

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

Vermont is committed to ensuring that our statewide Comprehensive Quality Strategy (CQS) 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, August 20, 2015 from 12pm-2pm at 208 Hurricane Lane in Williston Vermont. Public input received included:

- Oral comment by four (4) public hearing attendees
- Written comment received during the 30 day public comment period by three (3) organizations

The public meeting recording was transcribed by a state contractor. After reviewing the transcript and the other written comment documents received, the state identified the comments in the table below. In an attempt 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. All public comment reference documents will be submitted to CMS in their entirety along with the CQS.

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

Outreach & Stakeholder Involvement

Public Comment	State Response
According to CMS, there are two steps in the state transition plan process. First, a state must assess what they are doing now and compare that to what is required in the new rules. We are expecting to be involved in the assessment; in other words, nothing about us without us	The CQS requires the AHS/DVHA to provide a detailed description of the state's assessment of compliance with the home and community-based settings requirements for services not authorized under the Medicaid State Plan (e.g., adult family care). The assessment process is expected to be completed by December 31, 2015. Stakeholder feedback is an essential element of this process and will be included prior to completion.
We thank you for this opportunity to comment on the transition plan, but CMS said that public must be able to comment on both the assessment and the transition plan.	Please see response above
As disability rights organizations-- or as a disability rights organization for people with developmental disabilities, we would like the opportunity to work with the Department to assess our system and finalize Vermont's HCBS transition plan.	<p>Based on considerable stakeholder interest, Vermont is taking this opportunity to further assess programs/settings for GC Demonstration populations who are designated by the State as persons with Special Health Care needs under 42 CFR 438. Once the assessment process is completed for Choices for Care participants – the following Special Health Need populations will also be considered:</p> <ul style="list-style-type: none"> • Developmental Services (DS) • Traumatic Brain Injury (TBI) • Children with a Severe Emotional Disturbance (SED) • Community Rehabilitation and Treatment (CRT) <p>The state will apply the same process and key elements as those used for CFC adult family care settings (including stakeholder involvement) as they conduct these assessments.</p>
So if the message had been heard to involve people with disabilities, I personally think it now needs to be put into action.	Please see response above.
Particularly with regard to true community settings, but it's felt like there's this huge national process out here and we are -- we haven't been part of it.	Please see response above.
As someone who always sticks my nose into things, I would have appreciated the opportunity to stick my nose in earlier, to -- have an earlier involvement in the	Thank you for your feedback.

formulation of this process.	
I guess anytime that, you know, a state has to do an assessment of where things are and where they need to go, always involve people with disabilities in that.	Thank you for your feedback.
We appreciate that AHS has made efforts to get stakeholder input on the CQS. However, the process has been insufficient.	Thank you for your feedback.
With regard to engaging stakeholders in the development of the CQS, AHS appears to have met the letter but not the spirit of the new HCBS Rule.	Thank you for your feedback.

Scope of the CQS

Public Comment	State Response
Taken together (and also noting the titular description of “Phase III” as “if required”) these statements leave the strong impression that Vermont views the HCBS rules found at 42 CFR§441.301(c)(1-3), 42 CFR §441.301(c)(4) and 42 CFR §441.301(c)(6) as applying only to the Choices for Care program and not to Developmental Services, TBI or CRT Home and Community-Based services.	The CQS requires the AHS/DVHA to provide a detailed description of the state’s assessment of compliance with the home and community-based settings requirements for Choices for Care services not authorized under the Medicaid State Plan (e.g., adult family care). Based on considerable stakeholder interest, Vermont is taking this opportunity to further assess programs/settings for GC Demonstration populations who are designated by the State as persons with Special Health Care needs under 42 CFR 438.

Public Comment & Implementation Timelines

Public Comment	State Response
AHS’s own timeline is unrealistic in terms of providing CMS with a reasonable summary of public comments and agency response as required under 42 CFR § 441.301(c)6.	Vermont is committed to ensuring that our statewide CQS is reviewed publicly and that public input is incorporated into the final strategy. A summary of public comments and agency response will be made available on September 8, 2015.
Other than the fact that all service populations will be incorporated into the CQS by December 31, 2019, there is no specific timeline presented for phases 2, 3, and 4.	The CQS has been modified to indicate that Phase 1 will be completed by December 31, 2015 – with each subsequent phase lasting one year.
VHCA would like to see a more specific timeline for the four-phase approach to implementation, and earlier engagement of ERC providers.	The CQS has been modified to indicate that Phase 1 will be completed by December 31, 2015 – with each subsequent phase lasting one year. It is the state’s expectation that stakeholders will be invited to participate in all phases of CQS review and in identifying areas for further action. This will include multiple opportunities for ERC and other providers to engage the state with

	concerns, comments and suggestions.
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Person Centered Planning

Public Comment	State Response																		
<p>Throughout your plan, you repeatedly state that plans for developmental services are to be announced. We are most concerned about assessing and planning for how Vermont will implement HCBS setting requirements, person-centered planning requirements, and conflict-free case management requirements.</p>	<p>Table 2 below illustrates the specific Choices for Care benefits that will be examined in the first phase of the Comprehensive Quality Strategy.</p> <p>Table 2: Phase 1 of the Comprehensive Quality Strategy</p> <table border="1" data-bbox="1060 483 2003 930"> <thead> <tr> <th colspan="3" data-bbox="1060 483 2003 524">Phase 1 of Comprehensive Quality Strategy (Choices for Care)</th> </tr> <tr> <th data-bbox="1060 526 1381 672">Choices for Care SETTINGS</th> <th data-bbox="1383 526 1684 672">Person Centered Planning 42 CFR 431.301(c) (1)-(3)</th> <th data-bbox="1686 526 2003 672">HCBS Settings 42 CFR 441.301(c)(4)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1060 673 1381 743">Home Based</td> <td data-bbox="1383 673 1684 743">✓</td> <td data-bbox="1686 673 2003 743"></td> </tr> <tr> <td data-bbox="1060 745 1381 815">Adult Family Care</td> <td data-bbox="1383 745 1684 815">✓</td> <td data-bbox="1686 745 2003 815">✓ (e.g., HCBS Transition Plan)</td> </tr> <tr> <td data-bbox="1060 816 1381 886">Enhanced Residential Care (PNMI)</td> <td data-bbox="1383 816 1684 886">✓</td> <td data-bbox="1686 816 2003 886">✓ (e.g., State’s MLTSS CQS)</td> </tr> <tr> <td data-bbox="1060 888 1381 930">Nursing Facility</td> <td data-bbox="1383 888 1684 930">✓</td> <td data-bbox="1686 888 2003 930"></td> </tr> </tbody> </table> <p>To aid in clarity – this table has been added to the draft CQS.</p>	Phase 1 of Comprehensive Quality Strategy (Choices for Care)			Choices for Care SETTINGS	Person Centered Planning 42 CFR 431.301(c) (1)-(3)	HCBS Settings 42 CFR 441.301(c)(4)	Home Based	✓		Adult Family Care	✓	✓ (e.g., HCBS Transition Plan)	Enhanced Residential Care (PNMI)	✓	✓ (e.g., State’s MLTSS CQS)	Nursing Facility	✓	
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<p>I’m concerned about how to implement the person-centered planning requirements and especially without conflict involved in that as well as the conflict-free case management.</p>	<p>Please see response above.</p>																		
<p>In addition, the CQS states that “CMS will allow Vermont up to four years to phase in these changes.” The person-centered planning provisions of the HCBS rules at 42 CFR§441.301(c)(1), (2) and (3) became effective on March 17, 2014 and do not allow for a phase in or transition period. As such, Vermont should currently be in compliance with the HCBS person- centered planning provisions as to all HCBS populations.</p>	<p>The Global Commitment to Health 1115 demonstration waiver STC’s state the following re: the person-centered planning provisions of the HCBS rule:</p> <ul style="list-style-type: none"> ➤ person centered planning (i.e., the process, the service plan, and the review of the service plan) will be in compliance with the characteristics set out in 42 CFR 431.301 (c)(1)-(3) (STC #29) <p>Vermont’s rules and statutes currently require person-centered planning for all populations. The quality and monitoring of these requirements are being</p>																		

<p>The CQS should include information on the extent of Vermont’s compliance with the person-centered planning rule and describe specific steps it will take to come into compliance where necessary. At a minimum, the CQS should describe how Vermont will ensure compliance with the following aspects of person- centered planning:</p> <ol style="list-style-type: none"> 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); 2) The setting in which the individual resides is chosen by the individual. 42 CFR §441.301(c)(2)(i); and 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>addressed by the CQS.</p> <p>Please see response above.</p>
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Applicability of new HCBS rule to Vermont

Public Comment	State Response
<p>Vermont is required to comply with the Home and Community Based Service (HCBS) regulations found at 42 CFR §441.301(c)(1), (2) and (3) pertaining to Person-Centered Planning, 42 CFR§441.301(c)(4) and (5) pertaining to Home and Community Based Settings, and 42 CFR §441.301(c)(6) pertaining to a Transition Plan for coming into compliance with Home and Community Based Settings requirements.</p>	<p>The CQS requires the AHS/DVHA to provide a detailed description of the state’s assessment of compliance with the home and community-based settings requirements for Choices for Care services not authorized under the Medicaid State Plan (e.g., adult family care). Based on considerable stakeholder interest, Vermont is taking this opportunity to further assess programs/settings for GC Demonstration populations who are designated by the State as persons with Special Health Care needs under 42 CFR 438.</p>
<p>Although Vermont’s waiver is a section 1115(a) demonstration waiver, the state is expected to meet or transition to the new HCBS requirements “in accordance with the timelines articulated in the rule.</p>	<p>The CQS has been modified to indicate that Phase 1 will be completed by December 31, 2015 – with each subsequent phase lasting one year.</p>
<p>CMS has explicitly determined that Vermont must operate its 1115 waiver, as to <i>all</i> HCBS services, in compliance with the amended regulations (emphasis added).</p>	<p>The CQS requires the AHS/DVHA to provide a detailed description of the state’s assessment of compliance with the home and community-based settings requirements for Choices for Care services not authorized under the Medicaid State Plan (e.g., adult family care). Based on considerable stakeholder interest, Vermont is taking this opportunity to further assess programs/settings for GC</p>

	Demonstration populations who are designated by the State as persons with Special Health Care needs under 42 CFR 438.
The CQS Home and Community Based Services (HCBS) (page 15) states “Special focus is placed on long term care services and supports (CFC) populations and addresses the following...” Again, there is no reference to other Home and Community Based Service populations covered by the HCBS rules such as Developmental Services, Traumatic Brain Injury and CRT service recipients. The CQS should provide detailed information on adherence to state and federal standards of care, person-centered planning and integrated care settings, comprehensive and integrated service packages, qualification of providers, and participant protections for these HCBS populations, not just Choices for Care recipients.	Please see response above.
Additionally, the CQS states “The AHS/DVHA must determine whether services in these settings meet the community standards set forth in the rules.” It is unclear what “settings” are being referred to; the HCBS rules apply to all settings in which HCBS are provided and to the settings where individuals receiving those services live.	Please see response above.
The introductory sentence (III.d. HCBS Standards page 40) is confusing in that it implies that some HCBS are not covered by the new rules. The services covered by the rule are defined at 42 CFR §441.180. “Home or community-based services’ means services, not otherwise furnished under the State’s Medicaid plan, that are furnished under a [1915(c) waiver].” As noted above, although Vermont’s is an 1115(a) demonstration waiver, CMS has determined that the HCBS requirements apply. The introductory sentence should be revised by deleting the word “certain.”	Please see response above.

General Comments

Public Comment	State Response
At page 40, last sentence, the CQS states that “HCBS provided to a member in his or her own home are assumed to meet the requirements of the new rule.” Please provide the source or reference for this assertion.	The regulations allow states to presume the enrollee’s private home or the relative’s home in which the enrollee resides meet the requirements of HCB settings – this statement can be found in a response from CMS found here http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/q-and-a-hcb-settings.pdf

<p>At page 41 the third full paragraph appears to contain a syntactical error in the sentence “The Special Terms and Conditions of the Global Commitment Waiver require the Choices for Care Program HCBS assure...”</p>	<p>Thank you for your feedback. Edits were made to the draft CQS to correct the error in the sentence.</p>
<p>The third sentence of the fourth full paragraph on page 40 states “Based on considerable stakeholder interest, AHS plans to engage stakeholders in conversations about the Vermont rules and policies that govern other Global Commitment programs to discuss where person-centered planning and home and community based standards identified above [42 CFR §441.301(c)(1-3) and 42 CFR §441.301(c)(4)] should also be reviewed and monitored.” This sentence is confusing at best.</p>	<p>Thank you for your feedback. Edits were made to the draft CQS to enhance clarity.</p>
<p>The CQS fails to demonstrate the state’s compliance with the HCBS requirements and does not suffice as the Statewide Transition Plan required by 42 CFR §441.301(c)(6).</p>	<p>The CQS identifies the framework and strategy for achieving and maintaining compliance with the federal HCBS requirements for Choices for Care HCBS programs. Specifically, the CQS contains the following Transition Plan elements:</p> <ol style="list-style-type: none"> 1. A detailed description of the state’s assessment of compliance with the home and community-based settings requirements for adult family care. Please see attached document for an update on progress to date. The assessment process is expected to be completed by December 31, 2015. Depending on the outcome of the initial assessment - the state may choose to conduct site specific evaluations. 2. A detailed description of the remedial actions the state will require to assure full compliance with the home and community-based settings requirements for adult family care settings, including timelines, milestones and monitoring process. It is anticipated that all settings will be fully compliant by March 17, 2019. 3. A description of the public input process, with 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). <p>The CQS is subject to CMS review and approval.</p>

Assessment and Self-Assessment

Public Comment	State Response																																										
<p>VHCA is concerned about how ERC providers, including those geographically located in the vicinity of a nursing facility, will be assessed by the State.</p>	<p>The CQS has been modified to indicate that Phase 1 will be completed by December 31, 2015 – with each subsequent phase lasting one year. The state will include stakeholder engagement opportunities in each phase of its assessment. This will include multiple opportunities for ERC and other providers to engage the state with concerns, comments and suggestions. Table 3 below outlines Vermont’s phased approach to implementing the new HCBS rules identified in their waiver STCs.</p> <p>Table 3: Global Commitment to Health Specialized Program Assessment and Quality Phases</p> <table border="1" data-bbox="1024 586 2007 1365"> <thead> <tr> <th colspan="6" data-bbox="1024 586 2007 686">GC Specialized Program Assessment and Quality Phases</th> </tr> <tr> <th data-bbox="1024 686 1159 857"></th> <th data-bbox="1159 686 1283 857">Choices for Care</th> <th data-bbox="1283 686 1493 857">Developmental Services</th> <th data-bbox="1493 686 1640 857">Traumatic Brain Injury</th> <th data-bbox="1640 686 1835 857">Community Rehabilitation and Treatment</th> <th data-bbox="1835 686 2007 857">Children with a Severe Emotional Disturbance</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 857 1159 959">Quality Strategy Timeline</td> <td data-bbox="1159 857 1283 959"></td> <td data-bbox="1283 857 1493 959"></td> <td data-bbox="1493 857 1640 959"></td> <td data-bbox="1640 857 1835 959"></td> <td data-bbox="1835 857 2007 959"></td> </tr> <tr> <td data-bbox="1024 959 1159 1062">Phase 1: Due 12/31/15</td> <td data-bbox="1159 959 1283 1062">✓</td> <td data-bbox="1283 959 1493 1062"></td> <td data-bbox="1493 959 1640 1062"></td> <td data-bbox="1640 959 1835 1062"></td> <td data-bbox="1835 959 2007 1062"></td> </tr> <tr> <td data-bbox="1024 1062 1159 1164">Phase 2: Due 12/31/16</td> <td data-bbox="1159 1062 1283 1164">✓</td> <td data-bbox="1283 1062 1493 1164">✓</td> <td data-bbox="1493 1062 1640 1164">✓</td> <td data-bbox="1640 1062 1835 1164"></td> <td data-bbox="1835 1062 2007 1164"></td> </tr> <tr> <td data-bbox="1024 1164 1159 1266">Phase 3: Due 12/31/17</td> <td data-bbox="1159 1164 1283 1266">✓</td> <td data-bbox="1283 1164 1493 1266">✓</td> <td data-bbox="1493 1164 1640 1266">✓</td> <td data-bbox="1640 1164 1835 1266">✓</td> <td data-bbox="1835 1164 2007 1266">✓</td> </tr> <tr> <td data-bbox="1024 1266 1159 1365">Phase 4: Due 12/31/18</td> <td data-bbox="1159 1266 1283 1365">✓</td> <td data-bbox="1283 1266 1493 1365">✓</td> <td data-bbox="1493 1266 1640 1365">✓</td> <td data-bbox="1640 1266 1835 1365">✓</td> <td data-bbox="1835 1266 2007 1365">✓</td> </tr> </tbody> </table>	GC Specialized Program Assessment and Quality Phases							Choices for Care	Developmental Services	Traumatic Brain Injury	Community Rehabilitation and Treatment	Children with a Severe Emotional Disturbance	Quality Strategy Timeline						Phase 1: Due 12/31/15	✓					Phase 2: Due 12/31/16	✓	✓	✓			Phase 3: Due 12/31/17	✓	✓	✓	✓	✓	Phase 4: Due 12/31/18	✓	✓	✓	✓	✓
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<p>Did you complete an assessment?</p>	<p>The CQS requires the AHS/DVHA to provide a detailed description of the state’s assessment of compliance with the home and community-based settings</p>																																										

	requirements for Choices for Care services not authorized under the Medicaid State Plan (e.g., adult family care). The assessment process is expected to be completed by December 31, 2015.
VHCA believes that early engagement of ERC providers is critical to ensure we retain an adequate provider network to meet the needs of Vermonters.	Please see response above.
Also, the STCs clarify that the state must include in its CQS a “self-assessment of MLTSS adherence to state and federal standards of care...”	Please see response above.

Performance Measures

Public Comment	State Response
Metrics, benchmarks, and targets are unspecified for all long term services and supports nor does the CQS lay out a process by which AHS will select appropriate metrics and set improvement targets.	The CQS has been edited to include the process by which AHS will select appropriate metrics and set improvement targets.
No measures are provided for populations receiving Home and Community Based Services, specifically; individuals enrolled in Choices for Care, or receiving Developmental Disability, Traumatic Brain Injury or Community Rehabilitation and Treatment (CRT) HCBS.	Please see response above.
HCBS performance measures in the areas of level of care determinations, planning process, outcome of person-centered goals, health and welfare, outcomes, quality of life, effective process, community integration and assuring there are qualified providers and appropriate HCBS settings	Please see response above.

Improvement Strategies

Public Comment	State Response
The CQS includes a table listing a number of best practices that are consistent with the regulatory requirements under the HCBS Rule. However, the table is not linked to any specific strategy that AHS intends to deploy in reviewing service quality.	Vermont assesses the quality and appropriateness of care delivered to Medicaid managed care enrollees through: State Internal monitoring, Quality Indicators monitoring; Performance Improvement Projects (PIP), Compliance with federal and state regulations, and External Quality Review Organization (EQRO) activities, including the EQRO Annual Report.

Monitoring of CQS

Public Comment	State Response
<p>The CQR does not describe what role, if any, an EQRO might play in assessing quality metrics in MLTSS for HCBS, including evaluating compliance with the HCBS rule. We would like to take this opportunity to urge the Department to include external review and to make this an explicit part of the CQS as it applies to DS, TBI, and CRT.</p>	<p>AHS will contract with an External Quality Review Organization (EQRO) to conduct activities outlined in Subpart E of 42 CFR 438. The EQRO is used to review MCE compliance with AHS specified standards for quality program operations, validation of AHS-required performance measures, and validation of AHS required performance-improvement projects. The EQRO will submit a technical report to AHS which will be used to guide quality assessment and improvement efforts. The EQRO report will: assess the MCE's strengths and weaknesses with respect to quality, timeliness and access to health care services; provide recommendations for improving quality of programs/services and care furnished by AHS/DVHA; and evaluate the implementation and effectiveness of the Quality Strategy</p>