All-Year Timeline

This document is Vermont Medicaid's draft Home- and Community-Based Services (HCBS) Conflict of Interest (COI) corrective action plan (CAP). The Centers for Medicare and Medicaid Services (CMS) is currently reviewing this draft CAP. For more information, please visit The Vermont HCBS COI website at https://dvha.vermont.gov/global-commitment-to-health/conflict-of-interest-home-and-community-based-services.

The activities in this workplan apply to all five Vermont HCBS programs unless noted otherwise.	Sept. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	April 2023	May 2023	June 2023	July 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024	Mar. 2024	April 2024	May 2024	June 2024	July 2024	Aug. 2024	Sept. 2024	Oct. 2024	Nov. 2024	Dec. 2024	Jan. 2025	Feb. 2025	Mar. 2025	April 2025	May 2025	June 2025	July 2025	Aug. 2025	Sept. 2025	Oct. 2025	Nov. 2025	Dec. 2025
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Map current eligibility, assessment, person-centered plan development, and service system.				
Assess the extent to which current benefit structures meet the needs of program participants. For example, delivery of HCBS vs rehab services.				
Assess workforce capacity using tool(s) and strategies recommended by the TA contractor.				
Inventory all care coordination/case management and assessment activities across AHS programs.				
3: Establish New Eligibility, Assessment, Person-Centered-Plan Development, and Service Delivery Systems				
Determine desired assessor and case manager qualifications, roles, and responsibilities.				
Establish target caseload for assessors/case managers by program.				
DECISION POINT: Impact analysis of independent assessment/case management options: should assessment or case mgmt be provided by the State, or procure for these services?				
4: Reimbursement Methodologies and Financial Modeling				
Assess financial impact of delivering assessment or case management via the State vs procure for these services.				
Revise existing reimbursement methodologies/rates and value-based payment models based on new scope of work.				
Establish reimbursement methodology for new assessment and/or case management entity(ies).				
5: Statute, Policy, and Manual Review and Updating				

Identify necessary statute changes and amend statutes.				
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6: Quality Management System				
Develop provider standards that address quality and performance measures for assessment and case management entities.				
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8: Implement New Eligibility, Assessment, Person-Centered-Plan Development, and Service Delivery Systems				
Conduct readiness review				
Update MMIS based on new billing/reimbursement structures, quality, and financial reporting.				
Provide training and orientation to providers, assessors, case managers, consumers, families, advocates, community partners, etc.				

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