

TRANSITION PLAN

For Complying with the CMS Home- and Community-Based Services Medicaid Rule

FOR THE STATE OF VERMONT

The CMS-approved Vermont transition plan can be found at:

www.medicaid.gov/sites/default/files/2023-09/vt-transition-plan-hcbs.pdf

The CMS-approved Vermont Corrective Action Plan can be found at:

www.medicaid.gov/sites/default/files/2023-04/vt-appvd-cap.pdf

SITE-SPECIFIC ASSESSMENTS

The Centers for Medicare & Medicaid Services (CMS) required states to conduct validated, site-specific assessments of all provider-owned or controlled settings.

Types of Settings/ Residents and Funding Authorities

The Vermont Agent of Human Services (AHS) is responsible for the implementation of 1915 waivers. The following are waivers included in the State Transition Plan/ Comprehensive Quality Strategy (CQS).

Choices for Care: 109 settings

- Residential:
 - Individuals Private Homes
- Non-Residential:
 - Adult Family Care (AFC): 94
 - Day Health Rehabilitation: 15

Developmental Services: 1,232 settings

- Residential:
 - Shared Living: 1,177
 - Group Homes: 18
 - Staffed Living: 31
 - Congregate Community: 1
- Non-Residential:
 - Congregate Day: 5

Traumatic Brain Injury: 38 settings

- Residential: 0
- Non-Residential: 38

Community Rehabilitation and Treatment: 28

- Residential:
 - Group Living: 19
 - Intensive Residential Recovery: 6
 - Staffed Living: 3
- Non-Residential: N/A

Enhanced Family Treatment: 39

- Residential:
 - Therapeutic Foster Care: 31

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	<ul style="list-style-type: none"> ○ Staffed Living (AKA Transitional Living): 8 ● Non-Residential: N/A
<p>Compliant/Non-Compliant</p>	<p>Choices for Care Waiver</p> <ul style="list-style-type: none"> ● %/# Fully compliant sites: <ul style="list-style-type: none"> ○ Residential: N/A ○ Non-Residential: <ul style="list-style-type: none"> ▪ AFC: 11%, 10 sites ▪ Day Health Rehabilitation: 11%, 2 sites ● %/# Could come into compliance with modifications: <ul style="list-style-type: none"> ○ Residential: N/A ○ Non-Residential: <ul style="list-style-type: none"> ▪ AFC: 89%, 84 sites ▪ Day Health Rehabilitation: 89%, 13 sites ● %/# Cannot comply with the federal settings criteria: 0%, 0 sites ● %/# Presumptively institutional in nature: 0%, 0 sites <p>Developmental Services:</p> <ul style="list-style-type: none"> ● %/# Fully compliant sites: <ul style="list-style-type: none"> ○ Residential: <ul style="list-style-type: none"> ▪ Shared Living: 8%, 94 sites ▪ Group Homes: 8%, 1 site ▪ Staffed Living: 8%, 2 sites ▪ Congregate Community: 0%, 0 sites ○ Non-Residential: <ul style="list-style-type: none"> ▪ Congregate Day; 8%, 1 site ● %/# Could come into compliance with modifications: <ul style="list-style-type: none"> ○ Residential: <ul style="list-style-type: none"> ▪ Shared Living: 92%, 1083 sites ▪ Group Homes: 92%, 17 sites ▪ Staffed Living: 92%, 29 sites ▪ Congregate Community: 100%, 1 site ○ Non-Residential: <ul style="list-style-type: none"> ▪ Congregate Day; 92%, 4 sites ● %/# Cannot comply with the federal settings criteria: 0%/0 sites ● %/# Presumptively institutional in nature: 0%, 0 sites <p>Traumatic Brain Injury Waiver:</p> <ul style="list-style-type: none"> ● %/# Fully compliant sites:

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	<ul style="list-style-type: none">○ Residential: N/A○ Non-Residential:<ul style="list-style-type: none">▪ 0.0%, 0 sites● %/# Could come into compliance with modifications:<ul style="list-style-type: none">○ Residential: N/A○ Non-Residential: 100%, 38 sites● %/# Cannot comply with the federal settings criteria: 0%, 0 sites● %/# Presumptively institutional in nature: 0%, 0 sites <p>Community Rehabilitation and Treatment:</p> <ul style="list-style-type: none">● %/# Fully compliant sites:<ul style="list-style-type: none">○ Residential:<ul style="list-style-type: none">▪ Group Living: 73%, 14 sites▪ Intensive Residential Recovery: 73%, 4 sites▪ Staffed Living: 73%, 2 sites○ Non-Residential: N/A● %/# Could come into compliance with modifications:<ul style="list-style-type: none">○ Residential:<ul style="list-style-type: none">▪ Group Living: 27%, 5 sites▪ Intensive Residential Recovery: 27%, 2 sites▪ Staffed Living: 27%, 1 sites○ Non-Residential: N/A● %/# Cannot comply with the federal settings criteria: 0%/0 sites● %/# Presumptively institutional in nature: 0%, 0 sites <p>Enhanced Family Treatment:</p> <ul style="list-style-type: none">● %/# Fully compliant sites:<ul style="list-style-type: none">○ Residential:<ul style="list-style-type: none">▪ Therapeutic Foster Care: 45%, 14 sites▪ Staffed Living (AKA Transitional Living): 62%, 5 sites○ Non-Residential: N/A● %/# Could come into compliance with modifications:<ul style="list-style-type: none">○ Residential:<ul style="list-style-type: none">▪ Therapeutic Foster Care: 55%, 17 sites▪ Staffed Living (AKA Transitional Living): 38%, 3 sites○ Non-Residential: N/A● %/# Cannot comply with the federal settings criteria: 0%, 0 sites● %/# Presumptively institutional in nature: 0%, 0 sites <p>NOTE: Vermont received approval of its corrective action plan (CAP) March 17, 2023. The CAP provides updated timeframes for completion of site-</p>
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	<p>specific assessments and the heightened scrutiny review process. Therefore, setting classifications in the STP may be out of date. According to the CAP, September 17, 2023, is the completion date to address findings related to CMS heightened scrutiny site visits including needed remediation required to ensure compliance and remediation of all settings; apply site visit feedback to the overall assessment process of all providers of HCBS and the case management system in Vermont; and to ensure that all providers are being assessed appropriately against the regulatory settings criteria and will implement the necessary remediation to achieve timely compliance. The CAP indicates the state would achieve full compliance statewide with HCBS settings rule by December 31, 2023.</p>
<p>Reasons for Non-Compliance</p>	<p>Specific reasons for non-compliance were not listed in the State Transition Plan.</p>
<p>Transition plans</p>	<p>A systematic review of the existing Vermont regulations and standards related to HCBS delivery to determine if they meet the federal HCBS final rule requirements. Items are scored as alignment, partial alignment, silent, or non-compliant. All programmatic Systemic Assessments were completed on or before February 6, 2017. <i>Work or Remediation Plans</i> expand upon the System Assessments by identifying subsequent action steps for the Vermont regulations and standards that did not receive a score of alignment. Following the detailed systemic review of each program, the State determined if there were deficiencies and the best mechanism for remediation and quality improvement.</p> <p>Provider self-assessments were sent to providers for them to self-assess their compliance with the HCBS final rules. After ensuring the completeness of the survey, state staff conducted an initial desk review of each survey for completion and then analyzed each compliance element in the self-assessment for consistency and accuracy and noted any “red flags” related to quality assurance, etc. Discrepancies between provider self-assessments and the consumer responses and/or other validation strategies were noted and all instances where non-compliance was indicated, were flagged for follow-up. Providers were required to submit Remediation Plan(s) if needed, or attestation, for settings that were not determined to be compliant. Providers that indicated that remediation is necessary were required to submit a Corrective Action Plan to the State within 30 days of submission of the provider self-assessment. The State worked with providers, through the corrective action process, to improve the quality of care and the setting characteristics to align with State and federal HCBS standards. To determine the status of each provider site, staff reviewed provider results, followed up with providers to clarify responses, and conducted on-site visits and consumer interviews to identify areas of potential concern.</p> <p>No site was determined to be unable to comply with the federal HCBS settings criteria. For any setting determined presumed institutional, the state will utilize the CMS heightened scrutiny process, gathering information and evidence on settings to determine if the setting overcame the presumption.</p> <p>Once a setting has been determined fully compliant, the state will ensure ongoing compliance with the settings criteria. Ongoing monitoring will occur</p>

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	<p>on a regularly scheduled basis consistent with current quality and compliance reviews using a combination of site visits, review of licensing/certification data, ongoing use of self-assessment tools, and validation surveys.</p> <p>For settings unable to come into compliance, participants will be relocated to a compliant provider. In the event of a transition, the state will work with the individual and his/her family/caregiver and provider (existing and new), etc. to develop a smooth transition process that will ensure continuity of care and protect the health and welfare of the individual throughout the process. The State's transition strategy includes a detailed transition process that provides reasonable notice and due process for beneficiaries, a timeframe, a description of the State's process to ensure sufficient services and supports are in place before the transition, and assurances that affected beneficiaries will receive sufficient information, opportunity, and supports to make an informed choice regarding the transition to a new compliant setting.</p>
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SETTINGS PRESUMED INSTITUTIONAL

CMS presumes some settings have qualities that are institutional or isolating in nature. These settings must go through a heightened scrutiny review by CMS.

CMS presumes the following types of settings have institutional or isolating qualities:

- *Category 1: Located in a hospital, nursing facility, or other institutional setting.*
- *Category 2: Located adjacent to a public hospital, nursing facility, or other institutional setting.*
- *Category 3: Have the effect of isolating people from the broader community.*

<p>% Presumed Institutional (No. of Residents Affected)</p>	<p>Based upon assessments, the state did not identify any settings presumed institutional requiring heightened scrutiny.</p>
<p>Type of Setting/Residents</p>	<p>N/A</p>
<p>Reason for Presumption</p>	<p>N/A</p>
<p>Heightened Scrutiny Process</p>	<p>The state's process for heightened scrutiny, reviewing settings presumed to be non-HCB, and determining if they warrant CMS' heightened scrutiny review, was part of the onsite review process that took place during the assessment phases listed earlier. The state's process was consistent with the CMS heightened scrutiny process. Information and evidence was gathered on settings requiring heightened scrutiny by February 19, 2020. No settings were determined to overcome the presumption. As a result, the state did not submit a request, with sufficient evidence, to CMS for heightened scrutiny review by the April 17, 2020 deadline of all settings presumed to be non-HCB (i.e., settings that are institutional or isolating in nature), but that the state believes are appropriate settings for HCBS and that have the qualities of HCB settings. Therefore, there was no list of settings requiring heightened scrutiny along with their information and evidence incorporated into the final version of the CQS/STP that was released for public comment.</p>

NON-COMPLIANCE COMMUNICATION

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% Cannot/Will Not Comply (No. of Residents Affected)	N/A
Type of Setting/Residents	N/A
Reason for Determination	N/A
Communication Strategy	<p>NOTE: Relocation process completed March 17, 2023.</p> <p>The state has no plans to remove any of the current services from the system and is committed to supporting the needs and preferences of individuals within the requirements of the HCBS final regulations. If a setting is not in full compliance with the HCBS Setting rule based on information obtained during the provider self-assessment and on-site visit, the expectation is that the setting will come into compliance by drafting and implementing a corrective action plan with reasonable timelines for achieving compliance.</p>
Assistance to Residents?	<p>Should the State determine that a setting cannot or will not meet required standards, a review of the individualized plan of care for each Specialized Program enrollee living in that setting would occur. Planning would include a discussion of needs and preferences with each participant. The State would notify the member, guardians, case managers, facility support staff, and any other identified responsible parties on or before 3/17/22 that the setting is not in compliance with HCBS settings requirements, not willing to remediate, has been identified for removal from the HCBS System, and that relocation is required. The person and their team would locate another suitable setting within the community. In communities where no other options exist, the State may, at its discretion, seek qualified providers through procurement or other designation processes.</p>

ONGOING MONITORING

Monitoring Procedures	<p>Ongoing monitoring will occur on a regularly scheduled basis and use a combination of site visits, review of licensing/certification data, ongoing use of self-assessment tools, and validation surveys. State staff will visit settings once every two years to evaluate compliance with HCBS rules. Visits will include an interview with clients, providers, and family members when possible. Ongoing monitoring tools will be incorporated into the bi-annual quality services review process for each provider survey.</p> <p>PIHP staff will monitor member experience and compliance with HCB settings requirements by modifying its current monitoring/oversight tools to include new HCBS requirements. If the PIHP identifies a compliance issue during a review, the provider will be notified of the issue and remediation measures will be taken, including but not limited to the development of a Corrective Action Plan.</p>
Quality Assurance Measures	<p>Quality Assurance monitoring methodologies will incorporate the addition of monitoring performance measures that ensure compliance with HCBS</p>

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	Settings Rule. Specific quality assurance information can be found in Vermont's January 1, 2023 submission here .
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