

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 July 2017.

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

Regulation: Settings Requirements	Findings	Proposed Improvements/Action Steps
<p>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.</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 provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction’s landlord tenant law.</p>	<p>Shared Living – Silent</p> <p>Staffed Living – Silent</p>	<p>DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted.</p> <ul style="list-style-type: none"> 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 May 2017. 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	<p>Shared Living – Partial</p> <p>Staffed Living – Partial</p>	<p>DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted.</p> <ul style="list-style-type: none"> 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 May 2017. 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	<p>DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted.</p> <ul style="list-style-type: none"> 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 May 2017. 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	<p>DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted.</p> <ul style="list-style-type: none"> 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 March 2017. 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	<p>DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted.</p> <ul style="list-style-type: none"> 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 March 2017. e. AHS and DMH to evaluate results of the Site Specific Settings Assessment

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<p>12. Individuals are able to have visitors of their choosing <u>at any time</u></p>	<p>Partial</p>	<p>DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted.</p> <ul style="list-style-type: none"> 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 March 2017. e. AHS and DMH to evaluate results of the Site Specific Settings Assessment
<p>14. Modifications to HCBS Setting Requirements</p> <p>(b) Document the positive interventions and supports used prior to any modifications to the person-centered service plan</p> <p>(c) Document less intrusive methods of meeting the need that have been tried but did not work</p> <p>(e) Include a regular collection and review of data to measure the ongoing effectiveness of the modification</p> <p>(f) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated</p>	<p>Partial or Silent</p>	<p>DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted.</p> <ul style="list-style-type: none"> 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 March 2017. e. AHS and DMH to evaluate results of the Site Specific Settings Assessment

Regulation: Person-Centered Planning Process	Findings	Proposed Improvements/Action Steps
<p>5. Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants</p>	<p>Partial</p>	<p>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.</p> <ul style="list-style-type: none"> 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 March 2017. f. AHS and DMH to evaluate results of the Site Specific Settings Assessment
<p>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 accessible alternative dispute resolution process</u></p>	<p>Partial</p>	<p>Proposal:</p> <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> 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

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<p>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</p>	<p>Partial</p>	<p>Proposal:</p> <p>DMH will amend its enhanced services funding request agreement and its CRT manual to ensure that the requirements of HCBS are noted.</p> <p>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.</p> <ul style="list-style-type: none"> 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

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