**VERMONT GLOBAL COMMITMENT TO HEALTH SECTION 1115 DEMONSTRATION**

**ATTACHMENT Q: *HCBS Conflict of Interest Corrective Action Plan***

The state will adhere to the timelines and activities outlined in the CMS-approved Corrective Action Plan (CAP) to ensure full compliance with the CMS regulatory requirements at 42 CFR section 441.730(b).

Vermont’s Agency of Human Services operates five specialized programs under its Global Commitment to Health Section 1115 demonstration that offer a combination of Home- and Community-Based Services (HCBS) and rehabilitation services. The programs are as follows:

1. Choices for Care Program
2. Brain Injury Program
3. Developmental Disabilities Services Program
4. Community Rehabilitation and Treatment Program
5. Mental Health Under 22 Program

The Centers for Medicare and Medicaid Services (CMS) determined that these HCBS, or HCBS-like, programs are subject to federal HCBS conflict of interest regulations at 42 CFR 441.730(b), which require the state ensure the independence of entities performing evaluations of eligibility, needs assessments, and person-centered plan development.

Vermont has developed this timeline of activities and milestones to serve as its roadmap for compliance with the HCBS conflict of interest requirements by May 1, 2026:

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| **1: Stakeholder Engagement** | |
| Develop stakeholder engagement plan that maps out key internal and external stakeholders and when/how each stakeholder will be involved. | **11/15/2022 through 12/15/2022** |
| Establish advisory stakeholder group(s) consisting of consumers, providers, families, guardians, advocates, and other groups. Convene regularly for input/working sessions and regular updates. | **Every other month from**  **11/15/2022 to 4/15/2026** |
| Develop and provide diverse and accessible methods of informing/engaging stakeholders (webinars, letters, brochures, surveys, interviews, regional meetings etc.). Offer safe spaces for input. | **11/15/2022 through 4/15/2026** |

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| **2: HCBS System Assessment** | |
| Review available data (NCI, SAMS, claims, etc.) regarding eligibility, Individual assessment of needs, person-centered-plan development, and HCBS delivery. Collect other data as recommended by the TA contractor. | **11/15/2022 through 3/15/2023** |
| Map current eligibility, individual assessment of needs, person-centered plan development, and service system. | **11/15/2022 through 3/15/2023** |
| **3: Establish New Eligibility, Individual Assessment of Needs, Person-Centered-Plan Development, and Service Delivery Systems** | |
| Determine desired assessor and case manager qualifications, roles, and responsibilities, which will be separate from direct service providers. | **2/15/2023 through 6/15/2023** |
| Conduct impact analysis of individual assessment of needs/case management options: should independent case management be provided by the State, an existing non-state entity, or a new entity? | **2/15/2023 through 6/15/2023** |
| **4: Reimbursement Methodologies and Financial Modeling** | |
| Revise existing reimbursement methodologies/rates and value-based payment models based on new scope of work. | **2/15/2023 through 3/15/2024** |
| Establish reimbursement methodology for new individual assessment of needs and/or case management entity(ies). | **2/15/2023 through 3/15/2024** |
| **5: Statute, Policy, and Manual Review and Updating** | |
| Identify necessary statute changes and amend statutes | **5/15/2023 through 12/15/2023** |
| Amend statutes | **1/15/2024 through 5/15/2024** |

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| **6: Implementation Planning** | |
| Develop process flows for eligibility, individual assessments and reassessments of need, case management, service coordination, and service delivery. | **10/15/2023 through 12/15/2023** |
| Develop training and orientation plan for providers, assessors, case managers, consumers, families, advocates, community partners, etc. | **4/15/2024 through 9/15/2024** |
| Determine whether the state will implement an only willing and qualified provider allowance, and if so, establish a policy to identify areas of the state or scenarios that may be eligible for the allowance. | **1/15/2023 through 3/15/2023 and 1/15/2024 through 6/15/2024** |
| Develop and execute selection process (e.g., request for proposals, certification process, provider enrollment, etc.) for entity(ies) to conducting individual assessments of need and/or case management. | **1/15/2024 through 9/15/2024** |
| Develop readiness review plan. | **9/15/2024** |
| **8: Implement New Eligibility, Individual Assessment of Need, Person-Centered-Plan Development, and Service Delivery Systems** | |
| Conduct readiness review | **10/15/2024 through 12/15/2024** |
| Update MMIS based on new billing/reimbursement structures, quality, and financial reporting. | **4/15/2024 through 4/15/2025** |
| Provide training and orientation to providers, assessors, case managers, consumers, families, advocates, community partners, etc. | **11/15/2024 through 4/15/2026** |
| Transition individuals to new assessment and case management system(s). | **5/15/2025 through 4/15/2026** |
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