

January 1, 2023, Submission: State of Vermont information to document state and provider compliance with HCBS regulatory settings criteria

- *Description of how the state's oversight systems (licensure and certification standards, provider manuals, person-centered plan monitoring by case managers, etc.) have been modified to embed the regulatory criteria into ongoing operations;*

The state's oversight systems have been modified to embed the regulatory criteria into ongoing operations. Systemic Assessments of each HCBS program were conducted to assess the existing Vermont regulations and standards related to HCBS delivery to determine if they met the federal HCBS final rule requirements. All items that did not receive a score of alignment were subject to remediation or corrective action plans and included on associated Work Plans. These documents identified subsequent action steps including timelines, milestones, and monitoring process, for the Vermont regulations and standards that did not receive a score of alignment. Some examples of modifications that have been made as a result of this process include, but are not limited to, the following: the quality services and designation review process was modified to include the validation of compliance process with additional specific questions around each agency's compliance with the settings rules; provider manuals were modified to ensure compliance with the settings rules around choice, autonomy, privacy, access to food, etc.; and guidelines were modified to ensure proper documentation of restrictions of things like keys and locks on doors for individuals whose support team have determined it is a safety concern.

- *Description of how the state assesses providers for initial compliance and conducts ongoing monitoring for continued compliance; and*

The state developed survey instruments and protocols as well as completed comprehensive site-specific assessments of all HCBS settings to determine the extent to which HCBS settings comply with, are contradictory to, or are silent on the requirements under the new HCBS rules. A process was also developed to validate the provider self-assessment data during each agency's quality services and designation (certification) review process. During the validation process, specific questions related to the agency's compliance with the HCBS Settings Rules were asked to individuals receiving services, guardians/family members, and agency staff. Remediation strategies and corresponding timelines were drafted to resolve issues that the site-specific settings assessment process and subsequent validation strategies identified. Once a setting was determined fully compliant, the state ensures ongoing compliance with the settings criteria. Ongoing monitoring is the responsibility of current quality and compliance staff and HCBS settings requirements is incorporated in each department's quality and compliance review and monitoring tools. Ongoing monitoring occurs 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. Quality Management Teams ask the validation questions as they complete each review, and a report is provided to the agency asking for a plan of correction to address the identified areas not in compliance with the HCBS Rules. The plans of correction submitted by the agencies are reviewed, accepted, and monitored for effectiveness with each subsequent quality service review.

- *Description of a beneficiary's recourse to notify the state of provider non-compliance (grievance process, notification of case manager, etc.) and how the state will address beneficiary feedback.*

A beneficiary has several options to report provider non-compliance. The beneficiary can notify the state of provider non-compliance using the existing grievance process. If a beneficiary believes that a provider is not in compliance with the settings criteria, they can file a grievance using the existing grievance process. Beneficiaries can also notify their case manager or state quality management reviewer who provides oversight to the agency and they in turn can investigate the complaint/grievance with feedback provided to the agency based on their findings. The outcome of beneficiary feedback may result in the provider needing to respond with a plan of correction similarly to the on-going monitoring described above. In addition to the above options, the state is working with CMS to implement a measure set taken from the newly released HCBS Quality Measure Set that would include measures that address HCBS quality and outcomes associated with the settings criteria. The state would regularly analyze the result of the measures to evaluate provider performance against the settings criteria and/or to implement strategies to improve a beneficiary's experience of care.