

**CMS Feedback on Vermont CQS/STP w/State Responses**

TOPIC	CMS Feedback on Vermont's 8/1/17 and 9/22/17 STP Submissions	State Response
<b>Public Comment</b>	Vermont is currently finalizing state responses to comments received during the most recent public comment period and plans to modify the CQS/STP based on the feedback received. These changes will be incorporated in its next STP submission, along with changes resulting from CMS's feedback.	The November 17, 2017 version of Vermont's CQS/STP has been updated to incorporate the CMS feedback received on October 5, 2017 as well as the comments submitted during the most recent public comment period March 24, 2017 through April 28, 2017.
<b>Waivers Included in the STP</b>	<p>The state included 5 crosswalks in its latest STP. These include TBI, Enhanced Family Care (Mental illness under 22), Community Rehabilitation and Treatment, Developmental Disability Services and Choices for Community Care.</p> <p>Can the state verify that Palliative Care program is included in one of these crosswalks?</p>	Medicaid enrolled individuals under the age of 21 living with a serious life-limiting or life-threatening illness or condition are served in Vermont's Palliative Care Program. Since the program began accepting clients five years ago – it has enrolled approximately 124 individuals. The average annual program enrollment is between 40 and 50 individuals. No equivalent program currently exists in Vermont for Medicaid enrolled individuals over 21 years of age. Palliative Care Program services are delivered using home health agencies and thus default to where they provide services. As a result, the program does not provide services in settings other than an individual's private home or the home of a family member. Vermont presumes that individuals living in their own private home or the home of a family member complies with the HCBS Settings Rule.
<b>Systemic Assessment and Remediation</b>	CMS thanks the State for the updated STP which included 5 systemic crosswalks and work plans in addition to Quality Strategy and Statewide Transition Plans. Below are some issues which require remediation:	
	a. The Choices for Care systemic assessment does not provide links for the State policies reviewed. In addition, throughout all of the crosswalks, the state should make sure all links are active and accurate so that the documents can be located.	All systemic assessment were updated to ensure that all links are active and accurate so that the documents can be located. Systemic assessments can be found <a href="#">here</a> .

	<p>b. In the STP, the TBI waiver lists that either an individual’s home or a nursing home can be used for respite care and in the EFC waiver, the therapeutic foster/respite care can be up to 6 months. The STP should specify timeframes for respite and if respite is allowed for more than 30 days the State should note the process for authorizing respite for more than 30 days.</p>	<p>Vermont has edited the CQS/STP to specify timeframes for respite for each program. Where applicable processes for authorizing respite for more than 30 days are included.</p>
<p><b>Systemic Assessment Spot-Check:</b> Traumatic Brain Injury Services</p>	<p>The state should clarify that its remediation will bring the program into compliance with the final rule by including the settings criteria.</p>	<p>Vermont has edited the TBI work plan to clarify that its remediation will bring the program into compliance with the final rule by including the settings criteria. The work plan can be found <a href="#">here</a>.</p>
	<p>For the TBI waiver, the state assessed its state policies and regulations as compliant with the federal requirement that a setting ensure an individual’s rights of privacy, dignity, respect, and freedom from coercion and restraint. CMS found that the statutory provisions, and some of the regulations and policy documents cited by the state are compliant with the requirement to ensure rights to privacy, dignity, and respect and freedom from coercion but non-compliant for the requirement of freedom from restraint because restraint is allowed without incorporating 42 CFR 441.301(c)(viii)(A) through (H).).</p>	<p>Vermont agrees with the CMS determination that state TBI policies are currently non-compliant for the requirements of freedom from restraint because restraint is allowed without incorporating 42 CFR 441.301(c)(viii)(A) through (H).). The state will adjust the score contained in the TBI systemic assessment and include the updating of TBI policies as a corrective action in the corresponding TBI work plan.</p>
	<p>Please clarify how the state will ensure that any use of restrictive interventions will be handled and documented via the person-centered planning process, following the criteria in 42 CFR 441.301(c)(viii)(A) through (H).</p>	<p>The state plans to use their existing TBI quality review process to make certain that any use of restrictive interventions will be handled and documented via the person-centered planning process, following the criteria in 42 CFR 441.301(c)(viii)(A) through (H).</p>