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

March 2016

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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 program 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. Additionally, program and provider guidance in Vermont are codified in statute or placed in rule. As a result, the term "home and community based" is used in Vermont's CRT program to represent a broad array of Medicaid Managed Care services and supports and has never been supported through 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 several 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 may be enrolled in the CRT program by meeting clinical eligibility criteria. Additionally, the state has Medicaid expenditure authority for persons up to 185% 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 or through self-pay and/or 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.

Group Treatment/Living consists of group living arrangements for three or more people, staffed full-time by employees of a provider agency. These arrangements are designed to be recovery oriented and not considered long term permanent living options.

On a limited basis, the CRT program supports highly individualized WrapAround packages 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 Living	Family or Recipient	• CRT Program Manual
Shared Living (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
Group Treatment (3 or more persons)	DA/SSA Provider	• Therapeutic Community Residence • Provider Contract Agreement

Community supports are offered to participants in everyday community settings where they live, work and recreate. 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 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)
- Community Rehabilitation and Treatment Manual (Draft update Dec. 28 2015)
- Community Rehabilitation and Treatment Client Handbook
- Mental Health Minimum Standards Clinical Care Audit Record (Fall 2013)
- Residential Care Home Licensing Regulations (October 3, 2000)
- Licensing and Operating Regulations for Therapeutic Community Residences (January 2014)
- Sample Contract Agreement for Intensive Residential Recovery Program (Meadowview)
- DMH Statewide System of Care Plan 2012-2014
- Enhanced Funding Request Letter

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.

A brief summary of findings is provided below.

The CRT program is focused on intensive treatment, recovery and family and peer supports. DMH requires that a highly individualized person-centered planning process occur for all participants. Use of treatment facilities is done commensurate with the person's wishes and clinical criteria. 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 becomes a different discussion for persons who may pose a danger to themselves or others. 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 removing 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.

Assessing the applicability of the CMS HCBS Setting rule to these settings should consider on balance with the goals of the treatment setting and expectations for short term crisis and recovery orientated treatment stays. Any adjustments to setting criteria and standards should support the therapeutic intent and goals of the persons served.

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 and whether variance requests are applicable or needed for certain standards.	• Federal HCBS standards such as access to keys or unrestricted visitation may not be appropriate for certain participants (e.g., adults at risk of self-harm). • Any additional treatment plan or documentation requirements should enhance treatment and not divert clinicians time from direct client service
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

Preliminary List of Options for Quality Assessment and Improvement	
Potential Next Steps	**Considerations**
	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 written audit and provider approval guidelines that 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 information needed to augment current provider performance and quality monitoring
Update or create tools and guidance 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**
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. 1.5, 1.6, Att. 5 Sec I, II **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.	Alignment	Alignment	N/A Transitional Living and Intensive Treatment Programs are by nature disability specific and focused on stabilizing crisis and/or providing life skills training and other recovery services needed to assist in community re-entry
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. 1.5, 1.6, Att. 5 Sec I, II **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.	Alignment	Alignment	N/A Transitional Living and Intensive Treatment Programs often provide all-inclusive services with the primary goal of stabilizing crisis and providing life skills training and other recovery services needed to assist in community re-entry.
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint	**CRT Provider Manual** Sec 2.1, 2.2 **CRT Client Handbook** Pg. 4 **Administrative Rules on Agency Designation** Sec 4.13	• 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

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**
	Residential Care Homes Licensing Regulations Sec. 5.14 Sec. 6 **Therapeutic Community Residence Licensing Regulations** Sec. 5.5, 5.17, VI				
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. 1.5, 1.6, Att. 5 Sec I, II **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	• CRT program is designed to support treatment and skill building based on participants 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. • 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.	Alignment	Alignment	N/A Transitional Living and Intensive Treatment Programs are predominately crisis stabilization facilities. Daily routines are driven by the unique goals and objectives of the individual treatment plan. In certain cases, individual autonomy may be restricted due to health and/or safety concerns.
5. Facilitates individual choice regarding services and supports, *and who provides them*	**Administrative Rules on Agency Designation:** Sec 4.13 **CRT Provider Manual** Sec. 1.5, 3.3, 3.4	• 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. • Participants have final decision making regarding where to receive services	Alignment	Alignment	N/A In certain cases, individual autonomy may be restricted due to court order and health and/or safety concerns.
6. (a) The unit or dwelling is a specific physical place that can be	**MCO Grievance and Appeal Rules**	• Residential Care agreements must include specific provisions with regards to occupancy, voluntary and involuntary	Silent	Silent	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**
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.*	**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,	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.			
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). • WrapAround 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

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**
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.	N/A These treatment settings support persons who are experiencing crisis who are at risk of harm to themselves or others	N/A These treatment settings support persons who are experiencing crisis who are at risk of harm to themselves or others	N/A These treatment settings support persons who are experiencing crisis who are at risk of harm to themselves or others
9. Individuals sharing units have a choice of roommates in that setting	**Residential Care Home Licensing Regulations** Sec. IX **Therapeutic Community Residence Licensing Regulations** Sec. 9.1	• All placement decisions are made by and approved by the participant • Shared and staffed living WrapArounds require private bedrooms	Alignment	Alignment	Alignment
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.	Silent	Silent	Transitional Living and Intensive Treatment Programs are predominately crisis stabilization facilities
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) **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. • TCR's must provide alternative meal options upon request.	N/A These treatment settings support persons who are experiencing crisis who are at risk of harm to themselves or others	N/A These treatment settings support persons who are experiencing crisis who are at risk of harm to themselves or others	N/A These treatment settings support persons who are experiencing crisis who are at risk of harm to themselves or others
12. Individuals are able to have visitors of their choosing <u>*at any time*</u>	**Residential Care Home 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	N/A These treatment settings support	N/A These treatment settings support	N/A These treatment settings support

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**
	Therapeutic Community Residence Licensing Regulations Sec 6.5	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.	persons who are experiencing crisis who are at risk of harm to themselves or others	persons who are experiencing crisis who are at risk of harm to themselves or others	persons who are experiencing crisis who are at risk of harm to themselves or others
13. The setting is physically accessible to the individual	**Administrative Rules on Agency Designation** Sec. 4.12 **Residential Care Home Licensing Regulations** Sec. 9.5 **Therapeutic Community Residence Licensing Regulations** Sec. 9.5	• Safety and Accessibility Inspections are required of all settings.	Alignment	Alignment	Alignment
14. Modifications to HCBS Setting Requirements					
(a) Identify a specific and individualized assessed need for modification	**CRT Provider Manual** Sec. 1.5 **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
(b) Document the positive interventions and supports used prior to any modifications to the person-centered service plan	**CRT Provider Manual** Sec.1.5 **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

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**
(c) Document less intrusive methods of meeting the need that have been tried but did not work	**CRT Provider Manual** Sec. 1.2, 1.3,1.5 **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
(d) Include a clear description of the condition that is directly proportionate to the specific assessed need	**CRT Provider Manual** Sec. 1.5, 1.7	• 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
(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
(f) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated	**CRT Provider Manual** Sec. 1.5, 1.6	• DMH Clinical guidelines require that all interventions and treatment plan services be monitored and effectiveness documented in monthly progress notes.	Partial	Partial	Partial
(g) Include informed consent of the individual	**CRT Provider Manual** Sec. 1.5 **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
(h) Include an assurance that interventions and supports will	**CRT Provider Manual** Sec. 1.5	• Changes are by participant choice or as medically directed; medically directed changes are reviewed based on physician	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**
cause no harm to the individual	**Residential Care Home Licensing Regulations** Sec. III, Sec. V. 5.3	orders. • All plans of care must be agreed to by the client or under certain circumstances related to court orders			

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**
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, 1.5, 1.7 **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
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. 1.5 **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
3. Is timely, occurs at times and locations of convenience to the individual	**CRT Provider Manual** Sec. 1.5, 2.2 **Minimum Standards Review**	• Planning material indicate that planning must be timely and the recipient must be involved	Alignment	Alignment	Alignment
4. Reflects cultural considerations of the individual and is conducted by providing	**Administrative Rules on Agency Designation** Sec 4.9 **AHS Policy on Limited**	• 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

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**
information in plain language and accessible to individuals with disabilities and persons who are limited English proficient	**English Proficiency** **CRT Provider Manual** Sec. 1.5, 2.2 **Therapeutic Community Residence Licensing Regulations** Sec VI **DMH System of Care Plan** Sec. I, Sec II B1 ii,	• 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.			
5. Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants	**CRT Provider Handbook** Sec. 1.5, II **MCO Grievance and Appeal Rules** **Residential Care Home Licensing Regulations** Sec V 5.19, VI, XI **CRT Client Handbook** Pg. 5 **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
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*	**Administrative Rules on Agency Designation** Sec. 4.15 **MCO Grievance and Appeal Rules** **CRT Provider Manual** Att. 5, Section II	• 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	Partial Guidance do not include Conflict of Interest policies	Partial Guidance do 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**
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*		Medicaid Managed Care grievance and appeal rules under the GC demonstration.			
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, 1.4, Sec. 1.5 **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
8. Includes a method for the individual to request updates to the plan as needed	**CRT Provider Manual** Sec. 1.5	• 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

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**
9. Records the alternative home- and community-based settings that were considered by the individual	**CRT Provider Manual** Sec 1.2 **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
10. Reflect that the setting in which the individual resides is chosen by the individual.	**CRT Provider Manual** Sec. 1.5 **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
11. Reflect the individual's strengths and preferences	**Administrative Rules on Agency Designation** Sec 4.9; 4.13; 4.14 **CRT Provider Manual** Sec. 1.5 **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
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
13. Include individually identified goals and desired outcomes	**CRT Provider Manual** Sec. 1.4, Sec. 1.5 **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
14. Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those	**CRT Provider Manual** Sec. 1.4, Sec. 1.5 **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

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**
services and supports, including natural supports					
15. Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.	**CRT Provider Manual** Sec. 1.5 **Minimum Standards Audit**	• Individual plans of are must include crisis services and proactive plans to address known risks and potential crisis	Alignment	Alignment	Alignment
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. 1.5, 2.2 **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
17. Identify the individual and/or entity responsible for monitoring the plan	**CRT Provider Manual** Sec. 1.5	• An identified lead case manager is required in the CRT program	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	**Administrative Rules on Agency Designation** Sec 4.9; 4.13; 4.14 **CRT Provider Manual** Sec. 1.5	• All plans require participant and/or guardian agreement prior to implementation.	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**
for its implementation					
19. Be distributed to the individual and other people involved in the plan	**CRT Provider Manual** Sec. 1.5	• Plans are distributed based in HIPPA standards and specifics of the participants signed release of information	Alignment	Alignment	Alignment
20. Include those services, the purpose or control of which the individual elects to self-direct	N/A	• Self-direction is not an option in the CRT program	N/A	N/A	N/A
21. Prevent the provision of unnecessary or inappropriate services and supports	**CRT Provider Manual** Sec. 1.6, 3, 4, 5, 6.5 **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
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. 1.6	• CRT program requires that plans are reviewed whenever individual client circumstances change or significant events occur.	Alignment	Alignment	Alignment