VERMONT

DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING

Home Care Provider Standards

Choices for Care Program

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State of Vermont Agency of Human Services
Department of Disabilities, Aging, and Independent Living
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Introduction

Home Care Providers play a crucial role in providing personal care, respite, and companionship, which are essential for maintaining individuals' independence and quality of life. These services are not medical in nature but are vital for the well-being of individuals.

Reimbursement for these services is available for eligible agencies under the Choices for Care (CFC) program, ensuring that individuals enrolled in the High/Highest service group receive the support they need while allowing agencies to be compensated for their services. This support system is designed to help Older Vermonters and individuals living with disability to live comfortably and safely, while promoting their autonomy and dignity.

To achieve and maintain eligibility, agencies must be pre-approved by the Department of Disabilities, Aging, and Independent Living (DAIL) and adhere to the standards outlined in this document. Failure to do so can result in the termination of their provider status. This ensures that the care provided meets the high standards set forth by DAIL and supports the well-being of individuals.

Definitions

Activities of Daily Living (ADLs): Means dressing and undressing, bathing, personal hygiene, bed mobility, toilet use, transferring, mobility in and around the home, and eating.

Case Management: Case Management is a home-based service that assists older adults and adults with disabilities to access the services they need to remain as independent as possible in accordance with their identified goals. Case management is a collaborative, person-centered process of assessment, identifying goals, planning and coordination of services, advocacy, options education and ongoing monitoring to meet a person's comprehensive needs, promoting quality and cost-effective outcomes. Case Management Services assist DAIL in monitoring the quality, effectiveness and efficiency of CFC services.

Case Management Entity (CME): An organization or program responsible for providing case management services.

Choices for Care (CFC): The Choices for Care program operates within the State's Global Commitment to Health 1115 Waiver providing long-term services and supports to aging or physically disabled Vermont adults.

Conflict of Interest: Conflict of interest is a situation in which someone in a position of trust has competing professional or personal interests. Such competing interests can make it difficult to fulfill their duties impartially or effectively. A conflict of interest exists even if no unethical or improper act results from it. A conflict of interest can create an appearance of impropriety that can undermine confidence in the person, profession, or system.

Companionship [as a service]: a home-based service that provides non-medical supervision and socialization for participants as determined by the needs of the individual, and which is limited in combination with Respite care.

Complaint: See grievance.

Critical Incident: Any actual or alleged event, incident, or course of action involving the perceived or actual threat to a participant's health and welfare; or any actual or alleged event, incident, or course of action involving the perceived or actual threat to their ability to remain in the community.

Direct Care Worker: A person hired by the Home Care Provider to deliver personal care, supervision and companionship services to CFC participants. A Direct Care Worker may also be known as a personal care assistant or personal care attendant.

Electronic Visit Verification (EVV): EVV is a telephone and computer-based system that records specific information about the services provided to Medicaid members

Emergency Back-Up Plan: A contingency plan put in place to ensure continuity of care if regular services and supports are disrupted.

Grievance: An expression of dissatisfaction about any matter that is not an action, such as the quality of care or service provided or aspects of interpersonal relationships, such as rudeness of a provider or employee or failure to respect the individual's rights.

Home and Community Based Services (HCBS): Long-term services and supports received in a home or community setting other than a nursing home pursuant to the Choices for Care component of Vermont's Global Commitment to Health Section 115 Medicaid Waiver.

Independent Living Assessment (ILA): A tool used to gather information used by accessors to understand the strengths and needs of individuals. The information gathered through the assessment determines an individual's eligibility for certain programs and services.

Instrumental Activities of Daily Living (IADLs): IADLs include meal preparation, medication management, telephone use, money management, household maintenance, housekeeping, laundry, shopping, transportation, and care of adaptive equipment.

Involuntary Discharge: Provider termination of services under specific circumstances, including participant health improvement, safety or health concerns, unpaid services, or service program closure.

Participant: A person who is authorized to receive Choice for Care, VT Long-Term Care Medicaid services.

Personal Care: Assistance to participants with ADLs and IADLs that is essential to the participant's health and welfare.

Person-Centered Planning: A process supporting the participant in accordance with 42 CFR § 441.301(c)(1) that builds upon the person's capacity to engage in activities that promote community life and that honor the person's preferences, choices, and abilities and which involves families, friends, and professionals as the individual desires or requires.

Provider: Any individual, organization, or agency that has been authorized by DAIL to provide Long-Term Services and Supports.

Respite Care: Respite care means relief from caregiving and supervision for primary caregivers.

Service Authorization: A communication through which services are authorized by DAIL, which guides the delivery of services and Medicaid payment.

Socialization [as a service]: The process of engaging a participant in social activities to promote their mental and emotional well-being. This may include conversation, playing games, and the mutual enjoyment of an activity.

Supervision [as a service]: The process of overseeing the participant's activities to ensure their safety and well-being. This may include monitoring tasks that the individual can complete independently, but carries some risk, such as cooking on the stove or navigating community events.

Standards

1. Operations

1.1. Certification

The provider must maintain DAIL certification.

1.2. The provider shall follow the Choices for Care Program Operations Manual.

1.3. Admission, Transitions, and Discharge

The provider shall develop, maintain, and enforce policies detailing expectations for admission, transfer, reduction in services, and discharge of individuals. Must include the following, at a minimum:

1.3.1. Clearly defined criteria for admission

1.3.2. Guidelines for notifying relevant parties (individuals and guardians, at a minimum) about any changes to service

1.3.3. Specify situations where services may be reduced and or terminated

1.3.4. Describe the discharge planning process, including collaboration with other providers and partners

1.3.5. Address any appeals or grievance process if individuals disagree with any reduction in service

1.4. Complaints and Grievances

The provider must maintain a written complaint and grievance policy and procedure which includes, at a minimum:

1.4.1. An informal resolution procedure

1.4.2. A formal complaint process

1.4.3. The investigation process

1.4.4. Options for resolving the grievance, including timelines and steps involved in the resolution process

1.4.5. What steps to take if the grievance cannot be resolved at a provider level.

1.5. Conflict of Interest

The provider must maintain written conflict of interest policies and/or procedures, to include at a minimum:

1.5.1. The provider’s definition of conflict of interest

1.5.2. Processes for identifying and preventing possible conflict of interest

1.5.3. Procedure for addressing conflict of interest when/if it occurs

1.6. Confidentiality

This policy shall be no less stringent that the Vermont Provider of Human Service Consumer Information and Privacy Rule.

1.7. Record Retention

The provider must maintain all records relating to the delivery and documentation of services per the Medicaid Provider Agreement.

1.8. Reporting of Abuse, Neglect, and Exploitation

The provider must maintain written and dated policies and procedures for the reporting of abuse, neglect, and exploitation. These policies and procedures must be consistent with the requirements of Vermont's statue 33 V.S.A. § 6903.

1.9. Emergency Management

Policies and procedures must detail the plan for maintaining or quickly restoring services, with a clear chain of command and predefined roles for crisis response. The plan must also outline communication strategies, both internal and external, and include protocols for assessing and addressing the needs of participants affected by the service disruption.

1.10. Health and Safety

The provider must maintain written and dated policies and procedures addressing the following at a minimum:

1.10.1. Health and safety procedures for working in allowable settings

1.10.2. Smoking policies, including expectations for both staff and participants

1.11. Communication

The provider must maintain written communication expectations for communication between provider staff and service recipients. Expectations should include, at a minimum:

1.11.1. Appropriate methods of contact

1.11.2. Communication frequency

1.11.3. Contact protocols for specific events, such as a visit cancellation

1.12. Critical Incident Reporting

The provider must maintain written and dated critical incident reporting policies and procedures, specifying at a minimum the procedures for notifying DAIL in accordance with DAIL's Critical Incident Reporting Policy.

1.13. Person-Centered Planning Process

The provider must participate in the person-centered planning process and provide documentation to the participant's CME as needed.

1.14. Quality Management

For monitoring quality of care, the provider must document the following:

1.14.1. Regular review and tracking of complaints

1.14.2. Regular review and tracking of incidents, both internal and critical

1.14.3. Regular review and tracking of service utilization as identified by the participant's service authorization

1.14.4. An annual process whereby important stakeholders can provide formal feedback to the provider. Any results from the process shall be made available for public review

1.14.5. Plans of action to address identified areas for quality improvement

1.15. Falls Data

The provider must have a standardized approach to fall data collection to effectively monitor fall rates, identify risk factors, and implement targeted prevention strategies.

1.15.1. Fall data should be current, readily available, and should include the following detail, at a minimum:

1.15.1.1. Name of participant

1.15.1.2. Date and time of fall

1.15.1.3. Location of fall

1.15.1.4. Witnesses to the fall

1.15.1.5. Actions taken to prevent reoccurrence

1.16. Personnel Management

1.16.1. Job Descriptions must be written with the latest update date and include, at a minimum:

1.16.1.1. Credentials and/or licensure required

1.16.1.2. Duties and responsibilities

1.16.1.3. Minimum levels of education and training required

1.16.1.4. Related work experience required

1.16.1.5. Title of direct supervisor

1.16.2. Background Check

1.16.2.1. Must include all requirements outlined in DAIL Background Check Policy

1.16.3. Personnel Records

Every employee of the provider must have an up-to-date personnel record, to include at a minimum:

1.16.3.1. Current job description, signed and dated by employee and supervisor

1.16.3.2. Record of background check

1.16.3.3. Credentialling documents

1.16.3.4. Training records

1.16.3.5. Supervision records

1.16.4. Orientation and Trainings

1.16.4.1. Personnel must complete an orientation covering all job-related policies and procedures. Written and dated documentation of orientation completion, signed by the employee, must be maintained in the personnel file. Orientation must include, at a minimum:

1.16.4.1.1. Federal confidentiality regulations

1.16.4.1.2. Documentation policies and procedures

1.16.4.2. Training Requirements. Prior to providing services, all personnel must complete at minimum training in the following areas:

1.16.4.2.1. Cultural sensitivity

1.16.4.2.2. Participant rights

1.16.4.2.3. Mandatory reporting

1.16.4.2.4. Person-centered thinking

1.16.4.2.5. Crisis management

1.16.4.2.6. Emergency preparedness

1.16.4.2.7. Incident reporting

1.16.4.2.8. Universal precautions and infection control

1.16.4.3. Specialized Direct Care Worker Training.

Direct Care Workers must complete training in all skills necessary to meet the specific service needs identified through each participant's person-centered planning process before providing services.

1.16.5. Personnel Oversight

1.16.5.1. Competency Assessment.

An initial assessment of a Direct Care Worker's competency must be conducted by their supervisor following orientation and

training but prior to service delivery. This assessment must be signed and dated.

1.16.5.2. Monitoring

The provider must conduct in-person monitoring visits at least once every 90 days to ensure Direct Care Worker services align with the participant's person-centered planning document and meet the participant's needs.

1.17. Participant Records

1.17.1. Each participant record must include all relevant documentation received from the CME, including at a minimum:

1.17.1.1. Person-Centered Planning Document

1.17.1.2. Service Authorization

1.17.1.3. Emergency Back-Up Plan

1.17.1.4. Emergency Fact Sheet

1.17.2. The provider is responsible for maintaining the following documentation within the individual record:

1.17.2.1. Direct Care Worker Visit Documentation

All Direct Care Worker visits, including observations and completion of assigned services.

1.17.2.2. Involuntary Discharge Summary

In the case of involuntary discharge, a copy of the discharge summary must be completed within 30 calendars following the discharge with the following included, at a minimum:

1.17.2.2.1. The reason for discharge

1.17.2.2.2. Assistance in arranging for continuity of care

1.17.2.2.3. Notice of the individual's right to file a complaint

1.17.2.2.4. Written acknowledgement of participant receipt of discharge notice 30 days prior to service termination

1.17.3. Participant Rights and Information

Prior to or upon service delivery, individuals must document receipt of the following:

1.17.3.1. Informed consent to services.

1.17.3.2. Provider policies addressing:

1.17.3.2.1. Admission, transition and discharge procedures

1.17.3.2.2. Complaints and Grievances

1.17.3.2.3. Conflict of Interest

1.17.3.2.4. Confidentiality

1.17.3.2.5. Reporting of Abuse, Neglect and Exploitation

1.17.3.2.6. Communication

1.17.3.3. Written notice of their right to contact and receive assistance from the State Long-Term Care Ombudsman. The notice shall include the address and telephone number for the State and Regional Long-Term Care Ombudsman.

2. Service Delivery

2.1. Covered Services are delivered 1:1, one Direct Care Worker per participant

2.1.1. Personal Care Services may include the following approved, reimbursable activities when identified in the person-centered planning document:

2.1.1.1. ADLs

2.1.1.1.1. Dressing

2.1.1.1.2. Bathing

2.1.1.1.3. Personal Hygiene

2.1.1.1.4. Bed Mobility

2.1.1.1.5. Toileting

2.1.1.1.6. Assistance with Adaptive Devices

2.1.1.1.7. Transferring

2.1.1.1.8. Mobility

2.1.1.1.9. Eating

2.1.1.2. IADLs

2.1.1.2.1. Meal Preparation

2.1.1.2.2. Medication Administration

2.1.1.2.3. Using the Telephone

2.1.1.2.4. Money Management

2.1.1.2.5. Household Maintenance

2.1.1.2.6. Light Housekeeping

2.1.1.2.7. Laundry

2.1.1.2.8. Shopping

2.1.1.2.9. Transportation

2.1.1.2.10. Care of Medical or Adaptive Equipment

2.1.2. Respite Care Services may include the following approved, reimbursable activities when identified in the person-centered planning document:

2.1.2.1. ADLs (see 2.1.1.1.)

2.1.2.2. IADLS (see 2.1.1.2.)

2.1.2.3. Supervision

2.1.2.4. Socialization

2.1.3. Companion Services may include the following approved, reimbursable activities when identified in the person-centered planning document:

2.1.3.1. Limited personal care or household tasks

2.1.3.2. Supervision

2.1.3.3. Socialization

2.2. Non-Covered Services

2.2.1. Skilled nursing services

2.2.2. Yard or home maintenance work

2.2.3. Errand running for the household

2.2.4. Personal care tasks for other residents of the household

2.3. Settings

2.3.1. Services may be delivered in the participant's home or during a participant's time in the community

2.3.2. Services may not be provided to participants who are inpatients or residents of hospitals, nursing facilities, intermediate care facilities, or long-term care institutions.

2.4. Service Documentation

2.4.1.1. Services delivered must be verified electronically using an Electronic Visit Verification (EVV) system that is compatible with the State's EVV and claims payment systems.

2.4.1.2. The provider must maintain accurate and complete documentation of services provided to the individual. Service records must include the following components at a minimum:

2.4.1.2.1. Type of service performed

2.4.1.2.2. Service activities performed

2.4.1.2.3. Individual receiving the service

2.4.1.2.4. Date of the service

2.4.1.2.5. Location of service delivery

2.4.1.2.6. Individual providing the service

2.4.1.2.7. Time the service begins and ends