

Vermont Agency of Human Services (AHS) – Global Commitment to Health Comprehensive Quality Strategy (CQS)/State Transition Plan (STP)  
Summary of Public Comment

Vermont is committed to ensuring that our statewide Comprehensive Quality Strategy (CQS)/State Transition Plan (STP) is reviewed publicly and that public input is incorporated into the final version. Public meeting notices were advertised in the *Burlington Free Press* and posted on multiple state websites. In addition to the *Burlington Free Press* – the notice was sent to Agency of Human Services District Offices, the Medicaid and Exchange Advisory Board, Disability Aging and Independent Living Advisory Board, and the Developmental Services State Program Standing Committee. In addition, the public hearing date was published in the Agency of Administration Department of Libraries public meeting calendar. A formal public hearing was held on Thursday, April 21, 2017 from 1pm - 2pm at Waterbury State Office Complex (WSOC) in Waterbury Vermont. Public input received included:

- No individuals attended the public meeting.
- Written comment received during the 30-day public comment period by three (3) organizations/individuals.

After reviewing the written comment documents received, the state identified the comments in the table below. To thoroughly capture stakeholder feedback - the state chose to break apart some commenter's statements into multiple comments. Also, to enhance readability, the state created headers for similar comments. Please note that comments are not further sorted by individual or organization – so multiple comments under the same header might (and in many cases, do) belong to the same individual or organization.

## Public Comment Received on VT Global Commitment to Health Comprehensive Quality Strategy & State Responses

### Outreach & Stakeholder Involvement

Public Comment	State Response
In conversations with people with developmental disabilities I am hearing that they have not been taken seriously nor has there been sufficient time for them to provide input to this document. We recommend that you extend the period for public input and actually solicit consumer input more directly from people with disabilities	Vermont is committed to ensuring that our statewide CQS/STP is reviewed publicly and that public input is incorporated into the final strategy. The CQS is subject to public input, as required at 42 CFR 441.301(6)(B)(iii) and 42 CFR 441.710(3)(iii). In addition to these requirements, each of the specialized programs are being encouraged to reach out to consumers and stakeholders to solicit their input during this process.
People with disabilities and their families need to be at the table when assessing how the HCBS we receive are in compliance with federal requirements. What is your plan for seeking out and including our opinions?	It is the state's expectation that consumers and stakeholders will be invited to participate in all phases of CQS/STP review and in identifying areas for further action. In addition, consumer input is being sought to validate the results of the provider self-assessments and ultimately assist with determining the results of the settings analysis.
To date we feel that there has not been adequate involvement of people with disabilities and their families when you developed your CQS.	The CQS includes a description of the public input process and a link to a summary of public comments. Vermont is committed to ensuring that our statewide Comprehensive Quality Strategy (CQS) is reviewed publicly and that public input is incorporated into the final strategy. The CQS is subject to public input, as required at 42 CFR 441.301(6)(B)(iii) and 42 CFR 441.710(3)(iii). In addition to these requirements, each of the specialized programs are being encouraged to reach out to consumers and stakeholders to solicit their input during this process.

### Person Centered Planning & Conflict Free Case Management

The document does not specifically address the issue of conflict free case management.	Vermont's CQS/STP includes links to all Program Systemic Assessments (i.e., documents that assess the existing Vermont regulations and standards related to HCBS delivery to determine if they meet the federal HCBS final rule requirements). A person-centered planning requirement and Vermont regulation and policy crosswalk is part of this assessment. Conflict-free case management is among the requirements addressed by this document.
The proposed CQS fails to address many aspects of the person-centered planning provisions of the HCBS rules at 42 CFR	Vermont's CQS/STP includes links to all Program Systemic Assessments (i.e., documents that assess the existing Vermont regulations and standards

<p>§441.301(c)(1), (2) and (3) which became effective on March 17, 2014.</p>	<p>related to HCBS delivery to determine if they meet the federal HCBS final rule requirements). A person-centered planning requirement and Vermont regulation and policy crosswalk is part of this assessment.</p>
<p>1) Providers of HCBS for the individual, or those who have an interest in the individual or are employed by a provider of HCBS for the individual do not provide case management or develop the individual’s person-centered plan. 42 CFR §441.301(c)(1)(vi);</p>	<p>Please see response above.</p>
<p>2) The setting in which the individual resides is chosen by the individual. 42 CFR §441.301(c)(2)(i);</p>	<p>Please see response above.</p>
<p>3) Natural unpaid supports are provided voluntarily to the individual in lieu of ... HCBS waiver services and supports. 42 CFR §441.301(c)(2)(v).</p>	<p>Please see response above.</p>
<p>The proposed CQS fails to include information on the extent of Vermont's compliance with the person-centered planning rule and to describe specific steps it will take to come into compliance where necessary.</p>	<p>Vermont’s CQS/STP includes links to all Program Systemic Assessments (i.e., documents that assess the existing Vermont regulations and standards related to HCBS delivery to determine if they meet the federal HCBS final rule requirements). A person-centered planning requirement and Vermont regulation and policy crosswalk is part of this assessment. Items in the crosswalk are scored as alignment, partial alignment, silent, or non-compliant. Links to all Program Work Plans (i.e., documents that expand upon the System Assessments by identifying subsequent action steps for the Vermont regulations and standards that did not receive a score of alignment) are also included in the CQS/STP. The action steps in the workplan resolve the identified issue and bring the Vermont regulation and/or standard into alignment with the federal HCBS final rule.</p>

Ongoing Monitoring & Oversight

<p>Vermont programs that provide support, intervention, care for people with DD must have oversight</p>	<p>Compliance with the new requirements is addressed in the ongoing monitoring and compliance sections of the CQS/STP. Each individual program must ensure that the key concepts of these sections are implemented.</p>
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Site Specific Assessment & Validation

<p>It is not acceptable that agencies do not go through a comprehensive review including interviews/home visits with people with DD. This review must include interviewing recipients of services and assessing their well-being.</p>	<p>The State is using a survey to assess specific settings in which HCBS are provided to determine whether they are in compliance with the new HCBS setting rules. The survey is intended to be administered as a provider self-assessment. Results of this survey will help determine remedial actions that must be taken by the state and providers to bring the specific settings into compliance. A consumer survey is being used to validate the provider self-assessment results. The information captured via the survey is linked to a specific setting in which HCBS are provided.</p>
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Site Specific Remediation

<p>Despite the fact that Vermont is considered an “Inclusion” State there are many aspects of the current systems that reflect an institutionalization bias. There are group homes that have been constructed to have various doors or walls to indicate separate residency; however, they are basically ICF MR and should be dismantled.</p>	<p>The State is using a survey to assess specific settings in which HCBS are provided to determine whether they are in compliance with the new HCBS setting rules. The survey is intended to be administered as a provider self-assessment. Results of this survey will help determine remedial actions that must be taken by the state and providers to bring the specific settings into compliance. Please see the CQS Relocation Plan and Process Section for more detail re: settings that are not able or willing to comply with the new HCBS regulations.</p>
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General Comments

<p>The CQS does not describe how the state will ensure that the person receiving services will be supported to lead the process of making his/her person-centered service plan.</p>	<p>Compliance with the new HCBS setting requirements is addressed in the ongoing monitoring and compliance sections of the CQS/STP. Each individual program must ensure that the key concepts of these sections are implemented.</p>
<p>The CQS does not outline how you plan to ensure that the setting a person lives in is truly chosen by the person.</p>	<p>Please see response above.</p>
<p>The CQS fails to outline how you will require service providers to foster the development of natural supports in a person’s life.</p>	<p>Please see response above.</p>
<p>Table 9 describes HCBS regulatory requirements related to HCBS settings and "Examples of Acceptable Practice." While Table 9 does include many of the regulatory requirements found in the HCBS rules, it fails to include the "setting options" requirement</p>	<p>Table 9 was adapted from the following guidance provided by CMS, <i>Exploratory Questions to Assist States in Assessment of Residential Settings</i>. Rather than removing the table, the state chose to add a note to the table indicating public concern that it was incomplete and to include</p>

found at 42 CFR §44I.301(c)(4)(ii).	the proposed missing requirement and its corresponding CFR language.
Table 9 fails to include "Examples of Best Practices" related to the aforementioned requirement.	Please see comment above.