficiaries choose, Vermont's values are in alignment with the Federal HCBS values. As such, at its discretion and over time, the State's Comprehensive Quality strategy will review the rules and guidance supporting all Special Health Need Populations served under the Demonstration and services provided in community settings authorized under the State Plan and the Global Commitment Demonstration. This report focuses on the Choices for Care Program.

HCBS Institutional Level of Care for Eligibility and Enrollment

Persons may become eligible for participation in the Choices for Care (CFC) Long-Term Care program by meeting Medicaid Long-Term Care eligibility rules, 1915(c) institutional eligibility rules, GC Demonstration population rules, and by also meeting clinical criteria for High, Highest, or Moderate Needs services. Persons designated as High or Highest Needs must meet nursing facility level of care, and persons with Moderate Needs are at risk for nursing home level of care. Persons with Moderate Needs are eligible for a limited benefit package to assist them in remaining in their home. Ninety-eight percent of CFC consumers meet Medicaid Aged, Blind, or Disabled (ABD) eligibility rules and are in the High or Highest Needs Group (i.e., meeting a nursing facility level of care).

Program Settings and Services

In the CFC program consumers have equal access to an array of traditional State Plan services, including Private Non-Medical Institution Services (PNMI), inpatient, skilled nursing, home-based, and other rehabilitative service options. The final service package is based on consumer choice, individualized planning, medical necessity (including level-of-care determinations), and medical appropriateness; thus, individual plans may include institutional, home-based, and other rehabilitative-based services as part of their person-centered planning process.

The majority of Choices for Care services are provided to participants in their homes. However, persons may also choose to reside in one of the following out-of-home setting types:

Adult Family Care (AFC) – A 24-hour, home-based, shared living arrangement providing care for no more than two persons unrelated to the provider. Adult Family Care homes must meet DAIL safety and accessibility standards prior to participant placement, with inspections every three years. Each AFC home maintains a contract with a Host Agency responsible for quality oversight and case management services on behalf of the participant. An Adult Family Care Coordinator from the host agency assists the home provider and participants in creating a person-centered care plan and live-in agreement. Home providers do not serve as case managers or guardians for persons in their care.

Enhanced Residential Care (ERC) – Residential Care Homes in Vermont are licensed to provide room, board, and personal care to three or more residents unrelated to the provider. CFC ERC services involve a daily package of services provided to individuals residing in an approved, Vermont Licensed Level III Residential Care Home (RCH) or Assisted Living Residence (ALR). All CFC ERC providers must also be enrolled as Medicaid Assistive Community Care Service (ACCS) providers and receive a Medicaid payment for Assistive Community Care Services (i.e., private non-medical institution), as well as an enhanced residential care payment for services to CFC participants. Prior to participation in the CFC ERC program, providers must request a variance of licensing standards that restrict residential admissions to persons who do not meet Nursing Facility level of care. A summary of the State Plan and Choices for Care authorities and payment types are provided on Table 1 on the following page.

Nursing Facility (NF) – 24-hour nursing care and supervision provided by a VT Licensed Nursing Facility.

Table 1 State Plan and Choices for Care Authorities Related to ERC Providers

| Beneficiary Type | Provider ACCS Enrollment | Payment Type | State Regulations |
|----------------------------|--------------------------|---|--|
| General Public | Not required | Self | RCH and ALR Licensing Regulations |
| Medicaid Recipient | Optional | Self or ACCS | RCH and ALR Licensing Regulations including ACCS enrollment |
| Choices for Care Recipient | Required | ACCS plus CFC Enhanced Residential Care | All of the above plus Choices for Care Regulations and Universal and Other Provider Requirements |

In addition to these residential arrangements, CFC participants who are residing in their own homes or in an Adult Family Care setting may also receive Day Health Rehabilitation from a State-Certified Adult Day Service provider. Day Health Rehabilitation is a State Plan service and is defined below.

Day Health Rehabilitation: Services provided at a Day Health Rehabilitation Center are health assessment and screening, health monitoring and education, nursing, personal care, physical therapy, occupational therapy, speech therapy, social work, and nutrition counseling/services.

Table 2 below shows the service array available to Choices for Care participants and their coverage authority.

Table 2: Choices for Care Program Benefits

| 42 CFR 440.180 HCBS Service | Choices for Care Benefit | Coverage Authorization (Medicaid State Plan or Global Commitment) |
|-----------------------------------|---|--|
| Case Management | Case Management | GC |
| Home Maker | Home Maker - Moderate Needs Group only | GC |
| Personal Care | Personal Care | GC |
| Adult Day Rehabilitation | Adult Day | State Plan -Day Health Rehabilitation |
| Habilitation | Enhanced Residential Care - Assisted Living Residences | State Plan - Private Non-Medical Institution (Assistive Community Care Services) |
| | Enhanced Residential Care – Level III Residential Care Home | State Plan - Private Non-Medical Institution (Assistive Community Care Services) |
| | Adult Family Care | GC |
| | Nursing Facility Care | State Plan- Nursing Facility |
| Respite | Respite Care (in home or foster home) | GC |
| Other Cost-Effective Alternatives | Companion Care | GC |
| | Assistive Devices and Home Modifications | GC |
| | Personal Emergency Response System | GC |

Due to the nature of Vermont’s Medicaid State Plan, the GC STCs, and Medicaid Managed Care rules, expenditures for the full continuum of service (home based, shared living, enhanced residential, and nursing facility care), commensurate with participant needs and choice, are allowable under Vermont’s Section 1115 Demonstration.

Policy Overview

The Choices for Care program has a variety of written materials associated with its operations. These materials range from APA-promulgated rule and licensing standards to operations manuals, provider certification standards, audit tools, and training guides. One document, the DAIL Case Management Action Plan Guide is currently not in use, it was reviewed to assess its applicability and need for revision. The following documents were reviewed as part of this project:

- Choices for Care 1115 Long-Term Care Medicaid Waiver Regulations (February 2009) <http://dail.vermont.gov/dail-statutes/statutes-ddas-cfc-documents/cfc-regulations>
- Choices for Care Long-Term Care Medicaid Program Manual (August 2013 Revised)
- <http://www.ddas.vermont.gov/ddas-policies/policies-cfc/policies-cfc-highest/policies-cfc-highest-manual>
- DAIL Revised Case Management Standards Certification Procedures (June 2009)
- <http://www.ddas.vermont.gov/ddas-policies/policies-older-americans-act/policies-older-americans-act-documents/revised-case-management-standards-and-certification-procedures>
- DAIL Case Management Action Plan Guide (Inactive and under consideration for revision- available upon request from DAIL, Adult Services Division, 280 State Drive, HC2 South Waterbury VT 05671-2070)
- Residential Care Home Licensing Regulations (October 3, 2000) <http://www.dail.vermont.gov/dail-statutes/statutes-dlp-documents/rch-licensing-regulations>
- Assisted Living Licensing Regulations (March 15, 2004) <http://www.dail.vermont.gov/dail-statutes/statutes-dlp-documents/assisted-living-regs-final>
- Adult Family Care Training Materials (September 1, 2013) <http://www.ddas.vermont.gov/ddas-programs/programs-cfc/cfc-forms/afc-training-materials>
- Adult Family Care Sample Live-In Agreement Template <http://www.ddas.vermont.gov/ddas-programs/cfc-live-in-requirements>
- Adult Family Care Participant Rights <http://www.ddas.vermont.gov/ddas-programs/programs-cfc/cfc-forms/afc-training-materials>; <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/choices-for-care-participant-handbook>; <http://www.ddas.vermont.gov/ddas-policies/policies-cfc/policies-cfc-highest/section-iv-11-adult-family-care>
- Standards for Adult Day Services in Vermont (Effective March 1, 2012) <http://www.ddas.vermont.gov/ddas-policies/policies-adult-day/policies-adult-day-documents/standards-for-adult-day-services-vt>

Appendix A and B provide a more detailed crosswalk of Vermont policy documents to the federal HCBS rules. Elements responsive to federal rules were scored using the following categories:

- Alignment: State policy documents show alignment with federal rules.
Partial: State policy documents show general alignment with federal rules, but lack specificity.
Silent: State policy documents do not mention specific terms contemplated in federal rule.
Non-Comply: State policy documents are in conflict with the terms contemplated in federal rule.

Brief summaries of Adult Family Care and Enhanced Residential Care policies are provided below.

Adult Family Care: Choices for Care materials for Adult Family Care state that the goal is to provide individualized supports in an environment that is safe, family oriented, and designed to support autonomy and maximize independence and dignity. The home provider is expected to ensure that the environment promotes a positive domestic experience and to assist the person in realizing their maximum potential for independence.

The Adult Family Care Participants' rights agreements include stipulations that the live-in agreement must address such concerns as, but not limited to: visitation, diet/food, and access to activities in the community. All parts of the agreement must be based on the person's desires and the person-centered plan, and be approved by the participant or his or her legal representative in a written live-in agreement.

DAIL provides a sample agreement; the household arrangement section focuses on whether each identified physical space (bedroom, bathroom, kitchen, living room, and other space) is shared or private. The template includes negotiated risk, conditions regarding any termination of the agreement, room and board, and acknowledgments of Participants' Rights. Other considerations are noted in a free-form text box at the end, identified as "Other." Private or semi-private accommodations are agreed to by each specific arrangement and noted in the live-in agreement. No more than two persons needing care may reside in a single Adult Family Care setting. AFC home providers do not serve as case managers or control participants' finances or health decisions.

Enhanced Residential Care: CFC ERC services may be provided in an Assisted Living Residence or a Residential Care Home-Level III. These Choices for Care settings are governed by three sets of regulations (see Table 1 above), and all serve the general public as well as Medicaid and Choices for Care enrolled participants. Residential Care Home and Assisted Living Licensing Regulations address choices, physical accessibility, individual rights to privacy, and control. Licensing regulations also indicate that a home must respect the individuality of its residents and promote maximum independence. Written agreements are required for room and board, negotiated risk contracts, and the agreed-upon service options. The CFC Universal Provider Qualifications and Standards listed in the CFC Long-Term Care Medicaid Manual require, among other things, that all CFC providers encourage and assist participants to direct as much of their care as possible and that they maintain safeguards and procedures to address potential conflicts of interest.

Assisted Living Residences provide specificity related to lockable doors, private units, and lease agreements. Residential Care Homes, Level III Regulations provide overarching values related to privacy, dignity, and independence. These regulations allow for providers to structure and define visiting hours, meal plans, and daily social/recreational routines within the parameters outlined in regulation. Residential Care Home regulations do not specify whether a resident's room must be lockable.

In addition to examples of autonomy and privacy found in the federal rule, Vermont Residential Licensing Rules provide that residents also have a right to:

- communicate privately;
- receive and send unopened mail;
- have access to a phone;

- refuse care (to the extent allowed by law);
- refuse visitors; and
- leave the residence at any time and be away for more than 24 hours.

Persons in ERC settings are receiving an all-inclusive package of services and do not receive case management services from an outside agency. Persons who choose to receive services in an ERC setting are also by default agreeing to potential limitations in: visiting hours, transportation, independent access to food or meal preparation, and the timing and type of social recreational options. Participant choice of facility may also include Residential Care settings that are located on community hospital or private nursing facility grounds.

Summary and Options for Next Steps

Choices for Care statutory and regulatory framework appears to substantially align with the values in the federal framework and requires many of the same safeguards. All residential arrangements in the Choices for Care program, including Adult Family Care, must be commensurate with assessment findings, individualized long-term service and support goals, consumer abilities and desires, and meaningful choice per Choices for Care regulations. However, specific DAIL guidelines, checklists, model agreements, and quality oversight tools to ensure that providers are using best practices could provide more detailed guidance. For example, Choices for Care regulations and DAIL Case Management Standards require person-centered planning; however, guidelines and training tools do not describe what that planning entails or offer specific steps or checklists that provide examples of person-centered planning practices or practices that are not acceptable.

DAIL licensing and certification activities include a review to determine whether various standards are being met, but may not include quality or provider's performance data related to how well the standards are implemented. Along these lines, the Adult Family Care standards indicate that live-in agreements and care plans should address all aspects of the participant/provider agreement with respect to visitors, privacy, community access, and diet and nutrition; however, DAIL's sample template largely deals with physical space, risk, lease, and room and board payments. Similarly, the Adult Family Care Service Authorization form provides the service type, duration, and rates, but does not provide a summary overview of care plan goals, objectives, or agreed-upon modifications.

A preliminary list of options for enhancing quality oversight and providing more specific and direct guidance related to State and federal values and rules is provided in Table 3 on the following page. This list should not be considered exhaustive; more extensive stakeholder engagement may yield additional opportunities for ongoing quality assessment and improvement.

Table 3 Preliminary List of Options for Quality Assessment and Improvement

| Preliminary List of Options for Quality Assessment and Improvement | |
|---|--|
| Potential Next Steps | Considerations |
| Revise Residential Licensing Regulations to include more detailed standards related to specific setting characteristics | <ul style="list-style-type: none"> • Regulations define State expectations for all settings regardless of type • Licensing reapplications are required annually • Revisions may also impact providers not involved with the Choices for Care or Medicaid program • Regulation changes do not guarantee quality monitoring and improvement processes • Regulatory revision process may be time consuming and delay implementation of desired provider change |
| Require providers receiving ERC payments under CFC to meet additional detailed standards, such as the submission of quality strategies and data with each ERC variance request and/or a HCBS self-assessment | <ul style="list-style-type: none"> • Standards could clearly define DAIL expectations for all settings regardless of type • Standards could engage ERC providers in quality oversight and improvement planning • Small providers may not have quality planning resources and may no longer participate in the ERC program |
| Conduct periodic consumer and stakeholder assessments of provider adherence to standards | <ul style="list-style-type: none"> • Consumer self-report could allow for more direct and targeted quality improvement • Stakeholders could include family members, legal guardian, and ombudsmen reports |
| Enhance DAIL Case Management Certification Standards and audits with a review of specific details regarding person-centered planning and HCBS settings characteristics | <ul style="list-style-type: none"> • Standards could focus provider attention on the importance of case management in monitoring care planning and community settings • Existing audit tools could be enhanced to include key information related to the quality-of-care planning processes and the case manager's oversight of alternative settings • Audits may require more resources if content is expanded |
| Enhance CFC annual service authorizations (e.g., hours and rates) with additional DAIL review of information regarding care planning process (e.g., level and type of participants, areas addressed, and goals) | <ul style="list-style-type: none"> • Current AHS plans to update its IT structure provide an opportunity for DAIL to define information needed to augment current provider performance and quality monitoring |
| Update or create tools and guidance that support desired characteristics such as: <ul style="list-style-type: none"> • Person-centered planning checklist for case management and ERC providers • Sample AFC live-in agreements • Sample Residential agreements • Participant handbooks | <ul style="list-style-type: none"> • Updating sample templates could more clearly define State expectations for all settings regardless of type • Checklist would provide opportunity for performance monitoring and more direct quality improvement planning • Revising current trainings materials would |

| Preliminary List of Options for Quality Assessment and Improvement | |
|--|---|
| Potential Next Steps | Considerations |
| <ul style="list-style-type: none"> • Case Management Plan Action | <p>provide ongoing access to clear examples of State expectations</p> |
| <p>Ensure that the person-centered planning elements delineated in the DAIL Case Management Standards are applicable to all agencies (ERC and Adult Family Care Host Agencies) that support assessment and care planning services.</p> | <ul style="list-style-type: none"> • Creating a subset of universal case management standards for all settings could more clearly define State expectations regardless of type |

Appendix A: HCBS Settings Requirements and Vermont Regulation and Policy Crosswalk

| HCBS Settings Requirements: VT Policy Assessment | | | Policy Alignment | | |
|---|---|---|-------------------|--|-----------|
| 42 CFR HCBS Requirement HCBS Setting Requirements | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day |
| <p><u>1. Commensurate with a persons individualized plan, needs and abilities</u> - 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>CFC Regulations Sec. 1 A; Sec. II. A; Sec. VII. B 5, B 6, C.</p> <p>Case Management Standards & Certification Procedures Section IV. A.</p> <p>CFC Program Manual Sec. IV. 11 D. 8, E.</p> <p>Adult Family Care Training Materials Goal and General Policies; Sec. 1. b-c; 2 b.</p> <p>Adult Family Care Participant Rights Standards for Adult Day Services Sec. I. A, B Sec. XIV. F</p> | <ul style="list-style-type: none"> • CFC regulations assume community living in the purpose statement to equalize the entitlement between home and community services and nursing facility but do not specifically discuss each type of setting. Regulations provide that persons receive services in settings of their choice, commensurate with their abilities and person-centered plans. • Case management standards support planning that promotes the least restrictive, most appropriate setting in accordance with needs and preferences. • ERC settings accept Medicaid and non-Medicaid admissions and are not disability specific. • ERC settings must also be enrolled ACCS providers and as such receive State Plan payments as Private Non-Medical Institutions (PNMI). While Vermont programs are often small and based in community neighborhood settings, PNMI facilities may also be associated with or on the grounds of, community hospitals and private nursing facilities. • Employment and access to competitive work is not a goal area within Choices for Care. • Participants' Rights include individuality and community participation. • Adult Day Center Standards require that facilities be located to provide the greatest accessibility to the communities from which participants are drawn, in proximity to other services, and convenient to private and public transportation. • Adult Day services are designed to assist adults to remain as active in their communities as possible and ensure optimal functioning. | Alignment | Partial Due to nature of PNMI and Licensing Standards some settings may be located on the grounds of private hospitals or nursing facilities. | Alignment |
| <p>2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting.</p> | <p>CFC Regulations Sec. I. A; Sec. II. A, D; Sec. VII. A 1 (f); A 2 (c) and (g); C.</p> <p>CFC Program Manual Sec. III. C 7. Section IV. 11, D 8.</p> | <ul style="list-style-type: none"> • CFC regulations provide that persons receive information on all options available within the Choices for Care Program. • Case management certifications and service planning standards provide that the person receive services in the least restrictive and most appropriate setting in accordance with needs and preferences. • Staff is required to discuss all available long-term care options as part of the application process, including choice of settings; however, it is | Alignment | Alignment | Alignment |

| HCBS Settings Requirements: VT Policy Assessment | | | Policy Alignment | | |
|---|---|---|-------------------|---------------------------|-----------|
| 42 CFR HCBS Requirement HCBS Setting Requirements | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day |
| The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board | Case Management Standards & Certification Procedures Section IV. C. Adult Family Care Service Plan (Consent Statement regarding options) | unclear where the setting choice is documented for ERC. <ul style="list-style-type: none"> Assistive Community Care Services (e.g., Enhanced Residential Care Level III and Assisted Living Residences) are facilities open to the general public looking for enhanced support as they age. They are non-disability specific options available to Choices for Care Program participants. Private units are available depending on the specific facility and its unique arrangements. All settings require separate room and board agreements. | | | |
| 3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint | CFC Regulations Sec. XIII. B 1-7 Adult Family Care Participants' Rights Agreement Residential Care Homes Licensing Regulations Sec. 5.14 Sec. 6 Assisted Living Licensing Regulations Sec. I. 1.1, Sec. VI. 6.7 Standards for Adult Day Services Sec. I. A Sec. VIII. C Sec X. A, B, G, J, K, | <ul style="list-style-type: none"> CFC Regulations require processes to prevent and address abuse, neglect, and exploitation including, but not limited to, long-term care ombudsmen services. Certification standards and service planning guidelines include participants' rights agreements that call for the safeguarding of rights of privacy, dignity, and freedom of coercion, restraint , and reprisal. | Alignment | Alignment | Alignment |
| 4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making | CFC Regulations Sec. VII. B 5 CFC Program Manual Sec. III. C 7. | <ul style="list-style-type: none"> Adult Family Care providers are expected to ensure that the environment promotes a positive domestic experience and to assist the person in realizing maximum potential for independence. Adult Family Care is expected to include community access, leisure time | Alignment | Alignment | Alignment |

| HCBS Settings Requirements: VT Policy Assessment | | | Policy Alignment | | |
|---|--|---|-------------------|---------------------------|-----------|
| 42 CFR HCBS Requirement HCBS Setting Requirements | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day |
| life choices, including but not limited to, daily activities, physical environment, and with whom to interact | <p>Sec. IV. 11 D 8, E Case Management Standards & Certification Procedures Sec. II. Sec. IV. B 1-3 Residential Care Home Licensing Regulations Sec. 1.1; 5.5(b); 5.10 (e) (2) Sec. VI. Assisted Living Licensing Regulations Sec I. 1.1 Sec VI. 6.7; 6.9(a); 8.1 Adult Family Care Training Materials Goal and General Policies At a Glance 1.b-c; 2.b Adult Family Care Participant Rights Standards for Adult Day Services Sec. I. A, B Sec. X. A, B, F Sec. XII. D</p> | <p>activity, and participation in community functions.</p> <ul style="list-style-type: none"> • Adult Family Care and Residential Care Home Participants’ Rights include life choices such as the right to visitors and the right to refuse visitors, as well the right to a phone and mail, and the right to leave the residence and be gone for more than 24 hours at any given time. • The Adult Family Care participants’ rights agreements include stipulations that the live-in agreement must address such concerns as, but not limited to: visitation, diet/food, access to activities in the community, and visitors. • Case managers are required to assist persons to remain as independent as possible in accordance with their wishes. • Case management standards include respecting participants’ rights, strengths, and values; encouraging the person to create, direct, and participate in the plan and make their own decision about who to involve; creating acceptable risk agreements; and developing negotiated risk agreements when necessary. • Residential Care Home licensing regulations require settings to promote personal independence in a home-like environment; respect dignity, accomplishments, and abilities; and encourage participation in own ADL’s, care planning, and self-administration of medication for persons who are capable. • Assisted Living Licensing Regulations provide for the promotion of individuality, privacy, dignity, self-direction, and active participation in decision making; care plans are required to support dignity, privacy, choice, individuality, and independence. • Assisted Living Licensing regulations require a daily program of activity, including periodic access to community resources. • Participants have the right to refuse any services or activities offered. • Adult Day Services are designed to assist adults to remain as active in their communities as possible and ensure optimal functioning. Standards include optimizing self-direction, autonomy, and choice. | | | |

| HCBS Settings Requirements: VT Policy Assessment | | | Policy Alignment | | |
|---|--|---|-------------------|---------------------------|------------------------------------|
| 42 CFR HCBS Requirement HCBS Setting Requirements | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day |
| 5. Facilitates individual choice regarding services and supports, <u>and who provides them</u> | <p>Choices for Care Regulation Sec. I. A; Sec. II. A, D; Sec. VII. A 1 (f); B 5, B 6, C</p> <p>Case Management Standards & Certification Procedures Sec. IV. A, B, C</p> <p>CFC Program Manual Sec. III. C 7 Sec. IV. 11, D 8, E</p> <p>Adult Family Care Training Materials Goal and General Policies; Sec. 1. b-c, 2. b</p> <p>Adult Family Care Participant Rights</p> <p>Adult Family Care Service Plan (Consent Statement)</p> <p>Standards for Adult Day Services Sec. I. A, B Sec. X. A, B Sec. XI. D4</p> | <ul style="list-style-type: none"> All Participants choose where to receive their long-term services and supports. Participants choosing Adult Family Care receive case management from a host agency. The host agency is responsible for contracting with the home provider and facilitating an acceptable match of shared living setting and a person-centered plan between the home provider and the recipient. The host agency is responsible for oversight of the care plan and following up on any client concerns with the home, plan, or other services. Participants who choose ERC in a Residential Care Home or Assisted Living Residence receive an all-inclusive package of services that includes case management. Participants residing in ERC settings may arrange and pay for additional services and supports. Participants may self-manage their own care through the Flexible Choices program. | Alignment | Alignment | Alignment |
| 6. (a) The unit or dwelling is a specific physical place that can be owned, rented, or occupied | <p>CFC Program Manual Sec. IV. 11 D.11</p> <p>Residential Care Home Licensing Regulations</p> | <ul style="list-style-type: none"> Adult Family Care settings require a live-in agreement that includes room and board arrangements and termination agreements. Residential Care agreements must include specific provisions with regards to occupancy, voluntary and involuntary termination of | Alignment | Alignment | N/A (not a residential service) |

| HCBS Settings Requirements: VT Policy Assessment | | | Policy Alignment | | |
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| 42 CFR HCBS Requirement HCBS Setting Requirements | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day |
| <p>under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.</p> <p>(b) For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document <u>provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</u></p> | <p>Sec. 4.3 (b), (d), (e) Sec. 5.2 (a-d), 5.3 (a), (e-h) Sec. 6.14 Assisted Living Licensing Regulations Sec. 3.3, 3.4 Sec. 6.5, 6.12, 6.14 Sec. 7.1 Sec. 8.2 Sec. 9 Adult Family Care Participant Rights Sec. 2, 13, 14</p> | <p>placement (30-day), and notice of any changes in rates, physical plant, policies, or other services (90-day).</p> <ul style="list-style-type: none"> Assisted Living Licensing Regulations contemplate a participant's aging in place and outline the circumstances whereby someone may be asked to leave. Requirements include a written agreement and 30-day notice period and notice of any changes in rates, physical plant, policies, or other services (90-day). Written plans of care, reviewed at least annually, are also required to address participant services, supports, and goals. | | | |

| HCBS Settings Requirements: VT Policy Assessment | | | Policy Alignment | | |
|---|---|--|---|---|------------------------------------|
| 42 CFR HCBS Requirement HCBS Setting Requirements | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day |
| 7. Each individual has privacy in their sleeping or living unit | Adult Family Care Live-in Agreement Residential Care Home Licensing Regulations Sec. X. 9.2(e-g) Assisted Living Licensing Regulations Sec. II. 3.2 Sec. XI. 11.1 | <ul style="list-style-type: none"> Adult Family Care placements are individually matched and allow for private or semi-private (no more than two) accommodations of the person's choosing. Residential Care Level III licensing standards allow for private or semi-private rooms. Residents must not be required to pass through other bedrooms to reach their room, and assigned bedrooms are only to be used as personal sleeping and living quarters of assigned resident (s). Assisted Living Residence licensing standards require residences to be homelike with private bedroom, private bath, and living space, kitchen capacity, and lockable door. | Alignment | Alignment | N/A (not a residential service) |
| 8. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors | CFC Program Manual Sec. IV. 11 E. Residential Care Home Licensing Regulations Sec. IX Assisted Living Licensing Regulations Sec. 11.2 (b), (f) | <ul style="list-style-type: none"> Person-centered planning and participants' rights agreements stress privacy and planning for personal preferences; however, there is no specific reference to lockable doors. Adult Family Care materials do not specify lockable door standards but do require that written agreements and care plans outline all shared living arrangements. Residential Care Level III licensing standards do not specify lockable units. Assisted Living Residence licensing standards require lockable units. | Partial Service plans and live-in agreements would benefit from more specific guidance regarding participant preferences and needs | Partial Residential Care Home Licensing Regulations are silent regarding lockable door requirements | N/A (not a residential service) |
| 9. Individuals sharing units have a choice of roommates in that setting | CFC Program Manual Sec. IV. 11 E. Residential Care Home Licensing Regulations Sec. IX Assisted Living Licensing Regulations Sec. 11.1 | <ul style="list-style-type: none"> Adult Family Care Guidelines only authorize 1- or 2-person homes based on person's choice. Residential Care Level III licensing standards do not specify how semi-private placements are made. Assisted Living residences are private occupancy unless the resident chooses to share the unit; any common areas must be available to residents at all times. | Alignment | Partial Residential Care Home Licensing regulations are silent regarding how roommates are assigned in semi-private situations | N/A (not a residential service) |
| 10. Individuals have the freedom to furnish and decorate their sleeping or living units within the | CFC Program Manual Sec. IV. 11 E. Residential Care Home Licensing Regulations | <ul style="list-style-type: none"> Adult Family Care Guidelines do not specify décor standards but do require written agreements and care plans to outline all shared living arrangements. Residential Care Level III licensing standards do not specify standards | Partial Service plans and live-in agreements would benefit from more | Silent | N/A (not a residential service) |

| HCBS Settings Requirements: VT Policy Assessment | | | Policy Alignment | | |
|---|--|--|---|---|-----------|
| 42 CFR HCBS Requirement HCBS Setting Requirements | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day |
| lease or other agreement | Sec. IX Assisted Living Licensing Regulations Sec. XI | for room décor. <ul style="list-style-type: none"> Assisted Living Residence licensing standards are considered private lease units but do not specify standards for room décor. | specific guidance regarding participant preferences | | |
| 11. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time | Residential Care Home Licensing Regulations Sec. 7.1 (c)(4) Assisted Living Licensing Regulations Sec. X. 10.1 Sec. XI. 11.2 (b), 11.5 (a) CFC Program Manual Sec. IV. 11 E. 5 Standards for Adult Day Sec. I. A, B Sec. X. A, B, F5, Sec. XIII | <ul style="list-style-type: none"> Adult Family Care Settings are required to provide for diet and nutrition based on the desires and preferences of the participant and must be documented in the written live-in agreement. Residential Care Level III licensing standards provide for alternative meals on request but do not specify 24/7 access to food. Assisted Living Residence licensing standards provide that the participant has his or her own unit and makes decisions about meals or purchases meal plans from the host facility. Residential Care Home and Assisted Living Regulations provide that facilities that do offer common kitchens must make them available for participant use at all times. Adult Day Services are structured daytime programs; however, the person has the right to refuse participation in daily activities and request alternative snacks and meals. | Partial Service plans and live-in agreements would benefit from more specific guidance regarding participant preferences | Partial Residential Care Homes offer meal plans and are required make options available as requested by participants. Regulations are silent on 24/7 access | Alignment |
| 12. Individuals are able to have visitors of their choosing <i>at any time</i> | CFC Program Manual IV. 11 E. 10 Residential Care Home Licensing Regulations Sec. 6.5 Adult Family Care Participant Rights Sec 5 | <ul style="list-style-type: none"> Adult Family Care requirements provide that homes allow visitors as determined by the participant or legal representative, including the right to refuse visitors. Visiting times must be agreed on and specified in live-in agreement Residential Care Homes must provide for private communications and allow visitors at least from 8 am to 8 pm or longer, and residents may make other arrangements with the home for visitors; residents can refuse any visitor. Assisted Living Residences are considered private units. Standards for Adult Day Service are silent on visitors | Partial Service plans and live-in agreements would benefit from more specific guidance regarding participant preferences | Partial Residential Care Home Licensing regulations outline minimum standards (e.g., 8 am to 8 pm) not maximum | Silent |
| 13. The setting is physically accessible to the individual | CFC Program Manual Sec. IV. 11. B 2, D 9 Residential Care Home | <ul style="list-style-type: none"> Safety and Accessibility Inspections are required of all settings. | Alignment | Alignment | Alignment |

| HCBS Settings Requirements: VT Policy Assessment | | | Policy Alignment | | |
|--|---|--|--|--|--|
| 42 CFR HCBS Requirement HCBS Setting Requirements | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day |
| | Licensing Regulations Sec. 9.5 Assisted Living Licensing Regulations Sec. XI. 11.5 D | | | | |
| 14. Modification to HCBS Settings Requirements | | | | | |
| <ul style="list-style-type: none"> To be eligible for the Choices for Care program, participants in the High and Highest Needs Group meet the standard for nursing facility level of care, and the use of a least restrictive home or community residential setting is based on needs, preferences, and choice. Persons requesting ERC services must receive a variance to be placed in those settings. Persons in the Moderate Needs Group are not eligible for an out-of-home residential benefit. Changes in setting from In-home to Adult Family Care or Enhanced Residential Care and Nursing Facility Care are based on choice, needs, and medical necessity. DAIL variance processes do not currently include requests to restrict or modify participant's choice, autonomy, or other rights; however, regulatory language as written permits DAIL to require more detailed documentation should there be a request for such a modification. DAIL guidance related to case management documentation, reasons for a change in setting, and/or other service planning changes does not consistently include specificity noted on the following pages. | | | | | |
| (a) Identify a specific and individualized assessed need for modification | CFC Regulations Sec. XI Standards for Adult Day Services Sec. I. A, B Sec. X. B 8, G Sec. X.I D4 | <ul style="list-style-type: none"> ERC settings require variances and prior approval by DAIL for all CFC participants to ensure that the ERC facility can meet the needs of persons who meet nursing facility level of care. Variances to any part of the CFC Regulation or policies can be requested from DAIL. Variances may only be based on the unique needs of the participants or be necessary modifications to address health, safety, and/or welfare concerns. Variances must include a description of the need, explanation of why the need cannot be met, and a description of the actual or immediate risk to health, safety, or welfare of the participant. Regulations are permissive of DAIL's requiring any additional detail needed to address the request. Changes in setting, diet, or activity plans that do not require DAIL to approve a variance from regulation or policy are made with the input of the physician, participant and legal guardian, and/or team members of the participants choosing. Standards for Adult Day services require participant assessment and | Alignment Documentation requirements could be stronger | Alignment Documentation requirements could be stronger | Alignment Documentation requirements could be stronger |

| HCBS Settings Requirements: VT Policy Assessment | | | Policy Alignment | | |
|--|--|--|--|--|--|
| 42 CFR HCBS Requirement HCBS Setting Requirements | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day |
| | | written service plans. | | | |
| (b) Document the positive interventions and supports used prior to any modifications to the person-centered service plan | CFC Regulations Sec. XI Residential Care Home Licensing Regulations Sec. III Sec. V. 5.3 Assisted Living Residences Licensing Regulations Sec. 4, 6.5 | <ul style="list-style-type: none"> Documentation is required, however guidance is broad | Silent | Silent | Silent |
| (c) Document less intrusive methods of meeting the need that have been tried but did not work | CFC Regulations Sec. XI Residential Care Home Licensing Regulations Sec. III Sec. V. 5.3 Assisted Living Residences Licensing Regulations Sec. 4, 6.5 | <ul style="list-style-type: none"> To be eligible for the Choices for Care program, participants in the High and Highest Needs Group meet a standard of nursing facility level of care. Service and Participant Choice drive all decision making related to place and type of services. ERC settings require variances and prior approval by DAIL for all CFC participants to ensure that the ERC facility can meet the needs of persons who meet nursing facility level of care. CFC participants in the High and Highest Needs groups all meet nursing facility level of care, but may choose to receive care in less restrictive settings; changes to a more restrictive nursing facility care would be by choice or as medically directed. CFC participants choose where to receive services and the settings in which they live commensurate with their needs and level-of-care determination. Case management standards support planning that promotes the least restrictive, most appropriate setting in accordance with needs and preferences. Assisted Living Residences assume a person will age in place and only | Alignment Documentation requirements could be stronger | Alignment Documentation requirements could be stronger | Alignment Documentation requirements could be stronger |

| HCBS Settings Requirements: VT Policy Assessment | | | Policy Alignment | | |
|---|--|---|--|--|-----------|
| 42 CFR HCBS Requirement HCBS Setting Requirements | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day |
| | | allow for termination of services in specific circumstances. | | | |
| (d) Include a clear description of the condition that is directly proportionate to the specific assessed need | CFC Regulations Sec. IV. B 1, B 2 Sec. VII. B 5, B 6 Sec. XI | <ul style="list-style-type: none"> CFC participants in the High and Highest Needs groups all meet nursing facility level of care, but may choose to receive care in less restrictive settings; changes to a more restrictive nursing facility care would be by choice or as medically directed. Changes are by participant choice or as medically directed. Variance request must include a description of the need, explanation of why the need cannot be met, and a description of the actual or immediate risk to health, safety, or welfare of the participant. CFC Regulations are permissive of DAIL's requiring any additional detail needed to address the request. | Silent | Silent | Silent |
| (e) Include a regular collection and review of data to measure the ongoing effectiveness of the modification | CFC Regulations Sec. XI. D | <ul style="list-style-type: none"> Changes are by participant choice or as medically directed; medically directed changes are reviewed based on physician orders. CFC Regulations are permissive of DAIL's requiring any additional detail needed to address the request. | Silent | Silent | Silent |
| (f) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated | CFC Regulations Sec. XI | <ul style="list-style-type: none"> Changes are by participant choice or as medically directed; medically directed changes are reviewed based on physician orders. CFC Regulations are permissive of DAIL's requiring any additional detail needed to address the request. | Silent | Silent | Silent |
| (g) Include informed consent of the individual | CFC Regulations Sec. XI | <ul style="list-style-type: none"> Changes are by participant choice or as medically directed; medically directed changes are reviewed based on physician orders. Adult Family Care Agreements include a consent. Variance requests do not specify informed consent; however, they are permissive of DAIL's requiring any additional detail needed to address the request. Adult Day Standards require informed consent in planning processes. | Partial Documentation requirements could be stronger | Partial Documentation requirements could be stronger | Alignment |

| HCBS Settings Requirements: VT Policy Assessment | | | Policy Alignment | | |
|---|--|---|---|---|---|
| 42 CFR HCBS Requirement HCBS Setting Requirements | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day |
| (h) Include an assurance that interventions and supports will cause no harm to the individual | CFC Regulations Sec. XI Residential Care Home Licensing Regulations Sec. III, Sec. V. 5.3 Assisted Living Residences Licensing Regulations Sec. 4, 6.5 | <ul style="list-style-type: none"> Changes are by participant choice or as medically directed; medically directed changes are reviewed based on physician orders. CFC Regulations and operations manuals include requirements for the protection of health and safety and are permissive of DAIL's requiring any additional detail needed to address the request. | Alignment Documentation requirements could be stronger | Alignment Documentation requirements could be stronger | Alignment Documentation requirements could be stronger |

Appendix B: Person Centered Planning Requirements and Vermont Regulation and Policy Crosswalk

| Person-Centered Planning Process Requirements: VT Policy Assessment | | | Policy Alignment | | |
|---|--|--|-------------------|---------------------------|--------------------|
| 42 CFR HCBS Requirement - Person Centered Process | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day Programs |
| 1. Includes people chosen by the individual and led by person or legal rep where possible | <p>Choices for Care Regulations Sec. VII. B 5</p> <p>CFC Program Manual Sec. III. C 7</p> <p>Case Management Standards & Certification Procedures Sec. IV. B, C, G, H, I</p> <p>Case Management Action Plan Guide</p> <p>Standards for Adult Day Services Sec. I. A, B Sec. X. A, B Sec. XI. D4</p> | <ul style="list-style-type: none"> CFC Regulation calls for person-centered planning and defines it as a process by which services are planned and delivered based on an individual’s strengths, capacities, preferences, needs, and desired outcomes. DAIL Case Management Certification Standards and the DAIL Case Management Action Plan Guide call for members of the person’s choosing to be involved in the planning process as directed by the participant or legal guardian. | Alignment | Alignment | Alignment |
| 2. Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions | <p>Choices for Care Regulation Sec. I. A; Sec. II. A, D; Sec. VII. A 1 (f); B 5, B 6, C.</p> <p>Case Management Standards & Certification Procedures Sec. IV. A, B, C</p> <p>CFC Program Manual Sec. III. C 7 Section IV. 10, 11 E 1</p> <p>Adult Family Care Participant Rights</p> <p>Adult Family Care Service Plan (Consent Statement</p> | <ul style="list-style-type: none"> CFC regulations provide that persons receive information on all options available within the Choices for Care Program. DAIL Clinical Care staff is required to discuss all available long-term care options as part of the application process. DAIL Case Management Certification Standards and the DAIL Case Management Action Plan Guide call for participants to receive timely information and referral information and assistance in the service planning and monitoring process to ensure that needs are being met and goals pursued. | Alignment | Alignment | Alignment |

| Person-Centered Planning Process Requirements: VT Policy Assessment | | | Policy Alignment | | |
|--|--|--|--|--|--|
| 42 CFR HCBS Requirement - Person Centered Process | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day Programs |
| | regarding options) | | | | |
| 3. Is timely, occurs at times and locations of convenience to the individual | Case Management Standards & Certification Procedures Sec. IV. F, I Case Management Action Plan Guide | <ul style="list-style-type: none"> Case Management Certification Standards call for timely response to participants and for initial goals and objectives to be in place within 60 days of the participant’s assessment. Case Management Action Plan Guide does not address location. | Partial Guidance discusses participant direction but does not specify time and location arrangements | Partial Guidance discusses participant direction but does not specify time and location arrangements | Partial Guidance discusses participant direction but does not specify time and location arrangements |
| 4. Reflects cultural considerations of the individual and is conducted by providing information in plain language and accessible to individuals with disabilities and persons who are limited English proficient | Case Management Standards & Certification Procedures Sec. IV. A, B, C, G, I Case Management Action Plan Guide AHS Limited English Proficiency Policy Standards for Adult Day Services Sec. I A, B Sec. X A, B Sec. XI D4 Sec. XII D2-5 | <ul style="list-style-type: none"> Case Management Certification Standards require service plans to respect participants’ rights, strengths, values, and preferences and encourage them to create, direct, and participate in their written plan to the fullest extent possible. Case Management Action Guide calls for plans to be written in ‘Plain English’ using terms and language that the participant can understand. All units of government within the Agency of Human Services are also required to follow the Agency’s policies and practices on assuring services are provided in an accessible manner for participants who have Limited English Proficiency. | Alignment | Alignment | Alignment |
| 5. Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants | CFC Regulations Sec. II. F; Sec. XII; Sec. XIII. B 2-4, C 3-5 CFC Program Manual Sec. III. C 5, C 6, C 16, C 18 Case Management Standards & Certification Procedures Sec. III. B, K | <ul style="list-style-type: none"> CFC regulations call for a process for handling participant feedback, complaints, and disagreements. CFC Universal Provider Standards and Case Management Certification Procedures require all providers to have conflict-of-interest procedures and to make those processes known to participants. The CFC grievance and appeal process requires adherence to Medicaid Managed Care grievance and appeal rules under the GC demonstration. | Alignment | Alignment ERC specific conflict of interest standards could be strengthened due to the nature of the all-inclusive package. | Alignment |

| Person-Centered Planning Process Requirements: VT Policy Assessment | | | Policy Alignment | | |
|--|---|---|-------------------|--|--------------------|
| 42 CFR HCBS Requirement - Person Centered Process | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day Programs |
| | Sec. IV. L, M Standards for Adult Day Services Sec. IX. D | <ul style="list-style-type: none"> Standards for Adult Day Services include requirements for conflict of interest. | | | |
| 6. 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, <u>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.</u> In these cases, the State must <u>devise conflict of interest protections including separation of entity and provider functions within provider entities,</u> which must be approved by CMS. Individuals must be provided with <u>a clear and</u> | CFC Regulations Sec. XII Sec. XIII. B 2, B 3, B 4, B 5 CFC Program Manual Sec. III. C 5, C 6, C 16, C 18 Case Management Standards & Certification Procedures Sec. III. B, K Sec. IV. L, M MCO Grievance and Appeal Rules | <ul style="list-style-type: none"> VT Statute provides for the designation and certification of Home Health Agencies, Area Agencies on Aging to serve specific geographic regions and populations. Participants may choose where to receive their case management services from among approved providers and may choose a single agency for all services. VT Statute requires a Long-Term Care Ombudsman program. DAIL has established Aging and Disability Resource Centers statewide for information and referral, options counseling, and assistance with understanding grievance and appeal rights. VT legislature recently directed DAIL to eliminate potentially duplicative functions for persons receiving case management as part of all-inclusive Adult Family Care or Enhanced Residential Care services, and additional case management services from an AAA or Home Health provider. CFC Universal Provider Standards and Case Management Certification Procedures require all providers to have conflict-of-interest procedures and to make those processes known to participants. Participants choosing Adult Family Care receive case management from a host agency. The host agency is responsible for facilitating an acceptable match of shared living setting, contracting with the home provider on the participant’s behalf, and developing a person-centered plan between the home provider and the recipient. The host agency is responsible for oversight of the care plan and following up on any client concerns with the home, plan, or other services. | Alignment | Partial 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. | Alignment |

| Person-Centered Planning Process Requirements: VT Policy Assessment | | | Policy Alignment | | |
|---|--|--|-------------------|---------------------------|--------------------|
| 42 CFR HCBS Requirement - Person Centered Process | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day Programs |
| <u>accessible alternative dispute resolution process</u> | | <ul style="list-style-type: none"> Participants choosing ERC in a Residential Care Home or Assisted Living Residence receive an all-inclusive package of services that includes case management from the provider. CFC regulations require a quality assurance/quality improvement process that includes provisions for a Long-Term Care Ombudsman; participant complaints, appeals, fair hearings, and feedback to DAIL; and provider performance monitoring. The CFC grievance and appeal process requires adherence to Medicaid Managed Care grievance and appeal rules under the GC demonstration. Case Managers cannot be financially responsible or related to the person. | | | |
| 7. Offers informed choices to the individual regarding the services and supports they receive and from whom | Choices for Care Regulations Sec. I. A; Sec. II. A, D; Sec. VII. A 1 (f); B 5, B 6, C. Case Management Standards & Certification Procedures Section IV. A, C CFC Program Manual Sec. III. C 7 Sec. IV. 11, E Adult Family Care Training Materials Goal and General Policies; Sec. 1. b-c; 2 b Adult Family Care Participant Rights Adult Family Care Service | <ul style="list-style-type: none"> All Participants choose where to receive their long-term services and supports. DAIL Clinical Care Coordinators are responsible for ensuring that recipients have made informed choices regarding where and from whom they receive services. Adult Family Care host agencies are responsible for facilitating a person-centered plan between the home provider and the recipient that address all aspects of shared living and service provision. CFC also offers self-management of services under the Flexible Choices option. | Alignment | Alignment | Alignment |

| Person-Centered Planning Process Requirements: VT Policy Assessment | | | Policy Alignment | | |
|--|---|---|--|--|--------------------|
| 42 CFR HCBS Requirement - Person Centered Process | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day Programs |
| | Plan (Consent Statement) | | | | |
| 8. Includes a method for the individual to request updates to the plan as needed | Case Management Standards & Certification Procedures Sec. IV. B, F, G, I Case Management Action Guide | <ul style="list-style-type: none"> Case Management Certification Standards call for case managers to provide timely response to participants' requests for assistance and to monitor progress and update participants' plans as needed and no less than annually. The Certification Procedures and Action Guide require the regular review and updating of the plan as needed but do not specifically mention participant-initiated change. | Alignment | Alignment | Alignment |
| 9. Records the alternative home- and community-based settings that were considered by the individual | Adult Family Care Service Plan (Consent Statement) | <ul style="list-style-type: none"> CFC regulation and certification standards provide for participants' choice, strengths, and preferences and informed decision making; however, how and where documentation should occur is not specifically mentioned. DAIL Case Management Action Plan Guide calls for the action plan to document the person's preferences, long- and short-term goals, and plans to address those goals. Adult Family Care Service Plan includes consent and signature line noting that the participant was informed of all options. | Alignment | Alignment Documentation could be strengthened | N/A |
| 10. Reflect that the setting in which the individual resides is chosen by the individual. | CFC Regulations Sec. I. A; Sec. II. A, D; Sec. VII. A 1 (f), A 2 (b), (c), (g); C CFC Program Manual Sec. III. C 7 Sec. IV. 11, D 8, E Case Management Standards Certification Procedures Sec. IV. C Adult Family Care Service Plan (Consent Statement) | <ul style="list-style-type: none"> CFC regulation and certification standards provide for participants' choice, strengths, and preferences and informed decision making; however, how and where documentation should occur is not specifically mentioned. DAIL Case Management Action Plan Guide calls for the action plan to document the person's preferences, long- and short-term goals, and plans to address those goals. | Partial Documentation could be strengthened | Partial Documentation could be strengthened | Alignment |

| Person-Centered Planning Process Requirements: VT Policy Assessment | | | Policy Alignment | | |
|---|---|---|-------------------|---------------------------|--------------------|
| 42 CFR HCBS Requirement - Person Centered Process | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day Programs |
| 11. Reflect the individual's strengths and preferences | Case Management Standards & Certification Process Sec. IV. B, G, H, I, K | <ul style="list-style-type: none"> CFC regulation and certification standards provide for participants' choice, strengths, and preferences and informed decision making; however, how and where documentation should occur is not specifically mentioned. DAIL Case Management Action Plan Guide calls for the action plan to document the person's strengths, preferences, long- and short-term goals, and plans to address those goals. | Alignment | Alignment | Alignment |
| 12. Reflect needs identified through functional assessments | CFC Regulations Sec. IV. B, C; Sec. V. C, D; Sec. VI; Sec. VII. B 1, B 3, B 5, B 6 CFC Program Manual Sec. IV. 11 D 8 Case Management Standards & Certification Procedures Sec. IV. B, G, H, I, J, K Case Management Action Plan Standards for Adult Day Services Sec. XI. D4 | <ul style="list-style-type: none"> CFC regulation and certification standards provide for service and person-centered plans to be based on functional assessments, strengths, preferences, and supports that maximize independence. | Alignment | Alignment | Alignment |
| 13. Include individually identified goals and desired outcomes | Case Management Standards & Certification Process Sec. IV. H, I, J, K CFC Program Manual Sec. IV. 11 D 8 Adult Family Care Training Materials Case Management Action | <ul style="list-style-type: none"> Case Management Certification Standards and Case Management Action Guide call for plans to reflect short- and long-terms goals and actions steps, persons responsible, and target dates. | Alignment | Alignment | Alignment |

| Person-Centered Planning Process Requirements: VT Policy Assessment | | | Policy Alignment | | |
|---|--|---|-------------------|---------------------------|--------------------|
| 42 CFR HCBS Requirement - Person Centered Process | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day Programs |
| | Plan Standards for Adult Day Services Sec. XI D4 | | | | |
| 14. Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports | Case Management Action Plan Standards for Adult Day Services Sec. XI. D4 | <ul style="list-style-type: none"> Case Management Certification Standards and Case Management Action Guide call for plans to reflect short- and long-terms goals and actions steps, persons responsible, and target dates. Case Management Action Plan calls for all persons responsible (formal and informal supports) to be noted in the plan. | Alignment | Alignment | Alignment |
| 15. Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed. | Case Management Standards & Certification Procedures Sec. IV. B 3, K 9 Assisted Living Licensing Regulations Sec. IX. Negotiated Risk Standards for Adult Day Services Sec. IV. A Sec. XI. D4 | <ul style="list-style-type: none"> Case Management standards call for person-centered plans to address all needs and also call for assessment of acceptable risk and written agreements as needed. Assisted Living Licensing Standards provide for Negotiated Risk Agreements as needed. | Alignment | Alignment | Alignment |
| 16. Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her (written in | Case Management Action Plan Guide AHS Limited English Proficiency Policy | <ul style="list-style-type: none"> Case Management Action Guide calls for plans to be written in 'Plain English' using terms and language that the participant can understand. All units of government within the Agency of Human Services are also required to follow the Agency's policies and practices on assuring services are provided in an accessible manner for participants who | Alignment | Alignment | Alignment |

| Person-Centered Planning Process Requirements: VT Policy Assessment | | | Policy Alignment | | |
|--|--|--|-------------------|---------------------------|--------------------|
| 42 CFR HCBS Requirement - Person Centered Process | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day Programs |
| plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient) | | have Limited English Proficiency. | | | |
| 17. Identify the individual and/or entity responsible for monitoring the plan | Case Management Action Plan Guide | <ul style="list-style-type: none"> Case Management Action Plan calls for all persons responsible (formal and informal supports) to be noted in the plan. | Alignment | Alignment | Alignment |
| 18. Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation | Case Management Action Plan Guide | | Alignment | Alignment | Alignment |
| 19. Be distributed to the individual and other people involved in the plan | Case Management Action Plan Guide | <ul style="list-style-type: none"> Case Management Action Plan calls for distribution to the participant and members of the planning team and/or family with the participant's consent. | Alignment | Alignment | Alignment |
| 20. Include those services, the purpose or control of which the individual elects to self-direct | Case Management Action Plan Guide CFC Program Manual Sec. IV. 10 | <ul style="list-style-type: none"> Case Management Action Plan calls for all persons responsible (formal and informal supports) to be noted in the plan. CFC Flexible Choices provides for additional guidance regarding self-directed care options. | Alignment | Alignment | Alignment |
| 21. Prevent the provision of unnecessary or inappropriate services and supports | CFC Regulations Sec. VII. B 6 CFC Program Manual Sec. III. C 4, C 8, C 17 Sec. IV. 8 E | <ul style="list-style-type: none"> CFC Program manual requires providers to ensure services are coordinated and responsive to the individual's needs and are not duplicative or unnecessary. | Alignment | Alignment | Alignment |

| Person-Centered Planning Process Requirements: VT Policy Assessment | | | Policy Alignment | | |
|--|---|---|-------------------|---------------------------|--------------------|
| 42 CFR HCBS Requirement - Person Centered Process | Choices For Care Policy, Rules, Guidelines | VT Statutory or Policy Guidance | Adult Family Care | Enhanced Residential Care | Adult Day Programs |
| | Sec. IV. 11 I | | | | |
| 22. The person-centered service plan must be reviewed, and revised upon reassessment, at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual | Case Management Standards & Certification Procedures Sec. IV. B, F, G, I Case Management Action Guide Residential Care Home Licensing Regulations Sec. 5.7, 5.9(c) Assisted Living Residence Licensing Regulations Sec. 6.7 | <ul style="list-style-type: none"> Case Management certification standards and action plan guide note that plans are required to be reviewed as needed or requested by the participants, but no less than annually. Residential and ERC licensing standards require assessments, plans, and review, but do not specify periodicity. | Alignment | Alignment | Alignment |
| Modifications to any of the home and community setting requirements are documented: See settings rule crosswalk in Appendix A. | | | | | |