

State of Vermont
Comprehensive Quality Strategy Systemic Assessment

Section III State Standards:
Home and Community Based Services

Specialized Health Population:
Children's Enhanced Family Treatment Services
Global Commitment to Health Managed Care

November 22, 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 pursuing a home- and community-based continuum of Early Periodic Screening, Diagnosis and Treatment (EPSDT) that offers family support, community integration and strives to promote health, wellness, and improved quality of life. In doing so over the years, the State has used many authorities available under the Medicaid State Plan's rehabilitation option, as well as former 1915(c) waivers and Medicaid Section 1115 Demonstration projects. Additionally, guidance and assurances for home- and community-based care in Vermont are codified in statute or placed in rule. As a result, the term "home and community based" is used in Vermont to represent a broad array of services and supports that may not be typical of 1915(c) populations and CMS rules in other states, but that have been authorized under its Section 1115 Demonstration.

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 Children's Mental Health Enhanced Family Treatment Services (EFT).

Eligibility and Enrollment

Persons may become eligible for participation in the EFT program by meeting traditional Medicaid eligibility rules or Vermont's Long Term Care eligibility rules (which include HCBS eligibility rules) and by also meeting EFT program criteria as defined by the Department of Mental Health. Less than 1% of EFT program expenditures for persons whose eligibility is based on HCBS rules.

Enhanced Family Treatment Services

The Department of Mental Health (DMH) and its provider system have a strong dedication to serving children, youth and their family in their home, community and school. Home and community based services are provided agencies designated by DMH to support in home service packages, however there are times when an out-of-home placement is necessary in order to achieve specific skill development and provide more intensive treatment options. When an out-of-home placement is necessary, they are expected to be short term or intermittent in nature. Placements are approved for

up to six months to provide intensive treatment and providers are expected to work in conjunction with the child family to address identified. DMH expects that families will be supported to remain together whenever possible. The family is the cornerstone of treatment; they are not only involved in developing the treatment plan, but are active participants in the treatment and evaluation of services. Active family involvement helps to ensure that treatment services are individualized to the family's needs, are culturally sensitive and appropriate, and support a focus on the family's strengths, resources, and natural supports.

The Enhanced Family Treatment program diverts and/or returns children from psychiatric or intensive residential placement. Services are based on best practice in EPSDT and WrapAround care and are designed to support children in living in a family home with an intensive package of treatment services and supports commensurate with clinical assessments. The major difference between the EFT and other treatment plans is the ability to provide out-of-home community-based therapeutic care. These included:

Therapeutic Foster/Respite Care or Shared Parenting – These arrangements provide individualized support for children in the home of a contracted foster home provider. Foster home arrangements may include 24-hour, seven-day-a-week services or a shared parenting arrangement whereby children live part time in the foster home and part time with their family as members learn new skills and positive coping strategies for family living. Home providers are expected to work closely with the case manager, family and treatment team to assure care is aligned with family integration goals and the child's treatment plan objectives. Home providers are considered independent contractors with a Host Agency responsible for quality oversight and case management services on behalf of the child. Home providers do not serve as case managers or guardians for children in their care.

Transitional Living – These arrangements are targeted to children and adolescents transitioning to home from psychiatric or intensive residential treatment and adolescents transitioning to adulthood. These settings are required to be licensed by the Department of Children and Families as a Residential Treatment Facility. Each community setting serves no more than 4 children or youth.

The EFT program includes services and supports provided by private non-profit agencies that specialize in intensive treatment for children who are experiencing severe emotional disturbance and their families. Providers must be approved by DMH program and adhere to certain training, service planning and documentation requirements. All program services are provided in the community. Individual treatment plans and associated services are highly individualized and based on a variety of functional assessments, the child and family's clinical profile, values and cultural preferences and choice about where to receive services.

Table 1 on the following page provides an overview of the residential arrangements in the EFT program.

Table 1. EFT Residential Settings

Residential Type	Who controls/owns setting	Regulatory Framework
Therapeutic Foster/Respite Home	Contracted Home Provider	<ul style="list-style-type: none"> • EFT Program Manual • Administrative Rules on Agency Designation • DCF Foster Care Regulations • DCF Child Placing Agency Regulations
Transitional Living (1-4 Children/Adolescents)	DA/SSA Provider	<ul style="list-style-type: none"> • EFT Program Manual • Administrative Rules on Agency Designation • DCF Residential Treatment Regulations

Community supports are offered to children and families in everyday community settings where they live, work and recreate. The EFT program benefits are outlined in Table 2 below.

42 CFR 440.180 HCBS Service	Vermont DMH Benefit Name	Is the Benefit Currently Available In the VT State Plan as a rehabilitative, institutional or other non-HCBS service?
Case Management	Service Planning and Coordination	Yes, Specialized Rehabilitation
Habilitation	Community Supports	Yes, Specialized Rehabilitation
	Family Education	Yes, Intensive Family Based Services
	Transitional Living	Yes, Private Non-Medical Institution
	Therapeutic Foster Care	No
Respite	Respite (in home or foster home)	No
Other Cost Effective Alternatives to institutional care	Emergency and Crisis Assessment and Support	Yes, Clinic Services
	Environmental Safety Devices (alarms, fire extinguishers, etc.).	No
Day Treatment, Psychosocial Rehab, Clinic Services	Clinical Assessment; Individual, family and Group Therapy Medication and Psychiatric Consultation	Yes, Clinic Services, MD services & Therapies

Vermont Policy Overview

The EFT program is staffed as part of the Child, Adolescent and Family Unit of the Vermont Department of Mental Health. All enrollments and individualized treatment plans and proposed service budgets must be prior approved by State staff. A pilot is underway in two regions whereby DMH has delegated authority for program enrollment and service packages to Designated Providers using a global budget approach. In all other cases, the State is responsible for approving program eligibility and enrollment, approving providers, reviewing and approving all plans of care and an individual budget to support the service package. One approved, the EFT package is considered all-inclusive for DMH designated mental health providers, with the exception of in school support, the EFT represents the full range of DMH services provided to a child and family by a designated entity. The following documents were reviewed as part of this policy analysis:

- [DCF Residential Treatment Program Licensing Regulations](#) (January 2011)
- [DCF Therapeutic Foster Home Licensing Regulations](#) (1992)
- [DCF Child Placing Agency Regulations](#) (1992)
- [Administrative Rules on Agency Designation](#) (June 2003)
- [Enhanced Family Treatment Manual](#) (January 2016)
- [Enhanced Family Treatment Training Materials](#) (Jan 2015)
- [Minimum Standards for Children’s Mental Health Definitions and Intent and Chart Audit Tool](#) (Sept 2012)
- [Procedural Guidelines for Prior Authorization of Out of Home Treatment](#) (Jan, 2011)
- [DMH Statewide System of Care Plan 2012-2014](#)
- [DMH Policy: Care of Psychological Trauma in the Mental Health System](#) (May 2010)

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 summary of findings is provided below.

The EFT program is focused on intensive treatment, rehabilitation and family unification. DMH requires that a highly individualized person centered planning process occur and that any placement of children out of the family home is done so commensurate with the family wishes and the treatment needs of the child. DMH maintains clinical care standards, chart audit tools and provider best practice guidelines that support family integration and person centered care. When it is not possible to remain in the family home, specific goals, objectives and monitoring plans are expected to be documented in the plan of care.

Guidelines, assessments and forms supporting the EFT program are focused on intensive family services and skill building for both the child and significant persons in the child’s life. All programs and services are built on family and child strengths, abilities, needs and preferences. Documents used to approve program eligibility and audit tools for the EFT program clearly indicate that the consumer has choices in where to receive services. Additionally, various audit checklists and guidelines clearly indicate that state has as expectation child and family involvement in all processes.

Current licensing and setting guidelines have as a central focus, health, safety and rehabilitative treatment protocols and are not always specific about items such as keys, room décor or access to kitchen facilities.

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 child/youth treatment setting and whether variance requests are applicable or needed for certain standards.	<ul style="list-style-type: none"> Federal HCBS standards such as access to keys or unrestricted visitation may not be appropriate for certain youth (e.g., youth at risk of self-harm). Any additional treatment plan or documentation requirements should enhance treatment and not divert clinicians time from direct client service
Enhance current EFT provider standards in EFT manual that outlines provider adherence to HCBS and VT regulations regarding positive behavioral supports and other standards.	<ul style="list-style-type: none"> Standards could include examples that align with federal language in addition to those Vermont specific protections Minimum Standard chart review elements evaluate provider adherence.
Enhance grievance and appeal rights to address EFT adherence to HCBS standards, including conflict of interest concerns.	<ul style="list-style-type: none"> Engage legal review prior to making changes to EFT manual language for grievance & appeal rights.
Augment written audit and provider approval guidelines that include details regarding person-centered planning and HCBS settings characteristics	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Current AHS plans to update its IT structure provide an opportunity for EFT to define information needed to augment current provider performance and quality monitoring
Update or create tools and guidance that support desired characteristics such as: <ul style="list-style-type: none"> EFT manual addresses desired characteristics 	<ul style="list-style-type: none"> Revising current materials would provide ongoing access to clear examples of State expectations

Preliminary List of Options for Quality Assessment and Improvement

Potential Next Steps	Considerations
<ul style="list-style-type: none">• Sample TFC or Transitional Living agreements; participant rights and handbooks;• Minimum standards that include positive behavioral support reviews.	<ul style="list-style-type: none">• Consider create/enhance client rights for TFC & transitional living settings• Client & parent/guardian reviews rules and expectations of setting and agrees to them (e.g. no keys, parameters around visitors & rationale)

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	EFT Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Therapeutic Foster/Respite Care	Transitional Living
<p><u>1. Commensurate with a persons individualized plan, needs and abilities -</u> 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</p>	<p>EFT Manual Appendix F Minimum Standards Sec II, III, IV EFT 2015 Training Slide 8 DCF Foster Care Licensing Regulations Sec 301, 307-314 DCF Residential Treatment Licensing Regulations Sec 201 DMH System of Care Plan Sec. I, Sec II B1 ii, DMH Trauma-Informed Practice Policy</p>	<ul style="list-style-type: none"> EFT guidelines require planning, goals and objectives that support skills needed to engage in their everyday community life and routines. Planning is based on functional child and family assessments, personal choice in settings and reflects the child’s clinical needs, abilities, and preferences. DCF Foster Care regulations require that homes provide constructive family living and age appropriate access to friends, recreation, school and social events and community living. DCF Residential Treatment regulations provide that children have the right to be placed in the least restrictive and most appropriate setting based on their needs and abilities. 	Alignment	Alignment
<p>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</p>	<p>EFT Manual Appendix F Child Placement Agreement Minimum Standards Sec II, III, IV EFT 2015 Training Slide 8 DMH System of Care Plan Sec. I, Sec II B1 ii,</p>	<ul style="list-style-type: none"> EFT guidelines provide that persons receive information on all options available to support community living. For out of home settings, room and board is expected to be paid by the family. Families make the final determination of where the child receives services. 	Alignment	Alignment
<p>3. Ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint</p>	<p>Administrative Rules on Agency Designation Sec 4.13</p>	<ul style="list-style-type: none"> Licensing and Designated Agency regulations require processes to prevent and address abuse, neglect, and exploitation. 	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment	
42 CFR HCBS Requirement HCBS Setting Requirements	EFT Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Therapeutic Foster/Respite Care	Transitional Living
	<p>DCF Foster Care Licensing Regulations Sec 324, 32, 326</p> <p>DCF Residential Treatment Licensing Regulations Sec 201, 202, 631, 648, 650-670</p> <p>DMH Trauma-Informed Practice Policy</p>	<ul style="list-style-type: none"> • DCF Foster Home regulations provide for freedom from coercion and cruel and inhumane punishments. Guidelines address restraint when risk of harm to self or others is imminent. • DCF Residential Treatment regulations provide that all rights of privacy, dignity are respected and that staff have specific training in ensuring that children be free from coercion and restraint. Guidelines address restraint and seclusion when harm to self or others is imminent. 		
<p>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</p>	<p>EFT Manual Appendix F</p> <p>Minimum Standards Sec II, III, IV</p> <p>EFT 2015 Training Slide 8</p> <p>DCF Foster Care Licensing Regulations Sec 301, 307-314</p> <p>DCF Residential Treatment Licensing Regulations Sec 611</p>	<ul style="list-style-type: none"> • EFT program is designed to support treatment and skill building based on a child and family’s daily routine and developmentally appropriate social, recreational and school environments and goals. • DCF Foster Care regulations require that homes provide constructive family living and age appropriate access to friends, recreation, school and social events and community living. • DCF Residential licensing regulations provide that programs establish daily routines; however daily routines may not conflict the person’s individual plan of care. 	Alignment	Alignment
<p>5. Facilitates individual choice regarding services and supports, <i>and who provides them</i></p>	<p>EFT Manual Appendix F</p> <p>Child Placement Agreement</p> <p>Minimum Standards Sec II, III, IV</p> <p>EFT 2015 Training Slide 8</p>	<ul style="list-style-type: none"> • EFT providers are designated by the State to serve specific catchment areas. Families and/or guardians may choose from amongst designated providers for EFT services and supports. • Participants who require an out of home living arrangement receive case management from a host agency. The host agency is responsible for contracting with the home and creating an individualized plan of care. The host agency is responsible for oversight of the home 	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment	
42 CFR HCBS Requirement HCBS Setting Requirements	EFT Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Therapeutic Foster/Respite Care	Transitional Living
	Administrative Rules on Agency Designation: Sec 4.13 Child Placing Agency Regulations 303.04	<p>provider and the care plan and following up on any client concerns with the home, plan, or other service providers.</p> <ul style="list-style-type: none"> Families and/or guardians have final decision making regarding match of home and placement of child out of home. 		
<p>6. (a) The unit or dwelling is a specific physical place that can be 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.</p> <p>(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 <i>provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.</i></p>	MCO Grievance and Appeal Rules	<ul style="list-style-type: none"> Final decisions regarding whether to place a child out of the home in a DMH funded Therapeutic Foster Home placement are made by the child's family. Placements are approved for up to six months; however, guidelines do not include written agreements regarding termination and eviction due the treatment based nature of plan and length of stay. 	N/A Not a tenancy based program. Each placement is based on individualized treatment plan goals. Length of stay is based on behavioral considerations and progress on plan goals.	N/A Not a tenancy based program. Each placement is based on individualized treatment plan goals. Length of stay is based on behavioral considerations and progress on plan goals.
7. Each individual has privacy in their sleeping or living unit	EFT 2015 Training	<ul style="list-style-type: none"> DCF Foster Home Licensing standards do not allow bedrooms to be used for any other purpose. Up to four children of the same gender 	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment	
42 CFR HCBS Requirement HCBS Setting Requirements	EFT Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Therapeutic Foster/Respite Care	Transitional Living
	Slide 9 EFT Provider Manual Sec V. DCF Foster Care Licensing Regulations Sec. 315, 318, 319, 342, 417-430 DCF Residential Treatment Licensing Regulations Sec 612-614, 703, 720, 722-724	<p>may share a room with each child having their own bed and personal areas for storage, dresser and belongings.</p> <ul style="list-style-type: none"> All sleeping arrangements must be prior approved by licensing agency. DCF Residential Care Licensing Standards provide that youth have privacy and that sleeping units cannot be used for other purposes. 		
8. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors		<ul style="list-style-type: none"> DCF Licensing standards specify that children cannot be locked into units, however do not specify how keys are distributed 	N/A All participants meet a treatment standard for hospitalization and danger to self or others. Depending on the child's age and profile it may not be developmentally appropriate or safe to issue keys.	N/A All participants meet a treatment standard for hospitalization and danger to self or others. Depending on the child's age and profile it may not be developmentally appropriate or safe to issue keys.
9. Individuals sharing units have a choice of roommates in that setting	Child Placement Agreement Child Placing Agency Regulations 303.04	<ul style="list-style-type: none"> All decisions are based on family and/or guardian agreement. All Transitional Living settings include private rooms. 	Alignment	Alignment
10. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement	DCF Foster Care Licensing Regulations Sec 301, 307-314 DCF Residential Treatment Licensing Regulations	<ul style="list-style-type: none"> DCF regulations require home to provide for personal belongings and support youth in having developmentally appropriate family living. 	N/A Not a tenancy based program. Any item not allowed is due to safety	N/A Not a tenancy based program. Any item not allowed is due to safety

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment	
42 CFR HCBS Requirement HCBS Setting Requirements	EFT Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Therapeutic Foster/Respite Care	Transitional Living
	Sec 722-724		and/or behavioral considerations.	standards and/or behavioral considerations.
11. Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	Procedural Guidelines for Authorization of Out of Placements Sec VI, VII DCF Foster Care Licensing Regulations Sec 301, 307-31, 335-337 DCF Residential Treatment Licensing Regulations Sec 611	<ul style="list-style-type: none"> EFT is designed to support intensive treatment and re-integration into the family home for anyone placed out of home. Services are focused on the child treatment needs and daily routine at home, school and in the community. DCF Foster Care regulations require that homes provide constructive family living and age appropriate access to friends, recreation, school and social events and community living. DCF Residential licensing regulations provide that programs establish daily routines; however daily routines may not conflict the person's individual plan of care. Transitional living programs for youth transitioning to adulthood require that youth participate in meal planning, shopping and preparation. 	Alignment	Alignment
12. Individuals are able to have visitors of their choosing <i>at any time</i>	DCF Foster Home Licensing Regulations Sec 321, 322 DCF Residential Treatment Licensing Regulations Sec 604-607, 615	<ul style="list-style-type: none"> DCF Foster Home and Residential Treatment licensing standards do not allow for arbitrary restrictions on visitations. Any limitation must be based on the child's plan of care or court ordered. Residential Treatment facilities must provide families with alternative times if they cannot visit during regular hours. 	Alignment Allowing visitors at any time is not a developmentally appropriate standard for children and youth.	Alignment Allowing visitors at any time is not a developmentally appropriate standard for children and youth.
13. The setting is physically accessible to the individual	Administrative Rules on Agency Designation Sec. 4.12	<ul style="list-style-type: none"> Safety and Accessibility Inspections are required of all settings. 	Alignment	Alignment
14. Modification to HCBS Settings Requirements				
(a) Identify a specific and individualized assessed need for modification	Minimum Standards Sec. IV, V EFT Program Manual:	<ul style="list-style-type: none"> DMH Clinical guidelines require that all interventions and treatment plan services be commensurate with clinical evaluation and functional assessments. 	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment	
42 CFR HCBS Requirement HCBS Setting Requirements	EFT Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Therapeutic Foster/Respite Care	Transitional Living
	Sec. II			
(b) Document the positive interventions and supports used prior to any modifications to the person-centered service plan	DMH System of Care Plan Sec. I, Sec II B1 ii, DMH Trauma-Informed Practice Policy	<ul style="list-style-type: none"> DMH standards require evidenced-based, trauma informed care that is built on individual strengths and preferences. Additionally, the children’s mental health program includes incentives for school based work provided in schools that employ positive behavioral support practices. However, there is no explicit guidance regarding positive behavioral support as a minimum practice standard. 	Partial	Partial
(c) Document less intrusive methods of meeting the need that have been tried but did not work	EFT Provider Manual Sec I Minimum Standards Sec. V	<ul style="list-style-type: none"> EFT eligibility standards require evidence that less intrusive treatment approaches have been tried and have not met the youth’s needs. Failure to make progress must be documented in the progress notes along with a plan to modify the treatment approach. 	Alignment	Alignment
(d) Include a clear description of the condition that is directly proportionate to the specific assessed need	Minimum Standards Sec. III	<ul style="list-style-type: none"> DMH standards require that all interventions and treatment plan services be commensurate with clinical evaluation and functional assessments. 	Alignment	Alignment
(e) Include a regular collection and review of data to measure the ongoing effectiveness of the modification	Minimum Standards Sec. V EFT Manual Sec. II	<ul style="list-style-type: none"> DMH standards require that interventions and treatment services be monitored and effectiveness documented in monthly progress notes. Standards require plans to be reviewed upon any change in circumstance, including failure to make progress. Standardized Child Behavior Checklist Data is required every six months and treatment and service packages adjusted accordingly. 	Alignment	Alignment
(f) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated	EFT Manual: Sec. II	<ul style="list-style-type: none"> DMH standards require that interventions and treatment services be monitored and effectiveness documented in monthly progress notes. 	Alignment	Alignment
(g) Include informed consent of the individual	EFT Manual Sec. II Child Placement Checklist	<ul style="list-style-type: none"> DMH standards require that interventions and treatment services be monitored and effectiveness documented in monthly progress notes. Children (as developmentally appropriate) and their family/guardian are required to sign plans of care, including anytime the plan is modified or reviewed. 	Alignment	Alignment

HCBS Settings Requirements: VT Policy Assessment			Policy Alignment	
42 CFR HCBS Requirement HCBS Setting Requirements	EFT Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Therapeutic Foster/Respite Care	Transitional Living
(h) Include an assurance that interventions and supports will cause no harm to the individual	EFT Manual Sec I, Appendix F	<ul style="list-style-type: none"> Standards require that families/guardians be informed of any and all feasible alternatives to treatment and plan of care services. 	Alignment	Alignment

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	EFT Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Therapeutic Foster/Respite Care	Transitional 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 Minimum Standards Sec. II DMH System of Care Plan Sec. I, Sec II B1 ii,	<ul style="list-style-type: none"> EFT manual and minimum standards guidance indicated that the consumer is involved in all aspects of planning commensurate with their clinical profile and abilities; no specific guidelines exists related to choice of team members Designated and Specialized Service Agency administrative rules require that all planning include the consumer and persons of their choosing. 	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 DCF Residential Treatment Licensing Regulations Sec 521, 524, 526, DMH System of Care Plan Sec. I, Sec II B1 ii, Child Placing Agency Regulations 407.02, 407.06	<ul style="list-style-type: none"> 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. DCF Residential Licensing Regulations provide that the setting must involve the child and family and must have documented evidence of their involvement in the plan of care development and of informed consent. 	Alignment	Alignment
3. Is timely, occurs at times and locations of convenience to the individual	Minimum Standards Sec. II. IV. B. EFT Program Manual Sec. II Administrative Rules on Agency Designation Sec 4.13, 4.12.4 Child Placing Agency Regulations 407.02 – 03, 407.06	<ul style="list-style-type: none"> Planning material indicate that planning must be timely and the recipient must be involved, standards require that planning being easily accessible for families/guardians. 	Alignment	Alignment

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment	
42 CFR HCBS Requirement - Person Centered Process	EFT Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Therapeutic Foster/Respite Care	Transitional Living
4. Reflects cultural considerations of the individual and is conducted by providing information in plain language and accessible to individuals with disabilities and persons who are limited English proficient	Administrative Rules on Agency Designation Sec 4.9 AHS Policy on Limited English Proficiency Minimum Standards Sec. II., IV DCF Residential Treatment Licensing Regulations Sec 201, 414-17, 526, 621 DMH System of Care Plan Sec. I, Sec II B1 ii,	<ul style="list-style-type: none"> 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. 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. DCF Residential Treatment Licensing Regulations provide that planning must respect the cultural heritage and religious preferences of the child and family and that information must be culturally competent and linguistically accessible to the child and family. Additionally, staff must be trained in cultural competence and family engagement. 	Alignment	Alignment
5. Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants	EFT Program Manual EFT Program Manual: Section II Grievance and Appeals MCO Grievance and Appeal Rules Residential Care Home Licensing Regulations Sec V 5.19, VI, XI DCF Residential Treatment Licensing Regulations Sec 201, 202, 511,	<ul style="list-style-type: none"> The EFT grievance and appeal process requires adherence to Medicaid Managed Care grievance and appeal rules under the GC demonstration. DCF Residential Licensing Regulations provide for complaint and grievance processes and written documentation that the child and family have received information regarding the process and how to request advocacy and other support for reporting and resolving complaints. 	Partial Guidance do not include Conflict of Interest policies	Partial Guidance do 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	Administrative Rules on Agency Designation Sec. 4.9, 4.15 MCO Grievance and Appeal Rules	<ul style="list-style-type: none"> 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. Participants choosing out of home services receive case management from a host agency. The host agency is responsible for facilitating an acceptable match of foster home setting, contracting with the home provider on the 	Partial Guidance do not include Conflict of Interest policies	Partial Guidance do not include Conflict of Interest policies

Person-Centered Planning Process Requirements: VT Policy Assessment			Policy Alignment	
42 CFR HCBS Requirement - Person Centered Process	EFT Policy, Rules, Guidelines	VT Statutory or Policy Guidance	Therapeutic Foster/Respite Care	Transitional Living
<p>person-centered service plan, <i>except when the State demonstrates 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.</i> In these cases, the State must <i>devise conflict of interest protections including separation of entity and provider functions within provider entities</i>, which must be approved by CMS. Individuals must be provided with <i>a clear and accessible alternative dispute resolution process</i></p>		<p>child and family’s behalf, and developing the treatment plan. The host agency is responsible for oversight of the treatment plan and following up on any child or family concerns with the home, plan, or other service providers.</p> <ul style="list-style-type: none"> The EFT grievance and appeal process requires adherence to Medicaid Managed Care grievance and appeal rules under the GC demonstration. 		
<p>7. Offers informed choices to the individual regarding the services and supports they receive and from whom</p>	<p>Minimum Standards Sec. IV Administrative Rules on Agency Designation Sec 4.9; 4.13; 4.14 DMH System of Care Plan Sec. I, Sec II B1 ii, Child Placing Agency Regulations 303.04</p>	<ul style="list-style-type: none"> Choice and consumer participation in the person-centered planning process is required for Designated and Specialized Service agencies. 	Alignment	Alignment

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8. Includes a method for the individual to request updates to the plan as needed	EFT Program Manual Sec. VII	<ul style="list-style-type: none"> Plans must be re-approved every six months and reviewed and updated whenever there are significant events in the child and family life or as treatment goals warrant. Families are expected to be involved and supported in all aspects of the process. 	Alignment	Alignment
9. Records the alternative home- and community-based settings that were considered by the individual	Procedural Guidelines for PA for Out-of-Home Treatment Sec. II, III, IV, V, VI EFT Program Manual Child Placement Agreement	<ul style="list-style-type: none"> Eligibility is predicted on returning and diverting children from institutional placements. Eligibility and enrollment requires documented evidence of settings and treatment decisions 	Alignment	Alignment
10. Reflect that the setting in which the individual resides is chosen by the individual.	EFT Manual Child Placement Agreement DMH System of Care Plan Sec. I, Sec II B1 ii, Child Placing Agency Regulations 303.04	<ul style="list-style-type: none"> All final placement decisions are made by the family/guardian. 	Alignment	Alignment
11. Reflect the individual's strengths and preferences	Administrative Rules on Agency Designation Sec 4.9; 4.13; 4.14 Minimum Standards Sec. II.E, Sec. IV. D DCF Residential Treatment Licensing Regulations Sec 201, 202, 414-417, 611, 621 DMH System of Care Plan Sec. I, Sec II B1 ii, Child Placing Agency Regulations 407.03	<ul style="list-style-type: none"> Regulation and minimum standards provide for participants' choice, strengths, and preferences and informed decision making. DCF Residential Treatment Licensing Regulations provide that planning must respect preferences of the child and family. Additionally, staff must be trained in best practices that include, but are limited to: positive behavioral support, cultural competence and family engagement. 	Alignment	Alignment

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12. Reflect needs identified through functional assessments	EFT Provider Manual Sec. II B. EFT Training Jan 2015 Slide 28 Minimum Standards Sec. IV IPC DCF Residential Treatment Licensing Regulations Sec 507	<ul style="list-style-type: none"> EFT guidelines provide for service and person-centered plans to be based on functional assessments, strengths, preferences, and supports that maximize independence. DCF Residential Licensing Regulation provide that referrals must be based on comprehensive assessments and include developmental, social, behavioral, medical psychological, and any special needs 	Alignment	Alignment
13. Include individually identified goals and desired outcomes	EFT Manual Sec. II EFT Training Jan 2015 Slide 31 Minimum Standards Sec. IV IPC Child Placing Agency Regulations 407.04	<ul style="list-style-type: none"> Guidelines provide for service and person-centered plans to be based on functional assessments, strengths, preferences, and supports that maximize independence. EFT care plans support the identification of individually identified goals and desired outcomes. 	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 services and supports, including natural supports	EFT Manual Sec. II C. Minimum Standards Sec. IV IPC Child Placing Agency Regulations 407.04	<ul style="list-style-type: none"> EFT guidelines call for plans to reflect all goals, actions steps, persons responsible (paid and unpaid), and target dates. 	Alignment	Alignment
15. Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.	Minimum Standards Sec. II, Sec. VII	<ul style="list-style-type: none"> Individual plans of are must include crisis services and proactive plans to address known risks and potential crisis 	Alignment	Alignment

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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 Minimum Standards Sec. II, IV DCF Residential Treatment Licensing Regulations Sec 201, 202, 526 DMH System of Care Plan Sec. I, Sec II B1 ii,	<ul style="list-style-type: none"> 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. DCF Residential Licensing Regulations require that all policies and written plans of care are linguistically accessible to the child and family and are explained in a manner understandable to the child and family. 	Alignment	Alignment
17. Identify the individual and/or entity responsible for monitoring the plan	Minimum Standards Sec. IV Child Placing Agency Regulations 407.04	<ul style="list-style-type: none"> An identified lead case manager is required in the EFT program 	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 for its implementation	Administrative Rules on Agency Designation Sec 4.9; 4.13; 4.14 EFT Manual: Sec. II EFT Training Jan 2015 Slides 25, 27 Minimum Standards Sec. IV Child Placing Agency Regulations 407.05	<ul style="list-style-type: none"> All plans require participant and/or guardian agreement prior to implementation. 	Alignment	Alignment

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19. Be distributed to the individual and other people involved in the plan	EFT Training Jan 2015 Slide 23	<ul style="list-style-type: none"> Plans are distributed based in HIPPA standards and specifics of the families signed release of information 	Alignment	Alignment
20. Include those services, the purpose or control of which the individual elects to self-direct		<ul style="list-style-type: none"> Self-direction is not an option in the EFT program 	N/A	N/A
21. Prevent the provision of unnecessary or inappropriate services and supports	EFT Manual Minimum Standards Sec. III. Sec VIII	<ul style="list-style-type: none"> Funding decisions and final approval by EFT State staff include a review to ensure services are coordinated and responsive to the individual's needs and are not duplicative or unnecessary. EFT services require prior authorization by State staff 	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	EFT Training Jan 2015 Slide 21 EFT Program Manual Sec. II Procedural Guidelines for PA for Out-of-Home Treatment Sec. II, III, IV, V, VI	<ul style="list-style-type: none"> EFT guidelines require reviews every six months and in monthly progress notes; Families are expected to be involved and supported in all aspects of the planning and review process. 	Alignment	Alignment