State of Vermont

Comprehensive Quality Strategy Systemic Assessment

Section III State Standards:

Home and Community Based Services

Specialized Health Population:

Community Rehabilitation and Treatment Services

Global Commitment to Health Managed Care

November 2017

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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 using the flexibilities of a Medicaid Managed Care model to support a home- and community-based continuum of services for persons with severe and persistent mental illness. CRT was the State's first Medicaid Managed Care Section 1115 Demonstration program initiated in 1999. The continuum of care includes peer and family support, community integration, mobile crisis outreach, community stabilization and recovery programs, psychiatric and medication management, inpatient hospital services, assertive case management, supported employment and other innovative community services.

Since 1999, the CRT program has been supported by rehabilitation options found in traditional State Plans and Section 1115 Medicaid Managed Care Demonstration projects. CRT is a specialized program under the demonstration because it includes traditional state plan services (which could be billed fee-for-service) and non-traditional state plan services (authorized as part of the managed care demonstration). Additionally, program and provider guidance in Vermont are codified in statute or placed in rule. As a result, the term "home and community based" in Vermont's CRT program is used to represent the State's commitment to community services and supports but the CRT program has never been supported through HCBS 1915(c) authorities.

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 services 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 (CQS) will review the rules and guidance supporting all Special Health Need Populations served under the Demonstration. The ultimate goal of these efforts is to promote enhanced quality in all services provided in community settings authorized under the State Plan and the Global Commitment Demonstration.

This report focuses on Community Rehabilitation and Treatment Services (CRT) for adults who have a severe and persistent mental illness.

Eligibility and Enrollment

CRT program eligibility is based on clinical presentation and does not include an income test. Medicaid eligible beneficiaries are enrolled in the CRT program by meeting clinical eligibility criteria. Additionally, the state has Medicaid expenditure authority for persons up to 185% of the federal poverty level (FPL) as a Designated State Health Program under the Global Commitment to Health

Section 1115 Demonstration. Persons over 185% FPL who are uninsured or underinsured may receive services as part of the Global Commitment to Health "Access to Care" Managed Care Investment authority, through self-pay, or through private coverage for certain services.

Community Rehabilitation and Treatment Services

The Department of Mental Health (DMH) and its provider system have a strong dedication to serving persons in their home, community, school, and work settings. The CRT program operates using best practices in psychiatric treatment. Those practices promote rehabilitative and recovery services in the individual's own home. However, when this is not possible, residential recovery options are available to persons experiencing a severe and persistent mental illness. These residential treatment programs are licensed as Therapeutic Community Residences or as Level III Residential Care Homes and may also be enrolled as Assistive Community Care Private Non-Medical Institution (PNMI) providers under the Medicaid State Plan. Housing and Home Supports provide services, supports and supervision to individuals in and around their residences up to 24 hours a day and include:

Supervised/Assisted Living Consists of regularly scheduled or intermittent (hourly) supports provided to an individual who lives in his or her home or that of a family member. These settings are neither provider-owned nor provider-controlled.

Group Living consists of group living arrangements for three or more people, owned and/or staffed full-time by employees of a provider agency. These arrangements are designed to provide individualized, recovery-oriented treatment plan services in either transitional or longer term residential rehabilitation settings. Group Living arrangements are licensed as residential treatment programs; and individuals are afforded resident rights and protections before transitioning to more independent living arrangements in accordance with their treatment plan. When individualized treatment plan services identify longer-term rehabilitation support needs, some programs may utilize HUD funding and rental agreements in addition to resident rights and protections. With the exception of Intensive Residential Recovery (IRR) programs, the CRT system of care Group Living settings are funded through the CRT program.

Intensive Residential Recovery (IRR) consists of specialized group arrangements for three or more people, staffed full-time by employees of a provider agency. These arrangements are designed to be recovery oriented and treatment focused programs for individuals frequently stepping down from hospital level of care. Eligibility thresholds for entrance to these transitional support programs anticipate individuals who continue to require ongoing supervision by skilled mental health staff and in an environment focused on safety and further harm reduction and mitigation work as part of aftercare in the community and access to more permanent, stable living options. IRR arrangements are also licensed as residential treatment programs and individuals are afforded resident rights and protections before transitioning to more independent living arrangements.

On a limited basis, the CRT program supports highly individualized wrap around treatment services to divert or reduce the need for continued hospitalization; these plans may include placements in shared or staffed settings described below. It is estimated that 30 to 40 persons per year may require this level of support. Enhanced funding is requested and prior-approved on a person-by-person basis:

Shared Living Home Providers are individualized shared-living arrangements for adults, offered within a home provider's home. Home providers are contracted workers and are not considered staff of the host agency in their role as contracted provider.

Staffed Living consists of residential living arrangements for one or two people, staffed full-time by employees of a provider agency.

Table 1 below provides an overview of the residential arrangements in the CRT program.

Table 1. CRT Residential Settings

Residential Type	Who controls/owns setting	Regulatory Framework
Supervised/Assisted Living	Family or Recipient	• CRT Program Manual
Shared Living Home Providers (1 person)	Home Provider	• CRT Program Manual • Provider Contract Agreement • Administrative Rules on Agency Designation
Staffed Living (1-2 persons)	DA/SSA Provider	• CRT Program Manual • Provider Contract Agreement • Administrative Rules on Agency Designation
Intensive Residential Recovery Group Living (3 or more persons)	DA/SSA Provider	• Therapeutic Community Residence • Residential Care Homes • Provider Contract Agreement

Community supports are offered to participants in everyday community settings where they live and work. Peer-run recovery centers, crisis stabilization services, and residential treatment programs are also available as part of the CRT program. The CRT program does not use segregated day treatment programs. Program benefits are outlined in Table 2 below.

Table 1: CRT Program Benefits

Vermont CRT Benefit Name	**Coverage Authorization**
Case Management	State Plan, Specialized Rehabilitation
Peer Run Recovery Options	GC
Therapeutic Community Residences Level III Residential Care Homes	State Plan, PNMI – Assistive Community Care
Crisis Support	State Plan and GC

Mobile Crisis Outreach/Diversion and Step-Down Programs	GC
Chemotherapy	State Plan
Skilled Mental Health Therapies	State Plan
Supported Employment	GC

Vermont Policy Overview

The CRT program is staffed as part of the Adult Services Division of the Vermont Department of Mental Health. The State is responsible for approving providers and overseeing their operations related to eligibility, enrollment, and treatment services. DMH conducts utilization reviews, assists with discharge planning, and authorizes continued stay for inpatient hospital admissions for persons enrolled in the CRT program. The following documents were reviewed as part of this policy analysis:

- Administrative Rules on Agency Designation (June 2003)
  - http://mentalhealth.vermont.gov/providers/designated-agencies
- MCO Grievance and Appeal Provider Manual Addendum (July 2016)
  - http://mentalhealth.vermont.gov/manuals
- Community Rehabilitation and Treatment Manual (April 2016)
  - http://mentalhealth.vermont.gov/manuals
- Community Rehabilitation and Treatment Client Handbook (2016)
  - http://mentalhealth.vermont.gov/manuals
- Mental Health Minimum Standards CRT Clinical Care Audit Record (September 2016)
  - http://mentalhealth.vermont.gov/forms
- Residential Care Home Licensing Regulations (October 3, 2000)
  - http://www.dail.vermont.gov/resources/regulations
- Licensing and Operating Regulations for Therapeutic Community Residences (January 2014)
  - http://www.dail.vermont.gov/resources/regulations
- DMH Statewide System of Care Plan 2012-2014
  - http://mentalhealth.vermont.gov/manuals
- 'Enhanced Funding Request Letter
  - Provided on-demand
- Sample Contract Agreement for Intensive Residential Recovery Program (Meadowview)
  - Provided on-demand

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.

There are a few instances where HCBS requirements have required additional clarification and technical assistance from CMS to assure Vermont that its current design of the CRT residential

programs align with HCBS standards. Although the CRT program has never been supported through 1915 authorities and therefore is not a traditional HCBS program, CRT programming does place value on many of the core elements of HCBS requirements—such as autonomy and person-centered care. There are many instances where the CRT residential treatment program array will better outline their alignment with HCBS requirements through program admission and discharge criteria, resident's individualized treatment plans, ongoing assessment and progressive clinical reviews, and focus on individualized course of recovery.

Many CRT residential programs are considered disability-specific, meaning that the programs were exclusively designed to meet the needs of a targeted cohort of the CRT population whose comprehensive service options are limited in a rural state. Admission criteria to specialized residential programs are based upon clinical needs and progressive levels of safety and autonomy in a least restrictive program while individuals continue to stabilize and re-engage with the community. Ongoing re-assessment occurs and individualized treatment plan services to maximize recovery, independence, and autonomy are the primary focus, rather than long-term program residency or placement. Individual recovery and improved outcomes are best achieved in the community through services and supports rather than permanent occupancy in programs.

A brief summary of findings is provided below.

The CRT program is focused on intensive treatment, psychosocial rehabilitation, recovery, and family and peer supports. DMH requires that a highly individualized person-centered planning process occur for all participants. Admission to and discharge from residential treatment facilities is done commensurate with the person's wishes and clinical entrance/exit criteria for the services provided in these programs. DMH maintains clinical care standards, chart audit tools, and provider best-practice guidelines that support community integration and person-centered care. Consumer autonomy in planning and decision making is expected. Specific individualized goals, objectives and monitoring strategies are expected to be documented in the plan of care.

The issue of door locks, visitors, and complete autonomy in home and community may require progressive advancement and ongoing assessment in residential programs serving persons who, for admission to the program, are identified as high risk of posing danger to themselves or others. A treatment agreement at admission and standard operating procedures may outline safety practices or restrictions of the overall program that exist for all residents who enter at a high level of acuity and then are progressively tailored to individual residents based on active and ongoing individualized assessment.

All treatment plans are expected to address how to best protect health and safety, which may include restrictions to autonomy; however, any such restriction is expected to be outlined in the plan of care. In some cases, this may include movement of the person to a more secure treatment setting, such as a community crisis bed, hospital diversion program, or inpatient setting. Although Vermont has required that these types of programs be integrated into community settings, they are still operating under state plan and program authorities that are treatment or medical in nature and oriented

towards rehabilitation. It is expected that these placements are intermittent in nature and that progress to independence from most to least restrictive community settings is supported for each enrollee.

Upon clarification and technical assistance calls with CMS, we believe that the applicability of the CMS HCBS Setting rule to these settings will consider such nuances in clinical care on balance with the goals of the treatment setting and expectations for rehabilitation and recovery orientated treatment programs. Program admission and discharge criteria and documentation standards should be in alignment with the therapeutic intent and goals of the persons served and HCBS standards.

Summary and Options for Next Steps

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 below. 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**
Determine how HCBS standards should be applied in a treatment setting, codify standards for specialized residential programs, and whether variance requests are applicable or needed for certain standards.	• Establish clear connections between individualized treatment plans, ongoing assessment, and progressive restoration of independence in programs servicing high risk cohorts (e.g., adults at risk of self-harm). •
Determine if Residential Licensing Regulations should be modified to include detailed standards related to specific setting characteristics	• Revisions may also impact providers not involved with the CRT 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
Enhance current CRT provider standards to include more specific data reporting requirements; data that illustrates provider adherence to HCBS and VT regulations	• Chart audit standards could include examples that align with federal language in addition to those Vermont specific protections • Providers could engage in data reporting on targeted HCBS characteristics through quarterly and annual reporting
Conduct periodic consumer and stakeholder surveys to assess provider adherence to specific standards	• Stakeholder self-report could allow for more direct and targeted quality improvement
Augment enhanced services agreements to include details regarding person-centered planning and HCBS settings characteristics	• Audits may require more resources if content is expanded
Include enhanced data collection in the new HSE/MMIS IT structure, especially as it relates to collecting care plan and settings information	• Current AHS plans to update its IT structure provide an opportunity for CRT to define

Preliminary List of Options for Quality Assessment and Improvement	
Potential Next Steps	**Considerations**
	information needed to augment current provider performance and quality monitoring
Update guidance via manual revisions that support desired characteristics such as: • Sample living agreements; participant rights and handbooks; • Minimum standards that remind about and document decisions regarding door locks, room décor, access to food, and other standards	• Revising current materials would provide ongoing access to clear examples of State expectations

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	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
1. Commensurate with a persons individualized plan, needs and abilities - The setting is integrated in and supports full access to community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving HCBS	**CRT Provider Manual** Sec. 2.2 – IPC Sec. 2.4 - Reassessment Att. 5 Sec I, II – Svc Coding Guidelines **DMH System of Care Plan** Sec. I, Sec II B1 ii,	• CRT guidelines require planning, goals and objectives that support skills needed to engage in their everyday community life and routines. Planning is based on functional assessments, personal choice in settings and reflects the participant's clinical needs, abilities, and preferences. • Residential program design may be initially restrictive, based upon the population need. Individuals are evaluated on a regular basis for safety. As an individual's psychiatric symptoms improve, they can access the community, with supports as needed. Restrictions of the program are detailed in the admissions agreement.	Alignment	Alignment	Alignment	Partial
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. The setting options are identified, 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	**CRT Provider Manual** Sec. 2.2 – IPC Sec. 2.4 - Reassessment Att. 5 Sec I, II – Svc Coding Guidelines **DMH System of Care Plan** Sec. I, Sec II B1 ii,	• CRT guidelines provide that persons receive information on all options available to support community living. • Unless court ordered, the individual or their guardian makes the final determination of where to receive services. • Residential program design may be initially restrictive, based upon the population need. Individuals are evaluated on a regular basis for safety. As an individual's psychiatric symptoms improve, they can access the community, with supports as needed. Restrictions of the program are detailed in the admissions agreement.	Alignment	Alignment	Alignment	Partial

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement HCBS Setting Requirements	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint	**CRT Provider Manual** Sec 2.6 – CRT Handbooks **CRT Client Handbook** Sec: Your Health Care Rights and Responsibilities **Administrative Rules on Agency Designation** Sec 4.13 **Residential Care Homes Licensing Regulations** Sec. 5.14 Sec. 6 **Therapeutic Community Residence Licensing Regulations** Sec. 5.5, 5.17, VI	• Licensing and Designated Agency regulations require processes to prevent and address abuse, neglect, and exploitation and to ensure individuals rights of privacy, dignity and respect, and freedom from coercion and restraint	Alignment	Alignment	Alignment	Alignment
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact	**CRT Provider Manual** Sec. 2.2 – IPC Sec. 2.4 - Reassessment Att. 5 Sec I, II – Svc Coding Guidelines	• CRT program is designed to support treatment and skill building based on participant's daily routine, social, recreational, school or work environments. • Sample intensive residential recovery contract specifies that residents have choice of daily on-site activities. Program standards provide emphasis on positive life directions, including vocation/employment.	Alignment	Alignment	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement HCBS Setting Requirements	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
	Residential Care Home Licensing Regulations Sec. 1.1; 5.5(b); 5.10 (e) (2) Sec. VI. **Sample Contract for Intensive Residential Recovery Program** **Therapeutic Community Residence Licensing Regulations** Sec. 5.5, 5.6, 5.17, VI	• 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 care planning, and self-administration of medication for persons who are capable. • All plans, goals, objectives and interventions must be agreed to by the participant. In addition, the person has the right to refuse care in any setting. • Residential program design may be initially restrictive, based upon the population need. Individuals are evaluated on a regular basis for safety. As an individual's psychiatric symptoms improve, they can access the community, with supports as needed. Restrictions of the program are detailed in the admissions agreement.				
5. Facilitates individual choice regarding services and supports, *and who provides them*	**Administrative Rules on Agency Designation** Sec 4.13 **CRT Provider Manual** Sec. 2.2 – IPC Sec 3.3 – Provider Subcontracts Sec 3.5 – Enrollee Access to Non-DA Medicaid Enrolled Licensed Providers	• CRT providers are designated by the State to serve specific catchment areas. Participants choose from amongst designated providers for CRT services and supports. CRT participants may also receive certain behavioral health services from non-designated providers as part of the plan of care. • All plans, goals, objectives and interventions must be agreed to by the participant. In addition, the person has the right to refuse care in any setting. • Participants have final decision making regarding where to receive services	Alignment	Alignment	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement HCBS Setting Requirements	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
6. (a) The unit or dwelling is a specific physical place that can be owned, rented, or occupied 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. (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 *provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.*	**MCO Grievance and Appeal Rules** **Residential Care Home Licensing Regulations** Sec. 4.3 (b), (d), (e) Sec. 5.2 (a-d), 5.3 (a), (e- h) Sec. 6.14 **Therapeutic Community Residence Licensing Regulations** Sec 5.2, 5.4	• Residential Care agreements must include specific provisions with regards to occupancy, voluntary and involuntary termination of placement (30-day), and notice of any changes in rates, physical plant, policies, or other services (90-day). • TCR regulations require written admission agreements and that outline services to be provided, rate to be charged, and all other financial issues including discharge and transfer status and financial implications. Treatment facilities are anticipated to be transitional in nature based on the individual treatment plan goals and objectives. • TCR's must give participants 30-day written notice of any change in rates or services. Discharges are individually planned based on treatment plan goals and participant needs. • While tenancy rights do not have application in treatment programs that are transitional and short-term in nature, similar protections honoring the intent of residency rights through planful transitions are afforded within the individualized, person-centered plan of care. The (child/youth and parent/guardian are) (individual is) informed of their options and the selected setting is identified in the plan of care. The plan of care is the written agreement which includes client rights within the setting as well as grievance and appeal rights for all services in the plan of care. These settings uphold individual privacy rights through developmentally and clinically appropriate means.	Silent	Silent	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement HCBS Setting Requirements	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
7. Each individual has privacy in their sleeping or living unit	**Residential Care Home Licensing Regulations** Sec. X. 9.2(e-g) **Therapeutic Community Residence Licensing Regulations** Sec. 9.1	• Residential Care and TCR 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). • wrap around placements that employ shared or staffed living arrangements are not approved unless they include private bedroom arrangements, however guidance is not written.	Partial *Documentation could be strengthened*	Partial *Documentation could be strengthened*	Alignment	Alignment
8. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors	**Residential Care Home Licensing Regulations** Sec. IX **Therapeutic Community Residence Licensing Regulations** Sec. 9.1	• Residential Care Level III licensing standards do not specify lockable units. • Residential program design may be initially restrictive, based upon the population need. Individuals are evaluated on a regular basis for safety. As an individual's psychiatric symptoms improve, they can access the community, with supports as needed. Restrictions of the program are detailed in the admissions agreement.	Silent		Silent	Silent
9. Individuals sharing units have a choice of roommates in that setting	**Residential Care Home Licensing Regulations** Sec. IX	• All placement decisions are made by and approved by the participant • Shared and staffed living wrap arounds require private bedrooms	Alignment	Alignment	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement HCBS Setting Requirements	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
	Therapeutic Community Residence Licensing Regulations Sec. 9.1					
10. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement	**Residential Care Home Licensing Regulations** Sec. IX	• Residential Care Home licensing standards do not specify standards for room décor. • Residential program design may be initially restrictive, based upon the population need. Individuals are evaluated on a regular basis for safety. As an individual's psychiatric symptoms improve, they can access the community, with supports as needed. Restrictions of the program are detailed in the admissions agreement.	Silent	Silent	Silent	Silent
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) Sec 5.5 **Therapeutic Community Residence Licensing Regulations** Sec. 5.5, 5.7, 6.17, 6.20, 7.1	• Residential Care Home licensing standards provide for alternative meals on request but do not specify 24/7 access to food. • Residential Care Home Regulations provide that facilities that do offer common kitchens must make them available for participant use at all times. • TCR standards provide that participants have responsibility for themselves and in deciding what activities and/or daily schedules to engage in during their stay.	Partial	Partial	Partial	Partial

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement HCBS Setting Requirements	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
		• TCR's must provide alternative meal options upon request. • Residential program design may be initially restrictive, based upon the population need. Individuals are evaluated on a regular basis for safety. As an individual's psychiatric symptoms improve, they can access the community, with supports as needed. Restrictions of the program are detailed in the admissions agreement.				
12. Individuals are able to have visitors of their choosing *at any time*	**Residential Care Home Licensing Regulations** Sec. 6.5 **Therapeutic Community Residence Licensing Regulations** Sec 6.5	• Residential Care Homes and TCR's 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 are allowed to refuse any visitor. • TCR's cannot restrict a person's choices in visitors unless restrictions are court ordered. • Residential program design may be initially restrictive, based upon the population need. Individuals are evaluated on a regular basis for safety. As an individual's psychiatric symptoms improve, they can access the community, with supports as needed. Restrictions of the program are detailed in the admissions agreement.	Partial	Partial	Partial	Partial
13. The setting is physically accessible to the individual	**Administrative Rules on Agency Designation** Sec. 4.12 **Residential Care Home Licensing Regulations**	• Safety and Accessibility Inspections are required of all settings.	Alignment	Alignment	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement HCBS Setting Requirements	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
	Sec. 9.5 **Therapeutic Community Residence Licensing Regulations** Sec. 9.5					
14. Modifications to HCBS Setting Requirements						
(a) Identify a specific and individualized assessed need for modification	**CRT Provider Manual** Sec. 2.2 – IPC **Therapeutic Community Residence Licensing Regulations** 5.5, 5.6, 5.7	• DMH Clinical guidelines require that all interventions and treatment plan services be commensurate with clinical evaluation and functional assessments. • The IPC is modified when there are significant life changes. • TCR Resident's agreements must be commensurate with assessments and plan of care documents.	Alignment	Alignment	Alignment	Alignment
(b) Document the positive interventions and supports used prior to any modifications to the person-centered service plan	**CRT Provider Manual** Sec. 2.2 – IPC **Residential Care Home Licensing Regulations** Sec. III Sec. V. 5.3 **DMH System of Care Plan** Sec. I, Sec II B1 ii,	• All CRT plans of care must be developed using person centered planning processes. • Residential Care Home standards require documentation, however guidance is not specific • Enhanced funding requests require the provider to document what has been provided in the past and targeted behaviors to be addressed in the shared or staffed living setting. It does not specifically require positive behavioral support documentation.	Partial	Partial	Silent	Silent

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement HCBS Setting Requirements	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
(c) Document less intrusive methods of meeting the need that have been tried but did not work	**CRT Provider Manual** Sec 1.2-1.4 – CRT Elig. Determination, Criteria & Enrollment Sec. 2.2 – IPC **Residential Care Home Licensing Regulations** Sec. III Sec. V. 5.3	• CRT program eligibility is based on documented evidence that other treatment programs have been tried and have failed to the meet the participants needs. • Enhanced funding requests require the provider to document what has been provided in the past and targeted behaviors to be addressed in the shared or staffed living setting • TCR's are used as a step down from hospitalization services	Alignment	Alignment	Partial	Partial
(d) Include a clear description of the condition that is directly proportionate to the specific assessed need	**CRT Provider Manual** Sec 2.2 – IPC Sec 1.7 – Transfer Enrollment	• DMH Clinical guidelines require that all interventions and treatment plan services be commensurate with clinical evaluation and functional assessments. • Any request for more restrictive service settings or staffing must be accompanied by assessment information sufficient to just the need and be prior approved by DMH. • Enhanced Funding requests require identification of specific target behaviors to increase and decrease.	Alignment	Alignment	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement HCBS Setting Requirements	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
(e) Include a regular collection and review of data to measure the ongoing effectiveness of the modification	**Minimum Standards Audit** **Therapeutic Community Residence Licensing Regulations** Sec. 5.10	• DMH Clinical guidelines require that all interventions and treatment plan services be monitored and effectiveness documented in monthly progress notes. • Enhanced Funding requests require identification of specific target behaviors to increase and decrease and how they will be monitored. Data is not specifically required.	Partial	Partial	Partial	Partial
(f) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated	**CRT Provider Manual** Sec. 2.2 – IPC Sec 2.4 – Reassessment	• DMH Clinical guidelines require that all interventions and treatment plan services be monitored and effectiveness documented in monthly progress notes.	Partial	Partial	Partial	Partial

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(g) Include informed consent of the individual	**CRT Provider Manual** Sec 2.2 - IPC **Therapeutic Community Residence Licensing Regulations** Sec. 3.2, 5.2	• All interventions must be documented in the IPC • Restrictions of Rights are not allowed in TCR settings without the consent of the individual as part of a participant as part of the admission and/or treatment plan process.	Alignment	Alignment	Alignment	Alignment
(h) Include an assurance that interventions and supports will cause no harm to the individual	**CRT Provider Manual** Sec 2.2 - IPC **Residential Care Home Licensing Regulations** Sec. III, Sec. V. 5.3	• Changes are by participant choice or as medically directed; medically directed changes are reviewed based on physician orders. • All plans of care must be agreed to by the client or under certain circumstances related to court orders	Alignment	Alignment	Alignment	Alignment

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	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
1. Includes people chosen by the individual and led by person or legal rep where possible	**Administrative Rules on Agency Designation** Sec 4.9; 4.13 **CRT Provider Manual** Sec. 1.1 – Referral to CRT Sec 2.2 – IPC Sec 1.7 – Transfer Enrollment **Therapeutic Community Residence Licensing Regulations** Sec. 5.7 **DMH System of Care Plan** Sec. I, Sec II B1 ii,	• CRT manual and minimum standards guidance indicated that the consumer is involved in all aspects of planning commensurate with their clinical profile and abilities. • Designated and Specialized Service Agency administrative rules require that all planning include the consumer and persons of their choosing.	Alignment	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	**Administrative Rules on Agency Designation** Sec 4.9; 4.13 **CRT Provider Manual** Sec 2.2 – IPC **Therapeutic Community Residence Licensing Regulations** Sec 5.2, 5.5, VI **DMH System of Care Plan** Sec. I, Sec II B1 ii,	• Designated and Specialized Service Agency administrative rules require that all planning must involve and support informed decision making by the consumer and include persons of their choosing.	Alignment	Alignment	Alignment	Alignment
3. Is timely, occurs at times and locations of	**CRT Provider Manual** Sec 2.2 – IPC Sec 2.6 – CRT Handbooks	• Planning material indicate that planning must be timely, and the recipient must be involved	Alignment	Alignment	Alignment	Alignment

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement - Person Centered Process	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
convenience to the individual	**Minimum Standards Review**					
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	**Administrative Rules on Agency Designation** Sec 4.9 **AHS Policy on Limited English Proficiency** **CRT Provider Manual** Sec 2.2 – IPC Sec 2.6 – CRT Handbooks **Therapeutic Community Residence Licensing Regulations** Sec VI **DMH System of Care Plan** Sec. I, Sec II B1 ii,	• Designated and Specialized Service Agency administrative rules require that all planning must involve and support informed decision making by the consumer and include persons of their choosing. • All units of government within the Agency of Human Services and contractors 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	Alignment

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement - Person Centered Process	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
5. Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants	**CRT Provider Manual** Sec 2.2 – IPC **MCO Grievance and Appeal Rules** **Residential Care Home Licensing Regulations** Sec V 5.19, VI, XI **CRT Client Handbook** Sec: What to do to try to resolve concerns **Therapeutic Community Residence Licensing Regulations** Sec 5.2	• The CRT grievance and appeal process requires adherence to Medicaid Managed Care grievance and appeal rules under the GC demonstration. • All TCR's must provide written information and access to health care ombudsmen and protection and advocacy groups such as the mental health law project	Partial *Guidance does not include Conflict of Interest policies*	Partial *Guidance does not include Conflict of Interest policies*	Partial *Guidance does not include Conflict of Interest policies*	Partial *Guidance does not include Conflict of Interest policies*

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement - Person Centered Process	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
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*, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.* In these cases, the State must *devise conflict of interest protections including separation of entity and provider functions within provider entities*, which must be approved by CMS. Individuals must be provided with *a clear and accessible alternative dispute resolution process*	**Administrative Rules on Agency Designation** Sec. 4.15 **MCO Grievance and Appeal Rules** **CRT Provider Manual** Att. 5, Section II – Svc Coding Guidelines	• The CRT program relies on an Assertive Community Treatment (ACT) evidence based model of care which provides all-inclusive services through a multi-disciplinary team and designated behavioral health agency. • VT Statute provides for the designation and certification of Mental Health Agencies to serve specific geographic regions of the State or to provide specialized support to specific populations. Participants may choose where to receive their services from among approved providers. • The CRT grievance and appeal process requires adherence to Medicaid Managed Care grievance and appeal rules under the GC demonstration.	Partial *Guidance do not include Conflict of Interest policies*	Partial *Guidance do not include Conflict of Interest policies*	Partial *Guidance do not include Conflict of Interest policies*	Partial *Guidance do not include Conflict of Interest policies*

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement - Person Centered Process	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
7. Offers informed choices to the individual regarding the services and supports they receive and from whom	**Administrative Rules on Agency Designation** Sec 4.9; 4.13; 4.14 **CRT Provider Manual** Sec. 1.1 – Referral to CRT Sec 2.1 – Comprehensive Services Sec 2.2 - IPCs **DMH System of Care Plan** Sec. I, Sec II B1 ii,	• Choice and consumer participation in the person-centered planning process is required for Designated and Specialized Service agencies.	Alignment	Alignment	Alignment	Alignment
8. Includes a method for the individual to request updates to the plan as needed	**CRT Provider Manual** Sec 2.2 - IPCs	• Plans must be reviewed and updated whenever there are significant events in the participant's life or as treatment goals warrant. Participants must be involved in all aspects of planning.	Alignment	Alignment	Alignment	Alignment
9. Records the alternative home- and community-based settings that were considered by the individual	**CRT Provider Manual** Sec 1.2-1.4 – CRT Elig. Determination, Criteria & Enrollment Sec. 2.2 – IPC **Minimum Standards Audit** Sec. 1 XB	• CRT program eligibility requires document evidence that other treatment approaches have been tried and failed • Provider requests for additional service supports must include documentation of interventions and other settings that were considered.	Alignment	Alignment	Alignment	Alignment
10. Reflect that the setting in which the individual resides is chosen by the individual.	**CRT Provider Manual** Sec. 2.2 – IPCs **DMH System of Care Plan** Sec. I, Sec II B1 ii,	• All final decisions are made by the participant or their guardian.	Alignment	Alignment	Alignment	Alignment

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement - Person Centered Process	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
11. Reflect the individual's strengths and preferences	**Administrative Rules on Agency Designation** Sec 4.9; 4.13; 4.14 **CRT Provider Manual** Sec. 2.2 – IPC **Minimum Standards Audit** **DMH System of Care Plan** Sec. I, Sec II B1 ii,	• Regulation and minimum standards provide for participants' choice, strengths, and preferences and informed decision making.	Alignment	Alignment	Alignment	Alignment
12. Reflect needs identified through functional assessments	**CRT Provider Manual** Sec. 1.4, Sec. 1.5 **Minimum Standards Audit**	• CRT guidelines provide for service and person-centered plans to be based on functional assessments, strengths, preferences, and supports that maximize independence.	Alignment	Alignment	Alignment	Alignment
13. Include individually identified goals and desired outcomes	**CRT Provider Manual** Sec 2.1 – Comprehensive Services Sec 2.2 - IPCs **Minimum Standards Audit**	• Guidelines provide for service and person-centered plans to be based on functional assessments, strengths, preferences, and supports that maximize independence. • CRT care plans support the identification of individually identified goals and desired outcomes.	Alignment	Alignment	Alignment	Alignment
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	**CRT Provider Manual** Sec 2.1 – Comprehensive Services Sec 2.2 - IPCs **Minimum Standards Audit**	• CRT guidelines call for plans to reflect all goals, actions steps, persons responsible (paid and unpaid), and target dates.	Alignment	Alignment	Alignment	Alignment
15. Reflect risk factors and measures in place to minimize them, including individualized back-up	**CRT Provider Manual** Sec 2.2 - IPCs **Minimum Standards Audit**	• Individual plans of are must include crisis services and proactive plans to address known risks and potential crisis	Alignment	Alignment	Alignment	Alignment

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement - Person Centered Process	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
plans and strategies when needed.						
16. Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her (written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient)	**AHS Limited English Proficiency Policy** **Administrative Rules on Agency Designation** Sec 4.9 **CRT Provider Manual** Sec 2.2 - IPCs Sec 2.6 – CRT Handbooks **Therapeutic Community Residence Licensing Regulations** Sec. 6.26, 6.27 **Client Handbook** **DMH System of Care Plan** Sec. I, Sec II B1 ii,	• For Designated and Specialized Agency hosted programs, administrative rules require plans be written in plain English and are accessible based the unique needs and abilities of the consumer. • 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	Alignment
17. Identify the individual and/or entity responsible for monitoring the plan	**CRT Provider Manual** Sec 2.2 - IPCs	• An identified lead case manager is required in the CRT program	Alignment	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	**Administrative Rules on Agency Designation** Sec 4.9; 4.13; 4.14 **CRT Provider Manual** Sec 2.2 - IPCs	• All plans require participant and/or guardian agreement prior to implementation.	Alignment	Alignment	Alignment	Alignment
19. Be distributed to the individual and other	**CRT Provider Manual** Sec 2.2 - IPCs	• Plans are distributed based in HIPPA standards and specifics of the participants signed release of information	Alignment	Alignment	Alignment	Alignment

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement - Person Centered Process	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
people involved in the plan						
20. Include those services, the purpose or control of which the individual elects to self-direct	N/A	• The CRT program uses an Agency-based treatment and recovery model rather than Self-direction[1]. Employer authority and budget authority is held by the agencies approved by DMH to deliver specialized services for persons with a severe and persistent mental illness.	N/A	N/A	N/A	N/A
21. Prevent the provision of unnecessary or inappropriate services and supports	**CRT Provider Manual** Sec 2.4 – Reassessment Sec 3 – Desc. Of Network Monitoring and Control Sec 4 – Desc. of DA QM and UM Sec 5 – Desc. of data mgmt. and reporting Sec 6.5 – DMH UR and Mgmt. **Minimum Standards Audit**	• CRT program staffs are required to periodically reassess service needs and conduct a complete diagnostic reassessment of need every two years or as significant events occur. • CRT programs are required to provide all-inclusive services and integrate care planning with primary care practices. • Agencies are required to have quality management and utilization management protocols in place for all program services. In addition, encounter data must be reported to DMH monthly.	Alignment	Alignment	Alignment	Alignment

[1] https://www.medicaid.gov/medicaid/ltss/self-directed/index.html

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment			
42 CFR HCBS Requirement - Person Centered Process	**CRT Policy, Rules, Guidelines**	**VT Statutory or Policy Guidance**	**Shared Living**	**Staffed Living**	**Group Living**	**Intensive Residential Recovery**
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	**CRT Provider Manual** Sec 2.2 – IPC Sec 2.4 – Reassessment	• CRT program requires that a review and update to the treatment plan occur whenever individual client circumstances change or significant events occur. • CRT program requires that a reassessment occurs every two years	Partial	Partial	Partial	Partial

Appendix C: CRT Remediation Plan

This document represents DMH's improvement and action steps to strengthen Vermont's Community Rehabilitation and Treatment (CRT) program. It was developed as part of the State's systematic assessment of the alignment of CRT with recent federal Home and Community Based Services standards related to person-centered planning and home and community based settings.

Planning Activities:

- A review of policies and rules governing CRT operations (*Community Rehabilitation and Treatment Comprehensive Quality Strategy Systemic Assessment Home- and Community-Based Services (Pacific Health Policy Group, November 2016*)
- Presentation of HCBS regulations and timeline for Vermont's *Comprehensive Quality Strategy* to the Adult Program Standing Committee for Adult Mental Health (October 2016) and (November 2016).
- Distribution of alignment findings and draft remediation plan to Community Rehabilitation and Treatment Program Directors (November 2016).
- Distribution of and a solicitation for input on alignment findings and draft Remediation Plan (October-December 2016)
- Presentation of the alignment findings and draft remediation plan at the Adult Program Standing Committee for Adult Mental Health (November 2016).
- Posting of the alignment findings and draft Remediation Plan to the DMH and DVHA websites (December 1, 2016)
- Review of input and potential adjustment to the alignment findings and Remediation Plan.

The primary lead for CRT proposed improvements/action steps rests with the Department of Mental Health (DMH). All improvements/action steps will be managed in collaboration with program stakeholders, the Vermont Agency of Human Services (AHS) the Department of Vermont Health Access (DVHA). The remediation plan will commence in January 2017 and is anticipated to be complete by March 17, 2018.

Areas for Remediation identified in the Alignment Report: Community Rehabilitation and Treatment (CRT)

Regulation: Settings Requirements	Findings	Proposed Improvements/Action Steps
1. Commensurate with a persons individualized plan, needs and abilities - The setting is integrated in and supports full access to community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving HCBS. 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. The setting options are identified, 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	**Intensive Residential Recovery - Partial**	DMH will amend its guidelines to clarify residential admission agreements, program entrance and exit criteria considering the specialty population served, threshold program safety standards, individualized treatment plan detail, progressive relaxation by resident based on ongoing assessment. DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted. a. DMH to update its documents to include HCBS requirements b. DMH to solicit stakeholder feedback via State Program Standing Committee and Program Directors on updated documents c. DMH to consider and incorporate feedback where clinically appropriate, into documents d. DMH to publish revised documents and distribute to stakeholders by 3/1/18. e. AHS and DMH to evaluate results of the Site-Specific Settings Assessment
6. (a) The unit or dwelling is a specific physical place that can be owned, rented, or occupied 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. (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 provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.	**Shared Living – Silent** **Staffed Living – Silent**	DMH will amend its guidelines to clarify protection similar to tenancy rights are covered in the individualized plan of care. DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted. a. DMH to update its documents to include HCBS requirements b. DMH to solicit stakeholder feedback via State Program Standing Committee and Program Directors on updated documents c. DMH to consider and incorporate feedback where clinically appropriate, into documents d. DMH to publish revised documents and distribute to stakeholders by 3/1/18. e. AHS and DMH to evaluate results of the Site-Specific Settings Assessment

Regulation: Settings Requirements	Findings	Proposed Improvements/Action Steps
7. Each individual has privacy in their sleeping or living unit	**Shared Living – Partial** **Staffed Living – Partial**	DMH will amend its guidelines to clarify residential admission agreements, program entrance and exit criteria considering the specialty population served, threshold program safety standards, individualized treatment plan detail, progressive relaxation by resident based on ongoing assessment. DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted. a. DMH to update its documents to include HCBS requirements b. DMH to solicit stakeholder feedback via State Program Standing Committee and Program Directors on updated documents c. DMH to consider and incorporate feedback where clinically appropriate, into documents d. DMH to publish revised documents and distribute to stakeholders by 3/1/18. e. AHS and DMH to evaluate results of the Site-Specific Settings Assessment
8. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors	**Silent**	DMH will amend its guidelines to clarify residential admission agreements, program entrance and exit criteria considering the specialty population served, threshold program safety standards, individualized treatment plan detail, progressive relaxation by resident based on ongoing assessment. DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted. a. DMH to update its documents to include HCBS requirements b. DMH to solicit stakeholder feedback via State Program Standing Committee and Program Directors on updated documents c. DMH to consider and incorporate feedback where clinically appropriate, into documents d. DMH to publish revised documents and distribute to stakeholders by 3/1/18. e. AHS and DMH to evaluate results of the Site-Specific Settings Assessment

Regulation: Settings Requirements	Findings	Proposed Improvements/Action Steps
10. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement	**Silent**	DMH will amend its guidelines to clarify residential admission agreements, program entrance and exit criteria considering the specialty population served, threshold program safety standards, individualized treatment plan detail, progressive relaxation by resident based on ongoing assessment. DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted. a. DMH to update its documents to include HCBS requirements b. DMH to solicit stakeholder feedback via State Program Standing Committee and Program Directors on updated documents c. DMH to consider and incorporate feedback where clinically appropriate, into documents d. DMH to publish revised documents and distribute to stakeholders by 3/1/18. e. AHS and DMH to evaluate results of the Site-Specific Settings Assessment
11. Individuals have the freedom and support to control their own schedules	**Partial**	DMH will amend its guidelines to clarify residential admission agreements, program entrance and exit criteria considering the specialty population served, threshold program safety standards, individualized treatment plan detail, progressive relaxation by resident based on ongoing assessment. DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted. a. DMH to update its documents to include HCBS requirements b. DMH to solicit stakeholder feedback via State Program Standing Committee and Program Directors on updated documents c. DMH to consider and incorporate feedback where clinically appropriate, into documents d. DMH to publish revised documents and distribute to stakeholders by 3/1/18. e. AHS and DMH to evaluate results of the Site-Specific Settings Assessment

Regulation: Settings Requirements	Findings	Proposed Improvements/Action Steps
12. Individuals are able to have visitors of their choosing at any time	**Partial**	DMH will amend its guidelines to clarify residential admission agreements, program entrance and exit criteria considering the specialty population served, threshold program safety standards, individualized treatment plan detail, progressive relaxation by resident based on ongoing assessment. DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted. a. DMH to update its documents to include HCBS requirements b. DMH to solicit stakeholder feedback via State Program Standing Committee and Program Directors on updated documents c. DMH to consider and incorporate feedback where clinically appropriate, into documents d. DMH to publish revised documents and distribute to stakeholders by 3/1/18. e. AHS and DMH to evaluate results of the Site-Specific Settings Assessment
14. Modifications to HCBS Setting Requirements (b) Document the positive interventions and supports used prior to any modifications to the person-centered service plan (c) Document less intrusive methods of meeting the need that have been tried but did not work (e) Include a regular collection and review of data to measure the ongoing effectiveness of the modification (f) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated	**Partial or Silent**	DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted. a. DMH to update its documents to include HCBS requirements b. DMH to solicit stakeholder feedback via State Program Standing Committee and Program Directors on updated documents c. DMH to consider and incorporate feedback where clinically appropriate, into documents d. DMH to publish revised documents and distribute to stakeholders by 3/1/18. e. AHS and DMH to evaluate results of the Site-Specific Settings Assessment

Regulation: Person-Centered Planning Process	Findings	Proposed Improvements/Action Steps
5. Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants	**Partial**	DMH will amend its enhanced services funding request agreement, its CRT manual, and its CRT handbook to ensure that the requirements of HCBS are noted. a. DMH to update documents to include HCBS requirements b. DMH to update its CRT manual to include HCBS requirements c. DMH to solicit stakeholder feedback via State Program Standing Committee and Program Directors on updated documents d. DMH to consider and incorporate feedback where clinically appropriate, into documents e. DMH to publish revised documents and distribute to stakeholders by 3/1/18. f. AHS and DMH to evaluate results of the Site-Specific Settings Assessment
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, except when the State demonstrates that the only willing and qualified entity to provide case *management and/or develop person-centered service plans in a geographic area also provides HCBS.* In these cases, the State must *devise conflict of interest protections including separation of entity and provider functions within provider entities*, which must be approved by CMS. Individuals must be provided with *a clear and accessible alternative dispute resolution process*	**Partial**	Proposal: DMH will amend its enhanced services funding request agreement, its CRT manual, and its CRT handbook to ensure that the requirements of HCBS are noted. The revision will emphasize that residential providers that provide HCBS services are not to be the same staff that develop the person-centered plan or case management. Additionally, the revision will highlight the grievance and appeal process as the clear and accessible dispute resolution process. a. DMH to update documents to include HCBS requirements b. DMH to update its CRT manual to include HCBS requirements c. DMH to solicit stakeholder feedback via State Program Standing Committee and Program Directors on updated documents d. DMH to consider and incorporate feedback where clinically appropriate, into documents e. DMH to publish revised documents and distribute to stakeholders by 3/1/18. f. AHS and DMH to evaluate results of the Site-Specific Settings Assessment

Regulation: Person-Centered Planning Process	Findings	Proposed Improvements/Action Steps
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	**Partial**	Proposal: DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted. The revision will emphasize that residential providers that provide HCBS services are not to be the same staff that develop the person-centered plan or case management. Additionally, the revision will highlight the grievance and appeal process as the clear and accessible dispute resolution process. a. DMH to update documents to include HCBS requirements b. DMH to update its CRT manual to include HCBS requirements c. DMH to solicit stakeholder feedback via State Program Standing Committee and Program Directors on updated documents d. DMH to consider and incorporate feedback where clinically appropriate, into documents e. DMH to publish revised documents and distribute to stakeholders by 3/1/18. f. AHS and DMH to evaluate results of the Site-Specific Settings Assessment