

From: NASDDDS ListServ
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: [not-secure] Level of Care Inquiry
Date: Friday, January 27, 2017 3:35:20 PM
Attachments: [image001.png](#)

CT does not use the SIS. We developed our own Level of Need tool.

Siobhan C. Morgan , M.A.

Director of Waiver Services
Department of Developmental Services
460 Capitol Ave
Hartford CT 06106
Voice 860-418-8723
Fax 860-622-2769

Web:

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From: NASDDDS ListServ [mailto:NASDDDS@PEACH.EASE.LSOFT.COM] **On Behalf Of** Rhonda Workman - DHMH-

Sent: Friday, January 27, 2017 2:41 PM

To: NASDDDS@PEACH.EASE.LSOFT.COM

Subject: Level of Care Inquiry

Maryland is interested in finding out which states use the SIS for LOC determinations and seeking information, documents, and/or links to related materials.

Please provide a response to the following questions:

- 1) Does your state use the SIS?
- 2) If so, does your state use the results of the SIS as part of determining Level of Care (LOC) determinations for ICF/IID eligibility for HCBS programs?
- 3) If your state uses the SIS, do you also use additional assessment tools to augment information gained from the SIS?
- 4) If so, what additional tools do you use?

5) Finally, please provide copies or links to relevant policies, procedures, regulations and/or rules related to the LOC determination methodology and process.

Please forward your response directly to our consultant, Laura Nuss, at

lnussgroup@gmail.com.

We appreciate your time and assistance.

Sincerely,

Rhonda Workman

--

Rhonda Workman
Director of Federal Programs
Developmental Disabilities Administration
Department of Health and Mental Hygiene



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[DDA Website](#) | [Facebook](#) |

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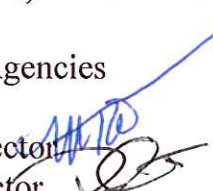


State of Vermont
Agency of Human Services

Department of Disabilities, Aging and Independent Living
 Adult Services Division & Developmental Disabilities Services Division
 HC 2 South, 280 State Drive
 Waterbury, VT 05671-2070
 Phone: 802-241-0294 & 802-241-0304
 Fax: 802-241-0385
www.dail.vermont.gov

MEMO

To: Licensed Level III and Assisted Living Providers
 Developmental Services Providers,
 TBI Services Providers
 Adult Family Care Authorized Agencies

From: Megan Tierney-Ward, ASD Director 
 Roy Gerstenberger, DDS Director 

Date: January 3, 2017

Re: Room & Board Memo – 2017 Standards Update

The Department of Disabilities, Aging and Independent Living (DAIL) has been notified that effective January 1, 2017, SSI benefits were increased by \$2 per month to reflect an increase in the cost of living (COLA). This memo is to communicate the new room & board and minimum personal spending amounts allowed under the DAIL room & board standards.

With the 2017 SSI increase, the room & board standard will increase by \$1 and the personal needs allowance will also increase by \$1. Please refer to the accompanying table for exact amounts based on the setting.

As a reminder, providers must ensure that individuals retain the required minimum personal spending amount listed in the table. *However, providers may choose to charge a person less for room and board payment so the resident may retain a greater personal needs spending allowance.*

Providers must also give residents proper notice of any change in room & board charges according to applicable licensing regulations and program standards.

Please contact your applicable state program representative with questions.

C: ASD Staff
 DDS Staff
 DLP Staff





Developmental Services

Description	Total SSI 2017	Room & Board	Minimum Personal Spending
Unlicensed Residential Care Home (also called <i>Board and Care Home</i> or <i>Developmental Home</i> or <i>Shared Living</i>)	833.69	708.69	125.00
Licensed Residential Care Home <i>Level III without ACCS</i>	1002.13	877.13	125.00
Licensed Residential Care Home <i>Level IV/TCR</i>	958.94	833.94	125.00
Independent Living	787.04	N/A	N/A

Section 6.2 of the Developmental Services Regulations specifies that the above designation shall be full and complete payment for room and board for people receiving residential services funded through the home and community-based waiver. The same section governs individuals with private means to pay room and board.

TBI Services

Description	Total SSI 2017	Room & Board	Minimum Personal Spending
Unlicensed Residential Care Home (also called <i>Board and Care Home</i> or <i>Developmental Home</i> or <i>Shared Living</i>)	833.69	724.69	109.00
Licensed Residential Care Home <i>Level III without ACCS</i>	1002.13	893.13	109.00
Licensed Residential Care Home <i>Level IV/TCR</i>	958.94	849.94	109.00
Independent Living	787.04	N/A	N/A

Choices for Care – Adult Family Care

Description	Total SSI 2017	Room & Board	Minimum Personal Spending
Adult Family Care Home	833.69	708.69	125.00

Assistive Community Care Services (which includes CFC Enhanced Residential Care)

Description	Total SSI 2017	*Room & Board	Minimum Personal Spending
Licensed Level III Residential Care Home and Assisted Living Residences with ACCS <i>*Residents living in a private room with income above SSI may be charged room & board up to 85% of their net income after Medicaid standard deductions and medical deductions.</i>	783.38	*709.38	74.00

<u>Medicaid Protected Income Limit (PIL)</u>	<u>2016</u>	<u>2017</u>
<i>Outside</i> Chittenden County:	\$1008	\$1025
<i>Inside</i> Chittenden County:	\$1083	\$1108

Kennedy, Alice

From: Hill, Bard
Sent: Tuesday, November 21, 2017 1:00 PM
To: McFadden, Clare; Tierney-Ward, Megan
Cc: Hutt, Monica; George, Camille; Mohlman, Mary Kate
Subject: FW: Act 82: Sec 7 Payments to DAs and SSA's + Medicaid Pathway reports
Attachments: Act 113 Medicaid Pathway 2018 Draft.bhdail.docx

Hi-

I have revised Section 2 and DAIL part of Section 5, as attached.

Clare/Megan, these sections would benefit from your review and any edits.

Cheers
Bard

"Nobody knew that health care could be so complicated."
President Donald Trump

Bard Hill

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From: Mohlman, Mary Kate
Sent: Tuesday, November 21, 2017 11:11 AM
To: Dragon, Paul <Paul.Dragon@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; Bailey, Melissa <Melissa.Bailey@vermont.gov>; Fox, Mourning <Mourning.Fox@vermont.gov>; Hickman, Selina <Selina.Hickman@vermont.gov>; Thomas, Cynthia <Cynthia.Thomas@vermont.gov>; Dolan, Tracy <Tracy.Dolan@vermont.gov>; Levine, Mark <Mark.Levine@vermont.gov>; Samuelson, Jenney <Jenney.Samuelson@vermont.gov>; Cooper, Alicia <Alicia.Cooper@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Costa, Michael <Michael.Costa@vermont.gov>
Cc: Clark, Hope <Hope.Clark@vermont.gov>; Fisher, Jaime <Jaime.Fisher@vermont.gov>
Subject: RE: Act 82: Sec 7 Payments to DAs and SSA's + Medicaid Pathway reports

Hello all,

Selina first circulated this report on November 8th. As Paul, wrote below, we are combing the Medicaid Pathway's report with the Act 82 Sec 7 report and submitting on January 15th, giving us a little less than 2 months. I would like to aim to have a draft for final review by January 2, 2018, which means that I would like to have all components of the report to be by We have a month and a half to pull this together. I would like to have a draft to me by December 22, 2017.

In the attached report outline, which was circulated a couple weeks ago, you will see Selina's initial take on who should author what section. Please let me know ASAP if those assignments need to change. I would also like to schedule 2 check-ins in the intervening to time to see where we are in drafting the report. Those invites will be forthcoming. I am also in the process of figuring out how best to share the document for version control.

Much thanks and please reach out with any questions or thoughts on the current construct.

Mary Kate

Mary Kate Mohlman, MS, PhD
Director of Health Care Reform
Agency of Human Services
State of Vermont

Phone: 802.585.6605

E-mail: marykate.mohlman@vermont.gov

From: Dragon, Paul

Sent: Thursday, November 16, 2017 5:42 PM

To: Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; Bailey, Melissa <Melissa.Bailey@vermont.gov>; Fox, Mourning <Mourning.Fox@vermont.gov>; Hickman, Selina <Selina.Hickman@vermont.gov>; Thomas, Cynthia <Cynthia.Thomas@vermont.gov>; Dolan, Tracy <Tracy.Dolan@vermont.gov>; Levine, Mark <Mark.Levine@vermont.gov>

Cc: Clark, Hope <Hope.Clark@vermont.gov>; Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>

Subject: RE: Act 82: Sec 7 Payments to DAs and SSA's + Medicaid Pathway reports

Folks,

At the meeting we decided:

- MK is graciously taking the lead on coordinating the two reports. She will be in touch with departments.
- We agreed to integrate 113 and 82.7 into a delivery system reform report due 1/15. This is the later date based on 113.
- A memo needs to go out to the committees notifying them of this integration and composite date – MK
- Documents will potentially be placed on Sharepoint – MK two work with the Departments on how best to do this .
- Need to consider implications for Master Grant so please keep Paul updated and involved as he may be the lead for this due to Selina's new role.
- Need to consider any connection to 12/15 Act 85 Report due on DA payments.

Anything else?

Thank you!!

Paul

Paul Dragon, Ed.D.
Director of Policy and Program Integration

Agency of Human Services
280 State Drive
Waterbury, VT 05671-1000
Paul.dragon@vermont.gov
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Cell: 802- 585-9188
<http://humanservices.vermont.gov>

From: Hill, Bard

Sent: Thursday, November 16, 2017 4:06 PM

To: Dragon, Paul <Paul.Dragon@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>

Subject: Re: Act 82: Sec 7 Payments to DAs and SSA's + Medicaid Pathway reports

Hi

Sorry I was out for this- anything I need to do?

Bard

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Kennedy, Alice

From: Hill, Bard
Sent: Monday, December 04, 2017 10:51 AM
To: Mohlman, Mary Kate
Cc: George, Camille; McFadden, Clare; Tierney-Ward, Megan
Subject: Act 113 report (DAIL language)
Attachments: Act 113 Medicaid Pathway 2018 Draft.dail to ahs.docx

Hi Mary Kate-

I have attached draft language from DAIL for the relevant sections of the Act 113 report. Please contact me if you have any questions.

DAIL staff: this clean version is also saved here:

I:\ALLDAIL\act 113 report\Act 113 Report 2018\Act 113 Medicaid Pathway 2018 Draft.dail to ahs.docx

Cheers-
Bard

“The best way to get a good idea is to get a lot of ideas.”
Donald Berwick

Bard Hill

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Kennedy, Alice

From: Hill, Bard
Sent: Thursday, November 09, 2017 5:15 PM
To: George, Camille; Tierney-Ward, Megan; McFadden, Clare
Cc: Hickman, Selina
Subject: Act 113 Medicaid Pathway 2018 Draft.docx - DAIL revised content
Attachments: Act 113 dail draft 2017.11092017.docx

Hi-

I have created a revised/expanded draft of the DAIL 'pathway' content for the Act 113 report, and saved it in a shared folder:

I:\ALLDAIL\act 113 report\Act 113 dail draft 2017.11092017.docx

I did not attempt to edit Selina's master document, so this is still separate. Please review/edit the shared document in the shared folder as you see fit.

I have attached a copy in case Selina would like to see this current draft.

Cheers-
Bard

The emphasis should be on why we do a job.

W. Edwards Deming

Bard Hill

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From: George, Camille
Sent: Wednesday, November 08, 2017 4:25 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: Re: Act 113 Medicaid Pathway 2018 Draft.docx - please review

That would be great if you could, thanks!

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From: Hill, Bard <bard.hill@vermont.gov>
Sent: Wednesday, November 8, 2017 3:57 PM
Subject: Re: Act 113 Medicaid Pathway 2018 Draft.docx - please review
To: George, Camille <camille.george@vermont.gov>, Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>, McFadden, Clare <clare.mcfadden@vermont.gov>

Should I continue improving from outline to narrative or should I not?

Bard

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From: George, Camille <camille.george@vermont.gov>

Sent: Wednesday, November 8, 2017 3:39 PM

Subject: Act 113 Medicaid Pathway 2018 Draft.docx - please review

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>, McFadden, Clare <clare.mcfadden@vermont.gov>, Hill, Bard <bard.hill@vermont.gov>

Hi there- following up on what Selina sent out, I think we're clear that Clare is going to draft the DS piece and Megan is going to draft the piece about MNG. Anything else? I wonder if we want to check in internally at DAIL about a week before our pieces are due? I think I will go ahead and ask Liz to try to schedule something so we have it in case we need it. Optimally, you'd have your pieces done by the time we meetThanks.

Kennedy, Alice

From: Hill, Bard
Sent: Wednesday, November 01, 2017 5:22 PM
To: George, Camille; Tierney-Ward, Megan; McFadden, Clare
Subject: Act 113?
Attachments: Act 113 dail draft 2017.11022017.docx

Hi-
Here is my outline for Act 113. If you think I'm on track, I'll proceed with complete narrative for your review/edits on the way to AHS, and beyond...
If not, please let me know.

THX!
Bard

From: George, Camille
Sent: Wednesday, November 01, 2017 12:54 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: RE: Notes Act 82 Sec 7 Leg Rpt Mtg 10.31.17

FYI, Bard and I just spoke briefly. The requirements of the two reports are very similar. At the meeting Clare and I attended yesterday, we did have the discussion about this very fact and at least posed the possibility of consolidating...I think in many ways the descriptions that we provide specifically for DS and MNG can start out the same.

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
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<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.

Falls are the leading cause of fatal and non-fatal injuries among older adults, but you have the power to [prevent a fall](#). September is **Falls Prevention Awareness Month!** Learn more at [Falls Free Vermont](#) or by calling the Senior Helpline at 1-800-642-5119.



From: Hill, Bard
Sent: Wednesday, November 01, 2017 12:47 PM
To: George, Camille <Camille.George@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: RE: Notes Act 82 Sec 7 Leg Rpt Mtg 10.31.17

I'm not clear on the intersection between the two reports (82 and 113)...

From: George, Camille
Sent: Wednesday, November 01, 2017 11:21 AM
To: Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: FW: Notes Act 82 Sec 7 Leg Rpt Mtg 10.31.17

Hi – Clare and I attended a meeting yesterday to plan for the Act 82 section 7 report. Bard and Megan, this is very consistent with what we discussed when we met (and should have included Clare). The plan is that we should have our sections (basically DS and MNG) drafted by 12/1 and then we will have another group meeting the first week in December to look at everything pulled together and identify any gaps/issues that we need to address.

Clare is going to take the lead in drafting the DS piece.

Megan, can you please take the lead in drafting the MNG piece?

All, Selina will draft the work to date (Medicaid Pathways piece) and we'll have a chance to review that.

Bard and Megan, should I ask Selina to also include one/both of you in that meeting?

Thanks.

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
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280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
Cell Phone: 802.798-2079
E-mail: camille.george@vermont.gov
<http://www.dail.vermont.gov/>

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From: Hickman, Selina
Sent: Wednesday, November 01, 2017 11:15 AM
To: George, Camille <Camille.George@vermont.gov>; Dragon, Paul <Paul.Dragon@vermont.gov>
Subject: RE: Notes Act 82 Sec 7 Leg Rpt Mtg 10.31.17

Camille- your notes are great! They add color to my basic table of contents:

Meeting Date: 10/31/2017 10:00 AM
Location: AHS - WSOC FirB 10

Draft Table of Contents for Act 82 Section 7 report due 1/1/17-

1. Introduction:

Describe progress to date- the APM agreement and VMNG implementation (Alicia) as well as payment reform efforts related to the Medicaid Pathway (Selina).

2. Describe current efforts that work toward future expectations:

- Agency-wide: HCR and DSR organizing- AHS-wide meeting forums (refer back to the AHS-HCR report from Jan/Feb 2017) (Mary Kate)
- APM requirements for BH integration- (Jenney Samuelson?)
- Department specific:
 - DVHA- Align with APM plan for BH (Alicia)
 - DMH- payment reform efforts (MH child and adult payments- incremental efforts toward reform) (Melissa designee)
 - DAIL- MNG and DS children efforts. (Camille/Clare or designee).
 - Note- There may be potential for identifying individuals with opioid use w/ Medicare primary
 - VDH- Defer to alignment with overall BH plan for APM. Mention any efforts moving in this direction (may not be able to mention DA/SSA specific work). (Cindy)
 - Ideas: SUD waiver? (talk with DMH about IMD for co-occurring disorders- might not be appropriate since not related to DA/SSAs)

Schedule next meeting for first week of December- people should come with draft language and questions/concerns about potential gaps and opportunities for alignment.

Selina H. Hickman
Agency of Human Services



From: George, Camille
Sent: Tuesday, October 31, 2017 10:41 AM
To: George, Camille <Camille.George@vermont.gov>; Dragon, Paul <Paul.Dragon@vermont.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: Notes Act 82 Sec 7 Leg Rpt Mtg 10.31.17

Hi - here you go. Selina is also sending notes which will probably be much better than these!

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Kennedy, Alice

From: Hill, Bard
Sent: Wednesday, June 13, 2018 4:42 PM
To: Seiler, Phillip; George, Camille; Hutt, Monica
Cc: Kelly, Bill
Subject: FW: AHS/ADS MOU
Attachments: 03400-MOU-ADS-FY19 AHS ADA MOU DRAFT 061318_DH.docx

Hi-

Unfortunately I was double booked with EVV and missed this meeting, with discussion of the attachment. 'Asks':

Appendix E (page 14): We are asked to review this appendix and its list of DAIL IT systems, applications, tools and projects by COB 6/21. I am not familiar with many of the divisions activities. Is it reasonable to ask Phil/Tela as ADS staff to review this appendix? If not, I think we need to ask each division director to review.

Service catalog (page 26): We are asked to review this appendix and its list of ADS services. I am not familiar with many of the terms used or the services described. Is it reasonable to ask Phil/Tela as ADS staff to review this appendix? If not, any suggestions for how to proceed?

Thanks!
Cheers
Bard

Eschew surplusage.
Samuel Clemens

Bard Hill

bard.hill@vermont.gov

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mobile 802.760.0852

From: Henry, Dixie
Sent: Wednesday, June 13, 2018 12:21 PM
To: Davis, Clarence <Clarence.Davis@vermont.gov>; Weeber, Monica <Monica.Weeber@vermont.gov>; Herring, Lucas <Lucas.Herring@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Brown, Sean P. <Sean.Brown@vermont.gov>; Madison, Cassandra <Cassandra.Madison@vermont.gov>; Reed, Frank <frank.reed@vermont.gov>; Gould, Jill <Jill.Gould@vermont.gov>; Schilling, Lisa <Lisa.Schilling@vermont.gov>; Nagelschmidt, Denise <Denise.Nagelschmidt@vermont.gov>; Maksym, Martha <Martha.Maksym@vermont.gov>; Clark, Sarah <Sarah.Clark@vermont.gov>; Weiss, Bessie <Bessie.Weiss@vermont.gov>; Coles, Diane <Diane.Coles@vermont.gov>; Prail, Darin <darin.prail@vermont.gov>; O'Connell, Tracy E <Tracy.OConnell@vermont.gov>; Evans, Brian <Brian.Evans@vermont.gov>; Dolan, Tracy <Tracy.Dolan@vermont.gov>; Poitras, Erik <Erik.Poitras@vermont.gov>; Clark, Karen <Karen.Clark@vermont.gov>
Cc: D'Agostino, Matt <Matt.DAgostino@vermont.gov>; Thompson, Shannon <shannon.thompson@vermont.gov>; Kelly, Bill <Bill.Kelly@vermont.gov>; Daley, Paul <Paul.Daley@vermont.gov>; Hayward, Marie <Marie.Hayward@vermont.gov>
Subject: RE: AHS/ADS MOU

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Dixie

Dixie Henry, Esq.
(802) 881-5942

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-----Original Appointment-----

From: Davis, Clarence

Sent: Friday, June 1, 2018 2:31 PM

To: Davis, Clarence; Weeber, Monica; Herring, Lucas; Hill, Bard; Brown, Sean P.; Madison, Cassandra; Reed, Frank; Gould, Jill; Henry, Dixie; Schilling, Lisa; Nagelschmidt, Denise; Maksym, Martha; Clark, Sarah; Weiss, Bessie; Coles, Diane; Prail, Darin; O'Connell, Tracy E; Evans, Brian; Dolan, Tracy; Poitras, Erik; Clark, Karen

Cc: D'Agostino, Matt; Thompson, Shannon; Kelly, Bill; Daley, Paul; Hayward, Marie

Subject: AHS/ADS MOU

When: Wednesday, June 13, 2018 11:00 AM-12:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: AHS - WSOC Oak 49 RmA283

Agenda:

1. Welcome and Purpose of Meeting
2. High-Level Overview of Draft MOU Content and Structure
3. Review Action Items for Departments
 - a. Review Appendices for Department Specific Content
 - b. Review and Comments on Service Catalog
4. Adjourn

From: JBohen@springfieldmed.org
To: [Tierney-Ward, Megan](#)
Subject: Adult Day Standards and AD Director Comments.
Date: Friday, January 27, 2017 3:38:05 PM

Megan,

I have heard back from a few of the AD Directors re: your request to post the AD Standards to the website as final.

See below: these are concerns from the other members and as I understand that some of these new standards are federal law but thought you would like to see the comments and reply. We also don't have the assessment tool which is referred to in the standards.

Each center should be able to create their own policy so as to create a safe space for all of our participants. I have participants with particular concerns when it comes to visitors, putting us and the participant in a liable position with the way the current standard is stated. **The right to have visitors at any time.** I would like the ability to request that participants call a day ahead to provide notice of visitors so as to make arrangements if necessary for participants that may be negatively affected by someone else's visitors.

As far as visitors it does state that we can "**describe(s) the process for potential modifications to said participant's rights.**" I would think that a center could outline in their policy that visitors needed to check-in. I hope that the way they've outlined this it will give us the flexibility that we want/need.

Section: IV: Quality Management: There is no self assessment tool listed that has been designed for us to use or tailor.

Section VII & VIII: Regarding Program & Participant Policies: The right to have visitors at any time. We have had several discussions about this policy can/could cause disruptions/safety concerns. Can we add a section that states all visitors must check in at the front door to be sure that the participant is in agreement to participate in a visitation and if visitors cause any concerns or problems just a thought.

Section XI: Nutrition & Food Services: To put in something about when wanting visitors to come for lunch that they must call ahead to schedule it. To prepare the correct number of meals.

I am somewhat concerned as to the language regarding Modifications and that broad brush that it includes all of the participant rights...not just Section X/b....in regards to Direct Care.....
...thereby making a 'Visitors policy' too broad and not being a 'specific and individualized' need, etc.

In addition, I am concerned that we do not have the assessment tool The Standards and the Tool should be issued simultaneously..... Especially as the Standards specifically refer to the Vermont Act 124 and the Vermont Government Accountability Office....."specific guidance'.....

J.

JoAnne C. Bohlen, BA
Director of Springfield Area Adult Day Services
266 River Street
Springfield, VT 05156

phone: 802-885-9881
fax: 802-885-6925

<http://www.springfieldmed.org>

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This message has been scanned for malware by Websense. www.websense.com

Kennedy, Alice

From: Lane, Sara
Sent: Tuesday, July 17, 2018 10:11 AM
To: Lane, Sara
Subject: FW: AFC Monthly Meeting Agenda - Thursday May 4, 2017
Attachments: AFC Home Phone Call Agenda_05.04.2017.docx

Sara Lane, BSN, RN

Quality Management Nurse
TBI/CFC Programs
DAIL- Adult Services Division
HC2 South 280 State Drive
Waterbury, VT 05671-2070
Phone: 802.241.0299
Fax: 802.241.0385
<http://asd.vermont.gov/help>

From: Dalley, Jessica
Sent: Wednesday, May 03, 2017 4:06 PM
To: AHS - DAIL ASD LTCCC ; Alysia Chapman (alysiac@howardcenter.org) ; Amber Schaeffler (amber.schaeffler@ncssinc.org) ; Courcelle, Andre ; Bart Mair (bmair@lincolnstreetinc.org) ; Ben Gallagher (beng@howardcenter.org) ; Bonnie Jamieson (bjamieson@ucsvt.org) ; Brenda Donley (brendad@gmssi.org) ; Brent Hewey (bhewey@ccs-vt.org) ; Brown, Paula ; Corey Wilkins (cwilkins@hcrs.org) ; Coutu, Deb ; Danielle Boissy (Danielleb@gmssi.org) ; David Wheeler (david@familiesfirstvt.com) ; Dawn Danner (DDanner@ucsvt.org) ; Currier, Debra ; Delaina Norton (delainan@howardcenter.org) ; Heather Goodale (hgoodale@csac-vt.org) ; Fossi, Herman ; Jane Munroe ; Jeanine Chalue (jeaninec@gmssi.org) ; Jennifer Murdoch (jmurdoch@csac-vt.org) ; Jessalyn Gustin (jgustin@uvs-vt.org) ; Dalley, Jessica ; Joan Carman ; Karen Ciechanowicz ; Kenworthy, Kathleen ; Katie Gilcris (kgilcris@hcrs.org) ; Kevin Burke (B1840house@aol.com) ; Kim Lachant ; Kim McCarty (kmccarty@csac-vt.org) ; Laura Martin (lmartin@pridetbi.com) ; Laurie Fay (lfay@uvs-vt.org) ; Linda Ormsbee (lormsbee@comcast.net) ; Lisa Tilton (lisat@gmssi.org) ; Lorraine Gaboriault (lgaboriault@uvs-vt.org) ; Marie Greeno (MGreeno@ccs-vt.org) ; Marilyn Carter (marilync@gmssi.org) ; Corjay, Matthew ; Tierney-Ward, Megan ; Michel Kersten (mkersten@rmhscn.org) ; Michele Corrow (mcorrow@pridetbi.com) ; Michelle Dindo ; Nancy Welcome ; Nicole Pierce (npierce@hotmail.com) ; Paula Dougherty (pdougherty@csac-vt.org) ; Lane, Sara ; Sharon Tierra (stierra@csac-vt.org) ; Shirley Donohue (sdonohue@howardcenter.org) ; Nelson, Teresa ; Terri Lavelly (t.lavelly@nkhs.net) ; Ashe, William ; Woods, Mary
Subject: AFC Monthly Meeting Agenda - Thursday May 4, 2017

Good Afternoon,

Please find attached the agenda for tomorrow's meeting from 11:00 AM – 12:00 PM.

Please use the call in information below:

Conference Phone Number: 1-888-585-9008

Conference Room Number: 999416806

We look forward to your attendance!

*Thank you,
Jessica*

*Jessica R. Dalley
Administrative Assistant
Money Follows the Person Project
Department of Disabilities, Aging & Independent Living
Adult Services Division
HC 2 South, 280 State Drive, Waterbury, VT 05671-2070
Main Line: (802) 241-0289
Fax: (802) 241-0385
Jessica.Dalley@vermont.gov*

Kennedy, Alice

From: Lane, Sara
Sent: Tuesday, July 17, 2018 10:14 AM
To: Lane, Sara
Subject: FW: AFC Home Monthly Phone Call Meeting - Thursday February 2, 2017
Attachments: AFC Home Phone Call Agenda_02.02.2017.docx; AFC Home Phone Call - MeetingMinutes_ActionItems_01.05.2017.docx; Immediate Relative.docx; CFC706_afc_aa_referral_v12016_EDITS_01.04.2017_UPDATED.docx; CFC707_afc_enrollment_form_v12016_EDITS_01.04.2017_UPDATED.DOCX; CFC-live-in-care-requirements_CFC-live-in-care-agreement_Final Review 11212016.docx; cfc_rights_responsibilities 11212016.doc; 2017 room-and-board-2017-standards-update.pdf

Sara Lane, BSN, RN

Quality Management Nurse

TBI/CFC Programs

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<http://asd.vermont.gov/help>

From: Dalley, Jessica
Sent: Wednesday, February 01, 2017 9:25 AM
To: AHS - DAIL ASD LTCCC ; Alysia Chapman (alysiac@howardcenter.org) ; Amber Schaeffler (amber.schaeffler@ncssinc.org) ; Courcelle, Andre ; Bart Mair (bmair@lincolnstreetinc.org) ; Ben Gallagher (beng@howardcenter.org) ; Bonnie Jamieson (bjamieson@ucsvt.org) ; Brenda Donley (brendad@gmssi.org) ; Brent Hewey (bhewey@ccs-vt.org) ; Brown, Paula ; Corey Wilkins (cwilkins@hcrs.org) ; Danielle Boissy (Danielleb@gmssi.org) ; David Wheeler (david@familiesfirstvt.com) ; Dawn Danner (DDanner@ucsvt.org) ; Currier, Debra ; Delaina Norton (delainan@howardcenter.org) ; Heather Goodale (hgoodale@csac-vt.org) ; Fossi, Herman ; Jane Munroe ; Jeanine Chalue (jeaninec@gmssi.org) ; Jennifer Murdoch (jmurdoch@csac-vt.org) ; Jessalyn Gustin (jgustin@uvs-vt.org) ; Dalley, Jessica ; Joan Carman ; Karen Ciechanowicz ; Kenworthy, Kathleen ; Katie Gilcris (kgilcris@hcrs.org) ; Kevin Burke (B1840house@aol.com) ; Kim Daniels (kdaniels@tds.net) ; Kim Lachant ; Kim McCarty (kmccarty@csac-vt.org) ; Laura Martin (lmartin@pridetbi.com) ; Laurie Fay (lfay@uvs-vt.org) ; Linda Ormsbee (lormsbee@comcast.net) ; Lisa Tilton (lisat@gmssi.org) ; Lorraine Gaboriault (lgaboriault@uvs-vt.org) ; Marie Greeno (MGreeno@ccs-vt.org) ; Marilyn Carter (marilync@gmssi.org) ; Corjay, Matthew ; Tierney-Ward, Megan ; Michel Kersten (mkersten@rmhscn.org) ; Michele Corrow (mcorrow@pridetbi.com) ; Nicole Pierce (npierce@hotmail.com) ; Paula Dougherty (pdougherty@csac-vt.org) ; Lane, Sara ; Sharon Tierra (stierra@csac-vt.org) ; Shirley Donohue (sdonohue@howardcenter.org) ; Nelson, Teresa ; Terri Lavelly (t.lavelly@nkhs.net) ; Ashe, William ; Woods, Mary
Subject: AFC Home Monthly Phone Call Meeting - Thursday February 2, 2017

Hello Everyone,

We are looking forward to our *Authorized Agency Choices for Care AFC Home* monthly phone call, scheduled for February 2, 2017 @ 11:00 AM - 12:00 PM.

Call in Number: 1-888-585-9008

Room #: 703101713

Managing the Conference Call:

***2 Mute/Unmute your own line so other people can't hear you talking**

***8 Mute/Unmute all participants except moderators - lecture mode**

Please find attached several documents for your reference:

- Agenda
- Meeting Minutes January 2017
- Department of Labor Definition of Family/Immediate Relative
- Room and Board Memo
- CFC 706 Referral Form
- CFC 707 Enrollment/Disenrollment
- Live in Care Requirements /Live in Care Agreement
- CFC/AFC Participant Rights

The agenda is also included in the body of this e-mail.

We look forward to your participation.

Thank you,

Jessica

AFC Home Phone Call Agenda - January 5, 2017

Introduction of the ASD Adult Family Care team and their roles:

AFC Field Co-ordination (Referrals, Enrollments & Transitions) - *Teresa Nelson*

HCBS Rules - Agency Self-Assessment / Participant Validation - *Andre Courcelle*

Meeting Co-ordination /Notes - *Jessica Dalley*

AFC Process Questions - *Matthew Corjay*

MFP Transition Funds Support / Billing Questions - *Kathleen Kenworthy*

Tier Rate Variances - *Sara Lane*

AFC Quality Reviews - *Andre Courcelle*

Billing Integrity - *Matthew Corjay*

Name	Email Address	Primary Phone Number
Teresa Nelson	Teresa.Nelson@vermont.gov	(802) 595-3706
Andre Courcelle	Andre.Courcelle@vermont.gov	(802) 786-2516

Matthew Corjay	Matthew.Corjay@vermont.gov	(802) 241-0286
Kathleen Kenworthy	Kathleen.Kenworthy@vermont.gov	(802) 241-0298
Sara Lane	Sara.Lane@vermont.gov	(802) 241-0299
Jessica Dalley	Jessica.Dalley@vermont.gov	(802) 241-0289

Agenda Items - February 2, 2017

1. Review Meeting Notes
 - Updates
 - Feedback and Question
2. Live in Care Agreement
 - AFC Policy and alignment regarding protective monitoring requests and process
 - Termination of Agreement - differences between traditional tenant/landlord
3. CFC 707 Enrollment Disenrollment
 - Discussing alternative
4. CFC 706 Referral
 - Process review
 - Information and Instructions for providers
5. Transportation to access community
 - How to address issue
6. Hospitalizations
 - Home up Keep
7. Pre-Transition Payments
 - Ongoing Work
 - Developing alternatives
8. Update on HCBS Provider self-assessment – Andre Courcelle
9. Agenda Topics for next meeting – March 2, 2017

Jessica R. Dalley

Administrative Assistant

Money Follows the Person Project

Department of Disabilities, Aging & Independent Living

Adult Services Division

HC 2 South, 280 State Drive, Waterbury, VT 05671-2070

Main Line: (802) 241-0289

Fax: (802) 241-0385

Jessica.Dalley@vermont.gov

Kennedy, Alice

From: Lane, Sara
Sent: Tuesday, July 17, 2018 10:13 AM
To: Lane, Sara
Subject: FW: AFC Phone Call - Monthly Meeting Minutes - April 6, 2017
Attachments: AFC Meeting Minutes_04.06.2017.docx; LTC Team List 3.23.17.doc

Sara Lane, BSN, RN

Quality Management Nurse
TBI/CFC Programs
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Phone: 802.241.0299
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<http://asd.vermont.gov/help>

From: Dalley, Jessica
Sent: Tuesday, April 11, 2017 1:46 PM
To: AHS - DAIL ASD LTCCC ; Alysia Chapman (alysiac@howardcenter.org) ; Amber Schaeffler (amber.schaeffler@ncssinc.org) ; Courcelle, Andre ; Bart Mair (bmair@lincolnstreetinc.org) ; Ben Gallagher (beng@howardcenter.org) ; Bonnie Jamieson (bjamieson@ucsvt.org) ; Brenda Donley (brendad@gmssi.org) ; Brent Hewey (bhewey@ccs-vt.org) ; Brown, Paula ; Corey Wilkins (cwilkins@hcrs.org) ; Coutu, Deb ; Danielle Boissy (Danielleb@gmssi.org) ; David Wheeler (david@familiesfirstvt.com) ; Dawn Danner (DDanner@ucsvt.org) ; Currier, Debra ; Delaina Norton (delainan@howardcenter.org) ; Heather Goodale (hgoodale@csac-vt.org) ; Fossi, Herman ; Jane Munroe ; Jeanine Chalue (jeaninec@gmssi.org) ; Jennifer Murdoch (jmurdoch@csac-vt.org) ; Jessalyn Gustin (jgustin@uvs-vt.org) ; Dalley, Jessica ; Joan Carman ; Karen Ciechanowicz ; Kenworthy, Kathleen ; Katie Gilcris (kgilcris@hcrs.org) ; Kevin Burke (B1840house@aol.com) ; Kim Daniels (kdaniels@tds.net) ; Kim Lachant ; Kim McCarty (kmccarty@csac-vt.org) ; Laura Martin (lmartin@pridetbi.com) ; Laurie Fay (lfay@uvs-vt.org) ; Linda Ormsbee (lormsbee@comcast.net) ; Lisa Tilton (lisat@gmssi.org) ; Lorraine Gaboriault (lgaboriault@uvs-vt.org) ; Marie Greeno (MGreeno@ccs-vt.org) ; Marilyn Carter (marilync@gmssi.org) ; Corjay, Matthew ; Tierney-Ward, Megan ; Michel Kersten (mkersten@rmhscn.org) ; Michele Corrow (mcorrow@pridetbi.com) ; Michelle Dindo ; Nicole Pierce (npierce@hotmail.com) ; Paula Dougherty (pdougherty@csac-vt.org) ; Lane, Sara ; Sharon Tierra (stierra@csac-vt.org) ; Shirley Donohue (sdonohue@howardcenter.org) ; Nelson, Teresa ; Terri Lavelly (t.lavelly@nkhs.net) ; Ashe, William ; Woods, Mary
Cc: kwhite@lincolnstreetinc.org
Subject: AFC Phone Call - Monthly Meeting Minutes - April 6, 2017

Please find attached the AFC Monthly Phone Call Meeting Minutes for April 6, 2017 and the current LTC Team list for your reference.

If you have any questions, please feel free to contact me.

Thank you,

Jessica

Jessica R. Dalley

Administrative Assistant

Money Follows the Person Project

Department of Disabilities, Aging & Independent Living

Adult Services Division

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Jessica.Dalley@vermont.gov

Kennedy, Alice

From: Hill, Bard
Sent: Thursday, February 15, 2018 11:30 AM
To: Perreault, Liz
Subject: Agenda items for 2/21 MT meeting
Attachments: Personal Care-EVV Req. AHS Services.02142018v5.docx

Hi- Two continuation items...

Status of A3 Forms for DAIL Objectives E:\ALLDAIL\DAIL_Strategic_Plan\A3 forms for DAIL plan	Bard Hill	5 min	<input type="checkbox"/> Inform <input checked="" type="checkbox"/> Discuss/Input <input type="checkbox"/> Decision/ Action
DAIL APM ACO Opportunities Brainstorm	Bard Hill	10 min	<input type="checkbox"/> Inform <input checked="" type="checkbox"/> Discuss/Input <input type="checkbox"/> Decision/ Action

And a new one, with attachment:

EVVS	Bard Hill	5 min	<input checked="" type="checkbox"/> Inform <input type="checkbox"/> Discuss/Input <input type="checkbox"/> Decision/ Action
------	-----------	-------	---

“The best way to get a good idea is to get a lot of ideas.”
Donald Berwick

Bard Hill
bard.hill@vermont.gov
 landline 802.241.0376
 mobile 802.760.0852

Kennedy, Alice

From: Hill, Bard
Sent: Wednesday, September 06, 2017 4:48 PM
To: George, Camille; Hutt, Monica
Subject: AHSRolesPlan_edited_083017_mkm.pptx
Attachments: AHSRolesPlan_edited_083017_mkm.pptx

Hi- Is there a new (final, approved) AHS strategic plan?

AHS Strategic Plan: 2018 Goals

- 1. Manage cases better together.** By 2019, standardize and improve case coordination and planning to improve client service and outcomes.
- 2. Increase access.** By 2019, analyze AHS enrollment and eligibility policies and processes to increase access to services and supports.
- 3. Informed decision-making.** By 2019, implement data governance to assess the value and impact of AHS programs and services. By 2020, implement governance, planning, and change processes to analyze and prioritize business improvement and automation projects across AHS.
- 4. Maximize return on investment.** By 2019, design and implement value-based payment models to incent quality and outcomes for providers of *identified AHS programs and services*. By 2020, design and implement a process to increase evidence-based programming *throughout AHS*.
- 5. Support community services.** By 2019, assess regional utilization of facilities and access to *identified home and community-based services*. By 2020, implement a plan to improve flow across service systems and levels of care.

SOURCE: 2017 AHS STRATEGIC PLANNING ANNUAL GOALS SUBMISSION

THX!
Bard

Kennedy, Alice

From: Hill, Bard
Sent: Wednesday, December 13, 2017 1:21 PM
To: AHS - DAIL Management Team
Subject: DAIL contribution to AHS Strategic Plan: steps and timeline
Attachments: AHS Strategic Plan DAIL Objectives Jan 2018.docx

Greetings-

This follows today's DAIL Management Team discussion.

AHS Departments have been directed to identify 3-5 Department Objectives that align with AHS Strategic Plan Goals. The attached document includes two tables showing the AHS goals with instructions (instructions copied below). Please note that Step 1 is an 'ask' of your Divisions, while Step 2 includes tasks for Management Team and staff who are assigned to the selected projects.

Step 1: DAIL Projects and Activities

Purpose:

- Identify some current or future projects and activities that align with AHS goals, to show DAIL role for both DAIL and AHS staff
- Inform Step 2, select 3-5 DAIL Objectives (below)

Action: **By January 10:**

- DAIL divisions encouraged to add activities/projects to "DAIL Activities/Projects" column in the table below. This may include existing activities/projects, activities/projects that are planned or required, or new activities/projects.

Step 2: 3-5 DAIL Objectives

Purpose:

- Identify 3-5 DAIL Objectives that align with the AHS Strategic Plan, for which DAIL will have responsibility or shared responsibility, as directed by AHS

Action:

- **January 10:** DAIL Management Team identify 3-5 Objectives. Enter info in table below. Identify sponsor and leads for A3. Consider opportunities identified by division in preceding table. May be more than one DAIL Objective for a Goal.
- **By January 31:** Leads and/or teams complete A3 forms for submission to AHS. A3 directions differ slightly for current versus proposed projects: I:\ALLDAIL\DAIL_Strategic_Plan\A3_StrategicPlanning.pptx

If you have any questions, please do not hesitate to ask.

Cheers-
Bard

"The best way to get a good idea is to get a lot of ideas."
Donald Berwick

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

Kennedy, Alice

From: Tierney-Ward, Megan
Sent: Thursday, November 16, 2017 10:32 AM
To: Skaflestad, Shawn
Cc: Courcelle, Andre
Subject: CFC HCBS Final Alignment Report w fixed links 11.16.17.docx
Attachments: CFC HCBS Final Alignment Report w fixed links 11.16.17.docx

Here is the updated report with new hyperlinks. Note that a couple of those items are no longer available as they have been modified since the original report was written. I noted that and added the new links.

Megan

Kennedy, Alice

From: Perreault, Liz
Sent: Monday, January 29, 2018 4:17 PM
To: Hill, Bard; George, Camille
Subject: Annual Report
Attachments: Compiled_Annual_Report_Draft.docx

Hi,

I believe the compilation is now completed. Please take a look and let me know if there is anything that I missed. Once it has your blessing, I will have Kim post it on the website. Is there anything else I need to do with it right now?

Thank you!

Liz

Liz Perreault
Executive Assistant
Commissioner's Office
Disabilities, Aging and Independent Living
802-241-2401 – Main Line
802-241-0362
Mailing Address:
HC 2 South
280 State Drive
Waterbury, VT 05671-2020

“Life’s too short not to go barefoot.”

Kennedy, Alice

From: Courcelle, Andre
Sent: Monday, September 25, 2017 3:41 PM
To: Tierney-Ward, Megan
Subject: DAIL Annual Report
Attachments: DRAFT TBI_Program_Page.docx

Hi Megan,
I have attached the draft for the TBI section for the report. I'm not sure how to pull a graph from the scorecard.
Thanks

Andre 'R' Courcelle

*Quality & Provider Relations Program Director
Adult Services Division
Department of Disabilities, Aging and Independent Living
280 State Drive HC-2 South
Waterbury, VT 05671-2070
Office: 802 786-2516
Fax: 802 786-5055
andre.courcelle@vermont.gov*

From: NASDDDS ListServ
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: Arizona's inquiry
Date: Wednesday, January 17, 2018 4:55:32 PM

Sent on behalf of Arizona's Division of Developmental Disabilities

Have any state's plan for compliance with the CMS HCBS rules included provisions for relocating individuals who reside in group homes on the grounds of, or adjacent to, a public institution into the institution rather than transition into HCBS settings?

Please have your responses to KristenMoore@azdes.gov by **Friday, 1/19/18**.

Thank you.

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**From:** [Tierney-Ward, Megan](#)  
**To:** [AHS - DAIL ASD](#)  
**Cc:** [George, Camille](#); [Hutt, Monica](#)  
**Subject:** ASD Monthly Update - August 2017  
**Date:** Tuesday, August 01, 2017 3:13:31 PM  
**Attachments:** [image001.emz](#)  
[image002.png](#)

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## **August 2017 ASD Monthly Update**

### **AARP LONG-TERM SERVICES & SUPPORTS SCORECARD**

In June, AARP released its 2017 State Scorecard on Long-Term Services and Supports (LTSS); [Picking up the Pace of Change: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers](#).

I am proud to report that Vermont was ranked 3rd overall in the nation in the delivery of long-term services and supports, showing improvement in Affordability & Access, Choice of Setting & Provider and Support for Family Caregivers. In 2014, Vermont ranked 6<sup>th</sup> and in 2011 Vermont ranked 11<sup>th</sup>.

The AARP Scorecard, published every three years, is a compilation of state data and analysis—designed to showcase measures of state performance for creating a high-quality system of care to drive progress toward improvement in services for older adults and people with physical disabilities, and their family caregivers.

Some of the contributing work by AHS, DAIL and its partners include the expansion of Medicaid services allowing more people to access critical LTSS, the large variety of Medicaid funded options for Vermonters who want to receive their services in a less expensive home-based setting, and the variety of family caregiver and respite supports provided through Medicaid programs and Older Americans Act funded services.

### **LONG-TERM SERVICES & SUPPORTS PROGRAM NOTES**

- Choices for Care consumer/surrogate directed personal care services are having an audit starting this month. The audit will review how we authorize services, how ARIS knows to pay people, how we monitor the services, etc. Most of the work will be managed at central office and we will let staff know who is involved.
- The Fiscal Employer Services contract (currently ARIS) is up for renewal January 2018. A Request for Proposals (RFP) was recently posted inviting entities to apply. Lisa Neveu is our lead representative on this work.
- Sara Lane has officially transitioned to her new role with TBI services.
- Stephanie Rosario and Mary Woods are working to wrap up reassessments and new awards for all Adult High-Tech participants. (There are about 18.) We are also exploring with DVHA some program changes that will create much needed efficiencies for administering high tech services.
- The Commissioner is leading a stakeholder workgroup to review the Moderate Needs program and provide recommendations for improvements. The goal is to have these recommendations finalized by the end of the calendar year.

### **QUALITY MANAGEMENT UPDATES**

- TBI standards being aligned with HCBS regulations and CFC program standards.
- Reviewing an application for a potential new adult day in Woodstock.
- Working with an adult day in Newport that is co-located in a nursing facility, which is not allowed by the new federal HCBS regulations.



## STATE PLAN ON AGING

-  
The State Unit on Aging is working with a contractor, Kelly Melekis, to perform a state-wide needs assessment on services for older Vermonters. This assessment will inform the process of revising the Vermont State Plan by October 2018.

## WORKFORCE CHALLENGES

-  
Last month updates summarized the workforce challenges and things that are happening. As our MFP team continues to participate in a multi-state workgroup with the Centers for Medicare and Medicaid services, they will create a plan of action with recommendations to address items such as training and resources for self-directed services and workforce retention. The goal is to identify at least one item that is immediately actionable and items that are advisory to AHS and DAIL management. Rene is the lead working with Matt. The plan of action will be complete in November 2017.

## ASD STAFF & POSITION UPDATES

- Welcome Tiffany Smith who has accepted the Aging & Disabilities Program Administrator position! Tiffany has worked in healthcare facilities as a certified dementia care practitioner and has provided training and education to families and caregivers. She will work closely with Mary Woodruff and the Area Agency on Aging programs. Tiffany starts August 9<sup>th</sup>.
- Interviews have been scheduled for the Program Manager position.
- Congratulations Sara and Andre for both successfully completing the Medicaid Academy. We will find opportunities for them to present their projects to our team.

## DAIL APPRECIATION DAY

-  
We had another beautiful day at Button Bay for our annual DAIL Employee Appreciation Day July 21, 2017. Food was great (we even got to have dessert first!) and everyone enjoyed the great outdoors. This year each division was granted one Commissioner Award which was awarded to our own Nicole Distasio for her work with the ADRC grant and volunteering to help the Department in other important ways. Well done Nicole! Also, Colleen Bedard received the DAIL "Phoenix Award" in her work with the website team. I'm so proud of you all!

*Megan Tierney-Ward*

Adult Services Division Director

**NEW ASD Website:** <http://asd.vermont.gov/>

**NEED ASSISTANCE? Dial 211**

Department of Disabilities, Aging & Independent Living  
Adult Services Division  
280 State Drive, HC 2 South

Waterbury, VT 05671-0270

Main Phone: (802) 241-0294

Direct Line: (802) 241-0308

FAX: (802) 241-0385

[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)

*NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Bedard at [colleen.bedard@vermont.gov](mailto:colleen.bedard@vermont.gov). Thank you.*

**Kennedy, Alice**

---

**Sent:** Monday, October 02, 2017 9:23 AM  
**To:** AHS - DAIL ASD

[REDACTED]

[REDACTED]

[REDACTED]

- Continuing to work on streamlining the TBI application process and quality review process.
- Working with CFC case management supervisors to develop a universal care plan tool that complies with the new HCBS regulations.

[REDACTED]



**Kennedy, Alice**

---

**From:** Tierney-Ward, Megan  
**Sent:** Wednesday, October 11, 2017 11:00 AM  
**To:** Courcelle, Andre; Woods, Mary  
**Subject:** ASDPrioritiesSFY18.docx  
**Attachments:** ASDPrioritiesSFY18.docx

This is the draft document we will use at today's supervisor's meeting.

**From:** NASDDDS ListServ  
**To:** [NASDDDS@PEACH.EASE.LSOFT.COM](mailto:NASDDDS@PEACH.EASE.LSOFT.COM)  
**Subject:** August 2017 Issue of Federal Perspectives  
**Date:** Friday, August 11, 2017 5:09:41 PM  
**Attachments:** [FP\\_08-2017.pdf](#)

---

The August 2017 issue of *Federal Perspectives* is attached.

The PDF document can be accessed via Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader installed on your computer or you want to update to the most recent release, you can download the program at no charge from [www.adobe.com](http://www.adobe.com). The PDF file is best viewed with the most recent Reader release. You may experience viewing and/or printing problems using earlier releases.

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karol snyder

~~~~~  
katherine karol snyder ☺
Director of Administrative Services
National Association of State Directors of Developmental Disabilities Services
301 N Fairfax Street, Suite 101
Alexandria, VA 22314-2633
703.683.4202
www.nasddds.org

Be yourself. Everyone else is already taken...
Oscar Wilde

~~~~~  
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## Kennedy, Alice

---

**From:** Hutt, Monica  
**Sent:** Monday, January 30, 2017 9:06 AM  
**To:** Beth Stern; Forkas, Colleen; Tierney-Ward, Megan  
**Subject:** RE: Case Management Standards

Beth, We essentially received confirmation from CMS, acknowledging this as an issue for Vermont but not the direction from them that we had requested. We, through the Secretary's office, did reach out again asking for that direction and they indicated that they would provide it but they are in the midst of a communication ban right now. So nothing new to report at this time. Thanks, Monica

**Monica Caserta Hutt, Commissioner**  
**Vermont Department of Disabilities, Aging and Independent Living**  
**Commissioner's Office**  
**HC 2 South**  
**280 State Drive**  
**Waterbury, VT 05671-2020**  
**Telephone:** 802.241.2401  
**E-mail:** [monica.hutt@vermont.gov](mailto:monica.hutt@vermont.gov)  
<http://www.dail.vermont.gov/>

*The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.*

"If the spirit of liberty should vanish in other parts of the Union, and support of our institutions should languish, it could all be replenished from the generous store held by the people of this brave little state of Vermont." Calvin Coolidge

---

**From:** Beth Stern [mailto:[bstern@cvcoa.org](mailto:bstern@cvcoa.org)]  
**Sent:** Friday, January 27, 2017 3:06 PM  
**To:** Forkas, Colleen ; Tierney-Ward, Megan ; Hutt, Monica  
**Subject:** RE: Case Management Standards

Hi Monica, Colleen and Megan,

Thank you for this. I am wondering if you ever received any response to your letter to CMS from last August regarding Conflict of Interest in Case Management? If so, could you share it with me? Is DAIL still in discussion with CMS regarding this issue?

Thanks!

Beth



**From:** Forkas, Colleen [<mailto:Colleen.Forkas@vermont.gov>]

**Sent:** Tuesday, January 17, 2017 3:28 PM

**To:** Beth Stern; Carol Stamatakis; J Michael Hall; Janet Hunt; Meg Burmeister; Sandy Conrad ([sconrad@svcoa.net](mailto:sconrad@svcoa.net)); Bean, Marie; George, Camille; Rainville, Kathy; Sara Lane; Tierney-Ward, Megan; B Cody; Barbara Keough; Danell Huntley; Janet McCarthy; Jeanne McLaughlin; Jill Olson; Judy Peterson; Kathy Demars; Lyne Limoges; Nick McCardle; Ron Cioffi; Sandy Rouse; Shawn Tester; Sherry Greifzu; Treny Burgess ([trenyb@nchcvt.org](mailto:trenyb@nchcvt.org))

**Subject:** FW: Case Management Standards

*Sending on behalf of Megan Tierney-Ward*

Colleen Forkas

Administrative Services Coordinator III

DAIL/Adult Services Division

280 State Drive, HC 2 South

Waterbury, VT 05671-2070

[Colleen.forkas@vermont.gov](mailto:Colleen.forkas@vermont.gov)

Phone: 802-241-0294 Mon. Tues. Wed.

Cell: 802-760-8372 Thurs. Fri

Our new central office main phone number is (802) 241-0294 and the fax is (802) 241-0385

*"To succeed in life, you need three things. A wishbone, a backbone and a funny bone."*

Good afternoon,

As you know, DAIL has updated the Case Management Certification Standards to reflect the new HCBS regulations. The link below will bring you the current standards in place January 2017. I've also included a link to the HCBS Regulations section of our website for your information. Please continue to consult with Stuart Senghas regarding the standards as they relate to your agency's certification.

**New Case Management Standards:**

[http://asd.vermont.gov/sites/asd/files/documents/Case\\_Management\\_Standards\\_Jan\\_2017.pdf](http://asd.vermont.gov/sites/asd/files/documents/Case_Management_Standards_Jan_2017.pdf)

**HCBS Regulations Information:** <http://asd.vermont.gov/special-projects/federal-hcbs>

Thank you,

*Megan Tierney-Ward*

Adult Services Division Director

**NEW ASD Website:** <http://asd.vermont.gov/>

Department of Disabilities, Aging & Independent Living  
Adult Services Division

280 State Drive, HC 2 South  
Waterbury, VT 05671-0270

Main Phone: (802) 241-0294

Direct Line: (802) 241-0308

FAX: (802) 241-0385

[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)

*NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Forkas at [colleen.forkas@vermont.gov](mailto:colleen.forkas@vermont.gov). Thank you.*

### **NEED ASSISTANCE?**

**Contact your local Aging & Disabilities Resource Connection partner:**

- Vermont 211: Dial 211
- Senior Helpline: 1-800-642-5119 (for people 60 and older)
- VT Center for Independent Living: 1-800-639-1522 (for people under 60)
- Brain Injury Association of VT: 1-877-856-1772

DISCLAIMER: This email may contain confidential information. If you think you have received this message in error, please notify the sender, delete the message, and refrain from distributing it further. We do not guarantee that this material is free from viruses or any other defects, although due care has been taken to minimize the risk. Thank you.

**From:** Adam Mosey  
**To:** [Adam Mosey](#)  
**Subject:** CBO Score of the Senate Healthcare Legislation  
**Date:** Monday, June 26, 2017 5:35:40 PM  
**Attachments:** [image001.png](#)  
[image002.jpg](#)  
[CBO Score of BCRA.PDF](#)

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\*\*\*All recipients are Bcc'd\*\*\*

NASUAD Members:

The Congressional Budget Office (CBO) just released its official [“score”](#) of the Better Care Reconciliation Act of 2017 (BCRA) - the Senate legislation that would substantially alter the Affordable Care Act and the broader U.S. healthcare system. As a reminder, a CBO score is the official estimate of impacts of a piece of legislation under consideration in Congress. These are the numbers that will be used when discussing the effects of this legislation for purposes of budgeting, the number of people covered, etc. Similarly to the scoring of the House bill, the AHCA, the CBO broadly projected that the BCRA would save the government money while significantly increasing the number of uninsured.

In summary: the Senate bill would save the Federal government \$361 billion over the 2017-2026 time period, which is \$202 billion more than the net savings estimated for the House bill. In order for the Senate to proceed with consideration of the bill, it is required that the Senate bill result in at least equal savings as the House bill. Specifically, the BCRA would decrease direct spending by approximately \$1 trillion dollars, and reduce revenues by \$700 billion. The largest portion in savings would come from the Medicaid program—CBO estimates that the Medicaid spending would be 26 percent less in 2026 (a cumulative decrease of \$772 billion) than under current law. The bill would result in an estimated 22 million individuals losing health coverage by 2026 versus current law, with 15 million of them losing coverage next year.

Highlights from the CBO score include:

- A reduction of \$772 billion in federal outlays for Medicaid;
- Savings of \$424 billion stemming mainly from modifying, in 2020, the ACA’s tax credits for premium assistance to purchase nongroup health insurance and, in the same year, eliminating subsidies to reduce cost-sharing payments;
- Savings of \$21 billion, mostly associated with shifts in the mix of taxable and nontaxable compensation—resulting in more taxable income—from net decreases in most years in the number of people estimated to enroll in employment-based health insurance coverage; and
- Savings of \$6 billion from repealing a tax credit for certain small employers who provide health insurance to their employees.
- A reduction in revenues of \$210 billion from eliminating the penalties paid by uninsured people (\$38 billion) and employers (\$171 billion);
- An increase in spending of \$107 billion for short-term assistance to insurers to address

disrupted coverage and access and to provide support for states through the Long-Term State Stability and Innovation Program; and

- A net increase in spending of \$42 billion for the Medicare program stemming from changes in payments to hospitals that serve a disproportionate share of low-income patients.
- The legislation would increase average premiums in the nongroup market prior to 2020 and lower average premiums thereafter, relative to projections under current law, CBO and Joint Committee on Taxation (JCT) estimate.
- CBO and JCT expect that this legislation would increase the number of uninsured people substantially. The increase would be disproportionately larger among older people with lower income—particularly people between 50 and 64 years old with income of less than 200 percent of the federal poverty level.

As always, please let us know if you have any questions or concerns –

Adam

---

**Adam C. Mosey**, MPPM | Policy Analyst | NASUAD

1201 15th Street, NW Suite 350, Washington, DC 20005 | [www.nasuad.org](http://www.nasuad.org)

O: 202/898-2578 | M: 207-233-7551 | [amosey@nasuad.org](mailto:amosey@nasuad.org)

NASUAD HCBS 2017 Banner 0916\_1



## Kennedy, Alice

---

**From:** Hickman, Selina  
**Sent:** Wednesday, December 07, 2016 8:12 AM  
**To:** Skaflestad, Shawn; Hutt, Monica  
**Subject:** FW: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

FYI-

*Selina*

---

Selina H. Hickman  
Director of Health Care Operations, Compliance, & Improvement  
Vermont Agency of Human Services  
(802) 585-9934

---

**From:** Lucas, Ciera (CMS/CMCS) [mailto:Ciera.Lucas@cms.hhs.gov]  
**Sent:** Tuesday, December 06, 2016 2:48 PM  
**To:** Hickman, Selina <Selina.Hickman@vermont.gov>  
**Cc:** Payne, Dina P. (CMS/OC) <Dina.Payne1@cms.hhs.gov>; McGreal, Richard R. (CMS/CMCHO) <richard.mcgreal@cms.hhs.gov>; Schenck, Tom M.(CMS/CMCHO) <Tom.Schenck@cms.hhs.gov>  
**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Good afternoon Selina,

I will take another look with that goal in mind and work with my leadership to provide feedback on your process and timeline for compliance.

Thanks,  
Ciera

---

**From:** Hickman, Selina [mailto:Selina.Hickman@vermont.gov]  
**Sent:** Wednesday, November 30, 2016 3:37 PM  
**To:** Lucas, Ciera (CMS/CMCS) <Ciera.Lucas@cms.hhs.gov>  
**Cc:** Payne, Dina P. (CMS/OC) <Dina.Payne1@cms.hhs.gov>; McGreal, Richard R. (CMS/CMCHO) <richard.mcgreal@cms.hhs.gov>; Schenck, Tom M.(CMS/CMCHO) <Tom.Schenck@cms.hhs.gov>; Kayala, Dianne E.(CMS/CMCS) <Dianne.Kayala@cms.hhs.gov>  
**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Thank you, Ciera. I do not disagree with your assessment. In our correspondence we tried to outline several approaches the state may take in addressing the issue. We were hoping for review of our proposed options to understand if you thought certain avenues appeared more likely to align with CMS expectations and/or appear more likely to meet with success based on your experiences with other states. Is this something you can advise on?

*Selina*

---

Selina H. Hickman  
Director of Health Care Operations, Compliance, & Improvement  
Vermont Agency of Human Services  
(802) 585-9934

---

**From:** Lucas, Ciera (CMS/CMCS) [<mailto:Ciera.Lucas@cms.hhs.gov>]  
**Sent:** Wednesday, November 30, 2016 12:58 PM  
**To:** Hickman, Selina <[Selina.Hickman@vermont.gov](mailto:Selina.Hickman@vermont.gov)>  
**Cc:** Payne, Dina P. (CMS/OC) <[Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)>; McGreal, Richard R. (CMS/CMCHO) <[richard.mcgregal@cms.hhs.gov](mailto:richard.mcgregal@cms.hhs.gov)>; Schenck, Tom M.(CMS/CMCHO) <[Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)>; Kayala, Dianne E.(CMS/CMCS) <[Dianne.Kayala@cms.hhs.gov](mailto:Dianne.Kayala@cms.hhs.gov)>  
**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Good morning Selina,

I am the DLTSS analyst for VT. I have touched base with Dianne and reviewed the document.

Upon review, it does not appear that VT is demonstrating that the COI standards are being met as laid out in the HCBS regulations and written in the STCs. It appears that although there is a state-wide network of AAAs who are case managers, individuals may “choose” their home health provider to also be their case manager. A case manager may not also provide direct services, this is a conflict of interest.

The state must meet the 1915 standard for COI. Where there are multiple case management entities available the individual should receive services from the case management entity that does not render direct services. Where there is only one case management entity that is also the only willing and qualified provider approvable firewalls must be in place.

Please let me know if you have additional questions.

Thanks,  
Ciera

*Ciera Lucas*

**Waiver Analyst**

Health Insurance Specialist | U.S. Department of Health & Human Services | Centers for Medicare & Medicaid Services | Center for Medicaid & CHIP Services | Disabled and Elderly Health Programs Group | Division of Long Term Services and Supports | 7500 Security Boulevard Baltimore, MD 21244-1850 | PHONE: 410-786-0832 | ✉:[Ciera.Lucas@cms.hhs.gov](mailto:Ciera.Lucas@cms.hhs.gov)

“The above technical guidance is not to be construed as a change, or intent to change, the scope of the work under the contract. It is to be acted upon only if it falls within the general scope of the contract and sufficient funds are available. Your attention is directed to the contract, Section I, FAR 52.232.20, Limitation of Cost, and FAR 52.243-7, Notification of Changes.”

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**From:** Hickman, Selina [<mailto:Selina.Hickman@vermont.gov>]  
**Sent:** Wednesday, November 30, 2016 9:21 AM  
**To:** Kayala, Dianne E.(CMS/CMCS) <[Dianne.Kayala@cms.hhs.gov](mailto:Dianne.Kayala@cms.hhs.gov)>  
**Cc:** Lollar, Ralph F. (CMS/CMCS) <[Ralph.Lollar@cms.hhs.gov](mailto:Ralph.Lollar@cms.hhs.gov)>; Payne, Dina P. (CMS/OC) <[Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)>; McGreal, Richard R. (CMS/CMCHO) <[richard.mcgregal@cms.hhs.gov](mailto:richard.mcgregal@cms.hhs.gov)>; Schenck, Tom M.(CMS/CMCHO) <[Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)>; Hutt, Monica <[Monica.Hutt@vermont.gov](mailto:Monica.Hutt@vermont.gov)>; Tierney-Ward, Megan <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>; Lane, Sara <[Sara.Lane@vermont.gov](mailto:Sara.Lane@vermont.gov)>; Costantino, Steven <[Steven.Costantino@vermont.gov](mailto:Steven.Costantino@vermont.gov)>  
**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Hi Dianne,

Any feedback on the memo? Vermont had intended to use CMS feedback in order to cement next steps regarding conflict-free case management. Perhaps a call would be helpful to tie this off?

*Selina*

---

Selina H. Hickman  
Director of Health Care Operations, Compliance, & Improvement  
Vermont Agency of Human Services  
(802) 585-9934

---

**From:** Kayala, Dianne E.(CMS/CMCS) [<mailto:Dianne.Kayala@cms.hhs.gov>]  
**Sent:** Monday, September 26, 2016 2:10 PM  
**To:** Hickman, Selina <[Selina.Hickman@vermont.gov](mailto:Selina.Hickman@vermont.gov)>  
**Cc:** Lollar, Ralph F. (CMS/CMCS) <[Ralph.Lollar@cms.hhs.gov](mailto:Ralph.Lollar@cms.hhs.gov)>; Payne, Dina P. (CMS/CMCS) <[Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)>; McGreal, Richard R. (CMS/CMCHO) <[richard.mcgregal@cms.hhs.gov](mailto:richard.mcgregal@cms.hhs.gov)>; Schenck, Tom M.(CMS/CMCHO) <[Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)>; Hutt, Monica <[Monica.Hutt@vermont.gov](mailto:Monica.Hutt@vermont.gov)>; Tierney-Ward, Megan <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>; Lane, Sara <[Sara.Lane@vermont.gov](mailto:Sara.Lane@vermont.gov)>; Costantino, Steven <[Steven.Costantino@vermont.gov](mailto:Steven.Costantino@vermont.gov)>  
**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Hello Selina,

I am sorry for the delay in reviewing this. I will look at it and share it with the appropriate people today. Thank you

Dianne Kayala  
Division of Long Term Services and Supports  
Office: 410-786-3417

---

**From:** Hickman, Selina [<mailto:Selina.Hickman@vermont.gov>]  
**Sent:** Wednesday, September 21, 2016 3:48 PM  
**To:** Kayala, Dianne E.(CMS/CMCS) <[Dianne.Kayala@cms.hhs.gov](mailto:Dianne.Kayala@cms.hhs.gov)>  
**Cc:** Lollar, Ralph F. (CMS/CMCS) <[Ralph.Lollar@cms.hhs.gov](mailto:Ralph.Lollar@cms.hhs.gov)>; Payne, Dina P. (CMS/CMCS) <[Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)>; McGreal, Richard R. (CMS/CMCHO) <[richard.mcgregal@cms.hhs.gov](mailto:richard.mcgregal@cms.hhs.gov)>; Schenck, Tom M.(CMS/CMCHO) <[Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)>; Hutt, Monica <[Monica.Hutt@vermont.gov](mailto:Monica.Hutt@vermont.gov)>; Tierney-Ward, Megan <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>; Lane, Sara <[Sara.Lane@vermont.gov](mailto:Sara.Lane@vermont.gov)>; Costantino, Steven <[Steven.Costantino@vermont.gov](mailto:Steven.Costantino@vermont.gov)>

**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Hi there,

I am checking in again to see if CMS has questions or feedback on the attached that was sent in July.

Best,

*Selina*

---

Selina H. Hickman  
Director of Health Care Operations, Compliance, & Improvement  
Vermont Agency of Human Services  
(802) 585-9934

---

**From:** Hickman, Selina  
**Sent:** Tuesday, July 19, 2016 3:28 PM  
**To:** Kayala, Dianne E.(CMS/CMCS) <[Dianne.Kayala@cms.hhs.gov](mailto:Dianne.Kayala@cms.hhs.gov)>  
**Cc:** 'Ralph.Lollar@cms.hhs.gov' <[Ralph.Lollar@cms.hhs.gov](mailto:Ralph.Lollar@cms.hhs.gov)>; Payne, Dina P. (CMS/CMCS) ([Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)) <[Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)>; 'McGreal, Richard R. (CMS/NC)' ([richard.mcgregal@cms.hhs.gov](mailto:richard.mcgregal@cms.hhs.gov)) <[richard.mcgregal@cms.hhs.gov](mailto:richard.mcgregal@cms.hhs.gov)>; Schenck, Tom M.(CMS/CMCHO) ([Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)) <[Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)>; Hutt, Monica ([Monica.Hutt@state.vt.us](mailto:Monica.Hutt@state.vt.us)) <[Monica.Hutt@vermont.gov](mailto:Monica.Hutt@vermont.gov)>; Tierney-Ward, Megan <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>; Lane, Sara <[Sara.Lane@vermont.gov](mailto:Sara.Lane@vermont.gov)>; Costantino, Steven <[Steven.Costantino@vermont.gov](mailto:Steven.Costantino@vermont.gov)>

**Subject:** Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Please see attached, communication from the State of Vermont regarding conflict free case management and the Choices for Care program. We appreciate your review and feedback on the state's efforts.

Regards,

*Selina*

---

Selina H. Hickman  
Director of Health Care Operations, Compliance, & Improvement  
Vermont Agency of Human Services  
(802) 585-9934



## Kennedy, Alice

---

**From:** Hutt, Monica  
**Sent:** Wednesday, December 07, 2016 1:43 PM  
**To:** Hickman, Selina; Skaflestad, Shawn  
**Cc:** Tierney-Ward, Megan; George, Camille; Hill, Bard  
**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Selina, it feels as if they still haven't really reviewed the plan and simply continue to reiterate the new rules. Thanks for pushing back on the need for clarity. Monica

**Monica Caserta Hutt, Commissioner**  
**Vermont Department of Disabilities, Aging and Independent Living**  
**Commissioner's Office**  
**HC 2 South**  
**280 State Drive**  
**Waterbury, VT 05671-2020**  
**Telephone:** 802.241.2401  
**E-mail:** [monica.hutt@vermont.gov](mailto:monica.hutt@vermont.gov)  
<http://www.dail.vermont.gov/>

*The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.*

"If the spirit of liberty should vanish in other parts of the Union, and support of our institutions should languish, it could all be replenished from the generous store held by the people of this brave little state of Vermont." Calvin Coolidge

---

**From:** Hickman, Selina  
**Sent:** Wednesday, December 07, 2016 8:12 AM  
**To:** Skaflestad, Shawn ; Hutt, Monica  
**Subject:** FW: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

FYI-

*Selina*

---

Selina H. Hickman  
Director of Health Care Operations, Compliance, & Improvement  
Vermont Agency of Human Services

(802) 585-9934

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**From:** Lucas, Ciera (CMS/CMCS) [<mailto:Ciera.Lucas@cms.hhs.gov>]  
**Sent:** Tuesday, December 06, 2016 2:48 PM  
**To:** Hickman, Selina <[Selina.Hickman@vermont.gov](mailto:Selina.Hickman@vermont.gov)>  
**Cc:** Payne, Dina P. (CMS/OC) <[Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)>; McGreal, Richard R. (CMS/CMCHO) <[richard.mcgregal@cms.hhs.gov](mailto:richard.mcgregal@cms.hhs.gov)>; Schenck, Tom M.(CMS/CMCHO) <[Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)>  
**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

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I will take another look with that goal in mind and work with my leadership to provide feedback on your process and timeline for compliance.

Thanks,  
Ciera

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**From:** Hickman, Selina [<mailto:Selina.Hickman@vermont.gov>]  
**Sent:** Wednesday, November 30, 2016 3:37 PM  
**To:** Lucas, Ciera (CMS/CMCS) <[Ciera.Lucas@cms.hhs.gov](mailto:Ciera.Lucas@cms.hhs.gov)>  
**Cc:** Payne, Dina P. (CMS/OC) <[Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)>; McGreal, Richard R. (CMS/CMCHO) <[richard.mcgregal@cms.hhs.gov](mailto:richard.mcgregal@cms.hhs.gov)>; Schenck, Tom M.(CMS/CMCHO) <[Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)>; Kayala, Dianne E.(CMS/CMCS) <[Dianne.Kayala@cms.hhs.gov](mailto:Dianne.Kayala@cms.hhs.gov)>  
**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Thank you, Ciera. I do not disagree with your assessment. In our correspondence we tried to outline several approaches the state may take in addressing the issue. We were hoping for review of our proposed options to understand if you thought certain avenues appeared more likely to align with CMS expectations and/or appear more likely to meet with success based on your experiences with other states. Is this something you can advise on?

*Selina*

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Selina H. Hickman  
Director of Health Care Operations, Compliance, & Improvement  
Vermont Agency of Human Services  
(802) 585-9934

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**From:** Lucas, Ciera (CMS/CMCS) [<mailto:Ciera.Lucas@cms.hhs.gov>]  
**Sent:** Wednesday, November 30, 2016 12:58 PM  
**To:** Hickman, Selina <[Selina.Hickman@vermont.gov](mailto:Selina.Hickman@vermont.gov)>  
**Cc:** Payne, Dina P. (CMS/OC) <[Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)>; McGreal, Richard R. (CMS/CMCHO) <[richard.mcgregal@cms.hhs.gov](mailto:richard.mcgregal@cms.hhs.gov)>; Schenck, Tom M.(CMS/CMCHO) <[Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)>; Kayala, Dianne E.(CMS/CMCS) <[Dianne.Kayala@cms.hhs.gov](mailto:Dianne.Kayala@cms.hhs.gov)>  
**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Good morning Selina,

I am the DLTSS analyst for VT. I have touched base with Dianne and reviewed the document.

Upon review, it does not appear that VT is demonstrating that the COI standards are being met as laid out in the HCBS regulations and written in the STCs. It appears that although there is a state-wide network of AAAs who are case managers, individuals may “choose” their home health provider to also be their case manager. A case manager may not also provide direct services, this is a conflict of interest.

The state must meet the 1915 standard for COI. Where there are multiple case management entities available the individual should receive services from the case management entity that does not render direct services. Where there is only one case management entity that is also the only willing and qualified provider approvable firewalls must be in place.

Please let me know if you have additional questions.

Thanks,  
Ciera

*Ciera Lucas*

**Waiver Analyst**

Health Insurance Specialist | U.S. Department of Health & Human Services | Centers for Medicare & Medicaid Services | Center for Medicaid & CHIP Services | Disabled and Elderly Health Programs Group | Division of Long Term Services and Supports | 7500 Security Boulevard Baltimore, MD 21244-1850 | PHONE: 410-786-0832 | ✉: [Ciera.Lucas@cms.hhs.gov](mailto:Ciera.Lucas@cms.hhs.gov)

“The above technical guidance is not to be construed as a change, or intent to change, the scope of the work under the contract. It is to be acted upon only if it falls within the general scope of the contract and sufficient funds are available. Your attention is directed to the contract, Section I, FAR 52.232.20, Limitation of Cost, and FAR 52.243-7, Notification of Changes.”

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---

**From:** Hickman, Selina [<mailto:Selina.Hickman@vermont.gov>]

**Sent:** Wednesday, November 30, 2016 9:21 AM

**To:** Kayala, Dianne E.(CMS/CMCS) <[Dianne.Kayala@cms.hhs.gov](mailto:Dianne.Kayala@cms.hhs.gov)>

**Cc:** Lollar, Ralph F. (CMS/CMCS) <[Ralph.Lollar@cms.hhs.gov](mailto:Ralph.Lollar@cms.hhs.gov)>; Payne, Dina P. (CMS/OC) <[Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)>; McGreal, Richard R. (CMS/CMCHO) <[richard.mcgregal@cms.hhs.gov](mailto:richard.mcgregal@cms.hhs.gov)>; Schenck, Tom M.(CMS/CMCHO) <[Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)>; Hutt, Monica <[Monica.Hutt@vermont.gov](mailto:Monica.Hutt@vermont.gov)>; Tierney-Ward, Megan <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>; Lane, Sara <[Sara.Lane@vermont.gov](mailto:Sara.Lane@vermont.gov)>; Costantino, Steven <[Steven.Costantino@vermont.gov](mailto:Steven.Costantino@vermont.gov)>

**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Hi Dianne,

Any feedback on the memo? Vermont had intended to use CMS feedback in order to cement next steps regarding conflict-free case management. Perhaps a call would be helpful to tie this off?

*Selina*

---

Selina H. Hickman  
Director of Health Care Operations, Compliance, & Improvement  
Vermont Agency of Human Services  
(802) 585-9934

---

**From:** Kayala, Dianne E.(CMS/CMCS) [<mailto:Dianne.Kayala@cms.hhs.gov>]  
**Sent:** Monday, September 26, 2016 2:10 PM  
**To:** Hickman, Selina <[Selina.Hickman@vermont.gov](mailto:Selina.Hickman@vermont.gov)>  
**Cc:** Lollar, Ralph F. (CMS/CMCS) <[Ralph.Lollar@cms.hhs.gov](mailto:Ralph.Lollar@cms.hhs.gov)>; Payne, Dina P. (CMS/CMCS) <[Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)>; McGreal, Richard R. (CMS/CMCHO) <[richard.mcgregal@cms.hhs.gov](mailto:richard.mcgregal@cms.hhs.gov)>; Schenck, Tom M.(CMS/CMCHO) <[Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)>; Hutt, Monica <[Monica.Hutt@vermont.gov](mailto:Monica.Hutt@vermont.gov)>; Tierney-Ward, Megan <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>; Lane, Sara <[Sara.Lane@vermont.gov](mailto:Sara.Lane@vermont.gov)>; Costantino, Steven <[Steven.Costantino@vermont.gov](mailto:Steven.Costantino@vermont.gov)>  
**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Hello Selina,  
I am sorry for the delay in reviewing this. I will look at it and share it with the appropriate people today. Thank you

Dianne Kayala  
Division of Long Term Services and Supports  
Office: 410-786-3417

---

**From:** Hickman, Selina [<mailto:Selina.Hickman@vermont.gov>]  
**Sent:** Wednesday, September 21, 2016 3:48 PM  
**To:** Kayala, Dianne E.(CMS/CMCS) <[Dianne.Kayala@cms.hhs.gov](mailto:Dianne.Kayala@cms.hhs.gov)>  
**Cc:** Lollar, Ralph F. (CMS/CMCS) <[Ralph.Lollar@cms.hhs.gov](mailto:Ralph.Lollar@cms.hhs.gov)>; Payne, Dina P. (CMS/CMCS) <[Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)>; McGreal, Richard R. (CMS/CMCHO) <[richard.mcgregal@cms.hhs.gov](mailto:richard.mcgregal@cms.hhs.gov)>; Schenck, Tom M.(CMS/CMCHO) <[Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)>; Hutt, Monica <[Monica.Hutt@vermont.gov](mailto:Monica.Hutt@vermont.gov)>; Tierney-Ward, Megan <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>; Lane, Sara <[Sara.Lane@vermont.gov](mailto:Sara.Lane@vermont.gov)>; Costantino, Steven <[Steven.Costantino@vermont.gov](mailto:Steven.Costantino@vermont.gov)>  
**Subject:** RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Hi there,  
I am checking in again to see if CMS has questions or feedback on the attached that was sent in July.  
Best,

*Selina*

---

Selina H. Hickman  
Director of Health Care Operations, Compliance, & Improvement  
Vermont Agency of Human Services  
(802) 585-9934

**From:** Hickman, Selina

**Sent:** Tuesday, July 19, 2016 3:28 PM

**To:** Kayala, Dianne E.(CMS/CMCS) <[Dianne.Kayala@cms.hhs.gov](mailto:Dianne.Kayala@cms.hhs.gov)>

**Cc:** 'Ralph.Lollar@cms.hhs.gov' <[Ralph.Lollar@cms.hhs.gov](mailto:Ralph.Lollar@cms.hhs.gov)>; Payne, Dina P. (CMS/CMCS) ([Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)) <[Dina.Payne1@cms.hhs.gov](mailto:Dina.Payne1@cms.hhs.gov)>; 'McGreal, Richard R. (CMS/NC)' ([richard.mcgreal@cms.hhs.gov](mailto:richard.mcgreal@cms.hhs.gov)) <[richard.mcgreal@cms.hhs.gov](mailto:richard.mcgreal@cms.hhs.gov)>; Schenck, Tom M.(CMS/CMCHO) ([Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)) <[Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov)>; Hutt, Monica ([Monica.Hutt@state.vt.us](mailto:Monica.Hutt@state.vt.us)) <[Monica.Hutt@vermont.gov](mailto:Monica.Hutt@vermont.gov)>; Tierney-Ward, Megan <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>; Lane, Sara <[Sara.Lane@vermont.gov](mailto:Sara.Lane@vermont.gov)>; Costantino, Steven <[Steven.Costantino@vermont.gov](mailto:Steven.Costantino@vermont.gov)>

**Subject:** Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections

Please see attached, communication from the State of Vermont regarding conflict free case management and the Choices for Care program. We appreciate your review and feedback on the state's efforts.

Regards,

*Selina*

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Selina H. Hickman  
Director of Health Care Operations, Compliance, & Improvement  
Vermont Agency of Human Services  
(802) 585-9934

## Kennedy, Alice

---

**From:** Lane, Sara  
**Sent:** Tuesday, July 17, 2018 10:10 AM  
**To:** Lane, Sara  
**Subject:** FW: Follow up question on CFC HHA/AAAs

**Sara Lane, BSN, RN**  
*Quality Management Nurse*  
*TBI/CFC Programs*  
DAIL- Adult Services Division  
HC2 South 280 State Drive  
Waterbury, VT 05671-2070  
Phone: 802.241.0299  
Fax: 802.241.0385  
<http://asd.vermont.gov/help>

---

**From:** Skaflestad, Shawn  
**Sent:** Monday, May 08, 2017 1:49 PM  
**To:** Tierney-Ward, Megan ; Lane, Sara ; George, Camille  
**Subject:** RE: Follow up question on CFC HHA/AAAs

I have not spoken with CMS directly about this issue – but they appear to be interested in entertaining our request for an exception. My understanding from their email below is that they need a bit more information re: the scope of our request (e.g., is it for certain counties, certain AHS districts, state-wide, or some other specific geographic region) – as well as a bit more evidence (i.e., is there truly only one able and willing provider for case management and to deliver services).

*Shawn*

---

**From:** Tierney-Ward, Megan  
**Sent:** Monday, May 08, 2017 1:08 PM  
**To:** Skaflestad, Shawn <[Shawn.Skaflestad@vermont.gov](mailto:Shawn.Skaflestad@vermont.gov)>; Lane, Sara <[Sara.Lane@vermont.gov](mailto:Sara.Lane@vermont.gov)>; Suzanne Santarcangelo <[ssantarcangelo@phpg.com](mailto:ssantarcangelo@phpg.com)>; George, Camille <[Camille.George@vermont.gov](mailto:Camille.George@vermont.gov)>  
**Subject:** RE: Follow up question on CFC HHA/AAAs

We may want to consult with Suzanne Santarcangelo on this one. She was key to helping draft the letter to CMS requesting their technical assistance on the case management conflict of interest issue and she may already have something drafted that would work. I'm including Camille as well since she was also involved in this discussion.

If CMS is asking for this, does it mean they are considering an exception? (Previously they acted as though they would not consider it.)

Megan

---

**From:** Skaflestad, Shawn  
**Sent:** Monday, May 08, 2017 12:19 PM  
**To:** Tierney-Ward, Megan <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>; Lane, Sara <[Sara.Lane@vermont.gov](mailto:Sara.Lane@vermont.gov)>  
**Subject:** FW: Follow up question on CFC HHA/AAAs

Just following up on my email below. Any thoughts re: how we should respond to CMS?

*Shawn*

---

**From:** Skaflestad, Shawn  
**Sent:** Friday, May 05, 2017 10:40 AM  
**To:** Tierney-Ward, Megan <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>; Lane, Sara <[Sara.Lane@vermont.gov](mailto:Sara.Lane@vermont.gov)>  
**Cc:** Hutt, Monica <[Monica.Hutt@vermont.gov](mailto:Monica.Hutt@vermont.gov)>; Gustafson, Cory <[Cory.Gustafson@vermont.gov](mailto:Cory.Gustafson@vermont.gov)>; Hickman, Selina <[Selina.Hickman@vermont.gov](mailto:Selina.Hickman@vermont.gov)>; Clark, Sarah <[Sarah.Clark@vermont.gov](mailto:Sarah.Clark@vermont.gov)>  
**Subject:** FW: Follow up question on CFC HHA/AAAs

Hi Megan and Sara,

In Selina's absence, I am looking to respond to the CMS follow up question highlighted in the message below. This inquiry is related to our request for a "geographic exception" from the new HCBS rules (specifically the conflict free case management requirement) taken from the *CFC Action Plan* that was submitted to CMS last summer (attached). Item 1a on page 6 of the attachment reads as follows:

1. *Request a determination from CMS for an HCBS exception or other policy solution based on: the State's current Section 1115 demonstration model; a determination that the HHAs and AAAs, who provide both direct care and case management services, are the only qualified entities for the persons they serve.*
  - a. *Vermont could provide CMS additional detail regarding the HHA and AAA structure and regional designations if this would be helpful.*

As a reminder, the new rules indicate that HCBS service providers must not provide case management for a person they serve, except when the state is granted a geographic exception. I am not sure how geographic area was defined in this document – but could you provide some suggested text to clarify the assertion that there is only one willing and able provider (HHA or AAA) to perform case management and provide HCBS services in various regions of the state.

Thank you,

*Shawn*

Shawn E. Skaflestad, Ph.D.  
Quality Improvement Manager  
Agency of Human Services  
280 State Drive Center Building  
3<sup>rd</sup> Floor – E310-1  
Waterbury, VT 05671-1000  
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Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).  
(Access through Internet Explorer 10, Firefox, or Google Chrome).

**From:** Schenck, Tom M.(CMS/CMCHO) [<mailto:Tom.Schenck@cms.hhs.gov>]  
**Sent:** Thursday, May 04, 2017 5:32 PM  
**To:** Skaflestad, Shawn <[Shawn.Skaflestad@vermont.gov](mailto:Shawn.Skaflestad@vermont.gov)>  
**Cc:** Hickman, Selina <[Selina.Hickman@vermont.gov](mailto:Selina.Hickman@vermont.gov)>  
**Subject:** Follow up question on CFC HHA/AAAs

Hi Shawn,

I'm following up on this memo from last summer regarding the geographically designated HHAs that CMS is reviewing. We're wondering about item 1a on page 6. Could you elaborate on the statement regarding a potential determination that the HHAs/AAAs are the only qualified entities to provide both direct care and case management services. **Specifically, does VT believe that to be the case statewide or only in certain geographic entities?** Any further information that could help us consider a potential designation would be helpful.

Thanks,

Tom Schenck  
Division of Medicaid and Children's Health Operations  
Centers for Medicare and Medicaid Services  
(617) 565-1325





1201 15th Street NW  
Suite 350  
Washington, DC 20005  
Phone 202-898-2578  
Fax 202-898-2583  
www.nasud.org

April 23, 2018

Seema Verma  
Administrator  
U.S. Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

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Kari Benson  
Minnesota

Dear Administrator Verma:

On behalf of the National Association of States United for Aging and Disabilities (NASUAD), I am writing to request expedited guidance regarding the 21<sup>st</sup> Century CURES Act's requirements that states implement Electronic Visit Verification (EVV) for personal care and home health services. NASUAD represents the 56 officially designated state and territorial agencies on aging and disabilities. Each of our members oversees the implementation of the Older Americans Act (OAA), and many also serve as the operating agency in their state for Medicaid waivers and managed long-term services and supports programs that serve older adults and individuals with disabilities. Together with our members, we work to design, improve, and sustain state systems delivering home and community based services and supports for people who are older or have a disability and for their caregivers.

As you know, the CURES act includes requirements that states have EVV in place for personal care services (PCS) by January 1, 2019 and for home health care services by January 1, 2023. PCS delivered without EVV will be subject to a 0.25% reduction in the federal share of Medicaid expenditures (FMAP) in 2019, and this reduction increases each year until it reaches 1% in 2023. Our members are increasingly concerned about their ability to implement EVV in a timely fashion, given that the deadline is less than nine months away and there has yet to be any formal guidance regarding a number of important issues, including the scope of services subject to the mandate, the nature of information that must be collected, and the criteria for receiving a good faith exemption from the FMAP reductions during 2019.

According to the CURES act statute, the EVV mandate applies to PCS delivered through the following authorities: 1905(a)(24), 1915(i), 1915(j), and 1915(k) of the Social Security Act, as well as any waiver of the state plan (including 1915(c) waivers and 1115 demonstration projects). However, this definition is not necessarily straightforward given that PCS may be defined in a number of different ways within the Medicaid program. CMS has provided initial guidance that PCS, for the purposes of the mandate, are services that support an individual accomplish activities of daily living (ADLs) and/or instrumental activities of daily

living (IADLs).<sup>1</sup> This definition does not yet provide clear guidance around the exact services that would be subject to an FMAP reduction in absence of EVV. For example, some states include PCS as a component of a larger bundled service, such as a waiver service that provides “community integration” supports to individuals. Similarly, states may have companionship services that include incidental assistance with ADLs and IADLs. It is unclear at what threshold the EVV mandate would apply.

Similarly, the CURES act requires that EVV be applied to PCS requiring an in-home visit by a provider. However, preliminary guidance from CMS indicates that the agency may be considering an expansive definition of home for this requirement, which could result in the EVV mandate applying to assisted living, group homes, and other licensed facilities that provide 24 hour care. This creates challenges for states that began implementation under the assumption that EVV is only required for PCS in an individual’s home, as well as for states that wish to see CMS’ final policy on included services prior to finalizing system requirements.

Additional ambiguity exists around the exact nature of information that should be collected by the EVV system. For example, the CURES act requires that EVV document the following data elements:

- The type of service performed;
- The individual receiving the service;
- The date of the service;
- The location of service delivery;
- The individual providing the service; and
- The time the service begins and ends.

Although most of these are straightforward, further guidance is required around issues such as location of service delivery. Some providers and program participants have resisted the use of global positioning service (GPS) tracking under EVV, and CMS has indicated that GPS data may not be required. However, it is unclear how a state might collect location information without GPS information, particularly when a service begins and ends in separate locations.

Because states are struggling with understanding exactly which services and what data they should include within their EVV systems, it is creating challenges for developing system requirements and technical specifications. This then prevents them from developing advance planning documents, which are required to receive enhanced federal funding for information technology development and installation, as well as from drafting requests for proposals to secure an EVV contractor. Given the lengthy timeframe required for open and fair procurement processes, coupled with the subsequent IT development and installation processes, it is extremely unlikely that any state will be able to establish an EVV system by the January deadline unless they already had one in place. Furthermore, even states with existing systems may not meet all of the CURES Act requirements, depending upon the final guidance that CMS ultimately releases.

Although the Cures Act includes a potential reprieve from the matching fund reduction for states that made “good faith effort” and encountered “unavoidable delays” in implementing an EVV system, it is unclear what a state must do to secure such an exemption. Furthermore, CMS has clarified that the

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<sup>1</sup> <https://www.medicaid.gov/medicaid/hcbs/downloads/training/evv-presentation-part-1.pdf>

exception is limited and would only apply for one year. A number of states will likely need to make modifications to their implementation plans in response to final CMS guidance, which will then require that they secure funding from the legislature, acquire CMS approval for enhanced funding, develop and administer an open and fair procurement, and install the system. Many state legislatures have already adjourned or will do so in the coming weeks, which would require state agencies to submit these requests in the 2019 session. We therefore do not believe that the compliance deadlines are reasonable or achievable for states, even with a 12 month delay in the FMAP penalties.

Because of this, NASUAD strongly encourages CMS to release guidance as expeditiously as possible with the following clarifications: (1) Provide clear definitions on the PCS included within the EVV mandate, and clarify that licensed residential settings such as assisted living and group homes are not subject to the requirements; and (2) Establish a liberal definition for the good faith exemption given that states do not yet have CMS guidance to use for their system development.

NASUAD is working to help our states understand the CURES Act requirements and to provide them with guidance and assistance as they implement their EVV systems. We are ready to provide any assistance needed to ensure that the systems are implemented in a thoughtful manner that alleviates any FMAP penalties on states and achieves the CURES Act goals of reducing fraud, waste, and abuse while improving participant health and wellbeing. Please feel free to contact Damon Terzaghi at [dterzaghi@nasuad.org](mailto:dterzaghi@nasuad.org) with any questions you may have, as well as with any opportunities to collaborate regarding assistance and outreach to states.

Sincerely,



Martha A. Roherty  
Executive Director  
NASUAD

Cc:

Tim Hill, Acting Director for the Center for Medicaid and CHIP Services

Calder Lynch, Senior Counselor to the Administrator

Michael Nardone, Director of the Disabled and Elderly Health Programs Group, CMCS

**Kennedy, Alice**

---

**From:** NASDDDS ListServ <NASDDDS@PEACH.EASE.LSOFT.COM> on behalf of Robin Cooper <rcooper@NASDDDS.ORG>  
**Sent:** Thursday, June 28, 2018 11:59 AM  
**To:** NASDDDS@PEACH.EASE.LSOFT.COM  
**Subject:** CMS Updates

Important Information from CMS:

**EVV UPDATE:**

**Requests from States for Good Faith Effort Exemptions**

**Upcoming Webinars (Pre-registration required):**

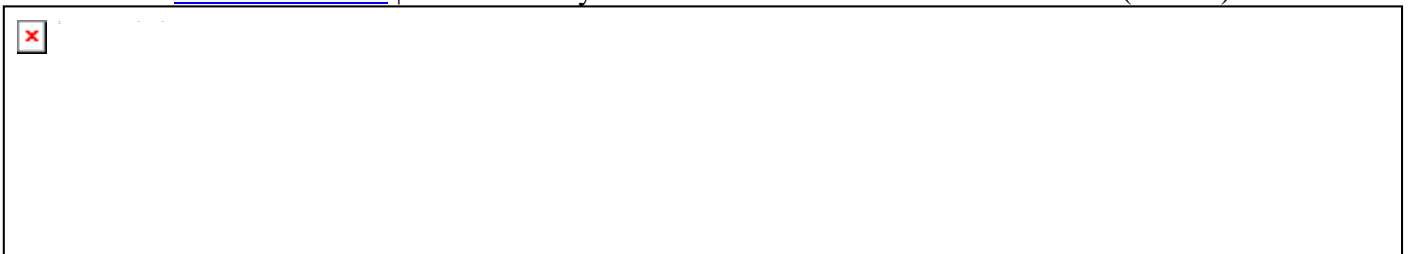
**Conflict of Interest Part II and Medicaid HCBS Case Management: July 11, 2018: 1:30pm – 3pm EST (Ralph Lollar, CMS and Robin Cooper through New Editions, HCB Settings Training Lead)**

**The Process for Final Approval: July 18, 2018: 2:00pm – 3:30pm EST (Statewide Transition Plans)**

Robin. E. Cooper  
Director of Technical Assistance  
NASDDDS  
608-231-2121  
Cell:703-888-7662

**From:** Center for Medicaid and CHIP Services (CMCS) <Medicaid.gov@subscriptions.cms.hhs.gov>  
**Sent:** Thursday, June 28, 2018 10:07 AM

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**EVV UPDATE: Requests from States for Good Faith Effort Exemptions**

Section 12006(a) of the 21st Century Cures Act (Cures Act) mandates that states implement electronic visit verification (EVV) for all Medicaid personal care services by January 1, 2019, or otherwise be subject to incremental federal medical assistance percentage (FMAP) reductions. The Cures Act includes a provision that allows states to delay implementation of EVV for up to one year if they can demonstrate they have made a good faith effort to comply and have encountered unavoidable delays. CMS has published instructions for states who wish to request a good faith effort exemption here:

<https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html>

**Please note that only one request per state should be submitted and please be advised that the Cures Act provision on good faith effort exemptions does not provide CMS with authority to delay the FMAP reductions for more than one year. If you have any questions please email [EVV@cms.hhs.gov](mailto:EVV@cms.hhs.gov) or contact your CMS Regional Office.**

## **Upcoming Webinars**

### **Conflict of Interest Part II and Medicaid HCBS Case Management: July 11, 2018: 1:30pm – 3pm EST**

The objective of this training is to build on the COI Part I training with a review of what constitutes conflict of interest (COI), including the HCBS rules regarding COI, and an overview on strategies for assessing your case management system, using data to inform stakeholders and decision-making, and tips for developing and implementing a corrective action plan (CAP). New Editions Consulting, Inc. is currently the training lead through the Home and Community Based Services Technical Assistance Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions Consulting, Inc. will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this link:

<https://neweditions.adobeconnect.com/ealehps71yag/event/registration.html>

### **The Process for Final Approval: July 18, 2018: 2:00pm – 3:30pm EST**

The objective of this training is to clarify CMS' expectations in order to grant final approval; describe requirements for site-specific assessment, validation, outcomes and remediation strategies; discuss the process for heightened scrutiny and consider processes for monitoring and quality assurance to ensure ongoing compliance. New Editions is currently the training lead through the HCB Settings Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this link:

<https://neweditions.adobeconnect.com/eow4ijn7h97n/event/registration.html>



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From: NASDDDS ListServ
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: CMS Updates
Date: Thursday, June 28, 2018 11:59:24 AM

Important Information from CMS:

EVV UPDATE:

Requests from States for Good Faith Effort Exemptions

Upcoming Webinars (Pre-registration required):

Conflict of Interest Part II and Medicaid HCBS Case Management: July 11, 2018: 1:30pm – 3pm EST (Ralph Lollar, CMS and Robin Cooper through New Editions, HCB Settings Training Lead)

The Process for Final Approval: July 18, 2018: 2:00pm – 3:30pm EST (Statewide Transition Plans)

Robin. E. Cooper
Director of Technical Assistance
NASDDDS
608-231-2121
Cell:703-888-7662

From: Center for Medicaid and CHIP Services (CMCS) <Medicaid.gov@subscriptions.cms.hhs.gov>
Sent: Thursday, June 28, 2018 10:07 AM

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Medicaid.gov



EVV UPDATE: Requests from States for Good Faith Effort Exemptions

Section 12006(a) of the 21st Century Cures Act (Cures Act) mandates that states implement electronic visit verification (EVV) for all Medicaid personal care services by January 1, 2019, or otherwise be subject to incremental federal medical assistance percentage (FMAP) reductions. The Cures Act includes a provision that allows states to delay implementation of EVV for up to one year if they can demonstrate they have made a good faith effort to comply and have encountered unavoidable delays. CMS has published instructions for states who wish to request a good faith effort exemption here:

<https://www.medicicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html>

Please note that only one request per state should be submitted and please be advised that the Cures Act provision on good faith effort exemptions does not provide CMS with authority to delay the FMAP reductions for more than one year. If you have any questions please email EVV@cms.hhs.gov or contact your CMS Regional Office.

Upcoming Webinars

Conflict of Interest Part II and Medicaid HCBS Case Management: July 11, 2018: 1:30pm – 3pm EST

The objective of this training is to build on the COI Part I training with a review of what constitutes conflict of interest (COI), including the HCBS rules regarding COI, and an overview on strategies for assessing your case management system, using data to inform stakeholders and decision-making, and tips for developing and implementing a corrective action plan (CAP). New Editions Consulting, Inc. is currently the training lead through the Home and Community Based Services Technical Assistance Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions Consulting, Inc. will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this link:

<https://neweditions.adobeconnect.com/ealehps71yag/event/registration.html>

The Process for Final Approval: July 18, 2018: 2:00pm – 3:30pm EST

The objective of this training is to clarify CMS' expectations in order to grant final approval; describe requirements for site-specific assessment, validation, outcomes and remediation strategies; discuss the process for heightened scrutiny and consider processes for monitoring and quality assurance to ensure ongoing compliance. New Editions is currently the training lead through the HCB Settings Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this link:

<https://neweditions.adobeconnect.com/eow4ijn7h97n/event/registration.html>

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Kennedy, Alice

From: White, Monica
Sent: Thursday, February 01, 2018 3:11 PM
To: Hill, Bard
Subject: FINAL_Compiled_Annual_Report MW edits.docx
Attachments: FINAL_Compiled_Annual_Report MW edits.docx

Hi,

Made a few formatting changes (updated headers and footers to have the same font as the text), changed the ToC font color to blue, and updated the cover page with our current logo and contact info.

Look okay for updating our website with this revised version?

Thanks,
Monica

Monica L. White, BS, MBA

Director of Operations

State of Vermont Department of Disabilities, Aging & Independent Living (DAIL)

280 State Drive/HC 2 South, Waterbury, VT 05671-2020

802.398.5024 (cell) 802.241.0354 (office) 802.241.0386 (fax)

Monica.White@vermont.gov

Kennedy, Alice

From: George, Camille
Sent: Friday, June 29, 2018 9:43 AM
To: Hutt, Monica; Hill, Bard; McFadden, Clare; Tierney-Ward, Megan; Courcelle, Andre
Subject: update: conflict free case management and clarification about roles between AHS and DVHA

Hi Everyone (and please share with any other staff who need this information):

A lot has happened around the topic of conflict-free case management in the past few weeks and I am writing to update you:

- The topic was raised at the June 14 DAIL Advisory Board meeting as Shawn Skaflestad, Clare and Andre were providing an update on implementation of the CMS HCBS rules. Also in attendance at the meeting were 2 staff from the DD Council that raised the issue, but then members of the DAB were also very interested. At that time, the DAB requested copies of the CM waiver exemption request that was submitted to CMS and any related communication to/from CMS.
- I followed up with AHS Interim Deputy Secretary Clarence Davis with a cc to Selina Hickman. Selina provided some documentation and also included a number of additional AHS staff (including DMH, DVHA, etc). In her communication, Selina raised that CMS had already advised that the way to go about doing this would be to request an amendment to the 1115 waiver and that the plan was to include it with the recently authorized Substance Use Disorder waiver amendment, but that the amendment request re: conflict free case management was not included in that amendment (I later learned at the meeting discussed below that CMS discouraged VT from including it, stating that the topic is very controversial and could slow down the approval of the SUD waiver). It was agreed that we would meet to brief Clarence and come up with a plan.
- In the meantime, the DD Council filed 2 very broad public records requests, 1 with DAIL and 1 with AHS.
- The DD's Council was subsequently withdrawn, as state employees cannot file FOIA requests, but DAIL indicated to DD Council staff Susan Aranoff that I was already working on the request from the DAIL Advisory Board and would share the information with her.
- At the meeting, we briefed Clarence about the rule and the history, background and VT specific complexities related to the conflict-free case management rule. This is when I got additional clarity about the message from CMS that a waiver amendment would need to be submitted and approved.
- We also agreed that Ashley Berliner would do some research about the rule, where things stand, where we have gaps, identify liabilities/risks related to compliance, etc. and then we would come back together to discuss options and come up with a plan moving forward.
- I've made a note to check in with Ashley about conflict free CM in a couple weeks if we have not heard from her by then.

We also had an opportunity to clarify/discuss communication/roles and who needs to be brought into what conversations:

Ena Backus supervises Shawn S (and others, but I didn't get their names) and their group focuses on quality and compliance. Ashley is head of Medicaid Policy. However, since policy, quality and compliance are all intertwined, it was advised that when we have issues that arise related to Medicaid (not just re: the conflict

free CM or HCBS rules), that we reach out to both Ena and Ashley and they can determine if and who needs to be involved.

I hope this update is helpful. Please let me know if you have any questions.

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
Cell Phone: 802.798-2079
E-mail: camille.george@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.



June is Alzheimer's and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer's Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.

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Schurr, Stuart

From: Hickman, Selina
Sent: Friday, June 23, 2017 11:36 AM
To: Schenck, Tom M.(CMS/CMCHO); Skaflestad, Shawn
Cc: Hutt, Monica
Subject: RE: Follow up question on CFC HHA/AAAs

Great- thank you, Tom!

Selina

Selina H. Hickman
Director of Health Care Operations, Compliance, & Improvement
Vermont Agency of Human Services
(802) 585-9934

From: Schenck, Tom M.(CMS/CMCHO) [mailto:Tom.Schenck@cms.hhs.gov]
Sent: Friday, June 23, 2017 11:34 AM
To: Hickman, Selina <Selina.Hickman@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: RE: Follow up question on CFC HHA/AAAs

Thanks, Selina! Glad to have you back! I've passed this along to our HCBS SMEs and I'll be in touch once I know next steps.

From: Hickman, Selina [mailto:Selina.Hickman@vermont.gov]
Sent: Friday, June 23, 2017 10:58 AM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Schenck, Tom M.(CMS/CMCHO) <Tom.Schenck@cms.hhs.gov>
Cc: Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: RE: Follow up question on CFC HHA/AAAs

Hi Tom,
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I hope you are well!

Best,

Selina

Selina H. Hickman
Director of Health Care Operations, Compliance, & Improvement
Vermont Agency of Human Services
(802) 585-9934

From: Skaflestad, Shawn
Sent: Friday, May 05, 2017 10:48 AM
To: Schenck, Tom M.(CMS/CMCHO) <Tom.Schenck@cms.hhs.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: RE: Follow up question on CFC HHA/AAAs

Tom – thanks for the follow up question. I will confer with the appropriate folks here at the agency and be back in touch.

Best,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

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(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: Schenck, Tom M.(CMS/CMCHO) [<mailto:Tom.Schenck@cms.hhs.gov>]
Sent: Thursday, May 04, 2017 5:32 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: Follow up question on CFC HHA/AAAs

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Thanks,

Tom Schenck
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
(617) 565-1325

Schurr, Stuart

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To: Skaflestad, Shawn; Schenck, Tom M.(CMS/CMCHO)
Cc: Hutt, Monica
Subject: RE: Follow up question on CFC HHA/AAAs
Attachments: HHA_AAA designation inquiry_062317.docx

Hi Tom,

I am back from leave and following up on your below inquiry from 5/4. Please see attached for Vermont's response and let me know if there is additional follow up needed.

I hope you are well!

Best,

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State of Vermont
Agency of Human Services
 280 State Drive
 Waterbury, VT 05671-1000
www.ahs.state.vt.us

Sellna H. Hickman
Director of Health Care Operations, Compliance, & Improvement
 [phone] 802-241-0422
 [fax] 802-241-0451

Dear Ms. Kayala,

We are writing to invite your review of Vermont's current processes and standards for service authorization and person-centered planning in the Choices for Care program. We also invite your feedback on how to best achieve alignment between differing federal and state standards as Vermont plans for greater integration with Patient Centered Medical Homes, Specialized Health Homes and Accountable Care Organizations for Choices for Care. Attached please find a summary brief outlining our current program operations, current and proposed planning efforts and timeline.

We understand that federal conflict of interest rules established for 1915 (c) and other similar home and community based service (HCBS) programs limit the ability of a single provider to offer both case management and direct services. Vermont shares the goal of ensuring participant access to effective, high quality, conflict free case management. However, we are concerned that implementation could limit participants' rights to choose their providers, inhibit participants' ability to access necessary care, and disrupt our current efforts at integrating primary care with our managed long term services and supports (MLTSS) including HCBS values and principles.

Vermont seeks CMS assistance in developing a policy strategy that aligns HCBS requirements with Choices for Care policies and operations in order to achieve the following objectives:

- Maintain Vermont's commitment to individual consumer choice and control as a foundational concept of the successful Choices for Care program
- Strengthen necessary protections to ensure that care planning activities are not influenced by a providers' other service delivery roles
- Maintain and improve access to person-centered planning statewide
- Support ongoing quality improvement in care delivery
- Sustain Vermont's rural service delivery system
- Maximize use of public resources for care delivery through administrative efficiencies and minimize budget shortfalls
- Align with Vermont's integration of LTSS with primary care, preventive care, mental health care, and substance use treatment in Vermont health reform efforts, including efforts to achieve greater consistency across public and private payers.

Vermont seeks to work with CMS to align these objectives and mitigate any unintended consequences in addressing conflicts of interest, including:

- Restriction of individual participant choice
- Erosion of access to care due to:
 - Loss of comprehensive providers and specialized expertise



- Diminished availability of services resulting from providers discontinuing either case management or direct care services
- Disruption of case management services including slower access to HCBS and poorer quality of case management services due to the limited availability of qualified case management staff, during any transition period
- Diversion of funds away from direct services to support a new administrative structure for the provision of case management-only services.
- Increased program costs resulting from different yet overlapping service definitions for case management, care coordination, service coordination and authorization, medical social work and person-centered planning across multiple programs and settings

We seek your concurrence on our proposed planning process and timeline. The process is designed to allow for meaningful stakeholder input into a delivery system transformation that promotes the integration of primary care with our MLTSS and consistency in regulatory policies across public and private payers.

We are optimistic that Vermont and CMS can partner to develop a solution that continues to promote individual consumer choice and control, ensures that services are accessible and sustainable, promotes effective and cost-efficient integrated service delivery, and provides appropriate safeguards against conflicts of interest.

We look forward to a discussion following your review of the attached materials. Please don't hesitate to contact either of us (Selina Hickman at 802-585-9934 or Commissioner Hutt at 802-241-0360) for additional information and/or questions.

Sincerely,



Selina Hickman,
Director of Healthcare Operations, Compliance and Improvement
Agency of Human Services, Secretary's Office



Monica Hutt,
Commissioner, Department of Disabilities, Aging and Independent Living
Agency of Human Services

Cc: Megan Tierney-Ward, Director Adult Services Division
Sara Lane, Director Choices for Care Program
Steven Costantino, Medicaid Director
Dina Payne, CMCS State Demonstrations, VT 1115 Project Officer

Encl: Choices for Care Program Summary and HCBS/Medicaid Planning Timeline

Schurr, Stuart

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Vermont seeks CMS assistance in developing a policy strategy that aligns HCBS requirements with Choices for Care policies and operations in order to achieve the following objectives:

- Maintain Vermont's commitment to individual consumer choice and control as a foundational concept of the successful Choices for Care program
- Strengthen necessary protections to ensure that care planning activities are not influenced by a providers' other service delivery roles
- Maintain and improve access to person-centered planning statewide
- Support ongoing quality improvement in care delivery
- Sustain Vermont's rural service delivery system
- Maximize use of public resources for care delivery through administrative efficiencies and minimize budget shortfalls
- Align with Vermont's integration of LTSS with primary care, preventive care, mental health care, and substance use treatment in Vermont health reform efforts, including efforts to achieve greater consistency across public and private payers.

Vermont seeks to work with CMS to align these objectives and mitigate any unintended consequences in addressing conflicts of interest, including:

- Restriction of individual participant choice
- Erosion of access to care due to:
 - Loss of comprehensive providers and specialized expertise



- Diminished availability of services resulting from providers discontinuing either case management or direct care services
- Disruption of case management services including slower access to HCBS and poorer quality of case management services due to the limited availability of qualified case management staff, during any transition period
- Diversion of funds away from direct services to support a new administrative structure for the provision of case management-only services.
- Increased program costs resulting from different yet overlapping service definitions for case management, care coordination, service coordination and authorization, medical social work and person-centered planning across multiple programs and settings

We seek your concurrence on our proposed planning process and timeline. The process is designed to allow for meaningful stakeholder input into a delivery system transformation that promotes the integration of primary care with our MLTSS and consistency in regulatory policies across public and private payers.

We are optimistic that Vermont and CMS can partner to develop a solution that continues to promote individual consumer choice and control, ensures that services are accessible and sustainable, promotes effective and cost-efficient integrated service delivery, and provides appropriate safeguards against conflicts of interest.

We look forward to a discussion following your review of the attached materials. Please don't hesitate to contact either of us (Selina Hickman at 802-585-9934 or Commissioner Hutt at 802-241-0360) for additional information and/or questions.

Sincerely,



Selina Hickman,
Director of Healthcare Operations, Compliance and Improvement
Agency of Human Services, Secretary's Office



Monica Hutt,
Commissioner, Department of Disabilities, Aging and Independent Living
Agency of Human Services

Cc: Megan Tierney-Ward, Director Adult Services Division
Sara Lane, Director Choices for Care Program
Steven Costantino, Medicaid Director
Dina Payne, CMCS State Demonstrations, VT 1115 Project Officer

Encl: Choices for Care Program Summary and HCBS/Medicaid Planning Timeline

Schurr, Stuart

From: Hickman, Selina
Sent: Friday, June 23, 2017 11:36 AM
To: Schenck, Tom M.(CMS/CMCHO); Skaflestad, Shawn
Cc: Hutt, Monica
Subject: RE: Follow up question on CFC HHA/AAAs

Great- thank you, Tom!

Selina

Selina H. Hickman
Director of Health Care Operations, Compliance, & Improvement
Vermont Agency of Human Services
(802) 585-9934

From: Schenck, Tom M.(CMS/CMCHO) [mailto:Tom.Schenck@cms.hhs.gov]
Sent: Friday, June 23, 2017 11:34 AM
To: Hickman, Selina <Selina.Hickman@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: RE: Follow up question on CFC HHA/AAAs

Thanks, Selina! Glad to have you back! I've passed this along to our HCBS SMEs and I'll be in touch once I know next steps.

From: Hickman, Selina [mailto:Selina.Hickman@vermont.gov]
Sent: Friday, June 23, 2017 10:58 AM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Schenck, Tom M.(CMS/CMCHO) <Tom.Schenck@cms.hhs.gov>
Cc: Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: RE: Follow up question on CFC HHA/AAAs

Hi Tom,

I am back from leave and following up on your below inquiry from 5/4. Please see attached for Vermont's response and let me know if there is additional follow up needed.

I hope you are well!

Best,

Selina

Selina H. Hickman
Director of Health Care Operations, Compliance, & Improvement
Vermont Agency of Human Services
(802) 585-9934

From: Skaflestad, Shawn
Sent: Friday, May 05, 2017 10:48 AM
To: Schenck, Tom M.(CMS/CMCHO) <Tom.Schenck@cms.hhs.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: RE: Follow up question on CFC HHA/AAAs

Tom – thanks for the follow up question. I will confer with the appropriate folks here at the agency and be back in touch.

Best,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).
(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: Schenck, Tom M.(CMS/CMCHO) [<mailto:Tom.Schenck@cms.hhs.gov>]
Sent: Thursday, May 04, 2017 5:32 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: Follow up question on CFC HHA/AAAs

Hi Shawn,

I'm following up on this memo from last summer regarding the geographically designated HHAs that CMS is reviewing. We're wondering about item 1a on page 6. Could you elaborate on the statement regarding a potential determination that the HHAs/AAAs are the only qualified entities to provide both direct care and case management services. Specifically, does VT believe that to be the case statewide or only in certain geographic entities? Any further information that could help us consider a potential designation would be helpful.

Thanks,

Tom Schenck
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
(617) 565-1325

Schurr, Stuart

From: Hickman, Selina
Sent: Friday, June 23, 2017 10:58 AM
To: Skaflestad, Shawn; Schenck, Tom M.(CMS/CMCHO)
Cc: Hutt, Monica
Subject: RE: Follow up question on CFC HHA/AAAs
Attachments: HHA_AAA designation inquiry_062317.docx

Hi Tom,

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I hope you are well!

Best,

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Tom Schenck
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
(617) 565-1325



State of Vermont
Agency of Human Services
 280 State Drive
 Waterbury, VT 05671-1000
www.ahs.state.vt.us

Selina H. Hickman
Director of Health Care Operations, Compliance, & Improvement
 [phone] 802-241-0422
 [fax] 802-241-0451

Dear Ms. Kayala,

We are writing to invite your review of Vermont's current processes and standards for service authorization and person-centered planning in the Choices for Care program. We also invite your feedback on how to best achieve alignment between differing federal and state standards as Vermont plans for greater integration with Patient Centered Medical Homes, Specialized Health Homes and Accountable Care Organizations for Choices for Care. Attached please find a summary brief outlining our current program operations, current and proposed planning efforts and timeline.

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We look forward to a discussion following your review of the attached materials. Please don't hesitate to contact either of us (Selina Hickman at 802-585-9934 or Commissioner Hutt at 802-241-0360) for additional information and/or questions.

Sincerely,



Selina Hickman,
Director of Healthcare Operations, Compliance and Improvement
Agency of Human Services, Secretary's Office



Monica Hutt,
Commissioner, Department of Disabilities, Aging and Independent Living
Agency of Human Services

Cc: Megan Tierney-Ward, Director Adult Services Division
Sara Lane, Director Choices for Care Program
Steven Costantino, Medicaid Director
Dina Payne, CMCS State Demonstrations, VT 1115 Project Officer

Encl: Choices for Care Program Summary and HCBS/Medicaid Planning Timeline

Kennedy, Alice

From: Lane, Sara
Sent: Tuesday, July 17, 2018 10:09 AM
To: Lane, Sara
Subject: FW: notes from HCBS consumer survey meeting
Attachments: Consumer Validation Survey Work Status.docx

Sara Lane, BSN, RN
Quality Management Nurse
TBI/CFC Programs
DAIL- Adult Services Division
HC2 South 280 State Drive
Waterbury, VT 05671-2070
Phone: 802.241.0299
Fax: 802.241.0385
<http://asd.vermont.gov/help>

From: Tierney-Ward, Megan
Sent: Monday, November 20, 2017 3:33 PM
To: McMann, Angela <Angela.McMann@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Senghas, Stuart <Stuart.Senghas@vermont.gov>; Lane, Sara <Sara.Lane@vermont.gov>
Subject: notes from HCBS consumer survey meeting

Attached are notes from today's meeting. I'm saving them in this folder:
<I:\ALLDAIL\Global Commitment to Health\HCBS Rules Implementation\Consumer Validation Survey>

Megan Tierney-Ward
Adult Services Division Director

November is National Family Caregiver Month. Over 64,000 Vermonters are family caregivers, providing countless hours of unpaid but essential care to loved ones young and old. Find out more about what it's like to be [Caregiving Around the Clock](#). If you are a caregiver of an older Vermonter, contact the Senior Helpline at 1-800-642-5119 to learn more about family caregiver training, counseling, peer support, and respite options in your community, and check out these [10 Tips for Family Caregivers](#).

NEW ASD Website: <http://asd.vermont.gov/>

NEED ASSISTANCE? Dial 211

Department of Disabilities, Aging & Independent Living
Adult Services Division

280 State Drive, HC 2 South
Waterbury, VT 05671-0270
Main Phone: (802) 241-0294
Direct Line: (802) 241-0308
FAX: (802) 241-0385
megan.tierney-ward@vermont.gov

NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Bedard at colleen.bedard@vermont.gov. Thank you.

Kennedy, Alice

From: Tierney-Ward, Megan
Sent: Thursday, November 16, 2017 10:32 AM
To: Skaflestad, Shawn
Cc: Courcelle, Andre
Subject: CFC HCBS Final Alignment Report w fixed links 11.16.17.docx
Attachments: CFC HCBS Final Alignment Report w fixed links 11.16.17.docx

Here is the updated report with new hyperlinks. Note that a couple of those items are no longer available as they have been modified since the original report was written. I noted that and added the new links.

Megan

Kennedy, Alice

From: Skaflestad, Shawn
Sent: Monday, July 24, 2017 3:07 PM
To: Tierney-Ward, Megan; Courcelle, Andre; Gerstenberger, Roy; Harrigan, Emma; Omland, Laurel; Hill, Bard; Clark, Bill
Cc: Hickman, Selina; Carmichael, Erin
Subject: CQS Public Comment and Draft State Responses
Attachments: VT GC CQS March 24, 2017 Public Posting Final.pdf; CQS Pubic Hearing Comments with draft State Responses July 24, 2017.docx

Hi All,

As you may recall, a formal public hearing for the attached Comprehensive Quality Strategy (CQS)/State Transition Plan (STP) was held on Thursday, April 21, 2017 from 1pm - 2pm at the Waterbury State Office Complex (WSOC). While no individuals from the community attended the hearing – I did receive three pieces of written feedback during the public comment period. I have attached a Word file that contains a summary of the public comments from these documents – along with draft State responses. As you will notice – not all comments have responses.

I am asking that you edit my draft responses – as well as suggest language for those comments w/o responses - by cob this Friday, July 28th. Once this document is complete – I will modify the CQS/STP accordingly – and submit it to CMS for review. Please feel free to contact me with any questions.

Thank you,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).

(Access through Internet Explorer 10, Firefox, or Google Chrome).

Public Notice

The Vermont Agency of Human Services (AHS) gives notice that the DRAFT Global Commitment to Health (GC) waiver Comprehensive Quality Strategy (CQS), required by the Centers for Medicaid and Medicare Services (CMS) will be available for public review and comment for a period of 30 days beginning on 08/01/2015 and ending on 08/31/2015. The Comprehensive Quality Strategy (CQS) is intended to serve as a blueprint or road map for Vermont and its contracted Medicaid managed care entity in assessing the quality of care that beneficiaries receive, as well as for setting forth measurable goals and targets for improvement. In addition to addressing the original GC populations and including Medicaid managed care requirements, the CQS also includes using Medicaid Managed Long Term Services and Supports (MLTSS) as a strategy for expanding home- and community-based services, as well integrating the new HCBS rules published by CMS in March 2014. The new HCBS rules require states to identify their strategies for compliance with the new regulations. Rather than developing a transition plan like other states – Vermont has opted to have the CQS demonstrate the steps required to come into full compliance with the final rule by March 17, 2019 and should suffice as the Statewide Transition Plan. Please see complete draft of the CG to Health Waiver CQS on the DVHA website at <http://dvha.vermont.gov/administration/draft-versions-of-state-plan-changes>. Persons who are unable to access the Internet may request a hard copy of the DRAFT CQS by calling AHS at (802) 871- 3008.

Public Hearing

There will be a public hearing in which the public is invited to comment on the GC to Health Waiver CQS. The Public Hearing is scheduled for:

*August 20, 2015
12:00 p.m. – 2:00 p.m.
Secretary's Conference Room
208 Hurricane Lane, Williston, Vermont*

Public may call 877-273-4202; conference room 1262904 for teleconference

Verbal and Written Feedback

Comments may be submitted to Shawn.Skaflestad@vermont.gov At the hearing, the public will have the opportunity to provide both verbal and written comment. A request is made that comments be submitted in written form, as well as voiced, in order to guarantee that they are recorded correctly. Persons who are unable to attend a Public Hearing or submit comments using the Internet, may phone in their comments by calling AHS at (802) 871-3008 or mail written feedback to:

*Shawn Skaflestad
208 Hurricane Lane
Williston, Vermont 05495*

All comments will be summarized and included with the Comprehensive Quality Strategy as part of the state's submission to CMS.

Kennedy, Alice

From: Skaflestad, Shawn
Sent: Monday, June 11, 2018 4:08 PM
To: George, Camille; Courcelle, Andre; McFadden, Clare
Cc: Perreault, Liz
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting

Please forward the agenda when it is available. Thank you,

Shawn

From: George, Camille
Sent: Friday, June 08, 2018 3:58 PM
To: Courcelle, Andre <Andre.Courcelle@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting

Thanks, all. So, I will treat these as talking points that you will use as reference, but NOT anything we will distribute to the DAIL Advisory Board. Looking forward to seeing you next week.

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
Cell Phone: 802.798-2079
E-mail: camille.george@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.



June is Alzheimer's and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer's Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.

From: Courcelle, Andre
Sent: Friday, June 08, 2018 2:49 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting

Hi Shawn,
Thanks for putting this together, it looks good to me. Claire and I can certainly chime in and fill in the program specifics as they come up.

Andre 'R' Courcelle
Quality & Provider Relations Program Director
Adult Services Division
Department of Disabilities, Aging and Independent Living
280 State Drive HC-2 South
Waterbury, VT 05671-2070
Office: 802 786-2516
Fax: 802 786-5055
andre.courcelle@vermont.gov

From: Skaflestad, Shawn
Sent: Friday, June 08, 2018 2:21 PM
To: Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting

Hi Clare/Andre,

Attached are my thoughts re: talking points for the June 14 DAIL Advisory Board *HCBS Implementation Update* agenda item. As you can see – I can give a broad overview of our status to date and anticipated next steps – but any program specific discussions that would be generated as a result – would need to be handled by you. Please take a look and let me know if you think I should broaden or narrow my focus.

Thank you,

Shawn

From: George, Camille
Sent: Wednesday, May 30, 2018 2:59 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting

Great, Shawn, thanks, we'll do our best to work around your schedule. If you have any handouts, can you please get them to Liz Perreault by June 6th?

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
Cell Phone: 802.798-2079
E-mail: camille.george@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.

From: Skaflestad, Shawn
Sent: Wednesday, May 30, 2018 2:57 PM
To: George, Camille <Camille.George@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting

Sounds great Camille! Please keep in mind that I have another commitment beginning at 1:30pm.

Shawn

From: George, Camille
Sent: Tuesday, May 29, 2018 8:41 AM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: FW: Invitation: June 14 DAIL Advisory Board Meeting
Importance: High

Hi Shawn – am just following up to see if you are available to join Andre and Clare at the June 14 DAIL Advisory Board meeting? We need to get the agenda out for the meeting soon so would love to hear from you and have you join them. Thanks.

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living

Commissioner's Office
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280 State Drive
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To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: Invitation: June 14 DAIL Advisory Board Meeting

Hi Shawn – I'm writing to see if you are available to join Andre Courcelle (Adult Services Division) and Clare McFadden (Developmental Disabilities Services Division) to provide an update on Vermont's implementation of the CMS HCBS rules at our June 14 DAIL Advisory Board meeting. I'd like for the advisory board to have an update on where we stand with the CMS HCBS rules implementation - status of transition plan and CMS approval and our implementation work including any news on Conflict Free CM, any settings issues, including those that have been identified for heightened scrutiny and next steps? We'll probably only have ½ hour or so to do this update. The DAIL Advisory Board meets here in the Cherry conference room. We're still ironing out the details, but we're probably looking to have this on the agenda sometime between 11:30 - 2 based on Clare and Andre's availability. If there are any handouts or if you have any AV needs, Liz Perreault would need to have them by June 6 as we send materials out at least one week in advance of each meeting. Thanks for considering this request and hope you can make it!

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
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Kennedy, Alice

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Sent: Friday, June 08, 2018 2:21 PM
To: Courcelle, Andre; McFadden, Clare
Cc: Perreault, Liz; George, Camille
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting
Attachments: DAIL Advisory Board June 14, 2018.docx

Hi Clare/Andre,

Attached are my thoughts re: talking points for the June 14 DAIL Advisory Board *HCBS Implementation Update* agenda item. As you can see – I can give a broad overview of our status to date and anticipated next steps – but any program specific discussions that would be generated as a result – would need to be handled by you. Please take a look and let me know if you think I should broaden or narrow my focus.

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Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
Cell Phone: 802.798-2079
E-mail: camille.george@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.

From: Skaflestad, Shawn
Sent: Wednesday, May 30, 2018 2:57 PM
To: George, Camille <Camille.George@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting

Sounds great Camille! Please keep in mind that I have another commitment beginning at 1:30pm.

Shawn

From: George, Camille
Sent: Tuesday, May 29, 2018 8:41 AM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: FW: Invitation: June 14 DAIL Advisory Board Meeting
Importance: High

Hi Shawn – am just following up to see if you are available to join Andre and Clare at the June 14 DAIL Advisory Board meeting? We need to get the agenda out for the meeting soon so would love to hear from you and have you join them. Thanks.

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To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare

<Clare.McFadden@vermont.gov>

Subject: Invitation: June 14 DAIL Advisory Board Meeting

Hi Shawn – I'm writing to see if you are available to join Andre Courcelle (Adult Services Division) and Clare McFadden (Developmental Disabilities Services Division) to provide an update on Vermont's implementation of the CMS HCBS rules at our June 14 DAIL Advisory Board meeting. I'd like for the advisory board to have an update on where we stand with the CMS HCBS rules implementation - status of transition plan and CMS approval and our implementation work including any news on Conflict Free CM, any settings issues, including those that have been identified for heightened scrutiny and next steps? We'll probably only have ½ hour or so to do this update. The DAIL Advisory Board meets here in the Cherry conference room. We're still ironing out the details, but we're probably looking to have this on the agenda sometime between 11:30 - 2 based on Clare and Andre's availability. If there are any handouts or if you have any AV needs, Liz Perreault would need to have them by June 6 as we send materials out at least one week in advance of each meeting. Thanks for considering this request and hope you can make it!

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Kennedy, Alice

From: Skaflestad, Shawn
Sent: Monday, June 11, 2018 4:08 PM
To: George, Camille; Courcelle, Andre; McFadden, Clare
Cc: Perreault, Liz
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting

Please forward the agenda when it is available. Thank you,

Shawn

From: George, Camille
Sent: Friday, June 08, 2018 3:58 PM
To: Courcelle, Andre <Andre.Courcelle@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting

Thanks, all. So, I will treat these as talking points that you will use as reference, but NOT anything we will distribute to the DAIL Advisory Board. Looking forward to seeing you next week.

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June is Alzheimer's and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer's Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.

From: Courcelle, Andre
Sent: Friday, June 08, 2018 2:49 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting

Hi Shawn,
Thanks for putting this together, it looks good to me. Claire and I can certainly chime in and fill in the program specifics as they come up.

Andre 'R' Courcelle
Quality & Provider Relations Program Director
Adult Services Division
Department of Disabilities, Aging and Independent Living
280 State Drive HC-2 South
Waterbury, VT 05671-2070
Office: 802 786-2516
Fax: 802 786-5055
andre.courcelle@vermont.gov

From: Skaflestad, Shawn
Sent: Friday, June 08, 2018 2:21 PM
To: Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting

Hi Clare/Andre,

Attached are my thoughts re: talking points for the June 14 DAIL Advisory Board *HCBS Implementation Update* agenda item. As you can see – I can give a broad overview of our status to date and anticipated next steps – but any program specific discussions that would be generated as a result – would need to be handled by you. Please take a look and let me know if you think I should broaden or narrow my focus.

Thank you,

Shawn

From: George, Camille
Sent: Wednesday, May 30, 2018 2:59 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: RE: Invitation: June 14 DAIL Advisory Board Meeting

Great, Shawn, thanks, we'll do our best to work around your schedule. If you have any handouts, can you please get them to Liz Perreault by June 6th?

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Sounds great Camille! Please keep in mind that I have another commitment beginning at 1:30pm.

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Kennedy, Alice

From: Hill, Bard
Sent: Friday, May 04, 2018 11:38 AM
To: Hutt, Monica; George, Camille
Subject: DAIL and OC...
Attachments: OC contract amendment sections.may 2018.docx; DAIL GC evaluation measures for OC.may 2018.xlsx; APM re DAIL and OC.may 2018.docx

Hi-

I prepared these attachments to serve as foundation materials for a discussion with OneCare about alignment between DAIL activities and OC activities related to performance/quality measures and care coordination (see attached sections of their DVHA contract). I think we might have an initial DAIL/OC meeting to frame and prioritize the opportune areas of alignment, with the following draft agenda- I welcome your comments/edits:

APM alignment directive and timeline

Shared goals and interests

Potential risks/tensions

DAIL 'current state' in relevant areas for CFC, DDS and TBI:

- Quality and performance measures, including NCI and GC evaluation

- Quality monitoring/management/improvement activities by program/setting

- Case management/service coordination: scope; individual teams in DDS and TBI; local teams for CFC HCBS

- Sharing of consumer-level info including authorities (eg releases, BAAs) and content (eg assessments, care plans)

Maybe at some point some 'framing' details from...

HCBS rules

GC STCs

State laws/rules

Howzat sound?

"The best way to get a good idea is to get a lot of ideas."

Donald Berwick

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

Kennedy, Alice

From: Hill, Bard
Sent: Friday, January 12, 2018 2:38 PM
To: Hutt, Monica; George, Camille; Tierney-Ward, Megan; McFadden, Clare
Subject: DAIL APM ACO opportunities brainstorm.Jan 2018.docx
Attachments: DAIL APM ACO opportunities brainstorm.Jan 2018.docx

Hi

Ready to share this with AHS health reform staff? Advisory board? OneCare?

Thanks!
Bard

Eschew surplusage.
Samuel Clemens

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

Kennedy, Alice

From: Hill, Bard
Sent: Thursday, April 26, 2018 3:28 PM
To: Schurr, Stuart
Subject: DVHA DAIL_IGA_2-16-2018_.pdf
Attachments: DVHA DAIL_IGA_2-16-2018_.pdf

This is the executed IGA...

Bard

Groucho: "That's in every contract, that's what you call a sanity clause."

Chico: "You can't fool me, there ain't no sanity clause."

Groucho/Chico Marx, *A Night at the Opera*

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

Kennedy, Alice

From: Perreault, Liz
Sent: Tuesday, January 30, 2018 4:37 PM
To: Utton, Theresa L.; Buck, Rebecca
Cc: Belliveau, Maria; Barrett, Stephanie; George, Camille; Hutt, Monica; Kelly, Bill; Hill, Bard
Subject: DAIL Budget Testimony - V2
Attachments: FINAL_V2_SF19_DAIL_BudgetTestimony.pdf

Hi Theresa and Becky,

I apologize that I have to resend this to you but we realized a link that is embedded in the document was broken so I had to update it to one that actually works. There are no other changes to the document. I have renamed the most current document to 'FINAL_V2...' so it is easier to differentiate between the two docs.

Again, I apologize for any confusion this may cause. Please let me know if you need me to do anything else.

Thank you for your patience,
Liz

Liz Perreault
Executive Assistant
Commissioner's Office
Disabilities, Aging and Independent Living
802-241-2401 – Main Line
802-241-0362
Mailing Address:
HC 2 South
280 State Drive
Waterbury, VT 05671-2020

“Life’s too short not to go barefoot.”

Kennedy, Alice

From: Tierney-Ward, Megan
Sent: Tuesday, June 26, 2018 7:02 AM
To: Hill, Bard; McFadden, Clare
Cc: George, Camille
Subject: Re: DAIL: HCBS rules coordination?

Hi.

Is this something we could push into fall/winter or incorporate into standing meetings? We have a lot of projects happening now and both ASD and DDS are in the midst of a deadline for the HCBS validation surveys which I believe must be completed by the end of Sept. There are also standing meetings that happen already with Shawn S. and the HCBS team. I think they might be once a month. I would suggest that we incorporate the conversation there instead of making a new series of meetings. Currently Andre is our lead and he has been pulling in other people as needed.

M

From: Hill, Bard
Sent: Monday, June 25, 2018 5:10 PM
To: Tierney-Ward, Megan; McFadden, Clare
Cc: George, Camille
Subject: DAIL: HCBS rules coordination?

Hi-

Earlier today Camille asked that I set up some internal meetings regarding DAIL work on HCBS rules. The core purpose is to identify and manage differences that emerge in our approaches to HCBS rules compliance across the three DAIL programs.

Draft for your comments:

1. Scope: CFC DDS and TBI
2. Purpose: coordinate approaches/messages to core elements, eg
 - a. Settings provision: scope; assessments; remediation or relocation
 - b. Person-centered planning: comprehensive assessment, goals, preferences
 - c. Conflict-free case management
 - d.
3. Who:
 - a. CFC: Megan, Angela M, Andre?
 - b. DDS: Clare, Amy, Chris?
4. Frequency: monthly 1 hour?

Please let me/us know your thoughts. Camille, please let me know if I missed or misconstrued anything.

Thanks!

Bard

“The best way to get a good idea is to get a lot of ideas.”

Donald Berwick

Bard Hill

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mobile 802.760.0852

Kennedy, Alice

From: Hutt, Monica
Sent: Wednesday, October 26, 2016 1:55 PM
To: Hickman, Selina; Tierney-Ward, Megan
Cc: Hill, Bard; George, Camille
Subject: RE: DAIL GC STC review

Sounds like we are fine. Thanks Selina.

Monica Caserta Hutt, Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401
E-mail: monica.hutt@vermont.gov
<http://www.dail.vermont.gov/>

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September 22, 2016 is Falls Awareness Day!

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Learn More: <http://www.healthvermont.gov/family/injury/falls/index.aspx>

Senior Helpline: 1-800-642-5119

From: Hickman, Selina
Sent: Wednesday, October 26, 2016 1:31 PM
To: Hutt, Monica ; Tierney-Ward, Megan
Cc: Hill, Bard ; George, Camille
Subject: RE: DAIL GC STC review

Here is what I was able to find out- the STCs are a bit tricky to interpret because CMS wanted to distinguish between State Plan and Demonstration authorities for both eligibility and services.

The table in STC #17 defines all eligibility groups and distinguishes between State Plan and Demonstration Expansion populations. Populations 4 and 5 represent Demonstration Expansion populations and the table refers to individuals Age 21 and older who are "not otherwise eligible under the state plan." Based on discussions with State staff and CMS as

part of the GC-CFC consolidation in late 2014, it was determined that Demonstration authority related to eligibility was needed only for individuals Age 21 and older (i.e., individuals between 18 and 21 always would meet State Plan eligibility rules and would be recognized in Populations 1 and 2).

The Expenditure Authorities also distinguish between eligibility and authorization of CFC services. Expenditure Authority #1 authorizes both eligibility (for individuals who are not State Plan eligible) and CFC services for Demonstration Expansion populations 4 (Highest), 5 (High) and 6 (Moderate Needs). Expenditure Authority #8 authorizes CFC services for individuals who are State Plan eligible (and would include CFC participants between 18 and 21 years old).

Let me know if you have more questions.
Thanks!

Selina

Selina H. Hickman
Director of Health Care Operations, Compliance, & Improvement
Vermont Agency of Human Services
(802) 585-9934

From: Hutt, Monica
Sent: Wednesday, October 26, 2016 12:43 PM
To: Hickman, Selina <Selina.Hickman@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Cc: Hill, Bard <Bard.Hill@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Subject: RE: DAIL GC STC review

Thanks Selina.

Monica Caserta Hutt, Commissioner
Vermont Department of Disabilities, Aging and Independent Living
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Senior Helpline: 1-800-642-5119

From: Hickman, Selina

Sent: Wednesday, October 26, 2016 10:08 AM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>

Cc: Hutt, Monica <Monica.Hutt@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; George, Camille <Camille.George@vermont.gov>

Subject: RE: DAIL GC STC review

We have this language in the approved Waiver. I don't think this will be a problem to fix, just need to be sure that there isn't a technical reason for the division in the demonstration reporting groups relating to child vs. adult status. I will follow up with you all with more information and resolution.

Choices for Care Program Eligibility: Individuals who receive long term services and supports under the Choices for Care program **must meet state plan financial rules and clinical eligibility criteria as defined by state regulation in effect as of February, 9, 2009.** These clinical eligibility determinations define highest, high, and moderate needs service groups. See Attachment A for a summary of eligibility definitions, services, and policies. Non-state plan eligible Choices for Care individuals are included in Populations 4, 5, and 6 in the table below.

Selina

Selina H. Hickman

Director of Health Care Operations, Compliance, & Improvement

Vermont Agency of Human Services

(802) 585-9934

From: Tierney-Ward, Megan

Sent: Wednesday, October 26, 2016 10:06 AM

To: Hickman, Selina <Selina.Hickman@vermont.gov>

Cc: Hutt, Monica <Monica.Hutt@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; George, Camille <Camille.George@vermont.gov>

Subject: Re: DAIL GC STC review

Hi. In my time at dail since 1998, eligibility in our 1915c and 1115 has always been 18. I know that children's services normally go through age 21. Maybe that is the confusion.

Megan

Sent from my iPad

On Oct 26, 2016, at 9:54 AM, Hickman, Selina <Selina.Hickman@vermont.gov> wrote:

Thank you, Monica. Looking at my records, the paragraph with the age 18 reference was deleted by CMS General Counsel as "duplicative" in nature, which it was and so we did not argue. The age 21 limits were previously in the waiver and so not called to our attention as changed or problematic. No one noticed that there was a difference between the references. Can you tell me if the program ever had eligibility that started at 21? I think it is easy enough to clear up with CMS and to create an administrative record

of the correct age. If they cannot update the document now, we should be able to address this issue during the amendment without impacts to operations or benes in the meantime.

There are many items in the waiver that we left as-is from the prior version rather than open up whole new topics of conversation and negotiation with CMS. If there are items that are truly problematic, we can try to array as technical changes for when we do the SUD amendment. I would want you to be prepared for any item to be fully explored way beyond where you might have anticipated or desired.

Best,

Selina

Selina H. Hickman
Director of Health Care Operations, Compliance, & Improvement
Vermont Agency of Human Services
(802) 585-9934

From: Hutt, Monica
Sent: Tuesday, October 25, 2016 4:04 PM
To: Hickman, Selina <Selina.Hickman@vermont.gov>
Cc: Hill, Bard <Bard.Hill@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: DAIL GC STC review

Selina, Bard received notice from the GC register about the STC from the waiver and, in reviewing, immediately flagged an eligibility age issue in CFC that is a major concern. I am not sure when, how or why it shifted, I am guessing that it was accidental; I know it didn't come up in any of our back and forth to address CMS suggestions and edits.

Although that is our major concern, I thought it might be helpful for you to see all of Bard's thoughts so have included those here. Many are clarifications or things unstated vs stated so may present no real concern. I did clarify that for purposes of the new waiver, HCBS applies to CFC, DS and TBI. What are the next steps? Thanks, Monica

Monica Caserta Hutt, Commissioner
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Sent: Tuesday, October 25, 2016 2:28 PM

To: Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>

Cc: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Lane, Sara <Sara.Lane@vermont.gov>;

Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>; McFadden, Clare

<Clare.McFadden@vermont.gov>

Subject: GC STC review

Hi-

I have inserted a variety of comments and questions in the attached STCs. The highlights:

1. Major error, requiring correction:
 - a. CFC eligibility: CFC eligibility in the STCs is limited to age 21+. CFC eligibility is age 18+. The STC should be corrected to reflect 18+.
2. Other comments/concerns:
 - a. DS and TBI eligibility: while the STCs appear to be silent on eligibility, we should ensure that they do not conflict with our services to children and youth in DS, and services to age 16+ in TBI.
 - b. LTC eligibility: In addition to CFC, both DS and TBI programs use LTC Medicaid eligibility. It is not clear that the STCs addresses or allows this, and we should ensure that this is allowed under the STC.
 - c. 'Populations' versus 'special programs': CFC continues to be described as three populations, while DS and TBI are described as 'special programs'. Given the similarities in federal regulatory foundation, 1915c waiver history, LTC Medicaid eligibility, HCBS rules, and current management, the reasons for substantially different approaches to comparable programs are not clear.
 - d. HCBS rules: The CFC section describes some requirements that are congruent with the HCBS rules. The special program table specifically associates the term 'HCBS' with DS, TBI and other programs. A separate CQS section describes compliance with HCBS rules, but does not state which programs are covered. To avoid ongoing confusion, the STC should explicitly state which programs are covered by the HCBS rule, or these programs should be explicitly named in the new/ revised CQS.
 - e. CQS: see preceding. In addition, it is not immediately clear if/how the content or process for the new CQS will differ from the previous CQS.
 - f. HCBS, LTSS, and MLTSS: these terms are used without definition and without clarity regarding which populations or programs are referenced by the use of these terms. CMS defines these terms broadly and inclusively on their website, while it appears that we may be seeking to limit the use of all of these terms to CFC, without clear legal basis.

These terms should be operationally defined, either in the STC itself or a related document, with clear legal basis.

I hope that this is helpful.

Cheers-

Bard

The emphasis should be on why we do a job.

W. Edwards Deming

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

Kennedy, Alice

From: Hutt, Monica
Sent: Monday, January 08, 2018 1:23 PM
To: Mohlman, Mary Kate
Cc: Hill, Bard; McFadden, Clare; George, Camille
Subject: DRAFT.Delivery System Report 1.8.18.docx
Attachments: DRAFT.Delivery System Report 1.8.18.docx

Mary Kate, I didn't have a lot of time today but I know that you are on a deadline for this report. I did add some thinking and made a few edits, particularly in the DAIL section. Perhaps Bard, Camille or Clare can contribute a bit more but I wanted to get my thoughts in in a timely fashion. Thanks, Monica

Monica Caserta Hutt, Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401
E-mail: monica.hutt@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.

Kennedy, Alice

From: Hutt, Monica
Sent: Thursday, January 04, 2018 6:31 PM
To: Mohlman, Mary Kate
Cc: Hill, Bard; George, Camille
Subject: Delivery System Reform Report.docx
Attachments: Delivery System Reform Report.docx

Mary Kate, this looks accurate for DAIL- thanks to you and Bard and Camile for all your work on the DAIL sections. I offered one suggestion of no major importance. Monica

Monica Caserta Hutt
Commissioner
Department of Disabilities, Aging and Independent Living

Kennedy, Alice

From: Hill, Bard
Sent: Tuesday, January 09, 2018 4:12 PM
To: George, Camille; McFadden, Clare; Tierney-Ward, Megan
Subject: DRAFT.Delivery System Report 1.8.18.bh.docx
Attachments: DRAFT.Delivery System Report 1.8.18.bh.docx

Hi-

Please see new highlighted sections on pages 13 and 14- in response to Als' comments in the initial email, and Mary Kate's comment in the document.

Cheers

Bard

“Only an alert and knowledgeable citizenry can compel the proper meshing of corporate and public interests to achieve the goal of a successful and sustainable health system.”

Ron Holland MD

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

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Kennedy, Alice

From: Hill, Bard
Sent: Wednesday, November 15, 2017 1:16 PM
To: Smith, James
Cc: Dalmasse, Diane; Jones, Fred; Schurr, Stuart
Subject: DAIL/DVHA IGA
Attachments: Compare Result 1.docx; DAIL IGA DRAFT 10.1.17 mtw.docx

Hi-
Bill Clark has added the DVR IGA to the DAIL IGA as a new section (email below). Attached are two versions from Bill: markup and clean. Goal is signature before 1/1/2018.
Please let me know if you have comments/edits/concerns.
Cheers
Bard

Failure is impossible.
Susan Brownell Anthony

Bard Hill
bard.hill@vermont.gov
landline 802.241.0376
mobile 802.760.0852

Bard and Stuart,

This is the draft I'm circulating with our legal staff. I thought it would be a good idea to send it to you both one last time to make sure we hit all of our concerns. We have a new general counsel, so he may have some of his own concerns to raise here.

I will keep you in the loop as they continue their review. I'm aiming for a 1/1/ effective date.

Thanks,
Bill

Kennedy, Alice

From: Hill, Bard
Sent: Thursday, June 14, 2018 1:34 PM
To: Courcelle, Andre; Tierney-Ward, Megan
Cc: McFadden, Clare
Subject: ERC and HCBS rules?
Attachments: ACCS_February2018.xls

Thanks!

At least some of the DS group homes bill ACCS (see attached), which is under PNMI, and I believe that DDSD is including these homes in their HCBS rules review.

Something we may want to be prepared to address when stakeholders ask: if/how/why we will include (or not include) licensed residential facilities under CFC, TBI, and DDS HCBS reviews, and how PNMI/ACCS influences our decisions.

Hope this is helpful.

Bard

-----Original Message-----

From: Courcelle, Andre
Sent: Thursday, June 14, 2018 1:24 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Erc?

I don't want to miss state the reason ERC was excluded but I think Megan said it came under PNMI she could elaborate more on that, she is out until next week I believe.

Andre'R Courcelle

Quality & Provider Relations Program Director Adult Services Division Department of Disabilities, Aging and Independent Living

280 State Drive HC-2 South

Waterbury, VT 05671-2070

Office: 802 786-2516

Fax: 802 786-5055

andre.courcelle@vermont.gov

-----Original Message-----

From: Hill, Bard
Sent: Thursday, June 14, 2018 1:09 PM
To: Courcelle, Andre <Andre.Courcelle@vermont.gov>
Subject: RE: Erc?

I think we can expect to hear about this - especially since DS group homes are included in the DS review. Why was the ERC setting excluded from the CFC review?

THX

B

-----Original Message-----

From: Courcelle, Andre
Sent: Thursday, June 14, 2018 1:04 PM
To: Hill, Bard <Bard.Hill@vermont.gov>

Subject: RE: Erc?

No, ERC was excluded this time around.

Andre'R Courcelle

Quality & Provider Relations Program Director Adult Services Division Department of Disabilities, Aging and Independent Living

280 State Drive HC-2 South

Waterbury, VT 05671-2070

Office: 802 786-2516

Fax: 802 786-5055

andre.courcelle@vermont.gov

-----Original Message-----

From: Hill, Bard

Sent: Thursday, June 14, 2018 11:57 AM

To: Courcelle, Andre <Andre.Courcelle@vermont.gov>

Subject: Erc?

No erc review for HCBS rules?

Bard

Sent from my iPhone

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Congress of the United States
House of Representatives

November 27, 2017

COMMITTEE ON AGRICULTURE
SUBCOMMITTEE ON COMMODITY EXCHANGES,
ENERGY, AND CREDIT

SUBCOMMITTEE ON NUTRITION

COMMITTEE ON THE BUDGET

COMMITTEE ON TRANSPORTATION
AND INFRASTRUCTURE

VICE CHAIR, SUBCOMMITTEE ON
RAILROADS, PIPELINES, AND HAZARDOUS MATERIALS

SUBCOMMITTEE ON ECONOMIC DEVELOPMENT,
PUBLIC BUILDINGS, AND EMERGENCY MANAGEMENT

SUBCOMMITTEE ON HIGHWAYS AND TRANSIT

Honorable Seema Verma
Administrator
U.S. Centers for Medicare and Medicaid Services
200 Independence Avenue, Southwest
Washington, DC 20201

Dear Administrator Verma,

We are writing today in support of immediate changes to CMS' March 2014 "Guidance on Settings that Have the Effect of Isolating Individuals Receiving HCBS from the Broader Community." We are encouraged to hear that CMS is currently in the process of revising this guidance, and we hope that you will be able to provide us with a positive update in the very near term. We write today both to express our desire to see this guidance document changed, and to share our views on the value and importance of disability-specific congregate, farmstead, and lifesharing communities in the Medicaid program. As written, the guidance discriminates against these communities, as well as against other rural-based settings which offer individuals with disabilities an important choice as they consider the setting that best meets their individualized needs.

As you are aware, in January 2014 CMS issued a final rule on Home and Community-Based Services (HCBS) waivers. The intent of the rule was broadly supported, enshrining into regulation the importance of patient choice and dignity. Following publication of the final rule, in a March 2014 guidance document CMS took the position that disability-specific congregate and farmstead communities are more likely than other community-based settings to "isolate" individuals from the broader community and are therefore subject to a "heightened scrutiny" standard before CMS considers them to meet the home and community-based services standards. While we support protections which ensure that individuals receiving HCBS have full access to the benefits of community living, we believe the guidance document, as written, reflects a fundamental misunderstanding of how many disability-specific congregate, farmstead, and lifesharing communities operate.

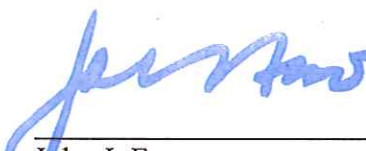
We are particularly concerned that the guidance may have the unintended impact of discouraging and ultimately phasing out congregate and lifesharing models which promote individual independence, community integration, and enhanced quality of life for all served by these communities. These models, many of which are located in congregate and farmstead settings, are an important choice for Medicaid beneficiaries as they search for the particular setting that

best fits their own individualized needs. In subjecting these communities to a heightened scrutiny standard, CMS has introduced significant uncertainty to the future of these communities.

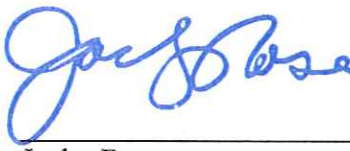
By painting all congregate and farmstead communities with a broad brush, CMS threatens to remove a critical choice from individuals looking for a setting that provides individuals with a community that supports inclusion, not seclusion. We applaud CMS' intent in the 2014 final rule to protect patient choice and dignity, but urge CMS to revise its subsequent guidance to clarify that congregate and farmstead communities based on the lifesharing model are not subject to the heightened scrutiny standard. We understand that these communities would welcome third party certification (such as through the Center for Quality and Leadership) as an alternative to the current broad-brush policy.

Thank you for your time and consideration,

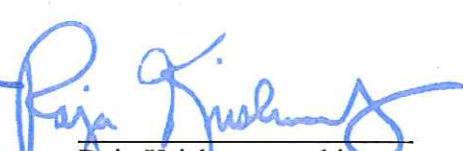
Sincerely,



John J. Faso
Member of Congress



Jacky Rosen
Member of Congress



Raja Krishnamoorthi
Member of Congress

cc: Brian Neale, Director, Center for Medicaid and CHIP Services
Tim Hill, Deputy Director, Center for Medicaid and CHIP Services
Michael Nardone, Director, Disabled and Elderly Health Programs Group
Ralph Lollar, Director, Division of Long Term Services and Supports
Melissa Harris, Senior Policy Advisor, Disabled and Elderly Health Programs Group



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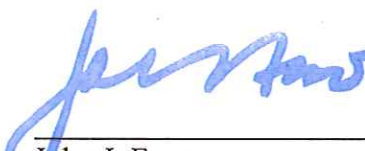
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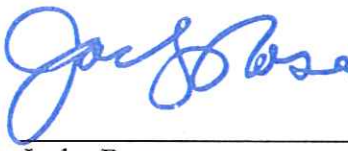
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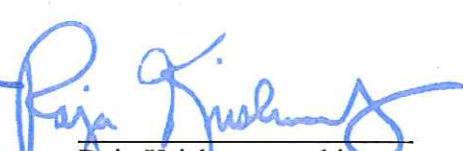
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State of Vermont
Agency of Human Services
280 State Drive
Waterbury, VT 05671-1000
www.ahs.state.vt.us

Selina H. Hickman
Director of Health Care Operations, Compliance, & Improvement
[phone] 802-241-0422
[fax] 802-241-0451

Dear Ms. Kayala,

We are writing to invite your review of Vermont's current processes and standards for service authorization and person-centered planning in the Choices for Care program. We also invite your feedback on how to best achieve alignment between differing federal and state standards as Vermont plans for greater integration with Patient Centered Medical Homes, Specialized Health Homes and Accountable Care Organizations for Choices for Care. Attached please find a summary brief outlining our current program operations, current and proposed planning efforts and timeline.

We understand that federal conflict of interest rules established for 1915 (c) and other similar home and community based service (HCBS) programs limit the ability of a single provider to offer both case management and direct services. Vermont shares the goal of ensuring participant access to effective, high quality, conflict free case management. However, we are concerned that implementation could limit participants' rights to choose their providers, inhibit participants' ability to access necessary care, and disrupt our current efforts at integrating primary care with our managed long term services and supports (MLTSS) including HCBS values and principles.

Vermont seeks CMS assistance in developing a policy strategy that aligns HCBS requirements with Choices for Care policies and operations in order to achieve the following objectives:

- Maintain Vermont's commitment to individual consumer choice and control as a foundational concept of the successful Choices for Care program
- Strengthen necessary protections to ensure that care planning activities are not influenced by a providers' other service delivery roles
- Maintain and improve access to person-centered planning statewide
- Support ongoing quality improvement in care delivery
- Sustain Vermont's rural service delivery system
- Maximize use of public resources for care delivery through administrative efficiencies and minimize budget shortfalls
- Align with Vermont's integration of LTSS with primary care, preventive care, mental health care, and substance use treatment in Vermont health reform efforts, including efforts to achieve greater consistency across public and private payers.

Vermont seeks to work with CMS to align these objectives and mitigate any unintended consequences in addressing conflicts of interest, including:

- Restriction of individual participant choice
- Erosion of access to care due to:
 - Loss of comprehensive providers and specialized expertise

- Diminished availability of services resulting from providers discontinuing either case management or direct care services
- Disruption of case management services including slower access to HCBS and poorer quality of case management services due to the limited availability of qualified case management staff, during any transition period
- Diversion of funds away from direct services to support a new administrative structure for the provision of case management-only services.
- Increased program costs resulting from different yet overlapping service definitions for case management, care coordination, service coordination and authorization, medical social work and person-centered planning across multiple programs and settings

We seek your concurrence on our proposed planning process and timeline. The process is designed to allow for meaningful stakeholder input into a delivery system transformation that promotes the integration of primary care with our MLTSS and consistency in regulatory policies across public and private payers.

We are optimistic that Vermont and CMS can partner to develop a solution that continues to promote individual consumer choice and control, ensures that services are accessible and sustainable, promotes effective and cost-efficient integrated service delivery, and provides appropriate safeguards against conflicts of interest.

We look forward to a discussion following your review of the attached materials. Please don't hesitate to contact either of us (Selina Hickman at 802-585-9934 or Commissioner Hutt at 802-241-0360) for additional information and/or questions.

Sincerely,

Selina Hickman,
Director of Healthcare Operations, Compliance and Improvement
Agency of Human Services, Secretary's Office


Monica Hutt,
Commissioner, Department of Disabilities, Aging and Independent Living
Agency of Human Services

Cc: Megan Tierney-Ward, Director Adult Services Division
Sara Lane, Director Choices for Care Program
Steven Costantino, Medicaid Director
Dina Payne, CMCS State Demonstrations, VT 1115 Project Officer

Encl: Choices for Care Program Summary and HCBS/Medicaid Planning Timeline

Kennedy, Alice

From: Lane, Sara
Sent: Tuesday, July 17, 2018 10:11 AM
To: Lane, Sara
Subject: FW: Follow up question on CFC HHA/AAAs
Attachments: VT CFC Brief Action Plan COI HCBS.PDF

Sara Lane, BSN, RN
Quality Management Nurse
TBI/CFC Programs
DAIL- Adult Services Division
HC2 South 280 State Drive
Waterbury, VT 05671-2070
Phone: 802.241.0299
Fax: 802.241.0385
<http://asd.vermont.gov/help>

From: Skaflestad, Shawn
Sent: Monday, May 08, 2017 12:19 PM
To: Tierney-Ward, Megan ; Lane, Sara
Subject: FW: Follow up question on CFC HHA/AAAs

Just following up on my email below. Any thoughts re: how we should respond to CMS?

Shawn

From: Skaflestad, Shawn
Sent: Friday, May 05, 2017 10:40 AM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Lane, Sara <Sara.Lane@vermont.gov>
Cc: Hutt, Monica <Monica.Hutt@vermont.gov>; Gustafson, Cory <Cory.Gustafson@vermont.gov>; Hickman, Selina <Selina.Hickman@vermont.gov>; Clark, Sarah <Sarah.Clark@vermont.gov>
Subject: FW: Follow up question on CFC HHA/AAAs

Hi Megan and Sara,

In Selina's absence, I am looking to respond to the CMS follow up question highlighted in the message below. This inquiry is related to our request for a "geographic exception" from the new HCBS rules (specifically the conflict free case management requirement) taken from the *CFC Action Plan* that was submitted to CMS last summer (attached). Item 1a on page 6 of the attachment reads as follows:

1. ***Request a determination from CMS for an HCBS exception or other policy solution based on: the State's current Section 1115 demonstration model; a determination that the HHAs and AAAs, who provide both direct care and case management services, are the only qualified entities for the persons they serve.***

- a. *Vermont could provide CMS additional detail regarding the HHA and AAA structure and regional designations if this would be helpful.*

As a reminder, the new rules indicate that HCBS service providers must not provide case management for a person they serve, except when the state is granted a geographic exception. I am not sure how geographic area was defined in this document – but could you provide some suggested text to clarify the assertion that there is only one willing and able provider (HHA or AAA) to perform case management and provide HCBS services in various regions of the state.

Thank you,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).
(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: Schenck, Tom M.(CMS/CMCHO) [<mailto:Tom.Schenck@cms.hhs.gov>]
Sent: Thursday, May 04, 2017 5:32 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: Follow up question on CFC HHA/AAAs

Hi Shawn,

I'm following up on this memo from last summer regarding the geographically designated HHAs that CMS is reviewing. We're wondering about item 1a on page 6. Could you elaborate on the statement regarding a potential determination that the HHAs/AAAs are the only qualified entities to provide both direct care and case management services. **Specifically, does VT believe that to be the case statewide or only in certain geographic entities?** Any further information that could help us consider a potential designation would be helpful.

Thanks,

Tom Schenck
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
(617) 565-1325

Kennedy, Alice

From: Senghas, Stuart
Sent: Thursday, July 27, 2017 11:57 AM
To: Tierney-Ward, Megan
Subject: FW: For Review
Attachments: GMADS 2017 Cert Letter.doc

Megan,

Feel free to write colorized comments/feedback on letter and return.

Thanks!

Stuart

From: [Hill_Bard](#)
To: [Tierney-Ward_Megan](#); [McMann_Angela](#); [Courcelle_Andre](#)
Subject: FW: CMS Updates
Date: Thursday, June 28, 2018 12:01:00 PM
Attachments: [image001.jpg](#)
[image002.jpg](#)
[image003.jpg](#)

Upcoming Webinars

Conflict of Interest Part II and Medicaid HCBS Case Management: July 11, 2018: 1:30pm – 3pm EST

The objective of this training is to build on the COI Part I training with a review of what constitutes conflict of interest (COI), including the HCBS rules regarding COI, and an overview on strategies for assessing your case management system, using data to inform stakeholders and decision-making, and tips for developing and implementing a corrective action plan (CAP). New Editions Consulting, Inc. is currently the training lead through the Home and Community Based Services Technical Assistance Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions Consulting, Inc. will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this link:

<https://neweditions.adobeconnect.com/ealehps71yag/event/registration.html>

The Process for Final Approval: July 18, 2018: 2:00pm – 3:30pm EST

The objective of this training is to clarify CMS' expectations in order to grant final approval; describe requirements for site-specific assessment, validation, outcomes and remediation strategies; discuss the process for heightened scrutiny and consider processes for monitoring and quality assurance to ensure ongoing compliance. New Editions is currently the training lead through the HCB Settings Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this link:

<https://neweditions.adobeconnect.com/eow4ijn7h97n/event/registration.html>

From: NASDDDS ListServ <NASDDDS@PEACH.EASE.LSOFT.COM> **On Behalf Of** Robin Cooper

Sent: Thursday, June 28, 2018 11:59 AM

To: NASDDDS@PEACH.EASE.LSOFT.COM

Subject: CMS Updates

Important Information from CMS:

EVV UPDATE:

Requests from States for Good Faith Effort Exemptions

Upcoming Webinars (Pre-registration required):

**Conflict of Interest Part II and Medicaid HCBS Case Management: July 11, 2018:
1:30pm – 3pm EST (Ralph Lollar, CMS and Robin Cooper through New Editions, HCB
Settings Training Lead)**

The Process for Final Approval: July 18, 2018: 2:00pm – 3:30pm EST (Statewide

Transition Plans)

Robin. E. Cooper
Director of Technical Assistance
NASDDDS
608-231-2121
Cell:703-888-7662

From: Center for Medicaid and CHIP Services (CMCS) <Medicaid.gov@subscriptions.cms.hhs.gov>

Sent: Thursday, June 28, 2018 10:07 AM

[View in browser](#) | Distributed by Center for Medicaid and CHIP Services (CMCS)

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EVV UPDATE: Requests from States for Good Faith Effort Exemptions

Section 12006(a) of the 21st Century Cures Act (Cures Act) mandates that states implement electronic visit verification (EVV) for all Medicaid personal care services by January 1, 2019, or otherwise be subject to incremental federal medical assistance percentage (FMAP) reductions. The Cures Act includes a provision that allows states to delay implementation of EVV for up to one year if they can demonstrate they have made a good faith effort to comply and have encountered unavoidable delays. CMS has published instructions for states who wish to request a good faith effort exemption here:

<https://www.medicicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html>

Please note that only one request per state should be submitted and please be advised that the Cures Act provision on good faith effort exemptions does not provide CMS with authority to delay the FMAP reductions for more than one year. If you have any questions please email EVV@cms.hhs.gov or contact your CMS Regional Office.

Upcoming Webinars

Conflict of Interest Part II and Medicaid HCBS Case Management: July 11, 2018: 1:30pm – 3pm EST

The objective of this training is to build on the COI Part I training with a review of what constitutes conflict of interest (COI), including the HCBS rules regarding COI, and an overview on strategies for assessing your case management system, using data to inform stakeholders and decision-making, and tips for developing and implementing a corrective action plan (CAP). New Editions Consulting, Inc. is currently the training lead through the Home and Community Based Services Technical Assistance Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions Consulting, Inc. will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this link:

<https://neweditions.adobeconnect.com/ealehps71yag/event/registration.html>

The Process for Final Approval: July 18, 2018: 2:00pm – 3:30pm EST

The objective of this training is to clarify CMS' expectations in order to grant final approval; describe

requirements for site-specific assessment, validation, outcomes and remediation strategies; discuss the process for heightened scrutiny and consider processes for monitoring and quality assurance to ensure ongoing compliance. New Editions is currently the training lead through the HCB Settings Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this link:

<https://neweditions.adobeconnect.com/eow4ijn7h97n/event/registration.html>

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From: [Hill, Bard](#)
To: [George, Camille](#)
Subject: FW: DAIL: HCBS rules coordination?
Date: Tuesday, June 26, 2018 9:13:00 AM

I would add that when I asked Andre why ERC facilities were excluded from HCBS setting assessments, he said Megan made the decision and he did not know why...

From: Tierney-Ward, Megan
Sent: Tuesday, June 26, 2018 7:02 AM
To: Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: George, Camille <Camille.George@vermont.gov>
Subject: Re: DAIL: HCBS rules coordination?

Hi.

Is this something we could push into fall/winter or incorporate into standing meetings? We have a lot of projects happening now and both ASD and DDSD are in the midst of a deadline for the HCBS validation surveys which I believe must be completed by the end of Sept. There are also standing meetings that happen already with Shawn S. and the HCBS team. I think they might be once a month. I would suggest that we incorporate the conversation there instead of making a new series of meetings. Currently Andre is our lead and he has been pulling in other people as needed.

M

From: Hill, Bard
Sent: Monday, June 25, 2018 5:10 PM
To: Tierney-Ward, Megan; McFadden, Clare
Cc: George, Camille
Subject: DAIL: HCBS rules coordination?

Hi-

Earlier today Camille asked that I set up some internal meetings regarding DAIL work on HCBS rules. The core purpose is to identify and manage differences that emerge in our approaches to HCBS rules compliance across the three DAIL programs.

Draft for your comments:

1. Scope: CFC DDS and TBI
2. Purpose: coordinate approaches/messages to core elements, eg
 - a. Settings provision: scope; assessments; remediation or relocation
 - b. Person-centered planning: comprehensive assessment, goals, preferences
 - c. Conflict-free case management
 - d.
3. Who:
 - a. CFC: Megan, Angela M, Andre?
 - b. DDS: Clare, Amy, Chris?
4. Frequency: monthly 1 hour?

Please let me/us know your thoughts. Camille, please let me know if I missed or misconstrued anything.

Thanks!

Bard

“The best way to get a good idea is to get a lot of ideas.”

Donald Berwick

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

From: [Hill, Bard](#)
To: [Smith-Dieng, Angela](#); [Woodruff, Mary](#)
Subject: FW: NASUAD Friday Update - August 25, 2017
Date: Friday, August 25, 2017 12:49:00 PM

Hey not sure you get these-

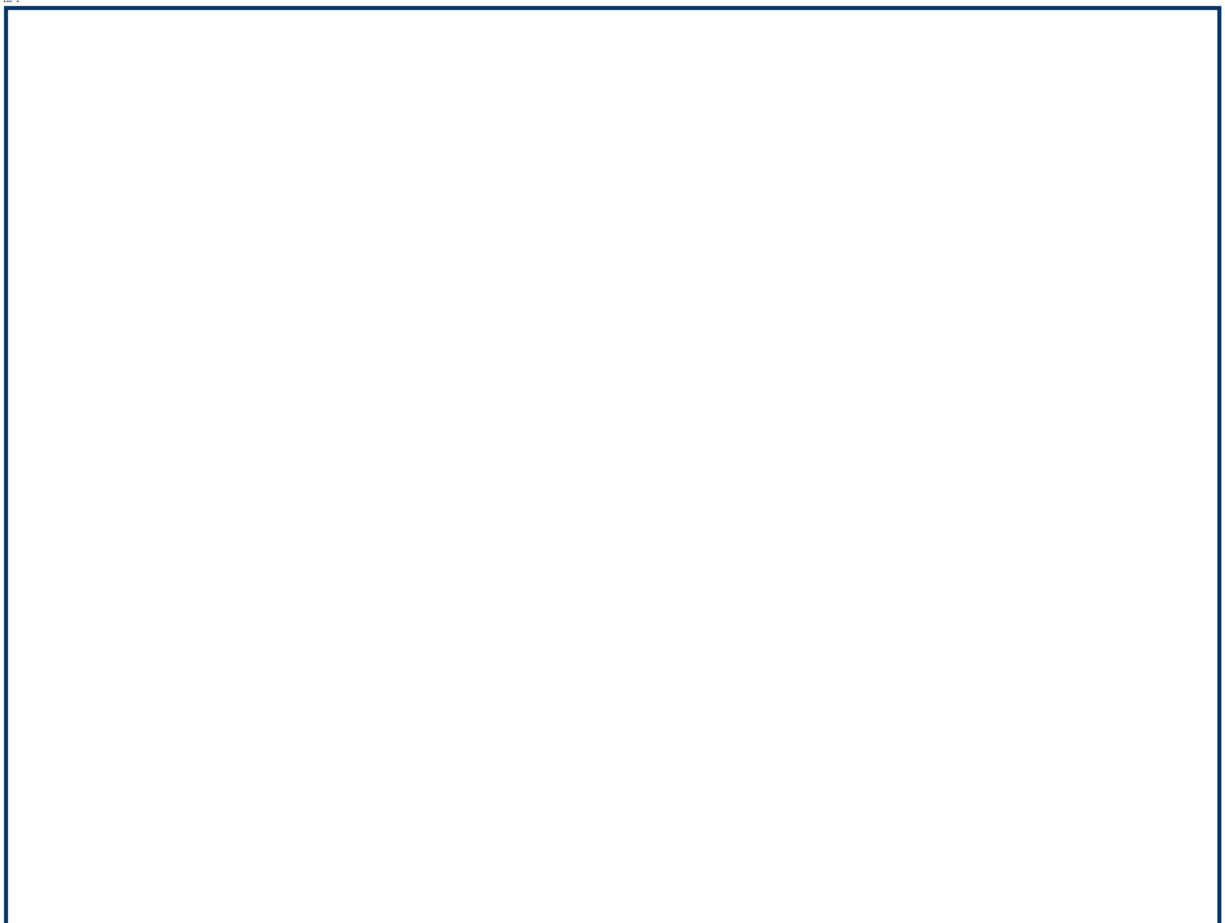
Combating Older Adult Malnutrition: Tools and Best Practices for Community-Based Organizations

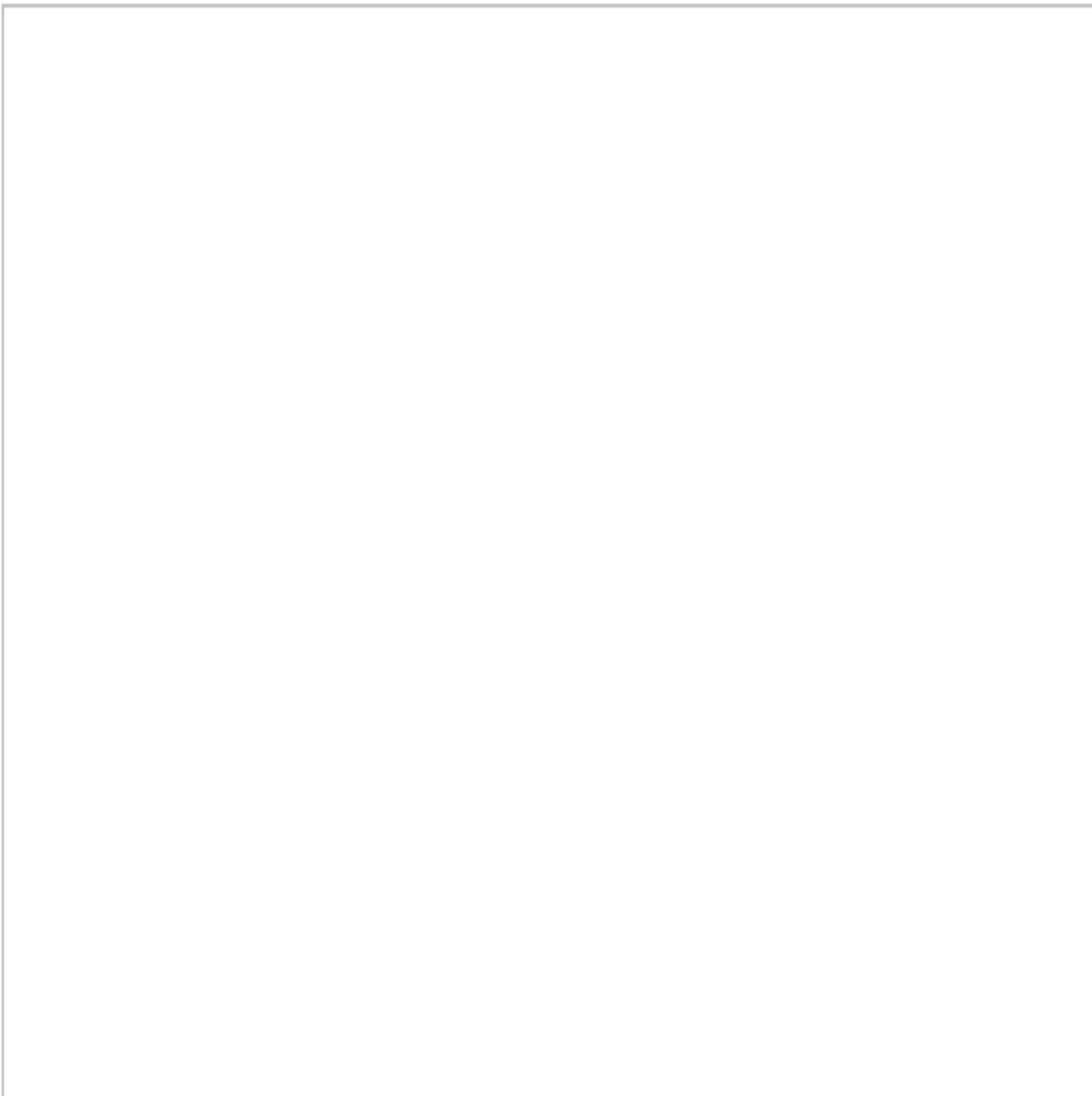
As the number of older adults facing malnutrition is increasing, one in two older adults are currently at risk. This webinar will discuss the impact of malnutrition on health care costs, health outcomes, and overall quality of life. Presenters will share information about resources to help community-based organizations, older adults, and caregivers identify and address malnutrition, as well as information about creating partnerships between community-based and health care organizations to discuss malnutrition.

This webinar will take place on **Tuesday, August 29, 2017 from 2:00 p.m. to 3:00 p.m. ET.**

For more information, [click here](#)

From: NASUAD Friday Updates <info@nasuad.org>
Sent: Friday, August 25, 2017 12:02:33 PM
To: Hutt, Monica
Subject: NASUAD Friday Update - August 25, 2017





August 25, 2017

In This Issue

[*NASUAD: No Friday Update Next Week](#)

[*NASUAD: I&R Support Center Webinar on "Public-Private Partnerships at Work"](#)

[*HCBS Clearinghouse: Update on Demonstrations for Dual-Eligible Medicare-Medicaid Beneficiaries](#)

[*CMS: FAQs for the Medicaid and CHIP Managed Care Final Rule](#)

[*FEMA: Webinar: Preparedness Planning for](#)

From NASUAD

No Friday Update Next Week

Please note that next week we will be at our annual Home and Community Based Services Conference in Baltimore, MD. As a result, there will be no Friday Update next week. We look forward to seeing you at the conference!

National I&R Support Center Webinar

[Senior Citizen Communities](#)

[*NIA: Understanding Lung Problems Among Older People](#)

[*VT: Vermont Recognized as Leader in the Field of Aging and Disability](#)

[*Aging & Disability Business Institute: Readiness Assessment Tool for CBOs](#)

[*HSRI: Self Direction in Mental Health](#)

[*NCLER: One-Stop Support Center for the Legal Services and Aging and Disability Community](#)

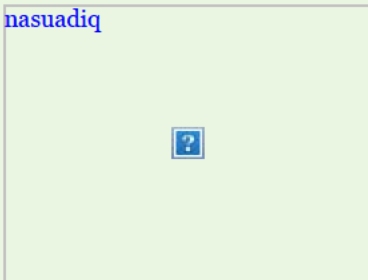
[*NCOA: Combating Older Adult Malnutrition](#)

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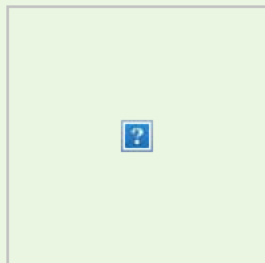
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on "Public-Private Partnerships at Work"

The National I&R Support Center will host a webinar on "Public-Private Partnerships at Work." This webinar is scheduled for **Tuesday, September 19, 2017, from 3:00 p.m. to 4:00 p.m. ET.**

Learn the benefits of a private-public collaboration between an AAA/ADRC, local University and local Federally Qualified Health Center (FQHC). Senior Connection Center, the AAA serving Tampa, Florida, has worked in partnership with the University of South Florida and the local FQHC to facilitate older adults, people with disabilities, and caregivers to further access home and community-based support through the use of a Health Resource and Services Administration (HRSA) grant. The grant-funded program, known as the Geriatrics Workforce Enhancement Program (GWEP), has also helped the AAA to educate new professionals in the medical field, exchange referrals with local community clinics, and gain further exposure among primary care physicians. This webinar reprises a session given at the 2017 AIRS conference. Presenters are Katie Parkinson and Zeke Barbosa of the Senior Connection Center, and Anna Wenders, University of South Florida. Real-time captioning will be provided for this webinar.

Pre-registration is required for this webinar. Space is limited so make sure to register as soon as possible.

[Click here](#) to register.

HCBS Clearinghouse

This section of Friday Update highlights reports that have been added to the HCBS Clearinghouse within the past week. Visit www.nasuad.org/hcbs for more information.

Update on Demonstrations for Dual-Eligible Medicare-Medicaid Beneficiaries

A report from the Bipartisan Policy Center reviews the dual eligible financial alignment demonstrations. The Financial Alignment Initiative is a series of demonstrations launched in 2011 by the Medicare-Medicaid Coordination Office (MMCO) and



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the Center for Medicare and Medicaid Innovation within the Centers for Medicare & Medicaid Services (CMS). The initiative was designed to test new approaches that address the siloed contracting and reimbursement issues that result in fragmentation of care delivery of Medicare and Medicaid benefits. The report discusses how early evaluations are inconclusive. However, experiences in Minnesota and Massachusetts demonstrate that care integration may lead to improved outcomes, such as a reduction in emergency department visits and hospital admissions. The report concludes that structural changes in the demonstrations can result in long-term savings, improved quality of care, and greater availability of services in the home, rather than costlier institutional care.

[Click here](#) to access the report.

From the Administration

Centers for Medicare and Medicaid Services

FAQs for the Medicaid and CHIP Managed Care Final Rule

On **Friday, August 18th, 2017**, the Centers for Medicare & Medicaid Services (CMS) released the second set of frequently asked questions for the Medicaid and CHIP Managed Care Final Rule. The FAQs address common questions related to section 438.6(e) for payments to MCOs and PIHPs for an enrollee that is a patient in an institution for mental disease (IMD) in the Medicaid and CHIP Managed Care Final Rule.

The FAQs address questions related to provisions such as the implementation date, length of stay, and payments.

To inform future guidance, and FAQs, you may submit questions to ManagedCareRule@cms.hhs.gov.

[Click here](#) to read the FAQs.

[Click here](#) to read additional guidance documents.

Federal Emergency Management Agency

FEMA Region II Preparedness Webinar: Preparedness Planning for Senior Citizen Communities

The Federal Emergency Management Agency is offering a webinar on hurricane and emergency preparedness. Older adults face unique challenges when a natural disaster occurs, and recovering from these emergencies often depends on prior planning and preparation. Presenters include Kathleen Otte, Regional Administrator for HHS Regions 1 and 2, and Rhonda Schwartz, Aging Services Program Specialist, ACL. The speakers will discuss information available that can assist older adults and their caregivers when an emergency strikes, and assessing needs and vulnerabilities in order to better prepare for an emergency, and cope with any aftermath.

This webinar takes place **Tuesday, September 26, 2017 from 12:00 p.m. to 1:00 p.m. ET.**

[Click here](#) to register.

National Institute on Aging

Understanding Lung Problems Among Older People

The National Institute on Aging has published new information on lung problems common among older people. Lung problems include chronic obstructive pulmonary disease, pneumonia, lung cancer, and aging with asthma. The NIA provides information about things such as symptoms, causes, tests, treatment, and prevention for these problems. Resources for more information about lung problems are also included.

[Click here](#) to read more.

From the States

Vermont Department of Disabilities, Aging and Independent Living

Vermont Recognized as Leader in the Field of Aging and Disability by The SCAN Foundation

Vermont has been awarded the inaugural Pacesetter Prize for Affordability and Access in recognition of its continued progress in improving the lives of older adults and people with disabilities across the state. Vermont was selected by The SCAN Foundation as the Pacesetter Prize winner for Affordability and Access because of its innovative practices in providing accessible, affordable, quality health and long-term services and supports (LTSS) coverage for its residents. The prize was awarded based on Vermont's performance on AARP's 2017 Long-Term Services and Supports State Scorecard. Vermont moved up from being ranked 19th in the 2011 Scorecard to 3rd in the nation in 2017, exhibiting more improvement in affordability and access than any other state. It has also risen through the ranks in overall LTSS performance, moving from being ranked 20th in 2011 to 3rd in the nation in 2017.

To read the entire press release, [click here](#).

From Other Organizations

Aging and Disability Business Institute

New Readiness Assessment Tool for Community-Based Organizations on Business Acumen

The Aging and Disability Business Institute has released a new Readiness Assessment tool. This is a resource to help community-based organizations (CBOs) determine their capacity and preparedness for engaging in contractual partnerships with health care payers and providers. It is an interactive tool that walks CBOs through seven different modules covering readiness on key topics that impact health care partnerships, including operations, leadership, management, and more.

[Click here](#) to access the tool.

Center for Health Care Strategies

Issue Brief on Design Considerations for Nursing Facility Quality Improvement Initiatives in Medicaid Managed Long-Term Services and Supports Programs

The Center for Health Care Strategies (CHCS) has released a brief that examines four key considerations for states developing nursing facility quality improvement initiatives, including:

- (1) using existing data sources when possible to reduce provider burden;
- (2) enlisting the help of internal or external quality measurement experts;
- (3) seeking stakeholder engagement and support; and
- (4) understanding how the initiative may influence beneficiary protections and access to care.

The brief is based on information from Florida, New Jersey, Tennessee, and Texas and is intended to inform state Medicaid agencies interested in developing nursing facility quality improvement efforts within their MLTSS programs.

[Click here](#) to read the brief.

Human Services Research Institute

Self Direction in Mental Health

The Human Services Research Institute, Applied Self Direction, and the National Resource Center for Participant-Directed Services have worked together to launch a new website focused on self direction in mental health. These organizations have worked together for the past three years to evaluate demonstrations of self direction in six states. Their evaluation included an examination of successes and challenges and an analysis of administrative data to understand self-direction's impact on individuals and populations. The website includes personal stories and video testimonials, an overview of self direction, descriptions of and links to the latest research, and links to additional resources at the state and national level.

To visit the website, [click here](#).
To read the press release, [click here](#).

National Center on Law and Elder Rights

One-Stop Support Center for the Legal Services and Aging and Disability Community

The National Center on Law and Elder Rights (NCLER) has a new interim home. NCLER is a new national resource center for the legal services and aging and disability networks that is focused on the legal rights of older adults. Trainings, case consultations, and technical assistance are provided by Justice in Aging, the American Bar Association Commission on Law and Aging, the National Consumer Law Center, and The Center for Social Gerontology.

To sign up to receive notice of trainings and resources, [click here](#).

National Council on Aging

Combating Older Adult Malnutrition: Tools and Best Practices for Community-Based Organizations

As the number of older adults facing malnutrition is increasing, one in two older adults are currently at risk. This webinar will discuss the impact of malnutrition on health care costs, health outcomes, and overall quality of life. Presenters will share information about resources to help community-based organizations, older adults, and caregivers identify and address malnutrition, as well as information about creating partnerships between community-based and health care organizations to discuss malnutrition.

This webinar will take place on **Tuesday, August 29, 2017 from 2:00 p.m. to 3:00 p.m. ET.**

For more information, [click here](#).

Events

Vermont Information, Referral and Assistance Symposium

The Administration for Community Living; Vermont Department of Disabilities, Aging, and Independent Living; and Vermont 2-1-1 are sponsoring a Vermont Information, Referral and Assistance Symposium on

Monday, September 25, 2017 from 9:00 a.m. to 4:00 p.m. ET.

This symposium will provide educational and professional development opportunities promoting the skills and standards of providing information and referral. This day of collaborative learning will offer networking opportunities with colleagues from across New England. Through workshops, you'll learn practical strategies and new skills, explore establishing a formalized membership association across New England and better understand the professional dimensions of I&R/A services through best practices and the self- assessment tool.

Speaking Events and Topics include:

- "From Data to Information: Using Interactive Dashboards & Visualizations"
- Vermont Congressional Delegation representatives with "Updates from Washington"
- "How Effective Storytelling Through Social Media and Technology Cultivates Donors & Drives Your Mission"
- On Site AIRS Examinations
- Self-Assessment & Standards
- Confidence in Any Weather: Saying No and Managing Difficult Conversations
- Identifying and Empowering Problem Callers

For more information and to register, [click here](#).

2017 ARCH National Lifespan Respite Conference, Take Off with Respite

The Alabama Lifespan Respite Resource Network in collaboration with the ARCH National Respite Network is hosting the 2017 National Lifespan Respite Conference in Huntsville Alabama at the Embassy Suites Hotel from **October 11 to 13, 2017**. This year's conference theme is "Take Off with Respite!", which reflects the history of the space industry in Huntsville, AL. The theme also reflects the mission of the respite care network - to rise to meet challenges, heighten awareness, and push innovation to ensure a safe landing for the nation's 43 million family caregivers. Aging,

disability, family caregiver, employer, health and social service providers, advocates, consumers, and agencies are invited to join the journey to explore respite best practices and innovative caregiver supports. Sponsorship and Exhibitor opportunities are still available.

For more information, [click here](#).

Friday Update Archive

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National Association of States United for Aging and Disabilities, 1201 15th St. NW,
Suite 350, 1201 15th St. NW, Washington, DC 20005

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From: [Hill, Bard](#)
To: [White, Monica](#)
Subject: FW: NASUAD Friday Update - June 22, 2018
Date: Monday, June 25, 2018 10:09:00 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)
[image003.jpg](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.jpg](#)
[image007.jpg](#)

Older Adults and Medication Safety

As part of National Safety Month, Eldercare Locator is highlighting their fact sheet on medication safety. This resource provides information about prescription opioids, gives tips for using medications wisely, and outlines safe handling and storage practices. The fact sheet also provides several useful resources for more information about medication safety.

[Click here](#) to access this fact sheet.

D Friday Updates <info@nasuad.org>
Sent: Friday, June 22, 2018 1:03 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: NASUAD Friday Update - June 22, 2018

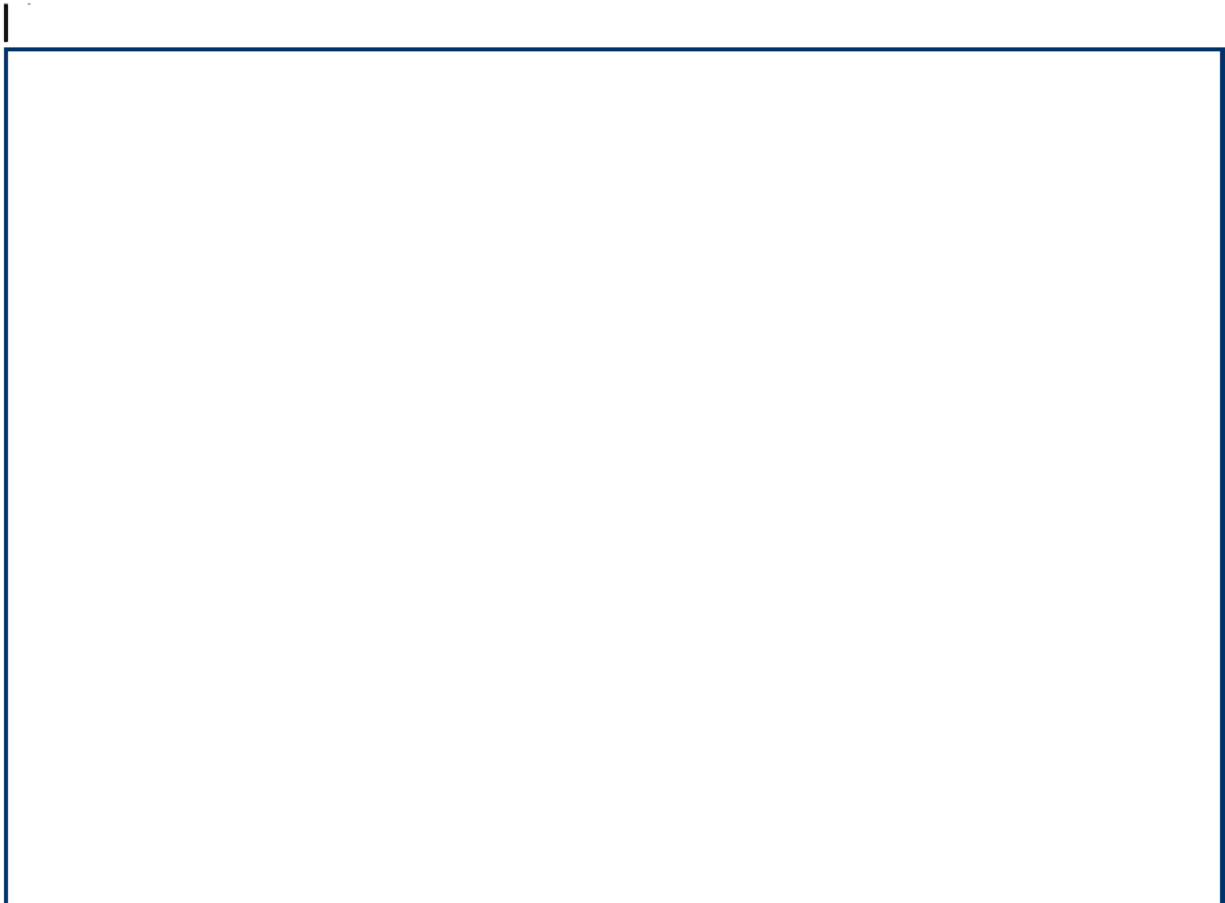


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June 22, 2018

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[*NASUAD: HCBS Conference Registration Open](#)

[*NASUAD: Video Contest: "This is Me"](#)

[*NASUAD Submits Letter to Congress in Support of EVV Delay.](#)

[*NASUAD: Translating Data into Better Outcomes](#)

[*NASUAD: The Asian American and Pacific Islander \(AAPI\) Aging Population](#)

[*HCBS Clearinghouse:](#)

From NASUAD

HCBS Conference Early Bird Deadline is Approaching!

Registration for the National Home and Community Based Services (HCBS) Conference is now officially open! The conference will be held in Baltimore, MD from **August 27-30, 2018**. Register by **July 2** to receive early bird pricing.

The conference offers a unique blend of policy, program, and

[Medicare-Medicaid
Coordination Office Fiscal Year
2017 Report to Congress](#)

[*DOT: Comment Opportunity:
Traveling by Air with Service
Animals](#)

[*MACPAC: June 2018 Report to
Congress on Medicaid and CHIP](#)

[*SSA: Ticket to Work: Support
on Your Journey to Financial
Independence](#)

[*The Senate: Changing the
Trajectory of Alzheimer's:
Reducing Risk, Detecting Early
Symptoms, and Improving Data](#)

[*AARP: The 2018 Livability
Index: Great Neighborhoods for
All Ages](#)

[*CHCS: Combatting Opioid
Misuse in Tennessee and West
Virginia: A Conversation with
Two State Medicaid Directors](#)

[*Eldercare Locator: Older
Adults and Medication Safety](#)

[*Mediware: Medicaid 2019](#)

[*NCOA: Working Through
Sticky Scenarios in Your
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practice issues for professionals interested in home and community based services for individuals of all abilities and in all settings. The conference allows states to share best practices, present unique partnerships, and recognize the work of their peers, and is quickly becoming the "go-to" conference for learning in the expanding field of HCBS and long-term services and supports.

Last year we sold out, so register early to get your spot at this year's conference!

[Click here](#) to register.

Video Contest: "This is Me"

"This Is Me," the pinnacle song from the movie The Greatest Showman, is about self-empowerment and loving yourself just as you are. NASUAD is hosting a video contest for solo acts or ensembles to showcase their empowerment. Submit your creative interpretations of this song via YouTube video or send us a video clip - whether it's singing, signing, interpretive dancing ... Whatever form the expression, we want to see it!

This song has become an anthem for individuals and communities that have felt marginalized because of their differences. Many YouTube videos can be found of personal performances, expressing what this movie means to the greater community. Were you as inspired by this song as the NASUAD staff? Prove it!

This contest is open to the entire aging and disability network, including state staff, consultants, providers, advocates, and community members. Feel free to forward along information about this contest to advocacy groups, support groups, and friends that have been inspired by the song.

Grand Prize: \$2,000 and an opportunity to perform as a part of our plenary at the HCBS Conference. In addition to the cash prize, the winners will receive travel and accommodations up to \$3,000.

Second Place: \$1,000

Third Place: \$500

Submit your video through **July 15 for a chance to win!**

We can't wait to see your creativity and passion shine!

[Click here](#) to read more.

NASUAD Submits Letter to Congress in Support of EVV Delay

On **Monday, June 18, 2018**, NASUAD submitted a letter to Congress regarding the requirement in the 21st Century Cures Act



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that states establish EVV systems for personal care services delivered in a participants home. In the letter, NASUAD strongly encourages Congress to enact legislation that delays the financial penalties for states that do not have an EVV system in place by **January 1, 2019**. We applaud the collaborative efforts that have resulted in bipartisan legislation introduced in both the House and the Senate to delay this mandate for one year, and we strongly encourage Congress to pass these bills in a timely manner. This delay would provide states with additional time to implement the EVV systems in a thoughtful and effective manner that achieves the dual goals of improving quality of care while reducing fraud, waste and abuse in the personal care system.

[Click here](#) to read more.

Translating Data into Better Outcomes: Practical Approaches to Using Data to Facilitate Change

Community Based Organizations (CBOs) understand the importance of using data to drive decision-making. When done well, data-driven decision making helps CBOs deliver services in a way that improves outcomes for the individuals they serve and provides the evidence of the value they bring to payers and partners. However, developing organizational approaches to efficiently and effectively collect, analyze, and apply data to address challenges and opportunities can be challenging. Many CBOs voice frustration in developing data fluency within their organizations, as well as in engaging staff at all levels. Evidence of this frustration was reflected in the results from the HCBS Business Acumen Environmental Scan and Needs Assessment Survey where CBOs, states and health plans, alike, indicated that CBOs have great familiarity with data collection but less confidence in applying data-driven decision-making principles to their work.

Join the HCBS Business Acumen Center on **June 27, 2018 from 12:30 p.m. to 1:30 p.m. ET** to hear from Abby Morgan and Matt Reed from Direction Home Akron Canton in Ohio and Robert Goldsmith from Adults and Children with Learning Disabilities (ACLD) in New York on approaches their organizations have taken to move beyond these frustrations to practical approaches that will help you adapt the culture of your organization to create a fertile landscape for data driven results and ultimately promote the use of data to manage your organization.

[Click here](#) to register.

The Asian American and Pacific Islander (AAPI) Aging Population

This webinar will provide an overview of the Asian American and

Pacific Islander (AAPI) Aging population for Information & Referral/Assistance (I&R/A) professionals. As the most diverse of all minority groups, AAPIs represent ethnicities with origins to more than 30 countries, and people that speak over 100 different languages. Each AAPI older adult identifies with unique cultural values, identities, and traditions. During this session, the National Asian Pacific Center on Aging (NAPCA) National Resource Center on AAPI Aging will provide a general overview of AAPI older adult populations throughout the United States, including demographic trends, cultural diversity and barriers to accessing services. NAPCA will provide resources and best practices to help I&R/A professionals integrate cultural and linguistic competence into their work with AAPI older adults, strengthening access to the Aging Network's long-term service and support system for this diverse minority group nationwide.

Heather Chun, NAPCA's Director of Technical Assistance, will be our presenter.

This webinar is scheduled for **Wednesday, July 11 from 3:00-4:00 p.m. ET.**

[Click here](#) to register.

HCBS Clearinghouse

This section of Friday Update highlights reports that have been added to the HCBS Clearinghouse within the past week. Visit www.nasud.org/hcbs for more information.

Medicare-Medicaid Coordination Office Fiscal Year 2017 Report to Congress

The Centers for Medicare & Medicaid Services (CMS), Medicare-Medicaid Coordination Office (MMCO) recently published the Medicare-Medicaid Coordination Office Fiscal Year 2017 Report to Congress. 11.7 million Americans are concurrently enrolled in both the Medicare and Medicaid programs, and this annual report focuses on how CMS is working to improve care for these Medicare-Medicaid enrollees.

The report outlines the progress of CMS as it works to meet its goals of improving the CMS customer experience, supporting innovative approaches to improving quality, accessibility, and

affordability, encouraging state flexibility and local leadership, and empowering beneficiaries to make decisions about their health care. In this report, MMCO identifies four legislative recommendations for improving care coordination and benefits. These recommendations were also suggested as part of the President's Fiscal Year (FY) 2019 Budget.

[Click here](#) to read more.

From the Administration

Department of Transportation

Comment Opportunity: Traveling by Air with Service Animals

The U.S. Department of Transportation is seeking public comment on amending its Air Carrier Access Act (ACAA) regulation on transportation of service animals. The DOT wants to ensure nondiscriminatory access for individuals with disabilities, while simultaneously preventing instances of fraud.

In particular, the DOT is seeking comment on issues including distinguishing between emotional support animals and other service animals, limiting the species and/or size of service animals and emotional support animals that airlines are required to transport, and requiring service animal and emotional support animal users to confirm that their animal has been trained to behave in a public setting.

Comments are due by **July 9, 2018**.

[Click here](#) to learn more.

Medicaid and CHIP Payment and Access Commission

June 2018 Report to Congress on Medicaid and CHIP

MACPAC has released its **June 2018** report to Congress on Medicaid and CHIP. The report recommends closing loopholes in the Medicaid Drug Rebate Program by changing statutory

provisions that prevent state Medicaid programs from paying the lowest price for certain drugs. It also supports integration of substance use disorder treatment and clarification of regulations on protecting patient privacy.

The report is organized into four chapters. [Chapter one](#) discusses reducing spending on outpatient prescription drugs through the Medicaid Drug Rebate Program. Chapters [two](#) and [four](#) focus on barriers to treatment, including limited information sharing as a result of privacy restrictions.

[Chapter three](#) reports on the trend of states using managed long-term services and supports (MLTSS). The chapter discusses program outcomes, the added complexity of long-term services and supports in Medicaid managed care, and different directions being explored in MLTSS. It also identifies issues around managed care in need of further examination.

Social Security Administration

Ticket to Work: Support on Your Journey to Financial Independence

Work Incentive Seminar Events (WISE) are online webinars for people who are age 18 through 64 and receive Social Security Disability benefits. They are usually held on the fourth Wednesday of each month. June's upcoming WISE webinar will focus on Social Security's Ticket to Work (Ticket) program. The Ticket program helps people with disabilities move toward financial independence and connects them with the services and support they need to succeed in the workforce.

This webinar will be held **Wednesday, June 27 from 3:00 - 4:30 p.m. ET.**

[Click here](#) to register.

From Congress

The Senate

Changing the Trajectory of Alzheimer's: Reducing Risk, Detecting

Early Symptoms, and Improving Data

On **June 19, 2018**, the US Senate Special Committee on Aging held a hearing on Changing the Trajectory of Alzheimer's. As part of the hearing's opening remarks, Committee Chair Senator Susan Collins emphasized the importance of improving treatment options and finding a cure for Alzheimer's. Alzheimer's is the country's 6th leading cause of death and costs the United States over \$277 billion per year.

NASUAD member Teresa Osborne, Secretary of Pennsylvania's Department on Aging, testified on the need for increased national Alzheimer's research. She spoke about the need to leverage Older American's Act services, which are incorporated in the BOLD Act, "Building Our Largest Dementia Infrastructure for Alzheimer's Act" (S. 2076H.R. 4256). This act would provide funds for research, education, prevention, and state public-private partnerships that address disease and caregiving interventions.

Secretary Osborne acknowledged that Alzheimer's, "is the only leading cause of death in the United States without a way to prevent, cure, or even slow its progression." During the hearing, Secretary Osborne spoke about the impact of the disease on the state of Pennsylvania. She advocated for de-stigmatizing the disease, facilitating aging in-place, and meeting the needs of vulnerable populations with person-centered care.

The chair concluded the hearing by echoing the sentiment of hundreds of Alzheimer Association advocates in attendance that we need to, "make Alzheimer's a memory".

[Click here](#) to read Secretary Teresa Osborne's full testimony from the hearing.

From Other Organizations

AARP

The 2018 Livability Index: Great Neighborhoods for All Ages

The AARP Livability Index is a tool which uses more than 50 national data sources and 60 indicators spread across seven categories to measure how livable a community is for all ages. Livability across generations is important because research indicates that people want to stay in their homes and communities as they age. This means decision makers must carefully work to meet the needs of older adults in their planning efforts.

On **June 21**, AARP Public Policy Institute celebrated the launch of the newly updated 2018 Livability Index by hosting a live solutions forum. During the event, AARP presented their findings from analysis of new data, showcased the features and functions of the tool, and held a discussion with a panel of speakers working to improve livability in their communities.

In response to this event, the National Association of Area Agencies also highlighted their "[Making Your Community Livable for All Ages](#)" guide, which offers tips, best practices and case studies.

[Click here](#) to learn more about the 2018 Livability Index.

Center for Health Care Strategies

Combating Opioid Misuse in Tennessee and West Virginia: A Conversation with Two State Medicaid Directors

More than 115 Americans die every day from opioid-related overdoses. Addressing this national public health crisis requires cross-sector collaboration and relationship building. CHCS recently spoke with two state Medicaid directors about how they work to create synergies across state agencies in order to combat opioid misuse.

Dr. Wendy Long, TennCare Director and Deputy Commissioner, and Cynthia Beane, Commissioner of the West Virginia Bureau for Medical Services, spoke with CHCS about their experiences confronting the opioid epidemic in Tennessee and West Virginia. The two directors shared insight on their ongoing efforts, discussed strategies for working with other agencies, and offered advice for the next generation of Medicaid leaders.

[Click here](#) to read more.

Eldercare Locator

Older Adults and Medication Safety

As part of National Safety Month, Eldercare Locator is highlighting their fact sheet on medication safety. This resource provides information about prescription opioids, gives tips for

using medications wisely, and outlines safe handling and storage practices. The fact sheet also provides several useful resources for more information about medication safety.

[Click here](#) to access this fact sheet.

Gerontological Society of America

Open Call for Papers on Caregiving

While family sizes are declining, the global population aged 65 and older will double by 2050, resulting in substantial discrepancies between the number older adults needing care and the number of adults available to provide care. GSA's online journal, *Innovation in Aging*, is planning a special issue for **November 2019** focused on methods for improving caregiving outcomes in the face of these demographic challenges.

GSA is currently seeking paper submissions for this special issue, which will be called "Translational Research on Caregiving to Improve Outcomes of Care Recipients and Caregivers". Interested parties should submit an abstract of 300 words or fewer describing the paper's intent by **August 1, 2018**. The editorial team will identify abstracts of interest and selected authors will be invited to submit full manuscripts for peer review by **February 1, 2019**.

[Click here](#) to learn more.

Mediware

Medicaid 2019: Potential Changes You Need to Prepare for Now

States are pursuing new policy avenues. Managed care is evolving. And providers need to help clients find access to a system with ever-shrinking resources. This webinar will examine the various ways states are addressing their Medicaid challenges, and how those changes could impact you.

Learn how these trends could affect you in 2019:

- Greater state scrutiny of managed care and reimbursement
- State responses to the opioid crisis and their effect on providers
- Increased demand for behavioral health and how to pay for it

- Congressional policy and what to expect after the mid-terms

Join Ron Lanton, Executive Director & Senior Counsel at Frier Levitt Government Affairs in Washington, DC as he gives his insider's take on potential changes coming to Medicaid. Ron works with clients throughout the Care Continuum, helping them navigate both government and market issues. This webinar offers essential insights for any state agency, MCO, or provider connected to the Medicaid system.

This webinar will take place on **Tuesday, June 26, at 2:00 p.m. ET.**

[Click here](#) to register.

National Council on Aging

Working Through Sticky Scenarios in Your Counseling

There are many difficult questions people may encounter while doing benefits and Medicare counseling. Examples of some scenarios that may cause one to question themselves include: the criteria around when Medicare beneficiaries can receive home health care, handling overlapping Initial and Special Enrollment Periods for clients new to Medicare, and distinguishing what qualifies as allowable medical expenses under the medical expense deduction in a Supplemental Nutrition Assistance Program (SNAP) application.

This webinar from NCOA will feature representatives from the State Health Insurance Assistance Program (SHIP) Resource Center and the Medicare Rights Center who will help walk attendees through several of these "sticky" scenarios.

This webinar will take place **July 25 from 2:00-3:30 p.m. ET.**

[Click here](#) to register.

Events

Healthy Aging Summit

This year's Healthy Aging Summit is approaching. The Summit will take place in **Washington, DC** from **July 16 to July 17**. This event will provide information about the latest on preventing disease and maximizing health in older Americans.

The 2018 Healthy Aging Summit goals are to:

- Explore the science on healthy aging;
- Identify knowledge gaps;
- Promote prevention; and
- Support people aging in place and in their community.

[Click here](#) for more information and to register.

Observances

National Safety Month

June is National Safety Month. This annual observance is aimed at increasing awareness of important safety issues and reducing leading causes of injury and death at work, on the road, and at home and in the community. The National Safety Council (NSC) is sponsoring this observance and has released a schedule to guide the month's activities:

- Week 1: Emergency Preparedness
- Week 2: Wellness
- Week 3: Falls
- Week 4: Driving

Various other organizations are joining the NSC in their observance of this month and will be highlighting relevant resources throughout the month. An example resource is the Older Adults and Medication Safety fact sheet described above in this Friday Update.

People are also encouraged to engage with the themes of this month on social media by using #No1GetsHurt.

[Click here](#) for a list of sample tweets your organization can use to participate in this observance

[Click here](#) to view the full HHS toolkit for this month.

World Elder Abuse Awareness Day

The United Nations (UN) has designated **June 15** as World Elder Abuse Awareness Day (WEAAD). On **June 5**, a special event was held to discuss the future of elder justice. This event included the Elder Justice Coordinating Council Spring Meeting as well as the 4th Global Summit for Elder Justice.

The Elder Justice Initiative (EJI) also hosted a special webinar on **June 13** in recognition of this observance.

Job Opportunities

Director of Health Regulations and Policy, LeadingAge

LeadingAge seeks a Director of Health Regulations and Policy to be responsible for research and analysis of health policy and regulatory changes related to long term care providers and in particular nursing homes. The Director develops and advocates LeadingAge's position on those issues. The Director of Health Regulations is an integral member of LeadingAge's Public Policy and Health Services team. She/he meets with federal and regulatory officials and represents LeadingAge on various strategic committees both internal and external. He/she is primarily responsible for developing comment letters on behalf of LeadingAge and its members for rule making.

Requires a master's degree in public policy, health care administration or related area and a minimum of 5 years' experience in LTC/health related field to include knowledge of public policy processes, preferably demonstrated through relevant work for long-term care providers or in a government affairs program; or, an equivalent combination of education and experience. Registered nurse preferred.

[Click here](#) to learn more.

Director of Home & Community-Based Services, LeadingAge

LeadingAge seeks a Director of Home and Community-Based Services to develop, refine and implement LeadingAge's national agenda for HCBS and to help LeadingAge members plan and implement community service programs. Working within the LeadingAge Policy Process along with members, the Advocacy team and other LeadingAge leadership, the HCBS Director establishes the Association's public policy priorities in HCBS and develops strategies to meet those objectives.

Requires a master's or professional degree, and a minimum of 5 years in the analysis of policy related to home and community-based service programs; or, an equivalent combination of education and experience. Experience working with other organizations representing community service providers or consumers; or employment in an advocacy role with state or federal regulatory and/or legislative body is preferred. Operational experience and prior experience with a trade association are desired.

[Click here](#) to learn more.

LTSS Public Policy Analyst, LeadingAge

LeadingAge seeks a Long-Term Services & Supports (LTSS) Public Policy Analyst to share the responsibilities of the Policy/Advocacy team's policy analysis, communications and grassroots organizing. Overall responsibilities will be to assist with and conduct analysis of aging services national legislative and regulatory policy issues; to conduct research on policy issues to assist members and senior team members; to write letters, reports, articles, options memos and other policy documents; and to support grassroots activities and tracking. The Analyst will also propose and work with team members on education sessions for a variety of provider types.

Requires a master's degree in a health related field, gerontology, public policy, government affairs, or public administration. Plus, a minimum of 3 years of experience in health care/aging policy, long-term care and/or health care field and an understanding of policy processes; or, an equivalent combination of education and experience. Passion for aging issues and experience in advocacy/grassroots campaigns is preferred. Knowledge of aging issues, long term care and health care issues and federal policymaking is also preferred.

[Click here](#) to learn more.

Funding Opportunities

Mental Health Awareness Training

SAMHSA has announced the availability of up to \$47.4 million over the next three years for Mental Health Awareness Training. The purpose of this program is to: (1) Train individuals (e.g., school personnel, emergency first responders, law enforcement, veterans, armed services members and their families) to recognize the signs and symptoms of mental disorders, particularly serious mental illness and serious emotional disturbance; (2) Establish linkages with school- and community-based mental health agencies to refer individuals with the signs or symptoms of mental illness to appropriate services; (3) Train emergency services personnel, veterans, law enforcement, fire department personnel, and others to identify persons with a mental disorder and employ crisis de-escalation techniques; and (4) Educate individuals about resources that are available in the community for individuals with a mental disorder.

[Click here](#) for more information.

Rehabilitation Research and Training Center (RRTC) on Community Living Policy

ACL has announced a new funding opportunity. The purpose of the RRTCs, which are funded through the Disability and Rehabilitation Research Projects and Centers Program, is to achieve the goals of, and improve the effectiveness of, services authorized under the Rehabilitation Act through well-designed research, training, technical assistance, and dissemination activities in important topical areas as specified by NIDILRR. These activities are designed to benefit rehabilitation service providers, individuals with disabilities, family members, policymakers and other research stakeholders. The purpose of this particular RRTC is to engage in research, statistical analyses and modeling, knowledge translation, development of informational products, and dissemination to contribute to increased access to and improved quality of home and community based long-term services and supports (LTSS) for individuals with disabilities of all ages.

Proposals for this grant are due by **July 24, 2018**.

[Click here](#) for more information.

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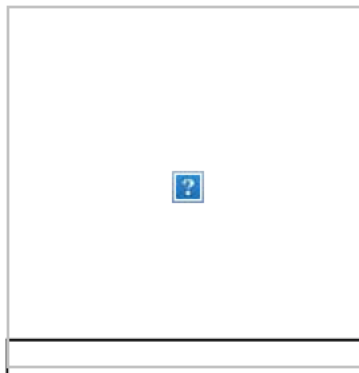
[Click here](#) to subscribe to Friday Update or other NASUAD news updates.

National Association of States United for Aging and Disabilities, 1201 15th St. NW,
Suite 350, 1201 15th St. NW, Washington, DC 20005

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From: [Hill, Bard](#)
To: [McFadden, Clare](#); [Roth, Amy](#)
Cc: [Hutt, Monica](#); [George, Camille](#)
Subject: FW: NASUAD Friday Update - March 16, 2018
Date: Monday, March 19, 2018 9:41:00 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)
[image003.jpg](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.jpg](#)
[image007.jpg](#)

In case you're interested...

Bard

Supporting Community Based Organizations in their Move to Managed Care: One Health Plan's Experience

Managed long term services and supports (MLTSS) for people with intellectual and/or developmental disabilities (I/DD) provides opportunities to increase home and community based services (HCBS), promote employment and community integration and increase quality and efficiency. All of which could improve the lives of people with I/DD. However, the use of MLTSS programs for people with I/DD is still relatively new. Based on recent experiences transitioning to MLTSS, health plans and Community Based Organizations (CBO s) alike are finding that CBOs often need to increase their business acumen in ways not historically contemplated. CBOs find that they need to look at how they contract, price their services, manage quality, report information, and collect and managed data differently. CBOs are looking for ways to enhance their business skills in order to thrive and continue being successful in MLTSS.

In **July 2016**, the State of Tennessee implemented Employment and Community First CHOICES, an MLTSS service delivery system for Tennesseans with I/DD. Anthem, one of the three health plans involved in the implementation worked side by side with CBOs to ensure their successful implementation and to maintain the needed business acumen. In this webinar we will hear from representatives from Anthem as they discuss their experiences supporting CBOs in Tennessee including valuable lessons learned for success.

Join us on **March 28, 2018 from 12:30 p.m. to 1:30 p.m. ET** as Rachel Turner-Chinetti, Senior Director, LTSS Specialty Organizations and Jodi Fenner, Senior Director, I/DD Medicaid Product Management and other representatives from Anthem share their experience implementing a new LTSS system for people with I/DD in Tennessee.

[Click here](#) to register.

From: NASUAD Friday Updates <info@nasuad.org>
Sent: Friday, March 16, 2018 12:26 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: NASUAD Friday Update - March 16, 2018



Image removed by sender.



March 16, 2018

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[*NASUAD: Stories from the
Field Contest](#)

[*HCBS Clearinghouse: HCBS](#)

From NASUAD

HCBS Conference: Last Day to Submit Your Session!

The [Call for Sessions](#) is now open for the 2018 National Home and Community Based Services Conference, **August 27- August 30, 2018** in Baltimore, MD.

The National [HCBS Conference](#) shines a spotlight on how states and partners have developed promising practices, developed with

[Settings Rule Issue Briefs](#)

[*HCBS Clearinghouse: March 2018 Report to Congress on Medicaid and CHIP](#)

[*Census Bureau: Demographic Turning Points for the United States](#)

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innovative systems, and formed unique partnerships. We are seeking original, thought-provoking education sessions that enable national attendees to hear about creative approaches, new ideas, innovative models, and emerging trends as well as topics that address the pressing issues facing aging and disability programs.

Submissions are expected to be descriptive and engaging. Preference will be given to submissions which include a speaker panel that showcases partnerships with states, and uses exciting and engaging ways of presenting your materials.

The [Call for Sessions](#) for the 2018 HCBS Conference closes today, March 16.

NASUAD Publishes Updated State Medicaid Integration Tracker

NASUAD has published the **March 2018** Edition of the State Medicaid Integration Tracker. The State Medicaid Integration Tracker is a monthly report summarizing state actions in Managed Long Term Services and Supports (MLTSS), as well as State Demonstrations to Integrate Care for Dual Eligible Individuals and other Medicare-Medicaid Coordination Initiatives.

The Tracker also includes updates on state participation in other LTSS activities, including: the Balancing Incentive Program; Medicaid State Plan Amendments under 1915(i); Community First Choice Option under 1915(k); and Medicaid Health Homes. This tracker includes new updates for each state that occurred during the most recent month.

[Click here](#) to view this month's Tracker.

[Click here](#) for comprehensive information on each state, as well as archived versions of the Tracker.

Business Development Learning Collaborative Application Period Now Open!

The HCBS Business Acumen Business Development Learning Collaborative will bring together three to five (3-5) state "teams" comprised of community-based organizations (CBO) serving persons with disabilities, state agencies and other related partner organizations to evaluate their business environment and develop strategies to strengthen and sustain community-based organizations that serve people with disabilities. Each team will work together to evaluate the environment that CBOs currently work within, conduct a strength, weaknesses, opportunities and threats (SWOT) analysis of their operations, analyze and utilize the combined external and internal data to develop a strategic plan that describes how each disability-focused CBO will



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maximize reimbursement, diversify payer sources and expand their business portfolio with the goal of sustaining the CBOs operations. The partners within the state team will help each CBO identify, understand and develop strategies to minimize or alleviate any obstacles to their success and support implementation of the strategic plan.

Join us on **March 21, 2018** from **4:00 p.m. to 4:30 p.m. ET** to learn more about the objectives and activities that will occur in the **2018 - 2019** Business Development Learning Collaborative and how your organization can participate.

[Click here](#) to register.

Supporting Community Based Organizations in their Move to Managed Care: One Health Plan's Experience

Managed long term services and supports (MLTSS) for people with intellectual and/or developmental disabilities (I/DD) provides opportunities to increase home and community based services (HCBS), promote employment and community integration and increase quality and efficiency. All of which could improve the lives of people with I/DD. However, the use of MLTSS programs for people with I/DD is still relatively new. Based on recent experiences transitioning to MLTSS, health plans and Community Based Organizations (CBOs) alike are finding that CBOs often need to increase their business acumen in ways not historically contemplated. CBOs find that they need to look at how they contract, price their services, manage quality, report information, and collect and managed data differently. CBOs are looking for ways to enhance their business skills in order to thrive and continue being successful in MLTSS.

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[Click here](#) to register.

Stories from the Field Contest

Share your experiences building new business relationships, negotiating contracts, and expanding or establishing new lines of business! The HCBS Business Acumen Center is looking for stories and examples of promising business practices from Community-Based Organizations (CBOs) serving people with disabilities. These stories will help inspire, shape and elevate the status of CBOs across our country.

We invite stories from disability-focused CBOs that have used business acumen to promote the sustainability of their organization in a changing environment. That change may have been prompted by a move to integrated managed care or a desire to diversify the organizations payer portfolio so that they are no longer reliant on any one funder. We welcome an array of stories and promising practice submissions, and encourage agencies of all sizes, including those that serve rural communities or specific sub-populations to share their promising practices. No idea or experience is too small!

The submission deadline is **March 23, 2018**.

[Click here](#) for more information.

[Click here](#) to access the contest submission form.

For the submission form in an alternate format, please contact the HCBS Business Acumen Center at businessacumen@nasuad.org.

HCBS Clearinghouse

This section of Friday Update highlights reports that have been added to the HCBS Clearinghouse within the past week.

Visit www.nasuad.org/hcbs for more information.

Home and Community-Based Services Settings Rule Issue Briefs

The National Center for Assisted Living has released four educational issue briefs to support provider and state efforts to

ensure assisted living is considered an appropriate HCBS setting. Topics include:

- Resolving Differences Between State Assisted Living Licensure Requirements and HCBS Settings Rule
- An Effective Person-Centered Planning Process Is Key for Memory Care Units
- Ensuring Individual Choice and Privacy
- Community Integration Options and Resident Choice Are Key in Assessment of Co-Located Assisted Living Communities and Inpatient Facilities

[Click here](#) to access the issue briefs.

March 2018 Report to Congress on Medicaid and CHIP

MACPAC's (Medicaid and CHIP Payment and Access Commission) 2018 Report to Congress on Medicaid and CHIP addresses managed care, telehealth, and disproportionate share hospital (DSH) payment. These are three aspects of Medicaid that are of high interest to Congress as it considers opportunities to improve efficiency and impact of this program that provides critical health services to over 80 million people. The report presents recommendations and analyses backed up by analyses of administrative data and reviews of federal and state policies in each of these areas.

[Click here](#) to access the report.

From the Administration

United States Census Bureau

Demographic Turning Points for the United States: Population Projections for 2020 to 2060

The United States Census Bureau has released a report detailing population projections for 2020 to 2060. This report summarizes results from the U.S. Census Bureau's 2017 National Population Projections. Beginning in 2030, all baby boomers will be older than 65, and one in every five Americans is projected to be retirement age. By 2035, it is projected that older adults will outnumber children for the first time in U.S. history. The focus of

this report is on 2030 as a demographic turning point for the United States, but the report also explores broader changes in the age, race, and ethnic composition of the population from 2020 to 2060.

[Click here](#) to access the report.

From Congress

United States Senate Special Committee on Aging

Fighting Fraud: Senate Aging Committee Identifies Top 10 Scams Targeting Our Nation's Seniors

The United States Senate Special Committee on Aging has released a report about fighting fraud and scams that target our nation's older adults. The Committee maintains a toll-free Fraud Hotline: 1-855-303-9470. In recent years, the Committee has held hearings examining telephone scams, tax-related schemes, Social Security fraud, and the implications of payday loans and pension advances for older adults, among other issues. This Fraud Book features the top ten scams reported to the Hotline last year. In addition, it includes resources for consumers who wish to report scams to state and federal agencies.

[Click here](#) to access the report.

From Other Organizations

Aging and Disability Business Institute

The Age-Friendly Health Systems Initiative

The Aging and Disability Business Institute at n4a is hosting a

webinar for presenters to discuss their efforts and how to move age-friendly health systems (AFHS) forward through innovative partnerships. An age-friendly health system is one that ensures older adults get the best care possible across the continuum, reduces healthcare-related harms, ensures patient satisfaction, and delivers true value.

Participants will be able to:

- Describe the AFHS initiative and how it represents a bold new effort to redesign care delivery to positively impact quality of life, care improvement and cost outcomes;
- Understand the key elements that comprise an AFHS; and,
- List ways that CBOs can contribute to the mission and work of the AFHS initiative.

This webinar will take place on **March 20 from 1:00 p.m. to 2:00 p.m. ET.**

[Click here](#) for more information.

IMPAQ International

Toward Better Integration of Health and Human Services: Linkages between Food Insecurity, SNAP and Health Care

IMPAQ International is hosting a webinar to discuss how SNAP's (the Supplemental Nutrition Assistance Program) effect on health indicates a need to engage health partners around social determinants, promote a more integrated health & human services delivery system, and support SNAP as a national strategy to counter rising health care costs. SNAP can play an important role in alleviating food insecurity and contributing to improved health outcomes, and thereby decreasing the cost of health care. Presenters will highlight the linkages between food insecurity, SNAP participation, and health care utilization and costs.

This webinar will take place on **Monday, April 9, from 2:00 to 3:00 p.m. ET.**

[Click here](#) for more information.

Events

Healthy Aging Summit

This year's Healthy Aging Summit will take place in Washington, DC from **July 16 to July 17**. This event will provide information about the latest on preventing disease and maximizing health in older Americans. The **2018** Healthy Aging Summit goals are to:

- Explore the science on healthy aging;
- Identify knowledge gaps;
- Promote prevention; and
- Support people aging in place and in their community.

[Click here](#) for more information and to register.

Job Opportunities

Director, Division of Aging Services

The New Jersey Department of Human Services, Division of Aging Services is seeking an innovative, experienced individual to fill the position of Director for the Division of Aging Service (DoAS). DoAS is charged with administering federal and state-funded services and supports to assist older New Jerseyans and their caregivers. The Division also receives federal funds under the Older Americans Act and is the statewide focal point for planning services for the aging population and developing and maintaining information about New Jersey's older residents and their needs.

This position reports to the Commissioner or other senior official in the Department of Human Services. The Division Director is responsible for supervising the Division's daily program management and administration as well as providing operational and policy direction. The Division Director oversees all programmatic aspects, including: (1) advancing statewide a single point of access for older New Jerseyans and individuals with disabilities and their caregivers regardless of Medicaid eligibility; (2) coordinating Federal and State funded programs; (3) ensuring a continuum of coordinated and integrated long term services and supports; and (4) furthering opportunities for aging adults to have the choice to remain at home and in their communities with the proper supportive services.

This team player will be charged with representing the needs of Medicaid eligible older adults and people with disabilities in the managed care environment of Managed Long Term Services and Supports (MLTSS), including responsibility for the MLTSS clinical eligibility determination process. The qualified individual serves as a member of the Department's senior leadership team.

Qualified applicants should send a resume and a contact list of three (3) professional references by **March 23, 2018** to the

attention of:

Bonny E. Fraser
Assistant Commissioner
222 South Warren Street
PO Box 700
Trenton, NJ 08625
Resumes may be emailed to DHSResumes@dhs.state.nj.us

[Click here](#) for more information.

Financial Officer

The Idaho Department of Health and Welfare has an exciting opportunity for a dynamic forward-thinking, self-directed, innovative professional with strong analytical skills who can excel under pressure as a Financial Officer. This individual will report to the Division Administrator and will have primary responsibility for forecasting and developing the Medicaid budget. This includes directing and performing complex financial analysis and accounting for the Division of Medicaid.

The Idaho Department of Health and Welfare is seeking an individual with executive leadership experience, strong communication and problem-solving skills including managing multiple programs, dealing with ambiguity, and providing vision and strategic leadership in a public environment. The ideal candidate will also have prior experience in healthcare finance, be adept at cultivating strong stakeholder relations, and have an adept ability to manage budget issues that are complex, diverse, and cross multiple subject areas.

This individual will join an agency which is the second largest healthcare payer in Idaho with a budget of \$2.4 billion dollars annually. The Idaho Department of Health and Welfare provides healthcare coverage and services to promote the social, economic, mental, and physical health of over 300,000 Idahoans, promoting an outcome-based, efficient health and human services delivery system.

The Idaho Department of Health and Welfare offers a competitive benefits package which includes excellent medical, dental and vision insurance; generous vacation and sick leave accrual beginning as soon as you start; ten paid holidays a year; participation in one of the nation's best state retirement systems; multiple savings plans and optional 401K; life insurance; wellness programs; ongoing training opportunities; and more.

This job posting is set to close on **March 27, 2018**.

[Click here](#) for more information.

Communications and Research

Assistant

NASUAD is seeking to fill an entry-level position to assist with administrative duties, communications projects and general research to support multiple grant initiatives and project deliverables. The successful candidate will be a recent college graduate and have strong written and oral communication skills and analytical capability. Responsibilities include: writing and disseminating weekly e-newsletter; updating company website and managing social media platforms; providing communications assistance and organization to conference team; and answering general research questions as needed. This position will also include front desk duties such as answering phones and processing of mail.

Key Responsibilities

- Front desk duties such as answering phones and processing of mail
- Write and disseminate weekly e-newsletter
- Update website and post content regularly on Facebook, Twitter, and LinkedIn
- Build and maintain online state policy tracking tools
- Assist with conference and meeting planning tasks, including registration, marketing, and outreach
- Support senior staff with general research
- Construct and distribute brief membership surveys and analyze the findings
- Work on special projects, as needed

Basic Qualifications

- Bachelor's in Public or Health Policy, Public Administration, Social Work or related field
- Superior oral and written communication skills
- Excellent organizational skills and attention to detail
- Strong interpersonal communication skills
- Familiarity and proficiency with computer systems, including word processing, database, and spreadsheet software
- Strong analytical, problem-solving and decision making capabilities
- Ability to be flexible, multi-task, prioritize, and manage multiple projects simultaneously in a fast-paced environment
- Team player with the ability to take initiative and work well independently
- This job requires the ability to lift 25 lb. boxes on occasion, and sit for long periods of time.

To apply, please send a resume and cover letter to:

rfeldman@nasuad.org. NASUAD is committed to providing equal opportunities for all applicants for employment. We are an Equal Opportunities Employer.

[Click here](#) for more information.

Funding Opportunities

Funding Opportunity for Alzheimer's Disease Initiative - Specialized Supportive Services Program

The Administration for Community Living has announced a new funding opportunity for their Alzheimer's Disease Initiative - Specialized Supportive Services (ADI-SSS) program. This program is designed to expand existing dementia capability in home and community-based service provision organizations.

Successful applicants will include activities identified by the National Alzheimer's Project Act Advisory Committee that address three specific dementia service gaps in support of people living with or at risk of developing Alzheimer's disease or a related dementia (ADRD) and their caregivers.

The required targeted service gaps are services for individuals living alone in their community with ADRD, improved services for individuals with intellectual and developmental disabilities with ADRD or those at high risk of developing ADRD and the delivery of behavioral symptom management training and expert consultations for family caregivers.

All successful applications will include the implementation of at least one evidence-based or evidence informed intervention designed to support individuals with ADRD and/or their caregivers.

This funding opportunity closes on **April 7, 2018**.

[Click here](#) for more information.

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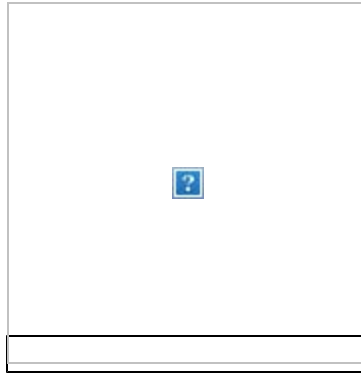
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From: [Hill, Bard](#)
To: [White, Monica](#)
Subject: FW: NASUAD Friday Update - June 22, 2018
Date: Monday, June 25, 2018 10:09:00 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)
[image003.jpg](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.jpg](#)
[image007.jpg](#)

National Safety Month

June is National Safety Month. This annual observance is aimed at increasing awareness of important safety issues and reducing leading causes of injury and death at work, on the road, and at home and in the community. The National Safety Council (NSC) is sponsoring this observance and has released a schedule to guide the month's activities:

- Week 1: Emergency Preparedness
- Week 2: Wellness
- Week 3: Falls
- Week 4: Driving

Various other organizations are joining the NSC in their observance of this month and will be highlighting relevant resources throughout the month. An example resource is the Older Adults and Medication Safety fact sheet described above in this Friday Update.

People are also encouraged to engage with the themes of this month on social media by using #No1GetsHurt.

[Click here](#) for a list of sample tweets your organization can use to participate in this observance

[Click here](#) to view the full HHS toolkit for this month.

From: NASUAD Friday Updates <info@nasuad.org>
Sent: Friday, June 22, 2018 1:03 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: NASUAD Friday Update - June 22, 2018



Image removed by sender.



June 22, 2018

In This Issue

[*NASUAD: HCBS Conference Registration Open](#)

[*NASUAD: Video Contest: "This is Me"](#)

[*NASUAD Submits Letter to Congress in Support of EVV Delay.](#)

[*NASUAD: Translating Data into Better Outcomes](#)

[*NASUAD: The Asian American and Pacific Islander \(AAPI\) Aging Population](#)

[*HCBS Clearinghouse:](#)

From NASUAD

HCBS Conference Early Bird Deadline is Approaching!

Registration for the National Home and Community Based Services (HCBS) Conference is now officially open! The conference will be held in Baltimore, MD from **August 27-30, 2018**. Register by **July 2** to receive early bird pricing.

The conference offers a unique blend of policy, program, and

[Medicare-Medicaid
Coordination Office Fiscal Year
2017 Report to Congress](#)

[*DOT: Comment Opportunity:
Traveling by Air with Service
Animals](#)

[*MACPAC: June 2018 Report to
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[*SSA: Ticket to Work: Support
on Your Journey to Financial
Independence](#)

[*The Senate: Changing the
Trajectory of Alzheimer's:
Reducing Risk, Detecting Early
Symptoms, and Improving Data](#)

[*AARP: The 2018 Livability
Index: Great Neighborhoods for
All Ages](#)

[*CHCS: Combatting Opioid
Misuse in Tennessee and West
Virginia: A Conversation with
Two State Medicaid Directors](#)

[*Eldercare Locator: Older
Adults and Medication Safety](#)

[*Mediware: Medicaid 2019](#)

[*NCOA: Working Through
Sticky Scenarios in Your
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[*Events](#)

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practice issues for professionals interested in home and community based services for individuals of all abilities and in all settings. The conference allows states to share best practices, present unique partnerships, and recognize the work of their peers, and is quickly becoming the "go-to" conference for learning in the expanding field of HCBS and long-term services and supports.

Last year we sold out, so register early to get your spot at this year's conference!

[Click here](#) to register.

Video Contest: "This is Me"

"This Is Me," the pinnacle song from the movie The Greatest Showman, is about self-empowerment and loving yourself just as you are. NASUAD is hosting a video contest for solo acts or ensembles to showcase their empowerment. Submit your creative interpretations of this song via YouTube video or send us a video clip - whether it's singing, signing, interpretive dancing ... Whatever form the expression, we want to see it!

This song has become an anthem for individuals and communities that have felt marginalized because of their differences. Many YouTube videos can be found of personal performances, expressing what this movie means to the greater community. Were you as inspired by this song as the NASUAD staff? Prove it!

This contest is open to the entire aging and disability network, including state staff, consultants, providers, advocates, and community members. Feel free to forward along information about this contest to advocacy groups, support groups, and friends that have been inspired by the song.

Grand Prize: \$2,000 and an opportunity to perform as a part of our plenary at the HCBS Conference. In addition to the cash prize, the winners will receive travel and accommodations up to \$3,000.

Second Place: \$1,000

Third Place: \$500

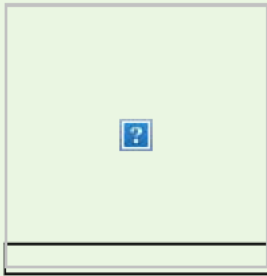
Submit your video through **July 15 for a chance to win!**

We can't wait to see your creativity and passion shine!

[Click here](#) to read more.

NASUAD Submits Letter to Congress in Support of EVV Delay

On **Monday, June 18, 2018**, NASUAD submitted a letter to Congress regarding the requirement in the 21st Century Cures Act



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that states establish EVV systems for personal care services delivered in a participants home. In the letter, NASUAD strongly encourages Congress to enact legislation that delays the financial penalties for states that do not have an EVV system in place by **January 1, 2019**. We applaud the collaborative efforts that have resulted in bipartisan legislation introduced in both the House and the Senate to delay this mandate for one year, and we strongly encourage Congress to pass these bills in a timely manner. This delay would provide states with additional time to implement the EVV systems in a thoughtful and effective manner that achieves the dual goals of improving quality of care while reducing fraud, waste and abuse in the personal care system.

[Click here](#) to read more.

Translating Data into Better Outcomes: Practical Approaches to Using Data to Facilitate Change

Community Based Organizations (CBOs) understand the importance of using data to drive decision-making. When done well, data-driven decision making helps CBOs deliver services in a way that improves outcomes for the individuals they serve and provides the evidence of the value they bring to payers and partners. However, developing organizational approaches to efficiently and effectively collect, analyze, and apply data to address challenges and opportunities can be challenging. Many CBOs voice frustration in developing data fluency within their organizations, as well as in engaging staff at all levels. Evidence of this frustration was reflected in the results from the HCBS Business Acumen Environmental Scan and Needs Assessment Survey where CBOs, states and health plans, alike, indicated that CBOs have great familiarity with data collection but less confidence in applying data-driven decision-making principles to their work.

Join the HCBS Business Acumen Center on **June 27, 2018 from 12:30 p.m. to 1:30 p.m. ET** to hear from Abby Morgan and Matt Reed from Direction Home Akron Canton in Ohio and Robert Goldsmith from Adults and Children with Learning Disabilities (ACLD) in New York on approaches their organizations have taken to move beyond these frustrations to practical approaches that will help you adapt the culture of your organization to create a fertile landscape for data driven results and ultimately promote the use of data to manage your organization.

[Click here](#) to register.

The Asian American and Pacific Islander (AAPI) Aging Population

This webinar will provide an overview of the Asian American and

Pacific Islander (AAPI) Aging population for Information & Referral/Assistance (I&R/A) professionals. As the most diverse of all minority groups, AAPIs represent ethnicities with origins to more than 30 countries, and people that speak over 100 different languages. Each AAPI older adult identifies with unique cultural values, identities, and traditions. During this session, the National Asian Pacific Center on Aging (NAPCA) National Resource Center on AAPI Aging will provide a general overview of AAPI older adult populations throughout the United States, including demographic trends, cultural diversity and barriers to accessing services. NAPCA will provide resources and best practices to help I&R/A professionals integrate cultural and linguistic competence into their work with AAPI older adults, strengthening access to the Aging Network's long-term service and support system for this diverse minority group nationwide.

Heather Chun, NAPCA's Director of Technical Assistance, will be our presenter.

This webinar is scheduled for **Wednesday, July 11 from 3:00-4:00 p.m. ET.**

[Click here](#) to register.

HCBS Clearinghouse

This section of Friday Update highlights reports that have been added to the HCBS Clearinghouse within the past week. Visit www.nasud.org/hcbs for more information.

Medicare-Medicaid Coordination Office Fiscal Year 2017 Report to Congress

The Centers for Medicare & Medicaid Services (CMS), Medicare-Medicaid Coordination Office (MMCO) recently published the Medicare-Medicaid Coordination Office Fiscal Year 2017 Report to Congress. 11.7 million Americans are concurrently enrolled in both the Medicare and Medicaid programs, and this annual report focuses on how CMS is working to improve care for these Medicare-Medicaid enrollees.

The report outlines the progress of CMS as it works to meet its goals of improving the CMS customer experience, supporting innovative approaches to improving quality, accessibility, and

affordability, encouraging state flexibility and local leadership, and empowering beneficiaries to make decisions about their health care. In this report, MMCO identifies four legislative recommendations for improving care coordination and benefits. These recommendations were also suggested as part of the President's Fiscal Year (FY) 2019 Budget.

[Click here](#) to read more.

From the Administration

Department of Transportation

Comment Opportunity: Traveling by Air with Service Animals

The U.S. Department of Transportation is seeking public comment on amending its Air Carrier Access Act (ACAA) regulation on transportation of service animals. The DOT wants to ensure nondiscriminatory access for individuals with disabilities, while simultaneously preventing instances of fraud.

In particular, the DOT is seeking comment on issues including distinguishing between emotional support animals and other service animals, limiting the species and/or size of service animals and emotional support animals that airlines are required to transport, and requiring service animal and emotional support animal users to confirm that their animal has been trained to behave in a public setting.

Comments are due by **July 9, 2018**.

[Click here](#) to learn more.

Medicaid and CHIP Payment and Access Commission

June 2018 Report to Congress on Medicaid and CHIP

MACPAC has released its **June 2018** report to Congress on Medicaid and CHIP. The report recommends closing loopholes in the Medicaid Drug Rebate Program by changing statutory

provisions that prevent state Medicaid programs from paying the lowest price for certain drugs. It also supports integration of substance use disorder treatment and clarification of regulations on protecting patient privacy.

The report is organized into four chapters. [Chapter one](#) discusses reducing spending on outpatient prescription drugs through the Medicaid Drug Rebate Program. Chapters [two](#) and [four](#) focus on barriers to treatment, including limited information sharing as a result of privacy restrictions.

[Chapter three](#) reports on the trend of states using managed long-term services and supports (MLTSS). The chapter discusses program outcomes, the added complexity of long-term services and supports in Medicaid managed care, and different directions being explored in MLTSS. It also identifies issues around managed care in need of further examination.

Social Security Administration

Ticket to Work: Support on Your Journey to Financial Independence

Work Incentive Seminar Events (WISE) are online webinars for people who are age 18 through 64 and receive Social Security Disability benefits. They are usually held on the fourth Wednesday of each month. June's upcoming WISE webinar will focus on Social Security's Ticket to Work (Ticket) program. The Ticket program helps people with disabilities move toward financial independence and connects them with the services and support they need to succeed in the workforce.

This webinar will be held **Wednesday, June 27 from 3:00 - 4:30 p.m. ET.**

[Click here](#) to register.

From Congress

The Senate

Changing the Trajectory of Alzheimer's: Reducing Risk, Detecting

Early Symptoms, and Improving Data

On **June 19, 2018**, the US Senate Special Committee on Aging held a hearing on Changing the Trajectory of Alzheimer's. As part of the hearing's opening remarks, Committee Chair Senator Susan Collins emphasized the importance of improving treatment options and finding a cure for Alzheimer's. Alzheimer's is the country's 6th leading cause of death and costs the United States over \$277 billion per year.

NASUAD member Teresa Osborne, Secretary of Pennsylvania's Department on Aging, testified on the need for increased national Alzheimer's research. She spoke about the need to leverage Older American's Act services, which are incorporated in the BOLD Act, "Building Our Largest Dementia Infrastructure for Alzheimer's Act" (S. 2076H.R. 4256). This act would provide funds for research, education, prevention, and state public-private partnerships that address disease and caregiving interventions.

Secretary Osborne acknowledged that Alzheimer's, "is the only leading cause of death in the United States without a way to prevent, cure, or even slow its progression." During the hearing, Secretary Osborne spoke about the impact of the disease on the state of Pennsylvania. She advocated for de-stigmatizing the disease, facilitating aging in-place, and meeting the needs of vulnerable populations with person-centered care.

The chair concluded the hearing by echoing the sentiment of hundreds of Alzheimer Association advocates in attendance that we need to, "make Alzheimer's a memory".

[Click here](#) to read Secretary Teresa Osborne's full testimony from the hearing.

From Other Organizations

AARP

The 2018 Livability Index: Great Neighborhoods for All Ages

The AARP Livability Index is a tool which uses more than 50 national data sources and 60 indicators spread across seven categories to measure how livable a community is for all ages. Livability across generations is important because research indicates that people want to stay in their homes and communities as they age. This means decision makers must carefully work to meet the needs of older adults in their planning efforts.

On **June 21**, AARP Public Policy Institute celebrated the launch of the newly updated 2018 Livability Index by hosting a live solutions forum. During the event, AARP presented their findings from analysis of new data, showcased the features and functions of the tool, and held a discussion with a panel of speakers working to improve livability in their communities.

In response to this event, the National Association of Area Agencies also highlighted their "[Making Your Community Livable for All Ages](#)" guide, which offers tips, best practices and case studies.

[Click here](#) to learn more about the 2018 Livability Index.

Center for Health Care Strategies

Combating Opioid Misuse in Tennessee and West Virginia: A Conversation with Two State Medicaid Directors

More than 115 Americans die every day from opioid-related overdoses. Addressing this national public health crisis requires cross-sector collaboration and relationship building. CHCS recently spoke with two state Medicaid directors about how they work to create synergies across state agencies in order to combat opioid misuse.

Dr. Wendy Long, TennCare Director and Deputy Commissioner, and Cynthia Beane, Commissioner of the West Virginia Bureau for Medical Services, spoke with CHCS about their experiences confronting the opioid epidemic in Tennessee and West Virginia. The two directors shared insight on their ongoing efforts, discussed strategies for working with other agencies, and offered advice for the next generation of Medicaid leaders.

[Click here](#) to read more.

Eldercare Locator

Older Adults and Medication Safety

As part of National Safety Month, Eldercare Locator is highlighting their fact sheet on medication safety. This resource provides information about prescription opioids, gives tips for

using medications wisely, and outlines safe handling and storage practices. The fact sheet also provides several useful resources for more information about medication safety.

[Click here](#) to access this fact sheet.

Gerontological Society of America

Open Call for Papers on Caregiving

While family sizes are declining, the global population aged 65 and older will double by 2050, resulting in substantial discrepancies between the number older adults needing care and the number of adults available to provide care. GSA's online journal, *Innovation in Aging*, is planning a special issue for **November 2019** focused on methods for improving caregiving outcomes in the face of these demographic challenges.

GSA is currently seeking paper submissions for this special issue, which will be called "Translational Research on Caregiving to Improve Outcomes of Care Recipients and Caregivers". Interested parties should submit an abstract of 300 words or fewer describing the paper's intent by **August 1, 2018**. The editorial team will identify abstracts of interest and selected authors will be invited to submit full manuscripts for peer review by **February 1, 2019**.

[Click here](#) to learn more.

Mediware

Medicaid 2019: Potential Changes You Need to Prepare for Now

States are pursuing new policy avenues. Managed care is evolving. And providers need to help clients find access to a system with ever-shrinking resources. This webinar will examine the various ways states are addressing their Medicaid challenges, and how those changes could impact you.

Learn how these trends could affect you in 2019:

- Greater state scrutiny of managed care and reimbursement
- State responses to the opioid crisis and their effect on providers
- Increased demand for behavioral health and how to pay for it

- Congressional policy and what to expect after the mid-terms

Join Ron Lanton, Executive Director & Senior Counsel at Frier Levitt Government Affairs in Washington, DC as he gives his insider's take on potential changes coming to Medicaid. Ron works with clients throughout the Care Continuum, helping them navigate both government and market issues. This webinar offers essential insights for any state agency, MCO, or provider connected to the Medicaid system.

This webinar will take place on **Tuesday, June 26, at 2:00 p.m. ET.**

[Click here](#) to register.

National Council on Aging

Working Through Sticky Scenarios in Your Counseling

There are many difficult questions people may encounter while doing benefits and Medicare counseling. Examples of some scenarios that may cause one to question themselves include: the criteria around when Medicare beneficiaries can receive home health care, handling overlapping Initial and Special Enrollment Periods for clients new to Medicare, and distinguishing what qualifies as allowable medical expenses under the medical expense deduction in a Supplemental Nutrition Assistance Program (SNAP) application.

This webinar from NCOA will feature representatives from the State Health Insurance Assistance Program (SHIP) Resource Center and the Medicare Rights Center who will help walk attendees through several of these "sticky" scenarios.

This webinar will take place **July 25 from 2:00-3:30 p.m. ET.**

[Click here](#) to register.

Events

Healthy Aging Summit

This year's Healthy Aging Summit is approaching. The Summit will take place in **Washington, DC** from **July 16 to July 17**. This event will provide information about the latest on preventing disease and maximizing health in older Americans.

The 2018 Healthy Aging Summit goals are to:

- Explore the science on healthy aging;
- Identify knowledge gaps;
- Promote prevention; and
- Support people aging in place and in their community.

[Click here](#) for more information and to register.

Observances

National Safety Month

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People are also encouraged to engage with the themes of this month on social media by using #No1GetsHurt.

[Click here](#) for a list of sample tweets your organization can use to participate in this observance

[Click here](#) to view the full HHS toolkit for this month.

World Elder Abuse Awareness Day

The United Nations (UN) has designated **June 15** as World Elder Abuse Awareness Day (WEAAD). On **June 5**, a special event was held to discuss the future of elder justice. This event included the Elder Justice Coordinating Council Spring Meeting as well as the 4th Global Summit for Elder Justice.

The Elder Justice Initiative (EJI) also hosted a special webinar on **June 13** in recognition of this observance.

Job Opportunities

Director of Health Regulations and Policy, LeadingAge

LeadingAge seeks a Director of Health Regulations and Policy to be responsible for research and analysis of health policy and regulatory changes related to long term care providers and in particular nursing homes. The Director develops and advocates LeadingAge's position on those issues. The Director of Health Regulations is an integral member of LeadingAge's Public Policy and Health Services team. She/he meets with federal and regulatory officials and represents LeadingAge on various strategic committees both internal and external. He/she is primarily responsible for developing comment letters on behalf of LeadingAge and its members for rule making.

Requires a master's degree in public policy, health care administration or related area and a minimum of 5 years' experience in LTC/health related field to include knowledge of public policy processes, preferably demonstrated through relevant work for long-term care providers or in a government affairs program; or, an equivalent combination of education and experience. Registered nurse preferred.

[Click here](#) to learn more.

Director of Home & Community-Based Services, LeadingAge

LeadingAge seeks a Director of Home and Community-Based Services to develop, refine and implement LeadingAge's national agenda for HCBS and to help LeadingAge members plan and implement community service programs. Working within the LeadingAge Policy Process along with members, the Advocacy team and other LeadingAge leadership, the HCBS Director establishes the Association's public policy priorities in HCBS and develops strategies to meet those objectives.

Requires a master's or professional degree, and a minimum of 5 years in the analysis of policy related to home and community-based service programs; or, an equivalent combination of education and experience. Experience working with other organizations representing community service providers or consumers; or employment in an advocacy role with state or federal regulatory and/or legislative body is preferred. Operational experience and prior experience with a trade association are desired.

[Click here](#) to learn more.

LTSS Public Policy Analyst, LeadingAge

LeadingAge seeks a Long-Term Services & Supports (LTSS) Public Policy Analyst to share the responsibilities of the Policy/Advocacy team's policy analysis, communications and grassroots organizing. Overall responsibilities will be to assist with and conduct analysis of aging services national legislative and regulatory policy issues; to conduct research on policy issues to assist members and senior team members; to write letters, reports, articles, options memos and other policy documents; and to support grassroots activities and tracking. The Analyst will also propose and work with team members on education sessions for a variety of provider types.

Requires a master's degree in a health related field, gerontology, public policy, government affairs, or public administration. Plus, a minimum of 3 years of experience in health care/aging policy, long-term care and/or health care field and an understanding of policy processes; or, an equivalent combination of education and experience. Passion for aging issues and experience in advocacy/grassroots campaigns is preferred. Knowledge of aging issues, long term care and health care issues and federal policymaking is also preferred.

[Click here](#) to learn more.

Funding Opportunities

Mental Health Awareness Training

SAMHSA has announced the availability of up to \$47.4 million over the next three years for Mental Health Awareness Training. The purpose of this program is to: (1) Train individuals (e.g., school personnel, emergency first responders, law enforcement, veterans, armed services members and their families) to recognize the signs and symptoms of mental disorders, particularly serious mental illness and serious emotional disturbance; (2) Establish linkages with school- and community-based mental health agencies to refer individuals with the signs or symptoms of mental illness to appropriate services; (3) Train emergency services personnel, veterans, law enforcement, fire department personnel, and others to identify persons with a mental disorder and employ crisis de-escalation techniques; and (4) Educate individuals about resources that are available in the community for individuals with a mental disorder.

[Click here](#) for more information.

Rehabilitation Research and Training Center (RRTC) on Community Living Policy

ACL has announced a new funding opportunity. The purpose of the RRTCs, which are funded through the Disability and Rehabilitation Research Projects and Centers Program, is to achieve the goals of, and improve the effectiveness of, services authorized under the Rehabilitation Act through well-designed research, training, technical assistance, and dissemination activities in important topical areas as specified by NIDILRR. These activities are designed to benefit rehabilitation service providers, individuals with disabilities, family members, policymakers and other research stakeholders. The purpose of this particular RRTC is to engage in research, statistical analyses and modeling, knowledge translation, development of informational products, and dissemination to contribute to increased access to and improved quality of home and community based long-term services and supports (LTSS) for individuals with disabilities of all ages.

Proposals for this grant are due by **July 24, 2018**.

[Click here](#) for more information.

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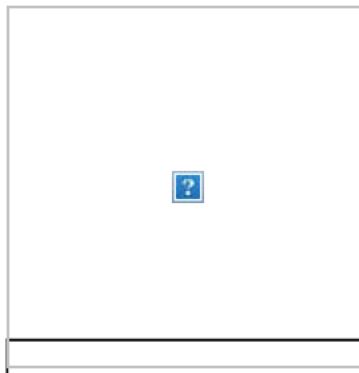
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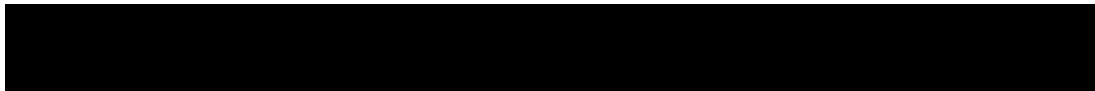


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To: [White, Monica](#)
Subject: FW: Public Records request
Date: Thursday, June 21, 2018 6:00:00 PM

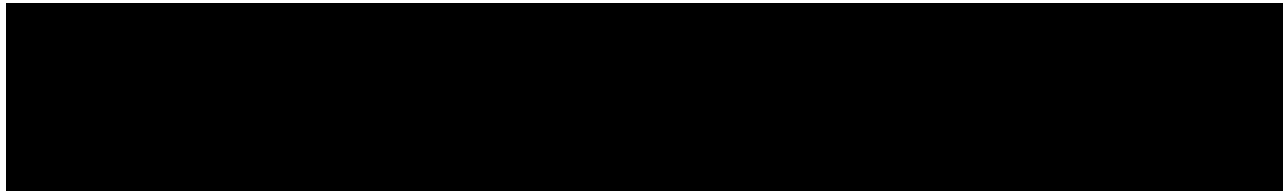
I was trina defer to you...

From: Hutt, Monica
Sent: Thursday, June 21, 2018 5:54 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Subject: Re: Public Records request



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From: Hill, Bard <bard.hill@vermont.gov>
Sent: Thursday, June 21, 2018 4:52 PM
Subject: RE: Public Records request
To: McFadden, Clare <clare.mcfadden@vermont.gov>, Perreault, Liz <liz.perreault@vermont.gov>, White, Monica <monica.white@vermont.gov>, Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>, Schurr, Stuart <stuart.schurr@vermont.gov>, Kennedy, Alice <alice.kennedy@vermont.gov>, Hutt, Monica <monica.hutt@vermont.gov>, George, Camille <camille.george@vermont.gov>



From: McFadden, Clare
Sent: Thursday, June 21, 2018 4:19 PM
To: Perreault, Liz <Liz.Perreault@vermont.gov>; White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Public Records request



From: Perreault, Liz

Sent: Thursday, June 21, 2018 2:38 PM

To: White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>

Subject: RE: Public Records request



Thanks,
Liz

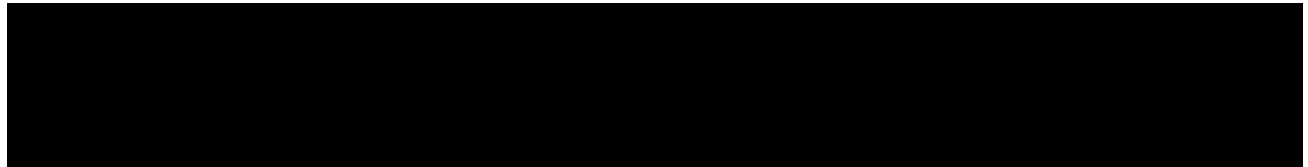
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Sent: Thursday, June 21, 2018 2:24 PM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>

Cc: Perreault, Liz <Liz.Perreault@vermont.gov>

Subject: Fwd: Public Records request



Thanks,
Monica

Sent via iPhone

From: Aranoff, Susan <susan.aranoff@vermont.gov>
Sent: Thursday, June 21, 2018 1:58 PM
To: White, Monica
Cc: Murphy, Kirsten
Subject: Public Records request

June 21, 2018

Monica White
Director of Operations
Vermont Department of Disabilities, Aging, and Independent Living

Dear Record Custodian:

Pursuant to Vermont's Public Records Act, 1 V.S.A. 315-320, I hereby request copies of the following records:

All letters, memoranda, reports or other writings issued or received by you or by staff in your department during 2017 and 2018 that pertain Vermont's implementation plans for the new federal rules for Medicaid-funded home and community-based services.

I am addressing this request to you in the belief that you are the custodian of such documents. If you are not, I request that you forward my request to the proper custodian of such documents and inform me of who that person is.

I hereby agree to pay reasonable and customary costs for these copies upon delivery, provided that the total does not exceed \$50.00. If the charge would exceed that amount, please so inform me before incurring the expense.

If the law does not allow me to have access to some of these

records, please inform me within three business days, as provided by law, and inform me of the specific exemption that applies to each record or portion of a record being withheld. If an otherwise public record has a portion that is exempt from disclosure, please redact the exempt portion and release a copy of the rest of the document together with a notation of the specific exemption that applies to the redacted portion.

If some or all of my request is denied, please tell me the title and name of the person responsible for the denial and, as the law requires, please inform me of the appeal procedures available to me and the name of the person to whom an appeal may be made. If you have questions about this request, please call me at 802.828.1311.

Thank you for your assistance with this matter.

Sincerely,

Susan Aranoff

Senior Planner and Policy Analyst
Vermont Developmental Disabilities Council
322 Industrial Lane
Berlin, Vermont 05633-0206

802.828.1311

Susan.Aranoff@Vermont.gov

From: [Hill, Bard](#)
To: [McFadden, Clare](#); [Tierney-Ward, Megan](#)
Subject: FW: Settings locks
Date: Wednesday, December 13, 2017 2:19:00 PM

Since DAIL programs share providers, do we have plans to share approaches for some requirements across CFC DDS and TBI?

Thanks!

Bard

From: NASDDDS ListServ [<mailto:NASDDDS@PEACH.EASE.LSOFT.COM>] **On Behalf Of** Zeller, Lynda (DHHS)
Sent: Wednesday, December 13, 2017 2:14 PM
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: FW: Settings locks

Michigan: Excerpt from a Guidance Document from the field (Joint Guidance from Licensing and HHS agencies).

“LOCKABLE DOORS

The HCBS Final Rule requires residential settings to offer units that have bedroom and bathroom doors that are lockable by the individual, with only appropriate staff having keys to doors. If there are private bedrooms that include private bathrooms, only the door to the bedroom must be lockable, though MDHHS encourages that both the bedroom door and bathroom door to be lockable. Both the BFS and the BCHS allows AFC and HFA facilities to have bedroom and bathroom doors that are lockable from the inside of the room. In order to meet both the HCBS Final Rule and AFC/HFA licensing requirements, the bedroom door shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware (hardware that can be opened from the inside of a room with a single motion; such as a turn of a knob or push of a handle, even if the door is locked).

This requirement also applies to bathroom doors. In accordance with the AFC/HFA licensing requirements, appropriate staff must have a key to the bedroom or bathroom door if the individual has a lockable door, this key should be stored in an area not accessible to all staff and residents.

The associated licensing rules for bedroom and bathroom doors are as follows: R 400.1430 (2), R 400.1431 (3), R 400.14407 (3) and R 400.14408 (4) R 400.15407 (3) and R 400.15408 (4). “

Lynda Zeller (Michigan content expert: Belinda Hawks, Manager, Federal Compliance, Michigan).

From: NASDDDS ListServ [<mailto:NASDDDS@PEACH.EASE.LSOFT.COM>] **On Behalf Of** Santaniello, Christine
Sent: Tuesday, December 12, 2017 9:10 AM

To: NASDDDS@PEACH.EASE.LSOFT.COM

Subject: Settings locks

Hi there, how are states handling the settings requirement for locks on bedroom doors, especially in host homes/ adult family care, etc. that do not have locks on any bedroom doors?

Thanks, Chris

Christine L. Santaniello
Director
Division of Long Term Supports and Services
603.271.5023- direct line
603.931.0344- cell

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From: [Hill, Bard](#)
To: [Brooks, Dale](#)
Subject: FW: SOTA Update for September 20, 2017
Date: Thursday, September 21, 2017 4:50:00 PM
Attachments: [image001.jpg](#)
[image002.jpg](#)

Register Now: Improving the Quality of Medicaid Encounter Data National Learning Webinar (October 12, 2017)

To assist Medicaid and CHIP agencies with their data analytic needs, CMS's Medicaid Innovation Accelerator Program (IAP) will host a state learning webinar on Thursday, October 12th from 3:00 PM – 4:30 PM ET on improving the quality of Medicaid encounter data. In this interactive webinar, states will learn about approaches to improving their encounter data.

Presenters will share different perspectives on improving the quality of encounter data. A guest speaker from the state of Minnesota will discuss their Medicaid managed care structure data flow and their approaches to quality assurance, benchmarking, and timely data feedback. Additionally, a representative from the National Association of Health Data Organizations will discuss best practices in data collection, analytics, and output reports for encounter data, as well as the use of shared or public data to improve results.

To register for the webinar, click on this link: <https://cc.readytalk.com/r/piswuw6fannh&eom>

[Medicaid Innovation Accelerator Program Releases Data Use Agreement Factsheet](#)

The Medicaid Innovation Accelerator Program's (IAP), Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) program area released a *Data Privacy, Data Use, and Data Use Agreements (DUAs)* Factsheet. Data sharing is a critical component of many Medicaid payment and delivery system reform efforts, particularly for those targeting BCNs. Leveraging data from many different sources and across agencies can be complex and extremely challenging, often requiring the creation of inter-agency Data Use Agreements (DUAs). The brief highlights some of the challenges faced by states participating in the BCN program area, as well as several resources these states found useful in developing DUAs, including two state example DUAs. States embarking on inter-agency data use can leverage these tools as they pursue data sharing as part of their Medicaid delivery system reform efforts.

From: Center for Medicaid and CHIP Services (CMCS) [mailto:Medicaid.gov@subscriptions.cms.hhs.gov]
Sent: Wednesday, September 20, 2017 10:47 AM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: SOTA Update for September 20, 2017

Image removed by sender. State Operations and Technical Assistance

Recent Releases and Announcements

Mental Health Parity and Addiction Equity Act (MHPAEA) Template for the Children's Health Insurance Program (CHIP):

The Centers for Medicare & Medicaid Services (CMS) has updated the CHIP State Plan template to facilitate state efforts in submission of a state plan amendment to document consistency with parity regulations published on March 30, 2016. The rule is designed to strengthen access to mental health and substance use services for people with Medicaid or CHIP coverage, aligning with protections already required of private health plans. The Mental Health Parity and Addiction Equity Act of 2008 generally requires that health insurance plans treat mental health and substance use disorder benefits comparable to medical and surgical benefits. The template is designed to help simplify the state plan amendment process for states to demonstrate that CHIP is consistent with these rules.

The template can be accessed on [Medicaid.gov](https://www.medicaid.gov) at <https://www.medicaid.gov/chip/downloads/state-program-information/title-xxi-state-plan-template.docx>. Updates for MHPAEA were made to sections 6 and 8. A SOTA webinar is scheduled on October 5th at 1:30 pm (EST) to provide states with a walk through of the template. We are available to provide individual technical assistance to states on this topic at any time. Please contact your CHIP Project Officer if you have any questions or would like to set up a technical assistance call.

MEDICAID INNOVATION ACCELERATOR PROGRAM (IAP)

Comment Period: Medicaid IAP Quality Measures (Due October 5, 2017)

In fall 2015, CMS's Medicaid Innovation Accelerator Program (IAP) kicked off a three-year measurement development contract with Mathematica Policy Research, the Medicare-Medicaid Coordination Office, and the Center for Medicaid and CHIP Services' Disabled and Elderly Health Programs Group. The IAP portion of the contract entails the development or refinement of a small number of measures in key gap areas related to the IAP program areas.

IAP is seeking public comment on a quality measure concept currently under development. The measure concept is Self-Direction of Services and Supports among People Receiving LTSS through Managed Care Organizations.

- Anticipated comment period: Sept 14th, 2017- Oct 5th, 2017
- Submit comments to HCBSQualMeasures@mathematica-mpr.com

To learn more about these measures, visit the zip files in the Download section on this

web page: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Public-Comments.html>.

Medicaid Value-Based Payment Approaches and Key Design Considerations National Learning Webinar (October 5, 2017)

To assist Medicaid and CHIP agencies, CMS's Medicaid Innovation Accelerator Program (IAP) will host a state learning webinar on **Thursday, October 5, 2017 from 3:00 – 4:00 PM ET** on Medicaid value-based payment (VBP) approaches, including key considerations when selecting and designing a VBP approach. The webinar will:

- Review the goals of VBP strategies and the Health Care Payment Learning and Action Network's Alternative Payment Models Framework.
- Detail common Medicaid VBP approaches, such as pay for performance, bundled payments, shared savings/shared risk approaches, and global payments.
- Outline design elements and factors for consideration, such as measure selection, risk adjustment, and attribution, before implementing an approach.
- Describe features of and considerations for implementing VBP in Medicaid managed care programs.

To register for the webinar, click on this link:

<http://www.yourconferencecenter.com/r.aspx?p=1&a=UWWIIZyDjqzksk>

This is the first webinar of a series of VBP-focused national learning webinars the Medicaid IAP is hosting in October/November. Subsequent webinars will build off the concepts shared during this first webinar, but you do not need to join the first one to participate in the others. Please save the date and be on the look-out for more information about the others:

- Medicaid Value-Based Payments for Children's Oral Health- October 19th from 2:00-3:00 pm ET
- Medicaid Value-Based Payments for Substance Use Disorders- October 26th, 2:00-3:30 pm ET
- Medicaid Value-Based Payments for Maternal and Infant Health- November 2nd, 2:00-3:00 pm ET

Register Now: Improving the Quality of Medicaid Encounter Data National Learning Webinar (October 12, 2017)

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<https://cc.readytalk.com/r/pisswu6fannh&eom>

[Medicaid Innovation Accelerator Program Releases Data Use Agreement Factsheet](#)

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Upcoming Calls and Webinars

CMS Tobacco Cessation: Helping Smokers Quit: Using Data, Partnerships and Quality Improvement to Reduce Tobacco Use among Adults Covered by Medicaid

CMS is hosting a SOTA call/webinar to support Medicaid agencies and providers in their efforts to reduce smoking among Medicaid beneficiaries. Smoking is one of the major drivers of preventable illnesses and costs to the Medicaid program. During this webinar, representatives from two states (Kentucky and Oklahoma), the Association for Community Affiliated Plans, and CMS' Tobacco Cessation Affinity Group will discuss what some states and managed care plans are doing to help Medicaid beneficiaries quit smoking. The webinar also will provide an overview of what Medicaid beneficiaries are saying about the assistance they receive and include an opportunity for dialogue about new strategies or "best practices" for improving access to services that can help smokers quit.

CMS recently released an analytic brief and infographic on medical assistance with tobacco cessation. The data in the brief are drawn from the Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (NAM CAHPS) survey conducted by CMCS in 2014-2015. Appendix C in the brief includes state-specific data for the 47 states participating in the survey. The brief can be accessed on Medicaid.gov at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/brief-tobacco-cessation.pdf>

Wednesday, September 27, 2017, 1:30 – 2:30 EDT

Audio option #1: 1-844-396-8222 Participant Code: 904 889 657

Audio option #2 and webinar link: <https://meetings-cms.webex.com/meetings-cms/k2j.php?MTID=t8658516bab30284fe8a487a3e03a4d60>

As always:

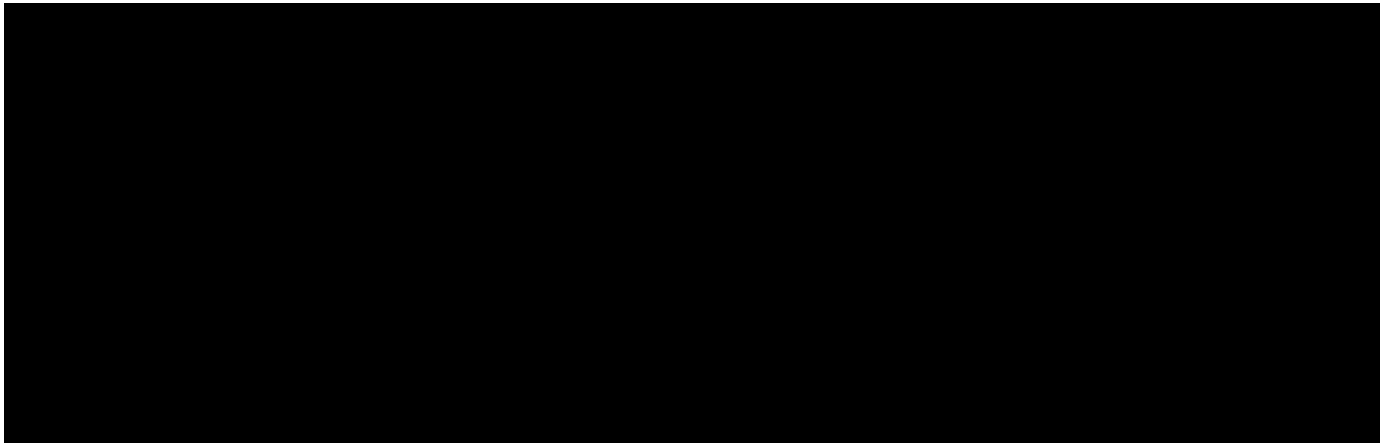
If you'd like to be added to the SOTA email distribution, please email us at sotaupdates@cms.hhs.gov. To update your subscription or unsubscribe from email updates, please click the "[Manage Subscription Preferences](#)" link in the footer. Thanks!

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This e-mail was sent to bard.hill@vermont.gov using GovDelivery Communications Cloud on behalf of the Centers for Medicare & Medicaid Services (410-786-5473) 7500 Security Boulevard Baltimore MD 21244

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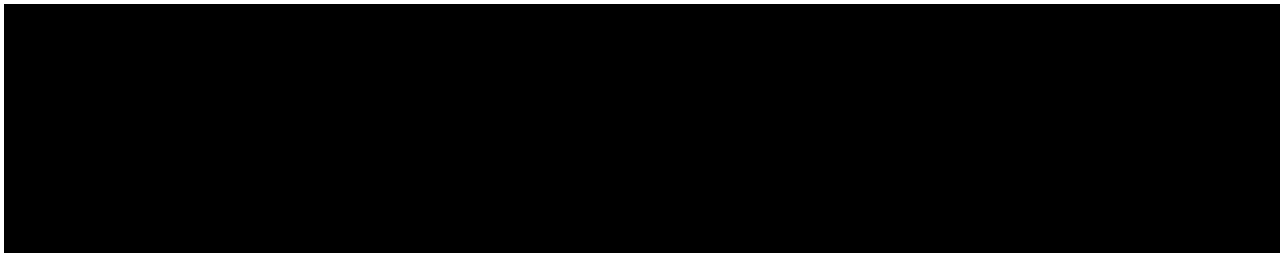
From: [Hill, Bard](#)
To: [Perreault, Liz](#)
Subject: FW: Topics for MTM
Date: Monday, January 29, 2018 9:25:00 AM



Current status of HCBS rules compliance; presented by CFC, DDS, TBI




From: Hutt, Monica
Sent: Sunday, January 28, 2018 6:32 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Subject: RE: Topics for MTM



From: Hill, Bard
Sent: Thursday, January 25, 2018 1:20 PM
To: Perreault, Liz <Liz.Perreault@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Subject: RE: Topics for MTM

Hi-





Current status of HCBS rules compliance; presented by CFC, DDS, TBI



Cheers
Bard

From: Perreault, Liz
Sent: Thursday, January 25, 2018 1:03 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Cc: Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: Topics for MTM

Hi Bard,
Monica wanted me to reach out and see what you thought we should have for topic meetings. Technically we should have had a topic meeting yesterday but, I keep it in my head that it is the last Wednesday of the month...

Thanks for sharing your ideas!
Liz

Liz Perreault
Executive Assistant
Commissioner's Office
Disabilities, Aging and Independent Living
802-241-2401 – Main Line
802-241-0362
Mailing Address:
HC 2 South

280 State Drive
Waterbury, VT 05671-2020

“Life’s too short not to go barefoot.”

From: [Hill, Bard](#)
To: [Courcelle, Andre](#); [McMann, Angela](#)
Subject: Fwd: Case Management Monitoring tool
Date: Monday, April 16, 2018 3:06:03 PM
Attachments: [image001.png](#)
[image002.jpg](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.jpg](#)
[Monitoring Checklist Interpretive Guidelines 2018 FINAL.PDF](#)
[Monitoring Checklist Interpretive Guidelines 20170125.pdf](#)
[PCISP Guidelines v3.6 FINAL.pdf](#)

Get [Outlook for iOS](#)

From: Robinson, Cathy A <cathy.robinson@fssa.in.gov>
Sent: Monday, April 16, 2018 2:20 PM
Subject: Re: Case Management Monitoring tool
To: <nasddd@peach.ease.lsoft.com>

Christina,

Indiana just revised our Monitoring Checklist for case management, and engaged in a notable overhaul of our person centered service plan format. These efforts were driven by a desire to shift the focus of case managers from the monitoring tools, to individuals' person-centered plans. Our monitoring checklist had gotten so large and intensive, most of the case management service was being driven around getting the items on the checklist addressed, and the person-centered plan focus wasn't what we wanted to see. So we reduced the checklist items and in some cases, incorporated some of the questions or items (mainly, those HCBS settings rule items) into our person-centered plans.

I've attached the old and new checklist versions. I also included our new person-centered plan guide, which helps provide some additional context, as the team meeting and face-to-face components of the PCISP Guide tend to go hand in hand with the pre/post meeting revision to the monitoring checklist tool.

Cathy Robinson, M.S. Ed
Director
Bureau of Developmental Disabilities Services
Division of Disability and Rehabilitative Services
402 W. Washington St. W453
Indianapolis, IN 46204
Office: 317-234-4736

Cathy.Robinson@fssa.IN.gov

The Division of Disability & Rehabilitative Services is a division of the Indiana Family & Social Services Administration.

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From: NASDDDS ListServ [mailto:NASDDDS@PEACH.EASE.LSOFT.COM] **On Behalf Of** Ryal, Katherine
Sent: Monday, April 16, 2018 12:41 PM
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: Re: Case Management Monitoring tool

****** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ******

Christina

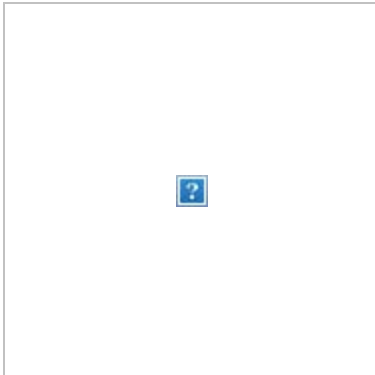
The Quality Assurance Unit of Developmental Disability Services monitors case management based upon the waiver assurances and sub assurances. I have attached the tools that we use, including the worksheet with the probes. If you have any questions, let me know!

Kathe Ryal

DDS Quality Assurance

405-521-6265

Katherine.Ryal@okdhs.org



*Everybody's got something they bring to the world...
We take that time to figure out their personal genius-
Susan Schonfield, CIS*

From: NASDDDS ListServ [mailto:NASDDDS@peach.ease.lsoft.com] **On Behalf Of** Hill, Christina, DOH
Sent: Monday, April 02, 2018 3:24 PM
To: NASDDDS@peach.ease.lsoft.com

Subject: [Marketing Mail] Re: Case Management Monitoring tool

Of course

From: NASDDDS ListServ [<mailto:NASDDDS@PEACH.EASE.LSOFT.COM>] **On Behalf Of** Brogan, Mary
Sent: Monday, April 2, 2018 1:52 PM
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: Re: Case Management Monitoring tool

Christina,

Thank you for offering to share your new tool when done. We look forward to seeing it!

Aloha,
Mary

Mary Brogan
Administrator
Developmental Disabilities Division
Hawaii State Department of Health
1250 Punchbowl Street
Honolulu, Hawaii 96813
808.586-5842

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From: NASDDDS ListServ [<mailto:NASDDDS@PEACH.EASE.LSOFT.COM>] **On Behalf Of** Hill, Christina, DOH
Sent: Monday, April 02, 2018 9:47 AM
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: Case Management Monitoring tool

Good Afternoon

New Mexico is working on revisions to a case management monitoring tool that is used for monitoring health and safety and ISP implementation for individuals in DD Waiver Services. The tool is used by New Mexico's case managers to document their monitoring activities during on-site visits in the home or community at least once per month.

We would like to know if any other states use or have developed a monitoring tool that case managers use and if so, would you would be willing to share the tool?

When New Mexico completes our work we would be happy to share our completed tool.

Thank you
Christina



Accredited since 2015

Christina Hill
DD Waiver Program Manager
Community Programs Bureau,
Developmental Disabilities Supports Division
810 San Mateo Road Suite 106
P O Box 26110
Santa Fe, New Mexico 87502
ph: (505) 476-8836
fax:(505) 476-8894
www.nmhealth.org



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**From:** [Hill, Bard](#)  
**To:** [George, Camille](#)  
**Subject:** Fwd: DAIL: HCBS rules coordination?  
**Date:** Tuesday, June 26, 2018 7:56:38 AM

---

Hi

I defer to you. The policy directions/choices are not in Shawn's area of expertise- he is a pass through. Then the issue of continuity across programs. Maybe a question of how comfortable we are with different HCBS rules policy directions based on division autonomy. And any fallout from that.

I don't think the ahs team is the right venue for policy discussions across Dail programs, but imo they aren't happening and they should.

Bard

Sent from my iPhone

Begin forwarded message:

**From:** "Tierney-Ward, Megan" <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>  
**Date:** June 26, 2018 at 7:02:00 AM EDT  
**To:** "Hill, Bard" <[Bard.Hill@vermont.gov](mailto:Bard.Hill@vermont.gov)>, "McFadden, Clare" <[Clare.McFadden@vermont.gov](mailto:Clare.McFadden@vermont.gov)>  
**Cc:** "George, Camille" <[Camille.George@vermont.gov](mailto:Camille.George@vermont.gov)>  
**Subject:** **Re: DAIL: HCBS rules coordination?**

Hi.

Is this something we could push into fall/winter or incorporate into standing meetings? We have a lot of projects happening now and both ASD and DDSD are in the midst of a deadline for the HCBS validation surveys which I believe must be completed by the end of Sept. There are also standing meetings that happen already with Shawn S. and the HCBS team. I think they might be once a month. I would suggest that we incorporate the conversation there instead of making a new series of meetings. Currently Andre is our lead and he has been pulling in other people as needed.

M

---

**From:** Hill, Bard  
**Sent:** Monday, June 25, 2018 5:10 PM

**To:** Tierney-Ward, Megan; McFadden, Clare  
**Cc:** George, Camille  
**Subject:** DAIL: HCBS rules coordination?

Hi-

Earlier today Camille asked that I set up some internal meetings regarding DAIL work on HCBS rules. The core purpose is to identify and manage differences that emerge in our approaches to HCBS rules compliance across the three DAIL programs.

Draft for your comments:

1. Scope: CFC DDS and TBI
2. Purpose: coordinate approaches/messages to core elements, eg
  - a. Settings provision: scope; assessments; remediation or relocation
  - b. Person-centered planning: comprehensive assessment, goals, preferences
  - c. Conflict-free case management
  - d.
3. Who:
  - a. CFC: Megan, Angela M, Andre?
  - b. DDS: Clare, Amy, Chris?
4. Frequency: monthly 1 hour?

Please let me/us know your thoughts. Camille, please let me know if I missed or misconstrued anything.

Thanks!

Bard

“The best way to get a good idea is to get a lot of ideas.”  
*Donald Berwick*

**Bard Hill**

[bard.hill@vermont.gov](mailto:bard.hill@vermont.gov)

landline 802.241.0376

mobile 802.760.0852

From: Hill, Bard  
To: Tierney, Ward, Megan; McMann, Angela; McFadden, Claire; Roth, Amy; Courcelle, Andre; Lane, Sara; Smith, Dieng, Angela  
Subject: Fwd: NESCSO LTSS Advisory Group: RFPs out!  
Date: Tuesday, February 13, 2018 11:07:52 AM

FYI nescso is a credible regional collaborative. The assessment rfp is intended to include cross-population/cross-program approaches, and informed by hcbs rules requirements. I'll keep you informed. Bard

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From: Patricia McKnight <patricia.mcknight@nescso.org>  
Sent: Tuesday, February 13, 2018 10:53 AM  
Subject: NESCSO LTSS Advisory Group: RFPs out!  
To: <kathy.a.bruni@ct.gov>, <dawn.lambert@ct.gov>, Rooney, Nicole <nicole.rooney@maine.gov>, <samuel.senft@maine.gov>, Mason, Karen <karen.mason@maine.gov>, Cohen, Daniel (EHS) <daniel.cohen@state.ma.us>, <christine.santaniello@dhhs.nh.gov>, <deborah.scheetz@dhhs.nh.gov>, <ann.martino@ohhs.ri.gov>, <sarah.m.harrigan@dhs.ri.gov>, Betit, Michele <michele.betit@vermont.gov>, Hill, Bard <bard.hill@vermont.gov>, Hastings, Ann <ann.hastings@vermont.gov>  
Cc: Elena Nicoletta <elena.nicoletta@nescso.org>

Good morning everyone,

I am pleased to let you all know that NESCSO has posted RFPs for both the "Academy on Implementation Mechanisms for Medicaid Home and Community-Based Services: Options and Challenges for New England" and for a "Webinar on Care Planning Assessment Options in Medicaid Managed Long-term Services and Supports Programs for the New England Region."

Thank you to all of you for your time and effort in helping to develop the ideas for these trainings! I will be in touch again soon to schedule a call so that we can review the proposals we receive.

For your information, I have included the e-mail notification below that went out to potential vendors and contains links to both the RFPs.

Patricia

Please note my new e-mail address:

**Patricia McKnight**  
Consultant  
New England States Consortium Systems Organization  
www.nescso.org  
978-621-0282  
**patricia.mcknight@NESCSO.org**

++++  
As a valued contact of NESCSO, we would like to ensure that you are aware of our Requests For Proposals for an "Academy on Implementation Mechanisms for Medicaid Home and Community-Based Services: Options and Challenges for New England" and for a "Webinar on Care Planning Assessment Options in Medicaid Managed Long-term Services and Supports Programs for the New England Region."

The Requests for Proposals are briefly outlined below:

**Academy on Implementation Mechanisms for Medicaid Home and Community-Based Services: Options and Challenges for New England Decision Makers**

NESCSO is seeking proposals for a two-day Academy for decision makers and their staff from the New England state's Health and Human Service agencies that will provide them with the opportunity to explore options on how to implement Medicaid HCBS to form a rebalanced and comprehensive Medicaid LTSS program. It will:

- Provide a comprehensive overview of implementation options including State Plan Amendment options, Medicaid Home and Community-Based Waiver authorities, and Medicaid Managed Care options.
- Explore challenges decision makers face in selecting among HCBS implementation mechanisms such as capacity issues, workforce issues, political environment, capacity and market/regulatory environment.
- Include presentations from participating states on their experiences with implementing different mechanisms for providing Medicaid HCBS and their successes and challenges in weaving together HCBS options to create a comprehensive program.
- Explore more complex selection issues such as how to evaluate which new HCBS mechanisms will fit best within your state's existing HCBS system, how to operationalize change within your state's existing environment, the challenges of implementing a uniform assessment across HCBS population, and how states are collecting the HCBW cost of care data for CMS.

**Webinar on Care Planning Assessment Options in Medicaid Managed Long-term Services and supports Programs for the New England Region**

NESCSO is seeking proposals for a two-hour webinar for state staff from the New England state's Health and Human Service agencies that will build their knowledge of the requirements, options, and considerations for selecting and implementing care planning assessments for Medicaid MLTSS programs. The

webinar will address the following questions around care planning assessments in MLTSS:

- What are the federal requirements for care planning assessments in MLTSS?
- What are the options for tool selection (State mandated or MCO selected? Designed by whom?) And what are the pros and cons of each option?
- What are the pros and cons of using a uniform tool across populations? Can a state require a uniform tool and still allow for plan modifications?
- What are a state's options for who administers the tool (State? Plan? Third Party? Hybrid?) And what are the pros and cons of each option?
- What are the best assessment tools for assigning rating categories? and
- How are states conducting quality assurance reviews on rate category assessments?

The links below provide details and instructions.

[NESCOS LTSS MLTSS Assessment Webinar RFP Bid LTSS 2018-01](#)

[NESCOS LTSS HCBS Academy RFP Bid LTSS 2018-02](#)

**Responses are due March 16, 2018 by 5:00 PM EDT.**

Please feel free to share with anyone who may be interested.

**From:** [Hill, Bard](#)  
**To:** [Poulin, Adam](#); [Neveu, Lisa](#); [Marinelli, Nancy](#); [McFadden, Clare](#); [Roth, Amy](#); [McMann, Angela](#); [George, Camille](#); [Liscinsky, Joseph](#)  
**Subject:** Fwd: NEW CMS INFORMATION!!  
**Date:** Friday, June 29, 2018 1:29:35 PM  
**Attachments:** [image001.png](#)  
[image002.jpg](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)

---

Comments from the network...

Bard

Sent from my iPhone

Begin forwarded message:

**From:** "Tierney-Ward, Megan" <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>  
**Date:** June 28, 2018 at 12:57:56 PM EDT  
**To:** "Coburn, Susan" <[Susan.Coburn@vermont.gov](mailto:Susan.Coburn@vermont.gov)>, "Hill, Bard" <[Bard.Hill@vermont.gov](mailto:Bard.Hill@vermont.gov)>, "Clark, Bill" <[Bill.Clark@vermont.gov](mailto:Bill.Clark@vermont.gov)>  
**Subject:** RE: NEW CMS INFORMATION!!

I was with a group of states National Governor's association and other states are preparing letters as well. No one had EVV solutions yet for self-managed that was not 3<sup>rd</sup> party employer. And NASUAD agreed..... no good model out there yet.

---

**From:** Coburn, Susan  
**Sent:** Thursday, June 28, 2018 12:54 PM  
**To:** Tierney-Ward, Megan <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>; Hill, Bard <[Bard.Hill@vermont.gov](mailto:Bard.Hill@vermont.gov)>; Clark, Bill <[Bill.Clark@vermont.gov](mailto:Bill.Clark@vermont.gov)>  
**Subject:** RE: NEW CMS INFORMATION!!

Thanks Megan. Yes, we are planning a letter for sure. Great to have guidance on the process. We are also keeping our fingers crossed for a federal extension passed as law.

---

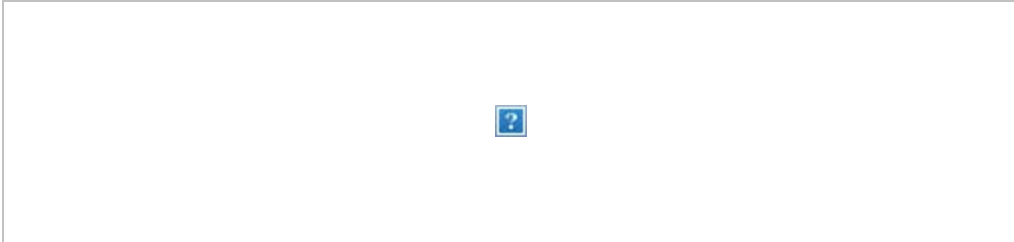
**From:** Tierney-Ward, Megan  
**Sent:** Thursday, June 28, 2018 12:33 PM  
**To:** Hill, Bard <[Bard.Hill@vermont.gov](mailto:Bard.Hill@vermont.gov)>; Coburn, Susan <[Susan.Coburn@vermont.gov](mailto:Susan.Coburn@vermont.gov)>; Clark, Bill <[Bill.Clark@vermont.gov](mailto:Bill.Clark@vermont.gov)>  
**Subject:** FW: NEW CMS INFORMATION!!  
**Importance:** High

Just FYI

---

**From:** Camille Dobson [<mailto:cdobson@nasuad.org>]

**Sent:** Thursday, June 28, 2018 11:57 AM  
**To:** @NASUA <[nasua@nasuad.org](mailto:nasua@nasuad.org)>  
**Subject:** NEW CMS INFORMATION!!  
**Importance:** High



*\*\*\*All recipients are Bcc'd\*\*\**

Good Morning NASUAD Members:

We wanted to make sure you were aware of **two critical pieces of information that CMS released this morning on [Medicaid.gov](https://www.Medicaid.gov)**.

<!--[if !supportLists]-->1. <!--[endif]-->An informational bulletin addressing the findings of the OIG/OCR/ACL Joint Report on state oversight of group homes that was issued in January. In the CIB, CMS urges states to review the recommendations included in the report and incorporate them into their critical incident management and quality assurance processes. We've attached both the CIB and the Joint Report for ease of reference.

<!--[if !supportLists]-->2. <!--[endif]-->Instructions and the necessary content that a state should include in its application for the 'good-faith' exemption for a 1-year delay in the EVV compliance deadline for personal care services that goes into effect on January 1, 2019. Only one request may be filed by a state between July 1 – November 30, 2018. We have attached the instructions here as well.

Additionally, CMS will be holding **two webinars (July 11 and July 18th)** on HCBS issues. We encourage you to register early and attend!

1. **Conflict of Interest Part II and Medicaid HCBS Case Management: July 11, 2018: 1:30pm – 3pm EST**

The objective of this training is to build on the COI Part I training with a review of what constitutes conflict of interest (COI), including the HCBS rules regarding COI, and an overview on strategies for assessing your case management system, using data to inform stakeholders and decision-making, and tips for developing and implementing a corrective action plan (CAP). New Editions Consulting, Inc. is currently the training lead through the Home and Community Based Services Technical Assistance Contract overseen by the Division of Long

Term Services & Supports (DLTSS). New Editions Consulting, Inc. will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this link:

<https://neweditions.adobeconnect.com/ealehps71yag/event/registration.html>

**2. The Process for Final STP Approval: July 18, 2018: 2:00pm – 3:30pm EST**

The objective of this training is to clarify CMS' expectations in order to grant final approval; describe requirements for site-specific assessment, validation, outcomes and remediation strategies; discuss the process for heightened scrutiny and consider processes for monitoring and quality assurance to ensure ongoing compliance. New Editions is currently the training lead through the HCB Settings Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this

link: <https://neweditions.adobeconnect.com/eow4ijn7h97n/event/registration.html>

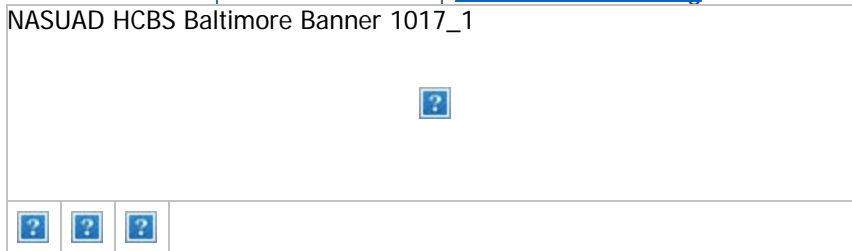
As always, please feel free to reach out to me or Damon if you have any questions or concerns.

Camille

---

Camille I. Dobson, MPA | Deputy Executive Director | NASUAD  
1201 15<sup>th</sup> Street, NW Suite 350, Washington, DC 20005 | [www.nasuad.org](http://www.nasuad.org)  
O: 202/499-5947 | M: 202/304-0336 | [cdobson@nasuad.org](mailto:cdobson@nasuad.org)

NASUAD HCBS Baltimore Banner 1017\_1





**From:** [Hill, Bard](#)  
**To:** [Courcelle, Andre](#); [McMann, Angela](#); [Lane, Sara](#)  
**Subject:** Fwd: NEW CMS INFORMATION!!  
**Date:** Friday, June 29, 2018 11:05:25 AM  
**Attachments:** [image001.png](#)  
[image002.jpg](#)  
[image004.png](#)  
[image005.png](#)  
[image006.png](#)

---

Sent from my iPhone

Begin forwarded message:

**From:** "George, Camille" <[Camille.George@vermont.gov](mailto:Camille.George@vermont.gov)>  
**Date:** June 29, 2018 at 10:57:28 AM EDT  
**To:** "Berliner, Ashley" <[Ashley.Berliner@vermont.gov](mailto:Ashley.Berliner@vermont.gov)>, "Backus, Ena" <[Ena.Backus@vermont.gov](mailto:Ena.Backus@vermont.gov)>, "Tierney-Ward, Megan" <[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)>, "McFadden, Clare" <[Clare.McFadden@vermont.gov](mailto:Clare.McFadden@vermont.gov)>, "Hill, Bard" <[Bard.Hill@vermont.gov](mailto:Bard.Hill@vermont.gov)>  
**Subject:** Re: NEW CMS INFORMATION!!

Thanks! Megan and Clare, who should Dylan include?

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---

**From:** Berliner, Ashley <[ashley.berliner@vermont.gov](mailto:ashley.berliner@vermont.gov)>  
**Sent:** Friday, June 29, 2018 10:56 AM  
**To:** George, Camille; Backus, Ena  
**Subject:** RE: NEW CMS INFORMATION!!

Thanks for sharing. Dylan is taking the lead on the policy dive here. Ill ask him to attend as well. Perhaps Dylan can organize everyone to be in a room together? If you think that would be useful (I think it would be great for Dylan), who should I ask him to include in the invite?

---

**From:** George, Camille  
**Sent:** Friday, June 29, 2018 10:38 AM  
**To:** Berliner, Ashley <[Ashley.Berliner@vermont.gov](mailto:Ashley.Berliner@vermont.gov)>; Backus, Ena <[Ena.Backus@vermont.gov](mailto:Ena.Backus@vermont.gov)>  
**Subject:** Fwd: NEW CMS INFORMATION!!

Hi Ashley and Ena -

Am passing this e-mail on as it contains information about an upcoming webinar (seems like it's Part II of a previous webinar) on conflict free case management. I am

hoping that some of the DAIL staff can participate.

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---

**From:** Camille Dobson <[cdobson@nasuad.org](mailto:cdobson@nasuad.org)>

**Sent:** Thursday, June 28, 2018 11:57 AM

**To:** @NASUA

**Subject:** NEW CMS INFORMATION!!



*\*\*\*All recipients are Bcc'd\*\*\**

Good Morning NASUAD Members:

We wanted to make sure you were aware of **two critical pieces of information that CMS released this morning on [Medicaid.gov](#)**.

1. An informational bulletin addressing the findings of the OIG/OCR/ACL Joint Report on state oversight of group homes that was issued in January. In the CIB, CMS urges states to review the recommendations included in the report and incorporate them into their critical incident management and quality assurance processes. We've attached both the CIB and the Joint Report for ease of reference.
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Consulting, Inc. is currently the training lead through the Home and Community Based Services Technical Assistance Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions Consulting, Inc. will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this

link: <https://neweditions.adobeconnect.com/ealehps71yag/event/registration.html>

**2. The Process for Final STP Approval: July 18, 2018: 2:00pm – 3:30pm EST**

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To register for the webinar, click on this

link: <https://neweditions.adobeconnect.com/eow4ijn7h97n/event/registration.html>

As always, please feel free to reach out to me or Damon if you have any questions or concerns.

Camille

---

Camille I. Dobson, MPA | Deputy Executive Director | NASUAD  
1201 15<sup>th</sup> Street, NW Suite 350, Washington, DC 20005 | [www.nasuad.org](http://www.nasuad.org)  
O: 202/499-5947 | M: 202/304-0336 | [cdobson@nasuad.org](mailto:cdobson@nasuad.org)

NASUAD HCBS Baltimore Banner 1017\_1





**From:** [Hill, Bard](#)  
**To:** [Marinelli, Nancy](#)  
**Subject:** Fwd: NH Question- Veterans  
**Date:** Tuesday, January 23, 2018 1:37:59 PM  
**Attachments:** [image001.jpg](#)  
[Florida waiver funding for military.docx](#)

---

Hi  
Something to have on your radar?  
Bard

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**From:** Robin Cooper <rcooper@nasddd.org>  
**Sent:** Tuesday, January 23, 2018 12:17 PM  
**Subject:** Re: NH Question- Veterans  
**To:** <nasddd@peach.ease.lsoft.com>

Attached please find some information from a query done in 2017. It contains a few states statutes serving military in the HCBS waiver. Hope this is helpful.

Robin E. Cooper  
Director of Technical Assistance  
2222 Hollister Avenue  
Madison, WI 53726  
608-231-2121  
Cell: 703-888-7662  
[rcooper@nasddd.org](mailto:rcooper@nasddd.org)  
[www.nasddd.org](http://www.nasddd.org)

**2018 Director's Forum & Mid-Year Conference**  
**Building Capacity: Setting a Strategic Direction for Systems Change**  
June 6 – 8, 2018  
Hilton Columbus at Easton  
Columbus, Ohio



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**From:** NASDDDS ListServ [mailto:NASDDDS@PEACH.EASE.LSOFT.COM] **On Behalf Of** Santaniello, Christine  
**Sent:** Tuesday, January 23, 2018 10:54 AM  
**To:** NASDDDS@PEACH.EASE.LSOFT.COM  
**Subject:** NH Question- Veterans

Hi there, I think I may have seen this question before, but I am not sure.

Does anyone have provisions on their HCBS waivers to explicitly include or exclude Veterans from accessing waiver services (and require the VA to pay).

Thanks, Chris

Christine L. Santaniello  
Director  
Division of Long Term Supports and Services  
603.271.5023- direct line  
603.931.0344- cell

~~~~~

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**From:** [Hill, Bard](#)  
**To:** [Tierney-Ward, Megan](#); [McMann, Angela](#); [McFadden, Clare](#); [Roth, Amy](#); [O'Neill, Chris](#); [Courcelle, Andre](#)  
**Subject:** Fwd: Reminder: Conflict of Interest Webinar Part II  
**Date:** Monday, July 09, 2018 1:53:40 PM

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Sent from my iPhone

Begin forwarded message:

**From:** Robin Cooper <[rcooper@NASDDDS.ORG](mailto:rcooper@NASDDDS.ORG)>  
**Date:** July 9, 2018 at 1:43:58 PM EDT  
**To:** [NASDDDS@PEACH.EASE.LSOFT.COM](mailto:NASDDDS@PEACH.EASE.LSOFT.COM)  
**Subject: Reminder: Conflict of Interest Webinar Part II**  
**Reply-To:** NASDDDS ListServ <[NASDDDS@PEACH.EASE.LSOFT.COM](mailto:NASDDDS@PEACH.EASE.LSOFT.COM)>

## **Reminder Upcoming Webinar**

**Conflict of Interest Part II and Medicaid HCBS Case Management: July 11, 2018: 1:30pm – 3pm EST**

The objective of this training is to build on the COI Part I training with a review of what constitutes conflict of interest (COI), including the HCBS rules regarding COI, and an overview on strategies for assessing your case management system, using data to inform stakeholders and decision-making, and tips for developing and implementing a corrective action plan (CAP). New Editions Consulting, Inc. is currently the training lead through the Home and Community Based Services Technical Assistance Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions Consulting, Inc. will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this link:

<https://neweditions.adobeconnect.com/ealehps71yag/event/registration.html>

Robin. E. Cooper  
Director of Technical Assistance  
NASDDDS  
2222 Hollister Avenue  
Madison, WI 53726  
608-231-2121  
Cell: 703-888-7662  
[www.NASDDDS.org](http://www.NASDDDS.org)

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From: [Hill, Bard](#)
To: [Schurr, Stuart](#)
Subject: Fwd: Timely questions - HCBS fed reg
Date: Thursday, March 23, 2017 12:29:52 PM
Attachments: [image001.png](#)

Sent from my iPhone

Begin forwarded message:

From: "Hill, Bard" <Bard.Hill@vermont.gov>
Date: March 23, 2017 at 12:27:46 PM EDT
To: "Parker, Lindsay" <Lindsay.Parker@vermont.gov>, "Gerstenberger, Roy" <Roy.Gerstenberger@vermont.gov>, "Tierney-Ward, Megan" <megan.tierney-ward@vermont.gov>
Cc: "George, Camille" <Camille.George@vermont.gov>
Subject: Re: Timely questions - HCBS fed reg

I defer to roy and Megan in DAIL
Not sure who the dmh lead is

Sent from my iPhone

On Mar 23, 2017, at 12:25 PM, Parker, Lindsay <Lindsay.Parker@vermont.gov> wrote:

Sorry Bard sitting in ACA meeting.
Is it fair to say VT is on track to come into compliance by 2019?

Lindsay Parker
Agency of Human Services
[p] 802-578-9427

From: Hill, Bard
Sent: Thursday, March 23, 2017 12:24 PM
To: Parker, Lindsay <Lindsay.Parker@vermont.gov>
Cc: George, Camille <Camille.George@vermont.gov>
Subject: Re: Timely questions - HCBS fed reg

Hi

Both DAIL and dmh are working on a hcbs rules, as d scribed in the gc cqs. Roy is lead for dds and Megan for cfc and tbi

Bard

Sent from my iPhone

On Mar 23, 2017, at 11:53 AM, Parker, Lindsay
<Lindsay.Parker@vermont.gov> wrote:

Hi Bard and Camille,
Am hoping you can let me know if the fed reg below is one
DAIL has been working on and where VT is with compliance?
(attached is Verma-Price letter for context).
Am asking so I can provide update to Cory asap (he has
reporter coming in for ACA repeal questions).
Thanks!

Lindsay Parker, MPH

Health Access Policy & Planning Chief
Medicaid Policy, Agency of Human Services
280 State Drive, Building E-313
Waterbury, VT 05671

[p] 802-578-9427 | [f] 802-871-3001

[e] lindsay.parker@vermont.gov

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confidentiality or security of email transmissions.

From: [Hill, Bard](#)
To: [Hutt, Monica](#); [George, Camille](#); [Euber, Jim](#)
Cc: [Bascom, June](#)
Subject: FY 2015 and FY 2016 RISP Updates and FY 2017 Data Collection Review
Date: Wednesday, March 07, 2018 12:34:00 PM
Attachments: [RISP FY2017 WEBINAR 2-27-2018 \(1\).pdf](#)

Hi-

You might find the first section of interest...

Cheers

Bard

“The best way to get a good idea is to get a lot of ideas.”

Donald Berwick

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

Kennedy, Alice

From: Fuoco, Danielle
Sent: Tuesday, January 30, 2018 10:51 AM
To: Tierney-Ward, Megan
Subject: Global Commitment 2017 Annual Report - Due 2/15/18
Attachments: Choices for Care.docx; Traumatic Brain Injury.docx; Choices for Care and TBI.docx

Importance: High

Hello,

Apologies for the late notice - it's time again for the **Global Commitment Annual Report (2017)**! The Annual Report should include 4th quarter updates (10/1/17 – 12/31/17) as well as a cumulative summary of previous quarters in 2017.

Attached you'll find the 2016 Annual Report section for reference. Please update with tracked changes for the 2017 Annual Report (January 1, 2017 – December 31, 2017). **A draft of this section is due on 2/15/18.** Please update with important developments, findings, challenges, and successes from the past year and include 2-5 key updates in the text box provided.

I also attached a couple of the quarterly report sections for TBI, as this will be the first annual report with a TBI section.

Past quarterly and annual reports can [be viewed here](#).

Let me know if you have any questions or concerns. Thank you!

Dani Fuoco, MPA
Program Consultant
Medicaid Policy Unit
Agency of Human Services
280 State Drive, Center Building
Waterbury, Vermont 05671-1000
[P] (802) 585-4265
[F] (802) 241-0958
Danielle.Fuoco@vermont.gov



State of Vermont
 Department of Disabilities, Aging and Independent Living
 Adult Services Division
 HC 2 South, 280 State Drive
 Waterbury, VT 05671-2020
 Phone: 802-241-0294
 Fax: 802-241-0385
www.dail.vermont.gov

Agency of Human Services

July 20, 2017

Green Mountain Adult Day Services
 148 Prouty Drive
 Newport, VT 05855

Dear Linda,

This letter is to inform you that I have completed the 2017 Certification Review process for Green Mountain Adult Day Services (GMADS) of Orleans County located in Newport, Vermont. The review was conducted in July of 2017.

First and foremost, I want to thank you Linda for your support and the support of all your staff(s) during the review process.

During this process, I reviewed the outcome areas outlined in the Adult Day Review grid which highlights requirements from the Vermont Adult Day Standards.

This review found many areas of good service at GMADS in areas of person-centered support including, but not limited to, the respect and inclusion of participants input into the dynamics of initial service delivery and planning; an activity coordinator (Keshia) with extensive knowledge of this population and experience in providing quality activities; and a Director (Linda) with great rapport with participants and their families and extensive knowledge about the full range of services available to individuals in their region. Participant and caregiver feedback to this reviewer regarding GMADS services were generally positive and included high praise for you and your staff.

Attached to this letter is the Adult Day Review Grid completed during the review. The grid includes the adult day standards both met and not met. Below are areas of concern discovered during the review.

1. **Staff Training:** As stated in section **VI.E &** of the Standards (Grid): *Documentation of orientation and ongoing staff training is on file at the adult day center. Training for direct service staff shall be at least 12 hours per year.*

While there was documentation located (although poorly documented, organized and filed) compliance with required training hours was not met. It appears that the Director Linda Thayer only had 1.5 hours in 2016 and 6.0 hours in 2015.

2. **Quality and Stakeholder Feedback:** As stated in section **IV.E** of the Standards (Grid): *The QA/I process shall include at least an annual process whereby important stakeholders can provide formal feedback to the center. These stakeholders shall include participants, caregivers and community partners and anyone else the center deems appropriate. The results of the records shall be public.*





This reviewer found that there is no annual evaluation process in place where important stakeholders, including community partners, participants, caregivers and their families are requested to provide formal feedback of the GMADS program focusing on services offered and rendered. Of the feedback received specifically from participants of GMADS, the results of these were not made public. On pages 9, 10, and 45 of GMADS Policies and Procedures it discusses this process including an annual survey to be sent out. The Quality Assurance practices of GMADS as outlined in GMADS own manual, based on State Standards, are not being met. This includes a Quality process that includes a regular review of the programs alignment with the applicable federal HCBS rules regarding settings and person-centered planning (Sect. IV.C+D)

3. HCBS rules and compliance: Related to the GMADS alignment with the applicable federal Home and Community-Based Services (HCBS) rules regarding settings, there is a significant issue. The HCBS standards require that Adult Day Services be located in a home and community-based setting. The statute specifies that home and community-based settings do not include a nursing facility, institution for mental diseases, or an intermediate care facility for individuals with intellectual disabilities.

NOTE: Per CMS Regulations 42 CFR Section 441:

(2) Home and community-based settings do not include the following:

(i) A nursing facility.

(ii) An institution for mental diseases.

(iii) An intermediate care facility for individuals with intellectual disabilities.

(iv) A hospital.

(v) Any other locations that have qualities of an institutional setting, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.

The concerns/items identified above need to be responded to in a Plan of Action which needs to be submitted to my attention within 15 days of receiving this report. Please refer to the Adult Day Certification Procedures for details. Full receipt of the adult day certification will be contingent upon our receipt of the Plan of Action plan and its' initiation.

Should you have any questions regarding the items addressed in this report or need assistance, please feel free to contact me. I can be reached at 802-585-5730 or electronically at stuart.senghas@vermont.gov.

I would like to acknowledge the high level of dedication of your GMADS staff in meeting the complex needs of the individuals you serve.

I enjoyed meeting the individual participants and again want to highlight the staff's dedication to the important work you all do.

I want to thank you again for your support and the support of all your staff(s) during the review process.

Respectfully,

Stuart Senghas, MSW
 Quality and Program Participant Specialist
 Cell: 802-585-5730 (w: 802-241-0307)

Kennedy, Alice

From: Hutt, Monica
Sent: Sunday, August 20, 2017 10:42 AM
To: 'Ash, Kate (Leahy)'
Subject: RE: great news to share

Thanks so much Kate-it will be great to have the Senator involved in our event. We have been trying to better understand the rankings ourselves, as you can see from the report, it's an amalgamation of several different factors, some of which (income) we don't really directly control. The Medicaid expansion and our work to bring Choices for Care under our global commitment waiver are clearly part of the reason for this particular award. Housing remains an issue in Vermont and one which will continue to challenge us, particularly as we try to create new options which align with the new HCBS regulations. That would be worth a more in-depth conversation at some point in time.

Something like Jocelyn House could become a part of our options if they were willing to consider licensure- they haven't felt ready for that in the past. If that has changed, that would be great news!

Happy to discuss further- thanks again, Monica

From: Ash, Kate (Leahy) [mailto:Kate_Ash@leahy.senate.gov]
Sent: Wednesday, August 16, 2017 2:49 PM
To: Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: RE: great news to share

Hi Monica,

My apologies for the delay in responding to your email. Thank you for reaching out to us all about this – we all know that good news this week is more welcome than ever!

This really is wonderful to hear, as I know your team has made a concerted effort to focus on LTSS. I was particularly pleased to see that the state was acknowledged for its increase in the number of new Medicaid beneficiaries first receiving home- and community-based services. Does this have anything to do with the expansion of Medicaid under ACA?

Looking back at the 2011 and 2014 data, it appears that the 'affordability and access' category has been the most improved. Yet, I know that the availability of long term care that is non nursing home remains limited, especially for those who are low-income. Meanwhile, as we have seen no new Section 202 resources for senior housing construction, I'd be eager to learn more about this. Can you share more about why this category was ranked as such? Kevin Veller and I recently had a conversation about how to bring places like Joselyn House (congregate setting) into the fold, so it would be helpful to have your perspective on how such sites may have a role to play as LTSS options advance in our state.

Finally, it seems that Quality of Life is the remaining factor keeping Vermont from the top spot – though #3 is wonderful!! Do you have more information about the state of this #19 ranking for this indicator?

Wonderful news overall, and I know that Senator Leahy would very much like to help participate in the Foundation's announcement of Vermont's Pacesetter Prize when the time comes.

Thanks again and congratulations Monica,
Kate

Katherine Ash
Field Representative
Office of U.S. Senator Patrick Leahy

802.229.0569
87 State Street
Montpelier, VT 05602

From: Hutt, Monica [<mailto:Monica.Hutt@vermont.gov>]

Sent: Monday, August 07, 2017 5:08 PM

To: Ash, Kate (Leahy) <Kate_Ash@leahy.senate.gov>; 'Veller, Kevin' <Kevin.Veller@mail.house.gov>; Reed, Sheila (Sanders) <Sheila_Reed@sanders.senate.gov>

Subject: great news to share

Hello all,

I wanted to share some exciting news with you related to Vermont's being selected to win one of four national awards in relation to our work on Long Term Services and Supports. This news is embargoed for now and no date has yet been set for the award presentation but we are extremely excited to have our state honored for the work we've done to shift the balance and to make services accessible for us. I have copied the notification from Megan Juring of the SCAN Foundation below. I wanted to make sure to keep you aware of this as the award couldn't legitimately be given without representation from our congressional delegation; they have been so supportive of the work of Choices for Care! Once we have a date, I will send it to you immediately in hopes that Senators Leahy, Sanders and Rep Welch would be able to attend and maybe say a few words. Again, this must be kept quiet for now so please consider this confidential.

Thanks! Monica

Dear Commissioner Hutt,

It was a pleasure to speak with you this afternoon about The SCAN Foundation's PaceSetter Prize. The Foundation wishes to recognize those states that are making concerted efforts to improve their systems of support for older adults, younger people with disabilities and unpaid caregivers. We are delighted to share that Vermont has been selected to receive the new Pacesetter Prize because of you have made the most progress in the country in Affordability and Access as measured in the [2017 Long-Term Services and Supports State Scorecard](#). As you know, Vermont is a true pacesetter in the field of aging and disability and you ALSO keep moving the bar. We want to recognize the state for these efforts to continue to improve the lives of Vermonters.

Thank you for helping us think about how to best honor your state, and who should receive the formal announcement of your state's win, including those to be copied. We will then proceed with a formal letter. As part of the recognition, we would provide a beautiful Pacesetter Prize to be awarded during an event, to be held in a venue of your choosing. To support such an event, we will provide a \$7,000 event stipend, and some logistical and attendance support from our communications partners.

We'd also like to keep some surprise to the announcement and invite media, policymakers, stakeholders and the broader community to attend the announcement events in each state. Knowing these events will occur at different dates, we ask that you do not share the news of your award win, especially to media. The award should be embargoed until your announcement event.

For next steps, we just need the name of the official who should receive the letter and the event contact so we can put our communications firm in touch.

Thanks so much and congratulations once again!

With regards,

Megan

Megan Juring

Program Officer

3800 Kilroy Airport Way, Suite 400

Long Beach, CA 90806

Phone: (562) 308-2863

Fax (562) 308-2707

MJuring@TheSCANFoundation.org

www.TheSCANFoundation.org



Monica Caserta Hutt

Commissioner

Department of Disabilities, Aging and Independent Living

Kennedy, Alice

From: O'Neill, Chris
Sent: Wednesday, April 25, 2018 2:07 PM
To: McFadden, Clare
Subject: updated DDSD 12 Action items for HCBS Settings Rules
Attachments: DDSD 12 Action items.docx; NKHS HCBS Validation Report.docx

Hi Clare,

Please find attached the updated copy of the DDSD 12 Action Items we went over earlier today. I also attached a copy of the NKHS HCBS validation report I put together for NKHS. As we talked about, I didn't include it with the QSR so do need to modify it in terms of how we will get the plan of correction and send it out to them.

Thanks,

Chris

Christopher M. O'Neill
Quality Management Team Leader
Department of Disabilities Aging and Independent Living (DAIL)
Developmental Disabilities Services Division (DDSD)
Waterbury State Office Complex
Waterbury, Vermont 05671-2030
(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

Kennedy, Alice

From: McFadden, Clare
Sent: Wednesday, June 27, 2018 11:10 AM
To: Barrett, Joy; Bascom, June; Booth, Ellen; Bugbee, Diane; Coy, Jeff; Feddersen, Melanie; Marabella, Nicole; Masterson, Jennie; McFadden, Clare; Nunemaker, Jeffrey; O'Neill, Chris; Perkins, Jennifer; Riddell, Ed; Rogers, Jackie; Roth, Amy
Subject: FW: Heartbeet CQL Report
Attachments: Heartbeet CQL Report .pdf

Hi folks- As I mentioned yesterday, Heartbeet sent a copy of their CQL certification report. It is attached. I just reviewed it and it makes note of additional reports on basic assurances and POM interviews. I sent Heartbeet a request to send those reports as well as I think they will get to some of the info we will be looking at when we go on the site visit in August.

From: Leigh Holliday <leigh@heartbeet.org>
Sent: Monday, April 09, 2018 4:18 PM
To: McFadden, Clare <Clare.McFadden@vermont.gov>; Hannah Schwartz <Hannah@heartbeet.org>
Subject: Heartbeet CQL Report

Hello Clare,

Thank you again for meeting with us last Friday, we were glad to have an opportunity to present our CQL report to you, and continue the dialogue regarding the state's process with the HCBS Final Rule.

As we continue down this path together we are interested in the ongoing conversation with you and others at DDSD and DAIL around how we can address any misperceptions in the state that Heartbeet is an organization that is disability-specific. Heartbeet is a fully integrated community that includes people from all walks of life who choose to live there-- not solely those with developmental disabilities.

I am attaching Heartbeet's CQL report to this email, please feel more than welcome to reach out any time to us with any questions or clarifications! I will consolidate and send my questions about the CQS plan in a different email.

Again, we so appreciate having the opportunity to meet with you, and look forward to our continued partnership.

Best,
Leigh and Hannah

Leigh Holliday
Heartbeet Lifesharing, Inc.
218 Town Farm Road
Hardwick, VT 05843
www.heartbeet.org

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Please consider the environment before printing this email.

Kennedy, Alice

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I am attaching Heartbeet's CQL report to this email, please feel more than welcome to reach out any time to us with any questions or clarifications! I will consolidate and send my questions about the CQS plan in a different email.

Again, we so appreciate having the opportunity to meet with you, and look forward to our continued partnership.

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Leigh and Hannah

Leigh Holliday
Heartbeet Lifesharing, Inc.
218 Town Farm Road
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Please consider the environment before printing this email.

From: [Skaflestad, Shawn](#)
To: [Tierney-Ward, Megan](#); [Gerstenberger, Roy](#); [Courcelle, Andre](#); [Harrigan, Emma](#); [Omland, Laurel](#); [Hawes, Emily](#); [Hamilton, Kathleen](#); [Reed, Frank](#)
Cc: [Clark, Bill](#)
Subject: HCBS CQS/STP Work Plan Milestones Meeting on Monday March 13th
Date: Thursday, March 09, 2017 1:34:20 PM

Hi All,

The DAIL program surveys have been successfully transferred to the AHS SurveyGizmo (SG) account and the DMH survey transfer was initiated today. We expect the DMH surveys to be in our account by this Monday, March 13th. As far as provider survey next steps are concerned – we need to do the following:

- Create personalized messages (both content and look) that you would like to send to providers. SG offers customizable messages for invites, reminders, and thank yous. I can send you a template that you can modify. **As a group, we will need to determine the most efficient way to customize the look of your messages.**
- Upload a spreadsheet containing provider contact information. In order to do this, **I will need a spreadsheet from you with provider contact information (specifically emails).** To date, I have set up 3 DAIL email campaigns (i.e., CFC providers, DS providers, and TBI providers). As a result, I will need a spreadsheet with provider contact information for each. I have also set up 3 DMH email campaigns (i.e., CRT providers, EFT providers, and EFT Parents/Guardians). Similar to DAIL – each will need a spreadsheet with contact information. I set up the email campaigns – so if these don't make sense – we can make adjustments.
- **Determine survey open and close dates.** I propose Monday, April 3rd as the day that DAIL provider surveys should be sent out – and Friday, April 28th as the closing date. As far as DMH is concerned – I propose May 1st and May 31st OR June 1st and June 30th. These dates are flexible – but we need to agree on dates ahead of the Comprehensive Quality Strategy (CQS – aka Vermont's State Transition Plan) public posting next Friday, March 17th.
- **Clarify a monitoring plan.** SG has numerous statistics that track message/survey delivery and completion. We need to determine how best to use the information available via the application to enhance response rates, flag concerns, and monitor any corrective actions.

Please keep in mind that these items relate to provider self-assessments only. We have an update meeting scheduled for this coming Monday, March 13th from 3:30pm-4:30pm. I would like to use some of this meeting to review this email, make some decisions, and determine next steps – including the administration of the consumer validation survey. If you would like to talk before our meeting, please feel free to email, call, or stop by.

Speak with you soon,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).
(Access through Internet Explorer 10, Firefox, or Google Chrome).

Kennedy, Alice

From: Bascom, June
Sent: Saturday, February 17, 2018 11:01 AM
To: McFadden, Clare
Cc: O'Neill, Chris
Subject: FW: HCBS Crosswalk to NCI IPS

Clare – as we discussed, it looks like CMS may not allow us to go the NCI sample verification route we had hoped to do. From what you said, it sounds like the next step is to see if CMS accepts VT's plan.

From: Mary Lou Bourne [mailto:mlbourne@nasddd.org]
Sent: Tuesday, January 30, 2018 2:47 PM
To: Bascom, June <June.Bascom@vermont.gov>; 'Dorothy Hiersteiner' <dhiersteiner@hsri.org>
Subject: RE: HCBS Crosswalk to NCI IPS

Hi ladies

Just to be double sure that we give accurate information, Mary Sowers and I will be discussing this while looking at VT's transition plan tomorrow morning. We do know that CMS has said that 100% of SITES must be assessed, however states can approve SELF ASSESSMENT by providers. When there is any doubt among the self assessments, states must work on a remediation plan, but even when Provider Self Assessment results in compliance with the rules, states must verify the self assessment results. THIS is where the sample can come in; using NCI is a different issue. Your sample would need to assure every provider self assessment is represented within the sample pulled; somehow, the NCI surveys need to be walked directly to provider sites, because there needs to be a remediation strategy for those that do not meet the individual reporting results.

But, let me get a bit more info from Mary. There is an outside possibility that your state could request (or make a case for) a slightly less robust verification for those service types/setting types where it is reasonable to assume the DO meet the community settings requirements. Shared Living in VT is a good example of this.

BTW, much of this allowance for slightly less rigorous application HAS occurred more recently.

And to answer your question directly, No CMS has not yet approved a transition plan for a state Medicaid agency that was a stand alone verification process. Some states referenced NCI, but it was always along with other procedures to verify (kind of like a double/triple check.)

June, will tomorrow afternoon be soon enough for you?

Mary Lou Bourne
Director of NCI and Quality Assurance
NASDDDS

www.nasddd.org

C: 814-932-5672

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Columbus, Ohio



From: Bascom, June [<mailto:June.Bascom@vermont.gov>]
Sent: Friday, January 26, 2018 3:07 PM
To: 'Dorothy Hiersteiner' <dhiersteiner@hsri.org>
Cc: Mary Lou Bourne <mlbourne@nasddd.org>
Subject: RE: HCBS Crosswalk to NCI IPS

Just to be clear, I didn't receive any information about using NCI for verification. That was the question I was asking you – see my email below from the 25th highlighted in yellow.

We are proposing using the NCI ACS/IPS for verification. I have done a preliminary cross-walked between the questions we have in our plan with the NCI 2017/18 survey and I believe the questions align well enough for 5 out of 6 of the questions. Doing this will still be dependent on us have a large enough sample (15%) of people receiving home support in the NCI survey for the agencies we need to verify. If it won't work for the couple of agencies I am testing this theory on with the 2016/17 NCI data, then it likely will be a moot point.

Let me know if I am not making sense here.

From: Dorothy Hiersteiner [<mailto:dhiersteiner@hsri.org>]
Sent: Friday, January 26, 2018 2:53 PM
To: Bascom, June <June.Bascom@vermont.gov>
Cc: Mary Lou Bourne <mlbourne@nasddd.org>
Subject: RE: HCBS Crosswalk to NCI IPS

Hi June,

I just ran this by Mary Lou and we have some additional questions about the info you received about using NCI for verification.

Do you have any time next week to hope quickly on the phone to clarify?

We're available Mon, 1/29 between 9:30-12pm

Or Tues between 1:30 and 3:00.

Let me know!

Thanks

Dorothy

From: Bascom, June [<mailto:June.Bascom@vermont.gov>]
Sent: Friday, January 26, 2018 1:32 PM
To: Dorothy Hiersteiner <dhiersteiner@hsri.org>
Subject: RE: HCBS Crosswalk to NCI IPS

I've been told that for the verification we need a 15% sample of people receiving home supports. Since we only include people in HCBS in our NCI sample that includes 25% per agency sample, we hope to be able to achieve this. I plan to test out that theory with our 2015/16 data.

A related question is would it be possible for us to received our 2016/17 raw data by mid- to late-September?

From: Dorothy Hiersteiner [<mailto:dhiersteiner@hsri.org>]
Sent: Friday, January 26, 2018 1:17 PM
To: Bascom, June <June.Bascom@vermont.gov>
Subject: RE: HCBS Crosswalk to NCI IPS

Hi June,
Yes, we are working on a crosswalk for the HCBS rule (the settings rule).
Regarding the use of IPS for verification of provider interviews, we believe it can be used for such purposes but it would require a very large sample—a sample from each provider with enough power to make valid assumptions about the entire population receiving supports from each provider.
Let me know if you'd like to talk further about this
Dorothy

From: Bascom, June [<mailto:June.Bascom@vermont.gov>]
Sent: Thursday, January 25, 2018 7:25 AM
To: Dorothy Hiersteiner <dhiersteiner@hsri.org>
Subject: RE: HCBS Crosswalk to NCI IPS

I may not have been clear. I am looking for a crosswalk of the ISP to the HCBS Rules for people receiving residential supports. Is that what's coming out soon? **Does CMS allow the IPS to be used as verification of provider interviews?**

From: Dorothy Hiersteiner [<mailto:dhiersteiner@hsri.org>]
Sent: Wednesday, January 24, 2018 3:49 PM
To: Bascom, June <June.Bascom@vermont.gov>
Subject: RE: HCBS Crosswalk to NCI IPS

Hi June,
We no longer produce a crosswalk for the assurances because NCI can only be considered a secondary data source.
We are in the process of finalizing a crosswalk for the settings rule. That should be out any minute for the 16-17 ACS.
Best,
Dorothy

From: Bascom, June [<mailto:June.Bascom@vermont.gov>]
Sent: Wednesday, January 24, 2018 3:41 PM
To: Dorothy Hiersteiner <dhiersteiner@hsri.org>
Subject: HCBS Crosswalk to NCI IPS

I have the HCBS crosswalk to the 2015/16 NCI ACS. Was there one done for the 2016/17 ACS and the 2017/18 IPS?

Kennedy, Alice

From: Bascom, June
Sent: Tuesday, February 06, 2018 1:23 PM
To: McFadden, Clare
Subject: FW: HCBS Crosswalk to NCI IPS

Here's the string of emails about the HCBS Rules and use of NCI.

From: Mary Lou Bourne [mailto:mlbourne@nasddd.org]
Sent: Monday, February 05, 2018 2:48 PM
To: Bascom, June <June.Bascom@vermont.gov>; 'Dorothy Hiersteiner' <dhiersteiner@hsri.org>
Subject: RE: HCBS Crosswalk to NCI IPS

Hi June-

Yes, Mary Sowers and I spoke about this at some length. Essentially, it will depend on what your state is trying to do with NCI, and at which phase.

As you mention, NCI can be used to point you in a direction with providers generally; if however, NCI showed that (illustrative only) 85% of people say they have privacy in their bedrooms or they chose their home (in provider controlled settings), how you will need to have a strategy about how you will know who the 15% are, and a plan for addressing those 15%. There are MANY ways states are doing this, so I would not say NCI Cannot, but I would say that if NCI shows less than 100% of outcomes related to community settings expectations, then you just need to have a plan for how you will take the next steps.

Yes, describing these transition steps is like trying to describe mud.

Hope this helped!

Mary Lou Bourne
Director of NCI and Quality Assurance
NASDDDS
www.nasddd.org
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From: Mary Lou Bourne [mailto:mlbourne@nasddd.org]
Sent: Tuesday, January 30, 2018 3:25 PM
To: Bascom, June <June.Bascom@vermont.gov>; 'Dorothy Hiersteiner' <dhiersteiner@hsri.org>
Subject: RE: HCBS Crosswalk to NCI IPS

So, it's possible then, that NCI could be one part of a multi-prong strategy. Let me see what Mary knows- she's read 25 of these plans, so she's pretty familiar with what is/is not getting approved.

Mary Lou Bourne
Director of NCI and Quality Assurance
NASDDDS
www.nasddd.org

C: 814-932-5672

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From: Bascom, June [<mailto:June.Bascom@vermont.gov>]

Sent: Tuesday, January 30, 2018 3:11 PM

To: Mary Lou Bourne <mlbourne@nasddd.org>; 'Dorothy Hiersteiner' <dhiersteiner@hsri.org>

Subject: RE: HCBS Crosswalk to NCI IPS

Yes. Tomorrow afternoon would be great. Thank you.

What you said makes sense (or as much sense as this stuff can make). So what I described, but may not have been clear about, is this was a verification to what our provider agencies did on their home turf. As for the NCI piece and crosswalk back to the agency – if we use NCI data we can connect a survey with an agency but not with a specific person. Since the agencies were supposed to review all their sites then we know the verification is from a reviewed site at any given agency. What we wouldn't be able to do is a specific remediation as we wouldn't know the person. If a remediation strategy must address every non-affirmative response, using NCI may not work unless we say that the agency must address the need areas by assuring that all settings are checked to see that "xyz" is done. But then how is that different from our usual expectations?

From: Mary Lou Bourne [<mailto:mlbourne@nasddd.org>]

Sent: Tuesday, January 30, 2018 2:47 PM

To: Bascom, June <June.Bascom@vermont.gov>; 'Dorothy Hiersteiner' <dhiersteiner@hsri.org>

Subject: RE: HCBS Crosswalk to NCI IPS

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And to answer your question directly, No CMS has not yet approved a transition plan for a state Medicaid agency that was a stand alone verification process. Some states referenced NCI, but it was always along with other procedures to verify (kind of like a double/triple check.)

June, will tomorrow afternoon be soon enough for you?

Mary Lou Bourne
Director of NCI and Quality Assurance
NASDDDS
www.nasdds.org

C: 814-932-5672

2018 Director's Forum & Mid-Year Conference

Building Capacity: Setting a Strategic Direction for Systems Change

June 6 – 8, 2018

Hilton Columbus at Easton
Columbus, Ohio



From: Bascom, June [<mailto:June.Bascom@vermont.gov>]

Sent: Friday, January 26, 2018 3:07 PM

To: 'Dorothy Hiersteiner' <dhiersteiner@hsri.org>

Cc: Mary Lou Bourne <mlbourne@nasdds.org>

Subject: RE: HCBS Crosswalk to NCI IPS

Just to be clear, I didn't receive any information about using NCI for verification. That was the question I was asking you – see my email below from the 25th highlighted in yellow.

We are proposing using the NCI ACS/IPS for verification. I have done a preliminary cross-walked between the questions we have in our plan with the NCI 2017/18 survey and I believe the questions align well enough for 5 out of 6 of the questions. Doing this will still be dependent on us have a large enough sample (15%) of people receiving home support in the NCI survey for the agencies we need to verify. If it won't work for the couple of agencies I am testing this theory on with the 2016/17 NCI data, then it likely will be a moot point.

Let me know if I am not making sense here.

From: Dorothy Hiersteiner [<mailto:dhiersteiner@hsri.org>]

Sent: Friday, January 26, 2018 2:53 PM

To: Bascom, June <June.Bascom@vermont.gov>

Cc: Mary Lou Bourne <mlbourne@nasdds.org>

Subject: RE: HCBS Crosswalk to NCI IPS

Hi June,

I just ran this by Mary Lou and we have some additional questions about the info you received about using NCI for verification.

Do you have any time next week to hope quickly on the phone to clarify?

We're available Mon, 1/29 between 9:30-12pm

Or Tues between 1:30 and 3:00.

Let me know!

Thanks

Dorothy

From: Bascom, June [<mailto:June.Bascom@vermont.gov>]
Sent: Friday, January 26, 2018 1:32 PM
To: Dorothy Hiersteiner <dhiersteiner@hsri.org>
Subject: RE: HCBS Crosswalk to NCI IPS

I've been told that for the verification we need a 15% sample of people receiving home supports. Since we only include people in HCBS in our NCI sample that includes 25% per agency sample, we hope to be able to achieve this. I plan to test out that theory with our 2015/16 data.

A related question is would it be possible for us to received our 2016/17 raw data by mid- to late-September?

From: Dorothy Hiersteiner [<mailto:dhiersteiner@hsri.org>]
Sent: Friday, January 26, 2018 1:17 PM
To: Bascom, June <June.Bascom@vermont.gov>
Subject: RE: HCBS Crosswalk to NCI IPS

Hi June,

Yes, we are working on a crosswalk for the HCBS rule (the settings rule).

Regarding the use of IPS for verification of provider interviews, we believe it can be used for such purposes but it would require a very large sample—a sample from each provider with enough power to make valid assumptions about the entire population receiving supports from each provider.

Let me know if you'd like to talk further about this

Dorothy

From: Bascom, June [<mailto:June.Bascom@vermont.gov>]
Sent: Thursday, January 25, 2018 7:25 AM
To: Dorothy Hiersteiner <dhiersteiner@hsri.org>
Subject: RE: HCBS Crosswalk to NCI IPS

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From: Dorothy Hiersteiner [<mailto:dhiersteiner@hsri.org>]
Sent: Wednesday, January 24, 2018 3:49 PM
To: Bascom, June <June.Bascom@vermont.gov>
Subject: RE: HCBS Crosswalk to NCI IPS

Hi June,

We no longer produce a crosswalk for the assurances because NCI can only be considered a secondary data source.

We are in the process of finalizing a crosswalk for the settings rule. That should be out any minute for the 16-17 ACS.

Best,

Dorothy

From: Bascom, June [<mailto:June.Bascom@vermont.gov>]
Sent: Wednesday, January 24, 2018 3:41 PM
To: Dorothy Hiersteiner <dhiersteiner@hsri.org>
Subject: HCBS Crosswalk to NCI IPS

I have the HCBS crosswalk to the 2015/16 NCI ACS. Was there one done for the 2016/17 ACS and the 2017/18 IPS?

Kennedy, Alice

From: Bascom, June
Sent: Saturday, February 17, 2018 11:01 AM
To: McFadden, Clare
Cc: O'Neill, Chris
Subject: FW: HCBS Crosswalk to NCI IPS

Clare – as we discussed, it looks like CMS may not allow us to go the NCI sample verification route we had hoped to do. From what you said, it sounds like the next step is to see if CMS accepts VT's plan.

From: Mary Lou Bourne [mailto:mlbourne@nasddd.org]
Sent: Tuesday, January 30, 2018 2:47 PM
To: Bascom, June <June.Bascom@vermont.gov>; 'Dorothy Hiersteiner' <dhiersteiner@hsri.org>
Subject: RE: HCBS Crosswalk to NCI IPS

Hi ladies

Just to be double sure that we give accurate information, Mary Sowers and I will be discussing this while looking at VT's transition plan tomorrow morning. We do know that CMS has said that 100% of SITES must be assessed, however states can approve SELF ASSESSMENT by providers. When there is any doubt among the self assessments, states must work on a remediation plan, but even when Provider Self Assessment results in compliance with the rules, states must verify the self assessment results. THIS is where the sample can come in; using NCI is a different issue. Your sample would need to assure every provider self assessment is represented within the sample pulled; somehow, the NCI surveys need to be walked directly to provider sites, because there needs to be a remediation strategy for those that do not meet the individual reporting results.

But, let me get a bit more info from Mary. There is an outside possibility that your state could request (or make a case for) a slightly less robust verification for those service types/setting types where it is reasonable to assume the DO meet the community settings requirements. Shared Living in VT is a good example of this.

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Or Tues between 1:30 and 3:00.

Let me know!

Thanks

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Subject: HCBS Crosswalk to NCI IPS

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Kennedy, Alice

From: Gerstenberger, Roy
Sent: Monday, June 26, 2017 11:55 AM
To: O'Neill, Chris
Cc: McFadden, Clare; Hamilton, Kathleen
Subject: FW: HCBS Implementation Team Next Steps
Attachments: DDS HCBS Survey Results June 26, 2017.csv

Follow Up Flag: Follow up
Flag Status: Flagged

From: Skaflestad, Shawn
Sent: Monday, June 26, 2017 11:13 AM
To: Gerstenberger, Roy
Cc: Hamilton, Kathleen
Subject: RE: HCBS Implementation Team Next Steps

Hi Roy,

The DDS HCBS provider survey results are attached. As you can see – there were 45 total survey responses from 17 DDS providers. The table below shows the setting types with responses for each provider.

	PROVIDER	STAFFED LIVING	SHARED LIVING	GROUP LIVING	GCS	TOTAL
	CAP	1	1	1	1	4
	CCS		1			1
	CSAC	1	1	1		3
	FAMILIES FIRST	1	1	1	1	4
	FORD FOUNDATION		1			1
	GMSS		1			1
	HCHS	1	1	4	1	7
	HCRS		1			1
	HEARTBEET		1			1
	LCMH		1			1
	LSI		1			1
	NCSS	1	1		1	3
	NKHS	1	1	1		3
	SCC	1	1			2
	UCS		1	1	2	4
	UVS		1	1		2
	WCMH	3	1	1	1	6
TOTAL	17	10	17	11	7	45

I have copied Kathy – to make sure that SG captured all of data for the providers and setting types that she entered.

Please let me know if you would like me to set up some time for you and your quality team to review the attached data.

Best,

Shawn

From: Gerstenberger, Roy
Sent: Monday, June 26, 2017 9:27 AM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: RE: HCBS Implementation Team Next Steps

Hello Shawn,

Please send me information on how we can view the survey results data. This will help us prepare for the next meeting as we craft our approach to validation.

RG

From: Skaflestad, Shawn
Sent: Monday, June 12, 2017 4:03 PM
To: Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>; Hamilton, Kathleen <Kathleen.Hamilton@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>
Cc: Clark, Bill <Bill.Clark@vermont.gov>
Subject: HCBS Implementation Team Next Steps

Hi All,

Below was the agenda for today's meeting. As you are probably aware, we received an informational bulletin (attached) from CMS on May 9th that changed 3/17/19 as the deadline for full compliance with the new federal regulations – to the deadline for final approval of the CQS/STP. 3/17/2022 becomes the new date to demonstrate full compliance. This gives us a bit more time to complete our provider assessments, validation activities, and document any corrective action plans. In addition, we get a bit more time to think about how ongoing monitoring and compliance fits in with our current practice.

This item segues nicely into the next – as we need to develop a work plan to help us get from current state to final approval. CMS has proposed a set of milestones and end dates for this work (attached). The task at hand is for us to agree on the milestones and propose realistic end dates. Please take some time to do this between now and next meeting. We have some time after the 2019 deadline to worry about developing a full compliance work plan.

Next, I wanted to share the HCBS provider survey response rates with you and determine next steps.

	COMPLETE	PARTIAL	NOT STARTED	NEXT STEPS
CFC	11 (26%)	8	24	
TBI	5 (45%)	1	5	
DS	17 (100%)	0	0	Set up meeting with QM staff.
CRT	2 (20%)	0	8	

As you can see, DS providers have completed 100% of their self-assessments. Great work Roy and Kathleen! My anticipated next step for them would be to set up a meeting with their QM folks to share individual provider responses –

and develop a template to document any necessary corrective action plans. As far as the other programs are concerned – please let me know how I can help encourage additional providers to respond.

Finally, I was going to let you know about the status of Vermont’s geographic exception request – and discuss with you the current way Case Management and HCBS services are provided for each program in each of the geographic regions of the state. I wanted to have a conversation with you folks – before proposing a draft response to CMS.

*Agenda
June 12, 2017*

- 1.CMS Memo May 9, 2017*
- 2.CMS Proposed Milestones and End Dates*
- 3.HCBS Provider Survey – update*
- 4.CMS Follow Up – case management conflict of interest issue*

Thank you,

Shawn

Kennedy, Alice

From: Perkins, Jennifer
Sent: Wednesday, June 27, 2018 2:02 PM
To: AHS - DAIL DDSD Leadership
Subject: Proposed HCBS Locked Door Guidelines - Leadership Team Review

Here is the link to the document for track changes:

I:\DDSD\HCBS\Transition Plan\Setting Locks\DDSD_HCBS Rules_Locked Doors Guidance.doc

JENNIFER A. PERKINS
State of Vermont
P: (802) 442-0809

Kennedy, Alice

From: Lane, Sara
Sent: Tuesday, July 17, 2018 10:10 AM
To: Lane, Sara
Subject: FW: HCBS Provider Doc
Attachments: Vermont HCBS Plan Provider Questions.docx

Sara Lane, BSN, RN
Quality Management Nurse
TBI/CFC Programs
DAIL- Adult Services Division
HC2 South 280 State Drive
Waterbury, VT 05671-2070
Phone: 802.241.0299
Fax: 802.241.0385
<http://asd.vermont.gov/help>

From: Gerstenberger, Roy
Sent: Monday, May 15, 2017 3:52 PM
To: Skaflestad, Shawn ; O'Neill, Chris ; Lane, Sara ; Courcelle, Andre ; McFadden, Clare
Subject: HCBS Provider Doc

Here is an updated version. Comments are welcome.

ROY GERSTENBERGER, Director
Lisa Parro, Executive Assistant: lisa.parro@vermont.gov
[Developmental Disabilities Services Division](#)
Department of Disabilities, Aging and Independent Living
280 State Drive, HC 2 South
Waterbury, VT 05671-2030
802-241-0295 office/802-798-2000 cell
Find us on  <https://www.facebook.com/vtddsd/>

Kennedy, Alice

From: Lane, Sara
Sent: Tuesday, July 17, 2018 10:13 AM
To: Lane, Sara
Subject: FW: Head up: HCBS provider self-assessment going out next week

Sara Lane, BSN, RN
Quality Management Nurse
TBI/CFC Programs
DAIL- Adult Services Division
HC2 South 280 State Drive
Waterbury, VT 05671-2070
Phone: 802.241.0299
Fax: 802.241.0385
<http://asd.vermont.gov/help>

From: Tierney-Ward, Megan
Sent: Friday, March 31, 2017 11:35 AM
To: AHS - DAIL ASD Central Office Staff
Subject: RE: Head up: HCBS provider self-assessment going out next week

In case you want to see the survey, the link to a PDF version is on our website.

<http://asd.vermont.gov/news/hcbs-provider-self-assessment-survey-implementation>

From: Tierney-Ward, Megan
Sent: Thursday, March 30, 2017 4:18 PM
To: AHS - DAIL ASD Central Office Staff <AHS.DAILASDCentralOfficeStaff@vermont.gov>
Subject: Head up: HCBS provider self-assessment going out next week
Importance: High

Good afternoon,

This is a heads up that our Choices for Care and TBI providers will receive an email communication on Monday April 3rd asking them to complete a self-assessment survey regarding the federal HCBS regulations. The deadline for completion is April 28th. Each provider will be asked to complete one survey for each HCBS program. For example, if a provider does both Choices for Care and TBI services, they will get two messages asking them to complete a survey for each program.

Below is a sample message that will accompany the communication and survey link:

Hello,

As a valued member of our Choices for Care provider community, we are requesting that you participate in an important survey. Your responses will help us better understand how your current operations align with the new federal rules from CMS on services funded through Home & Community Based Services Medicaid (HCBS), and how we can work together to make any necessary changes.

Even though you may be a provider of more than one HCBS program, this survey pertains specifically to the work you do as a Choices for Care provider. ***Please complete the survey by Friday, April 28th.***

For more information about the HCBS federal rules, go to <https://hcsadvocacy.org/learn-about-the-new-rules/>. For information on the Choices for Care work plan, go to <http://asd.vermont.gov/special-projects/federal-hcbs>. For questions about this survey, please contact Andre Courcelle at andre.courcelle@vermont.gov.

Thank you so much for your time and feedback.

Sincerely,

Megan Tierney-Ward, Director

Adult Services Division

Vermont Department of Disabilities, Aging & Independent Living

Kennedy, Alice

From: Lane, Sara
Sent: Tuesday, July 17, 2018 10:13 AM
To: Lane, Sara
Subject: FW: Head up: HCBS provider self-assessment going out next week
Attachments: Consolidated_Povider_Table 2017.xls

Importance: High

Sara Lane, BSN, RN
Quality Management Nurse
TBI/CFC Programs
DAIL- Adult Services Division
HC2 South 280 State Drive
Waterbury, VT 05671-2070
Phone: 802.241.0299
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Adult Services Division

Vermont Department of Disabilities, Aging & Independent Living

Kennedy, Alice

From: Lane, Sara
Sent: Tuesday, July 17, 2018 10:13 AM
To: Lane, Sara
Subject: FW: HCBS Provider Self-Assessment

Sara Lane, BSN, RN
Quality Management Nurse
TBI/CFC Programs
DAIL- Adult Services Division
HC2 South 280 State Drive
Waterbury, VT 05671-2070
Phone: 802.241.0299
Fax: 802.241.0385
<http://asd.vermont.gov/help>

From: Tierney-Ward, Megan
Sent: Wednesday, April 05, 2017 12:00 PM
To: Lane, Sara ; Courcelle, Andre ; Forkas, Colleen ; Smith-Dieng, Angela ; Corjay, Matthew
Subject: HCBS Provider Self-Assessment

Below is a copy of the email communication for the HCBS provider self-assessment that was sent to our HCBS providers on Monday. AHS is using Survey Gizmo and Shawn Skaflestad is the person at AHS who generated the communication. If anyone asks, the link to the survey is located under my name in the email communication. It is easy to miss.

Also, just a heads up, if Shawn gets any incorrect emails or contact information generated from Survey Gizmo, he will reach out to ASD for corrections. If this happens, I may need your help getting him the correct information.

Thanks!

Megan

From: Survey Research [<mailto:invites@mailers.surveygizmo.com>]
Sent: Monday, April 03, 2017 4:29 PM
To: rlec@sover.net
Subject: Shawn.Skaflestad needs your feedback!

Hello,

As a valued member of our Choices for Care (CFC) provider community, we are requesting that you

participate in an important survey. Your responses will help us better understand how your current operations align with the new federal rules from CMS on services funded through Home & Community Based Services Medicaid (HCBS), and how we can work together to make any necessary changes.

Even though you may be a provider of more than one HCBS program, this survey pertains specifically to the work you do as a Choices for Care provider. ***Please complete the survey by Friday, April 28th.***

If you are an Area Agency on Aging or Home Health Agency provider of CFC Case Management, please note that in the Provider Information section, you will leave the "setting" questions blank, skip the sections 2.-6. about settings and complete section 7. Personal-Centered Planning Process.

For more information about the HCBS federal rules, go to <https://hcbsadvocacy.org/learn-about-the-new-rules/>. For information on the Choices for Care work plan, go to <http://asd.vermont.gov/special-projects/federal-hcbs>. For questions about this survey, please contact Andre Courcelle at andre.courcelle@vermont.gov.

Thank you so much for your valuable time and feedback.

Sincerely,

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<http://s-749105-i.sgizmo.com/s3/i-kJpMKXsje7kHe2dA9-1786261/?sguid=kJpMKXsje7kHe2dA9>

This message was sent by Shawn.Skaflestad, 280 State Drive Center Building, Waterbury, Vermont 05671.

To unsubscribe, click below: [Unsubscribe](#)

No virus found in this message.

Checked by AVG - www.avg.com

Version: 2016.0.8012 / Virus Database: 4769/14233 - Release Date: 04/03/17

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Sent: Monday, May 15, 2017 3:52 PM
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Subject: HCBS Provider Doc
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Here is an updated version. Comments are welcome.

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Lisa Parro, Executive Assistant: lisa.parro@vermont.gov

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802-241-0295 office/802-798-2000 cell

Find us on  <https://www.facebook.com/vtddsd/>

Kennedy, Alice

From: Courcelle, Andre
Sent: Thursday, November 02, 2017 9:52 AM
To: Tierney-Ward, Megan
Subject: FW: HCBS questions
Attachments: VT Milestone Template July 24 2017.docx

fyi

Andre 'R' Courcelle

*Quality & Provider Relations Program Director
Adult Services Division
Department of Disabilities, Aging and Independent Living
280 State Drive HC-2 South
Waterbury, VT 05671-2070
Office: 802 786-2516
Fax: 802 786-5055
andre.courcelle@vermont.gov*

From: Skaflestad, Shawn
Sent: Thursday, October 26, 2017 2:43 PM
To: Courcelle, Andre <Andre.Courcelle@vermont.gov>
Subject: RE: HCBS questions

Hi Andre,

I am working on the separate survey for the case management agencies as well updated survey response rates for C4C and TBI. In the meantime – I have attached the milestone document to this email. As you can see – corrective actions identified in the systemic assessment work plans need to be completed by **3/17/2018** – while the provider assessments are due by **9/17/2018**.

Let me know if you have any additional questions.

Shawn

From: Courcelle, Andre
Sent: Wednesday, October 25, 2017 4:19 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: HCBS questions

Hi Shawn,

I have few questions about the CQS/STP and the timeline for our milestones. I need your help with the following:

- Can you send me the completion list for the Provider Self-Assessment?
- We had discussed the possibility of an abbreviated assessment for the case management agencies which would consist of the provider information page and section 7 of the provider assessment. Has one been created?
- Is there a final version of the validation survey for program participants?
- Is the 15% sample overall program or by agency?

- Did DS complete the validation survey?
- Can you send me the updated milestone table that we worked on at the meeting in June?
- How was Cathy Hamilton contracted/paid for her services?

It would be helpful for me if we could connect by phone to discuss this at your earliest convenience. I'll be in Waterbury tomorrow, please let me know a day and time that works best for you.

Thanks for your help!

Andre' R Courcelle

Quality & Provider Relations Program Director

Adult Services Division

Department of Disabilities, Aging and Independent Living

280 State Drive HC-2 South

Waterbury, VT 05671-2070

Office: 802 786-2516

Fax: 802 786-5055

andre.courcelle@vermont.gov

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Sent: Thursday, November 02, 2017 9:52 AM
To: Tierney-Ward, Megan
Subject: FW: HCBS questions
Attachments: VT Milestone Template July 24 2017.docx

fyi

Andre'R Courcelle

*Quality & Provider Relations Program Director
Adult Services Division
Department of Disabilities, Aging and Independent Living
280 State Drive HC-2 South
Waterbury, VT 05671-2070
Office: 802 786-2516
Fax: 802 786-5055
andre.courcelle@vermont.gov*

From: Skaflestad, Shawn
Sent: Thursday, October 26, 2017 2:43 PM
To: Courcelle, Andre <Andre.Courcelle@vermont.gov>
Subject: RE: HCBS questions

Hi Andre,

I am working on the separate survey for the case management agencies as well updated survey response rates for C4C and TBI. In the meantime – I have attached the milestone document to this email. As you can see – corrective actions identified in the systemic assessment work plans need to be completed by **3/17/2018** – while the provider assessments are due by **9/17/2018**.

Let me know if you have any additional questions.

Shawn

From: Courcelle, Andre
Sent: Wednesday, October 25, 2017 4:19 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: HCBS questions

Hi Shawn,

I have few questions about the CQS/STP and the timeline for our milestones. I need your help with the following:

- Can you send me the completion list for the Provider Self-Assessment?
- We had discussed the possibility of an abbreviated assessment for the case management agencies which would consist of the provider information page and section 7 of the provider assessment. Has one been created?
- Is there a final version of the validation survey for program participants?
- Is the 15% sample overall program or by agency?

- Did DS complete the validation survey?
- Can you send me the updated milestone table that we worked on at the meeting in June?
- How was Cathy Hamilton contracted/paid for her services?

It would be helpful for me if we could connect by phone to discuss this at your earliest convenience. I'll be in Waterbury tomorrow, please let me know a day and time that works best for you.

Thanks for your help!

Andre' R Courcelle

Quality & Provider Relations Program Director

Adult Services Division

Department of Disabilities, Aging and Independent Living

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Office: 802 786-2516

Fax: 802 786-5055

andre.courcelle@vermont.gov

Kennedy, Alice

From: Hill, Bard
Sent: Monday, June 25, 2018 5:10 PM
To: Tierney-Ward, Megan; McFadden, Clare
Cc: George, Camille
Subject: DAIL: HCBS rules coordination?

Hi-

Earlier today Camille asked that I set up some internal meetings regarding DAIL work on HCBS rules. The core purpose is to identify and manage differences that emerge in our approaches to HCBS rules compliance across the three DAIL programs.

Draft for your comments:

1. Scope: CFC DDS and TBI
2. Purpose: coordinate approaches/messages to core elements, eg
 - a. Settings provision: scope; assessments; remediation or relocation
 - b. Person-centered planning: comprehensive assessment, goals, preferences
 - c. Conflict-free case management
 - d.
3. Who:
 - a. CFC: Megan, Angela M, Andre?
 - b. DDS: Clare, Amy, Chris?
4. Frequency: monthly 1 hour?

Please let me/us know your thoughts. Camille, please let me know if I missed or misconstrued anything.

Thanks!
Bard

“The best way to get a good idea is to get a lot of ideas.”
Donald Berwick

Bard Hill
bard.hill@vermont.gov
landline 802.241.0376
mobile 802.760.0852

Kennedy, Alice

From: Bascom, June
Sent: Tuesday, January 09, 2018 4:26 PM
To: AHS - DAIL DDSD Leadership
Subject: HCBS Rule_Setting Locks

Here are the emails from the NASDDDS listserv about setting locks.

[I:\DDSD\NASDDDS\Requests for Info\HCBS Rules_Setting Locks](#)

From: [Hill, Bard](#)
To: [Bascom, June](#); [McFadden, Clare](#)
Subject: HCBS rule?
Date: Wednesday, December 20, 2017 2:57:00 PM

Is this narrative for the annual report (DDSD division page) still pending?

Future Directions

Home and Community-Based Services Rule

Thanks-
Bard

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mobile 802.760.0852

Kennedy, Alice

From: O'Neill, Chris
Sent: Wednesday, March 08, 2017 10:52 AM
To: McFadden, Clare; Roth, Amy; Feddersen, Melanie; Masterson, Jennie; Gerstenberger, Roy; Bascom, June; Courcelle, Andre
Subject: Re: HCBS Rules - Opportunity for Group Discussion & Webinar

Hello Everyone,

This webinar is scheduled for 3/28 from 1:00 to 2:30pm. We have a DDS team meeting scheduled that until 2:00pm, at least that's what I have on my calendar. Does it make sense to incorporate the webinar into the meeting since the majority of us will be there?

Thanks,
Chris

Get [Outlook for iOS](#)

On Wed, Mar 8, 2017 at 10:20 AM -0500, "Gerstenberger, Roy" <Roy.Gerstenberger@vermont.gov> wrote:

Hello Everyone,

I've registered for webinar on HCBS sponsored by the Council on Quality & Leadership and thought that - if you are interested – I could reserve a meeting room and watch it as a group. Let me know if you would like to join me.

(from the description)

HCBS Settings Regulations: What Do They Mean For You?

"We're roughly two years away from the deadline for implementation of the HCBS Settings Regulations, on March 17, 2019. While the reporting requirements fall on state agencies, the direct responsibility for success falls on the individual support providers."

This free webinar will share an overview of the HCBS Settings Regulations, the implications for agencies and the effect on the lives of those receiving supports.

ROY GERSTENBERGER, Director

Lisa Parro, Executive Assistant: lisa.parro@vermont.gov

Developmental Disabilities Services Division

Department of Disabilities, Aging and Independent Living

280 State Drive, HC 2 South

Waterbury, VT 05671-2030

802-241-0295 office/802-798-2000 cell

Find us on  <https://www.facebook.com/vtddsd/>

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Lisa Parro, Executive Assistant: lisa.parro@vermont.gov

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Find us on  <https://www.facebook.com/vtddsd/>

Kennedy, Alice

From: O'Neill, Chris
Sent: Tuesday, April 17, 2018 3:54 PM
To: McFadden, Clare
Subject: HCBS Rules Validation 12 Action Items
Attachments: DDS 12 Action items.docx

Importance: High

Hi Clare,

Attached is the draft of the 12 Action Items Shawn requested. I'm out in Barre on review Wednesday and Friday. I'll be at SPSC for the NKHS designation presentation on Thursday then in the office the rest of the day. Let me know if you have any questions or edits you think I should make.

Thanks,

Chris

Christopher M. O'Neill
Quality Management Team Leader
Department of Disabilities Aging and Independent Living (DAIL)
Developmental Disabilities Services Division (DDSD)
Waterbury State Office Complex
Waterbury, Vermont 05671-2030
(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

From: [Tierney-Ward, Megan](#)
To: [Courcelle, Andre](#)
Subject: HCBS self assessment plan
Date: Thursday, March 30, 2017 2:19:55 PM
Importance: High

Hi Andre,

This is a list that Shawn sent on 3/9 for what he needs to launch the survey on Monday 4/3. Have you been able to give him any of this information yet?

- Create personalized messages (both content and look) that you would like to send to providers. SG offers customizable messages for invites, reminders, and thank yous. I can send you a template that you can modify. **As a group, we will need to determine the most efficient way to customize the look of your messages. He needs this tomorrow.**
- Upload a spreadsheet containing provider contact information. In order to do this, **I will need a spreadsheet from you with provider contact information (specifically emails).** To date, I have set up 3 DAIL email campaigns (i.e., CFC providers, DS providers, and TBI providers). As a result, I will need a spreadsheet with provider contact information for each. I have also set up 3 DMH email campaigns (i.e., CRT providers, EFT providers, and EFT Parents/Guardians). Similar to DAIL – each will need a spreadsheet with contact information. I set up the email campaigns – so if these don't make sense – we can make adjustments. **I just emailed you an excel sheet that just needs some missing TBI provider information.**
- **Determine survey open and close dates.** I propose Monday, April 3rd as the day that DAIL provider surveys should be sent out – and Friday, April 28th as the closing date. As far as DMH is concerned – I propose May 1st and May 31st OR June 1st and June 30th. These dates are flexible – but we need to agree on dates ahead of the Comprehensive Quality Strategy (CQS – aka Vermont's State Transition Plan) public posting next Friday, March 17th. **I think 4/3/17-4/28/17 is OK. DO you?**
- **Clarify a monitoring plan.** SG has numerous statistics that track message/survey delivery and completion. We need to determine how best to use the information available via the application to enhance response rates, flag concerns, and monitor any corrective actions. **Thoughts on this?**

Please keep in mind that these items relate to provider self-assessments only. We have an update meeting scheduled for this coming Monday, March 13th from 3:30pm-4:30pm. I would like to use some of this meeting to review this email, make some decisions, and determine next steps – including the administration of the consumer validation survey. If you would like to talk before our meeting, please feel free to email, call, or stop by.

Megan Tierney-Ward

Adult Services Division Director

March is National Nutrition Month®! Did you know that over 20,000 older Vermonters face the threat of hunger? The Older Americans Act nutrition programs help alleviate hunger and malnutrition for millions of vulnerable elders across the country. In 2016 over 800,000 nutritious meals were delivered to the homes of older Vermonters, helping to keep them healthy and independent in their homes.

NEW ASD Website: <http://asd.vermont.gov/>

NEED ASSISTANCE? Dial 211

Department of Disabilities, Aging & Independent Living

Adult Services Division

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Main Phone: (802) 241-0294

Direct Line: (802) 241-0308

FAX: (802) 241-0385

megan.tierney-ward@vermont.gov

NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Forkas at colleen.forkas@vermont.gov. Thank you.

Kennedy, Alice

From: O'Neill, Chris
Sent: Thursday, March 16, 2017 3:53 PM
To: Barrett, Joy; Booth, Ellen; Coy, Jeff; Masterson, Jennie; Nunemaker, Jeffrey
Subject: HCBS settings review and CQL training re Heartbeet

Hi Folks,

As I shared with some of you last week, Roy had done a RFP for an outside organization to create and train a review process using Personal Outcome Measures to evaluate the settings components of Heartbeet via the HCBS standards.

As part of this the chosen organization (being CQL, which was the only bid he received), will train a group of 12 people to make up the review team. The team will have representatives from a variety of places including DA/SSAs and the QM team among others.

I had supervision with Roy earlier this afternoon and we talked about this review along with the validation reviews we will be doing and incorporating into our QSR after the agencies complete the HCBS survey that will be going out in the next week or so. We actually had a rather intense discussion where I shared some of my and our concerns about rumors we had heard, CQL, a "secret plan or committee" looking at the quality review process and us not really knowing anything. He said there is no plan or committee, he actually got quite put out and made it personal (they don't like me, do they, I'll be retiring in a while so things can change back...) I told him it was more we heard things from other but not from him so we don't know what's real and what's not, the team might just have a different thought if he would come talk with us about this and other things. He said he will be at our next meeting and will be glad to talk openly with us about this and other things we want.

He does have a valid reason for using a different process to look at Heartbeet and he said maybe other segregated day activity like settings, Zach's Place for example. It boils down to data and "objective information" vs. a review by the system and people making the rules.

I did need to pick 2 people for the Heartbeet team, since the training will be starting soon. Roy and I discussed the merits and drawbacks for having each of you there and we came to an agreement, but I do have final say so I am open to discuss further with you individually or as a group.

The two people we chose are Jeff Nunemaker and Joy.

There is no question the training process and laid out in CQL's proposal and the review of Heartbeet itself will be time consuming but at this point it has been set in motion and I don't think there is any way to stop or even slow it down.

Please let me know your thoughts asap, especially Jeff Nunemaker and Joy since I have to confirm your participation with him.

Thanks,

Chris

Christopher M. O'Neill
Quality Management Team Leader

Developmental Disabilities Services Division (DDSD)

(802) 241-0332; Cell: (802) 793-4213

Fax: (802) 241-0410

Kennedy, Alice

From: O'Neill, Chris <chris.oneill@vermont.gov>
Sent: Friday, March 17, 2017 10:58 AM
To: Masterson, Jennie; Nunemaker, Jeffrey; Barrett, Joy; Coy, Jeff; Booth, Ellen
Subject: Re: HCBS settings review and CQL training re Heartbeet

Hello Everyone,

Thank you Joy & Jeff, I let Roy know you will be the QM Team representatives for this training & review.

Chris

Get [Outlook for iOS](#)

On Fri, Mar 17, 2017 at 9:45 AM -0400, "Nunemaker, Jeffrey" <Jeffrey.Nunemaker@vermont.gov> wrote:

Hi Chris,

I am happy to participate, I was thinking about volunteering. I have school break with the kids during the week of the 17th and was planning on taking some time off during that week, so hopefully we can work around that. Thanks Chris for all the info and it's nice that you finally had a real opportunity to discuss this with Roy. It's also nice that two of us will be a part of the group being trained so that we can bring the information back to the rest of the team to share.

Have fun in Morrisville!

Thanks,

Jeff

Jeffrey Nunemaker

Quality Management Review Team

DAIL - DDSD

Office: (802) 786-5048

Cell: (802) 760-9925

Email: jeffrey.nunemaker@vermont.gov

From: O'Neill, Chris

Sent: Thursday, March 16, 2017 3:53 PM

To: Barrett, Joy ; Booth, Ellen ; Coy, Jeff ; Masterson, Jennie ; Nunemaker, Jeffrey

Subject: HCBS settings review and CQL training re Heartbeet

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Thanks,

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Fax: (802) 241-0410

Kennedy, Alice

From: White, Monica
Sent: Friday, June 22, 2018 8:41 AM
To: McFadden, Clare
Subject: RE: Home and Community-Based Settings Rules

Thanks. I will give her a call today to see about narrowing the scope. AHSCO would have been the official lead on that.

Monica L. White, BS, MBA

Director of Operations

State of Vermont Department of Disabilities, Aging & Independent Living (DAIL)
280 State Drive/HC 2 South, Waterbury, VT 05671-2020
802.398.5024 (cell) 802.241.0354 (office) 802.241.0386 (fax)

Monica.White@vermont.gov

<http://dail.vermont.gov/>

 **“Like” us on Facebook at:** <https://www.facebook.com/dailvt>



June is Alzheimer's and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer's Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.

From: McFadden, Clare
Sent: Thursday, June 21, 2018 9:05 PM
To: White, Monica <Monica.White@vermont.gov>
Subject: Fwd: Home and Community-Based Settings Rules

Fyi. This was the first request. Unfortunately it may be she felt she was getting the run around. DAIL is not the lead. Shawn has been the lead, so I thought he would have the info.

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From: Aranoff, Susan <susan.aranoff@vermont.gov>
Sent: Thursday, June 21, 2018 8:54 AM
To: Skaflestad, Shawn; McFadden, Clare
Subject: RE: Home and Community-Based Settings Rules

Hi Shawn,

Thanks – I'm happy to follow-up myself if you let me know who to ask.

Best,
Sue

Susan L. Aranoff

Senior Planner and Policy Analyst
Vermont Developmental Disabilities Council
322 Industrial Lane
Berlin, Vermont 05633-0206

802.828.1311
Susan.Aranoff@Vermont.gov

From: Skaflestad, Shawn
Sent: Wednesday, June 20, 2018 4:21 PM
To: McFadden, Clare <Clare.McFadden@vermont.gov>; Aranoff, Susan <Susan.Aranoff@vermont.gov>
Subject: RE: Home and Community-Based Settings Rules

Hi Susan,

I am not directly involved with this issue – but will follow up with the appropriate DAIL and AHSCO staff to see that you get a timely response to your request.

Best,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).
(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: McFadden, Clare
Sent: Wednesday, June 20, 2018 1:56 PM
To: Aranoff, Susan <Susan.Aranoff@vermont.gov>
Cc: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: RE: Home and Community-Based Settings Rules

Hi Susan- I am forwarding your request to Shawn Skaflestad who is the lead for DVHA in our communications with CMS.

From: Aranoff, Susan
Sent: Wednesday, June 20, 2018 9:00 AM
To: McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: Home and Community-Based Settings Rules

Good morning Clare,

It was nice to see you last week. I am writing to follow-up on the discussions regarding the State's HCBS correspondence. Can you please send links for the letter(s) from the State regarding its implementation plans including any seeking variances or exceptions as well as the federal replies?

Thanks,
Sue

Susan L. Aranoff

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Kennedy, Alice

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Susan.Aranoff@Vermont.gov

From: Skaflestad, Shawn
Sent: Wednesday, June 20, 2018 4:21 PM
To: McFadden, Clare <Clare.McFadden@vermont.gov>; Aranoff, Susan <Susan.Aranoff@vermont.gov>
Subject: RE: Home and Community-Based Settings Rules

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Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410

Fax: 802-241-0450

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(Access through Internet Explorer 10, Firefox, or Google Chrome).

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Sent: Wednesday, June 20, 2018 1:56 PM
To: Aranoff, Susan <Susan.Aranoff@vermont.gov>
Cc: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: RE: Home and Community-Based Settings Rules

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To: McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: Home and Community-Based Settings Rules

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Vermont Developmental Disabilities Council
322 Industrial Lane
Berlin, Vermont 05633-0206

802.828.1311
Susan.Aranoff@Vermont.gov

Kennedy, Alice

From: O'Neill, Chris
Sent: Thursday, August 03, 2017 10:09 AM
To: Gerstenberger, Roy
Cc: Barrett, Joy; Booth, Ellen; Coy, Jeff; Masterson, Jennie; Nunemaker, Jeffrey
Subject: HCBS survey validation process and questions



W1 | HCBS
Validation Assessm...
Designation Ques...
Questions for Res...

Hi Roy,

The QM team met yesterday and discussed the upcoming QSR & Designation review cycle and how we will be including validation of the agency's HCBS site survey results. I have attached the materials we discussed which include a summary of the identified areas from the original cross walk done by the contractor, the updated designation and review questions with specific questions for validation added or the question that was there modified. These questions are highlighted.

I went through the survey results for LCMH since they are the next agency we will be reviewing, pulled out the specific areas they themselves identified as not being in compliance and discussed with the team the validation questions for them we should focus on during the review. As we thought, the areas LCMH identified are around the person having a key to the home/way to secure their space in the home, the "renter/tenant's" rights & protection from eviction (6.1, 6.2, 6.5, 6.6 & 6.7).

The plan now is to complete the review as planned next week, include these questions, gather the answers/results and compile it into a section of the final report.

Thanks,

Chris

Christopher M. O'Neill
Quality Management Team Leader
Department of Disabilities Aging and Independent Living (DAIL)
Developmental Disabilities Services Division (DDSD)
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(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

Kennedy, Alice

From: O'Neill, Chris
Sent: Thursday, August 03, 2017 10:09 AM
To: Gerstenberger, Roy
Cc: Barrett, Joy; Booth, Ellen; Coy, Jeff; Masterson, Jennie; Nunemaker, Jeffrey
Subject: HCBS survey validation process and questions



W1 | HCBS
Validation Assess...
Designation Q...
Questions for Re...

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Thanks,

Chris

Christopher M. O'Neill
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(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

Kennedy, Alice

From: O'Neill, Chris
Sent: Tuesday, January 16, 2018 2:09 PM
To: Barrett, Joy; Booth, Ellen; Coy, Jeff; Masterson, Jennie; Nunemaker, Jeffrey
Subject: HCBS Validation process

Importance: High

Hi Folks,

Clare and I attended a meeting this morning around the HCBS Rules and timeline for coming into compliance.

The good news is we have a process figured out and a methodology to collect the information and show validation of what the agencies said in their self-assessments.

The bad news is that as with many other things Roy shared half the information or his perception of what was needed which is missing a big piece.

In this case we need to have a 15% sample of all identified areas across all providers done and documented on a spreadsheet by 9/17/2018. I believe this does include Heartbeet. I talked briefly with Clare after the meeting, We can use the data we got from LCMH, NKHS and Families First but need to figure out a way to get the same information from the other 12 agencies by the end of July so we can get into a spreadsheet for 9/17. I told Clare we will brainstorm and come up with a detailed plan at our next QM Team meeting. I know it's doable and we can continue you get some of it from the review we have scheduled between now and the end of June, we just need to figure out how to get the rest.

Thanks,

Chris

Christopher M. O'Neill
Quality Management Team Leader
Department of Disabilities Aging and Independent Living (DAIL)
Developmental Disabilities Services Division (DDSD)
Waterbury State Office Complex
Waterbury, Vermont 05671-2030
(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

Kennedy, Alice

From: McFadden, Clare
Sent: Wednesday, June 27, 2018 11:06 AM
To: 'Leigh Holliday'; Hannah Schwartz
Subject: RE: Heartbeet CQL Report

Hi Leigh and Hannah- would it be possible to send the results of the basic assurances and POM reports as well? We are in the process of planning for your validation visit. Chris O'Neill will be contacting you soon with the plan. The additional info will be helpful to our team. Thanks.

From: Leigh Holliday <leigh@heartbeet.org>
Sent: Monday, April 09, 2018 4:18 PM
To: McFadden, Clare <Clare.McFadden@vermont.gov>; Hannah Schwartz <Hannah@heartbeet.org>
Subject: Heartbeet CQL Report

Hello Clare,

Thank you again for meeting with us last Friday, we were glad to have an opportunity to present our CQL report to you, and continue the dialogue regarding the state's process with the HCBS Final Rule.

As we continue down this path together we are interested in the ongoing conversation with you and others at DDSD and DAIL around how we can address any misperceptions in the state that Heartbeet is an organization that is disability-specific. Heartbeet is a fully integrated community that includes people from all walks of life who choose to live there-- not solely those with developmental disabilities.

I am attaching Heartbeet's CQL report to this email, please feel more than welcome to reach out any time to us with any questions or clarifications! I will consolidate and send my questions about the CQS plan in a different email.

Again, we so appreciate having the opportunity to meet with you, and look forward to our continued partnership.

Best,
Leigh and Hannah

Leigh Holliday
Heartbeet Lifesharing, Inc.
218 Town Farm Road
Hardwick, VT 05843
www.heartbeet.org

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Please consider the environment before printing this email.

Kennedy, Alice

From: Hutt, Monica
Sent: Wednesday, December 06, 2017 8:55 AM
To: Leigh Holliday; Perreault, Liz
Cc: Mohlman, Mary Kate; hannah@heartbeet.org
Subject: RE: Heartbeet Lifesharing CQL Accreditation

See you then Leigh!

Monica Caserta Hutt, Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401
E-mail: monica.hutt@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.

From: Leigh Holliday [mailto:leigh@heartbeet.org]
Sent: Wednesday, December 06, 2017 8:54 AM
To: Perreault, Liz
Cc: Hutt, Monica ; Mohlman, Mary Kate ; hannah@heartbeet.org
Subject: Re: Heartbeet Lifesharing CQL Accreditation

Hello Liz, Monica, Mary Kate,

Wonderful, we are greatly looking forward to this visit.

See you in January!

Warmly,
Leigh

Leigh Holliday
Licensing and Compliance
Heartbeet Lifesharing, Inc.
218 Town Farm Road
Hardwick, VT 05843
www.heartbeet.org

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On Tue, Dec 5, 2017 at 4:27 PM, Perreault, Liz <Liz.Perreault@vermont.gov> wrote:

Thank you so much! It's all scheduled.

Liz

From: Leigh Holliday [mailto:leigh@heartbeet.org]

Sent: Tuesday, December 05, 2017 2:04 PM

To: Perreault, Liz <Liz.Perreault@vermont.gov>

Cc: Hutt, Monica <Monica.Hutt@vermont.gov>; Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>; hannah@heartbeet.org

Subject: Re: Heartbeet Lifesharing CQL Accreditation

Hello Liz,

Thank you for reaching out! I would like to confirm that January 24th from 2:00p-3:00p will work great for us. We can meet at the Heartbeet Community Center -- the first building you will see on your way up Town Farm Road. Mary Kate, Monica, we look forward to seeing you both then!

Warmly,

Leigh

Leigh Holliday

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Heartbeet Lifesharing, Inc.

[218 Town Farm Road](#)

[Hardwick, VT 05843](#)

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On Mon, Dec 4, 2017 at 12:06 PM, Perreault, Liz <Liz.Perreault@vermont.gov> wrote:

Hi Folks,

I have looked at Mary Kate and Monica's schedules to find some time for them to visit Heartbeet. These are the dates and times I came up with for an hour visit (with travel time considered):

1/12/18 3-4

1/24/18 2-3

2/2 Anytime that day, both schedules look pretty open at the moment

Please let me know if you need me to find other dates.

Thank you,

Liz

From: Hutt, Monica

Sent: Friday, December 01, 2017 6:43 PM

To: Leigh Holliday <leigh@heartbeet.org>

Cc: Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>; hannah@heartbeet.org; Perreault, Liz <Liz.Perreault@vermont.gov>

Subject: Re: Heartbeet Lifesharing CQL Accreditation

I will ask liz to suggest some times..... thanks all!

Get [Outlook for iOS](#)

From: Leigh Holliday <leigh@heartbeet.org>
Sent: Friday, December 1, 2017 3:31:23 PM
To: Hutt, Monica
Cc: Mohlman, Mary Kate; Hannah@heartbeet.org; Perreault, Liz
Subject: Re: Heartbeet Lifesharing CQL Accreditation

Hello all,

Wonderful! Let's plan for some time in January. Mary Kate, Monica are there days/times that are better for you? We are open to what works best for all.

Warmly,

Leigh

Leigh Holliday

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On Thu, Nov 30, 2017 at 4:43 PM, Hutt, Monica <Monica.Hutt@vermont.gov> wrote:

Happy to visit! At this point, it will probably need to be in January as December is filling up rapidly and I am off from the 22nd into the new year....looking forward to it. Monica

Monica Caserta Hutt, Commissioner

Vermont Department of Disabilities, Aging and Independent Living

Commissioner's Office

HC 2 South

280 State Drive

Waterbury, VT 05671-2020

Telephone: [802.241.2401](tel:802.241.2401)

E-mail: monica.hutt@vermont.gov

<http://www.dail.vermont.gov/>

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From: Leigh Holliday [mailto:leigh@heartbeet.org]

Sent: Thursday, November 30, 2017 4:20 PM

To: Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>

Cc: Hannah@heartbeet.org; Hutt, Monica <Monica.Hutt@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>

Subject: Re: Heartbeet Lifesharing CQL Accreditation

Hello Mary Kate and Monica,

What a wonderful idea! Monica has previously been to Heartbeet and has kept up to date with our process as we navigate the Final Rule regarding HCBS. We would love to host both you and Monica at the Heartbeet Community

Center for a continued conversation. I am copying Liz Perreault also on this email, as Executive Assistant at DAIL she may be able to help us with scheduling.

Monica, what would work best for you in terms of finding some time to come to Heartbeet? Perhaps we can look at your schedule as it compares with Mary Kate's availability and put something on the calendar. I look forward to hearing from both of you!

Warmly,

Leigh

Leigh Holliday

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[218 Town Farm Road](#)

[Hardwick, VT 05843](#)

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On Thu, Nov 30, 2017 at 10:55 AM, Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov> wrote:

Hi Leigh,

I would love to come out to Hardwick. I would also like to include Monica Hutt, Commissioner of the Department of Disabilities, Aging, and Independent Living, in the visit because of her role and expertise on the topics. I'm cc'ing her here and hoping we can also work with her schedule.

I look forward to it meeting,

Mary Kate

Mary Kate Mohlman, MS, PhD

Director of Health Care Reform

Agency of Human Services

State of Vermont

Phone: [802.585.6605](tel:802.585.6605)

E-mail: marykate.mohlman@vermont.gov

From: Leigh Holliday [mailto:leigh@heartbeet.org]

Sent: Wednesday, November 29, 2017 4:13 PM

To: Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>

Cc: Hannah@heartbeet.org; Latour, Ethan <Ethan.Latour@vermont.gov>

Subject: Re: Heartbeet Lifesharing CQL Accreditation

Hello Mary Kate,

Thank you for reaching out! We would love to sit down with you and share more about Heartbeet, the Final Rule regarding HCBS, and our recent accreditation from CQL. It would be wonderful to have you out to Heartbeet for a tour and conversation--would that be a possibility for you? If not we are happy to come meet with you. If you could tell us some dates/times that work for your schedule we will find a time that works. We look forward to meeting you!

Warmly,

Leigh

Leigh Holliday

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Heartbeat Lifesharing, Inc.

[218 Town Farm Road](#)

[Hardwick, VT 05843](#)

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On Wed, Nov 29, 2017 at 3:54 PM, Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov> wrote:

Hello Leigh,

Governor Scott has asked me to reach out to you in follow up to your request to his office. I would be pleased to meet with Heartbeat's team to discuss implications of the Final Rule regarding HCBS, congratulate you on your accreditation by CQL, and learn more about your organization.

Mary Kate Mohlman, MS, PhD

Director of Health Care Reform

Agency of Human Services

State of Vermont

Phone: [802.585.6605](tel:802.585.6605)

E-mail: marykate.mohlman@vermont.gov

From: Leigh Holliday [<mailto:leigh@heartbeet.org>]
Sent: Tuesday, November 14, 2017 2:07 PM
To: Delude, Tracy <Tracy.Delude@vermont.gov>
Cc: Hannah Schwartz <Hannah@heartbeet.org>
Subject: Heartbeet Lifesharing CQL Accreditation

Hello Tracy,

This is Leigh from Heartbeet Lifesharing in Hardwick. Earlier this year you helped our team to organize a meeting with Governor Scott and Secretary of Human Services Al Gobeille. We are grateful for your help in making that happen!

We would like to follow up with Governor Scott regarding the steps Heartbeet has been taking proactively as we continue to deal with the implications of the Final Rule from CMS on HCBS Settings. Would you be willing to pass along our letter and press release to his email? We have also sent a copy in the mail.

If you are not the right person to reach out to, could you direct me to the right place? Thank you for your help with this.

Best,

Leigh

Leigh Holliday

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Kennedy, Alice

From: Hutt, Monica
Sent: Friday, January 06, 2017 9:35 AM
To: Schurr, Stuart
Subject: Fwd: input from hearings?
Attachments: Response to Public Comment all comments 1.3.17.docx; ATT00001.htm

 Monica

Monica Caserta Hutt
Commissioner
Department of Disabilities, Aging and Independent Living

Sent from my iPad

Begin forwarded message:

From: "George, Camille" <Camille.George@vermont.gov>
Date: January 5, 2017 at 4:28:42 PM EST
To: "Gerstenberger, Roy" <Roy.Gerstenberger@vermont.gov>, "McFadden, Clare" <Clare.McFadden@vermont.gov>, "Hutt, Monica" <Monica.Hutt@vermont.gov>
Subject: FW: input from hearings?

This is great, Clare, thanks. I'm also sharing with Monica. I'm interested to see what the input was. Do you have a process ironed out for finalizing?

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
E-mail: camille.george@vermont.gov
<http://www.dail.vermont.gov/>

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From: McFadden, Clare
Sent: Thursday, January 05, 2017 4:24 PM
To: George, Camille <Camille.George@vermont.gov>; Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>
Subject: RE: input from hearings?

Hi Camille- I have created a document in which I have compiled all the comments, both from the hearings and those submitted in writing. I am working on creating a summary of the comments and will be meeting next Tuesday with our DS workgroup who have been involved in the regs and legal to review

what our responses will be. We will definitely be making changes, but not sure yet the extent. Attached is the document with all the comments. Do you want to be kept in the loop or weigh in on anything?

From: George, Camille

Sent: Thursday, January 05, 2017 2:41 PM

To: Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Parro, Lisa <Lisa.Parro@vermont.gov>

Subject: input from hearings?

Hi – You may not have put this together yet, but I’m wondering what the input has been around the DS regs? Do you have any notes from the hearings or other info you can share? Am interested to know if you anticipate any significant changes from what is proposed. Thanks.

Camille George, Deputy Commissioner

Vermont Department of Disabilities, Aging and Independent Living

Commissioner’s Office

HC 2 South

280 State Drive

Waterbury, VT 05671-2020

Telephone: 802.241.2401 or 802.241.0359

E-mail: camille.george@vermont.gov

<http://www.dail.vermont.gov/>

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Kennedy, Alice

From: Leigh Holliday <leigh@heartbeet.org>
Sent: Tuesday, July 10, 2018 2:48 PM
To: Perreault, Liz
Cc: Schwartz, Hannah; McFadden, Clare; Hutt, Monica
Subject: Re: Heartbeet

Hello Liz,

Let's plan for 7/26 at 11:15a, Hannah and I will be in the same place, and can use our conference phone. Thank you very much for coordinating!

Best,
Leigh

Leigh Holliday
Licensing and Compliance
Heartbeet Lifesharing, Inc.
218 Town Farm Road
Hardwick, VT 05843
www.heartbeet.org

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On Tue, Jul 10, 2018 at 10:45 AM, Perreault, Liz <Liz.Perreault@vermont.gov> wrote:

Hi Leigh and Hannah,

Here are some dates and times that work for Clare and Monica for the phone conversation. Please let me know what works for you and I will send the meeting request out. Also, please let me know if you two will be in the same room and can use a speaker phone or that you will be in separate locations.

7/26 11:15-12:00

8/7 9:00-9:45

8/21 11:15-12:00

Thanks!

Liz

From: Leigh Holliday <leigh@heartbeet.org>
Sent: Tuesday, July 03, 2018 11:30 AM
To: Hutt, Monica <Monica.Hutt@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>; Hannah Schwartz <Hannah@heartbeet.org>
Subject: Re: Heartbeet

Hello Monica,

That sounds good, we had a conversation today with Clare and wanted to stay synced with you. We will work with Liz to set up a time, and we appreciate your openness. Liz, can you send along a few dates and times that work for this call?

Thank you again, we look forward to the conversation.

Hannah and Leigh

Leigh Holliday

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On Tue, Jul 3, 2018 at 11:24 AM, Hutt, Monica <Monica.Hutt@vermont.gov> wrote:

Leigh, you can work through Liz Perreault to schedule a time for a conversation. It might make sense to include Clare in that so that we stay synced up. Thanks! Monica

Monica Caserta Hutt, Commissioner

Vermont Department of Disabilities, Aging and Independent Living

Commissioner's Office

HC 2 South

280 State Drive

Waterbury, VT 05671-2020

Telephone: 802.241.2401

E-mail: monica.hutt@vermont.gov

<http://www.dail.vermont.gov/>

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June is Alzheimer's and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer's Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.

From: Leigh Holliday <leigh@heartbeet.org>
Sent: Tuesday, July 03, 2018 11:04 AM
To: Hutt, Monica <Monica.Hutt@vermont.gov>
Cc: Hannah Schwartz <Hannah@heartbeet.org>
Subject: Heartbeet

Hello Monica,

After a conversation with Clare regarding the review process that Heartbeet will be undergoing as part of Vermont's response to the CMS Final Rule on HCBS we would like to schedule a time to speak with you.

Can you send some dates/times that work for you? We appreciate your time and availability.

Best,

Hannah and Leigh

Leigh Holliday

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[Hardwick, VT 05843](#)

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Kennedy, Alice

From: Hutt, Monica
Sent: Thursday, January 18, 2018 9:08 AM
To: McFadden, Clare; Hill, Bard
Subject: RE: 1/22 112:30: Prep for Heartbeat meeting on January 23rd

Excellent, thanks!

Monica Caserta Hutt, Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401
E-mail: monica.hutt@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.

From: McFadden, Clare
Sent: Wednesday, January 17, 2018 2:39 PM
To: Hutt, Monica ; Hill, Bard
Subject: RE: 1/22 112:30: Prep for Heartbeat meeting on January 23rd

No, I have been there and do not need to attend this time. Just so you know where things are at. Heartbeat is very concerned about whether they can continue to receive funding under the HCBS rules as a called out setting that on the face of it could be seen as institutional in nature. They went ahead and had themselves reviewed by CQL who certified them. I have explained to Hannah that that is all well and good, but CQL certification does not equate to meeting the HCBS setting rules. I said that we would be happy to review their report from CQL, but that we will be doing a site visit to determine if they are in compliance or not and if we as a state will support them under the "heightened scrutiny" process as an organization that meets the requirements despite being a congregate setting. Chris and the QM team have a plan regarding site visits to validate the initial survey information that was gathered. Heartbeat is very eager to get our blessing and they are quite politically saavy and are working the crowd to drum up support. I know they are eager to get this settled, but we will get the them in due course. I would not prejudge whether they meet the requirements or not at this point. Best to stay neutral at this time. Thanks.

From: Hutt, Monica
Sent: Wednesday, January 17, 2018 2:21 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: Re: 1/22 112:30: Prep for Heartbeat meeting on January 23rd

It's just Mary Kate and I visiting - clare you are more than welcome to attend

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From: Hill, Bard
Sent: Wednesday, January 17, 2018 1:45:32 PM
To: McFadden, Clare; Hutt, Monica
Subject: FW: 1/22 112:30: Prep for Heartbeet meeting on January 23rd

It looks like DDS D reps were not invited...
Bard

-----Original Appointment-----

From: Hill, Bard
Sent: Wednesday, January 17, 2018 1:44 PM
To: Mohlman, Mary Kate
Subject: Accepted: Prep for Heartbeet meeting on January 23rd
When: Monday, January 22, 2018 12:30 PM-1:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Monica's office

From: [Hill, Bard](#)
To: [Marinelli, Nancy](#)
Subject: Hey does this look more or less current and accurate? (Medicaid CQS, re HIT)
Date: Monday, June 26, 2017 10:06:00 AM

Thanks!

Bard

“2. Health Information Technology

This section details how the state’s information system supports initial and ongoing operation and

review of the state’s quality strategy. In addition, it describes any innovative health information technology (HIT) initiatives that will support the objectives of the state’s quality strategy and ensure the state is progressing toward its stated goals.

Electronic Health Record Incentive Program (EHRIP)

The Vermont EHRIP is an integral part of the HIE/HIT program, establishing electronic health records as a source of clinical data for transmission to the HIE. It began in 2011 and to date, has awarded over \$47 million dollars in incentive payments to approximately one thousand eligible providers and hospitals enrolled in the program. Vermont’s EHRIP program is designed to support providers’ adoption of certified electronic health record technology to improve the quality, safety and efficiency of patient health care.

The Electronic Health Record Incentive Program (EHRIP) is designed to support providers during the period of transition in health information technology. The vision is that electronic health record use will improve the quality, efficacy, and efficiency of patient health care.

Health Information Technology (HIT) and Health Information Exchange (HIE) Activities

The HIE/HIT program in Vermont is organizationally housed in the Department of Vermont Health Access (DVHA); the Vermont Medicaid Enterprise. The Vermont Health Information Exchange (VHIE) is a Medicity platform with enhanced local capabilities operated exclusively (by statute) by Vermont Information Technology Leaders (VITL). Working closely with the VHCIP program and partnering with other departments within the Vermont Agency of Human Services, the HIE/HIT program provides facilitation, HITECH funding and technical support for meaningful use as well as health data and infrastructure needs across the health care landscape in Vermont. Through health data accessibility, the VHIE aims to enhance care coordination, health care data analytics, and population health management.

The Health Data Exchange Network takes responsibility for the management, exchange and access to clinical and human services data throughout the clinical provider community, the Vermont Agency of Human Services and their affiliated entities. The program vision is to ensure the wellbeing of all Vermonters by ensuring that health and human services data is available at the right time, in the right place, and in the right way to support continuous improvements in individual health, health care outcomes, and health care cost.

Vermont Health & Human Services Enterprise Platform (HSEP)

The Human Services Enterprise Platform (HSEP) is a shared suite of modern technology tools positioned to satisfy a significant portion of AHS’ software needs including transactions, analysis, and infrastructure. Today these needs are supported by over 200 different, detached, disconnected software packages. Leveraging one system, over many, represents material savings for the State, and allows for rapid response to ever-changing regulatory, policy, and programmatic demands. Components of note in the HSEP include a rules engine, an Electronic Service Bus (ESB), and an anticipated Master Data

Management (MDM) solution, including enterprise Master Person Index (eMPI), a Provider Directory, and a consent management solution. This architecture was deployed

first to establish the Health Insurance Exchange, MAGI Medicaid, and Dr. Dynasaur. The Vermont Health & Human Services Enterprise Platform unifies four Vermont health care reform programs with the vision of providing infrastructure, services, and functional components that each program can share.

The Health and Human Services Enterprise (HSE)

The Health and Human Services Enterprise (HSE) is a portfolio of programs (Vermont Health Connect, Integrated Eligibility, Medicaid Management Information System, HIE/HIT) that rely upon a Services Oriented Architecture (SOA). The HSE is a multi-year, multi-phased portfolio of programs whose goals are, in furtherance of the mission of the Agency of Human Services (AHS), to reshape and enhance internal business processes, improve public/private sector partnerships, optimize utilization of information, and modernize the IT environment within which AHS delivers benefits, care and services to beneficiaries in the State of Vermont. The HSE was expressly established by the Secretary of AHS to realize the “Agency of One” vision through a focus on integrating services, improving systems and the sharing of applicable data in a timely and effective manner (while comporting with relevant privacy requirements) to ensure:

- Vermonters receive the services critical to their success and can identify additional supports that will help them prosper;
- Vermonters will benefit from cross-departmental referrals and awareness – that there exists “no wrong door” for Vermonters seeking access to care and benefits;
- Policy and Public Health efforts have necessary data for program analysis and program service coordination.

The Agency of Human Services’ (AHS) Health & Human Services Enterprise (HSE) is Vermont’s approach to transform legacy systems into an environment of coordinated and integrated service delivery. The Health & Human Services Enterprise Platform (HSEP) is fundamental to and supports Vermont’s concept of the HSE which encompasses the Vermont Health Connect (VHC) insurance exchange, Integrated Eligibility & Enrollment (IE&E), Medicaid Management Information System (MMIS), and HIT/HIE.

Vermont Health Connect

Vermont launched a federally required health benefits exchange, Vermont Health Connect (VHC), on October 1, 2013. VHC allows individuals and small businesses to compare and purchase qualified private health insurance plans, access federal and state tax credits, determine eligibility, and enroll individuals in public health insurance plans. Vermont Health Connect (VHC), currently uses the HSEP’s basic Health Insurance Exchange and Eligibility & Enrollment services and capabilities for access to Qualified Health Plans, MAGI Medicaid and Dr. Dynosaur.

Integrated Eligibility and Enrollment

Integrated Eligibility and Enrollment (IE&E) is a technical solution that is being developed to determine Vermonters’ eligibility and to enroll them in a multitude of assistance services sponsored by the Agency of Human Services, rather than have disparate processes for these services. IE&E will leverage already developed elements in Vermont Health Connect. It will add capabilities to the HSEP allowing for automation and standardization of the health & human services case management and

program administration systems (screening, application, eligibility determination and enrollment). This

represents the integration of the Agency’s remaining health programs and economic

services into one system.

Medicaid Management Information System

The Medicaid Management Information System (MMIS) Program is a collective initiative under the Health & Human Services Enterprise. The new MMIS Program is being developed to align with new Federal and State regulations stemming from the Federal Affordable Care Act and Vermont Act 48 of 2011, as well as be compliant with the CMS Seven Standards and Conditions. The MMIS Program is a claims processing system that will streamline billing, payment, and other Medicaid operational components.

There are two key projects under the MMIS umbrella that are currently underway.

- The **Pharmacy Benefit Management (PBM)** program represents clinical, operational, and business services that allow Vermont to meet the challenge of increasing pharmaceutical costs for consumers with a real solution. Vermont's PBM program is aimed at both reducing and controlling costs of drugs and providing the State with high quality, local pharmaceutical expertise. In FY2016, the PBM generated \$15.3 million in savings thanks to improved operational efficiency.
- **Care Management** is a set of activities intended to improve clinical patient care and reduce the need for services by helping patients and caregivers more effectively manage health conditions and issues impacting health and well-being. **The Enterprise Care Management System** supports not only AHS care management staff but also hundreds of Vermont provider organizations engaged in direct care services. The Enterprise Care Management system offers some of the highest levels of sophistication in forecasting & analytics, and vastly improves Vermont's ability to utilize data to improve population-wide outcomes. The system will unite and integrate the Agency's related care management programs in a way that was never possible before.

These combined responsibilities provide Vermont with a powerful engine for delivery system change, as well as creating a focused perspective for managing the comprehensive IT and other systems changes being led by DVHA in support of that system change. Many of these delivery system changes affect the Agency of Human Services along with many private and community organizations. In support of Vermont's aggressive payment and delivery reform goals, the State has identified the following IT initiatives:

- Implement technological solutions, including data warehouses and point-of-care tools, in support of Vermont's All-Payer Model Agreement and Medicaid 1115 Global Commitment to Health waiver;
- Build out of the statewide HIE network to provide connectivity for clinical and financial data transfer;
- Implement core components of SOA infrastructure to support the Agency of Human Services and its partners;
- Re-procure the Medicaid Management Information System (MMIS) in a modular approach as a more comprehensive and integrated enterprise solution;
- Provide statewide outreach to and support for EHR adoption, implementation, upgrade and meaningful use;
- Continue technical support for the statewide expansion of the Blueprint for Health patient-centered medical home, that includes the build out of a statewide clinical data registry, decision support, and clinical messaging system integrated with HIE and EHR systems to support both Meaningful Use and implementation and evaluation;
- Develop and implement technology in support of population health including

Vermont's Immunization Registry, Prescription Management System, and other public health reporting functions through the HIE;

- Develop and implement an upgrade to AHS' eligibility and enrollment systems, Integrated Eligibility (IE), which will include integration with the state Health Insurance Exchange; and
- Expand or replace AHS' CSME (Central Source for Measurement and Evaluation), which is the Agency- wide data warehouse to support Medicaid and other Agency program operations, reporting, evaluation, and planning.

<http://dvha.vermont.gov/global-commitment-to-health/vt-gc-cqs-march-24-2017-public-posting-final.pdf>

"If there are no dogs in heaven, then when I die I want to go where they went."

Will Rogers

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

Kennedy, Alice

From: Hill, Bard
Sent: Thursday, March 22, 2018 11:27 AM
To: Tierney-Ward, Megan; McFadden, Clare
Subject: FW: HMA Weekly Roundup: HCBS Settings Rule Issue Briefs

You may be interested in the HCBS briefs...

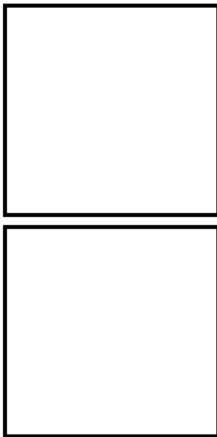
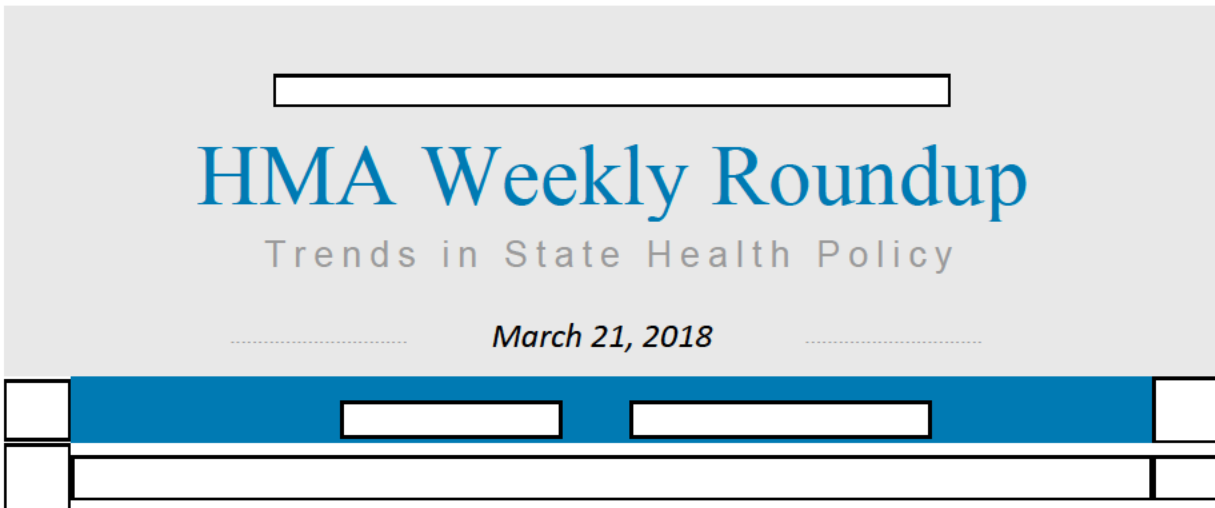
<https://www.healthmanagement.com/wp-content/uploads/032118-HMA-Roundup.pdf#nameddest=infocus>

Cheers
Bard

From: HMA Weekly Roundup <hmaxweeklyroundup@healthmanagement.com>
Sent: Wednesday, March 21, 2018 6:40 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: HMA Weekly Roundup: HCBS Settings Rule Issue Briefs

Having trouble viewing this email? [Click here](#)

To ensure uninterrupted delivery, please add HMAWeeklyRoundup@healthmanagement.com to your address book.

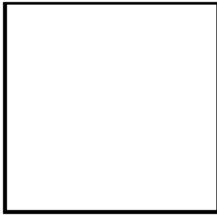


In Focus

HCBS Settings Rule Issue Briefs

This week's *In Focus* section highlights four briefs written by Health Management Associates (HMA) in collaboration with the National Council on Assisted Living that address key areas of compliance with the Centers for Medicare & Medicaid Services (CMS) home and community-based services (HCBS) settings final rule. The briefs are intended to inform states and Assisted Living (AL) communities on common challenges facing AL communities, the strategies for compliance available, and the steps states have taken to address them in their approved statewide transition plans. To create the briefs, HMA analyzed the regulations, CMS guidance, and the statewide transition plans that had received final approval from CMS at the

time of writing. State plans reviewed were: Arkansas, District of Columbia, Delaware, Kentucky, Oklahoma, Tennessee, and Washington....[Read More](#)



HMA Roundup

Florida Governor Scott Signs Opioid Bill

Michigan Awards Behavioral Carve-In Contracts

Montana Medicaid Expansion Boosts Economy, Report Says

New York Senate, House Respond to Governor's Executive Budget Proposal

New York Names Frescatore Medicaid Director

Exchange Stabilization Efforts Stall in House

MACPAC Calls for Streamlining Medicaid Managed Care Authority

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Contact us at:

1-800-678-2299

weeklyroundup@healthmanagement.com

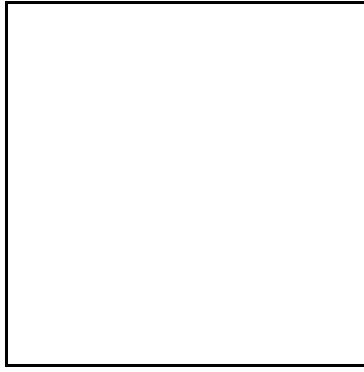
Editors:
Greg Nersessian, New York
Annie Melia, New York
Alona Nenko, New York
Nicky Meyyazhagan, New York

Health Management Associates, 120 N Washington Sq, Ste 705, Lansing, MI 48933

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Kennedy, Alice

From: George, Camille
Sent: Tuesday, June 19, 2018 2:00 PM
To: Hutt, Monica
Subject: FW: Vermont 2018 Inter-Governmental Agreement and Rate Certification submission
Attachments: RE: Follow up question on CFC HHA/AAAs; RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections; Conflic Free Case Management_DA_DMH(03).docx

See highlighted below, could be a problem. I will speak with Clarence before sending anything out and also about the issue highlighted below. I was clear in a message to him that one question is what information is public and how to share it.

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
Cell Phone: 802.798-2079
E-mail: camille.george@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.



June is Alzheimer's and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer's Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.

From: Hickman, Selina
Sent: Tuesday, June 19, 2018 1:34 PM
To: George, Camille ; Skaflestad, Shawn ; Davis, Clarence
Subject: RE: Vermont 2018 Inter-Governmental Agreement and Rate Certification submission

Hi Camille,

You have the major communications sent to CMS. I've attached two emails and another document that could be helpful:

- Re: Vermont Choices for Care Program Summary and Proposed Panning to Strengthen Conflict of Interest Protections: this email shows multiple attempts to gain response from CMS on the CFC conflict of interest exception request. It also highlights what we and they understand; the exception criteria is not a perfect fit for Vermont's situation, as there is more than one available case management agency.
- Re: Follow up question on CFC HHA/AAAs: this email shows CMS confirmation that our follow up response was received.
- Conflict Free Case Management_DA_DMH(03): this document was sent to CMS on 9/22/17 and seeks the conflict free case management exception for mental health programs and services provided through Designated Agencies. This brief is able to show clearly that there is only one willing and qualified case manager for Mental Health HCBS services. No response has been received to this brief.

Finally, CMS indicated to the State of Vermont in conversations that any exception to the conflict free case management requirements described in federal regulations must be enacted through an amendment to our 1115 waiver. At the time, we decided the next opportunity to ask for the exception would be through the SUD amendment process, however, I do not believe that loose end was tied off prior to the SUD amendment approval.

Let me know if there is anything else I can assist with.



From: George, Camille
Sent: Tuesday, June 19, 2018 11:49 AM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Davis, Clarence <Clarence.Davis@vermont.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: FW: Vermont 2018 Inter-Governmental Agreement and Rate Certification submission

Thanks for sending this information along, Shawn. Clarence, I'd like to touch base with you about this. At last week's DAIL Advisory Board meeting, Shawn and a couple DAIL staff provided an update on the progress being made in implementing the CMS Home- and Community-Based Services Rules. In the course of the update, the topic of conflict-free case management came up and some present requested to receive a copy of the conflict free case management waiver exemption that the state filed with CMS and related documentation. This is a pretty sensitive topic, with strong opinions on both sides. Before we send anything out to the DAIL Advisory Board (and in fact, it was 2 staff from the DD Council who are not members of the DAIL Advisory Board, but were in attendance) I'd like to consult and make sure we are on the same page about what we send out. I've cc'd Selina as I know she was very involved in this process and the exemption request and may both be aware of additional documentation and have some helpful advice.

Do you have time to touch base about this within the next week or so?

Also, Shawn, if you can send me the link to the DVHA webpage that contains the additional information about the Comprehensive Quality Strategy and other information related to the HCBS rules, I can include that once we sort out what additional information will be shared.

Thanks.

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
Cell Phone: 802.798-2079
E-mail: camille.george@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.



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From: Skaflestad, Shawn
Sent: Tuesday, June 19, 2018 10:47 AM
To: George, Camille <Camille.George@vermont.gov>
Cc: Davis, Clarence <Clarence.Davis@vermont.gov>
Subject: FW: Vermont 2018 Inter-Governmental Agreement and Rate Certification submission

Hi Camille – as per your request after last week's DAIL Advisory Board Meeting – attached are the following conflict-free case management items:

- Geographic exception request application (pdf: CFC Brief Action Plan – pp. 5 and 6)

- CMS correspondences (Outlook item: Follow Up question on CFC + embedded pdf: Vermont response)

I have copied Clarence because this item as discussed with him and Martha back in April – and I am not sure if any action has been taken since that meeting. Please let me know if you have any questions re: the attached documents.

Best,

Shawn

Kennedy, Alice

From: Krueger, Maura
Sent: Thursday, September 28, 2017 1:23 PM
To: Tierney-Ward, Megan; Bedard, Colleen; Woods, Mary; Brown, Paula; Senghas, Stuart; Kenworthy, Kathleen
Subject: RE: [secure] RE: URGENT IRATE CALLER

Maura L. Krueger, RN, LTCCC
Choices for Care Program
63 Professional Drive, Suite 4
Morrisville, VT 05661
Office: (802) 888-0510
Direct Fax: (802) 888-0536

****My email address has changed to:** maura.krueger@vermont.gov

From: Tierney-Ward, Megan
Sent: Wednesday, September 27, 2017 1:09 PM
To: Krueger, Maura <maura.krueger@vermont.gov>; Bedard, Colleen <Colleen.Bedard@vermont.gov>; Woods, Mary <Mary.Woods@vermont.gov>; Brown, Paula <paula.brown@vermont.gov>; Senghas, Stuart <Stuart.Senghas@vermont.gov>; Kenworthy, Kathleen <Kathleen.Kenworthy@vermont.gov>
Subject: RE: [secure] RE: URGENT IRATE CALLER

Megan

From: Krueger, Maura

Sent: Wednesday, September 27, 2017 11:54 AM

To: Bedard, Colleen <Colleen.Bedard@vermont.gov>; Woods, Mary <Mary.Woods@vermont.gov>; Brown, Paula <paula.brown@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>

Subject: [secure] RE: URGENT IRATE CALLER

Hi Folks,

Maura L. Krueger, RN, LTCCC

Choices for Care Program

63 Professional Drive, Suite 4

Morrisville, VT 05661

Office: (802) 888-0510

Direct Fax: (802) 888-0536

****My email address has changed to:** maura.krueger@vermont.gov

From: Bedard, Colleen

Sent: Wednesday, September 27, 2017 11:09 AM

To: Krueger, Maura <maura.krueger@vermont.gov>

Subject: RE: URGENT IRATE CALLER

[REDACTED]

Colleen Bedard
Administrative Services Coordinator III
DAIL/Adult Services Division
Phone: MON. TUES. WED. 802-241-0294 THURS. FRI. 802-760-8372
Fax: 802-241-0385

From: Krueger, Maura
Sent: Wednesday, September 27, 2017 11:05 AM
To: Bedard, Colleen <Colleen.Bedard@vermont.gov>
Cc: Brown, Paula <paula.brown@vermont.gov>; Woods, Mary <Mary.Woods@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: RE: URGENT IRATE CALLER

[REDACTED]

Maura L. Krueger, RN, LTCCC
Choices for Care Program
63 Professional Drive, Suite 4
Morrisville, VT 05661
Office: (802) 888-0510
Direct Fax: (802) 888-0536

****My email address has changed to:** maura.krueger@vermont.gov

From: Bedard, Colleen
Sent: Wednesday, September 27, 2017 11:04 AM
To: Krueger, Maura <maura.krueger@vermont.gov>
Cc: Brown, Paula <paula.brown@vermont.gov>; Woods, Mary <Mary.Woods@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: URGENT IRATE CALLER
Importance: High

Hello

[REDACTED]

Colleen Bedard
Administrative Services Coordinator III
DAIL/Adult Services Division
Phone: MON. TUES. WED. 802-241-0294 THURS. FRI. 802-760-8372
Fax: 802-241-0385

From: [Hill, Bard](#)
To: [Fuoco, Danielle](#)
Cc: [Brooks, Dale](#)
Subject: kaiser...
Date: Friday, May 04, 2018 10:39:00 AM
Attachments: [2017_Waiver_Policy_Final_VT_DAIL.docx](#)
[2017_PC_Prog_Policy_Final_VT_DAIL.docx](#)
[Survey SFY 14 Thru 17.xlsx](#)

Hi Dani-

Here's another pass through the Kaiser documents. Please let me know if you have questions or if we missed anything...

Cheers-

Bard

Eschew surplusage.

Samuel Clemens

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

Kennedy, Alice

From: Bascom, June
Sent: Thursday, June 14, 2018 5:13 PM
To: AHS - DAIL DDSD Leadership
Subject: Proposed HCBS Locked Door Guidelines - Leadership Team Review

Here's the draft Locked Door policy for you to review at the June 27th Leadership Team meeting. I "borrowed" wording and ideas from other states and then adapted it to fit in better with how we do things in VT. I have a few questions highlighted in yellow.

<I:\DDSD\HCBS\Transition Plan\Setting Locks\DDSD HCBS Rules Locked Doors Guidance.doc>

Here are the sections of the HCBS Rules that reference the Locked Door requirement. There's not much here and what is here is repeated in each section.

<I:\DDSD\HCBS\Transition Plan\Setting Locks\42 CFR Guidance.docx>

Kennedy, Alice

From: Hutt, Monica
Sent: Wednesday, January 10, 2018 12:29 PM
To: Julie Tessler ; Elizabeth Sightler; Moultonl, Mary
Subject: Rep letter to CMS re HCBS rules
Attachments: Faso_Congregate_Settings_Letter_to_CMS_11272017_3.pdf

Here is that letter to CMS that I referenced today. Monica

Monica Caserta Hutt, Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401
E-mail: monica.hutt@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.

From: [Hill, Bard](#)
To: [Suzanne Santarcangelo](#)
Subject: LTSS and HCBS
Date: Wednesday, July 12, 2017 1:31:00 PM
Attachments: [LTSS and HCBS.2017.docx](#)

Hi Suzanne-

This issue (below) came up again- you may be interested in the attachment. Comments or questions?

Cheers

Bard

“The best way to get a good idea is to get a lot of ideas.”

Donald Berwick

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

From: Hill, Bard

Sent: Tuesday, July 11, 2017 4:34 PM

To: Skaflestad, Shawn ; Tierney-Ward, Megan ; Courcelle, Andre ; Gerstenberger, Roy ; Harrigan, Emma ; Omland, Laurel

Cc: O'Neill, Chris ; McFadden, Clare ; Hamilton, Kathleen ; George, Camille

Subject: RE: CMS HCBS Milestone Workplan

Hi-

We seem to mean different things when we use the terms ‘LTSS’ and ‘HCBS’.

I have attached my perspective from DAIL for DAIL programs/services, with examples of national uses/meanings of these terms (with links).

Cheers-

Bard

“Nobody knew that health care could be so complicated.”

President Donald Trump

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

-----Original Appointment-----

From: Skaflestad, Shawn

Sent: Monday, June 26, 2017 3:11 PM

To: Skaflestad, Shawn; Tierney-Ward, Megan; Courcelle, Andre; Gerstenberger, Roy; Harrigan, Emma; Omland, Laurel; Hill, Bard

Cc: O'Neill, Chris; McFadden, Clare; Hamilton, Kathleen

Subject: CMS HCBS Milestone Workplan

When: Monday, July 10, 2017 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: AHS - WSOC Boxelder 10 OR Dial-In Number: 1-877-273-4202 Conference Room ID: 1262904

Hi All,

This is a meeting to discuss the attached Excel spreadsheet. Rather than having one HCBS workplan

like CMS has proposed (also attached) – I am suggesting a separate one for each program. Before we meet – please take some time and review the Excel file – paying special attention to the Topic, Milestone, and what is current written in the CQS/STP about the related topic (reference is listed in the CSQ/STP Page No. column). By the end of our meeting – I would like us to agree on the Milestones and what is currently written in the CQS/STP about the topic – as well as suggested due dates for each milestone.

Please note that a dial in option is available for those unable to attend in person.

Thank you,

Shawn

Kennedy, Alice

From: Hill, Bard
Sent: Thursday, July 13, 2017 3:35 PM
To: Hickman, Selina
Subject: FW: LTSS and HCBS

Suzanne's perspective...

From: Suzanne Santarcangelo [mailto:ssantarcangelo@phpg.com]
Sent: Thursday, July 13, 2017 2:45 PM
To: Hill, Bard
Subject: RE: LTSS and HCBS

Hi Bard,

It seems like there is enough room in the various Medicaid regulations for a State to craft programs and definitions that promote its unique policy agenda. The other factor is whether a State is using 1915(c) HCBS rules, State Plan rules or other demonstration authority for program eligibility and benefits. In other words, can you deliver the same service array to the target group without 1915(c) authorities? With the renewed focus on parity between MH and physical health care, duals projects and the move toward integrated care (ACO, CCBHC and other integrated models of care) the discussion gets interesting. For example, a program that looks a lot like a Medicaid "Specialized Health Home" may have been called HCBS ten years ago!

Seems like the first few questions are: What is Vermont's policy agenda e.g., where is the system going?; What are the goals/operational objectives?; and then - What state and federal framework(s) help achieve those goals?

I don't think there is a 'right' or 'wrong' answer!

Suzanne

Senior Associate, PHPG
P. 802-882-8228

From: Hill, Bard [mailto:Bard.Hill@vermont.gov]
Sent: Wednesday, July 12, 2017 1:31 PM
To: Suzanne Santarcangelo <ssantarcangelo@phpg.com>
Subject: LTSS and HCBS

Hi Suzanne-

This issue (below) came up again- you may be interested in the attachment. Comments or questions?

Cheers

Bard

"The best way to get a good idea is to get a lot of ideas."

Donald Berwick

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

From: Hill, Bard

Sent: Tuesday, July 11, 2017 4:34 PM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>

Cc: O'Neill, Chris <Chris.ONeill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Hamilton, Kathleen <Kathleen.Hamilton@vermont.gov>; George, Camille <Camille.George@vermont.gov>

Subject: RE: CMS HCBS Milestone Workplan

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I have attached my perspective from DAIL for DAIL programs/services, with examples of national uses/meanings of these terms (with links).

Cheers-

Bard

"Nobody knew that health care could be so complicated."

President Donald Trump

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landline 802.241.0376

mobile 802.760.0852

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Sent: Monday, June 26, 2017 3:11 PM

To: Skaflestad, Shawn; Tierney-Ward, Megan; Courcelle, Andre; Gerstenberger, Roy; Harrigan, Emma; Omland, Laurel; Hill, Bard

Cc: O'Neill, Chris; McFadden, Clare; Hamilton, Kathleen

Subject: CMS HCBS Milestone Workplan

When: Monday, July 10, 2017 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

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Please note that a dial in option is available for those unable to attend in person.

Thank you,

Shawn

From: [Perreault, Liz](#)
To: [AHS - DAIL Management Team](#)
Subject: Management Team Topic Meeting 5/24
Date: Tuesday, May 23, 2017 12:15:32 PM
Attachments: [Applying lean production to the public sector McKinsey & Company.mht](#)
[Lean and Waste in the Social Services Tim Wood is the Enemy Quality Social Service.htm](#)
[MT_Topic_Agenda_052417.docx](#)
[Thinking-Lean.pdf](#)

Hi All,

I have attached the agenda and handouts for tomorrow's topic meeting. Please let me know if anything needs to be changed and updated before the meeting.

Thank you!

Liz

Liz Perreault
Executive Assistant
Commissioner's Office
Disabilities, Aging and Independent Living
802-241-2401 – Main Line
802-241-0362
Mailing Address:
HC 2 South
280 State Drive
Waterbury, VT 05671-2020

Hutt, Monica

From: George, Camille
Sent: Tuesday, June 19, 2018 2:00 PM
To: Hutt, Monica
Subject: FW: Vermont 2018 Inter-Governmental Agreement and Rate Certification submission
Attachments: RE: Follow up question on CFC HHA/AAAs; RE: Vermont Choices for Care Program Summary and Proposed Planning to Strengthen Conflict of Interest Protections; Conflic Free Case Management_DA_DMH(03).docx

See highlighted below, could be a problem. I will speak with Clarence before sending anything out and also about the issue highlighted below. I was clear in a message to him that one question is what information is public and how to share it.

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
Cell Phone: 802.798-2079
E-mail: camille.george@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.



June is Alzheimer's and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer's Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.

From: Hickman, Selina
Sent: Tuesday, June 19, 2018 1:34 PM

To: George, Camille <Camille.George@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Davis, Clarence <Clarence.Davis@vermont.gov>

Subject: RE: Vermont 2018 Inter-Governmental Agreement and Rate Certification submission

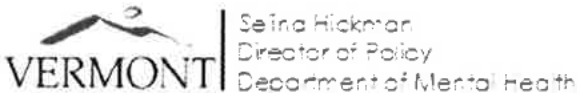
Hi Camille,

You have the major communications sent to CMS. I've attached two emails and another document that could be helpful:

- Re: Vermont Choices for Care Program Summary and Proposed Panning to Strengthen Conflict of Interest Protections: this email shows multiple attempts to gain response from CMS on the CFC conflict of interest exception request. It also highlights what we and they understand; the exception criteria is not a perfect fit for Vermont's situation, as there is more than one available case management agency.
- Re: Follow up question on CFC HHA/AAAs: this email shows CMS confirmation that our follow up response was received.
- Conflict Free Case Management_DA_DMH(03): this document was sent to CMS on 9/22/17 and seeks the conflict free case management exception for mental health programs and services provided through Designated Agencies. This brief is able to show clearly that there is only one willing and qualified case manager for Mental Health HCBS services. No response has been received to this brief.

Finally, CMS indicated to the State of Vermont in conversations that any exception to the conflict free case management requirements described in federal regulations must be enacted through an amendment to our 1115 waiver. At the time, we decided the next opportunity to ask for the exception would be through the SUD amendment process, however, I do not believe that loose end was tied off prior to the SUD amendment approval.

Let me know if there is anything else I can assist with.



From: George, Camille

Sent: Tuesday, June 19, 2018 11:49 AM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Davis, Clarence <Clarence.Davis@vermont.gov>

Cc: Hickman, Selina <Selina.Hickman@vermont.gov>

Subject: FW: Vermont 2018 Inter-Governmental Agreement and Rate Certification submission

Thanks for sending this information along, Shawn. Clarence, I'd like to touch base with you about this. At last week's DAIL Advisory Board meeting, Shawn and a couple DAIL staff provided an update on the progress being made in implementing the CMS Home- and Community-Based Services Rules. In the course of the update, the topic of conflict-free case management came up and some present requested to receive a copy of the conflict free case management waiver exemption that the state filed with CMS and related documentation. This is a pretty sensitive topic, with strong opinions on both sides. Before we send anything out to the DAIL Advisory Board (and in fact, it was 2 staff from the DD Council who are not members of the DAIL Advisory Board, but were in attendance) I'd like to consult and make sure we are on the same page about what we send out. I've cc'd Selina as I know she was very involved in this process and the exemption request and may both be aware of additional documentation and have some helpful advice.

Do you have time to touch base about this within the next week or so?

Also, Shawn, if you can send me the link to the DVHA webpage that contains the additional information about the Comprehensive Quality Strategy and other information related to the HCBS rules, I can include that once we sort out what additional information will be shared.

Thanks.

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
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Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
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From: Skaflestad, Shawn
Sent: Tuesday, June 19, 2018 10:47 AM
To: George, Camille <Camille.George@vermont.gov>
Cc: Davis, Clarence <Clarence.Davis@vermont.gov>
Subject: FW: Vermont 2018 Inter-Governmental Agreement and Rate Certification submission

Hi Camille – as per your request after last week's DAIL Advisory Board Meeting – attached are the following conflict-free case management items:

- Geographic exception request application (pdf: CFC Brief Action Plan – pp. 5 and 6)
- CMS correspondences (Outlook item: Follow Up question on CFC + embedded pdf: Vermont response)

I have copied Clarence because this item as discussed with him and Martha back in April – and I am not sure if any action has been taken since that meeting. Please let me know if you have any questions re: the attached documents.

Best,

Shawn

Hutt, Monica

From: Hickman, Selina
Sent: Friday, June 23, 2017 11:36 AM
To: Schenck, Tom M.(CMS/CMCHO); Skaflestad, Shawn
Cc: Hutt, Monica
Subject: RE: Follow up question on CFC HHA/AAAs

Great- thank you, Tom!

Selina

Selina H. Hickman
Director of Health Care Operations, Compliance, & Improvement
Vermont Agency of Human Services
(802) 585-9934

From: Schenck, Tom M.(CMS/CMCHO) [mailto:Tom.Schenck@cms.hhs.gov]
Sent: Friday, June 23, 2017 11:34 AM
To: Hickman, Selina <Selina.Hickman@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: RE: Follow up question on CFC HHA/AAAs

Thanks, Selina! Glad to have you back! I've passed this along to our HCBS SMEs and I'll be in touch once I know next steps.

From: Hickman, Selina [mailto:Selina.Hickman@vermont.gov]
Sent: Friday, June 23, 2017 10:58 AM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Schenck, Tom M.(CMS/CMCHO) <Tom.Schenck@cms.hhs.gov>
Cc: Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: RE: Follow up question on CFC HHA/AAAs

Hi Tom,

I am back from leave and following up on your below inquiry from 5/4. Please see attached for Vermont's response and let me know if there is additional follow up needed.

I hope you are well!

Best,

Selina

Selina H. Hickman
Director of Health Care Operations, Compliance, & Improvement
Vermont Agency of Human Services
(802) 585-9934

From: Skaflestad, Shawn
Sent: Friday, May 05, 2017 10:48 AM
To: Schenck, Tom M.(CMS/CMCHO) <Tom.Schenck@cms.hhs.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: RE: Follow up question on CFC HHA/AAAs

Tom – thanks for the follow up question. I will confer with the appropriate folks here at the agency and be back in touch.

Best,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

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(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: Schenck, Tom M.(CMS/CMCHO) [mailto:Tom.Schenck@cms.hhs.gov]
Sent: Thursday, May 04, 2017 5:32 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: Follow up question on CFC HHA/AAAs

Hi Shawn,

I'm following up on this memo from last summer regarding the geographically designated HHAs that CMS is reviewing. We're wondering about item 1a on page 6. Could you elaborate on the statement regarding a potential determination that the HHAs/AAAs are the only qualified entities to provide both direct care and case management services. Specifically, does VT believe that to be the case statewide or only in certain geographic entities? Any further information that could help us consider a potential designation would be helpful.

Thanks,

Tom Schenck
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
(617) 565-1325

Hutt, Monica

From: George, Camille
Sent: Friday, June 29, 2018 9:43 AM
To: Hutt, Monica; Hill, Bard; McFadden, Clare; Tierney-Ward, Megan; Courcelle, Andre
Subject: update: conflict free case management and clarification about roles between AHS and DVHA

Hi Everyone (and please share with any other staff who need this information):

A lot has happened around the topic of conflict-free case management in the past few weeks and I am writing to update you:

- The topic was raised at the June 14 DAIL Advisory Board meeting as Shawn Skaflestad, Clare and Andre were providing an update on implementation of the CMS HCBS rules. Also in attendance at the meeting were 2 staff from the DD Council that raised the issue, but then members of the DAB were also very interested. At that time, the DAB requested copies of the CM waiver exemption request that was submitted to CMS and any related communication to/from CMS.
- I followed up with AHS Interim Deputy Secretary Clarence Davis with a cc to Selina Hickman. Selina provided some documentation and also included a number of additional AHS staff (including DMH, DVHA, etc). In her communication, Selina raised that CMS had already advised that the way to go about doing this would be to request an amendment to the 1115 waiver and that the plan was to include it with the recently authorized Substance Use Disorder waiver amendment, but that the amendment request re: conflict free case management was not included in that amendment (I later learned at the meeting discussed below that CMS discouraged VT from including it, stating that the topic is very controversial and could slow down the approval of the SUD waiver). It was agreed that we would meet to brief Clarence and come up with a plan.
- In the meantime, the DD Council filed 2 very broad public records requests, 1 with DAIL and 1 with AHS.
- The DD's Council was subsequently withdrawn, as state employees cannot file FOIA requests, but DAIL indicated to DD Council staff Susan Aranoff that I was already working on the request from the DAIL Advisory Board and would share the information with her.
- At the meeting, we briefed Clarence about the rule and the history, background and VT specific complexities related to the conflict-free case management rule. This is when I got additional clarity about the message from CMS that a waiver amendment would need to be submitted and approved.
- We also agreed that Ashley Berliner would do some research about the rule, where things stand, where we have gaps, identify liabilities/risks related to compliance, etc. and then we would come back together to discuss options and come up with a plan moving forward.
- I've made a note to check in with Ashley about conflict free CM in a couple weeks if we have not heard from her by then.

We also had an opportunity to clarify/discuss communication/roles and who needs to be brought into what conversations:

Ena Backus supervises Shawn S (and others, but I didn't get their names) and their group focuses on quality and compliance. Ashley is head of Medicaid Policy. However, since policy, quality and compliance are all intertwined, it was advised that when we have issues that arise related to Medicaid (not just re: the conflict free CM or HCBS rules), that we reach out to both Ena and Ashley and they can determine if and who needs to be involved.

I hope this update is helpful. Please let me know if you have any questions.

**Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living**

Commissioner's Office

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alzheimer's association

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Kennedy, Alice

From: Bascom, June
Sent: Monday, June 11, 2018 4:12 PM
To: McFadden, Clare
Subject: RE: Master Grant - HCBS Info needed for FY 19

I wondered about that. Well, one down.

From: McFadden, Clare
Sent: Monday, June 11, 2018 3:46 PM
To: Bascom, June <June.Bascom@vermont.gov>
Subject: RE: Master Grant - HCBS Info needed for FY 19

Well actually, we are still in the process of fully evaluating them. The survey was completed and now the QM team is doing site visits to validate them. So it is still ok for it to stay in.

From: Bascom, June
Sent: Monday, June 11, 2018 3:41 PM
To: McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: Master Grant - HCBS Info needed for FY 19

One of the performance measures that needs to be changed in the FY 19 Master Grant is the HCBS Rules measure under DD HCBS. The current Master Grants say: "Participation in settings evaluation to be in compliance with the Medicaid Services Home and Community Based Services Rules". This was due to be completed by all the agencies by 12/1/17

Kennedy, Alice

From: Skaflestad, Shawn
Sent: Thursday, January 05, 2017 1:29 PM
To: Beck, Stephanie; Harrigan, Emma; Carmichael, Erin; Hill, Bard; Cooper, Alicia; Clark, Bill; Hoffman, Sandi; Jones, Pat; Miles, Melissa; O'Neill, Kathryn
Cc: Hickman, Selina
Subject: RE: MCE: Comprehensive Quality Strategy Section V
Attachments: VT CQS Section V February 2016.docx

Hi All,

This is a follow up to my email below. As a reminder - I am looking for your help updating Section V: *Delivery System Reform* of the Vermont GC Comprehensive Quality Strategy (CQS). The link to the current version of the strategy is provided below. I understand that many of you are part of the GC wavier evaluation team that will be meeting tomorrow – so we can discuss this request at the end of our meeting if necessary – but I am hoping that this email will get us started.

According to guidance provided by CMS <https://www.medicaid.gov/medicaid/quality-of-care/downloads/quality-strategy-toolkit-for-states.pdf> this section of the CQS should address the following:

This section should be completed by states that have recently implemented or are planning to implement delivery system reforms. Examples of such delivery system reforms include, but are not limited to, the incorporation of the following services and/or populations into a managed care delivery system: aged, blind, and disabled population; long-term services and supports; dental services; behavioral health; substance abuse services; children with special health care needs; foster care children; or dual eligibles.

Regulatory Reference	Description	Page Reference or Comment
	<i>Describe the reasons for incorporating this population/service into managed care. Include a definition of this population and methods of identifying enrollees in this population.</i>	This appears to be specific to Managed Care
	<i>List any performance measures applicable to this population/service, as well as the reasons for collecting these performance measures.</i>	Could use your input here
	<i>List any performance improvement projects that are tailored to this population/service. This should include a description of the interventions associated with the performance improvement projects.</i>	Could use your input here
	<i>Address any assurances required in the state’s Special Terms and Conditions (STCs), if applicable.</i>	I can address

In an effort to facilitate the process - I have attached the current content of Section V to this email. As you can see, the current section identified the following service delivery reform efforts and involve Medicaid:

- Bringing Choices for Care (LTSS) wavier into GC waiver (Medicaid Managed Care) – Bard H
- SIM/VHCIP – Alicia C, others?
- HUB/SPOKE – ?
- Blueprint - ?

In addition – I think we need to include something on the following efforts:

- DVHA next Gen ACO – **Alicia C, Erin C, Sandi H, and Bill C**
- All Payer Model – **Melissa M, Kathryn O, and Pat J**
- IFS - ?
- VMP (DA/SSA/PP & LTSS) – **Bard H and Shawn S**
- SUD Waiver (placeholder) – **Stephanie B**

In addition to updating your section (background/overview) – I am looking for additional content that addresses the specific CMS requires **highlighted in yellow above** (i.e., performance measures and improvement activities). Please use your judgment when forwarding content – but a less is more approach is appreciated!

We are looking to post an updated version of the CQS at the beginning of February 2017 for public comment – so I will need your feedback by **Friday, January 27, 2017**. I will look to schedule a meeting in the near future – but in the meantime - please reach out to me if you have any initial questions re: this request.

Thank you,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

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(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: Skaflestad, Shawn

Sent: Tuesday, December 20, 2016 11:57 AM

To: Carmichael, Erin <Erin.Carmichael@vermont.gov>; Beck, Stephanie <Stephanie.Beck@vermont.gov>

Cc: Harrigan, Emma <Emma.Harrigan@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Cooper, Alicia <Alicia.Cooper@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>

Subject: RE: MCE: Comprehensive Quality Strategy

The CQS is posted here <http://dvha.vermont.gov/global-commitment-to-health/comprehensive-quality-strategy> As you can see, the most recent version is dated 2/19/16. To date, much of the focus has been on incorporating and implementing the new HCBS regulations related to the setting requirement and person centered approaches for service planning. Both DAIL and DMH have been active members of the implementation team. Emma H is the only cross-over with PAC and the MCE Quality Committee. Bill C is the DVHA representative to this group.

If you took at the CQS table of contents – Section V (pp. 60-61) is dedicated to Delivery System and Payment Reform (involving Medicaid). This is the section that needs updating to include things like APM, DVHA Next Generation ACO, VMP (DA/SSA/PP & LTSS), and ultimately the pending SUD waiver. PAC is responsible for reviewing the CQS – but they rely on subject matter experts for the details. In some cases – they are one in the same.

My thought is that the following folks (at a minimum) need to be involved in updating Section V of the CQS - Bard (VMP: LTSS); Erin or Alicia (MSSP/Next Gen/APM); Stephanie (SUD), and me (APM/VMP: DA/SSA/PP).

Shawn

From: Carmichael, Erin
Sent: Tuesday, December 20, 2016 10:27 AM
To: Beck, Stephanie <Stephanie.Beck@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: RE: MCE: Comprehensive Quality Strategy

Thanks for bringing this up, Stephanie – because I’m not sure I have it noted down correctly and would like to draft up the meeting minutes. I made note that the Comprehensive Quality Strategy would be posted for public comment in February. In the past, the CQS has been reviewed by the PAC, but I’m shaky on whether we said that would happen again before February... I’ll wait to hear Shawn’s feedback.

From: Beck, Stephanie
Sent: Tuesday, December 20, 2016 10:22 AM
To: Carmichael, Erin <Erin.Carmichael@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: MCE: Comprehensive Quality Strategy

Erin & Shawn,

If I recall correctly, during the MCE Quality Committee meeting, it was indicated that the CQS would be brought forward to the PAC first (at the next PAC meeting?) in anticipation of a public process in Feb? CQS content and process at the next PAC?

Are the content updates mostly related to the new HCBS regs?

Someone mentioned a possible combined meeting between the QM and the PAC to review the CQS too.

Thanks,
Stephanie

Kennedy, Alice

From: Tierney-Ward, Megan
Sent: Thursday, March 30, 2017 2:20 PM
To: Courcelle, Andre
Subject: HCBS self assessment plan

Importance: High

Hi Andre,

This is a list that Shawn sent on 3/9 for what he needs to launch the survey on Monday 4/3. Have you been able to give him any of this information yet?

- Create personalized messages (both content and look) that you would like to send to providers. SG offers customizable messages for invites, reminders, and thank yous. I can send you a template that you can modify. **As a group, we will need to determine the most efficient way to customize the look of your messages. He needs this tomorrow.**
- Upload a spreadsheet containing provider contact information. In order to do this, **I will need a spreadsheet from you with provider contact information (specifically emails)**. To date, I have set up 3 DAIL email campaigns (i.e., CFC providers, DS providers, and TBI providers). As a result, I will need a spreadsheet with provider contact information for each. I have also set up 3 DMH email campaigns (i.e., CRT providers, EFT providers, and EFT Parents/Guardians). Similar to DAIL – each will need a spreadsheet with contact information. I set up the email campaigns – so if these don't make sense – we can make adjustments. **I just emailed you an excel sheet that just needs some missing TBI provider information.**
- **Determine survey open and close dates.** I propose Monday, April 3rd as the day that DAIL provider surveys should be sent out – and Friday, April 28th as the closing date. As far as DMH is concerned – I propose May 1st and May 31st OR June 1st and June 30th. These dates are flexible – but we need to agree on dates ahead of the Comprehensive Quality Strategy (CQS – aka Vermont's State Transition Plan) public posting next Friday, March 17th. **I think 4/3/17-4/28/17 is OK. DO you?**
- **Clarify a monitoring plan.** SG has numerous statistics that track message/survey delivery and completion. We need to determine how best to use the information available via the application to enhance response rates, flag concerns, and monitor any corrective actions. **Thoughts on this?**

Please keep in mind that these items relate to provider self-assessments only. We have an update meeting scheduled for this coming Monday, March 13th from 3:30pm-4:30pm. I would like to use some of this meeting to review this email, make some decisions, and determine next steps – including the administration of the consumer validation survey. If you would like to talk before our meeting, please feel free to email, call, or stop by.

Megan Tierney-Ward

Adult Services Division Director

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NEW ASD Website: <http://asd.vermont.gov/>

NEED ASSISTANCE? Dial 211

Department of Disabilities, Aging & Independent Living
Adult Services Division
280 State Drive, HC 2 South
Waterbury, VT 05671-0270
Main Phone: (802) 241-0294
Direct Line: (802) 241-0308
FAX: (802) 241-0385
megan.tierney-ward@vermont.gov

NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Forkas at colleen.forkas@vermont.gov. Thank you.

Kennedy, Alice

From: Skaflestad, Shawn
Sent: Thursday, July 20, 2017 1:20 PM
To: Tierney-Ward, Megan; Courcelle, Andre; Gerstenberger, Roy; Harrigan, Emma; Omland, Laurel; Hill, Bard
Subject: RE: CMS HCBS Milestone Workplan
Attachments: VT Milestone Template July 20, 2017.docx

Thanks for getting together to discuss the milestone template. I am attaching a modified version to this email. Please review and let me know if the dates still make sense across all programs. Keep in mind that you can insert more aggressive dates into your individual timelines.

I look forward to hearing your feedback.

Shawn

-----Original Appointment-----

From: Skaflestad, Shawn
Sent: Monday, June 26, 2017 3:11 PM
To: Tierney-Ward, Megan; Courcelle, Andre; Gerstenberger, Roy; Harrigan, Emma; Omland, Laurel; Hill, Bard
Subject: CMS HCBS Milestone Workplan
When: Monday, July 10, 2017 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: AHS - WSOC Boxelder 10 OR Dial-In Number: 1-877-273-4202 Conference Room ID: 1262904

Hi All,

This is a meeting to discuss the attached Excel spreadsheet. Rather than having one HCBS workplan like CMS has proposed (also attached) – I am suggesting a separate one for each program. Before we meet – please take some time and review the Excel file – paying special attention to the Topic, Milestone, and what is current written in the CQS/STP about the related topic (reference is listed in the CSQ/STP Page No. column). By the end of our meeting – I would like us to agree on the Milestones and what is currently written in the CQS/STP about the topic – as well as suggested due dates for each milestone.

Please note that a dial in option is available for those unable to attend in person.

Thank you,

Shawn

Kennedy, Alice

From: Mary Fredette <mfredette@gatheringplacevt.org>
Sent: Monday, May 23, 2016 7:00 AM
To: Tierney-Ward, Megan; Rollins, Dee; Diane Olechna; JoAnne Bohlen; Corbett, Joanne; Santamore, Judy; Griswold, Martha; Linda Wichlac; Loryn Hamilton; INFO; Coutu, Peter; Sue Chase
Cc: Senghas, Stuart; Forkas, Colleen; Hutt, Monica; 'Virginia Renfrew (renfrew@sover.net)'
Subject: Re: Meeting Monday 5/23/15
Attachments: Standards Draft REvision-track changes (005.docx)

Good Morning:

Attached is a copy of the Standards with suggestions related to the HCBS Rule highlighted in yellow and some questions/suggestions in red for this mornings meeting.

Thank you!
Mary

Mary Fredette, MHA
Executive Director
The Gathering Place
30 Terrace Street
Brattleboro, VT 02301
Phone: 802-254-6559
Direct: 802-246-1511
info@gatheringplacevt.org

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From: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Sent: Thursday, May 19, 2016 4:11 PM
To: Rollins, Dee; Diane Olechna; JoAnne Bohlen; Corbett, Joanne; Santamore, Judy; Griswold, Martha; Linda Wichlac; Loryn Hamilton; INFO; Coutu, Peter; Sue Chase
Cc: Senghas, Stuart; Forkas, Colleen; Hutt, Monica; 'Virginia Renfrew (renfrew@sover.net)'
Subject: Meeting Monday 5/23/15

Good Afternoon,

Monday is our meeting to review the HCBS Federal Regulations as they apply to the Adult Day Standards. Attached are the following documents:

- Agenda

- Current Standards with a few highlighted edits
- Regulations Reference Table
- Language regarding Modifications to the regulations

I have also attached a guide to visitors at the Waterbury State Complex which has directions. You will need come in through the main entrance which towards the back of the complex. You must show an ID at the security window as you come in. They will give you a temporary badge and you will wait in the main lobby for one of us to escort you to the Elm Conference Room. If you need to reach one of us, you can call 241-0294 (main number), 241-0307 (Stuart Senghas) or 241-0308 (me).

Finally, if you have not already done so, please RSVP to the invitation as soon as possible so we can have a final count. Security prefers to have a list of names when we are having a meeting.

Best,

Megan Tierney-Ward

Adult Services Division Director



NOTE: NEW Contact Information

Department of Disabilities, Aging & Independent Living
Adult Services Division
280 State Drive, HC 2 South
Waterbury, VT 05671-0270

Main Phone: (802) 241-0294

Direct Line: (802) 241-0308

FAX: (802) 241-0385

megan.tierney-ward@vermont.gov

NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Forkas at colleen.forkas@vermont.gov. Thank you.

NEED ASSISTANCE?

Contact your local Aging & Disabilities Resource Connection partner:

- Vermont 211: Dial 211
- Senior Helpline: 1-800-642-5119 (for people 60 and older)
- VT Center for Independent Living: 1-800-639-1522 (for people under 60)

- Brain Injury Association of VT: 1-877-856-1772

Kennedy, Alice

From: Tierney-Ward, Megan
Sent: Tuesday, August 01, 2017 3:13 PM
To: AHS - DAIL ASD
Cc: George, Camille; Hutt, Monica
Subject: ASD Monthly Update - August 2017

August 2017 ASD Monthly Update

AARP LONG-TERM SERVICES & SUPPORTS SCORECARD

In June, AARP released its 2017 State Scorecard on Long-Term Services and Supports (LTSS); [Picking up the Pace of Change: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers](#).

I am proud to report that Vermont was ranked 3rd overall in the nation in the delivery of long-term services and supports, showing improvement in Affordability & Access, Choice of Setting & Provider and Support for Family Caregivers. In 2014, Vermont ranked 6th and in 2011 Vermont ranked 11th.

The AARP Scorecard, published every three years, is a compilation of state data and analysis—designed to showcase measures of state performance for creating a high-quality system of care to drive progress toward improvement in services for older adults and people with physical disabilities, and their family caregivers.

Some of the contributing work by AHS, DAIL and its partners include the expansion of Medicaid services allowing more people to access critical LTSS, the large variety of Medicaid funded options for Vermonters who want to receive their services in a less expensive home-based setting, and the variety of family caregiver and respite supports provided through Medicaid programs and Older Americans Act funded services.

LONG-TERM SERVICES & SUPPORTS PROGRAM NOTES

- Choices for Care consumer/surrogate directed personal care services are having an audit starting this month. The audit will review how we authorize services, how ARIS knows to pay people, how we monitor the services, etc. Most of the work will be managed at central office and we will let staff know who is involved.
- The Fiscal Employer Services contract (currently ARIS) is up for renewal January 2018. A Request for Proposals (RFP) was recently posted inviting entities to apply. Lisa Neveu is our lead representative on this work.
- Sara Lane has officially transitioned to her new role with TBI services.
- Stephanie Rosario and Mary Woods are working to wrap up reassessments and new awards for all Adult High-Tech participants. (There are about 18.) We are also exploring with DVHA some program changes that will create much needed efficiencies for administering high tech services.
- The Commissioner is leading a stakeholder workgroup to review the Moderate Needs program and provide recommendations for improvements. The goal is to have these recommendations finalized by the end of the calendar year.

QUALITY MANAGEMENT UPDATES

- TBI standards being aligned with HCBS regulations and CFC program standards.
- Reviewing an application for a potential new adult day in Woodstock.
- Working with an adult day in Newport that is co-located in a nursing facility, which is not allowed by the new federal HCBS regulations.

STATE PLAN ON AGING

The State Unit on Aging is working with a contractor, Kelly Melekis, to perform a state-wide needs assessment on services for older Vermonters. This assessment will inform the process of revising the Vermont State Plan by October 2018.

WORKFORCE CHALLENGES

Last month updates summarized the workforce challenges and things that are happening. As our MFP team continues to participate in a multi-state workgroup with the Centers for Medicare and Medicaid services, they will create a plan of action with recommendations to address items such as training and resources for self-directed services and workforce retention. The goal is to identify at least one item that is immediately actionable and items that are advisory to AHS and DAIL management. Rene is the lead working with Matt. The plan of action will be complete in November 2017.

ASD STAFF & POSITION UPDATES

- Welcome Tiffany Smith who has accepted the Aging & Disabilities Program Administrator position! Tiffany has worked in healthcare facilities as a certified dementia care practitioner and has provided training and education to families and caregivers. She will work closely with Mary Woodruff and the Area Agency on Aging programs. Tiffany starts August 9th.
- Interviews have been scheduled for the Program Manager position.
- Congratulations Sara and Andre for both successfully completing the Medicaid Academy. We will find opportunities for them to present their projects to our team.

DAIL APPRECIATION DAY

We had another beautiful day at Button Bay for our annual DAIL Employee Appreciation Day July 21, 2017. Food was great (we even got to have dessert first!) and everyone enjoyed the great outdoors. This year each division was granted one Commissioner Award which was awarded to our own Nicole Distasio for her work with the ADRC grant and volunteering to help the Department in other important ways. Well done Nicole! Also, Colleen Bedard received the DAIL "Phoenix Award" in her work with the website team. I'm so proud of you all!

“The month of August had turned into a griddle where the days just lay there and sizzled.”
— **Sue Monk Kidd, *The Secret Life of Bees***

Megan Tierney-Ward

Adult Services Division Director

NEW ASD Website: <http://asd.vermont.gov/>

NEED ASSISTANCE? Dial 211

Department of Disabilities, Aging & Independent Living

Adult Services Division

280 State Drive, HC 2 South

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Main Phone: (802) 241-0294

Direct Line: (802) 241-0308

FAX: (802) 241-0385

megan.tierney-ward@vermont.gov

NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Bedard at colleen.bedard@vermont.gov. Thank you.

From: [O'Neill, Chris](#)
To: [McFadden, Clare](#); [Roth, Amy](#); [Bascom, June](#); [Perkins, Jennifer](#); [Rogers, Jackie](#)
Subject: more documents for leadership team meeting
Date: Wednesday, January 24, 2018 10:25:00 AM
Attachments: [VT Milestone Template July 24 2017 \(002\).docx](#)
[DESIGNATION QUESTIONS 2017 updated for HCBS validation final.doc](#)

Hello Again,

Attached are more documents for this morning's meeting. June and I both put on a discussion of the HCBS rules validation process/interviews. Attached is the timeline for the HCBS rules plan to come into compliance, the other is a copy of the designation question with the HCBS rules questions added, these are highlighted.

I will bring hard copies to the meeting.

Thanks,

Chris

Christopher M. O'Neill
Quality Management Team Leader
Department of Disabilities Aging and Independent Living (DAIL)
Developmental Disabilities Services Division (DDSD)
Waterbury State Office Complex
Waterbury, Vermont 05671-2030
(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

From: [Perreault, Liz](#)
To: [AHS - DAIL Management Team](#)
Subject: More Handouts and Last Week's Minutes
Date: Wednesday, May 31, 2017 8:21:18 AM
Attachments: [Applying lean production to the public sector McKinsey & Company.mht](#)
[Lean and Waste in the Social Services Tim Wood is the Enemy Quality Social Service.htm](#)
[MTMeetingMinutes_052417.docx](#)

Hello,
Here's some more stuff for today.
See you soon.

Liz
Liz Perreault
Executive Assistant
Commissioner's Office
Disabilities, Aging and Independent Living
802-241-2401 – Main Line
802-241-0362
Mailing Address:
HC 2 South
280 State Drive
Waterbury, VT 05671-2020



January 9, 2017

Ms. Vikki Wachino
Director, Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

NAMD Comments RE: Medicaid Program; Request for Information: Federal Government Interventions to Ensure the Provision of Timely and Quality Home and Community Based Services [CMS-2404-NC]

Dear Director Wachino:

On behalf of the nation's Medicaid Directors, NAMD is pleased for the opportunity to submit comments to inform future federal policies around Medicaid home and community-based services (HCBS).

The National Association of Medicaid Directors (NAMD) is a bipartisan organization which represents Medicaid Directors in the 50 states, the District of Columbia, and the five territories. Medicaid programs are often the largest insurers in a state, with responsibility to provide coverage for the sickest, frailest and most complex and costly patients in the country. Many of those complex patients are recipients of Medicaid-covered long-term services and supports (LTSS), including waiver-based HCBS programs.

The states, in partnership with CMS and other federal entities, have made substantial progress in rebalancing the delivery of Medicaid LTSS towards the community in recent years. However, that progress has not been without its challenges. We hope our comments here provide context around these challenges and point to effective solutions for CMS to consider. As CMS reviews stakeholder responses to this RFI, we urge the following principles to be kept at the forefront:

- **States are equal partners with CMS in administering the Medicaid program:** States, as co-financers and direct administrators of the Medicaid program, are uniquely situated to provide meaningful insight into Medicaid HCBS program operations. CMS should give states significant deference in consideration of the multitude of stakeholder perspectives that will be forthcoming in the RFI.



More fundamentally, NAMD recommends CMS reconsider its relationship with states going forward in terms of how HCBS program approval and oversight is conducted. In recent years, CMS waiver review and approval processes have placed significant burden on states, even when state and federal aims are in lockstep. The need for states to deliver HCBS solely through federal waivers necessitates the constant need for federal approval for program operations, and states indicate that CMS's expectations for these programs constantly shifts and incrementally increases. This creates an environment of unpredictability for state program administration, introduces delays in routine program changes, and builds differential standards from one state to another.

Going forward, we recommend CMS adopt a more flexible approach to its oversight of state HCBS programs and allow states to more fruitfully explore innovative program design. CMS should design approval pathways and oversight processes which are outcomes-oriented and avoid unnecessary administrative burden on the states.

- **The HCBS landscape is continually evolving, and this evolution must be considered in any additional federal rulemaking:** Like many areas of Medicaid, the HCBS benefit is undergoing significant change. This change is driven in part by federal rulemaking, in particular CMS's 2014 HCBS rule. This rule creates definitions for HCBS settings and gives states until 2019 to develop and implement transition plans to bring settings into compliance with the rule or otherwise remove the settings from state HCBS programs. State efforts here, and uncertainty in terms of how the 2019 compliance picture will impact overall HCBS availability, introduces an element of uncertainty to overall state HCBS programs. This uncertainty around the shifting HCBS landscape should be considered as CMS reviews RFI comments and plans additional regulatory action.

We request CMS keep these two principles in consideration as the remainder of our comments are reviewed. Our responses to the specific RFI questions can be found in the attachment to this letter.

NAMD again wishes to thank CMS for its ongoing partnership on HCBS issues and its commitment to finding mutually beneficial solutions with states. NAMD stands ready to continue this partnership in the coming years.

Sincerely,

NAMD President

NAMD Vice President



ATTACHMENT: NAMD Responses to HCBS RFI Questions

What are the additional reforms that CMS can take to accelerate the progress of access to HCBS and achieve an appropriate balance of HCBS and institutional services in the Medicaid LTSS system to meet the needs and preferences of beneficiaries?

States recognize that the Medicaid statute as it is currently constructed favors institutional care over care provided in the community. The statutory construct constrains actions that states and the federal government can take in order to keep individuals in community settings, or otherwise provide individuals with care in the setting of their choice. Yet despite the barrier posed by federal law, CMS, states, and stakeholders have made substantial progress in improving community LTSS capacity to provide HCBS via a variety of Medicaid waiver authorities. This progress, driven in part by advocates for person-centered planning and individual engagement in LTSS systems of care, has achieved significant milestones in rebalancing Medicaid LTSS towards the community in recent years. NAMD shares CMS's goal of building on these efforts and further expanding the availability of HCBS in a deliberative, sustainable manner that is reflective of state resources and community capacity to provide care.

- **On the reinterpretation of the definition of “nursing facility” to allow Medicaid’s mandatory nursing facility benefit only to individuals with nursing facility assessed need whose needs cannot be met in the community:**
 - While we recognize that the intent behind redefining “nursing facility” in this manner is aimed at further driving continued rebalancing of Medicaid LTSS towards the community, there would be significant operational challenges associated with this change. The proposed definition would have significantly disparate impact across states, which have varying levels of community capacity to support HCBS. Alteration of the nursing facility definition could result in the disruption or reduction of available LTSS, depending on these capacity issues.

Additionally, it is unclear how the proposed definitional change would impact the various Medicaid LTSS eligibility pathways, such as individuals who initiate nursing facility care as a private payer and attain Medicaid eligibility via spending down their assets. It is possible for such individuals to experience care disruptions if they are required to, upon attaining Medicaid eligibility, transition to a different setting solely due to the Medicaid definition of nursing facility. Similar disruptions could also occur for individuals who are initially receiving Medicare-covered nursing facility post-acute or rehabilitative care.



Given these constraints, we encourage CMS to remain focused on beneficiary preferences and person-centered planning principles in its approach to the definition of nursing facilities, to utilize these touch points in further consideration of additional levers to support Medicaid LTSS rebalancing, and address other existing instances of institutional bias persisting in CMS regulation and processes.

- **On 1115 strategies and budget neutrality:**

- NAMD has found CMS's other targeted 1115 efforts, such as the substance use disorder 1115 in operation in California and Massachusetts, to be effective vehicles for creating innovative delivery system reforms to address the needs of complex beneficiaries. We hope a collaborative federal/state approach can produce similarly effective results in the HCBS space.

There are several measures that CMS could take under 1115 demonstration waiver authority which could support innovative state efforts to enhance LTSS delivery in the community. One approach would be to build a specialized 1115 on the lines of the Pilot Comprehensive Long-Term Care State Plan Option, as referenced in the RFI.

As another option, CMS may grant a state authority to create a streamlined LTSS delivery system which draws across the full spectrum of available institutional and community resources to establish a baseline of LTSS capacity. The state would then be granted the flexibility to draw down institutional capacity and divert those resources to the development of community capacity, structured such that the overall LTSS capacity in the state does not fall below the established baseline. The state could be given full flexibility to achieve these aims, including caps or wait lists for institutional care similar to the caps that exist for current HCBS waiver services.

An additional area for focus in an 1115 is overall care coordination, particularly for individuals who receive Medicaid HCBS and occasionally require short-term institutional states for certain specialized service needs. Currently, it is difficult, if not impossible, for states to ensure a case manager or care coordinator assisting the individual in the HCBS benefit follows that individual into the institution for short-term stays. Current Medicaid rules and waiver authorities do not provide states with sufficient flexibility to ensure individuals retain their care

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coordinators in these scenarios. A targeted 1115 to ensure robust care coordination, regardless of the Medicaid authority providing coverage, would be of significant benefit.

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TSS care teams

We also encourage CMS to continue exploring the full universe of authorities that may be leveraged to provide Medicaid-supported housing. One of the chief impediments to continued expansion of HCBS capacity in states is the absence of affordable housing for beneficiaries. This lack may drive individuals who otherwise could remain in the community into institutional care. CMS should continue the work undertaken by the Innovation Accelerator Program’s housing track, promulgate relevant guidance for states, and provide technical assistance in this key area.

Regardless of CMS chooses to apply 1115 waiver authority in HCBS, NAMD wishes to call attention to the critical need for clear, predictable and streamlined approval pathways for states. Recent experience with other CMS approvals, including State Plan Amendments, managed care rate reviews, and modifications to existing waivers, have often been time and resource-intensive for states. Delayed approvals introduce instability into state programs and create impediments to future innovation. We encourage CMS to be collaborative, not prescriptive, in its approach to approval of new state HCBS models leveraging 1115 waiver authority.

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On the question of budget authority, we encourage CMS to retain its existing 1115 framework of the “with waiver/without waiver” comparison. This is the most appropriate mechanism for assessing the value of HCBS services, which are generally lower cost than equivalent care provided in institutional settings. Budget neutrality rules should not be a barrier to states’ use of 1115 authority to support continued LTSS rebalancing.

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hould use “cost” instead
of value. Value should
be used for performance
and outcome measures

- **On eligibility flexibility and controls:**

- NAMD encourages CMS to explore modifications to HCBS eligibility criteria to support the provision of HCBS prior to an individual reaching an institutional level of care status. However, such work should be done hand-in-hand with work to support overall HCBS capacity in the states, in order to avoid situations where individuals may be entitled to HCBS but have no housing in which to receive services.



We also strongly recommend CMS review Medicaid medically needy spend-down rules associated with LTSS eligibility, as these represent a vestige of institutional bias in federal rules that could be swiftly remediated. Currently, individuals who are over the Medicaid income limit and living in institutions may use the projected costs of the nursing facility to spend down to the income limit. Since these individuals have no housing or living expenses in the institution, they are likely to meet the spend-down requirements. The same cannot be said of individuals in the community, who may not use projected HCBS waiver expenses for spend-down. These individuals often cannot meet spend-down requirements while also sustaining basic community cost of living and housing.

The current alternative for states is to test individual income compared to the average cost of a nursing facility stay, which in many states could result in LTSS income eligibility thresholds that are significantly higher than those currently in place – creating an unsustainable situation for Medicaid LTSS systems. NAMD believes a more appropriate solution is for CMS to allow individuals who otherwise qualify for Medicaid HCBS to use the projected cost of waiver services in meeting spend-down requirements.

- **On benefit redesign:**

- Many of the types of benefit redesign NAMD would find beneficial are discussed above in our comments on potential 1115 pathways. We wish to reiterate the critical need for additional support for housing in Medicaid.

CMS could consider modification of Medicare discharge rules to require hospitals to engage with HCBS providers in the community upon discharge of a Medicare patient. This could include making Medicare hospital reimbursement for community discharges greater than, or at least equivalent to, discharges to facilities. Such a modification would more closely align Medicare's financial incentives with the objectives of Medicaid LTSS rebalancing.

- **On resource needs for the provision of HCBS, and urban/rural differences:**

- As CMS is well aware, Medicaid LTSS and HCBS are categorically different from other Medicaid covered services, and must be addressed in a manner reflective of their unique nature. HCBS often requires providers to travel to beneficiaries, depending on the nature of the covered service and the needs of the individual, which renders a broad-based analysis of HCBS providers and services less useful than it would be for other providers.

Commented [MN6]: We would like to see CMS allow states through 1115 pathways the option to simplify the financial eligibility rules to reduce the financial eligibility process so individuals may be enrolled and receive HCBS LTSS services more timely.



These differences are further pronounced in comparing urban, rural, and frontier areas in the states. Overall population density can impact the types of HCBS services that can be feasibly provided, which adds additional layers of nuance to any service adequacy analysis. This distinction is particularly important in interpreting and applying CMS's HCBS settings rule. States remain concerned about how to distinguish settings presumed institutional due to isolating characteristics, when that isolation may result from the setting's location in a rural or frontier area rather than any particular characteristic of the setting itself. Such considerations should be front of mind for CMS as it assesses community integration of HCBS settings in these areas.

What actions can CMS take, independently or in partnership with states and stakeholders, to ensure quality of HCBS and beneficiary health and safety?

- **On CMS and state roles in ensuring HCBS quality of care, and CMS remedial actions:**
 - Medicaid Directors share CMS's commitment to the provision of safe and high-quality HCBS to the Medicaid LTSS population, which represents one of the frailest and most vulnerable populations in the nation's health care system. States are engaged in continued development and improvement of critical incident reporting and monitoring programs, and we recommend CMS work with states and other federal partners to support these efforts.

The current structure of collaboration between CMS and states to develop corrective action plans upon identification of non-compliant HCBS programs remains the best avenue for effectuating program improvement. States are committed to being effective partners with CMS in the overall functioning of the Medicaid program, including the provision of person-centered, high quality HCBS. NAMD does not support CMS taking a less collaborative approach, such as disallowance of federal match or a freezing of enrollment in a problematic waiver program. Indeed, these more heavy-handed solutions could have the opposite effect and further exacerbate identified problems by diverting necessary federal resources and supports, which could further deteriorate the beneficiary experience of care. States strongly encourage CMS to remain committed to collaboration in these instances.

- **On the creation of federal HCBS conditions of participation:**



- States have consistently set the parameters and requirements governing HCBS provider participation, and we believe it is appropriate for states to continue being the primary drivers of their HCBS program structures.

NAMD does not support the creation of federal conditions of participation for Medicaid HCBS providers, modeled on the conditions of participation for institutions and home health agencies. That model is appropriate for those types of providers, who are on fixed locations and have more standardized services and workers. HCBS providers, however, are much more varied in terms of the services they provide, how they provide them, and where they are located – often, these providers travel to beneficiaries in the beneficiary’s home.

Some providers do operate from fixed locations, and could thus be suitable candidates for this oversight model. We recommend CMS be thoughtful in considering which types of HCBS providers would be most appropriate for conditions of participation, and that CMS engage with states and stakeholders to develop appropriate criteria should such a model be pursued.

- **What can CMS do to support standardized performance measures for HCBS, including in Medicaid waivers and state plans?**
 - NAMD is supportive of CMS working in collaboration with quality measure experts and other stakeholders to develop a menu of HCBS quality measures for states to voluntarily report on, similar to the work undertaken to develop the Medicaid Adult and Child core measure sets. These core measure sets allow states the flexibility to report on impactful measures in their programs, while simultaneously providing an avenue for comparability across states and programs – a worthy goal, but one which is often complicated by the intricacies of state-specific program design.

However, NAMD does not support the imposition of specific reporting requirements related to data points or indicators which are not reflective of state-specific programs. Every Medicaid program is unique, and Medicaid HCBS programs even more so. States structure their HCBS programs in part to reflect the available community resources HCBS providers on the ground, which federally-required reporting may not be sensitive to. Further, the provision of HCBS is grounded in individualized care plans with uniquely tailored goals and outcomes, which also are unlikely to be reflected in CMS-imposed measures. The universe of HCBS is too vast for such a strategy to be impactful.



Instead, states must retain the flexibility to report on processes and outcomes which are meaningful and drive program improvement for their specific HCBS programs. The necessary reporting measures should continue to be specified in the individual HCBS waivers states negotiate with CMS, in order to ensure CMS has mechanisms in place to assess state program performance.

- **What other quality measurement activities should CMS require or do to support states and other stakeholders to strengthen the provision of quality HCBS across any Medicaid authorities?**
 - NAMD supports CMS's continued engagement with the National Quality Forum, NCQA, and other measure development and accreditation bodies focused on HCBS work. We recognize the ongoing need for more robust, validated, outcomes-oriented HCBS measures for states to adopt.

NAMD also supports the work CMS continues to undertake to reflect Medicaid LTSS beneficiary experience of care in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. As HCBS is highly individualized, these survey assessments provide states with valuable insights into the effectiveness of their programs for the beneficiaries served. Continued development of these survey instruments will be beneficial for states.

What program integrity safeguards should states have in place to ensure beneficiary safety and reduce fraud, waste, and abuse in HCBS?

States, as administrators and co-financers of the Medicaid program, take program integrity issues in the program extremely seriously. This responsibility is acutely felt in the LTSS space, which represents some of the most vulnerable and medically complex individuals in the nation. Each year, Medicaid Directors work to drive continued improvement in the prevention, identification, and remediation of program integrity issues, including abuse, neglect, and fraud. While these systems are not perfect, Medicaid Directors have made great strides in recent years in improving the sophistication of their program integrity efforts, as demonstrated in NAMD's most recent Operations Survey¹. State financial reviews, post-claim edits, audit activities, and other strategies are yielding dividends in the HCBS program integrity arena.

We recognize that work by the Health and Human Services Office of the Inspector General (OIG) continues to identify cases of abuse and neglect in Medicaid HCBS programs, particularly

¹ 5th Annual State Medicaid Operations Survey, December 2016 http://medicaiddirectors.org/wp-content/uploads/2016/12/NAMD_OpsSurveyReport_FINAL.pdf



personal care services (PCS)². Each of these instances is taken seriously by states, and we seek to work with CMS and OIG to ensure that all appropriate and feasible safeguards are taken. That said, it is important for CMS to fully assess just how widespread these instances may be, and to keep its expectations of states realistic. Collaboration and partnership are the key methods for addressing program integrity issues as they emerge.

- **On the benefits and consequences of standard federal requirements for personal care workers:**

- NAMD cautions against the adoption of federal standards for personal care workers. The PCS workforce is highly varied compared to other workforces subject to federal conditions of participation, and there is substantial risk that the adoption of such an approach could drive out current members of the PCS workforce. This could create additional access to service problems for current beneficiaries and limit the number of future beneficiaries that could be supported by state HCBS programs. Limited state HCBS resources would have to be redirected to provider training programs, states may have to modify licensure and certification laws and regulations, and otherwise dedicate state resources to federal compliance activities rather than provision of services. The ability of beneficiaries to have a choice of providers would also likely be significantly impacted by this measure.

NAMD recommends that states retain the authority to set provider standards for their HCBS programs, as states are best equipped to understand their beneficiary populations, service needs, and workforce capacity.

- **On home care worker registries, background checks, and fingerprinting:**

- NAMD acknowledges the effectiveness of home care registries, criminal background checks, fingerprinting, and other OIG-recommended PCS program integrity safeguards. Several states already have such systems in place and have found them to be of use in reducing instances of fraud in their PCS programs. That said, these states also indicated that the costs associated with putting these programs in place was significant, and several nuances had to be worked through before their potential was realized.

However, we also wish to call attention to the unintended consequences that could result from these measures. For example, in states whose HCBS programs

² HHS OIG Investigative Advisory on Medicaid Fraud and Patient Harm Involving Personal Care Services, October 2016 <https://oig.hhs.gov/reports-and-publications/portfolio/ia-mpcs2016.pdf>



rely heavily on family caregivers, background checks and worker registries may be too burdensome for otherwise lightly-trained caregivers to comply with. This could, in turn, pose difficulties for access to HCBS.

As such, NAMD supports states having the continued option to develop and adopt standards requiring worker registration, background checks, fingerprinting, or other identified effective practices. These practices should not be imposed by the federal government, but to the extent that states wish to adopt them, federal support should be made available.

- **On enrollment of PCS attendants, the use of identifiers, and inclusion of worker identity on claims:**

- Similar to the measures discussed above, some states have found these strategies to be effective but have also found them costly to implement. NAMD is particularly concerned at the cost implications for states of a requirement that all PCS attendants be enrolled with the state, as this could entail the creation of new databases and impose additional administrative burdens on states in terms of tracking provider numbers and individual PCS claims. It is also unclear how this requirement would be operationalized in a self-directed context.

We reiterate the need for technical assistance and financial support for states who desire to go down this path, but do not believe it is appropriate for CMS to mandate state adoption of these policies.

- **On additional PCS program integrity measures:**

- NAMD encourages CMS to continue collaboration with states and external entities to improve Medicaid program integrity initiatives, via avenues such as the Medicaid Integrity Institute with the Department of Justice. We also encourage continued identification and dissemination of effective program integrity practices, continued federal financial support for state program integrity activities, and further progress on state access to Medicare data for program integrity and overall care coordination purposes.

We also wish to note that the 21st Century Cures Act, recently signed into law, accelerates the federal timeline for states to adopt electronic visit verification (EVV) systems. These systems, while effective in states that currently have them in place, are costly to adopt, with only a few vendors equipped to meet state needs in this area. We recommend CMS work with states to chart a path for smooth adoption of EVV systems required by federal law, and provide federal

Commented [MN7]: Recommend CMS conduct a study of this strategy to include benefits/outcomes, availability of IT vendor SAAS solutions, implications for state's MMIS and associated costs prior to a decision to implement.

Concern that this requirement could negatively affect PCS service delivery due to the significant increase in Medicaid Provider Enrollments processing and management.



financial support for this adoption to the fullest extent possible. Federal guidance on methods to leverage enhanced systems funding for EVV and other critical HCBS systems work would be of significant benefit for states.

- **Are the program integrity safeguards that are appropriate for agency-directed PCS also appropriate for self-directed PCS?**
 - Self-directed PCS programs are designed to support person-centeredness by allowing individuals the autonomy to make informed decisions about specific workers providing their services, including the hiring and firing of workers at the individual's discretion. It is important to consider these unique features of self-directed PCS when contemplating appropriate program integrity safeguards. Measures which may be appropriate for agency-directed PCS, where agencies have oversight capabilities for their workers beyond what any individual could accomplish, likely will not be appropriate for self-directed PCS. Flexibility in program integrity strategies to ensure no undue burdens are placed on individuals in self-directed programs is key to ensuring the ongoing success of these person-centered programs.

What specific steps could CMS take to strengthen the HCBS home care workforce?

Medicaid Directors understand the difficulties of developing sufficient HCBS workforces to meet beneficiary needs. However, it is important to note here that workforce development is not solely a matter of financial remuneration. Indeed, rates and reimbursement is not the sole driver, or likely the primary driver, of HCBS workforce development. The significant variation in HCBS provider types, the overall lack of a clear career path or development trajectory for HCBS workers, and the at times difficult nature of the work are also all factors that impact the robustness of the workforce. Workforce development strategies must encompass the full universe of these factors.

In light of this, NAMD strongly opposes CMS expanding its rate-setting approval authority to address overall sufficiency of Medicaid rates, especially federal review of individual wage levels for HCBS workers. States are far better positioned to understand the dynamics of their existing HCBS workforces, the market factors impacting those workforces, and how rate structures interact with the state's HCBS waiver programs and authorities. We do not believe a review of rates alone sufficiently capture the universe of factors impacting access to HCBS and the overall development of HCBS workforces.

Should such detailed rate reviews occur, the potential for unintended consequences is tremendous. The realities of state budgetary environments preclude the possibility of states



funding Medicaid HCBS to the exclusion of other Medicaid services or other core government services, such as education and transportation. State legislatures allot Medicaid funding on an annual or biannual basis in the context of an overall balanced state budget, with little room for additional, unforeseen costs.

Indeed, the imposition of a federal rate sufficiency test or other detailed, individual wage level reviews would likely have the opposite effect than what is intended here. HCBS services provided under waivers are subject to enrollment caps and other restrictions, which are the primary means states have of controlling program costs. An increase in those costs would necessarily imply a potential reduction in overall beneficiaries served or benefits covered. We have seen such a scenario play out after the introduction of the Department of Labor's home care worker minimum wage rule, and CMS should consider these lessons as it considers action in this area.

Further, CMS is already undertaking significant rate review in non-HCBS Medicaid program areas via the access monitoring rule's rate SPA review process in FFS Medicaid, and in MLTSS via Medicaid managed care rate approvals. States are already experiencing a delay in overall timeliness of CMS review and approvals under these current regulatory structures. We question the utility of further expansion of CMS's scope of rate review work given these delays, and we do not anticipate such an expansion would produce more timely approvals for HCBS rates. At minimum, the current HCBS rate review and approval process should remain in place.

A more productive approach for CMS to take would be to work with states in a collaborative fashion to design educational courses, provider career advancement pathways, and exploring methods to support providers showing signs of burnout.

Kennedy, Alice

From: Bascom, June
Sent: Tuesday, May 08, 2018 12:43 PM
To: McFadden, Clare
Subject: NCI and HCBS Rules

Here's a quick review of FY 17 NCI Adult Consumer Survey data for CASC and GMSS in terms of percentages surveyed.

	Total surveyed – Total HCBS served (that qualified for NCI) – Percentage		
CSAC –	33	122	27%
	Surveyed Group/Staffed Living – Total served in that setting – Percentage		
CSAC –	4	12	33%
	Surveyed Shared Living – Total served in that setting – Percentage		
CSAC –	9	51	18%

	Total surveyed – Total HCBS served (that qualified for NCI) – Percentage		
GMSS –	19	73	26%
	Surveyed Shared Living – Total served in that setting – Percentage		
GMSS –	14	64	22%

Kennedy, Alice

From: Skaflestad, Shawn
Sent: Monday, July 02, 2018 12:32 PM
To: Courcelle, Andre; Tierney-Ward, Megan; Harrigan, Emma; Omland, Laurel; Clark, Bill
Cc: McFadden, Clare
Subject: FW: NEW CMS INFORMATION!!
Attachments: Health and Welfare CIB 6-28-2018.pdf; group-homes-joint-report.pdf; evv-good-faith-effort.pdf

Hi All – just in case you did not receive this from Clare – below are 2 HCBS related webinars. While both are related to our work – the latter (i.e., The Process for Final STP Approval) is directly related to our recent milestone discussion.

Best,

Shawn

From: McFadden, Clare
Sent: Monday, July 02, 2018 10:44 AM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: FW: NEW CMS INFORMATION!!

Hi Shawn- You may have received this already, but just in case, see the two webinars below related to HCBS rules. I will get someone from DDS to attend, but others may want to as well.

From: George, Camille
Sent: Friday, June 29, 2018 10:29 AM
To: McFadden, Clare <Clare.McFadden@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Cc: Hutt, Monica <Monica.Hutt@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Euber, Jim <Jim.Euber@vermont.gov>; Kelly, Bill <Bill.Kelly@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>
Subject: Fwd: NEW CMS INFORMATION!!

Get [Outlook for iOS](#)

From: Camille Dobson <cdobson@nasuad.org>
Sent: Thursday, June 28, 2018 11:57 AM
To: @NASUA
Subject: NEW CMS INFORMATION!!



All recipients are Bcc'd

Good Morning NASUAD Members:

We wanted to make sure you were aware of **two critical pieces of information that CMS released this morning on Medicaid.gov.**

1. An informational bulletin addressing the findings of the OIG/OCR/ACL Joint Report on state oversight of group homes that was issued in January. In the CIB, CMS urges states to review the recommendations included in the report and incorporate them into their critical incident management and quality assurance processes. We've attached both the CIB and the Joint Report for ease of reference.
2. Instructions and the necessary content that a state should include in its application for the 'good-faith' exemption for a 1-year delay in the EVV compliance deadline for personal care services that goes into effect on January 1, 2019. Only one request may be filed by a state between July 1 – November 30, 2018. We have attached the instructions here as well.

Additionally, CMS will be holding **two webinars (July 11 and July 18th)** on HCBS issues. We encourage you to register early and attend!

1. Conflict of Interest Part II and Medicaid HCBS Case Management: July 11, 2018: 1:30pm – 3pm EST

The objective of this training is to build on the COI Part I training with a review of what constitutes conflict of interest (COI), including the HCBS rules regarding COI, and an overview on strategies for assessing your case management system, using data to inform stakeholders and decision-making, and tips for developing and implementing a corrective action plan (CAP). New Editions Consulting, Inc. is currently the training lead through the Home and Community Based Services Technical Assistance Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions Consulting, Inc. will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this

link: <https://neweditions.adobeconnect.com/ealehps71yag/event/registration.html>

2. The Process for Final STP Approval: July 18, 2018: 2:00pm – 3:30pm EST

The objective of this training is to clarify CMS' expectations in order to grant final approval; describe requirements for site-specific assessment, validation, outcomes and remediation strategies; discuss the process for heightened scrutiny and consider processes for monitoring and quality assurance to ensure ongoing compliance. New Editions is currently the training lead through the HCB Settings Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this

link: <https://neweditions.adobeconnect.com/eow4ijn7h97n/event/registration.html>

As always, please feel free to reach out to me or Damon if you have any questions or concerns.

Camille

Camille I. Dobson, MPA | Deputy Executive Director | NASUAD
1201 15th Street, NW Suite 350, Washington, DC 20005 | www.nasuad.org
O: 202/499-5947 | M: 202/304-0336 | cdobson@nasuad.org





Kennedy, Alice

From: Hill, Bard
Sent: Friday, June 29, 2018 1:30 PM
To: Poulin, Adam; Neveu, Lisa; Marinelli, Nancy; McFadden, Clare; Roth, Amy; McMann, Angela; George, Camille; Liscinsky, Joseph
Subject: Fwd: NEW CMS INFORMATION!!

Comments from the network...

Bard

Sent from my iPhone

Begin forwarded message:

From: "Tierney-Ward, Megan" <megan.tierney-ward@vermont.gov>
Date: June 28, 2018 at 12:57:56 PM EDT
To: "Coburn, Susan" <Susan.Coburn@vermont.gov>, "Hill, Bard" <Bard.Hill@vermont.gov>, "Clark, Bill" <Bill.Clark@vermont.gov>
Subject: RE: NEW CMS INFORMATION!!

I was with a group of states National Governor's association and other states are preparing letters as well. No one had EVV solutions yet for self-managed that was not 3rd party employer. And NASUAD agreed..... no good model out there yet.

From: Coburn, Susan
Sent: Thursday, June 28, 2018 12:54 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>
Subject: RE: NEW CMS INFORMATION!!

Thanks Megan. Yes, we are planning a letter for sure. Great to have guidance on the process. We are also keeping our fingers crossed for a federal extension passed as law.

From: Tierney-Ward, Megan
Sent: Thursday, June 28, 2018 12:33 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; Coburn, Susan <Susan.Coburn@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>
Subject: FW: NEW CMS INFORMATION!!
Importance: High

Just FYI

From: Camille Dobson [<mailto:cdobson@nasuad.org>]
Sent: Thursday, June 28, 2018 11:57 AM
To: @NASUA <nasua@nasuad.org>
Subject: NEW CMS INFORMATION!!
Importance: High



****All recipients are Bcc'd****

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(DLTSS). New Editions will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

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link: <https://neweditions.adobeconnect.com/eow4ijn7h97n/event/registration.html>

As always, please feel free to reach out to me or Damon if you have any questions or concerns.

Camille

Camille I. Dobson, MPA | Deputy Executive Director | NASUAD
1201 15th Street, NW Suite 350, Washington, DC 20005 | www.nasuad.org
O: 202/499-5947 | M: 202/304-0336 | cdobson@nasuad.org



Kennedy, Alice

From: Tierney-Ward, Megan
Sent: Wednesday, December 20, 2017 10:38 AM
To: Tierney-Ward, Megan
Subject: one care

MFP care transitions
HCBS regulations
Motivational interviewing and training opportunities

Get Sara Barry's email from Liz.

Megan

Megan Tierney-Ward

Adult Services Division Director

*November is National Family Caregiver Month. Over 64,000 Vermonters are family caregivers, providing countless hours of unpaid but essential care to loved ones young and old. Find out more about what it's like to be [Caregiving Around the Clock](#). If you are a caregiver of an older Vermonter, contact the Senior Helpline at **1-800-642-5119** to learn more about family caregiver training, counseling, peer support, and respite options in your community, and check out these [10 Tips for Family Caregivers](#).*

NEW ASD Website: <http://asd.vermont.gov/>

NEED ASSISTANCE? Dial 211

Department of Disabilities, Aging & Independent Living
Adult Services Division
280 State Drive, HC 2 South
Waterbury, VT 05671-0270
Main Phone: (802) 241-0294
Direct Line: (802) 241-0308
FAX: (802) 241-0385
megan.tierney-ward@vermont.gov

NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Bedard at colleen.bedard@vermont.gov. Thank you.

Kennedy, Alice

From: Tierney-Ward, Megan
Sent: Monday, October 16, 2017 1:59 PM
To: Phyllis Sisolak
Subject: RE: Question about Personalized Care Plans

That sounds good. I'm t 241-0308

From: Phyllis Sisolak [mailto:phyllis.sisolak@mediware.com]
Sent: Monday, October 16, 2017 1:18 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: RE: Question about Personalized Care Plans

Hi Megan,

That time is fine. You want to call me at 10? I put an entry in my calendar to speak with you.

Regards,

Phyl

Phyllis B. Sisolak

Account Executive – Human and Social Services

Mediware Information Systems, Inc.

11700 Plaza America Drive, Suite 1000

Reston, VA 20190

Office: (703) 657-1507

phyllis.sisolak@mediware.com

www.mediware.com

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From: Tierney-Ward, Megan [mailto:megan.tierney-ward@vermont.gov]
Sent: Monday, October 16, 2017 1:00 PM
To: Phyllis Sisolak <phyllis.sisolak@mediware.com>
Cc: Keith Boushee <keith.boushee@mediware.com>
Subject: RE: Question about Personalized Care Plans

Thank you Phyllis. I will be in meetings the rest of the day and my next couple of days are packed. Would 10am on Thursday work for you?

M

From: Phyllis Sisolak [<mailto:phyllis.sisolak@mediware.com>]
Sent: Monday, October 16, 2017 10:08 AM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Cc: Keith Boushee <keith.boushee@mediware.com>
Subject: RE: Question about Personalized Care Plans

Hi Megan,

I would be happy to talk to you about your HCBS assessments. When you have a moment, please give me a call or send me your phone number and I'll call you!

Thank you.

Phyl

Phyllis B. Sisolak

Account Executive – Human and Social Services

Mediware Information Systems, Inc.

11700 Plaza America Drive, Suite 1000
Reston, VA 20190
Office: (703) 657-1507
phyllis.sisolak@mediware.com
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From: Keith Boushee
Sent: Friday, October 13, 2017 5:22 PM
To: Tierney-Ward, Megan (megan.tierney-ward@vermont.gov) <megan.tierney-ward@vermont.gov>
Cc: Phyllis Sisolak <phyllis.sisolak@mediware.com>
Subject: Question about Personalized Care Plans

Hi Megan,

During our onsite visit, you had brought up a question regarding what other SAMS customers might be using for personalized care plans/assessments in regards to HCBS regulations. I'm cc'ing Phyl Sisolak on this email as a way of introducing her. She is the Mediware Account Manager for Vermont and has fielded a call from Rio Demers regarding this topic. I'm asking her to take the lead on this and contact you to complete this request. Thanks!

Keith

Keith Boushee

Regional Sales Manager/Northeast – Human & Social Services

Mediware Information Systems, Inc.

Office: (703) 657-1519 | Mobile: (860) 324-1473
www.mediware.com

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Kennedy, Alice

From: Corjay, Matthew
Sent: Monday, October 02, 2017 3:55 PM
To: Tierney-Ward, Megan
Subject: RE: Policy and Planning Meeting

Awesome

From: Tierney-Ward, Megan
Sent: Monday, October 02, 2017 3:49 PM
To: Corjay, Matthew <Matthew.Corjay@vermont.gov>
Subject: Re: Policy and Planning Meeting

Thanks Matt! This is great.

I met with Rio last week to better understand the ILA questions and SAMS catalogues. She is going to reach out to Medicare to see if other states have already created assessments that align with the new HCBS regulations and have person-center outcomes.

I think prioritizing the ILA makes sense. Let's make that an agenda item on the next meeting and create a plan.

Megan

From: Corjay, Matthew
Sent: Monday, October 2, 2017 11:41:06 AM
To: Tierney-Ward, Megan
Subject: Policy and Planning Meeting

Megan,

Deb C, Sara, Lisa N, Paula, Mary W and myself were in attendance today. Topics discussed:

1. As we discussed some AFC and TBI subjects we realized that many of these topics could possibly change based the outcome of the meeting with You, Claire, Andre and Chris. We have postponed our AA training that we were thinking about for this fall. It seemed like we need to wait for the outcome of this meeting to understand the policy implications prior to any trainings of the authorized agencies.
2. As we were talking through other policy related issues we seemed to always come back to the fact that our current ILAs is the root cause of many of our challenges. It was the group's feeling that of all things we could

work a new ILA would have the greatest impact on our work flows and policies. I know that we have been talking about a new ILA since I have been here. What are thoughts on prioritizing the new ILA project? If you feel it is a priority, we thought that at the next meeting we could brainstorm a project outline and the barriers that we would face in taking such a project. I can facilitate the discussion but it would be critical that you were there for the discussion.

Thanks,

Matt Corjay
Project Director

Money Follows the Person
State of Vermont
Division of Disability and Aging Services
Adult Services Division

New Office Numbers Effective 02/01/2016:

Office: (802) 241-0286

Fax: (802) 241-0385

New email: matthew.corjay@vermont.gov

From: [Hill, Bard](#)
To: [Roessle, Dru](#)
Subject: Prep for DAIL Mgmt Team / Perf + Process Improvement
Attachments: [ScorecardRetreat2017_Notes_NextSteps.docx](#)
[Using Scorecards at AHS_Retreat.pdf](#)
[Scorecard Development Plan.docx](#)

Context: initial MT discussions; purpose/goals of meeting w MH and CG later today.

PIVOT expectations for DAIL:

DAIL projects that align w AHS (n=4)

AHS, dept, division, program

Extended team level-setting, via short version of white belt?

White/yellow/green? Other

Process improvement skills and progress

Performance improvement skills and progress

From: Clark, Clayton
Sent: Friday, February 9, 2018 4:33:49 PM

Thank you, Liz.

[REDACTED]

[REDACTED]

[REDACTED]

Thank you,
Clayton

From: Perreault, Liz
Sent: Friday, February 09, 2018 2:48 PM
To: AHS - DAIL Management Team <AHS.DAILManagementTeam@vermont.gov <mailto:AHS.DAILManagementTeam@vermont.gov> >
Subject: Management Team Topic Meeting - Need your input

Hi,

We never decided what to have as our next topic meeting. Would you please look at the ideas and see if any of them seem good to do on 2/28? If you have other ideas, please include those too.

Overview of the dept projects that align with AHS strategic plan (attached) - after A3s are complete, A3s presented to the group by project leads

[REDACTED]

Current status of HCBS rules compliance; presented by CFC, DDS, TBI

[REDACTED]

[REDACTED]

Thank you for your input!

Liz

Hi everyone!

[REDACTED]

Best,

Dru

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

Dear Governor:

We write to you to affirm our partnership in improving Medicaid and the lives of those it serves. Medicaid is a safety net program that provides life-saving medical care to millions of Americans facing some of the most challenging health circumstances. In addressing the diversity and complexity of Medicaid recipients, we have a duty to ensure the highest level of quality, accessibility, and choices for Americans who rely on the program. We also have an obligation to taxpayers to make sure Medicaid operates in a way that best serves the most vulnerable populations.

Today, there are significant impediments that stand in the way of achieving these goals. Rigid and outdated implementation and interpretation of federal rules and requirements hinder states from focusing on their most important job: ensuring Medicaid achieves positive health outcomes for vulnerable individuals and families. The federal framework for Medicaid has not kept pace with emerging evidence around the factors that drive improvements in health outcomes. It often fails to properly account for demographic and geographic considerations, as well as health system variables, which vary in degree from one state to the next. Despite the significant investment by states and the federal government, the results should be better.

The expansion of Medicaid through the Affordable Care Act (ACA) to non-disabled, working-age adults without dependent children was a clear departure from the core, historical mission of the program. Moreover, by providing a much higher federal reimbursement rate for the expansion population, the ACA provided states with an incentive to deprioritize the most vulnerable populations. The enhanced rate also puts upward pressure on both state and federal spending. We are going to work with both expansion and non-expansion states on a solution that best uses taxpayer dollars to serve the truly vulnerable.

Today, we commit to ushering in a new era for the federal and state Medicaid partnership where states have more freedom to design programs that meet the spectrum of diverse needs of their Medicaid population. We wish to empower all states to advance the next wave of innovative solutions to Medicaid's challenges—solutions that focus on improving quality, accessibility, and outcomes in the most cost-effective manner. States, as administrators of the program, are in the best position to assess the unique needs of their respective Medicaid-eligible populations and to drive reforms that result in better health outcomes.

As we break down the barriers to support state initiatives aimed at continuously improving the health outcomes for their Medicaid population, we remain committed to certain mechanisms, which ensure state accountability for the outcomes produced by the Medicaid program. For example, budget neutrality for waivers and demonstration projects remains an important policy for protecting the long-term sustainability of the program for states and the federal government,

and state waiver and demonstration requests will continue to be reviewed on a case-by-case basis. Similarly, reasonable public input processes and transparency guidelines provide states an opportunity to consider the views of Medicaid enrollees and stakeholders and gather input that may support continuous improvement of the program.

Some of the key areas where we will improve collaboration with states and move towards more effective program management are described below.

Improve Federal and State Program Management

The Centers for Medicare & Medicaid Services (CMS) is committed to engaging with states in a bilateral process to make the State Plan Amendment approval process more transparent, efficient, and less burdensome. Additionally, we aim to improve the process and speed to facilitate expedited—or “fast-track”—approval of waiver and demonstration project extensions. We also endeavor to be more consistent in evaluating and incorporating state requests for specific waivers and demonstration project approaches that have already received approval in another state. Finally, we plan to conduct a full review of managed care regulations in order to prioritize beneficiary outcomes and state priorities.

Support Innovative Approaches to Increase Employment and Community Engagement

Today, we reaffirm the agency’s commitment to support and complement the various federal, state, and local programs that have demonstrated success in assisting eligible low-income adult beneficiaries to improve their economic standing and materially advance in an effort to rise out of poverty. The best way to improve the long-term health of low-income Americans is to empower them with skills and employment. It is our intent to use existing Section 1115 demonstration authority to review and approve meritorious innovations that build on the human dignity that comes with training, employment and independence.

Align Medicaid and Private Insurance Policies for Non-Disabled Adults

States may also consider creating greater alignment between Medicaid’s design and benefit structure with common features of commercial health insurance, to help working age, non-pregnant, non-disabled adults prepare for private coverage. These state-led reforms could include, as allowed by law:

- Alternative benefit plan designs and cost-sharing models, including consumer-directed health care with Health Savings Account-like features, for individuals at all income levels;
- Facilitating enrollment in affordable employer-sponsored health insurance options;
- Reasonable, enforceable premium or contribution requirements, with appropriate protections for high-risk populations;
- Initiatives designed to break down the barriers that prevent families from being together on the same plan;
- Waivers of non-emergency transportation benefit requirements;
- Expanded options to design emergency room copayments to encourage the use of primary and other non-emergency providers for non-emergency medical care; and
- Waivers of enrollment and eligibility procedures that do not promote continuous coverage, such as presumptive eligibility and retroactive coverage.

Provide Reasonable Timelines and Processes for Home and Community-Based Services Transformation

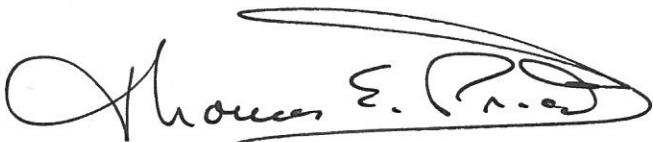
CMS has worked with our state partners and other stakeholders to implement provisions of the final regulation defining a home and community-based setting. In recognition of the significance of the reform efforts underway, CMS will work toward providing additional time for states to comply with the January 16, 2014, Home and Community-Based Services (HCBS) rule. Additionally, we will be examining ways in which we can improve our engagement with states on the implementation of the HCBS rule, including greater state involvement in the process of assessing compliance of specific settings.

Provide States with More Tools to Address the Opioid Epidemic

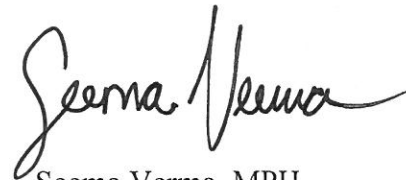
We are committed to ensuring that states have the tools they need to combat the growing opioid epidemic that is devastating families and communities. In recognition of the urgent need to improve access to comprehensive substance abuse treatment, we will continue to work with states to improve care for individuals struggling with addiction under their Medicaid state plans and through the Medicaid Innovation Accelerator Program to improve their substance abuse treatment delivery systems. In addition, under recent regulatory changes, states may now make managed care capitation payments for individuals with Institutions for Mental Disease stays of 15 days or less within a month. We will continue to explore additional opportunities for states to provide a full continuum of care for people struggling with addiction and develop a more streamlined approach for Section 1115 substance abuse treatment demonstration opportunities. We look forward to building upon initial efforts, including previous collaborations amongst the states.

We intend for this to be the beginning of a discussion on how we can revamp the federal and state Medicaid partnership to effectively and efficiently improve health outcomes. We look forward to partnering with you in the years ahead to deliver on our shared goals of providing high quality, sustainable, health care to those who need it most.

Yours truly,



Thomas E. Price, M.D.
Secretary



Seema Verma, MPH
CMS Administrator



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

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We write to you to affirm our partnership in improving Medicaid and the lives of those it serves. Medicaid is a safety net program that provides life-saving medical care to millions of Americans facing some of the most challenging health circumstances. In addressing the diversity and complexity of Medicaid recipients, we have a duty to ensure the highest level of quality, accessibility, and choices for Americans who rely on the program. We also have an obligation to taxpayers to make sure Medicaid operates in a way that best serves the most vulnerable populations.

Today, there are significant impediments that stand in the way of achieving these goals. Rigid and outdated implementation and interpretation of federal rules and requirements hinder states from focusing on their most important job: ensuring Medicaid achieves positive health outcomes for vulnerable individuals and families. The federal framework for Medicaid has not kept pace with emerging evidence around the factors that drive improvements in health outcomes. It often fails to properly account for demographic and geographic considerations, as well as health system variables, which vary in degree from one state to the next. Despite the significant investment by states and the federal government, the results should be better.

The expansion of Medicaid through the Affordable Care Act (ACA) to non-disabled, working-age adults without dependent children was a clear departure from the core, historical mission of the program. Moreover, by providing a much higher federal reimbursement rate for the expansion population, the ACA provided states with an incentive to deprioritize the most vulnerable populations. The enhanced rate also puts upward pressure on both state and federal spending. We are going to work with both expansion and non-expansion states on a solution that best uses taxpayer dollars to serve the truly vulnerable.

Today, we commit to ushering in a new era for the federal and state Medicaid partnership where states have more freedom to design programs that meet the spectrum of diverse needs of their Medicaid population. We wish to empower all states to advance the next wave of innovative solutions to Medicaid's challenges—solutions that focus on improving quality, accessibility, and outcomes in the most cost-effective manner. States, as administrators of the program, are in the best position to assess the unique needs of their respective Medicaid-eligible populations and to drive reforms that result in better health outcomes.

As we break down the barriers to support state initiatives aimed at continuously improving the health outcomes for their Medicaid population, we remain committed to certain mechanisms, which ensure state accountability for the outcomes produced by the Medicaid program. For example, budget neutrality for waivers and demonstration projects remains an important policy for protecting the long-term sustainability of the program for states and the federal government,

and state waiver and demonstration requests will continue to be reviewed on a case-by-case basis. Similarly, reasonable public input processes and transparency guidelines provide states an opportunity to consider the views of Medicaid enrollees and stakeholders and gather input that may support continuous improvement of the program.

Some of the key areas where we will improve collaboration with states and move towards more effective program management are described below.

Improve Federal and State Program Management

The Centers for Medicare & Medicaid Services (CMS) is committed to engaging with states in a bilateral process to make the State Plan Amendment approval process more transparent, efficient, and less burdensome. Additionally, we aim to improve the process and speed to facilitate expedited—or “fast-track”—approval of waiver and demonstration project extensions. We also endeavor to be more consistent in evaluating and incorporating state requests for specific waivers and demonstration project approaches that have already received approval in another state. Finally, we plan to conduct a full review of managed care regulations in order to prioritize beneficiary outcomes and state priorities.

Support Innovative Approaches to Increase Employment and Community Engagement

Today, we reaffirm the agency’s commitment to support and complement the various federal, state, and local programs that have demonstrated success in assisting eligible low-income adult beneficiaries to improve their economic standing and materially advance in an effort to rise out of poverty. The best way to improve the long-term health of low-income Americans is to empower them with skills and employment. It is our intent to use existing Section 1115 demonstration authority to review and approve meritorious innovations that build on the human dignity that comes with training, employment and independence.

Align Medicaid and Private Insurance Policies for Non-Disabled Adults

States may also consider creating greater alignment between Medicaid’s design and benefit structure with common features of commercial health insurance, to help working age, non-pregnant, non-disabled adults prepare for private coverage. These state-led reforms could include, as allowed by law:

- Alternative benefit plan designs and cost-sharing models, including consumer-directed health care with Health Savings Account-like features, for individuals at all income levels;
- Facilitating enrollment in affordable employer-sponsored health insurance options;
- Reasonable, enforceable premium or contribution requirements, with appropriate protections for high-risk populations;
- Initiatives designed to break down the barriers that prevent families from being together on the same plan;
- Waivers of non-emergency transportation benefit requirements;
- Expanded options to design emergency room copayments to encourage the use of primary and other non-emergency providers for non-emergency medical care; and
- Waivers of enrollment and eligibility procedures that do not promote continuous coverage, such as presumptive eligibility and retroactive coverage.

Provide Reasonable Timelines and Processes for Home and Community-Based Services Transformation

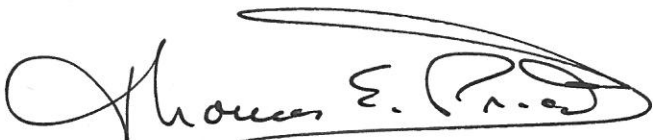
CMS has worked with our state partners and other stakeholders to implement provisions of the final regulation defining a home and community-based setting. In recognition of the significance of the reform efforts underway, CMS will work toward providing additional time for states to comply with the January 16, 2014, Home and Community-Based Services (HCBS) rule. Additionally, we will be examining ways in which we can improve our engagement with states on the implementation of the HCBS rule, including greater state involvement in the process of assessing compliance of specific settings.

Provide States with More Tools to Address the Opioid Epidemic

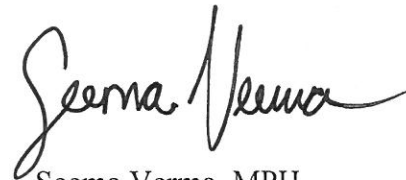
We are committed to ensuring that states have the tools they need to combat the growing opioid epidemic that is devastating families and communities. In recognition of the urgent need to improve access to comprehensive substance abuse treatment, we will continue to work with states to improve care for individuals struggling with addiction under their Medicaid state plans and through the Medicaid Innovation Accelerator Program to improve their substance abuse treatment delivery systems. In addition, under recent regulatory changes, states may now make managed care capitation payments for individuals with Institutions for Mental Disease stays of 15 days or less within a month. We will continue to explore additional opportunities for states to provide a full continuum of care for people struggling with addiction and develop a more streamlined approach for Section 1115 substance abuse treatment demonstration opportunities. We look forward to building upon initial efforts, including previous collaborations amongst the states.

We intend for this to be the beginning of a discussion on how we can revamp the federal and state Medicaid partnership to effectively and efficiently improve health outcomes. We look forward to partnering with you in the years ahead to deliver on our shared goals of providing high quality, sustainable, health care to those who need it most.

Yours truly,



Thomas E. Price, M.D.
Secretary



Seema Verma, MPH
CMS Administrator

Choices for Care provider message for the following providers:

- Adult Day Providers = Adult Day Services
- Area Agencies on Aging = CFC Case Management
- Home Health Agencies = CFC Case Management
- Authorized Agencies = CFC Adult Family Care

Hello,

As a valued member of our Choices for Care (CFC) provider community, we are requesting that you participate in an important survey. Your responses will help us better understand how your current operations align with the new federal rules from CMS on services funded through Home & Community Based Services Medicaid (HCBS), and how we can work together to make any necessary changes.

Even though you may be a provider of more than one HCBS program, this survey pertains specifically to the work you do as a Choices for Care provider. ***Please complete the survey by Friday, April 28th.***

If you are an Area Agency on Aging or Home Health Agency provider of CFC Case Management, please note that in the Provider Information section, you will leave the “setting” questions blank, skip the sections 2.-6. about settings and complete section 7. Personal-Centered Planning Process.

For more information about the HCBS federal rules, go to <https://hcsadvocacy.org/learn-about-the-new-rules/>. For information on the Choices for Care work plan, go to <http://asd.vermont.gov/special-projects/federal-hcbs>. For questions about this survey, please contact Andre Courcelle at andre.courcelle@vermont.gov.

Thank you so much for your time and feedback.

Sincerely,

Megan Tierney-Ward, Director

Adult Services Division

Vermont Department of Disabilities, Aging & Independent Living

TBI Program provider message:

Hello,

As a valued member of our Traumatic Brain Injury provider community, we are requesting that you participate in an important survey. Your responses will help us better understand how your current operations align with the new rules from CMS on services funded through Home & Community Based Services Medicaid, and how we can work together to make any necessary changes.

Even though you may be a provider of more than one HCBS program, this survey pertains specifically to the work you do as a TBI Program provider. ***Please complete the survey by Friday, April 28th.***

For more information about the HCBS federal rules, go to <https://hcbadvocacy.org/learn-about-the-new-rules/>. For information on the TBI Program work plan, go to <http://asd.vermont.gov/special-projects/federal-hcbs>. For questions about this survey, please contact Andre Courcelle at andre.courcelle@vermont.gov.

Thank you so much for your time and feedback.

Megan Tierney-Ward, Director

Adult Services Division

Vermont Department of Disabilities, Aging & Independent Living

Kennedy, Alice

From: Gerstenberger, Roy
Sent: Friday, May 12, 2017 12:28 PM
To: O'Neill, Chris; Courcelle, Andre; Lane, Sara; McFadden, Clare
Subject: HCBS - Provider Questions
Attachments: Vermont HCBS Plan Provider Questions.docx

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Hello Chris, Andre, Sara & Clare,

Providers are looking for guidance. I've put this document together and would like your comments and suggestions.

RG

Kennedy, Alice

From: Rogers, Jackie
Sent: Thursday, November 02, 2017 12:07 PM
To: Tierney-Ward, Megan
Subject: Re: HCBS provider validation consumer survey

Yes. She is only working very part time for me.

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From: Tierney-Ward, Megan
Sent: Thursday, November 2, 2017 9:54:49 AM
To: Rogers, Jackie
Subject: FW: HCBS provider validation consumer survey

Hi Jackie!

A birdy told me that Kathy Hamilton is working with you as a temp. You can see the email below that ASD is starting work on some HCBS regulations work that Kathy has experience doing with DS. I'm interested to know if Kathy is potentially available to help us on a time-limited project.

Thanks,
Megan

From: McFadden, Clare
Sent: Wednesday, November 01, 2017 4:27 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: RE: HCBS provider validation consumer survey

OK, I checked in with Kathy Hamilton and with Chris O'Neil about the status of validation surveys. Here's what I learned. Kathy only did the agency surveys. Those are complete and we have a summary of the findings. Chris's QM team is doing the validation surveys with consumers during their regularly scheduled quality review process as each agency comes due for review. He has imbedded questions to determine compliance with HCBS into the interview process with consumers. The have used this process with 2 agencies so far. His plan is to compare the information submitted during the agency review and compare it to the information provided by consumers. He will also be looking to see if the agency has implemented the changes they said they would make in the agency survey. His plan is to include a section in the quality review report to the agency regarding HCBS compliance and need for a POC for things that still do not meet the requirements. Kathy was not going to be used for the consumer survey validation process. Kathy is hired as a temporary employee. She is now working with Jackie on some work for OPG. I'm not sure how long we will have her on board.

Let me know if you have other questions. I still need to get fully up to speed on the requirements and I need to work with Chris around the workplan for completing everything and then ensuring an ongoing review process. We still also need to map out our plan for reviewing settings that are at risk of not being in compliance.

From: Tierney-Ward, Megan
Sent: Friday, October 27, 2017 10:30 AM
To: McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: RE: HCBS provider validation consumer survey

Thank you Clare!

From: McFadden, Clare
Sent: Friday, October 27, 2017 10:06 AM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: RE: HCBS provider validation consumer survey

Hi Megan- I need to get up to speed on what has been done and our next steps. I am going to research this now and I'll get back to you next week.

From: Tierney-Ward, Megan
Sent: Wednesday, October 25, 2017 3:46 PM
To: McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: HCBS provider validation consumer survey

Hi Clare,
Did DS already complete the HCBS regulations validation survey with consumers? I know that Roy was working with Kathy Hamilton to do that work. We are getting ready to do ours and are interested to know if it went well with Kathy and what your payment agreement looked like if you can share it.

Thanks!
M

Megan Tierney-Ward
Adult Services Division Director

Falls are the leading cause of fatal and non-fatal injuries among older adults, but you have the power to [prevent a fall](#). September is **Falls Prevention Awareness Month!** Learn more at [Falls Free Vermont](#) or by calling the Senior Helpline at 1-800-642-5119.



NEW ASD Website: <http://asd.vermont.gov/>

NEED ASSISTANCE? Dial 211

Department of Disabilities, Aging & Independent Living
Adult Services Division
280 State Drive, HC 2 South
Waterbury, VT 05671-0270
Main Phone: (802) 241-0294
Direct Line: (802) 241-0308

FAX: (802) 241-0385

megan.tierney-ward@vermont.gov

NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Bedard at colleen.bedard@vermont.gov. Thank you.

Kennedy, Alice

From: White, Monica
Sent: Friday, June 22, 2018 11:50 AM
To: George, Camille; Hill, Bard; McFadden, Clare; Perreault, Liz; Tierney-Ward, Megan; Schurr, Stuart; Kennedy, Alice; Hutt, Monica
Subject: RE: Public Records request
Attachments: Public Records Request

Importance: High

[REDACTED]

[REDACTED]

[REDACTED]

From: White, Monica
Sent: Friday, June 22, 2018 11:49 AM
To: George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: RE: Public Records request
Importance: High

[REDACTED] ents.

From: White, Monica
Sent: Friday, June 22, 2018 8:48 AM
To: George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: RE: Public Records request

[REDACTED]

[REDACTED]

[REDACTED]

Thanks,
Monica

Monica L. White, BS, MBA

Director of Operations

State of Vermont Department of Disabilities, Aging & Independent Living (DAIL)

280 State Drive/HC 2 South, Waterbury, VT 05671-2020

802.398.5024 (cell) 802.241.0354 (office) 802.241.0386 (fax)

Monica.White@vermont.gov

<http://dail.vermont.gov/>

 **"Like" us on Facebook at:** <https://www.facebook.com/dailvt>



June is Alzheimer's and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer's Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.

From: George, Camille

Sent: Friday, June 22, 2018 8:34 AM

To: Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>

Subject: RE: Public Records request

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Camille George, Deputy Commissioner

Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
Cell Phone: 802.798-2079
E-mail: camille.george@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.



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From: Hill, Bard
Sent: Thursday, June 21, 2018 4:53 PM
To: McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Subject: RE: Public Records request

From: McFadden, Clare
Sent: Thursday, June 21, 2018 4:19 PM
To: Perreault, Liz <Liz.Perreault@vermont.gov>; White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Public Records request

[REDACTED]

Perreault, Liz

Sent: Thursday, June 21, 2018 2:38 PM

To: White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>

Subject: RE: Public Records request

[REDACTED]

Thanks,
Liz

From: White, Monica

Sent: Thursday, June 21, 2018 2:24 PM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>

Cc: Perreault, Liz <Liz.Perreault@vermont.gov>

Subject: Fwd: Public Records request

[REDACTED]

Thanks,
Monica

Sent via iPhone

From: Aranoff, Susan <susan.aranoff@vermont.gov>

Sent: Thursday, June 21, 2018 1:58 PM

To: White, Monica

Cc: Murphy, Kirsten

Subject: Public Records request

June 21, 2018

Monica White
Director of Operations
Vermont Department of Disabilities, Aging, and Independent Living

Dear Record Custodian:

Pursuant to Vermont's Public Records Act, 1 V.S.A. 315-320, I hereby request copies of the following records:

All letters, memoranda, reports or other writings issued or received by you or by staff in your department during 2017 and 2018 that pertain Vermont's implementation plans for the new federal rules for Medicaid-funded home and community-based services.

I am addressing this request to you in the belief that you are the custodian of such documents. If you are not, I request that you forward my request to the proper custodian of such documents and inform me of who that person is.

I hereby agree to pay reasonable and customary costs for these copies upon delivery, provided that the total does not exceed \$50.00. If the charge would exceed that amount, please so inform me before incurring the expense.

If the law does not allow me to have access to some of these records, please inform me within three business days, as provided by law, and inform me of the specific exemption that applies to each record or portion of a record being withheld. If an otherwise public record has a portion that is exempt from disclosure, please redact the exempt portion and release a copy of the rest of the document together with a notation of the specific exemption that applies to the redacted portion.

If some or all of my request is denied, please tell me the title and name of the person responsible for the denial and, as the law requires, please inform me of

the appeal procedures available to me and the name of the person to whom an appeal may be made.

If you have questions about this request, please call me at 802.828.1311.

Thank you for your assistance with this matter.

Sincerely,

Susan Aranoff

Senior Planner and Policy Analyst
Vermont Developmental Disabilities Council
322 Industrial Lane
Berlin, Vermont 05633-0206

802.828.1311

Susan.Aranoff@Vermont.gov

Kennedy, Alice

From: Hutt, Monica
Sent: Thursday, June 21, 2018 5:54 PM
To: Hill, Bard; McFadden, Clare; Perreault, Liz; White, Monica; Tierney-Ward, Megan; Schurr, Stuart; Kennedy, Alice; George, Camille
Subject: Re: Public Records request

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From: Hill, Bard <bard.hill@vermont.gov>
Sent: Thursday, June 21, 2018 4:52 PM
Subject: RE: Public Records request
To: McFadden, Clare <clare.mcfadden@vermont.gov>, Perreault, Liz <liz.perreault@vermont.gov>, White, Monica <monica.white@vermont.gov>, Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>, Schurr, Stuart <stuart.schurr@vermont.gov>, Kennedy, Alice <alice.kennedy@vermont.gov>, Hutt, Monica <monica.hutt@vermont.gov>, George, Camille <camille.george@vermont.gov>

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<Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>

Subject: RE: Public Records request

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Cc: Perreault, Liz <Liz.Perreault@vermont.gov>

Subject: Fwd: Public Records request

[REDACTED]

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Monica

Sent via iPhone

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Sent: Thursday, June 21, 2018 1:58 PM

To: White, Monica

Cc: Murphy, Kirsten

Subject: Public Records request

June 21, 2018

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Director of Operations
Vermont Department of Disabilities, Aging, and Independent Living

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Sincerely,

Susan Aranoff

Senior Planner and Policy Analyst
Vermont Developmental Disabilities Council
322 Industrial Lane

Berlin, Vermont 05633-0206

802.828.1311

Susan.Aranoff@Vermont.gov

Kennedy, Alice

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Sent: Friday, June 22, 2018 12:30 PM
To: White, Monica; Hill, Bard; McFadden, Clare; Perreault, Liz; Tierney-Ward, Megan; Schurr, Stuart; Kennedy, Alice; Hutt, Monica
Subject: RE: Public Records request



Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
Cell Phone: 802.798-2079
E-mail: camille.george@vermont.gov
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screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.

From: White, Monica

Sent: Friday, June 22, 2018 11:50 AM

To: George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>

Subject: RE: Public Records request

Importance: High

[REDACTED]

[REDACTED]

[REDACTED]

From: White, Monica

Sent: Friday, June 22, 2018 11:49 AM

To: George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>

Subject: RE: Public Records request

Importance: High

[REDACTED]

From: White, Monica

Sent: Friday, June 22, 2018 8:48 AM

To: George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>

Subject: RE: Public Records request

[REDACTED]

[REDACTED]

[REDACTED]

Thanks,
Monica

Monica L. White, BS, MBA

Director of Operations

State of Vermont Department of Disabilities, Aging & Independent Living (DAIL)

280 State Drive/HC 2 South, Waterbury, VT 05671-2020

802.398.5024 (cell) 802.241.0354 (office) 802.241.0386 (fax)

Monica.White@vermont.gov

<http://dail.vermont.gov/>

 **“Like” us on Facebook at:** <https://www.facebook.com/dailvt>



June is Alzheimer's and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer's Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.

From: George, Camille

Sent: Friday, June 22, 2018 8:34 AM

To: Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>

Subject: RE: Public Records request

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living

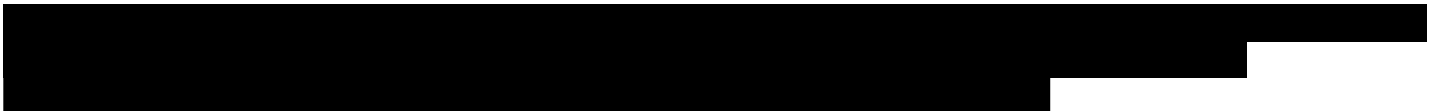
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
Cell Phone: 802.798-2079
E-mail: camille.george@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.




June is Alzheimer's and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer's Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.


From: Hill, Bard
Sent: Thursday, June 21, 2018 4:53 PM
To: McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Subject: RE: Public Records request



From: McFadden, Clare
Sent: Thursday, June 21, 2018 4:19 PM
To: Perreault, Liz <Liz.Perreault@vermont.gov>; White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Public Records request



From: Perreault, Liz
Sent: Thursday, June 21, 2018 2:38 PM
To: White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Public Records request



Thanks,
Liz

From: White, Monica
Sent: Thursday, June 21, 2018 2:24 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>
Subject: Fwd: Public Records request



Thanks,
Monica

Sent via iPhone

From: Aranoff, Susan <susan.aranoff@vermont.gov>
Sent: Thursday, June 21, 2018 1:58 PM
To: White, Monica
Cc: Murphy, Kirsten
Subject: Public Records request

June 21, 2018

Monica White

Director of Operations
Vermont Department of Disabilities, Aging, and Independent Living

Dear Record Custodian:

Pursuant to Vermont's Public Records Act, 1 V.S.A. 315-320, I hereby request copies of the following records:

All letters, memoranda, reports or other writings issued or received by you or by staff in your department during 2017 and 2018 that pertain Vermont's implementation plans for the new federal rules for Medicaid-funded home and community-based services.

I am addressing this request to you in the belief that you are the custodian of such documents. If you are not, I request that you forward my request to the proper custodian of such documents and inform me of who that person is.

I hereby agree to pay reasonable and customary costs for these copies upon delivery, provided that the total does not exceed \$50.00. If the charge would exceed that amount, please so inform me before incurring the expense.

If the law does not allow me to have access to some of these records, please inform me within three business days, as provided by law, and inform me of the specific exemption that applies to each record or portion of a record being withheld. If an otherwise public record has a portion that is exempt from disclosure, please redact the exempt portion and release a copy of the rest of the document together with a notation of the specific exemption that applies to the redacted portion.

If some or all of my request is denied, please tell me the title and name of the person responsible for the denial and, as the law requires, please inform me of

the appeal procedures available to me and the name of the person to whom an appeal may be made.

If you have questions about this request, please call me at 802.828.1311.

Thank you for your assistance with this matter.

Sincerely,

Susan Aranoff

Senior Planner and Policy Analyst
Vermont Developmental Disabilities Council
322 Industrial Lane
Berlin, Vermont 05633-0206

802.828.1311

Susan.Aranoff@Vermont.gov

Kennedy, Alice

From: O'Neill, Chris
Sent: Wednesday, December 27, 2017 1:19 PM
To: Coy, Jeff
Subject: RE: 2017 LC QSR Addendum -
HCBS_Settings_Rules_Provider_Self_Assessment_SurveyandValidation_Results_LCMHS.docx

Hi Jeff,

Lets add this to the agenda for the QM team meeting on 1/10. In the meantime, since we are holding LCMH harmless as the first agency we're looking at for this follow up, you can tell her we accept what they have proposed and will be working with them and the rest of the agencies to come up with a concrete plan to address these things.

Thanks,

Chris

Christopher M. O'Neill
Quality Management Team Leader
Developmental Disabilities Services Division (DDSD)
(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

From: Coy, Jeff
Sent: Wednesday, December 27, 2017 12:44 PM
To: O'Neill, Chris <Chris.ONeill@vermont.gov>
Subject: 2017 LC QSR Addendum -
HCBS_Settings_Rules_Provider_Self_Assessment_SurveyandValidation_Results_LCMHS.docx

I've just finished this up for addition to the LC QSR. They know it is coming.

Can we talk about guidance I can provide Jennifer?

Kennedy, Alice

From: Brooks, Dale
Sent: Wednesday, October 25, 2017 3:51 PM
To: Tierney-Ward, Megan
Subject: Re: random sample

Yes, Megan. I can help with that.

Get [Outlook for iOS](#)

From: Tierney-Ward, Megan
Sent: Wednesday, October 25, 2017 3:48:34 PM
To: Brooks, Dale
Subject: random sample

Hi Dale,

We are about to do a consume survey for our HCBS regulations validation process. It requires that we pick a 15% random sample of consumers receiving certain CFC and TBI services. Do you have an "easy" way to pick a random sample from a list of names?

M

Megan Tierney-Ward
Adult Services Division Director

Falls are the leading cause of fatal and non-fatal injuries among older adults, but you have the power to [prevent a fall](#). September is **Falls Prevention Awareness Month!** Learn more at [Falls Free Vermont](#) or by calling the Senior Helpline at 1-800-642-5119.



NEW ASD Website: <http://asd.vermont.gov/>

NEED ASSISTANCE? Dial 211

Department of Disabilities, Aging & Independent Living
Adult Services Division
280 State Drive, HC 2 South
Waterbury, VT 05671-0270
Main Phone: (802) 241-0294
Direct Line: (802) 241-0308
FAX: (802) 241-0385
megan.tierney-ward@vermont.gov

NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Bedard at colleen.bedard@vermont.gov. Thank you.

Kennedy, Alice

From: Brooks, Dale
Sent: Wednesday, October 25, 2017 3:58 PM
To: Tierney-Ward, Megan
Subject: Re: random sample

Kind of... there's a few functions I can use depending what kind of sample it is... most are random but we want to think about if it is stratified or non stratified, i.e., subpopulations, etc.... people who shouldn't be subject to sampling, etc. we can discuss more as we get closer to the selection time if you want...or anytime.

Get [Outlook for iOS](#)

From: Tierney-Ward, Megan
Sent: Wednesday, October 25, 2017 3:54:27 PM
To: Brooks, Dale
Subject: RE: random sample

Excellent! We are not ready to do it yet, but in the next month or so we should be ready. Do we just send you the list and you push a button to pull a random sample?

M

From: Brooks, Dale
Sent: Wednesday, October 25, 2017 3:51 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: Re: random sample

Yes, Megan. I can help with that.

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From: Tierney-Ward, Megan
Sent: Wednesday, October 25, 2017 3:48:34 PM
To: Brooks, Dale
Subject: random sample

Hi Dale,

We are about to do a consume survey for our HCBS regulations validation process. It requires that we pick a 15% random sample of consumers receiving certain CFC and TBI services. Do you have an "easy" way to pick a random sample from a list of names?

M

Megan Tierney-Ward
Adult Services Division Director

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NEED ASSISTANCE? Dial 211

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Main Phone: (802) 241-0294
Direct Line: (802) 241-0308
FAX: (802) 241-0385
megan.tierney-ward@vermont.gov

NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Bedard at colleen.bedard@vermont.gov. Thank you.

From: [Krueger, Maura](#)
To: [Tierney-Ward, Megan](#); [Bedard, Colleen](#); [Woods, Mary](#); [Brown, Paula](#); [Senghas, Stuart](#); [Kenworthy, Kathleen](#)
Subject: RE: [secure] RE: URGENT IRATE CALLER
Date: Thursday, September 28, 2017 1:22:42 PM

[REDACTED]

Maura L. Krueger, RN, LTCCC
Choices for Care Program
63 Professional Drive, Suite 4
Morrisville, VT 05661
Office: (802) 888 - 0510
Direct Fax: (802) 888 - 0536

**My email address has changed to: maura.krueger@vermont.gov

From: Tierney-Ward, Megan
Sent: Wednesday, September 27, 2017 1:09 PM
To: Krueger, Maura <maura.krueger@vermont.gov>; Bedard, Colleen <Colleen.Bedard@vermont.gov>; Woods, Mary <Mary.Woods@vermont.gov>; Brown, Paula <paula.brown@vermont.gov>; Senghas, Stuart <Stuart.Senghas@vermont.gov>; Kenworthy, Kathleen <Kathleen.Kenworthy@vermont.gov>
Subject: RE: [secure] RE: URGENT IRATE CALLER

[REDACTED]

Megan

From: Krueger, Maura

Sent: Wednesday, September 27, 2017 11:54 AM

To: Bedard, Colleen <Colleen.Bedard@vermont.gov>; Woods, Mary <Mary.Woods@vermont.gov>;
Brown, Paula <paula.brown@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>

Subject: [secure] RE: URGENT IRATE CALLER

Hi Folks,

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Maura L. Krueger, RN, LTCCC
Choices for Care Program
63 Professional Drive, Suite 4

Morrisville, VT 05661
Office: (802) 888 - 0510
Direct Fax: (802) 888 - 0536

****My email address has changed to: maura.krueger@vermont.gov**

From: Bedard, Colleen
Sent: Wednesday, September 27, 2017 11:09 AM
To: Krueger, Maura <maura.krueger@vermont.gov>
Subject: RE: URGENT IRATE CALLER

[REDACTED]

Colleen Bedard
Administrative Services Coordinator III
DAIL/Adult Services Division
Phone: MON. TUES. WED. 802-241-0294 THURS. FRI. 802-760-8372
Fax: 802-241-0385

From: Krueger, Maura
Sent: Wednesday, September 27, 2017 11:05 AM
To: Bedard, Colleen <Colleen.Bedard@vermont.gov>
Cc: Brown, Paula <paula.brown@vermont.gov>; Woods, Mary <Mary.Woods@vermont.gov>;
Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: RE: URGENT IRATE CALLER

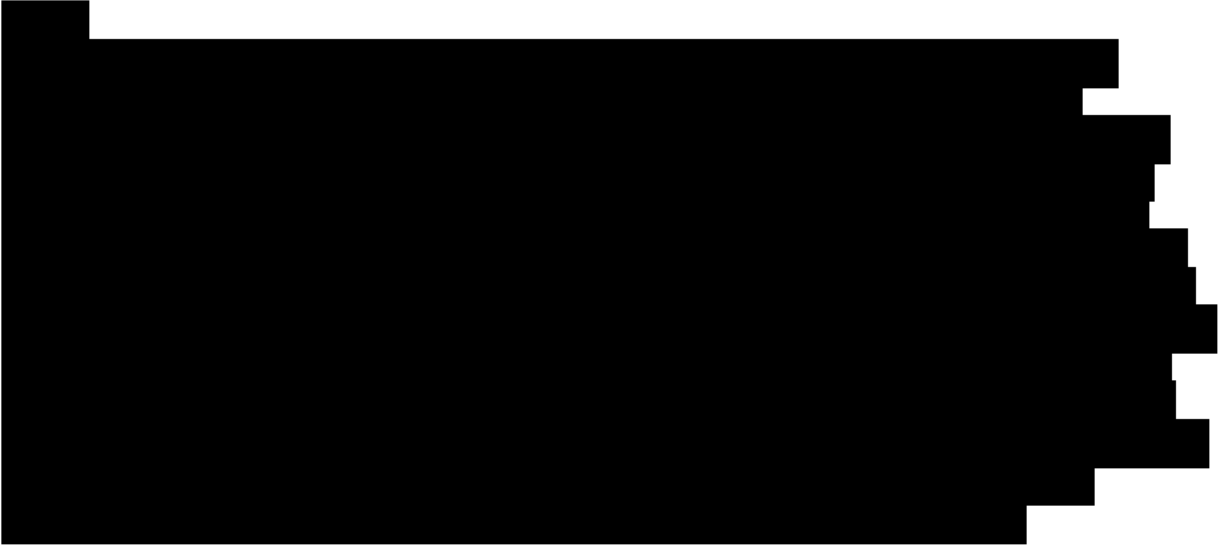
[REDACTED]

Maura L. Krueger, RN, LTCCC
Choices for Care Program
63 Professional Drive, Suite 4
Morrisville, VT 05661
Office: (802) 888 - 0510
Direct Fax: (802) 888 - 0536

****My email address has changed to: maura.krueger@vermont.gov**

From: Bedard, Colleen
Sent: Wednesday, September 27, 2017 11:04 AM
To: Krueger, Maura <maura.krueger@vermont.gov>
Cc: Brown, Paula <paula.brown@vermont.gov>; Woods, Mary <Mary.Woods@vermont.gov>;
Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: URGENT IRATE CALLER

Importance: High



Colleen Bedard
Administrative Services Coordinator III
DAIL/Adult Services Division
Phone: MON. TUES. WED. 802-241-0294 THURS. FRI. 802-760-8372
Fax: 802-241-0385

From: [Hill, Bard](#)
To: [McFadden, Clare](#)
Subject: RE: 1/22 112:30: Prep for Heartbeat meeting on January 23rd
Date: Wednesday, January 17, 2018 2:39:00 PM

Thank you! Seemed there was more to this story...

From: McFadden, Clare
Sent: Wednesday, January 17, 2018 2:39 PM
To: Hutt, Monica <Monica.Hutt@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: 1/22 112:30: Prep for Heartbeat meeting on January 23rd

No, I have been there and do not need to attend this time. Just so you know where things are at. Heartbeat is very concerned about whether they can continue to receive funding under the HCBS rules as a called out setting that on the face of it could be seen as institutional in nature. They went ahead and had themselves reviewed by CQL who certified them. I have explained to Hannah that that is all well and good, but CQL certification does not equate to meeting the HCBS setting rules. I said that we would be happy to review their report from CQL, but that we will be doing a site visit to determine if they are in compliance or not and if we as a state will support them under the "heightened scrutiny" process as an organization that meets the requirements despite being a congregate setting. Chris and the QM team have a plan regarding site visits to validate the initial survey information that was gathered. Heartbeat is very eager to get our blessing and they are quite politically saavy and are working the crowd to drum up support. I know they are eager to get this settled, but we will get the them in due course. I would not prejudge whether they meet the requirements or not at this point. Best to stay neutral at this time. Thanks.

From: Hutt, Monica
Sent: Wednesday, January 17, 2018 2:21 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: Re: 1/22 112:30: Prep for Heartbeat meeting on January 23rd

It's just Mary Kate and I visiting - clare you are more than welcome to attend

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From: Hill, Bard
Sent: Wednesday, January 17, 2018 1:45:32 PM
To: McFadden, Clare; Hutt, Monica
Subject: FW: 1/22 112:30: Prep for Heartbeat meeting on January 23rd

It looks like DDS reps were not invited...
Bard

-----Original Appointment-----

From: Hill, Bard
Sent: Wednesday, January 17, 2018 1:44 PM

To: Mohlman, Mary Kate

Subject: Accepted: Prep for Heartbeet meeting on January 23rd

When: Monday, January 22, 2018 12:30 PM-1:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: Monica's office

From: [Skaflestad, Shawn](#)
To: [Harrigan, Emma](#); [Hill, Bard](#); [Tierney-Ward, Megan](#); [Courcelle, Andre](#); [Gerstenberger, Roy](#); [Omland, Laurel](#); [Clark, Bill](#); [McFadden, Clare](#)
Cc: [Hickman, Selina](#); [Carmichael, Erin](#)
Subject: RE: CQS Public Comment and Draft State Responses
Date: Tuesday, August 08, 2017 12:38:22 PM

Thanks for your comments on this Emma! I will edit the response below to highlight the fact that AHS has submitted a geographic exception request to CMS in response to this requirement – and that the CQS/STP will be updated once a CMS determination has been made.

Shawn

From: Harrigan, Emma
Sent: Monday, August 07, 2017 3:44 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>; Carmichael, Erin <Erin.Carmichael@vermont.gov>
Subject: RE: CQS Public Comment and Draft State Responses

Apologies for the late reply. I don't see anything MH-specific so I don't have much feedback.

<p>The document does not specifically address the issue of conflict free case management.</p>	<p>Vermont's rules and statutes currently require person-centered planning for all populations. 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. These requirements are not subject to a phase in or transition period. Compliance with these requirements is being addressed by the ongoing monitoring and compliance requirements of the CQS. Each specialized program will address the conflict free case management element in its own HCBS Compliance Plan.</p>
---	---

Perhaps I'm mis-remembering, but aren't we approaching an AHS-level solution to conflict-free case management since it touches all programs?

Emma Harrigan
Quality Management Director
Department of Mental Health
802-241-0098

From: Skaflestad, Shawn
Sent: Tuesday, July 25, 2017 10:31 AM
To: Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>; Carmichael, Erin <Erin.Carmichael@vermont.gov>
Subject: RE: CQS Public Comment and Draft State Responses

Thanks for your comments Bard – very helpful!

Shawn

From: Hill, Bard
Sent: Monday, July 24, 2017 5:17 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>; Carmichael, Erin <Erin.Carmichael@vermont.gov>
Subject: RE: CQS Public Comment and Draft State Responses

Hi-
Not sure if the additions (using track changes) are helpful...
Thanks Shawn.
Bard

From: Skaflestad, Shawn
Sent: Monday, July 24, 2017 3:07 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>; Carmichael, Erin <Erin.Carmichael@vermont.gov>
Subject: CQS Public Comment and Draft State Responses

Hi All,

As you may recall, a formal public hearing for the attached Comprehensive Quality Strategy (CQS)/State Transition Plan (STP) was held on Thursday, April 21, 2017 from 1pm - 2pm at the Waterbury State Office Complex (WSOC). While no individuals from the community attended the hearing – I did receive three pieces of written feedback during the public comment period. I have attached a Word file that contains a summary of the public comments from these documents – along with draft State responses. As you will notice – not all comments have responses.

I am asking that you edit my draft responses – as well as suggest language for those comments w/o responses - by cob this Friday, July 28th. Once this document is complete – I will modify the CQS/STP accordingly – and submit it to CMS for review. Please feel free to contact me with any questions.

Thank you,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).
(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: [Hill, Bard](#)
To: [George, Camille](#)
Subject: RE: DAIL: HCBS rules coordination?
Date: Tuesday, June 26, 2018 10:25:00 AM

Thanks! Agenda might include:

Stakeholder engagement approaches: CFC, DDS, TBI

Settings defined as in scope: unlicensed, licensed: CFC, DDS, TBI

Conflict-free case management approaches: CFC, DDS, TBI

From: George, Camille
Sent: Tuesday, June 26, 2018 10:22 AM
To: Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: Re: DAIL: HCBS rules coordination?

I can certainly appreciate how swamped everyone is! How about we have a brief meeting with Monica and the 4 of us to talk this over and figure out what makes sense and decide at that time. I do think there are some DAIL specific policy questions that we want to discuss in-house but also don't want to duplicate work/groups that are already meeting. Maybe part of the solution is making sure we have a good system for keeping each other informed. Monica and I had discussed this before she left for vacation so I'll Ask Liz to set up an initial meeting and we'll take it from there.

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From: Hill, Bard <bard.hill@vermont.gov>
Sent: Tuesday, June 26, 2018 9:18 AM
To: Tierney-Ward, Megan; McFadden, Clare
Cc: George, Camille
Subject: RE: DAIL: HCBS rules coordination?

I'll defer to Camille, but I think her point was to review any differences in stakeholder engagement and HCBS rules 'direction' across our three programs. If this merits review, the timing seems earlier rather than later, and may not be an issue for the AHS group.

Or we can continue separate policy paths...

From: Tierney-Ward, Megan
Sent: Tuesday, June 26, 2018 7:02 AM
To: Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: George, Camille <Camille.George@vermont.gov>
Subject: Re: DAIL: HCBS rules coordination?

Hi.

Is this something we could push into fall/winter or incorporate into standing meetings? We

have a lot of projects happening now and both ASD and DDS are in the midst of a deadline for the HCBS validation surveys which I believe must be completed by the end of Sept. There are also standing meetings that happen already with Shawn S. and the HCBS team. I think they might be once a month. I would suggest that we incorporate the conversation there instead of making a new series of meetings. Currently Andre is our lead and he has been pulling in other people as needed.

M

From: Hill, Bard
Sent: Monday, June 25, 2018 5:10 PM
To: Tierney-Ward, Megan; McFadden, Clare
Cc: George, Camille
Subject: DAIL: HCBS rules coordination?

Hi-

Earlier today Camille asked that I set up some internal meetings regarding DAIL work on HCBS rules. The core purpose is to identify and manage differences that emerge in our approaches to HCBS rules compliance across the three DAIL programs.

Draft for your comments:

1. Scope: CFC DDS and TBI
2. Purpose: coordinate approaches/messages to core elements, eg
 - a. Settings provision: scope; assessments; remediation or relocation
 - b. Person-centered planning: comprehensive assessment, goals, preferences
 - c. Conflict-free case management
 - d.
3. Who:
 - a. CFC: Megan, Angela M, Andre?
 - b. DDS: Clare, Amy, Chris?
4. Frequency: monthly 1 hour?

Please let me/us know your thoughts. Camille, please let me know if I missed or misconstrued anything.

Thanks!

Bard

“The best way to get a good idea is to get a lot of ideas.”

Donald Berwick

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

From: Suzanne Santarcangelo
To: [Hill, Bard](#); [Skaflestad, Shawn](#); [Tierney-Ward, Megan](#)
Cc: [Hickman, Selina](#); [George, Camille](#)
Subject: RE: Follow up question on CFC HHA/AAAs
Date: Thursday, June 22, 2017 4:54:05 PM

In promoting the take away message that they both have important roles and are designated differently, deleting the last line of the hybrid response may give CMS some room to defer. Using the last line of the second response may also be an option to close – see below.

Suzanne
Senior Associate, PHPG
P. 802-882-8228

From: Hill, Bard [mailto:Bard.Hill@vermont.gov]
Sent: Thursday, June 22, 2017 4:24 PM
To: Suzanne Santarcangelo ; Skaflestad, Shawn ; Tierney-Ward, Megan
Cc: Hickman, Selina ; George, Camille
Subject: RE: Follow up question on CFC HHA/AAAs

Thanks!!! Maybe a hybrid?

Under Vermont law and provider standards, a single non-profit Home Health Agency(HHA) in each region is designated as a provider of case management within specific geographic regions of the state. These HHAs tend to provide Choices for Care case management to those enrollees who have complex medical needs and/or conditions requiring close coordination with their PCP and/or other health care specialist. Under Vermont's Older Americans Act State Plan on Aging, five Area Agencies on Aging are certified to provide Older Americans Act Services within specific geographic regions of the state. AAAs tend to provide Choices for Care case management to those enrollees who have social service needs and who have less extensive needs for medical care coordination. In both cases, provider entities may be delivering case management and direct service, and both are required to have internal conflict of interest safeguards that meet Vermont certification standards. ~~Individuals receiving Choices for Care HCBS may choose between the two case management entities in their region.~~ Consumers choose their case management agency and providers based on their personal, social service and medical needs.

"Nobody knew that health care could be so complicated."

President Donald Trump

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

From: Suzanne Santarcangelo [mailto:ssantarcangelo@phpg.com]
Sent: Thursday, June 22, 2017 4:13 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Cc: Hill, Bard <Bard.Hill@vermont.gov>; Hickman, Selina <Selina.Hickman@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Subject: RE: Follow up question on CFC HHA/AAAs
Hi All,

The exemption in the Medicaid HCBS rule is about having one designated provider per region. There is no clear guidance on how the exemption aspect is assessed and applied. A suggestion that the providers are distinct in their expertise/designation and/or who they serve may be helpful. Below are two responses for you and Megan to consider:

Under Vermont law, the HHAs are designated as the provider of case management and other Medicaid reimbursable health services for specific geographic regions of the state. In the Choices for Care program, these HHAs tend to work with enrollees who have complex medical needs and/or who have co-morbid conditions requiring close coordination with their PCP and/or other health care specialist. Under Vermont's Older Americans Act State Plan, five Area Agencies on Aging deliver Older Americans Act Services statewide. In the Choices for Care program, these AAAs tend to work with enrollees who have social service needs and who have less extensive needs for medical coordination. In both cases, providers may be delivering case management and direct service, both are required to have internal conflict of interest safeguards that meet Vermont certification standards.

If you do not want to focus on population distinction, perhaps focusing on their designation type:

Under Vermont law, the HHAs are designated as the provider of case management and other Medicaid reimbursable health services for specific geographic regions of the state. Under Vermont's Older Americans Act State Plan, five Area Agencies on Aging deliver Older Americans Act Services statewide. Both groups are enrolled providers in the Choices for Care program; in both cases, providers may be delivering case management and direct service, both are required to have internal conflict of interest safeguards that meet Vermont case management certification standards. Consumers choose their case management agency and providers based on their personal, social service and medical needs.

Suzanne

Senior Associate, PHPG

P. 802-882-8228

From: Skaflestad, Shawn [<mailto:Shawn.Skaflestad@vermont.gov>]

Sent: Thursday, June 22, 2017 1:02 PM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Suzanne Santarcangelo <ssantarcangelo@phpg.com>

Cc: Hill, Bard <Bard.Hill@vermont.gov>; Hickman, Selina <Selina.Hickman@vermont.gov>; George, Camille <Camille.George@vermont.gov>

Subject: RE: Follow up question on CFC HHA/AAAs

Hi Megan and Suzanne,

Here is my draft response to the question Tom (CMS) poses below:

Thanks for following up on this Tom! The answer to your question is Yes...HHAs/AAAs are the only qualified entities to provide both direct care and case management services statewide. HHAs are designated in Vermont state statute and AAAs were established and are supported by the Older Americans Act. When providing case management, both entities must follow the same [Case Management Certification Standards](#). This unique arrangement results in the only willing and qualified entity to perform assessments of functional need and develop person-centered service plans also providing HCBS.

Keep in mind that I developed this response using feedback you provided in previous emails. If I misunderstood your comments – please feel free to make edits directly in the above draft response. Selina is back from maternity leave – and I promised her a final draft response by cob tomorrow – so a quick review and response is appreciated.

Thank you,
Shawn

From: Skaflestad, Shawn

Sent: Monday, June 19, 2017 9:54 AM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>

Cc: Hill, Bard <Bard.Hill@vermont.gov>

Subject: RE: Follow up question on CFC HHA/AAAs

Thanks for you input Megan! I hope to have a draft response ready for Selina to review when she returns on the 21st (this Wednesday).

Shawn

From: Tierney-Ward, Megan

Sent: Monday, June 19, 2017 9:34 AM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

Cc: Hill, Bard <Bard.Hill@vermont.gov>

Subject: RE: Follow up question on CFC HHA/AAAs

Hi Shawn,

If we are only responding to: "HHAs/AAAs are the only qualified entities to provide both direct care and case management services" and "Specifically, does VT believe that to be the case statewide or only in certain geographic entities?" I would say "Yes, we believe this to be the case statewide."

AND, I agree with Suzanne's comment that AAA's and HHA's manage services within a set geographic region (one HHA entity has a statewide territory but does NOT provide case management). Though anecdotally, the AAA's tend to provide more "social services" and HHA provide more "medical services" they both must follow the same [Case Management Certification Standards](#). So I wouldn't recommend including that statement to CMS.

Selena was so involved in this topic and the letter that went out to CMS. Will she be returning soon?

Should this wait for her?

Megan

From: Skaflestad, Shawn

Sent: Monday, June 12, 2017 2:14 PM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>

Subject: FW: Follow up question on CFC HHA/AAAs

Megan,

Please see Suzanne's response below....does her response address the CMS question below?

Shawn

From: Suzanne Santarcangelo [<mailto:ssantarcangelo@phpg.com>]

Sent: Monday, May 08, 2017 5:31 PM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

Cc: Scott Wittman <swittman@phpg.com>

Subject: RE: Follow up question on CFC HHA/AAAs

Hi Shawn,

Yes we provided support to DAIL and AHS (Selina) in drafting the summary that went to CMS last year.

At the time we were looking at the VT statute which designates HHA's for each region. The AAA's did not have VT statutory designation, but received federal Older American Act (non-Medicaid) funds for

the general population through the OAA state plan. While providers are based on consumer choice, DAIL suggested that the HHA's tend to serve a distinct CFC population i.e., those who are more medically complex, while AAA's served persons with more social service needs.

Given the suggestion that the current administration is looking to support more "state based flexibility" it is unclear how CMS might interpret the Vermont system.

Suzanne

Senior Associate, PHPG
P. 802-882-8228

From: Skaflestad, Shawn [<mailto:Shawn.Skaflestad@vermont.gov>]

Sent: Monday, May 8, 2017 1:50 PM

To: Suzanne Santarcangelo <ssantarcangelo@phpg.com>

Cc: Scott Wittman <swittman@phpg.com>

Subject: RE: Follow up question on CFC HHA/AAAs

Hi Suzanne – was this request supported by PHPG in the past?

Shawn

From: Tierney-Ward, Megan

Sent: Monday, May 08, 2017 1:08 PM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Lane, Sara <Sara.Lane@vermont.gov>;

Suzanne Santarcangelo <ssantarcangelo@phpg.com>; George, Camille

<Camille.George@vermont.gov>

Subject: RE: Follow up question on CFC HHA/AAAs

We may want to consult with Suzanne Santarcangelo on this one. She was key to helping draft the letter to CMS requesting their technical assistance on the case management conflict of interest issue and she may already have something drafted that would work. I'm including Camille as well since she was also involved in this discussion.

If CMS is asking for this, does it mean they are considering an exception? (Previously they acted as though they would not consider it.)

Megan

From: Skaflestad, Shawn

Sent: Monday, May 08, 2017 12:19 PM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Lane, Sara

<Sara.Lane@vermont.gov>

Subject: FW: Follow up question on CFC HHA/AAAs

Just following up on my email below. Any thoughts re: how we should respond to CMS?

Shawn

From: Skaflestad, Shawn

Sent: Friday, May 05, 2017 10:40 AM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Lane, Sara

<Sara.Lane@vermont.gov>

Cc: Hutt, Monica <Monica.Hutt@vermont.gov>; Gustafson, Cory <Cory.Gustafson@vermont.gov>;

Hickman, Selina <Selina.Hickman@vermont.gov>; Clark, Sarah <Sarah.Clark@vermont.gov>

Subject: FW: Follow up question on CFC HHA/AAAs

Hi Megan and Sara,

In Selina's absence, I am looking to respond to the CMS follow up question highlighted in the

message below. This inquiry is related to our request for a “geographic exception” from the new HCBS rules (specifically the conflict free case management requirement) taken from the *CFC Action Plan* that was submitted to CMS last summer (attached). Item 1a on page 6 of the attachment reads as follows:

1. ***Request a determination from CMS for an HCBS exception or other policy solution based on: the State's current Section 1115 demonstration model; a determination that the HHAs and AAAs, who provide both direct care and case management services, are the only qualified entities for the persons they serve.***
 - a. *Vermont could provide CMS additional detail regarding the HHA and AAA structure and regional designations if this would be helpful.*

As a reminder, the new rules indicate that HCBS service providers must not provide case management for a person they serve, except when the state is granted a geographic exception. I am not sure how geographic area was defined in this document – but could you provide some suggested text to clarify the assertion that there is only one willing and able provider (HHA or AAA) to perform case management and provide HCBS services in various regions of the state.

Thank you,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).

(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: Schenck, Tom M.(CMS/CMCHO) [<mailto:Tom.Schenck@cms.hhs.gov>]

Sent: Thursday, May 04, 2017 5:32 PM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

Cc: Hickman, Selina <Selina.Hickman@vermont.gov>

Subject: Follow up question on CFC HHA/AAAs

Hi Shawn,

I’m following up on this memo from last summer regarding the geographically designated HHAs that CMS is reviewing. We’re wondering about item 1a on page 6. Could you elaborate on the statement regarding a potential determination that the HHAs/AAAs are the only qualified entities to provide both direct care and case management services. **Specifically, does VT believe that to be the case statewide or only in certain geographic entities?** Any further information that could help us consider a potential designation would be helpful.

Thanks,

Tom Schenck

Division of Medicaid and Children’s Health Operations
Centers for Medicare and Medicaid Services
(617) 565-1325

From: [Hill, Bard](#)
To: [Fuoco, Danielle](#)
Cc: [Brooks, Dale](#)
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed
Date: Friday, May 04, 2018 9:26:00 AM

Thanks! I recommend that you maintain documentation of methodology in the form itself...
Bard

From: Fuoco, Danielle
Sent: Friday, May 04, 2018 9:18 AM
To: Hill, Bard <Bard.Hill@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Last year's submission is attached. As a reminder – I populated the new form I already shared with you with the responses from last year. There are only a small handful of new questions – much of the survey remains the same.

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Friday, May 04, 2018 9:11 AM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Would you please send me last year's final submissions?
Thanks!

From: Fuoco, Danielle
Sent: Friday, May 04, 2018 8:55 AM
To: Hill, Bard <Bard.Hill@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Thank you, Bard. I'm working from home until noon today but can be reached at my number below if you'd like to talk.

Last year we addressed a lot of your questions/comments (defining what's included) and for the purposes of this specific survey piece on 1115 waiver the programs are CFC, DS, and TBI (a decision was made last year to not include CMH and CRT). So in the context of the questions here, I'm looking for CFC/DS/TBI for #5 (and other questions).

I think Shawn spoke to the quality measures last year so I can circle back with him on #11.

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Thursday, May 03, 2018 4:24 PM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Hi Dani-
Comments herein should help. I have some time to talk tomorrow if that would be helpful...
Cheers
Bard
802-760-0852

From: Fuoco, Danielle
Sent: Tuesday, May 01, 2018 4:38 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Sorry, I don't understand what you mean. If you have a chance to give me a call now or later this week it might be easier to talk. My number is below.

Thanks,

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Tuesday, May 01, 2018 4:34 PM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: Re: HCBS Kaiser Survey - Your Assistance Needed

Anything related to hcbs or self directed enrollment data

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From: Fuoco, Danielle <danielle.fuoco@vermont.gov>

Sent: Tuesday, May 1, 2018 4:32 PM
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed
To: Hill, Bard <bard.hill@vermont.gov>
Cc: Brooks, Dale <dale.brooks@vermont.gov>

Hi Bard,

Can you please tell me what specific question you're referring to when you say that the 1115 waiver survey doesn't support relevant numbers separately? Last year we combined reporting on CFC/DS/TBI for numbers but it would help to know which question you have in mind.

Thanks for pointing that out about LTC eligibility. I forgot to specify that I will be answering that separately as I know it is managed in DVHA (and the options are kind of strange as institutions and HCBS have slightly different methodologies but I don't know that they are unequal). My apologies.

Thanks again,

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Tuesday, May 01, 2018 12:27 PM
To: Poulin, Adam <Adam.Poulin@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McMann, Angela <Angela.McMann@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: FW: HCBS Kaiser Survey - Your Assistance Needed

Hi-

Anything you'd like to change in the second or third attachment?

Dani, please note:

LTC financial eligibility rules and processes are currently managed in DVHA (ie not DAIL).
The last form does not support reporting relevant some #s separately for two 1115 specialized programs (DDS and CFC).

Thanks-
Bard

From: Fuoco, Danielle
Sent: Tuesday, May 01, 2018 11:37 AM
To: Hill, Bard <Bard.Hill@vermont.gov>; Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: HCBS Kaiser Survey - Your Assistance Needed

Hello Bard and Dale,

Last year, you both assisted me in completing a series of surveys on HCBS services for Kaiser Family Foundation. Thank you! Kaiser has sent the surveys again for FY2017. Many of the questions are the same, so I have populated the attached surveys with the responses from last year. I'm requesting your assistance with the following:

1. **DALE** – Can you please send me the FY2017 annual persons count and expenditures for Attendant Services Program and Children's Personal Care Services, as well as the FY2017 annual persons count and expenditures for our HCBS waiver programs (TBI, CFC, and DS combined)? I've attached the excellent chart you put together for me last year – we just need FY17 added.

2. **BARD** – Can you please review the attached 2 survey documents and let me know if there's anything that has changed from last year? I'm particularly interested in your review of the 1115 waiver survey (I'm not sure that you can speak to the PCS (ASP/CPCS) questions, if not don't worry about them).

Thank you both! It would be wonderful if I could hear from you by the end of this week (5/4) on this request. Let me know if you have any questions.

Sincerely,

Dani Fuoco, MPA
Program Consultant
Medicaid Policy Unit
Agency of Human Services
280 State Drive, Center Building
Waterbury, Vermont 05671-1000
[P] (802) 585-4265
[F] (802) 241-0958
Danielle.Fuoco@vermont.gov

From: [Hill, Bard](#)
To: [McFadden, Clare](#)
Subject: RE: Assistance requested with Medicaid Budget Survey by COB 7/10
Date: Monday, July 09, 2018 12:59:00 PM

Ah ok thanks!

From: McFadden, Clare
Sent: Monday, July 09, 2018 12:59 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Assistance requested with Medicaid Budget Survey by COB 7/10

To the two sections you asked me to look at. They are minor.. did not add a lot.

From: Hill, Bard
Sent: Friday, July 06, 2018 4:44 PM
To: McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: RE: Assistance requested with Medicaid Budget Survey by COB 7/10

To what? I don't readily see them...

From: McFadden, Clare
Sent: Friday, July 06, 2018 3:55 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Assistance requested with Medicaid Budget Survey by COB 7/10

Added a few minor things

From: Hill, Bard
Sent: Friday, July 06, 2018 2:08 PM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Cc: McFadden, Clare <Clare.McFadden@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Kelly, Bill <Bill.Kelly@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: RE: Assistance requested with Medicaid Budget Survey by COB 7/10

Hi-

I have attached responses to most of the items in Section 6a of the attached survey...additional attention:

Megan:

Please respond to all of item #7 in Section 6a, related to MFP.

Please review Section 6a and let me know of any edits/changes.

Please note Section 8, item 2. Should we add anything re HCBS rules?

Clare:

Please review Section 6a and let me know of any edits/changes.
Please note Section 8, item 2. Should we add anything re HCBS rules?

Dani:

Re Section 6b, I'm not sure if both managed care rules and MLTSS rules apply to us as a PIHP. This section may merit review/revision.

Re Section 7 item 1g and Section 8 item 4a, we may want to include work on LTSS payment reform/alignment with the ACO (per the APM).

Re Section 8 item 4b, may want to mention Vermont's continued success in shifting the balance in LTSS from institutions to HCBS.

Please note tight timeline (received Thu 7/5 2:14pm, responses due to Dani by Tue 7/10 4:30pm).
Please contact me with any questions or concerns.

Thanks!
Bard

Eschew surplusage.
Samuel Clemens

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

From: Fuoco, Danielle
Sent: Thursday, July 05, 2018 2:14 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: Assistance requested with Medicaid Budget Survey by COB 7/10

Hi Bard,

Each year, Kaiser sends DVHA a Medicaid Budget Survey. Cory personally meets with the survey leads on the phone to go over our responses. Your assistance is requested in responding to the questions below (see attached draft):

Please answer the following questions:

- All questions in Section 6A

Please send me your responses no later than COB Tuesday, July 10th. I am meeting with Cory on 7/11 to review the draft.

Thank you for your quick assistance with this!

Dani Fuoco, MPA
Program Consultant
Medicaid Policy Unit
Agency of Human Services
280 State Drive, Center Building
Waterbury, Vermont 05671-1000
[P] (802) 585-4265
[F] (802) 241-0958
Danielle.Fuoco@vermont.gov

From: Gerstenberger, Roy
To: [Skaflestad, Shawn](#); [Tierney-Ward, Megan](#)
Cc: [Courcelle, Andre](#); [Hill, Bard](#)
Subject: RE: CMS Extends Settings Rule Deadline to 2022
Date: Thursday, May 11, 2017 9:26:53 AM

I'm staying on track with creating a review team for settings. The period of time for completing the settings could be extended. Also, GMSA is doing our participant surveys. They are planning their conference now and it would be good to extend that period for completion as well.

RG

From: Skaflestad, Shawn
Sent: Thursday, May 11, 2017 9:14 AM
To: Tierney-Ward, Megan ; Gerstenberger, Roy
Cc: Courcelle, Andre ; Hill, Bard
Subject: RE: CMS Extends Settings Rule Deadline to 2022

If I am interpreting this correctly – we have until March 17, 2019 (original compliance date) to get a final approval for our CQS/STP. Full compliance is not expected until March 17, 2022.

Any thoughts re: how this new information impacts the attached draft Milestone Template proposed by CMS last month?

Shawn

From: Tierney-Ward, Megan
Sent: Tuesday, May 09, 2017 2:25 PM
To: Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>
Cc: Courcelle, Andre <Andre.Courcelle@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Subject: Re: CMS Extends Settings Rule Deadline to 2022

Thank you Roy!

Megan

Sent from my iPhone

On May 9, 2017, at 11:53 AM, Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov> wrote:

Hello Everyone,

This morning, CMS released an informational bulletin noting that states will have an additional three years (until 2022) to comply with the settings requirements of the HCBS regulations. CMS notes that states must still work to gain approval for their Statewide Transition Plans by 2019, but that additional time is being provided to achieve compliance in recognition of the complex work necessary.

ROY GERSTENBERGER, Director

Lisa Parro, Executive Assistant: lisa.parro@vermont.gov

Developmental Disabilities Services Division

Department of Disabilities, Aging and Independent Living

280 State Drive, HC 2 South

Waterbury, VT 05671-2030

802-241-0295 office/802-798-2000 cell

<https://www.facebook.com/vtddsd/>

From: [Hill, Bard](#)
To: [Fuoco, Danielle](#)
Cc: [Brooks, Dale](#)
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed
Date: Friday, May 04, 2018 9:11:00 AM

Would you please send me last year's final submissions?
Thanks!

From: Fuoco, Danielle
Sent: Friday, May 04, 2018 8:55 AM
To: Hill, Bard <Bard.Hill@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Thank you, Bard. I'm working from home until noon today but can be reached at my number below if you'd like to talk.

Last year we addressed a lot of your questions/comments (defining what's included) and for the purposes of this specific survey piece on 1115 waiver the programs are CFC, DS, and TBI (a decision was made last year to not include CMH and CRT). So in the context of the questions here, I'm looking for CFC/DS/TBI for #5 (and other questions).

I think Shawn spoke to the quality measures last year so I can circle back with him on #11.

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Thursday, May 03, 2018 4:24 PM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Hi Dani-

Comments herein should help. I have some time to talk tomorrow if that would be helpful...

Cheers

Bard

802-760-0852

From: Fuoco, Danielle
Sent: Tuesday, May 01, 2018 4:38 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Sorry, I don't understand what you mean. If you have a chance to give me a call now or later this week it might be easier to talk. My number is below.

Thanks,

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Tuesday, May 01, 2018 4:34 PM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: Re: HCBS Kaiser Survey - Your Assistance Needed

Anything related to hcbs or self directed enrollment data

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From: Fuoco, Danielle <danielle.fuoco@vermont.gov>
Sent: Tuesday, May 1, 2018 4:32 PM
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed
To: Hill, Bard <bard.hill@vermont.gov>
Cc: Brooks, Dale <dale.brooks@vermont.gov>

Hi Bard,

Can you please tell me what specific question you're referring to when you say that the 1115 waiver survey doesn't support relevant numbers separately? Last year we combined reporting on CFC/DS/TBI for numbers but it would help to know which question you have in mind.

Thanks for pointing that out about LTC eligibility. I forgot to specify that I will be answering that separately as I know it is managed in DVHA (and the options are kind of strange as institutions and HCBS have slightly different methodologies but I don't know that they are unequal). My apologies.

Thanks again,

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Tuesday, May 01, 2018 12:27 PM
To: Poulin, Adam <Adam.Poulin@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McMann, Angela <Angela.McMann@vermont.gov>; McFadden, Clare

<Clare.McFadden@vermont.gov>; Fuoco, Danielle <Danielle.Fuoco@vermont.gov>

Cc: Brooks, Dale <Dale.Brooks@vermont.gov>

Subject: FW: HCBS Kaiser Survey - Your Assistance Needed

Hi-

Anything you'd like to change in the second or third attachment?

Dani, please note:

LTC financial eligibility rules and processes are currently managed in DVHA (ie not DAIL).

The last form does not support reporting relevant some #s separately for two 1115 specialized programs (DDS and CFC).

Thanks-

Bard

From: Fuoco, Danielle

Sent: Tuesday, May 01, 2018 11:37 AM

To: Hill, Bard <Bard.Hill@vermont.gov>; Brooks, Dale <Dale.Brooks@vermont.gov>

Subject: HCBS Kaiser Survey - Your Assistance Needed

Hello Bard and Dale,

Last year, you both assisted me in completing a series of surveys on HCBS services for Kaiser Family Foundation. Thank you! Kaiser has sent the surveys again for FY2017. Many of the questions are the same, so I have populated the attached surveys with the responses from last year. I'm requesting your assistance with the following:

1. **DALE** – Can you please send me the FY2017 annual persons count and expenditures for Attendant Services Program and Children's Personal Care Services, as well as the FY2017 annual persons count and expenditures for our HCBS waiver programs (TBI, CFC, and DS combined)? I've attached the excellent chart you put together for me last year – we just need FY17 added.
2. **BARD** – Can you please review the attached 2 survey documents and let me know if there's anything that has changed from last year? I'm particularly interested in your review of the 1115 waiver survey (I'm not sure that you can speak to the PCS (ASP/CPCS) questions, if not don't worry about them).

Thank you both! It would be wonderful if I could hear from you by the end of this week (5/4) on this request. Let me know if you have any questions.

Sincerely,

Dani Fuoco, MPA
Program Consultant

Medicaid Policy Unit
Agency of Human Services
280 State Drive, Center Building
Waterbury, Vermont 05671-1000
[P] (802) 585-4265
[F] (802) 241-0958
Danielle.Fuoco@vermont.gov

From: [Hill, Bard](#)
To: [McFadden, Clare](#)
Subject: Re: HCBS rule?
Date: Wednesday, December 20, 2017 5:14:07 PM

Thank you!

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From: McFadden, Clare
Sent: Wednesday, December 20, 2017 4:51:06 PM
To: Hill, Bard
Subject: RE: HCBS rule?

done

From: Hill, Bard
Sent: Wednesday, December 20, 2017 2:58 PM
To: Bascom, June <June.Bascom@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: HCBS rule?

Is this narrative for the annual report (DDSD division page) still pending?

Future Directions

Home and Community-Based Services Rule

Thanks-
Bard

“The best way to get a good idea is to get a lot of ideas.”
Donald Berwick

Bard Hill
bard.hill@vermont.gov
landline 802.241.0376
mobile 802.760.0852

From: [Hill, Bard](#)
To: [Fuoco, Danielle](#)
Cc: [Brooks, Dale](#)
Subject: Re: HCBS Kaiser Survey - Your Assistance Needed
Date: Tuesday, May 01, 2018 4:59:26 PM

Hi

Dale please proceed w claims data. Dani not sure I will return to this this week but I'll be in touch .

Bard

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From: Fuoco, Danielle
Sent: Tuesday, May 1, 2018 4:37:38 PM
To: Hill, Bard
Cc: Brooks, Dale
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Sorry, I don't understand what you mean. If you have a chance to give me a call now or later this week it might be easier to talk. My number is below.

Thanks,

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Tuesday, May 01, 2018 4:34 PM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: Re: HCBS Kaiser Survey - Your Assistance Needed

Anything related to hcbs or self directed enrollment data

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From: Fuoco, Danielle <danielle.fuoco@vermont.gov>
Sent: Tuesday, May 1, 2018 4:32 PM
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed
To: Hill, Bard <bard.hill@vermont.gov>
Cc: Brooks, Dale <dale.brooks@vermont.gov>

Hi Bard,

Can you please tell me what specific question you're referring to when you say that the 1115 waiver survey doesn't support relevant numbers separately? Last year we combined reporting on CFC/DS/TBI for numbers but it would help to know which question you have in mind.

Thanks for pointing that out about LTC eligibility. I forgot to specify that I will be answering that separately as I know it is managed in DVHA (and the options are kind of strange as institutions and HCBS have slightly different methodologies but I don't know that they are unequal). My apologies.

Thanks again,

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard

Sent: Tuesday, May 01, 2018 12:27 PM

To: Poulin, Adam <Adam.Poulin@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McMann, Angela <Angela.McMann@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Fuoco, Danielle <Danielle.Fuoco@vermont.gov>

Cc: Brooks, Dale <Dale.Brooks@vermont.gov>

Subject: FW: HCBS Kaiser Survey - Your Assistance Needed

Hi-

Anything you'd like to change in the second or third attachment?

Dani, please note:

LTC financial eligibility rules and processes are currently managed in DVHA (ie not DAIL).

The last form does not support reporting relevant some #s separately for two 1115 specialized programs (DDS and CFC).

Thanks-
Bard

From: Fuoco, Danielle

Sent: Tuesday, May 01, 2018 11:37 AM

To: Hill, Bard <Bard.Hill@vermont.gov>; Brooks, Dale <Dale.Brooks@vermont.gov>

Subject: HCBS Kaiser Survey - Your Assistance Needed

Hello Bard and Dale,

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2. **BARD** – Can you please review the attached 2 survey documents and let me know if there’s anything that has changed from last year? I’m particularly interested in your review of the 1115 waiver survey (I’m not sure that you can speak to the PCS (ASP/CPCS) questions, if not don’t worry about them).

Thank you both! It would be wonderful if I could hear from you by the end of this week (5/4) on this request. Let me know if you have any questions.

Sincerely,

Dani Fuoco, MPA
Program Consultant
Medicaid Policy Unit
Agency of Human Services
280 State Drive, Center Building
Waterbury, Vermont 05671-1000
[P] (802) 585-4265
[F] (802) 241-0958
Danielle.Fuoco@vermont.gov

From: [Hill, Bard](#)
To: [Fuoco, Danielle](#)
Cc: [Brooks, Dale](#)
Subject: Re: HCBS Kaiser Survey - Your Assistance Needed
Date: Tuesday, May 01, 2018 4:34:05 PM

Anything related to hcbs or self directed enrollment data

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From: Fuoco, Danielle <danielle.fuoco@vermont.gov>
Sent: Tuesday, May 1, 2018 4:32 PM
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed
To: Hill, Bard <bard.hill@vermont.gov>
Cc: Brooks, Dale <dale.brooks@vermont.gov>

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Thanks again,

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Tuesday, May 01, 2018 12:27 PM
To: Poulin, Adam <Adam.Poulin@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McMann, Angela <Angela.McMann@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: FW: HCBS Kaiser Survey - Your Assistance Needed

Hi-

Anything you'd like to change in the second or third attachment?

Dani, please note:

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Sent: Tuesday, May 01, 2018 11:37 AM
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Dani Fuoco, MPA
Program Consultant
Medicaid Policy Unit
Agency of Human Services
280 State Drive, Center Building
Waterbury, Vermont 05671-1000
[P] (802) 585-4265
[F] (802) 241-0958
Danielle.Fuoco@vermont.gov

From: [Hill, Bard](#)
To: [Poulin, Adam](#)
Cc: [Fuoco, Danielle](#)
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed
Date: Tuesday, May 01, 2018 12:42:00 PM

Thanks Adam!

From: Poulin, Adam
Sent: Tuesday, May 01, 2018 12:33 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

None from me. I think I contributed some of the green text around this time last year.

Adam Poulin
Program Administrator
Children with Special Health Needs
Vermont Department of Health
108 Cherry Street
Burlington, Vermont 05401
(802) 865-1395

From: Hill, Bard
Sent: Tuesday, May 01, 2018 12:27 PM
To: Poulin, Adam <Adam.Poulin@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McMann, Angela <Angela.McMann@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: FW: HCBS Kaiser Survey - Your Assistance Needed

Hi-

Anything you'd like to change in the second or third attachment?

Dani, please note:

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Thanks-
Bard

From: Fuoco, Danielle
Sent: Tuesday, May 01, 2018 11:37 AM

To: Hill, Bard <Bard.Hill@vermont.gov>; Brooks, Dale <Dale.Brooks@vermont.gov>

Subject: HCBS Kaiser Survey - Your Assistance Needed

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Dani Fuoco, MPA
Program Consultant
Medicaid Policy Unit
Agency of Human Services
280 State Drive, Center Building
Waterbury, Vermont 05671-1000
[P] (802) 585-4265
[F] (802) 241-0958
Danielle.Fuoco@vermont.gov

From: [Hill, Bard](#)
To: [McFadden, Clare](#)
Subject: RE: Assistance requested with Medicaid Budget Survey by COB 7/10
Date: Friday, July 06, 2018 4:43:00 PM

To what? I don't readily see them...

From: McFadden, Clare
Sent: Friday, July 06, 2018 3:55 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Assistance requested with Medicaid Budget Survey by COB 7/10

Added a few minor things

From: Hill, Bard
Sent: Friday, July 06, 2018 2:08 PM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Cc: McFadden, Clare <Clare.McFadden@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Kelly, Bill <Bill.Kelly@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: RE: Assistance requested with Medicaid Budget Survey by COB 7/10

Hi-

I have attached responses to most of the items in Section 6a of the attached survey...additional attention:

Megan:

Please respond to all of item #7 in Section 6a, related to MFP.
Please review Section 6a and let me know of any edits/changes.
Please note Section 8, item 2. Should we add anything re HCBS rules?

Clare:

Please review Section 6a and let me know of any edits/changes.
Please note Section 8, item 2. Should we add anything re HCBS rules?

Dani:

Re Section 6b, I'm not sure if both managed care rules and MLTSS rules apply to us as a PIHP. This section may merit review/revision.

Re Section 7 item 1g and Section 8 item 4a, we may want to include work on LTSS payment reform/alignment with the ACO (per the APM).

Re Section 8 item 4b, may want to mention Vermont's continued success in shifting the balance in LTSS from institutions to HCBS.

Please note tight timeline (received Thu 7/5 2:14pm, responses due to Dani by Tue 7/10 4:30pm).
Please contact me with any questions or concerns.

Thanks!
Bard

Eschew surplusage.
Samuel Clemens

Bard Hill

bard.hill@vermont.gov
landline 802.241.0376
mobile 802.760.0852

From: Fuoco, Danielle
Sent: Thursday, July 05, 2018 2:14 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: Assistance requested with Medicaid Budget Survey by COB 7/10

Hi Bard,

Each year, Kaiser sends DVHA a Medicaid Budget Survey. Cory personally meets with the survey leads on the phone to go over our responses. Your assistance is requested in responding to the questions below (see attached draft):

Please answer the following questions:

- All questions in Section 6A

Please send me your responses no later than COB Tuesday, July 10th. I am meeting with Cory on 7/11 to review the draft.

Thank you for your quick assistance with this!

Dani Fuoco, MPA
Program Consultant
Medicaid Policy Unit
Agency of Human Services
280 State Drive, Center Building
Waterbury, Vermont 05671-1000
[P] (802) 585-4265
[F] (802) 241-0958
Danielle.Fuoco@vermont.gov

From: [Senghas, Stuart](#)
To: [Tierney-Ward, Megan](#)
Subject: Re: CMS ?
Date: Thursday, February 15, 2018 5:18:30 PM
Attachments: [image002.png](#)

Got it!!

Sent from my iPhone

On Feb 15, 2018, at 4:10 PM, Tierney-Ward, Megan <megan.tierney-ward@vermont.gov> wrote:

They fall under Home & Community-Based Services (HCBS). That is why they were included in our state's assessment of compliance with the federal HCBS regulations.

From: Senghas, Stuart
Sent: Thursday, February 15, 2018 3:56 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: CMS ?

Megan,

Do you know of hand how CMS classifies Adult Day programs in Vermont?
Are Adult Day programs considered a Long Term Care facility or a Nursing Home?
Do we have a specific category?

Thanks!!

Stuart

Stuart Senghas, MSW
Quality and Program Participant Specialist
Adult Services Division
Department of Disabilities, Aging, & Independent Living
280 State Dr., HC 2 South, Waterbury, VT 05671-2070
Desk: 802-241-0307
Cell: 802-585-5730
Fax: 802-241-0385
Email: stuart.senghas@vermont.gov

<image002.png>

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**For information, referral and assistance for adult Vermonters, contact your
[Aging & Disabilities Resource Connections/No Wrong Door partner:](#)**

- Vermont 211: Dial 211

- Senior Helpline: 1-800-642-5119 (for people 60 and older)
- VT Center for Independent Living: 1-800-639-1522 (for people under 60)
- Brain Injury Association of VT: 1-877-856-1772

From: [Tierney-Ward, Megan](#)
To: [Skaflestad, Shawn](#); [Courcelle, Andre](#)
Subject: Re: CMS CQS Question due Today
Date: Friday, November 17, 2017 4:05:59 PM

I think that is good. Thanks Shawn. I just took out reference to a TBI regulation because we don't have one.

Vermont agrees with the CMS determination that state TBI policies are currently non-compliant for the requirements of freedom from restraint because restraint is allowed without incorporating 42 CFR 441.301(c)(viii)(A) through (H).). The state will adjust the score contained in the TBI systemic assessment and include the updating of TBI policies as a corrective action in the corresponding TBI work plan.

From: Skaflestad, Shawn
Sent: Friday, November 17, 2017 3:53 PM
To: Tierney-Ward, Megan; Courcelle, Andre
Subject: RE: CMS CQS Question due Today

Megan,

Are you comfortable with the following response?

Vermont agrees with the CMS determination that state TBI policies and regulations are currently non-compliant for the requirements of freedom from restraint because restraint is allowed without incorporating 42 CFR 441.301(c)(viii)(A) through (H).). The state will adjust the score contained in the TBI systemic assessment and include the updating of TBI policies as a corrective action in the corresponding TBI work plan.

Shawn

From: Suzanne Santarcangelo [mailto:ssantarcangelo@phpg.com]
Sent: Friday, November 17, 2017 3:29 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>
Subject: RE: CMS CQS Question due Today

Hi All,

The residential care licensing regulations do not appear to allow for the use of restraint as part of an on-going treatment plan:

- Participant Rights Section 6.12 – indicates *“the resident has the right to be free from mental, verbal or physical abuse, neglect and exploitation. Residents shall also be free from restraint as described in 5.14.”*
- Section 5.14 indicates that *“mechanical restraint may only be used in and emergency to prevent harm to self or others and shall not be used as any on-going form of treatment.”* 5.14(e) also states residents have a right to be free from chemical and mechanical restraint. There are also requirements that a physician be consulted, and it can only be continued with specific physician orders. The Provider must inform DAIL of any instance and complete a reassessment (within 72 hours) of the person needs in consultation with the physician, resident and resident’s legal rep.

Vermont could be considered more stringent because it says restraint is not allowed as part of a plan of care at all; or it could be considered a ‘loophole’ because it allows for clinical restraints in unplanned emergencies/threats of harm (similar to hospital rules). I believe that CMS is saying that the use of restraint in an emergency situation must be outlined in the individuals person-centered plan as a ‘modification’. It would then be allowable and subject to the CMS review standards in *42 CFR 441.301(c)(viii) (A) through (H).*)

You could change the score to “partial” and address it in your remediation plan and TBI policies such that TBI program participants would have emergency protocols in their plan that clearly noted when/if restraint was OK. Conversely, you could assert it is never OK as part of an active treatment plan and will continue to be treated as a reportable incident.

I recall some discussion about adopting DDS-like guidelines around applied behavioral analysis and interventions for TBI but am not aware of the outcome.

Suzanne

Senior Associate
Pacific Health Policy Group, (PHPG)
p. (802) 882-8228

From: Skaflestad, Shawn [<mailto:Shawn.Skaflestad@vermont.gov>]

Sent: Friday, November 17, 2017 12:56 PM

To: Suzanne Santarcangelo <ssantarcangelo@phpg.com>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>

Subject: RE: CMS CQS Question due Today

Thanks Suzanne! #2 seems risky to me – but if we have a solid response – I am happy to include it!

Shawn

From: Suzanne Santarcangelo [<mailto:ssantarcangelo@phpg.com>]
Sent: Friday, November 17, 2017 12:54 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>
Subject: RE: CMS CQS Question due Today

Shawn – I will not be able to review the report and background materials until about 2 or 3pm today – however I suspect that the licensing regulations may discuss restraint, it is also possible that we got the info (that Megan notes below) from interview with Andre – As I recall, at the time Andre (the State) was closely involved in and approved every service plan and thus would know if restraint was being used... I will look at my notes as soon as I am free, however #2 may be an option today.

Suzanne
Senior Associate
Pacific Health Policy Group, (PHPG)
p. (802) 882-8228

From: Skaflestad, Shawn [<mailto:Shawn.Skaflestad@vermont.gov>]
Sent: Friday, November 17, 2017 12:47 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Suzanne Santarcangelo <ssantarcangelo@phpg.com>; Courcelle, Andre <Andre.Courcelle@vermont.gov>
Subject: RE: CMS CQS Question due Today

As far as today's submission is concerned – I see the following options:

1. Agree w/CMS finding – and suggest that we are going to modify the *statutory provisions, regulations, and policy documents* in question;
2. Disagree w/CMS finding – and suggest how they have misinterpreted the references we provided; OR
3. Request a meeting w/CMS so they can clarify their comment.

Of the options listed above – only #1 and #3 can be accomplished by cob today.

Shawn

From: Tierney-Ward, Megan
Sent: Friday, November 17, 2017 10:04 AM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Suzanne Santarcangelo (ssantarcangelo@phpg.com) <ssantarcangelo@phpg.com>; Courcelle, Andre <Andre.Courcelle@vermont.gov>
Subject: Re: CMS CQS Question due Today

Yikes. I don't know how to help. Restraints are not genetically allowed. Only with a specific care plan. They will always be considered a "modification" according to the hcbs rules.

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From: Skaflestad, Shawn
Sent: Friday, November 17, 2017 9:59:46 AM
To: Suzanne Santarcangelo (ssantarcangelo@phpg.com); Tierney-Ward, Megan; Courcelle, Andre
Subject: CMS CQS Question due Today

Hi Suzanne, et al.,

Please take a look at the CMS comment below. I believe that CMS is disagreeing with scoring in the TBI Systemic Assessment (bottom of p.11/top of p.12).

For the TBI waiver, the state assessed its state policies and regulations as compliant with the federal requirement that a setting ensure an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint. CMS found that the statutory provisions, and some of the regulations and policy documents cited by the state are compliant with the requirement to ensure rights to privacy, dignity, and respect and freedom from coercion but non-compliant for the requirement of freedom from restraint because restraint is allowed without incorporating 42 CFR 441.301(c)(viii)(A) through (H).

Sorry to pick this up so late – but we are going to need a draft response that addresses this issue before the end of the day so I would appreciate any/all thoughts.

Shawn

From: [Courcelle, Andre](#)
To: [Tierney-Ward, Megan](#)
Subject: RE: CMS CQS Response due today
Date: Friday, November 17, 2017 1:13:00 PM

We will make the changes as Megan has stated. I will need time to research the section CMS referenced in their comments.

Andre' R Courcelle
Quality & Provider Relations Program Director
Adult Services Division
Department of Disabilities, Aging and Independent Living
280 State Drive HC-2 South
Waterbury, VT 05671-2070
Office: 802 786-2516
Fax: 802 786-5055
andre.courcelle@vermont.gov

From: Tierney-Ward, Megan
Sent: Friday, November 17, 2017 12:57 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>
Subject: Re: CMS CQS Response due today

Like CFC we will incorporate the hcbs "modifications" requirement language into the TBI standards and follow those standards. Assurance will be built into the TBI quality review process, like CFC.

Get [Outlook for iOS](#)

From: Skaflestad, Shawn
Sent: Friday, November 17, 2017 12:53:05 PM
To: Tierney-Ward, Megan; Courcelle, Andre
Subject: RE: CMS CQS Response due today

As far as today's submission is concerned, I see the following two options:

1. Tell CMS that the work plan has been modified to include *how the state will ensure that any use of restrictive interventions will be handled and documented via the person-centered planning process, following the criteria in 42 CFR 441.301(c)(viii)(A) through (H)*.
2. Request a meeting w/CMS so they can clarify their comment.

If we choose #1 – I am not sure what details would be added to the work plan.

Shawn

From: Skaflestad, Shawn

Sent: Friday, November 17, 2017 10:17 AM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>

Subject: CMS CQS Response due today

Hi Megan and Andre,

According to our TBI systemic assessment – Vermont regulations/policies are silent on all of the modifications (A-H) listed under

14. Modification to HCBS Settings Requirements: Restrictions of rights and/or restrictive practices are not contemplated in program guidance (settings requirements)

In our workplan we said we would do a bunch of things to bring our regulations/policies in line with those of the Feds. After looking over the TBI work plan – CMS made the following comment:

Please clarify how the state will ensure that any use of restrictive interventions will be handled and documented via the person-centered planning process, following the criteria in 42 CFR 441.301(c)(viii)(A) through (H).

Any suggestions re: how we might reply to this comment?

Shawn

From: [Tierney-Ward, Megan](#)
To: [Skaflestad, Shawn](#); [Courcelle, Andre](#)
Subject: Re: CMS CQS Response due today
Date: Friday, November 17, 2017 1:24:55 PM

You're welcome!

From: Skaflestad, Shawn
Sent: Friday, November 17, 2017 1:15 PM
To: Tierney-Ward, Megan; Courcelle, Andre
Subject: RE: CMS CQS Response due today

Thanks Megan! I will include the language below in today's response:

The state plans to use their existing TBI quality review process to make certain that any use of restrictive interventions will be handled and documented via the person-centered planning process, following the criteria in 42 CFR 441.301(c)(viii)(A) through (H).

Shawn

From: Tierney-Ward, Megan
Sent: Friday, November 17, 2017 12:57 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>
Subject: Re: CMS CQS Response due today

Like CFC we will incorporate the hcbs "modifications" requirement language into the TBI standards and follow those standards. Assurance will be built into the TBI quality review process, like CFC.

Get [Outlook for iOS](#)

From: Skaflestad, Shawn
Sent: Friday, November 17, 2017 12:53:05 PM
To: Tierney-Ward, Megan; Courcelle, Andre
Subject: RE: CMS CQS Response due today

As far as today's submission is concerned, I see the following two options:

1. Tell CMS that the work plan has been modified to include *how the state will ensure that any use of restrictive interventions will be handled and documented via the person-*

centered planning process, following the criteria in 42 CFR 441.301(c)(viii)(A) through (H).

2. Request a meeting w/CMS so they can clarify their comment.

If we choose #1 – I am not sure what details would be added to the work plan.

Shawn

From: Skaflestad, Shawn

Sent: Friday, November 17, 2017 10:17 AM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>

Subject: CMS CQS Response due today

Hi Megan and Andre,

According to our TBI systemic assessment – Vermont regulations/policies are silent on all of the modifications (A-H) listed under

14. Modification to HCBS Settings Requirements: Restrictions of rights and/or restrictive practices are not contemplated in program guidance (settings requirements)

In our workplan we said we would do a bunch of things to bring our regulations/policies in line with those of the Feds. After looking over the TBI work plan – CMS made the following comment:

Please clarify how the state will ensure that any use of restrictive interventions will be handled and documented via the person-centered planning process, following the criteria in 42 CFR 441.301(c)(viii)(A) through (H).

Any suggestions re: how we might reply to this comment?

Shawn

From: [Skaflestad, Shawn](#)
To: [Hill, Bard](#); [Tierney-Ward, Megan](#); [Courcelle, Andre](#); [Gerstenberger, Roy](#); [Harrigan, Emma](#); [Omland, Laurel](#); [Clark, Bill](#); [McFadden, Clare](#)
Cc: [Hickman, Selina](#); [Carmichael, Erin](#)
Subject: RE: CQS Public Comment and Draft State Responses
Date: Tuesday, July 25, 2017 10:31:27 AM

Thanks for your comments Bard – very helpful!

Shawn

From: Hill, Bard
Sent: Monday, July 24, 2017 5:17 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>; Carmichael, Erin <Erin.Carmichael@vermont.gov>
Subject: RE: CQS Public Comment and Draft State Responses

Hi-
Not sure if the additions (using track changes) are helpful...
Thanks Shawn.
Bard

From: Skaflestad, Shawn
Sent: Monday, July 24, 2017 3:07 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>; Carmichael, Erin <Erin.Carmichael@vermont.gov>
Subject: CQS Public Comment and Draft State Responses

Hi All,

As you may recall, a formal public hearing for the attached Comprehensive Quality Strategy (CQS)/State Transition Plan (STP) was held on Thursday, April 21, 2017 from 1pm - 2pm at the Waterbury State Office Complex (WSOC). While no individuals from the community attended the hearing – I did receive three pieces of written feedback during the public comment period. I have attached a Word file that contains a summary of the public comments from these documents –

along with draft State responses. As you will notice – not all comments have responses.

I am asking that you edit my draft responses – as well as suggest language for those comments w/o responses - by cob this Friday, July 28th. Once this document is complete – I will modify the CQS/STP accordingly – and submit it to CMS for review. Please feel free to contact me with any questions.

Thank you,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).

(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: [Hill, Bard](#)
To: [Tierney-Ward, Megan](#); [McFadden, Clare](#)
Cc: [George, Camille](#)
Subject: RE: DAIL: HCBS rules coordination?
Date: Tuesday, June 26, 2018 9:18:00 AM

I'll defer to Camille, but I think her point was to review any differences in stakeholder engagement and HCBS rules 'direction' across our three programs. If this merits review, the timing seems earlier rather than later, and may not be an issue for the AHS group.
Or we can continue separate policy paths...

From: Tierney-Ward, Megan
Sent: Tuesday, June 26, 2018 7:02 AM
To: Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Cc: George, Camille <Camille.George@vermont.gov>
Subject: Re: DAIL: HCBS rules coordination?

Hi.

Is this something we could push into fall/winter or incorporate into standing meetings? We have a lot of projects happening now and both ASD and DDS are in the midst of a deadline for the HCBS validation surveys which I believe must be completed by the end of Sept. There are also standing meetings that happen already with Shawn S. and the HCBS team. I think they might be once a month. I would suggest that we incorporate the conversation there instead of making a new series of meetings. Currently Andre is our lead and he has been pulling in other people as needed.

M

From: Hill, Bard
Sent: Monday, June 25, 2018 5:10 PM
To: Tierney-Ward, Megan; McFadden, Clare
Cc: George, Camille
Subject: DAIL: HCBS rules coordination?

Hi-

Earlier today Camille asked that I set up some internal meetings regarding DAIL work on HCBS rules. The core purpose is to identify and manage differences that emerge in our approaches

to HCBS rules compliance across the three DAII programs.

Draft for your comments:

1. Scope: CFC DDS and TBI
2. Purpose: coordinate approaches/messages to core elements, eg
 - a. Settings provision: scope; assessments; remediation or relocation
 - b. Person-centered planning: comprehensive assessment, goals, preferences
 - c. Conflict-free case management
 - d.
3. Who:
 - a. CFC: Megan, Angela M, Andre?
 - b. DDS: Clare, Amy, Chris?
4. Frequency: monthly 1 hour?

Please let me/us know your thoughts. Camille, please let me know if I missed or misconstrued anything.

Thanks!

Bard

“The best way to get a good idea is to get a lot of ideas.”

Donald Berwick

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

From: [Hill, Bard](#)
To: [Courcelle, Andre](#)
Subject: RE: Erc?
Date: Thursday, June 14, 2018 1:08:00 PM

I think we can expect to hear about this - especially since DS group homes are included in the DS review. Why was the ERC setting excluded from the CFC review?

THX
B

-----Original Message-----

From: Courcelle, Andre
Sent: Thursday, June 14, 2018 1:04 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Erc?

No, ERC was excluded this time around.

Andre'R Courcelle
Quality & Provider Relations Program Director Adult Services Division Department of Disabilities, Aging and Independent Living
280 State Drive HC-2 South
Waterbury, VT 05671-2070
Office: 802 786-2516
Fax: 802 786-5055
andre.courcelle@vermont.gov

-----Original Message-----

From: Hill, Bard
Sent: Thursday, June 14, 2018 11:57 AM
To: Courcelle, Andre <Andre.Courcelle@vermont.gov>
Subject: Erc?

No erc review for HCBS rules?
Bard

Sent from my iPhone

From: Suzanne Santarcangelo
To: [Skaflestad, Shawn](#); [Tierney-Ward, Megan](#)
Cc: [Hill, Bard](#); [Hickman, Selina](#); [George, Camille](#)
Subject: RE: Follow up question on CFC HHA/AAAs
Date: Thursday, June 22, 2017 4:13:26 PM

Hi All,

The exemption in the Medicaid HCBS rule is about having one designated provider per region. There is no clear guidance on how the exemption aspect is assessed and applied. A suggestion that the providers are distinct in their expertise/designation and/or who they serve may be helpful. Below are two responses for you and Megan to consider:

Under Vermont law, the HHAs are designated as the provider of case management and other Medicaid reimbursable health services for specific geographic regions of the state. In the Choices for Care program, these HHAs tend to work with enrollees who have complex medical needs and/or who have co-morbid conditions requiring close coordination with their PCP and/or other health care specialist. Under Vermont's Older Americans Act State Plan, five Area Agencies on Aging deliver Older Americans Act Services statewide. In the Choices for Care program, these AAAs tend to work with enrollees who have social service needs and who have less extensive needs for medical coordination. In both cases, providers may be delivering case management and direct service, both are required to have internal conflict of interest safeguards that meet Vermont certification standards.

If you do not want to focus on population distinction, perhaps focusing on their designation type:

Under Vermont law, the HHAs are designated as the provider of case management and other Medicaid reimbursable health services for specific geographic regions of the state. Under Vermont's Older Americans Act State Plan, five Area Agencies on Aging deliver Older Americans Act Services statewide. Both groups are enrolled providers in the Choices for Care program; in both cases, providers may be delivering case management and direct service, both are required to have internal conflict of interest safeguards that meet Vermont case management certification standards. Consumers choose their case management agency and providers based on their personal, social service and medical needs.

Suzanne

Senior Associate, PHFG

P. 802-882-8228

From: Skaflestad, Shawn [mailto:Shawn.Skaflestad@vermont.gov]

Sent: Thursday, June 22, 2017 1:02 PM

To: Tierney-Ward, Megan ; Suzanne Santarcangelo

Cc: Hill, Bard ; Hickman, Selina ; George, Camille

Subject: RE: Follow up question on CFC HHA/AAAs

Hi Megan and Suzanne,

Here is my draft response to the question Tom (CMS) poses below:

Thanks for following up on this Tom! The answer to your question is Yes...HHAs/AAAs are the only qualified entities to provide both direct care and case management services statewide. HHAs are designated in Vermont state statute and AAAs were established and are supported by the Older Americans Act. When providing case management, both entities must follow the same [Case Management Certification Standards](#). This unique arrangement results in the only willing and qualified entity to perform assessments of functional need and develop person-centered service plans also providing HCBS.

Keep in mind that I developed this response using feedback you provided in previous emails. If I misunderstood your comments – please feel free to make edits directly in the above draft response. Selina is back from maternity leave – and I promised her a final draft response by cob tomorrow – so a quick review and response is appreciated.

Thank you,
Shawn

From: Skaflestad, Shawn

Sent: Monday, June 19, 2017 9:54 AM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>

Cc: Hill, Bard <Bard.Hill@vermont.gov>

Subject: RE: Follow up question on CFC HHA/AAAs

Thanks for you input Megan! I hope to have a draft response ready for Selina to review when she returns on the 21st (this Wednesday).

Shawn

From: Tierney-Ward, Megan

Sent: Monday, June 19, 2017 9:34 AM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

Cc: Hill, Bard <Bard.Hill@vermont.gov>

Subject: RE: Follow up question on CFC HHA/AAAs

Hi Shawn,

If we are only responding to: “HHAs/AAAs are the only qualified entities to provide both direct care and case management services” and “Specifically, does VT believe that to be the case statewide or only in certain geographic entities?” I would say “Yes, we believe this to be the case statewide.”

AND, I agree with Suzanne’s comment that AAA’s and HHA’s manage services within a set geographic region (one HHA entity has a statewide territory but does NOT provide case management). Though anecdotally, the AAA’s tend to provide more “social services” and HHA provide more “medical services” they both must follow the same [Case Management Certification Standards](#). So I wouldn’t recommend including that statement to CMS.

Selena was so involved in this topic and the letter that went out to CMS. Will she be returning soon? Should this wait for her?

Megan

From: Skaflestad, Shawn

Sent: Monday, June 12, 2017 2:14 PM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>

Subject: FW: Follow up question on CFC HHA/AAAs

Megan,

Please see Suzanne’s response below....does her response address the CMS question below?

Shawn

From: Suzanne Santarcangelo [<mailto:ssantarcangelo@phpg.com>]

Sent: Monday, May 08, 2017 5:31 PM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

Cc: Scott Wittman <swittman@phpg.com>

Subject: RE: Follow up question on CFC HHA/AAAs

Hi Shawn,

Yes we provided support to DAIL and AHS (Selina) in drafting the summary that went to CMS last year.

At the time we were looking at the VT statute which designates HHA's for each region. The AAA's did not have VT statutory designation, but received federal Older American Act (non-Medicaid) funds for the general population through the OAA state plan. While providers are based on consumer choice, DAIL suggested that the HHA's tend to serve a distinct CFC population i.e., those who are more medically complex, while AAA's served persons with more social service needs.

Given the suggestion that the current administration is looking to support more "state based flexibility" it is unclear how CMS might interpret the Vermont system.

Suzanne

Senior Associate, PHPG

P. 802-882-8228

From: Skaflestad, Shawn [<mailto:Shawn.Skaflestad@vermont.gov>]

Sent: Monday, May 8, 2017 1:50 PM

To: Suzanne Santarcangelo <ssantarcangelo@phpg.com>

Cc: Scott Wittman <swittman@phpg.com>

Subject: RE: Follow up question on CFC HHA/AAAs

Hi Suzanne – was this request supported by PHPG in the past?

Shawn

From: Tierney-Ward, Megan

Sent: Monday, May 08, 2017 1:08 PM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Lane, Sara <Sara.Lane@vermont.gov>;

Suzanne Santarcangelo <ssantarcangelo@phpg.com>; George, Camille

<Camille.George@vermont.gov>

Subject: RE: Follow up question on CFC HHA/AAAs

We may want to consult with Suzanne Santarcangelo on this one. She was key to helping draft the letter to CMS requesting their technical assistance on the case management conflict of interest issue and she may already have something drafted that would work. I'm including Camille as well since she was also involved in this discussion.

If CMS is asking for this, does it mean they are considering an exception? (Previously they acted as though they would not consider it.)

Megan

From: Skaflestad, Shawn

Sent: Monday, May 08, 2017 12:19 PM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Lane, Sara

<Sara.Lane@vermont.gov>

Subject: FW: Follow up question on CFC HHA/AAAs

Just following up on my email below. Any thoughts re: how we should respond to CMS?

Shawn

From: Skaflestad, Shawn

Sent: Friday, May 05, 2017 10:40 AM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Lane, Sara

<Sara.Lane@vermont.gov>

Cc: Hutt, Monica <Monica.Hutt@vermont.gov>; Gustafson, Cory <Cory.Gustafson@vermont.gov>;

Hickman, Selina <Selina.Hickman@vermont.gov>; Clark, Sarah <Sarah.Clark@vermont.gov>

Subject: FW: Follow up question on CFC HHA/AAAs

Hi Megan and Sara,

In Selina's absence, I am looking to respond to the CMS follow up question highlighted in the message below. This inquiry is related to our request for a "geographic exception" from the new HCBS rules (specifically the conflict free case management requirement) taken from the *CFC Action Plan* that was submitted to CMS last summer (attached). Item 1a on page 6 of the attachment reads as follows:

1. Request a determination from CMS for an HCBS exception or other policy solution based on: the State's current Section 1115 demonstration model; a determination that the HHAs and AAAs, who provide both direct care and case management services, are the only qualified entities for the persons they serve.

a. Vermont could provide CMS additional detail regarding the HHA and AAA structure and regional designations if this would be helpful.

As a reminder, the new rules indicate that HCBS service providers must not provide case management for a person they serve, except when the state is granted a geographic exception. I am not sure how geographic area was defined in this document – but could you provide some suggested text to clarify the assertion that there is only one willing and able provider (HHA or AAA) to perform case management and provide HCBS services in various regions of the state.

Thank you,

Shawn

Shawn E. Skaflestad, Ph.D.

Quality Improvement Manager

Agency of Human Services

280 State Drive Center Building

3rd Floor – E310-1

Waterbury, VT 05671-1000

Office: (802) 241-0961

Cell Phone: (802) 585-4410

Fax: 802-241-0450

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(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: Schenck, Tom M.(CMS/CMCHO) [<mailto:Tom.Schenck@cms.hhs.gov>]

Sent: Thursday, May 04, 2017 5:32 PM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

Cc: Hickman, Selina <Selina.Hickman@vermont.gov>

Subject: Follow up question on CFC HHA/AAAs

Hi Shawn,

I'm following up on this memo from last summer regarding the geographically designated HHAs that CMS is reviewing. We're wondering about item 1a on page 6. Could you elaborate on the statement regarding a potential determination that the HHAs/AAAs are the only qualified entities to provide both direct care and case management services. **Specifically, does VT believe that to be the case statewide or only in certain geographic entities?** Any further information that could help us consider a potential designation would be helpful.

Thanks,

Tom Schenck

Division of Medicaid and Children's Health Operations

Centers for Medicare and Medicaid Services
(617) 565-1325

From: [Hill, Bard](#)
To: "pflood001@aol.com"
Subject: RE: follow up
Date: Thursday, January 04, 2018 4:09:00 PM

Hi-

To date we have not actually started. Monica Camille and I had a conversation with AHS health reform folks. I understand that the hospital doc is in the lead, that the other local agencies are on board, and that we will be asked to support their local ideas. I understand that they are focused on CFC and are not addressing DS or TBI. That's about all I know, not sure if they have developed anything new since you left.

My initial question was how this fits into our obligation to align CFC DS and TBI with the APM/ACO, statewide, including opportunities to align across the programs (CFC DS and TBI).

If we do not use an existing vehicle (eg MLTSS, PACE, SNP, DSNP), could we give Medicaid LTSS funding and authority to a local entity/network and not address these system elements?

1. CMS HCBS rules, person-centeredness, choice, settings
2. Outcomes, performance measures, performance accountability, NCI
3. Outreach, options counseling and intake
4. Eligibility criteria and process: clinical/functional and financial
5. Individual enrollment/eligibility categories
6. Case management/service coordination, care teams
7. Assessment, person-centered care planning, integrated care plan, service authorization
8. Service design, service delivery, service providers
9. Provider standards and enrollment
10. Choice and control including consumer direction
11. Payment/reimbursement including CMS approval of new payment methodologies (per GC agreement)
12. Payment incentives, VBP elements, shared savings, risk
13. Quality management, health and welfare requirements, critical incidents
14. Claims processing, financial management, reporting, monitoring, financial accountability
15. Appeals and grievances
16. Federal funding, statute, regulation, budget authority, GC STCs
17. State funding, statute, regulation, budget authority

Cheers-

Bard

From: pflood001@aol.com [mailto:pflood001@aol.com]
Sent: Thursday, January 04, 2018 3:50 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: follow up

Hi Bard - good to see you today. Is it possible for you to share any more details about St. J and CFC? Or, who might I talk with? THanks.

From: [Bascom, June](#)
To: [Hill, Bard](#)
Cc: [McFadden, Clare](#)
Subject: RE: HCBS rule?
Date: Wednesday, December 20, 2017 3:05:10 PM

Yes. There are two outstanding section to this page that Clare is going to do:

- Integrating Services section – needs to be edited
- HCBS Rules section (under “Future Directions”) – needs a short blurb

From: Hill, Bard
Sent: Wednesday, December 20, 2017 2:58 PM
To: Bascom, June <June.Bascom@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: HCBS rule?

Is this narrative for the annual report (DDSD division page) still pending?

Future Directions

Home and Community-Based Services Rule

Thanks-
Bard

“The best way to get a good idea is to get a lot of ideas.”
Donald Berwick

Bard Hill
bard.hill@vermont.gov
landline 802.241.0376
mobile 802.760.0852

From: [Skaflestad, Shawn](#)
To: [Tierney-Ward, Megan](#); [Gerstenberger, Roy](#); [Courcelle, Andre](#); [Harrigan, Emma](#); [Omland, Laurel](#)
Cc: [Hamilton, Kathleen](#); [Clark, Bill](#)
Subject: RE: HCBS CQS/STP Work Plan Milestones
Date: Monday, April 10, 2017 3:16:10 PM
Attachments: [Price-Verma Letter to States - 3-14-17.pdf](#)

I believe that this letter was mentioned during our last meeting (specifically the first paragraph on top of page 3). While I don't have any updates – I wanted to make sure folks were aware of the communication.

Shawn

From: Skaflestad, Shawn
Sent: Monday, April 10, 2017 12:25 PM
To: Tierney-Ward, Megan ; Gerstenberger, Roy ; Courcelle, Andre ; Harrigan, Emma ; Omland, Laurel
Cc: Hamilton, Kathleen ; Clark, Bill
Subject: RE: HCBS CQS/STP Work Plan Milestones

Hi Everyone,

Below are some of the items I would like to discuss this afternoon:

- Sender and Subject Line of survey email;
- Link in introductory email (user-friendly and hyperlink);
- Use of http vs https protocol (security);
- Multiple responses from one contact (functionality and messaging);
- Contact list; and
- Communicating w/providers

Kathy has been fielding comments, concerns, and questions from the DS providers – so she might have some other things to add as well.

Best,

Shawn

-----Original Appointment-----

From: Hurlburt, Laurie **On Behalf Of** Skaflestad, Shawn
Sent: Friday, May 13, 2016 11:49 AM
To: Skaflestad, Shawn; Tierney-Ward, Megan; Gerstenberger, Roy; Courcelle, Andre; Harrigan, Emma; Omland, Laurel; Clark, Bill; Hawes, Emily
Cc: Hamilton, Kathleen; Reed, Frank
Subject: HCBS CQS/STP Work Plan Milestones
When: Monday, April 10, 2017 3:30 PM-4:30 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Spruce 8 (DAIL)

Hi All,

I am extending our monthly HCBS CQS/STP Milestone meeting through June of 2017. Please note that I changed the location of this meeting to Spruce 8 (2nd floor of the Historic Core South – near DAIL). Thank you for your continued involvement.

Shawn

Conference Call Information:

Dial-In Number: 1-877-273-4202

Conference Room ID: 1262904

From: [Hill, Bard](#)
To: [Fuoco, Danielle](#)
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed
Date: Friday, May 04, 2018 9:42:00 AM

Yes in recent years Frank Reed and AHS staff agreed that no MH services were HCBS. This year there are different staff with a somewhat different approach. I defer to you and them...

From: Fuoco, Danielle
Sent: Friday, May 04, 2018 9:40 AM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Thank you. I consulted the MH folks last year and a decision was made to not include those programs for the purpose of this survey. I can look into it again. Last year was the first time I did this survey and it was like a wild goose chase. I'm hoping to wrap it up more quickly (and neatly) now.

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Friday, May 04, 2018 9:29 AM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

You should know that the CMS HCBS rules are also being applied to some MH services. I'm fine with this incongruity but thought you should know.

From: Fuoco, Danielle
Sent: Friday, May 04, 2018 8:55 AM
To: Hill, Bard <Bard.Hill@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Thank you, Bard. I'm working from home until noon today but can be reached at my number below if you'd like to talk.

Last year we addressed a lot of your questions/comments (defining what's included) and for the purposes of this specific survey piece on 1115 waiver the programs are CFC, DS, and TBI (a decision was made last year to not include CMH and CRT). So in the context of the questions here, I'm looking for CFC/DS/TBI for #5 (and other questions).

I think Shawn spoke to the quality measures last year so I can circle back with him on #11.

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit

(802) 585-4265

From: Hill, Bard
Sent: Thursday, May 03, 2018 4:24 PM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Hi Dani-

Comments herein should help. I have some time to talk tomorrow if that would be helpful...

Cheers

Bard

802-760-0852

From: Fuoco, Danielle
Sent: Tuesday, May 01, 2018 4:38 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Sorry, I don't understand what you mean. If you have a chance to give me a call now or later this week it might be easier to talk. My number is below.

Thanks,

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Tuesday, May 01, 2018 4:34 PM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: Re: HCBS Kaiser Survey - Your Assistance Needed

Anything related to hcbs or self directed enrollment data

Get [Outlook for iOS](#)

From: Fuoco, Danielle <danielle.fuoco@vermont.gov>
Sent: Tuesday, May 1, 2018 4:32 PM
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed
To: Hill, Bard <bard.hill@vermont.gov>

Cc: Brooks, Dale <dale.brooks@vermont.gov>

Hi Bard,

Can you please tell me what specific question you're referring to when you say that the 1115 waiver survey doesn't support relevant numbers separately? Last year we combined reporting on CFC/DS/TBI for numbers but it would help to know which question you have in mind.

Thanks for pointing that out about LTC eligibility. I forgot to specify that I will be answering that separately as I know it is managed in DVHA (and the options are kind of strange as institutions and HCBS have slightly different methodologies but I don't know that they are unequal). My apologies.

Thanks again,

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard

Sent: Tuesday, May 01, 2018 12:27 PM

To: Poulin, Adam <Adam.Poulin@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McMann, Angela <Angela.McMann@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Fuoco, Danielle <Danielle.Fuoco@vermont.gov>

Cc: Brooks, Dale <Dale.Brooks@vermont.gov>

Subject: FW: HCBS Kaiser Survey - Your Assistance Needed

Hi-

Anything you'd like to change in the second or third attachment?

Dani, please note:

LTC financial eligibility rules and processes are currently managed in DVHA (ie not DAIL).

The last form does not support reporting relevant some #s separately for two 1115 specialized programs (DDS and CFC).

Thanks-
Bard

From: Fuoco, Danielle

Sent: Tuesday, May 01, 2018 11:37 AM

To: Hill, Bard <Bard.Hill@vermont.gov>; Brooks, Dale <Dale.Brooks@vermont.gov>

Subject: HCBS Kaiser Survey - Your Assistance Needed

Hello Bard and Dale,

Last year, you both assisted me in completing a series of surveys on HCBS services for Kaiser Family

Foundation. Thank you! Kaiser has sent the surveys again for FY2017. Many of the questions are the same, so I have populated the attached surveys with the responses from last year. I'm requesting your assistance with the following:

1. **DALE** – Can you please send me the FY2017 annual persons count and expenditures for Attendant Services Program and Children's Personal Care Services, as well as the FY2017 annual persons count and expenditures for our HCBS waiver programs (TBI, CFC, and DS combined)? I've attached the excellent chart you put together for me last year – we just need FY17 added.
2. **BARD** – Can you please review the attached 2 survey documents and let me know if there's anything that has changed from last year? I'm particularly interested in your review of the 1115 waiver survey (I'm not sure that you can speak to the PCS (ASP/CPCS) questions, if not don't worry about them).

Thank you both! It would be wonderful if I could hear from you by the end of this week (5/4) on this request. Let me know if you have any questions.

Sincerely,

Dani Fuoco, MPA
Program Consultant
Medicaid Policy Unit
Agency of Human Services
280 State Drive, Center Building
Waterbury, Vermont 05671-1000
[P] (802) 585-4265
[F] (802) 241-0958
Danielle.Fuoco@vermont.gov

From: [Hill, Bard](#)
To: [Fuoco, Danielle](#)
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed
Date: Friday, May 04, 2018 9:29:00 AM

You should know that the CMS HCBS rules are also being applied to some MH services. I'm fine with this incongruity but thought you should know.

From: Fuoco, Danielle
Sent: Friday, May 04, 2018 8:55 AM
To: Hill, Bard <Bard.Hill@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Thank you, Bard. I'm working from home until noon today but can be reached at my number below if you'd like to talk.

Last year we addressed a lot of your questions/comments (defining what's included) and for the purposes of this specific survey piece on 1115 waiver the programs are CFC, DS, and TBI (a decision was made last year to not include CMH and CRT). So in the context of the questions here, I'm looking for CFC/DS/TBI for #5 (and other questions).

I think Shawn spoke to the quality measures last year so I can circle back with him on #11.

Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Thursday, May 03, 2018 4:24 PM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

Hi Dani-

Comments herein should help. I have some time to talk tomorrow if that would be helpful...

Cheers

Bard

802-760-0852

From: Fuoco, Danielle
Sent: Tuesday, May 01, 2018 4:38 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: RE: HCBS Kaiser Survey - Your Assistance Needed

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(802) 585-4265

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Cc: Brooks, Dale <Dale.Brooks@vermont.gov>
Subject: Re: HCBS Kaiser Survey - Your Assistance Needed

Anything related to hcbs or self directed enrollment data

Get [Outlook for iOS](#)

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Sent: Tuesday, May 1, 2018 4:32 PM
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Cc: Brooks, Dale <dale.brooks@vermont.gov>

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AHS Medicaid Policy Unit
(802) 585-4265

From: Hill, Bard
Sent: Tuesday, May 01, 2018 12:27 PM
To: Poulin, Adam <Adam.Poulin@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McMann, Angela <Angela.McMann@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Fuoco, Danielle <Danielle.Fuoco@vermont.gov>

Cc: Brooks, Dale <Dale.Brooks@vermont.gov>

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Medicaid Policy Unit

Agency of Human Services
280 State Drive, Center Building
Waterbury, Vermont 05671-1000
[P] (802) 585-4265
[F] (802) 241-0958
Danielle.Fuoco@vermont.gov

From: [McFadden, Clare](#)
To: [Hill, Bard](#)
Subject: RE: HCBS rule?
Date: Wednesday, December 20, 2017 4:51:08 PM

done

From: Hill, Bard
Sent: Wednesday, December 20, 2017 2:58 PM
To: Bascom, June <June.Bascom@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: HCBS rule?

Is this narrative for the annual report (DDSD division page) still pending?

Future Directions

Home and Community-Based Services Rule

Thanks-
Bard

“The best way to get a good idea is to get a lot of ideas.”
Donald Berwick

Bard Hill
bard.hill@vermont.gov
landline 802.241.0376
mobile 802.760.0852

From: [McFadden, Clare](#)
To: [Hill, Bard](#)
Subject: RE: HCBS rule?
Date: Wednesday, December 20, 2017 4:48:51 PM

Ok. I'm done

From: Hill, Bard
Sent: Wednesday, December 20, 2017 3:07 PM
To: Bascom, June <June.Bascom@vermont.gov>
Cc: McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: RE: HCBS rule?

Ah thanks June. Clare, we hope to start work on final edits and formatting this week, and we need division work to be complete. When will you be done with these two sections?

Thanks!

Bard

From: Bascom, June
Sent: Wednesday, December 20, 2017 3:05 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Cc: McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: RE: HCBS rule?

Yes. There are two outstanding section to this page that Clare is going to do:

- Integrating Services section – needs to be edited
- HCBS Rules section (under “Future Directions”) – needs a short blurb

From: Hill, Bard
Sent: Wednesday, December 20, 2017 2:58 PM
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Home and Community-Based Services Rule

Thanks-

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Donald Berwick

Bard Hill
bard.hill@vermont.gov

landline 802.241.0376
mobile 802.760.0852

From: [Hill, Bard](#)
To: [Bascom, June](#)
Cc: [McFadden, Clare](#)
Bcc: [George, Camille](#)
Subject: RE: HCBS rule?
Date: Wednesday, December 20, 2017 3:07:00 PM

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Thanks!

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Future Directions

Home and Community-Based Services Rule

Thanks-

Bard

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Donald Berwick

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

From: [Hill, Bard](#)
To: [Bascom, June](#)
Subject: RE: HCBS rule?
Date: Thursday, December 21, 2017 3:15:00 PM

Yes thank you!

From: Bascom, June
Sent: Thursday, December 21, 2017 1:43 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: HCBS rule?

Not sure if Clare emailed you directly, but she is done with her edits.

From: Hill, Bard
Sent: Wednesday, December 20, 2017 3:07 PM
To: Bascom, June <June.Bascom@vermont.gov>
Cc: McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: RE: HCBS rule?

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Future Directions

Home and Community-Based Services Rule

Thanks-
Bard

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Donald Berwick

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

From: [Courcelle, Andre](#)
To: [Tierney-Ward, Megan](#)
Subject: RE: HCBS self assessment plan
Date: Thursday, March 30, 2017 2:37:00 PM

Hi Megan,

If you want to take a stab at the message that would be great. I have responded to your questions below in blue. I'll get you the updated table this afternoon.

Andre

Andre 'R' Courcelle

Quality & Provider Relations Program Director

Adult Services Division

Department of Disabilities, Aging and Independent Living

280 State Drive HC-2 South

Waterbury, VT 05671-2070

Office: 802 786-2516

Fax: 802 786-5055

andre.courcelle@vermont.gov

From: Tierney-Ward, Megan
Sent: Thursday, March 30, 2017 2:20 PM
To: Courcelle, Andre
Subject: HCBS self assessment plan
Importance: High

Hi Andre,

This is a list that Shawn sent on 3/9 for what he needs to launch the survey on Monday 4/3. Have you been able to give him any of this information yet?

- Create personalized messages (both content and look) that you would like to send to providers. SG offers customizable messages for invites, reminders, and thank yous. I can send you a template that you can modify. **As a group, we will need to determine the most efficient way to customize the look of your messages.** He needs this tomorrow. I just need to change some of the contact information I will update and get it to you by the end of the day
- Upload a spreadsheet containing provider contact information. In order to do this, **I will need a spreadsheet from you with provider contact information (specifically emails).** To date, I have set up 3 DAIL email campaigns (i.e., CFC providers, DS providers, and TBI providers). As a result, I will need a spreadsheet with provider contact information for each. I have also set up 3 DMH email campaigns (i.e., CRT providers, EFT providers, and EFT Parents/Guardians). Similar to DAIL – each will need a spreadsheet with contact information. I set up the email campaigns – so if these don't make sense – we can make adjustments. I just emailed you an excel sheet that just needs some missing TBI provider information. We will be providing the contact information for the active providers only I'm on it
- **Determine survey open and close dates.** I propose Monday, April 3rd as the day that DAIL provider surveys should be sent out – and Friday, April 28th as the closing date. As far as DMH is concerned – I propose May 1st and May 31st OR June 1st and June 30th. These dates are flexible – but we need to agree on dates ahead of the Comprehensive Quality Strategy (CQS –

aka Vermont's State Transition Plan) public posting next Friday, March 17th. I think 4/3/17-4/28/17 is OK. DO you? These dates should work

- **Clarify a monitoring plan.** SG has numerous statistics that track message/survey delivery and completion. We need to determine how best to use the information available via the application to enhance response rates, flag concerns, and monitor any corrective actions. **Thoughts on this?** A follow-up blast email later next week may help to improve the response rate. The changes we have made and are making to our provider manuals will help guide the response to areas of concern and corrective actions, (this part would be in the next step).

Please keep in mind that these items relate to provider self-assessments only. We have an update meeting scheduled for this coming Monday, March 13th from 3:30pm-4:30pm. I would like to use some of this meeting to review this email, make some decisions, and determine next steps – including the administration of the consumer validation survey. If you would like to talk before our meeting, please feel free to email, call, or stop by.

Megan Tierney-Ward

Adult Services Division Director

March is National Nutrition Month®! Did you know that over 20,000 older Vermonters face the threat of hunger? The Older Americans Act nutrition programs help alleviate hunger and malnutrition for millions of vulnerable elders across the country. In 2016 over 800,000 nutritious meals were delivered to the homes of older Vermonters, helping to keep them healthy and independent in their homes.

NEW ASD Website: <http://asd.vermont.gov/>

NEED ASSISTANCE? Dial 211

Department of Disabilities, Aging & Independent Living

Adult Services Division

280 State Drive, HC 2 South

Waterbury, VT 05671-0270

Main Phone: (802) 241-0294

Direct Line: (802) 241-0308

FAX: (802) 241-0385

megan.tierney-ward@vermont.gov

NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Forkas at colleen.forkas@vermont.gov. Thank you.

From: Suzanne Santarcangelo
To: [Hill, Bard](#)
Subject: RE: LTSS and HCBS
Date: Thursday, July 13, 2017 2:44:39 PM

Hi Bard,

It seems like there is enough room in the various Medicaid regulations for a State to craft programs and definitions that promote its unique policy agenda. The other factor is whether a State is using 1915(c) HCBS rules, State Plan rules or other demonstration authority for program eligibility and benefits. In other words, can you deliver the same service array to the target group without 1915(c) authorities? With the renewed focus on parity between MH and physical health care, duals projects and the move toward integrated care (ACO, CCBHC and other integrated models of care) the discussion gets interesting. For example, a program that looks a lot like a Medicaid "Specialized Health Home" may have been called HCBS ten years ago!

Seems like the first few questions are: What is Vermont's policy agenda e.g., where is the system going?; What are the goals/operational objectives?; and then - What state and federal framework(s) help achieve those goals?

I don't think there is a 'right' or 'wrong' answer!

Suzanne

Senior Associate, PHFG
P. 802-882-8228

From: Hill, Bard [mailto:Bard.Hill@vermont.gov]
Sent: Wednesday, July 12, 2017 1:31 PM
To: Suzanne Santarcangelo
Subject: LTSS and HCBS

Hi Suzanne-

This issue (below) came up again- you may be interested in the attachment. Comments or questions?

Cheers

Bard

"The best way to get a good idea is to get a lot of ideas."

Donald Berwick

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

From: Hill, Bard

Sent: Tuesday, July 11, 2017 4:34 PM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Gerstenberger, Roy <Roy.Gerstenberger@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>

Cc: O'Neill, Chris <Chris.ONeill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Hamilton, Kathleen <Kathleen.Hamilton@vermont.gov>; George, Camille <Camille.George@vermont.gov>

Subject: RE: CMS HCBS Milestone Workplan

Hi-

We seem to mean different things when we use the terms 'LTSS' and 'HCBS'.

I have attached my perspective from DAIL for DAIL programs/services, with examples of national uses/meanings of these terms (with links).

Cheers-

Bard

"Nobody knew that health care could be so complicated."

President Donald Trump

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bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

-----Original Appointment-----

From: Skaflestad, Shawn

Sent: Monday, June 26, 2017 3:11 PM

To: Skaflestad, Shawn; Tierney-Ward, Megan; Courcelle, Andre; Gerstenberger, Roy; Harrigan, Emma; Omland, Laurel; Hill, Bard

Cc: O'Neill, Chris; McFadden, Clare; Hamilton, Kathleen

Subject: CMS HCBS Milestone Workplan

When: Monday, July 10, 2017 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: AHS - WSOC Boxelder 10 OR Dial-In Number: 1-877-273-4202 Conference Room ID: 1262904

Hi All,

This is a meeting to discuss the attached Excel spreadsheet. Rather than having one HCBS workplan like CMS has proposed (also attached) – I am suggesting a separate one for each program. Before we meet – please take some time and review the Excel file – paying special attention to the Topic, Milestone, and what is current written in the CQS/STP about the related topic (reference is listed in the CSQ/STP Page No. column). By the end of our meeting – I would like us to agree on the Milestones and what is currently written in the CQS/STP about the topic – as well as suggested due dates for each milestone.

Please note that a dial in option is available for those unable to attend in person.

Thank you,

Shawn

From: Suzanne Santarcangelo
To: [Hill, Bard](#)
Subject: RE: LTSS and HCBS
Date: Thursday, July 13, 2017 3:10:27 PM

Ha, there were times when I was with SOV, I would ponder winning the lottery and going to work for VLA!!

Suzanne
Senior Associate, PHPG
P. 802-882-8228

From: Hill, Bard [<mailto:Bard.Hill@vermont.gov>]
Sent: Thursday, July 13, 2017 3:05 PM
To: Suzanne Santarcangelo
Subject: RE: LTSS and HCBS

Yes I understand.

I think that there clearly IS a 'right answer' nationally re what LTSS and HCBS are. The authorities include 1915, 1115, state plan, and in fact non-Medicaid authorities.

Note that my definitions are not specific to the HCBS rules. Internally, if Vermont wants to avoid HCBS rules for specific populations or settings, we can certainly pursue that. However, we cannot reasonably pursue that by declaring that LTSS and HCBS in Vermont are only Choices for Care, or are only ADL assistance.

Maybe I should work for VLA.

From: Suzanne Santarcangelo [<mailto:ssantarcangelo@phpg.com>]
Sent: Thursday, July 13, 2017 2:45 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: LTSS and HCBS

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Cheers-

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Thank you,

Shawn

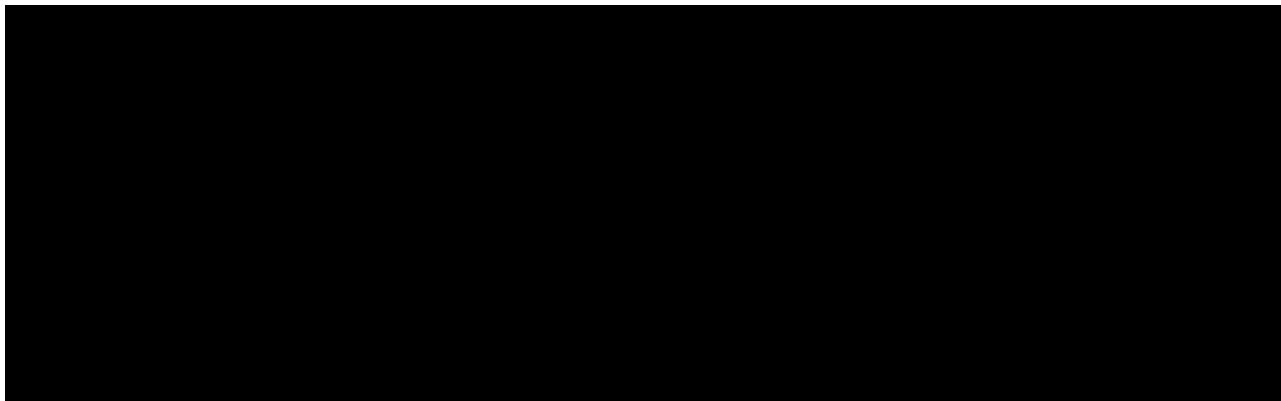
From: [Hill, Bard](#)
To: [Clark, Clayton](#); [Perreault, Liz](#); [AHS - DAIL Management Team](#)
Subject: Re: Management Team Topic Meeting - Need your input
Date: Friday, February 09, 2018 5:00:04 PM

Excellent suggestions. Thank you.

Get [Outlook for iOS](#)

From: Clark, Clayton
Sent: Friday, February 9, 2018 4:33:49 PM
To: Perreault, Liz; AHS - DAIL Management Team
Subject: RE: Management Team Topic Meeting - Need your input

Thank you, Liz.



Thank you,
Clayton

From: Perreault, Liz
Sent: Friday, February 09, 2018 2:48 PM
To: AHS - DAIL Management Team <AHS.DAILManagementTeam@vermont.gov>
Subject: Management Team Topic Meeting - Need your input

Hi,

We never decided what to have as our next topic meeting. Would you please look at the ideas and



Current status of HCBS rules compliance; presented by CFC, DDS, TBI



[REDACTED]

Thank you for your input!
Liz

Liz Perreault
Executive Assistant
Commissioner's Office
Disabilities, Aging and Independent Living
802-241-2401 – Main Line
802-241-0362
Mailing Address:
HC 2 South
280 State Drive
Waterbury, VT 05671-2020

“Today is a good day to make a snow angel.”

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“Today is a good day to make a snow angel.”

From: [Beck, Stephanie](#)
To: [Harrigan, Emma](#); [Skaflestad, Shawn](#); [Carmichael, Erin](#)
Cc: [Hill, Bard](#); [Cooper, Alicia](#); [Clark, Bill](#); [Gortakowski, Heidi](#)
Subject: RE: MCE: Comprehensive Quality Strategy
Date: Thursday, January 05, 2017 11:53:55 AM

Hi Shawn,

Please include me in the meetings updating Section V. Heidi G will participate as a reviewer of the CQS pursuant to her role on the PAC.

Thanks!

Stephanie

From: Harrigan, Emma
Sent: Wednesday, December 21, 2016 8:46 AM
To: Skaflestad, Shawn ; Carmichael, Erin ; Beck, Stephanie
Cc: Hill, Bard ; Cooper, Alicia ; Clark, Bill
Subject: RE: MCE: Comprehensive Quality Strategy

I would also like to be a part of the discussion.

Emma

Emma Harrigan

Quality Management Director

Department of Mental Health

802-241-0098

From: Skaflestad, Shawn
Sent: Tuesday, December 20, 2016 12:12 PM
To: Carmichael, Erin <Erin.Carmichael@vermont.gov>; Beck, Stephanie <Stephanie.Beck@vermont.gov>
Cc: Harrigan, Emma <Emma.Harrigan@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Cooper, Alicia <Alicia.Cooper@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>
Subject: RE: MCE: Comprehensive Quality Strategy

First – sorry about the big font! Second – if you agree that you are the appropriate person – I will schedule a meeting/call to discuss this request in more detail. I am out next week – so we are looking at some time during the first week of January 2017.

Shawn

Shawn E. Skaflestad, Ph.D.

Quality Improvement Manager

Agency of Human Services

280 State Drive Center Building

3rd Floor – E310-1

Waterbury, VT 05671-1000

Office: (802) 241-0961

Cell Phone: (802) 585-4410

Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).

(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: Skaflestad, Shawn
Sent: Tuesday, December 20, 2016 11:57 AM
To: Carmichael, Erin <Erin.Carmichael@vermont.gov>; Beck, Stephanie <Stephanie.Beck@vermont.gov>

Cc: Harrigan, Emma <Emma.Harrigan@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Cooper, Alicia <Alicia.Cooper@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>

Subject: RE: MCE: Comprehensive Quality Strategy

The CQS is posted here <http://dvha.vermont.gov/global-commitment-to-health/comprehensive-quality-strategy> As you can see, the most recent version is dated 2/19/16. To date, much of the focus has been on incorporating and implementing the new HCBS regulations related to the setting requirement and person centered approaches for service planning. Both DAIL and DMH have been active members of the implementation team. Emma H is the only cross-over with PAC and the MCE Quality Committee. Bill C is the DVHA representative to this group.

If you took at the CQS table of contents – Section V (pp. 60-61) is dedicated to Delivery System and Payment Reform (involving Medicaid). This is the section that needs updating to include things like APM, DVHA Next Generation ACO, VMP (DA/SSA/PP & LTSS), and ultimately the pending SUD waiver. PAC is responsible for reviewing the CQS – but they rely on subject matter experts for the details. In some cases – they are one in the same.

My thought is that the following folks (at a minimum) need to be involved in updating Section V of the CQS - Bard (VMP: LTSS); Erin or Alicia (MSSP/Next Gen/APM); Stephanie (SUD), and me (APM/VMP: DA/SSA/PP).

Shawn

From: Carmichael, Erin

Sent: Tuesday, December 20, 2016 10:27 AM

To: Beck, Stephanie <Stephanie.Beck@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

Subject: RE: MCE: Comprehensive Quality Strategy

Thanks for bringing this up, Stephanie – because I'm not sure I have it noted down correctly and would like to draft up the meeting minutes. I made note that the Comprehensive Quality Strategy would be posted for public comment in February. In the past, the CQS has been reviewed by the PAC, but I'm shaky on whether we said that would happen again before February... I'll wait to hear Shawn's feedback.

From: Beck, Stephanie

Sent: Tuesday, December 20, 2016 10:22 AM

To: Carmichael, Erin <Erin.Carmichael@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

Subject: MCE: Comprehensive Quality Strategy

Erin & Shawn,

If I recall correctly, during the MCE Quality Committee meeting, it was indicated that the CQS would be brought forward to the PAC first (at the next PAC meeting?) in anticipation of a public process in Feb? CQS content and process at the next PAC?

Are the content updates mostly related to the new HCBS regs?

Someone mentioned a possible combined meeting between the QM and the PAC to review the CQS too.

Thanks,

Stephanie

From: [Skaflestad, Shawn](#)
To: [Hill, Bard](#)
Subject: RE: MCE: Comprehensive Quality Strategy Section V
Date: Thursday, January 05, 2017 4:27:56 PM

Thanks for your feedback Bard! Please see my comments below in blue...

Shawn

From: Hill, Bard
Sent: Thursday, January 05, 2017 2:23 PM
To: Skaflestad, Shawn
Subject: RE: MCE: Comprehensive Quality Strategy Section V

Thanks Shawn. A few comments and suggestions:

Maybe we can develop an outline of the CQS, to then flesh out with narrative? I agree with this approach – but trying to keep in mind that this work group is focused on Section V. I think the overall document review lies with PAC – so perhaps an outline would help facilitate their review. We can discuss further when we get together.

I think we need to review the definitions of MLTSS and HCBS, ie which programs/services/special populations are included under current CMS definitions/perspective- so we generally know what we are describing when we use the terms. Agree – and would welcome suggested language.

This from the attachment is not accurate as written re CFC:

“With waiver consolidation, Vermont is using MLTSS as a strategy for expanding home- and community-based services, promoting community inclusion, ensuring quality and increasing efficiency. MLTSS offers States a broad and flexible set of program design options.”

Since these statements were true under the separate 1115 before consolidation. Perhaps we can wordsmith our way through it. Agree – this was probably borrowed from another document – as above – would welcome suggested language.

I don't understand the intended use of the columns table below so maybe we can review that. Agree – I just took the middle column as being important – but we should discuss as a group. Also – we might want to consider a standard format for measures/improvement activities. While CMS doesn't require one – it might be beneficial to us. We might focus on the VMP- and then most efficiently cut and paste narrative from the two attached VMP reports. Great idea – I will check in with Selina to see if there are any other updated documents we can borrow from. CFC does not have any formal PIPs; do we need to create one? I do not think CMS is asking about formal PIPs here – and I don't think we need to create any – but I do think we should take this opportunity to briefly highlight improvement activities involving specific populations or providers. We could reference the measures in the previous independent evaluation and cut/paste from the 2015 eval report (attached). Then reference intent to start using NCI and CAHPS HCBS module? This sounds like a reasonable approach – what specially would you recommend we cut/paste?

Bard

From: Skaflestad, Shawn
Sent: Thursday, January 05, 2017 1:29 PM

To: Beck, Stephanie <Stephanie.Beck@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Carmichael, Erin <Erin.Carmichael@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Cooper, Alicia <Alicia.Cooper@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>; Hoffman, Sandi <Sandi.Hoffman@vermont.gov>; Jones, Pat <Pat.Jones@vermont.gov>; Miles, Melissa <Melissa.Miles@vermont.gov>; O'Neill, Kathryn <Kathryn.ONeill@vermont.gov>

Cc: Hickman, Selina <Selina.Hickman@vermont.gov>

Subject: RE: MCE: Comprehensive Quality Strategy Section V

Hi All,

This is a follow up to my email below. As a reminder - I am looking for your help updating Section V: *Delivery System Reform* of the Vermont GC Comprehensive Quality Strategy (CQS). The link to the current version of the strategy is provided below. I understand that many of you are part of the GC wavier evaluation team that will be meeting tomorrow – so we can discuss this request at the end of our meeting if necessary – but I am hoping that this email will get us started.

According to guidance provided by CMS <https://www.medicaid.gov/medicaid/quality-of-care/downloads/quality-strategy-toolkit-for-states.pdf> this section of the CQS should address the following:

This section should be completed by states that have recently implemented or are planning to implement delivery system reforms. Examples of such delivery system reforms include, but are not limited to, the incorporation of the following services and/or populations into a managed care delivery system: aged, blind, and disabled population; long-term services and supports; dental services; behavioral health; substance abuse services; children with special health care needs; foster care children; or dual eligibles.

Regulatory Reference	Description	Page Reference or Comment
	Describe the reasons for incorporating this population/service into managed care. Include a definition of this population and methods of identifying enrollees in this population.	This appears to be specific to Managed Care
	List any performance measures applicable to this population/service, as well as the reasons for collecting these performance measures.	Could use your input here
	List any performance improvement projects that are tailored to this population/service. This should include a description of the interventions associated with the performance improvement projects.	Could use your input here
	Address any assurances required in the state’s Special Terms and Conditions (STCs), if applicable.	I can address

In an effort to facilitate the process - I have attached the current content of Section V to this email. As you can see, the current section identified the following service delivery reform efforts and involve Medicaid:

- Bringing Choices for Care (LTSS) wavier into GC waiver (Medicaid Managed Care) – **Bard H**
- SIM/VHCIP – **Alicia C, others?**
- HUB/SPOKE – ?

- Blueprint - ?

In addition – I think we need to include something on the following efforts:

- DVHA next Gen ACO – **Alicia C, Erin C, Sandi H, and Bill C**
- All Payer Model – **Melissa M, Kathryn O, and Pat J**
- IFS - ?
- VMP (DA/SSA/PP & LTSS) – **Bard H and Shawn S**
- SUD Waiver (placeholder) – **Stephanie B**

In addition to updating your section (background/overview) – I am looking for additional content that addresses the specific CMS requires **highlighted in yellow above** (i.e., performance measures and improvement activities). Please use your judgment when forwarding content – but a less is more approach is appreciated!

We are looking to post an updated version of the CQS at the beginning of February 2017 for public comment – so I will need your feedback by **Friday, January 27, 2017**. I will look to schedule a meeting in the near future – but in the meantime - please reach out to me if you have any initial questions re: this request.

Thank you,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

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Cc: Harrigan, Emma <Emma.Harrigan@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Cooper, Alicia <Alicia.Cooper@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>

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Shawn

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To: Beck, Stephanie <Stephanie.Beck@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

Subject: RE: MCE: Comprehensive Quality Strategy

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Thanks,

Stephanie

From: [Hill_Bard](#)
To: [Coburn_Susan](#); [Clark_Bill](#); [Collins_Lori](#); [Stone_Holly](#); [Liscinsky_Joseph](#)
Cc: [Berliner_Ashley](#)
Subject: RE: Medicaid Updates: June 28, 2018
Date: Thursday, June 28, 2018 12:43:00 PM

Thanks! Yes this makes sense.

Maybe we can work on an outline of content/facts for the letter based on the four bulleted sections below, to avoid group time in detailed wordsmithing? We may be able to recycle much of the content from project management documents.

And as we proceed, we might also hope that the Senate takes action...

<http://www.ancor.org/newsroom/news/evv-delay-bill-passes-house-ancor%E2%80%99s-leadership>

Cheers

Bard

[The emphasis should be on why we do a job.](#)

W. Edwards Deming

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

From: Coburn, Susan
Sent: Thursday, June 28, 2018 12:21 PM
To: Clark, Bill <Bill.Clark@vermont.gov>; Collins, Lori <Lori.Collins@vermont.gov>; Stone, Holly <Holly.Stone@partner.vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; Liscinsky, Joseph <Joseph.Liscinsky@vermont.gov>
Cc: Berliner, Ashley <Ashley.Berliner@vermont.gov>
Subject: FW: Medicaid Updates: June 28, 2018

Hi Everyone,

Below is CMS guidance on requesting a delay in implementation of EVV for up to one year.

Given their specific requirements I suggest we convene a group to plan for the content and process for this submission. Holly can you please find a time?

Here is a summary of the requirements.

- Requests can be sent between July 1, 2018 and November 30, 2018
- It is recommended that the state's request include:
 - o Actions the state has performed to adopt EVV and meet the requirements at Section 12006(a) of the Cures Act
 - o Proposed EVV model (go to: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib051618.pdf> for more information on EVV models)
 - o Unavoidable system delays/barriers (if you have any questions on what may constitute an unavoidable delay or barrier please email FVV@cms.hhs.gov or contact your CMS Regional Office)
 - o Description of the state's stakeholder engagement process

- The state may include its request in a letter addressed to Ralph Lollar, Director of the Division of Long-Term

Services and Supports, and signed by the State Medicaid Director, or in an email sent from or including the State Medicaid Director.

<https://www.medicaid.gov/medicaid/hcbs/downloads/evv-good-faith-effort.pdf>

Bill started a great draft letter which we can work from.

From: Center for Medicaid and CHIP Services (CMCS) <Medicaid.gov@subscriptions.cms.hhs.gov>
Sent: Thursday, June 28, 2018 11:07 AM
To: Coburn, Susan <Susan.Coburn@vermont.gov>
Subject: Medicaid Updates: June 28, 2018

[View in browser](#) | Distributed by Center for Medicaid and CHIP Services (CMCS)

Medicaid.gov



EVV UPDATE: Requests from States for Good Faith Effort Exemptions

Section 12006(a) of the 21st Century Cures Act (Cures Act) mandates that states implement electronic visit verification (EVV) for all Medicaid personal care services by January 1, 2019, or otherwise be subject to incremental federal medical assistance percentage (FMAP) reductions. The Cures Act includes a provision that allows states to delay implementation of EVV for up to one year if they can demonstrate they have made a good faith effort to comply and have encountered unavoidable delays. CMS has published instructions for states who wish to request a good faith effort exemption here:

<https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html>

Please note that only one request per state should be submitted and please be advised that the Cures Act provision on good faith effort exemptions does not provide CMS with authority to delay the FMAP reductions for more than one year. If you have any questions please email EVV@cms.hhs.gov or contact your CMS Regional Office.

Upcoming Webinars

Conflict of Interest Part II and Medicaid HCBS Case Management: July 11, 2018: 1:30pm – 3pm EST

The objective of this training is to build on the COI Part I training with a review of what constitutes conflict of interest (COI), including the HCBS rules regarding COI, and an overview on strategies for assessing your case management system, using data to inform stakeholders and decision-making, and tips for developing and implementing a corrective action plan (CAP). New Editions Consulting, Inc. is currently the training lead through the Home and Community Based Services Technical Assistance Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions Consulting, Inc. will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this link:

<https://neweditions.adobeconnect.com/ealehps71yag/event/registration.html>

The Process for Final Approval: July 18, 2018: 2:00pm – 3:30pm EST

The objective of this training is to clarify CMS' expectations in order to grant final approval; describe requirements for site-specific assessment, validation, outcomes and remediation strategies; discuss the process for heightened scrutiny and consider processes for monitoring and quality assurance to ensure ongoing compliance. New Editions is currently the training lead through the HCB Settings Contract overseen by the Division of Long Term Services & Supports (DLTSS). New Editions will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To register for the webinar, click on this link:

<https://neweditions.adobeconnect.com/eow4ijn7h97n/event/registration.html>

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This e-mail was sent to susan.coburn@vermont.gov using GovDelivery Communications Cloud on behalf of the Centers for Medicare & Medicaid Services (410-786-5473) 7500 Security Boulevard Baltimore MD 21244

From: [Hill, Bard](#)
To: [Skaflestad, Shawn](#)
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck
Date: Monday, June 26, 2017 8:48:00 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)

Is this (from feb 2016 Hal letter) intended to be an actual response to the CMS request as stated? Did VT submit revised Tables 1 and 6? Or did CMS accept this as a response?

2. Waivers and Settings included in the STP

a. CMS request that Tables 1 and 6 also indicate the settings that were originally part of 1915 (c) waivers prior to 2005 (i.e. the implementation of its two Section 1115 Demonstrations).

State Response: Effective September 31, 2005 the State terminated all 1915 (c) waivers and began adopting the regulatory structure of a public Medicaid Managed Care Organization. Four Specialized Health Programs were authorized under the Global Commitment to Health Demonstration effective October 1, 2005. The Choices for Care Long Term Services and Supports Demonstration was consolidated under the Global Commitment to Health public managed care structure in 2015. These programs use a combination of traditional State Plan services and cost effective home and community based services in accordance with Vermont rules and policies and Medicaid Managed Care regulations. Vermont's values are in full alignment with federal HCBS rules and as such we are undertaking a review of programs beyond those that began as traditional 1915 (c) waivers.

From: Skaflestad, Shawn
Sent: Friday, June 23, 2017 12:54 PM
To: Hill, Bard
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck
Hi Bard,

Our CQS/STP has been transferred to the HCBS STP website referenced below.

URL: <https://norc.sharepoint.com/sites/hcbs/vt>

Username: [REDACTED]

Password: [REDACTED]

I am still working with folks on the Milestones – so they are not available on the site as of yet. The site asks for a secondary contact (name and email). Can I list you?

Shawn

From: Skaflestad, Shawn
Sent: Tuesday, June 13, 2017 1:27 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck
We have been submitting our STP/CQS via our 1115 waiver website and/or directly to CMS...I need to ask if our information has been transferred to the hcbs stp website.

Shawn

From: Hill, Bard
Sent: Tuesday, June 13, 2017 1:19 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: FW: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

Hi-
Are you the 'primary contact' for VT for this hcbs rules website?
THX!
Bard

From: Fuoco, Danielle
Sent: Tuesday, June 13, 2017 1:07 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: FW: Milestone Submission & Monitoring Training Call Reminder with Slide Deck
Hello,

I shared the call below previously but this is updated with slide deck (I think it's the not well marked pdf links at the very bottom).

Thank you,

Dani Fuoco, Program Consultant

AHS Medicaid Policy Unit

(802) 585-4265

From: Center for Medicaid and CHIP Services (CMCS) [<mailto:Medicaid.gov@subscriptions.cms.hhs.gov>]

Sent: Tuesday, June 13, 2017 12:20 PM

To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>

Subject: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

[View in browser](#) | Distributed by Center for Medicaid and CHIP Services (CMCS)

Image removed by sender. State Operations and Technical Assistance



**Milestone Submission & Monitoring Training - Part 2 of a 2 Part Series-
Wednesday, June 14th at 1:30 pm ET:**

The objective of this training is to teach states how to utilize the milestone feature added to the Home and Community-Based Settings Statewide Transition Plan website (HCBS STP website) in order to facilitate the tracking of state milestones. NORC is currently the training lead through the HCB Settings Characteristics Contract overseen by the Division of Long Term Services & Supports (DLTSS). NORC will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

To join the call (via computer or WebEx app) and webinar:

1. Go to <https://meetings-cms.webex.com/meetings-cms/k2/j.php?MTID=t2d9157544fba65236cefe851838e17b4>
2. Enter your name and email address (or registration ID).
3. Enter the session password: This session does not require a password.
4. Click "Join Now".
5. Follow the instructions that appear on your screen.

Option #2" To join Toll Free and follow along with slide deck:

1. Dial: 1-844-396-8222 Your WebEx Meeting Number: 908 621 799
2. Follow the instructions you hear on the phone.

As always:

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- [Part+2+STP+Website+Milestone+Tracking_4+18+2017.pdf](#)
- [State+User+Guide_HCB+Settings_Combined_041817.pdf](#)

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This e-mail was sent to danielle.fuoco@vermont.gov using GovDelivery Communications Cloud on behalf of the Centers for Medicare & Medicaid Services (410-786-5473) 7500 Security Boulevard Baltimore MD 21244

|

From: [Hill, Bard](#)
To: [Skaflestad, Shawn](#)
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck
Date: Monday, June 26, 2017 8:41:00 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)

Hi-
Sure, you may list me. What is the secondary contact role?
Cheers
Bard

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From: Fuoco, Danielle
Sent: Tuesday, June 13, 2017 1:07 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: FW: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

Hello,
I shared the call below previously but this is updated with slide deck (I think it's the not well marked pdf links at the very bottom).
Thank you,
Dani Fuoco, Program Consultant
AHS Medicaid Policy Unit
(802) 585-4265

From: Center for Medicaid and CHIP Services (CMCS) [<mailto:Medicaid.gov@subscriptions.cms.hhs.gov>]
Sent: Tuesday, June 13, 2017 12:20 PM
To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>

Subject: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

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**Milestone Submission & Monitoring Training - Part 2 of a 2 Part Series-
Wednesday, June 14th at 1:30 pm ET:**

The objective of this training is to teach states how to utilize the milestone feature added to the Home and Community-Based Settings Statewide Transition Plan website (HCBS STP website) in order to facilitate the tracking of state milestones. NORC is currently the training lead through the HCB Settings Characteristics Contract overseen by the Division of Long Term Services & Supports (DLTSS). NORC will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session.

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- [State+User+Guide_HCB+Settings_Combined_041817.pdf](#)

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From: [Hill_Bard](#)
To: [Skaflestad_Shawn](#)
Cc: [Gerstenberger_Roy](#); [McFadden_Clare](#); [Tierney-Ward_Megan](#)
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck
Date: Tuesday, June 13, 2017 1:30:00 PM
Attachments: [image001.jpg](#)
[image002.jpg](#)

Ah thanks! It's not clear if use of the website is required.

Bard

From: Skaflestad, Shawn
Sent: Tuesday, June 13, 2017 1:27 PM
To: Hill, Bard
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck
We have been submitting our STP/CQS via our 1115 waiver website and/or directly to CMS...I need to ask if our information has been transferred to the hcbs stp website.

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From: [Skaflestad, Shawn](#)
To: [Hill, Bard](#)
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck
Date: Monday, June 26, 2017 9:23:50 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)

I am not sure if there was ever a formal resubmission – but our response indicates “...we are undertaking a review of programs beyond those that began as traditional 1915 (c) waivers” which implies that the tables were amended. On a subsequent phone call – the position taken by CMS was that all VT programs (i.e., DDAIL and DMH) are subject to the new HCBS rules.

Shawn

From: Hill, Bard
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To: Skaflestad, Shawn
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

Is this (from feb 2016 Hal letter) intended to be an actual response to the CMS request as stated? Did VT submit revised Tables 1 and 6? Or did CMS accept this as a response?

2. Waivers and Settings included in the STP

a. CMS request that Tables 1 and 6 also indicate the settings that were originally part of 1915 (c) waivers prior to 2005 (i.e. the implementation of its two Section 1115 Demonstrations).

State Response: Effective September 31, 2005 the State terminated all 1915 (c) waivers and began adopting the regulatory structure of a public Medicaid Managed Care Organization. Four Specialized Health Programs were authorized under the Global Commitment to Health Demonstration effective October 1, 2005. The Choices for Care Long Term Services and Supports Demonstration was consolidated under the Global Commitment to Health public managed care structure in 2015. These programs use a combination of traditional State Plan services and cost effective home and community based services in accordance with Vermont rules and policies and Medicaid Managed Care regulations. Vermont’s values are in full alignment with federal HCBS rules and as such we are undertaking a review of programs beyond those that began as traditional 1915 (c) waivers.

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Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

Hi Bard,
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URL: <https://norc.sharepoint.com/sites/hcbs/vt>

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Sent: Tuesday, June 13, 2017 12:20 PM

To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>

Subject: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

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From: [Skaflestad, Shawn](#)
To: [Hill, Bard](#)
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck
Date: Monday, June 26, 2017 9:15:34 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)

From time to time – CMS will send out email notifications from their HCBS STP website. There have not been many – but when I do get one – I share it with the implementation team (i.e., Megan, Andre, Roy, Emma, and Laurel). As a secondary – you would also receive the notifications/updates.

Shawn

From: Hill, Bard
Sent: Monday, June 26, 2017 8:41 AM
To: Skaflestad, Shawn
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

Hi-

Sure, you may list me. What is the secondary contact role?

Cheers

Bard

From: Skaflestad, Shawn
Sent: Friday, June 23, 2017 12:54 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

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To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: FW: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

Hi-

Are you the 'primary contact' for VT for this hcbs rules website?

THX!

Bard

From: Fuoco, Danielle
Sent: Tuesday, June 13, 2017 1:07 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

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Thank you,

Dani Fuoco, Program Consultant

AHS Medicaid Policy Unit

(802) 585-4265

From: Center for Medicaid and CHIP Services (CMCS) [<mailto:Medicaid.gov@subscriptions.cms.hhs.gov>]

Sent: Tuesday, June 13, 2017 12:20 PM

To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>

Subject: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

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**Milestone Submission & Monitoring Training - Part 2 of a 2 Part Series-
Wednesday, June 14th at 1:30 pm ET:**

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|

From: [Skaflestad, Shawn](#)
To: [Hill, Bard](#)
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck
Date: Friday, June 23, 2017 12:54:01 PM
Attachments: [image001.jpg](#)
[image002.jpg](#)

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Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck
Date: Tuesday, June 13, 2017 1:27:04 PM
Attachments: [image001.jpg](#)
[image002.jpg](#)

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To: [Hill, Bard](#)
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck
Date: Monday, June 26, 2017 10:04:40 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)

The only formal document that I am aware of is the CQS/STP.

Shawn

From: Hill, Bard
Sent: Monday, June 26, 2017 9:52 AM
To: Skaflestad, Shawn
Subject: RE: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

Yes I seem to recall taking that position myself- and suggesting that CMS would also come to that position. Not to be all I told you so.

Do we have any documents posted that describe the broader scope?

From: Skaflestad, Shawn
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Shawn

From: Hill, Bard

Sent: Tuesday, June 13, 2017 1:19 PM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

Subject: FW: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

Hi-

Are you the 'primary contact' for VT for this hcbs rules website?

THX!

Bard

From: Fuoco, Danielle

Sent: Tuesday, June 13, 2017 1:07 PM

To: Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

Subject: FW: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

Hello,

I shared the call below previously but this is updated with slide deck (I think it's the not well marked pdf links at the very bottom).

Thank you,

Dani Fuoco, Program Consultant

AHS Medicaid Policy Unit

(802) 585-4265

From: Center for Medicaid and CHIP Services (CMCS) [<mailto:Medicaid.gov@subscriptions.cms.hhs.gov>]

Sent: Tuesday, June 13, 2017 12:20 PM

To: Fuoco, Danielle <Danielle.Fuoco@vermont.gov>

Subject: Milestone Submission & Monitoring Training Call Reminder with Slide Deck

[View in browser](#) | Distributed by Center for Medicaid and CHIP Services (CMCS)

Image removed by sender. State Operations and Technical Assistance



**Milestone Submission & Monitoring Training - Part 2 of a 2 Part Series-
Wednesday, June 14th at 1:30 pm ET:**

The objective of this training is to teach states how to utilize the milestone feature added to the Home and Community-Based Settings Statewide Transition Plan website (HCBS STP website) in order to facilitate the tracking of state milestones. NORC is currently the training lead through the HCB Settings Characteristics Contract overseen by the Division of Long Term Services & Supports (DLTSS). NORC will present the training and Ralph

Lollar, DLSS Division Director, and the DLSS Team will support the training and lead the Q&A Session.

To join the call (via computer or WebEx app) and webinar:

1. Go to <https://meetings-cms.webex.com/meetings-cms/k2/j.php?MTID=t2d9157544fba65236cefe851838e17b4>
2. Enter your name and email address (or registration ID).
3. Enter the session password: This session does not require a password.
4. Click "Join Now".
5. Follow the instructions that appear on your screen.

Option #2” To join Toll Free and follow along with slide deck:

1. Dial: 1-844-396-8222 Your WebEx Meeting Number: 908 621 799
2. Follow the instructions you hear on the phone.

As always:

If you'd like to be added to the SOTA email distribution, please email us at sotaupdates@cms.hhs.gov. To update your subscription or unsubscribe from email updates, please click the “[Manage Subscription Preferences](#)” link in the footer. Thanks!

- [Part+2+STP+Website+Milestone+Tracking_4+18+2017.pdf](#)
- [State+User+Guide_HCB+Settings_Combined_041817.pdf](#)

SUBSCRIBER SERVICES:
[Manage Subscription Preferences](#) | [Help](#)

From: [Hill, Bard](#)
To: [Skaflestad, Shawn](#); [Neveu, Lisa](#); [McMann, Angela](#); [Schurr, Stuart](#)
Cc: [Backus, Ena](#); [George, Camille](#); [Tierney-Ward, Megan](#); [Clark, Bill](#); [Collins, Lori](#)
Bcc: [Hutt, Monica](#)
Subject: RE: Monitoring procedures
Date: Friday, June 15, 2018 4:54:00 PM
Attachments: [DVHA DAIL IGA 2-16-2018 .pdf](#)
[Managed Care Compliance Plan 102916.doc](#)
[image001.jpg](#)

Hi-

Camille has already responded from DAIL directly (below) to an email from Linda. Linda references conversations with Bill and Lori in her email, the content of which may also be useful in framing an AHS response.

AHS responses may be further informed by the content of the documents that Linda referenced: DAIL/DVHA IGA, AHS/DVHA IGA, and Medicaid Compliance Plan. I have attached two of these. If you'd like us to review an AHS written response, we can certainly do that. We have an internal meeting next week. I have also included draft DAIL responses below.

- **Program Integrity** (i.e., fraud, waste, and abuse);
"Incidents related to suspected Medicaid fraud, waste and abuse are reported by DAIL staff to the DVHA Program Integrity Unit and/or to the Medicaid Fraud and Residential Abuse Unit (MFRAU). These are the designated state offices responsible for these types of investigations. Links to those reporting mechanisms can be found on the ASD web page called "[Report a Concern](#)". This protocol is consistent with section 2.7 of the DVHA DAIL Intra-Governmental Agreement (IGA)." (from Camille's earlier response)
- **Utilization Management** – specifically service authorizations;
DAIL ASD authorizes CFC services, including CFC consumer/surrogate services that are paid via ARIS. ARIS shares our use of SAMS, as Linda knows. Linda also referenced a previous conversation with Megan on this topic in her email to us, below.
- **Claims Management** and/or **Claims Processing**
I'm not clear what this issue or question is. ARIS submits claims for consumer/surrogate directed services to the MMIS, managed by DXC.

Hope this helps.

Thanks!

Bard

From: George, Camille
Sent: Wednesday, June 13, 2018 10:55 AM
To: Lambert, Linda <Linda.Lambert@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Cc: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Pritchard, Hugh <Hugh.Pritchard@vermont.gov>
Subject: RE: Program integrity question

Hi Linda – Please see our responses, in [green](#), immediately below your questions. We'll be

back in touch with additional responses late next week or early the following week. Thank you.

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020
Telephone: 802.241.2401 or 802.241.0359
Cell Phone: 802.798-2079
E-mail: camille.george@vermont.gov
<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.



June is Alzheimer's and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer's Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.

From: George, Camille
Sent: Tuesday, June 12, 2018 2:57 PM
To: Lambert, Linda <Linda.Lambert@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Cc: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Pritchard, Hugh <Hugh.Pritchard@vermont.gov>
Subject: RE: Program integrity question

Hi Linda- Thanks for your understanding. I'm out of the office this afternoon, but will follow up with

staff tomorrow and will be back in touch.

From: Lambert, Linda

Sent: Tuesday, June 12, 2018 2:47 PM

To: George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>

Cc: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Pritchard, Hugh <Hugh.Pritchard@vermont.gov>

Subject: RE: Program integrity question

Camille: Thanks for your status update--I appreciate being kept informed like this.

[REDACTED]
[REDACTED]. However, could you answer this part of my original email sooner since this addresses what you do rather than how the IGAs and compliance plan should be interpreted:

- Has DAIL established a program/organization that is responsible for conducting reviews, audits and investigations related to fraud and abuse for the consumer and surrogate-directed services option (please provide supporting documentation if such a program/organization exists)?

Incidents related to suspected Medicaid fraud, waste and abuse are reported by DAIL staff to the DVHA Program Integrity Unit and/or to the Medicaid Fraud and Residential Abuse Unit (MFRAU). These are the designated state offices responsible for these types of investigations. Links to those reporting mechanisms can be found on the ASD web page called "[Report a Concern](#)". This protocol is consistent with section 2.7 of the DVHA DAIL Intra-Governmental Agreement (IGA).

- Also, does DAIL have an MOU w/the MFRAU that lays out DAIL's and the MFRAU's responsibilities under 42 CFR 455 (e.g., DVHA's PIU has such an MOU)?

[REDACTED]
[REDACTED]
[REDACTED]

Linda

From: George, Camille

Sent: Tuesday, June 12, 2018 2:04 PM

To: Lambert, Linda <Linda.Lambert@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>

Cc: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Pritchard, Hugh <Hugh.Pritchard@vermont.gov>

Subject: RE: Program integrity question

Hi Linda – I am writing to update you that before we respond to your questions, we need to consult

with our General Counsel, Stuart Schurr. However, he is happily on vacation for the next several days. We've scheduled time to meet with him next Thursday and so I'd expect that we'd be able to get back to you either late next week or early the following week. We do understand the importance of responding as promptly as possible. Thank you in advance for your patience and please let me know if you have any questions or concerns.

From: Lambert, Linda
Sent: Tuesday, June 12, 2018 8:01 AM
To: Hill, Bard <Bard.Hill@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Cc: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Pritchard, Hugh <Hugh.Pritchard@vermont.gov>
Subject: Program integrity question

Bard & Camille:

I've reviewed the DAIL/DVHA IGA, AHS/DVHA IGA, and Medicaid Compliance Plan and have had discussions with DVHA (e.g., Bill Clark, Lori Collins, etc.) regarding the responsibility for program integrity and utilization reviews for the CFC program and in particular the consumer and surrogate-directed services option. I'd like to know DAIL's position regarding whether it is responsible, for the CFC consumer and surrogate-directed services option, for ensuring compliance with 42 CFR part 456, (Utilization Control), 42 CFR, part 455 (Program Integrity), and 42 CFR 438, subpart H (Additional Program Integrity Safeguards) or whether these responsibilities reside with DVHA.

If the answer is that DAIL is responsible, I'd like to know how DAIL addresses the program integrity requirements for the CFC consumer and surrogate-directed services option (I've already had discussions w/Megan re: utilization). Specifically, has DAIL established a program/organization that is responsible for conducting reviews, audits and investigations related to fraud and abuse for the consumer and surrogate-directed services option (please provide supporting documentation if such a program/organization exists)? Also, does DAIL have an MOU w/the MFRAU that lays out DAIL's and the MFRAU's responsibilities under 42 CFR 455 (e.g., DVHA's PIU has such an MOU)?

Linda

From: Skaflestad, Shawn
Sent: Friday, June 15, 2018 4:28 PM
To: Neveu, Lisa <Lisa.Neveu@vermont.gov>; McMann, Angela <Angela.McMann@vermont.gov>
Cc: Backus, Ena <Ena.Backus@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>; Collins, Lori <Lori.Collins@vermont.gov>
Subject: RE: Monitoring procedures

Hi Lisa/Angela,

Ena has asked me to draft an AHS response to the State Auditor's request below. My understanding is that the auditor's interest is focused on CFC: Self and Surrogate Managed Services. Before submitting an AHS response, I would like to make sure that my understanding of roles and responsibilities for the items in question are aligned with those of DAIL and DVHA. The specific areas in question are as follows:

- **Program Integrity** (i.e., fraud, waste, and abuse);
- **Utilization Management** – specifically service authorizations; and
- **Claims Management** and/or **Claims Processing**

During the review – Bill C will be viewing my responses from the DVHA perspective - for each of these areas. Who from DAIL can provide the DAIL: CFC perspective?

Thank you,

Shawn

From: Neveu, Lisa
Sent: Thursday, June 14, 2018 6:42 AM
To: Hill, Bard <Bard.Hill@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; McMann, Angela <Angela.McMann@vermont.gov>
Cc: Backus, Ena <Ena.Backus@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: RE: Monitoring procedures

Angela and I have both been involved. Please keep in mind, the audit has not been completed and we do not have final outcomes or recommendations.

Lisa Edson Neveu
Quality Outcomes Specialist

Adult Services Division
Department of Disabilities, Aging, & Independent Living
280 State Dr., HC 2 South, Waterbury, VT 05671-2070
Desk: 802-241-0296
Fax: 802-241-0385
Email: lisa.neveu@vermont.gov

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For information, referral and assistance for adult Vermonters, contact your Aging & Disabilities Resource Connections/No Wrong Door partner:

- Vermont 211: Dial 211
- Senior Helpline: 1-800-642-5119 (for people 60 and older)

- VT Center for Independent Living: 1-800-639-1522 (for people under 60)
- Brain Injury Association of VT: 1-877-856-1772

From: Hill, Bard
Sent: Wednesday, June 13, 2018 4:31 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; McMann, Angela <Angela.McMann@vermont.gov>; Neveu, Lisa <Lisa.Neveu@vermont.gov>
Cc: Backus, Ena <Ena.Backus@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: RE: Monitoring procedures

Angela McMann or Lisa Neveu may be most familiar.
Bard

From: Skaflestad, Shawn
Sent: Wednesday, June 13, 2018 4:30 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Cc: Backus, Ena <Ena.Backus@vermont.gov>
Subject: RE: Monitoring procedures

Thanks Bard! I see that Megan is out until Monday, June 18th. Who would be familiar with the audit in her absence?

Shawn

From: Hill, Bard
Sent: Wednesday, June 13, 2018 4:26 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Cc: Backus, Ena <Ena.Backus@vermont.gov>
Subject: RE: Monitoring procedures

Yes...Megan has been closely involved.

From: Skaflestad, Shawn
Sent: Wednesday, June 13, 2018 4:00 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Cc: Backus, Ena <Ena.Backus@vermont.gov>
Subject: FW: Monitoring procedures

Bard or Megan – are you aware of the audit described below?

Shawn

From: Lambert, Linda
Sent: Wednesday, June 13, 2018 3:06 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: Monitoring procedures

Shawn: I'm doing an audit of the CFC consumer and surrogate-directed services option. Bill Clark told me that you were his contact at AHS. I've been reviewing the various IGAs, including the AHS/DVHA Global Commitment IGA. Page 52 of the AHS/DVHA IGA states:

"On or before December 31, 2017, AHS will implement procedures for monitoring all aspects of the managed care program, including DVHA's performance in at least the following areas:
...
(3) Claims management; ...
(9) Program integrity; ...
(13) Areas related to the delivery of LTSS not otherwise included above;"

Could you please send me documentation that (1) details the monitoring procedures for the three areas in the above quote and (2) provides evidence that the monitoring is being performed in these three areas.

I'm also interested in the results of any monitoring activities pertaining to program integrity or CFC utilization.

Linda Lambert
Director, IT and Performance Audits
Vermont State Auditor's Office

From: [Hill, Bard](#)
To: [George, Camille](#)
Subject: RE: PRR from Sue Aranoff
Date: Monday, June 25, 2018 5:53:00 PM
Attachments: [image001.png](#)
[image002.jpg](#)

Maybe save what we sent in a shared folder?

From: George, Camille
Sent: Monday, June 25, 2018 5:45 PM
To: White, Monica <Monica.White@vermont.gov>; Clouser, Kristin <Kristin.Clouser@vermont.gov>
Cc: Weiss, Bessie <Bessie.Weiss@vermont.gov>; Bianchi, Jared <Jared.Bianchi@vermont.gov>; Nealy, Diane <Diane.Nealy@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: PRR from Sue Aranoff

[REDACTED]

From: White, Monica
Sent: Monday, June 25, 2018 3:52 PM
To: Clouser, Kristin <Kristin.Clouser@vermont.gov>
Cc: Weiss, Bessie <Bessie.Weiss@vermont.gov>; Bianchi, Jared <Jared.Bianchi@vermont.gov>; Nealy, Diane <Diane.Nealy@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: PRR from Sue Aranoff

Hi Kristin,

[REDACTED]

[REDACTED]

Thanks,
Monica

Monica L. White, BS, MBA

Director of Operations

State of Vermont Department of Disabilities, Aging & Independent Living (DAIL)

280 State Drive/HC 2 South, Waterbury, VT 05671-2020

802.398.5024 (cell) 802.241.0354 (office) 802.241.0386 (fax)

Monica.White@vermont.gov

<http://dail.vermont.gov/>

- **“Like” us on Facebook at:** <https://www.facebook.com/dailvt>



June is Alzheimer’s and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer’s Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare’s annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer’s Association Vermont Chapter](#) at 1-800-272-3900.

From: Clouser, Kristin

Sent: Monday, June 25, 2018 3:18 PM

To: White, Monica <Monica.White@vermont.gov>

Cc: Weiss, Bessie <Bessie.Weiss@vermont.gov>; Bianchi, Jared <Jared.Bianchi@vermont.gov>; Nealy, Diane <Diane.Nealy@vermont.gov>

Subject: PRR from Sue Aranoff

Hi Monica,

[REDACTED]

Thanks,

Kristin

Kristin L. Clouser
Chief of Human Services Legal Division
Office of the Attorney General
280 State Drive
Waterbury, VT 05671-0701
Phone: 802-241-0188
Kristin.Clouser@vermont.gov

PRIVILEGED & CONFIDENTIAL COMMUNICATION

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From: [Hill, Bard](#)
To: [McFadden, Clare](#); [Perreault, Liz](#); [White, Monica](#); [Tierney-Ward, Megan](#); [Schurr, Stuart](#); [Kennedy, Alice](#); [Hutt, Monica](#); [George, Camille](#)
Subject: RE: Public Records request
Date: Thursday, June 21, 2018 4:52:00 PM

[Redacted]

From: McFadden, Clare
Sent: Thursday, June 21, 2018 4:19 PM
To: Perreault, Liz <Liz.Perreault@vermont.gov>; White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Public Records request

[Redacted]

From: Perreault, Liz
Sent: Thursday, June 21, 2018 2:38 PM
To: White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Public Records request

[Redacted]

Thanks,
Liz

From: White, Monica
Sent: Thursday, June 21, 2018 2:24 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>
Subject: Fwd: Public Records request

[REDACTED]

Thanks,
Monica

Sent via iPhone

From: Aranoff, Susan <susan.aranoff@vermont.gov>
Sent: Thursday, June 21, 2018 1:58 PM
To: White, Monica
Cc: Murphy, Kirsten
Subject: Public Records request

June 21, 2018

Monica White
Director of Operations
Vermont Department of Disabilities, Aging, and Independent Living

Dear Record Custodian:

Pursuant to Vermont's Public Records Act, 1 V.S.A. 315-320, I hereby request copies of the following records:

All letters, memoranda, reports or other writings issued or received by you or by staff in your department during 2017 and 2018 that pertain Vermont's

implementation plans for the new federal rules for Medicaid-funded home and community-based services.

I am addressing this request to you in the belief that you are the custodian of such documents. If you are not, I request that you forward my request to the proper custodian of such documents and inform me of who that person is.

I hereby agree to pay reasonable and customary costs for these copies upon delivery, provided that the total does not exceed \$50.00. If the charge would exceed that amount, please so inform me before incurring the expense.

If the law does not allow me to have access to some of these records, please inform me within three business days, as provided by law, and inform me of the specific exemption that applies to each record or portion of a record being withheld. If an otherwise public record has a portion that is exempt from disclosure, please redact the exempt portion and release a copy of the rest of the document together with a notation of the specific exemption that applies to the redacted portion.

If some or all of my request is denied, please tell me the title and name of the person responsible for the denial and, as the law requires, please inform me of the appeal procedures available to me and the name of the person to whom an appeal may be made. If you have questions about this request, please call me at 802.828.1311.

Thank you for your assistance with this matter.

Sincerely,

Susan Aranoff

Senior Planner and Policy Analyst
Vermont Developmental Disabilities Council
322 Industrial Lane
Berlin, Vermont 05633-0206

802.828.1311

Susan.Aranoff@Vermont.gov

From: [Hill, Bard](#)
To: [Seiler, Phillip](#); [White, Monica](#); [Perreault, Liz](#)
Cc: [Schurr, Stuart](#); [Kennedy, Alice](#)
Subject: RE: Public Records request: outlook????
Date: Thursday, June 21, 2018 3:00:00 PM

Thanks!

[REDACTED]

Bard

From: Seiler, Phillip
Sent: Thursday, June 21, 2018 2:55 PM
To: Hill, Bard <Bard.Hill@vermont.gov>; White, Monica <Monica.White@vermont.gov>
Subject: RE: Public Records request: outlook????

I believe you can put a ticket in to LANDesk to have ADS retrieve older emails. Monica might have to sign off as records officer.

From: Hill, Bard
Sent: Thursday, June 21, 2018 2:54 PM
To: White, Monica <Monica.White@vermont.gov>; Seiler, Phillip <Phillip.Seiler@vermont.gov>
Subject: RE: Public Records request: outlook????

Hi

I went to pull my relevant sent emails from outlook and received the message 'Server unavailable. 12 months of results shown'.

This makes responding to this PRR for 2017 and 2018 (at least in terms of email) impossible. Any suggestions?

Thanks!

Bard

From: White, Monica
Sent: Thursday, June 21, 2018 2:24 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>
Subject: Fwd: Public Records request

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Thanks,
Monica

Sent via iPhone

From: Aranoff, Susan <susan.aranoff@vermont.gov>
Sent: Thursday, June 21, 2018 1:58 PM
To: White, Monica
Cc: Murphy, Kirsten
Subject: Public Records request

June 21, 2018

Monica White
Director of Operations
Vermont Department of Disabilities, Aging, and Independent Living

Dear Record Custodian:

Pursuant to Vermont's Public Records Act, 1 V.S.A. 315-320, I hereby request copies of the following records:

All letters, memoranda, reports or other writings issued or received by you or by staff in your department during 2017 and 2018 that pertain Vermont's implementation plans for the new federal rules for Medicaid-funded home and community-based services.

I am addressing this request to you in the belief that you are the custodian of such documents. If you are not, I request that you forward my request to the proper custodian of such documents and inform me of who that person is.

I hereby agree to pay reasonable and customary costs for these copies upon delivery, provided that the total does not exceed \$50.00. If the charge would exceed that amount, please so inform me before incurring the expense.

If the law does not allow me to have access to some of these records, please inform me within three business days, as provided by law, and inform me of the specific exemption that applies to each record or portion of a record being withheld. If an otherwise public record has a portion that is exempt from disclosure, please redact the exempt portion and release a copy of the rest of the document together with a notation of the specific exemption that applies to the redacted portion.

If some or all of my request is denied, please tell me the title and name of the person responsible for the denial and, as the law requires, please inform me of the appeal procedures available to me and the name of the person to whom an appeal may be made. If you have questions about this request, please call me at 802.828.1311.
Thank you for your assistance with this matter.

Sincerely,

Susan Aranoff

Senior Planner and Policy Analyst
Vermont Developmental Disabilities Council
322 Industrial Lane
Berlin, Vermont 05633-0206

802.828.1311

Susan.Aranoff@Vermont.gov

From: [Hill, Bard](#)
To: [White, Monica](#)
Subject: RE: Public Records request
Date: Friday, June 22, 2018 11:52:00 AM
Attachments: [image001.png](#)
[image002.jpg](#)

[REDACTED]

From: White, Monica
Sent: Friday, June 22, 2018 11:49 AM
To: George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: RE: Public Records request
Importance: High

[REDACTED]

From: White, Monica
Sent: Friday, June 22, 2018 8:48 AM
To: George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: RE: Public Records request

[REDACTED]

Thanks,
Monica

Monica L. White, BS, MBA

Director of Operations

State of Vermont Department of Disabilities, Aging & Independent Living (DAIL)

280 State Drive/HC 2 South, Waterbury, VT 05671-2020

802.398.5024 (cell) 802.241.0354 (office) 802.241.0386 (fax)

Monica.White@vermont.gov

<http://dail.vermont.gov/>

- **“Like” us on Facebook at:** <https://www.facebook.com/dailvt>



June is Alzheimer’s and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer’s Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare’s annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer’s Association Vermont Chapter](#) at 1-800-272-3900.

From: George, Camille

Sent: Friday, June 22, 2018 8:34 AM

To: Hill, Bard <Bard.Hill@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>

Subject: RE: Public Records request

[Redacted]

[Redacted]

[Redacted]

[REDACTED]

[REDACTED]

[REDACTED]

Camille George, Deputy Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office

HC 2 South

280 State Drive

Waterbury, VT 05671-2020

Telephone: 802.241.2401 or 802.241.0359

Cell Phone: 802.798-2079

E-mail: camille.george@vermont.gov

<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.



June is Alzheimer's and Brain Awareness Month! Over 13,000 Vermonters are living with Alzheimer's Disease, but growing evidence indicates that people can reduce their risk of cognitive decline by adopting key lifestyle habits. Learn the [10 Ways to Love Your Brain](#). If you are concerned about a loved one or yourself, ask your health care provider to perform a brief cognitive assessment. Early screening gives more time for families to plan next steps and access helpful resources and supports. Cognitive screening is included in Medicare's annual Wellness Visit and Medicare also offers a new benefit for dementia planning support. For questions, local resources and support, contact the [Alzheimer's Association Vermont Chapter](#) at 1-800-272-3900.

From: Hill, Bard

Sent: Thursday, June 21, 2018 4:53 PM

To: McFadden, Clare <Clare.McFadden@vermont.gov>; Perreault, Liz <Liz.Perreault@vermont.gov>; White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice

<Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>

Subject: RE: Public Records request

[Redacted]

From: McFadden, Clare

Sent: Thursday, June 21, 2018 4:19 PM

To: Perreault, Liz <Liz.Perreault@vermont.gov>; White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>

Subject: RE: Public Records request

[Redacted]

From: Perreault, Liz

Sent: Thursday, June 21, 2018 2:38 PM

To: White, Monica <Monica.White@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>

Subject: RE: Public Records request

[Redacted]

[Redacted]

Liz

From: White, Monica
Sent: Thursday, June 21, 2018 2:24 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Schurr, Stuart <Stuart.Schurr@vermont.gov>; Kennedy, Alice <Alice.Kennedy@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Hill, Bard <Bard.Hill@vermont.gov>
Cc: Perreault, Liz <Liz.Perreault@vermont.gov>
Subject: Fwd: Public Records request

[REDACTED]

Thanks,
Monica

Sent via iPhone

From: Aranoff, Susan <susan.aranoff@vermont.gov>
Sent: Thursday, June 21, 2018 1:58 PM
To: White, Monica
Cc: Murphy, Kirsten
Subject: Public Records request

June 21, 2018

Monica White
Director of Operations
Vermont Department of Disabilities, Aging, and Independent Living

Dear Record Custodian:

Pursuant to Vermont's Public Records Act, 1 V.S.A. 315-320, I hereby request copies of the following records:

All letters, memoranda, reports or other writings issued or received by you or by staff in your department during 2017 and 2018 that pertain Vermont's implementation plans for the new federal rules for Medicaid-funded

home and community-based services.

I am addressing this request to you in the belief that you are the custodian of such documents. If you are not, I request that you forward my request to the proper custodian of such documents and inform me of who that person is.

I hereby agree to pay reasonable and customary costs for these copies upon delivery, provided that the total does not exceed \$50.00. If the charge would exceed that amount, please so inform me before incurring the expense.

If the law does not allow me to have access to some of these records, please inform me within three business days, as provided by law, and inform me of the specific exemption that applies to each record or portion of a record being withheld. If an otherwise public record has a portion that is exempt from disclosure, please redact the exempt portion and release a copy of the rest of the document together with a notation of the specific exemption that applies to the redacted portion.

If some or all of my request is denied, please tell me the title and name of the person responsible for the denial and, as the law requires, please inform me of the appeal procedures available to me and the name of the person to whom an appeal may be made. If you have questions about this request, please call me at 802.828.1311.

Thank you for your assistance with this matter.

Sincerely,

Susan Aranoff

Senior Planner and Policy Analyst
Vermont Developmental Disabilities Council
322 Industrial Lane
Berlin, Vermont 05633-0206

802.828.1311

Susan.Aranoff@Vermont.gov

From: [Brooks, Dale](#)
To: [Tierney-Ward, Megan](#)
Subject: Re: random sample
Date: Wednesday, October 25, 2017 3:51:27 PM
Attachments: [image001.jpg](#)

Yes, Megan. I can help with that.

Get [Outlook for iOS](#)

From: Tierney-Ward, Megan
Sent: Wednesday, October 25, 2017 3:48:34 PM
To: Brooks, Dale
Subject: random sample

Hi Dale,

We are about to do a consume survey for our HCBS regulations validation process. It requires that we pick a 15% random sample of consumers receiving certain CFC and TBI services. Do you have an "easy" way to pick a random sample from a list of names?

M

Megan Tierney-Ward

Adult Services Division Director

Falls are the leading cause of fatal and non-fatal injuries among older adults, but you have the power to [prevent a fall](#). September is **Falls Prevention Awareness Month!** Learn more at [Falls Free Vermont](#) or by calling the Senior Helpline at 1-800-642-5119.



NEW ASD Website: <http://asd.vermont.gov/>

NEED ASSISTANCE? Dial 211

Department of Disabilities, Aging & Independent Living
Adult Services Division
280 State Drive, HC 2 South
Waterbury, VT 05671-0270
Main Phone: (802) 241-0294
Direct Line: (802) 241-0308
FAX: (802) 241-0385
megan.tierney-ward@vermont.gov

NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Bedard at colleen.bedard@vermont.gov. Thank you.

From: [Hill, Bard](#)
To: [McFadden, Clare](#)
Subject: RE: Rep letter to CMS re HCBS rules
Date: Wednesday, January 03, 2018 4:53:00 PM

Ve haf our vays...

From: McFadden, Clare
Sent: Wednesday, January 03, 2018 4:27 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: Rep letter to CMS re HCBS rules

Could have been written by Heartbeet... where did you come across this?

From: Hill, Bard
Sent: Wednesday, January 03, 2018 4:04 PM
To: Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: Rep letter to CMS re HCBS rules

...”We write today both to express our desire to see this guidance document changed, and to share our views on the value and importance of disability-specific congregate, farmstead, and lifesharing communities in the Medicaid program. As written, the guidance discriminates against these communities, as well as against other rural-based settings which offer individuals with disabilities an important choice as they consider the setting that best meets their individualized needs.”

...

By painting all congregate and farmstead communities with a broad brush, CMS threatens to remove a critical choice from individuals looking for a setting that provides individuals with a community that supports inclusion, not seclusion. We applaud CMS' intent in the 2014 final rule to protect patient choice and dignity, but urge CMS to revise its subsequent guidance to clarify that congregate and farmstead communities based on the lifesharing model are not subject to the heightened scrutiny standard. We understand that these communities would welcome third party certification (such as through the Center for Quality and Leadership) as an alternative to the current broad-brush policy.”

It is change, continuing change, inevitable change, that is the dominant factor in society today. No sensible decision can be made any longer without taking into account not only the world as it is, but the world as it will be.

[Isaac Asimov](#)

Bard Hill

bard.hill@vermont.gov
landline 802.241.0376

mobile 802.760.0852

From: [Skaflestad, Shawn](#)
To: [Tierney-Ward, Megan](#); [McFadden, Clare](#); [Omland, Laurel](#); [Courcelle, Andre](#); [Harrigan, Emma](#); [Suzanne Santarcangelo \(ssantarcangelo@phpg.com\)](#)
Cc: [Hill, Bard](#)
Subject: RE: STP Feedback
Date: Tuesday, November 14, 2017 2:47:43 PM

While I have responses for most - I am still going to need your help responding to the following public comments. I have provided two draft responses – and would appreciate your thoughts one way or the other. Thank you,

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><i>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.</i></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><i>Please see response above.</i></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><i>Please see response above.</i></p>

Person Centered Planning & Conflict Free Case Management

<p>The proposed CQS fails to address many aspects of the person-centered planning provisions of the HCBS rules at 42 CFR §441.301(c)(1), (2) and (3) which became effective on March 17, 2014.</p>	<p><i>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</i></p>
--	---

	<i>and bring the Vermont regulation and/or standard into alignment with the federal HCBS final rule.</i>
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);	<i>Please see response above.</i>
2) The setting in which the individual resides is chosen by the individual. 42 CFR §441.301(c)(2)(i);	<i>Please see response above.</i>
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).	<i>Please see response above.</i>

Shawn

From: Skaflestad, Shawn

Sent: Monday, November 13, 2017 3:41 PM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; 'Suzanne Santarcangelo (ssantarcangelo@phpg.com)' <ssantarcangelo@phpg.com>

Subject: RE: STP Feedback

After looking over the CMS comments below – I am going to need your help with the following respite issue:

-
CMS Comment: *The STP should specify timeframes for respite and if respite is allowed for more than 30 days the State should note the process for authorizing respite for more than 30 days.*

It appears as though each program (i.e., CFC, DS, TBI, CRT, and EFT) mentions respite as a service at some point in the CQS/STP. Unless someone has a better idea – I think the best way to respond to this comment is to add a table to the CQS/STP that identifies the amount of respite available to families in each program. It would look something like this:

Table 1: Respite Timeframes by Program

	CFC	DS	TBI	CRT	EFT
Frequency (i.e., how often)	<i>Limited to once per day</i>	<i>No limits re: frequency</i>	<i>Limited to twice week</i>	<i>No limits re: frequency</i>	<i>Limited to once per month</i>
Duration (i.e.,	<i>Maximum of 2</i>	<i>No limits re:</i>	<i>Maximum of</i>	<i>No limits re:</i>	<i>Maximum of</i>

<i>length of time)</i>	<i>hour per occurrence</i>	<i>duration</i>	<i>10 hours per week</i>	<i>duration</i>	<i>10 hours per month</i>
Total Amount	<i>Maximum of 30 hours per year</i>	<i>No limits re: total amount*</i>	<i>Maximum of 500 hours per year</i>	<i>No limits re: total amount*</i>	<i>Maximum of 120 hours per year*</i>

The table would identify any limitations on receiving respite services. I inserted some examples for fun to see how this might work ☺ We would then provide an authorization process for any program that allowed more than 30 days (720 hours) total of respite care. Using the sample information in the table above – DS & CRT would need to write something like this: *Total amount of respite care available to program participants is Unlimited. Once the amount of respite exceeds 30 days or 720 hours – the case manager would need to request authorization of additional hours.*

Thoughts?

Shawn

From: Skaflestad, Shawn

Sent: Monday, November 13, 2017 12:36 PM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; 'Suzanne Santarcangelo (ssantarcangelo@phpg.com)' <ssantarcangelo@phpg.com>

Subject: RE: STP Feedback

Hi all – just a reminder to have all modifications to me by **cob Wednesday** – as we need to resubmit the CQS/STP to CMS by this **Friday**.

Thank you,

Shawn

From: Skaflestad, Shawn

Sent: Thursday, October 26, 2017 3:04 PM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; 'Suzanne Santarcangelo (ssantarcangelo@phpg.com)' <ssantarcangelo@phpg.com>

Cc: Hickman, Selina <Selina.Hickman@vermont.gov>

Subject: RE: STP Feedback

Hi All – I just received a follow up from CMS asking us about our timeline for resubmittal our CQS/STP. Unless I hear any objections – I am going to let them know that we plan to submit an

updated CQS/STP on or before cob Friday, November 17, 2017.

Be sure to let PHPG know if they can help in any way with your systemic assessment specific edits.

Thank you,

Shawn

From: Skaflestad, Shawn
Sent: Thursday, October 12, 2017 2:56 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Suzanne Santarcangelo (ssantarcangelo@phpg.com) <ssantarcangelo@phpg.com>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: RE: STP Feedback

Yes – PHPG is available to help with any edits to the systemic assessments. Please keep in mind that the work plans were not within their scope of work – so any edits to them will need to be made internally.

BTW - attached is the most recent version of the CFC systemic assessment. It looks like links were included on page 8 of the report. I tried to open the first one – without success. My guess is that some of the reference material might have been moved since the submission.

Shawn

From: Tierney-Ward, Megan
Sent: Friday, October 06, 2017 10:45 AM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Suzanne Santarcangelo (ssantarcangelo@phpg.com) <ssantarcangelo@phpg.com>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: RE: STP Feedback

Hi Shawn,

Since the Systemic Assessments were written/published by PHPG, are you suggesting that we supply the necessary information to Suzanne for CFC & TBI and she will make the updates to the assessments?

Megan

From: Skaflestad, Shawn
Sent: Friday, October 06, 2017 9:36 AM
To: McFadden, Clare <Clare.McFadden@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Suzanne Santarcangelo (ssantarcangelo@phpg.com) <ssantarcangelo@phpg.com>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: Re: STP Feedback

While I am not a respite SME - I agree with Clare's interpretation of no restrictions - rather clarification of process for authorizing. Your example appears to get at the timeframe issue raised by CMS. I think adding a sentence or two re: how it is authorized would be sufficient.

From: McFadden, Clare
Sent: Friday, October 6, 2017 9:22 AM
To: Omland, Laurel; Skaflestad, Shawn; Tierney-Ward, Megan; Courcelle, Andre; Harrigan, Emma; Suzanne Santarcangelo (ssantarcangelo@phpg.com)
Cc: Hickman, Selina
Subject: RE: STP Feedback

From what it says below, it does not appear that it is not allowed, just that the process for authorizing it needs to be specified. Shawn – do you have more info?

From: Omland, Laurel
Sent: Thursday, October 05, 2017 5:23 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Suzanne Santarcangelo (ssantarcangelo@phpg.com) <ssantarcangelo@phpg.com>
Cc: Hickman, Selina <Selina.Hickman@vermont.gov>
Subject: Re: STP Feedback

I was not aware that HCBS limited respite to 30 days. Does anyone have the source & rationale for that restriction? Or maybe I'm mis-interpreting. We don't do respite for 30

consecutive days, but authorize respite to occur with a specified periodicity (like 16 hours/wk or 4 nights/mo) over the duration of the 6-mo waiver period.

Laurel Omland, MS, NCC
Assistant Director
Child, Adolescent & Family Unit
Department of Mental Health

Desk: 802-241-0162
Cell: 802-279-5012

From: Skaflestad, Shawn
Sent: Thursday, October 5, 2017 3:10:35 PM
To: Tierney-Ward, Megan; Courcelle, Andre; McFadden, Clare; Harrigan, Emma; Omland, Laurel; Suzanne Santarcangelo (ssantarcangelo@phpg.com)
Cc: Hickman, Selina
Subject: FW: STP Feedback

Hi All – please see the CMS feedback below on the State Transition Plan (STP) section of the Comprehensive Quality Strategy (CQS). A summary of the comments are as follows:

- Identify systemic assessment that includes Palliative Care program (DVHA/VDH?);
- Insert links for state policies in CFC systemic assessment (Megan);
- Test state policy links in all systemic assessments (All);
- Clarify specific timeframes for respite in STP/CQS. If respite is allowed for more than 30 days the process for authorizing respite for more than 30 days should be included as well (Laurel and Andre);
- TBI systemic assessment should clarify that remediation will bring the program into compliance with the final rule by including the settings criteria (Andre); and
- Please clarify how the state will ensure that any use of restrictive interventions will be handled and documented via the person-centered planning process, following the criteria in 42 CFR 441.301(c)(viii)(A) through (H) (Andre).

After looking over the comments please let me know if you would like CMS to clarify any of their feedback. Also – do you think the end of the month is a reasonable timeframe to make the suggested changes.

Thank you,

Shawn

From: Loehr, Jessica S. (CMS/CMCS) [<mailto:Jessica.Loehr@cms.hhs.gov>]
Sent: Thursday, October 05, 2017 2:04 PM
To: Hickman, Selina <Selina.Hickman@vermont.gov>; Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: MacKenzie, Michele (CMS/CMCS) <Michele.MacKenzie@cms.hhs.gov>; Lowe, Serena (ACL) <Serena.Lowe@acl.hhs.gov>; Hill, Amanda C. (CMS/CMCS) <Amanda.Hill@cms.hhs.gov>; Beasley, Michelle (CMS/CMCHO) <Michelle.Beasley@cms.hhs.gov>
Subject: STP Feedback

Good afternoon,

Thank you for the phone call and subsequent follow up in regards to the CRT and EFT programs, including the CRT, EFT and Conflict of Interest attachments. I will have these documents uploaded into the Liberty system shortly.

Also, please see CMS feedback on Vermont's Statewide Transition Plan, below. Please let me know if you have any questions or concerns and when you think you will be able to resubmit the STP with updates, etc. so I can plan accordingly.

Thank you very much,

Jessica Loehr

CMS Feedback on Vermont's 8/1/17 and 9/22/17 STP Submissions

Public Comment

Vermont is currently finalizing state responses to comments received during the most recent public comment period and plans to modify the CQS/STP based on the feedback received. These changes will be incorporated in its next STP submission, along with changes resulting from CMS's feedback.

Waivers Included in the STP

The state included 5 crosswalks in its latest STP. These include TBI, Enhanced Family Care (Mental illness under 22), Community Rehabilitation and Treatment, Developmental Disability Services and Choices for Community Care. Can the state verify that Palliative Care program is included in one of these crosswalks?

Systemic Assessment and Remediation

CMS thanks the State for the updated STP which included 5 systemic crosswalks and work plans in addition to Quality Strategy and Statewide Transition Plans. Below are some issues which require remediation:

- The Choices for Care systemic assessment does not provide links for the State policies reviewed. In addition, throughout all of the crosswalks, the state should make sure all links are active and accurate so that the documents can be located.
- In the STP, the TBI waiver lists that either an individual's home or a nursing home can be used for respite care and in the EFC waiver, the therapeutic foster/respite care can be up to 6 months. The STP should specify timeframes for respite and if respite is allowed for more than 30 days the State should note the process for authorizing respite for more than 30 days.

Systemic Assessment Spot-Check

CMS has completed a spot check of a portion of the state standards assessed for compliance in the 5 systemic attachments and found the following issues. Please note that this is not an exhaustive list and the state should ensure compliance is achieved for all of the settings criteria.

Traumatic Brain Injury Services

- Regarding the TBI waiver for regulations the State has assessed as silent to or partially aligned with the federal regulations, the state's Work Plan/remediation is:
 - a. DAIL to provide a self-assessment tool to TBI providers.
 - b. DAIL to update TBI Provider Manual – Sec. V Service Standards
 - c. DAIL to update the TBI Provider Manual – Sec. IV Agency Standards
 - d. DAIL to adapt the Choices for Care Adult Family Care shared living agreement for use with
 - e. DAIL to update the Individual Support Plan Guidelines for TBI services.
 - f. DAIL to solicit stakeholder feedback on updated documents.
 - g. DAIL to incorporate feedback into documents.
 - h. DAIL to publish revised documents and distribute to stakeholders.

i. DAIL to incorporate related elements of consumer experience of care into the DAIL annual consumer survey

j. DAIL to provide training and technical assistance to providers and stakeholders as needed.

k. AHS, DAIL and DVHA to evaluate results of the provider sufficient.

The state should clarify that its remediation will bring the program into compliance with the final rule by including the settings criteria.

- For the TBI waiver, the state assessed its state policies and regulations as compliant with the federal requirement that a setting ensure an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint. CMS found that the statutory provisions, and some of the regulations and policy documents cited by the state are compliant with the requirement to ensure rights to privacy, dignity, and respect and freedom from coercion but non-compliant for the requirement of freedom from restraint because restraint is allowed without incorporating 42 CFR 441.301(c)(viii)(A) through (H).).

Please clarify how the state will ensure that any use of restrictive interventions will be handled and documented via the person-centered planning process, following the criteria in 42 CFR 441.301(c)(viii)(A) through (H). (A) Identify a specific and individualized assessed need. (B) Document the positive interventions and supports used prior to any modifications to the person-centered service plan. (C) Document less intrusive methods of meeting the need that have been tried but did not work. (D) Include a clear description of the condition that is directly proportionate to the specific assessed need. (E) Include a regular collection and review of data to measure the ongoing effectiveness of the modification. (F) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated. (G) Include informed consent of the individual. (H) Include an assurance that interventions and supports will cause no harm to the individual.

Jessica Loehr

Health Insurance Specialist

Division of Long Term Services and Supports

Disabled and Elderly Health Programs Group

Center for Medicaid and CHIP Services

Centers for Medicare & Medicaid Services

jessica.loehr@cms.hhs.gov

(p) 410.786.4138

From: [Hill, Bard](#)
To: [Parker, Lindsay](#); [Gerstenberger, Roy](#); [Tierney-Ward, Megan](#)
Cc: [George, Camille](#)
Subject: Re: Timely questions - HCBS fed reg
Date: Thursday, March 23, 2017 12:27:47 PM
Attachments: [image001.png](#)

I defer to roy and Megan in DAIL
Not sure who the dmh lead is

Sent from my iPhone

On Mar 23, 2017, at 12:25 PM, Parker, Lindsay <Lindsay.Parker@vermont.gov> wrote:

Sorry Bard sitting in ACA meeting.
Is it fair to say VT is on track to come into compliance by 2019?

Lindsay Parker
Agency of Human Services
[p] 802-578-9427

From: Hill, Bard
Sent: Thursday, March 23, 2017 12:24 PM
To: Parker, Lindsay <Lindsay.Parker@vermont.gov>
Cc: George, Camille <Camille.George@vermont.gov>
Subject: Re: Timely questions - HCBS fed reg

Hi
Both DAIL and dmh are working on a
hcbs rules, as d scribed in the gc cqs. Roy is lead for dds and Megan for cfc and tbi
Bard

Sent from my iPhone

On Mar 23, 2017, at 11:53 AM, Parker, Lindsay <Lindsay.Parker@vermont.gov> wrote:

Hi Bard and Camille,
Am hoping you can let me know if the fed reg below is one DAIL has been
working on and where VT is with compliance? (attached is Verma-Price
letter for context).
Am asking so I can provide update to Cory asap (he has reporter coming in
for ACA repeal questions).
Thanks!

Lindsay Parker, MPH
Health Access Policy & Planning Chief
Medicaid Policy, Agency of Human Services
280 State Drive, Building E-313

Waterbury, VT 05671

[p] 802-578-9427 | [f] 802-871-3001

[e] lindsay.parker@vermont.gov

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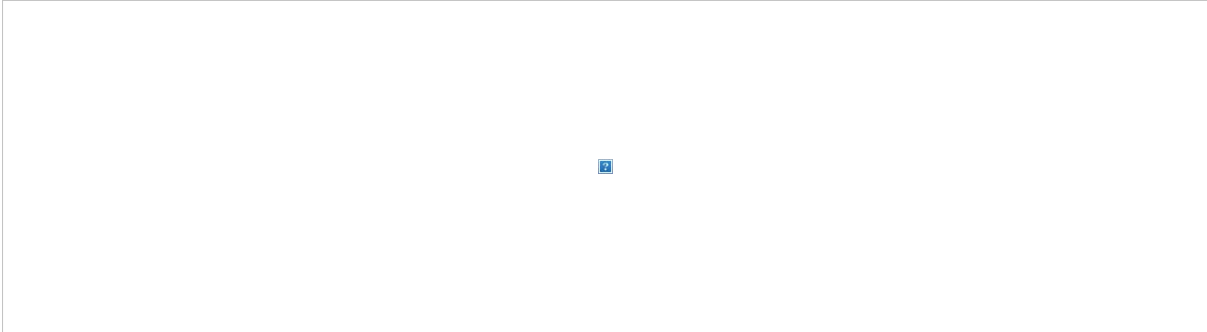
From: [Hil Bard](#)
To: [Parker, Lindsay](#)
Cc: [George, Camille](#)
Subject: Re: Timely quest ons - HCBS fed reg
Date: Thursday, March 23, 2017, 12:24:07 PM
Attachments: [image001.png](#)

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From: [Hill, Bard](#)
To: [Perreault, Liz](#); [Hutt, Monica](#); [George, Camille](#)
Subject: Re: Topics for MTM
Date: Friday, January 26, 2018 10:39:02 AM

That is my proposal. Monica and I have not had a chance to discuss. In the next week or so I plan to write up purpose/goals and some potential mt decisions.

Get [Outlook for iOS](#)

From: Perreault, Liz
Sent: Friday, January 26, 2018 10:26:59 AM
To: Hill, Bard; Hutt, Monica; George, Camille
Subject: RE: Topics for MTM

Yes, the white belt training does need to be scheduled. I reached out to Dru last week but still need to work out the details. That is for MT and EMT, correct?

From: Hill, Bard
Sent: Thursday, January 25, 2018 1:20 PM
To: Perreault, Liz <Liz.Perreault@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>
Subject: RE: Topics for MTM

Hi-

One item pending is about 3 hours w Dru re process and performance improvement (white belt light?)- Monica if you agree we should work to get this scheduled

Other ideas:

[REDACTED]

Current status of HCBS rules compliance; presented by CFC, DDS, TBI

[REDACTED]

[REDACTED]

Cheers

Bard

From: Perreault, Liz
Sent: Thursday, January 25, 2018 1:03 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Cc: Hutt, Monica <Monica.Hutt@vermont.gov>
Subject: Topics for MTM

Hi Bard,

Monica wanted me to reach out and see what you thought we should have for topic meetings. Technically we should have had a topic meeting yesterday but, I keep it in my head that it is the last Wednesday of the month...

Thanks for sharing your ideas!

Liz

Liz Perreault
Executive Assistant
Commissioner's Office
Disabilities, Aging and Independent Living
802-241-2401 – Main Line
802-241-0362
Mailing Address:
HC 2 South
280 State Drive
Waterbury, VT 05671-2020

“Life’s too short not to go barefoot.”

From: [Hill, Bard](#)
To: [George, Camille](#)
Subject: Re: Topics for MTM
Date: Sunday, January 28, 2018 6:41:28 PM

Arf!

Get [Outlook for iOS](#)

From: George, Camille
Sent: Sunday, January 28, 2018 6:38:18 PM
To: Hutt, Monica; Hill, Bard; Perreault, Liz
Subject: Re: Topics for MTM

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: Hutt, Monica
Sent: Sunday, January 28, 2018 6:32 PM
To: Hill, Bard; Perreault, Liz; George, Camille
Subject: RE: Topics for MTM

Yikes- quite a list. I look forward to Camille's presentation. I think that we should use the time with MT to brainstorm a future list. We are moving forward on the process improvement work and on Extended Management Team- although we do need to consider the next EMT quarterly meeting.

So let's put the planning for the next EMT meeting on our next MT agenda as well as brainstorming topic meetings. Thanks!

From: Hill, Bard
Sent: Thursday, January 25, 2018 1:20 PM
To: Perreault, Liz <Liz.Perreault@vermont.gov>; Hutt, Monica <Monica.Hutt@vermont.gov>; George, Camille <Camille.George@vermont.gov>
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[REDACTED]

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[REDACTED]

[REDACTED]

Cheers

Bard

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802-241-2401 – Main Line
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Mailing Address:
HC 2 South
280 State Drive
Waterbury, VT 05671-2020

“Life’s too short not to go barefoot.”

From: [Lane, Sara](#)
To: [Hill, Bard](#)
Subject: RE: URGENT Fwd: Portal/SAMS
Date: Wednesday, January 11, 2017 4:50:03 PM
Attachments: [image002.jpg](#)

I asked many yester years ago ☺

What would happen if SAMS blew up/melted down? Is this an opportunity to make something happen (big changes) faster and more in the near term?

I keep thinking about giving more control to the providers, which leaves me thinking about what do we really need to be the gatekeeper of, as well as tracking and how would we do it -with SAMS without SAMS etc. which then puts us in more of a monitoring/quality role and would free up our nursing team to do more nursing tasks....

Sara Lane, BSN, RN

Aging and Disabilities Program Manager

DAIL- Adult Services Division

HC 2 South, 280 State Drive

Waterbury, VT 05671

Phone: (802) 241.0299

Fax: (802) 241.0385

Email: sara.lane@vermont.gov

From: Hill, Bard
Sent: Wednesday, January 11, 2017 4:23 PM
To: Lane, Sara
Subject: RE: URGENT Fwd: Portal/SAMS
Can we have something yesterday?

From: Lane, Sara
Sent: Wednesday, January 11, 2017 4:21 PM
To: Hill, Bard <Bard.Hill@vermont.gov>
Subject: RE: URGENT Fwd: Portal/SAMS

[REDACTED]

[REDACTED]

[REDACTED]

The CM standards are still in draft from adding HCBS rule language, so we could look at having it in here too.

Sara Lane, BSN, RN

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Email: sara.lane@vermont.gov

From: Hill, Bard
Sent: Wednesday, January 11, 2017 4:08 PM
To: Lane, Sara <Sara.Lane@vermont.gov>
Subject: RE: URGENT Fwd: Portal/SAMS
Apparently. Can we have something in cm standards that requires them to use sams?

From: Lane, Sara
Sent: Wednesday, January 11, 2017 3:57 PM
To: Hill, Bard <Bard.Hill@vermont.gov>

Subject: RE: URGENT Fwd: Portal/SAMS

Wow, really?

Sara Lane, BSN, RN

Aging and Disabilities Program Manager

DAIL- Adult Services Division

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Phone: (802) 241.0299

Fax: (802) 241.0385

Email: sara.lane@vermont.gov

From: Hill, Bard

Sent: Wednesday, January 11, 2017 2:21 PM

To: Lane, Sara <Sara.Lane@vermont.gov>

Subject: FW: URGENT Fwd: Portal/SAMS

From: Hutt, Monica

Sent: Wednesday, January 11, 2017 2:20 PM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>

Cc: Hill, Bard <Bard.Hill@vermont.gov>; Kelly, Bill <Bill.Kelly@vermont.gov>; George, Camille <Camille.George@vermont.gov>

Subject: URGENT Fwd: Portal/SAMS



Monica Caserta Hutt

Commissioner

Department of Disabilities, Aging and Independent Living

Sent from my iPad

Begin forwarded message:

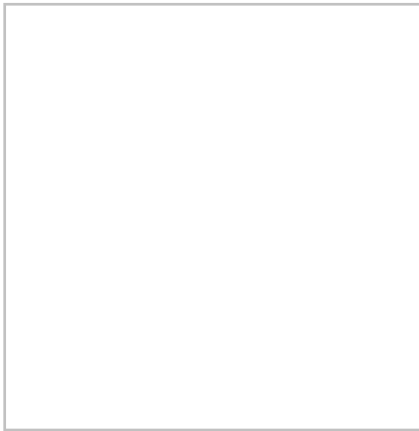
From: Kristina Senna <ksenna@fchha.org>

Date: January 11, 2017 at 9:23:32 AM EST

To: "Hutt, Monica" <Monica.Hutt@vermont.gov>

Cc: Janet McCarthy <JMcCarthy@fchha.org>

Subject: FW: Portal/SAMS



Hi Monica,

[Redacted]

Respectfully,

Kristina

Kristina C. Senna, MSA-FA

Chief Financial Officer

Franklin County Home Health Agency, Inc.

3 Home Health Circle

St. Albans, VT 05478

802.393.6714

802.527.7533 (fax)

From: Hutt, Monica [<mailto:Monica.Hutt@vermont.gov>]

Sent: Thursday, January 5, 2017 10:06 AM

To: Kristina Senna <ksenna@fchha.org>

Cc: Janet McCarthy <JMcCarthy@fchha.org>

Subject: RE: Portal/SAMS

[Redacted]

Thanks, Monica

Monica Caserta Hutt, Commissioner

Vermont Department of Disabilities, Aging and Independent Living

Commissioner's Office

HC 2 South

280 State Drive

Waterbury, VT 05671-2020

Telephone: 802.241.2401

E-mail: monica.hutt@vermont.gov

<http://www.dail.vermont.gov/>

The mission of the Vermont Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.

"If the spirit of liberty should vanish in other parts of the Union, and support of our institutions should languish, it could all be replenished from the generous store held by the people of this brave little state of Vermont." Calvin Coolidge

From: Kristina Senna [<mailto:ksenna@fchha.org>]
Sent: Wednesday, December 21, 2016 2:26 PM
To: Hutt, Monica <Monica.Hutt@vermont.gov>
Cc: Janet McCarthy <JMcCarthy@fchha.org>
Subject: RE: Portal/SAMS

Hi Monica,

[REDACTED]

Thanks.

Kristina

Kristina C. Senna, MSA-FA
Chief Financial Officer
Franklin County Home Health Agency, Inc.
3 Home Health Circle
St. Albans, VT 05478
802.393.6714
802.527.7533 (fax)

From: Hutt, Monica [<mailto:Monica.Hutt@vermont.gov>]
Sent: Friday, December 2, 2016 2:16 PM
To: Kristina Senna <ksenna@fchha.org>
Cc: Janet McCarthy <JMcCarthy@fchha.org>
Subject: RE: Portal/SAMS

[REDACTED]

[REDACTED] Thanks, Monica

Monica Caserta Hutt, Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
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From: Kristina Senna [<mailto:ksenna@fchha.org>]
Sent: Friday, December 02, 2016 1:58 PM
To: Hutt, Monica <Monica.Hutt@vermont.gov>
Cc: Janet McCarthy <JMcCarthy@fchha.org>
Subject: FW: Portal/SAMS

Dear Ms. Hutt,

Subject: RE: URGENT Fwd: Portal/SAMS



The CM standards are still in draft from adding HCBS rule language, so we could look at having it in here too.

Sara Lane, BSN, RN

Aging and Disabilities Program Manager

DAIL- Adult Services Division

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Sent: Wednesday, January 11, 2017 2:20 PM

To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>

Cc: Hill, Bard <Bard.Hill@vermont.gov>; Kelly, Bill <Bill.Kelly@vermont.gov>; George, Camille <Camille.George@vermont.gov>

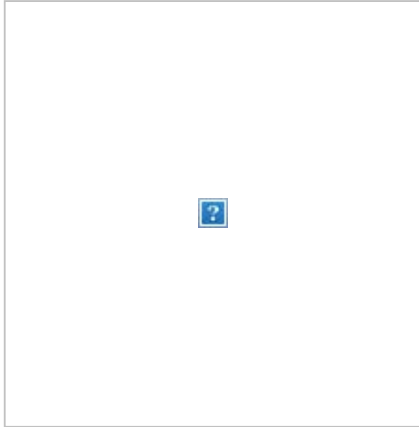


Monica Caserta Hutt
Commissioner

Department of Disabilities, Aging and Independent Living
Sent from my iPad

Begin forwarded message:

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Date: January 11, 2017 at 9:23:32 AM EST
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Cc: Janet McCarthy <JMcCarthy@fchha.org>
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**Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020**

Telephone: 802.241.2401

E-mail: monica.hutt@vermont.gov

<http://www.dail.vermont.gov/>

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802.527.7533 (fax)

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[REDACTED] Thanks, Monica

Monica Caserta Hutt, Commissioner

Vermont Department of Disabilities, Aging and Independent Living

Commissioner's Office

HC 2 South

280 State Drive

Waterbury, VT 05671-2020

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[REDACTED]

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Kristina

Kristina C. Senna, MSA-FA

Chief Financial Officer

Franklin County Home Health Agency, Inc.

3 Home Health Circle

St. Albans, VT 05478

802.393.6714

802.527.7533 (fax)

From: Demers, Rio [<mailto:Rio.Demers@vermont.gov>]

Sent: Wednesday, November 23, 2016 1:22 PM

To: Kristina Senna <ksenna@fchha.org>

Subject: RE: Portal/SAMS

[REDACTED]

Rio

From: Kristina Senna [<mailto:ksenna@fchha.org>]

Sent: Tuesday, November 22, 2016 2:35 PM

To: Demers, Rio <Rio.Demers@vermont.gov>

Subject: FW: Portal/SAMS

Hi Rio,

[REDACTED]

Thanks.

Kristina

From: Kim Dubie

Sent: Monday, November 21, 2016 3:17 PM

To: Janet McCarthy <JMcCarthy@fchha.org>

Cc: Kristina Senna <ksenna@fchha.org>

Subject: FW: Portal/SAMS

Janet –

[Redacted]

Kim

From: Demers, Rio [<mailto:Rio.Demers@vermont.gov>]

Sent: Monday, November 21, 2016 1:52 PM

To: Kim Dubie

Subject: Portal/SAMS

[Redacted]

Timothy Riley (timothy.riley@mediware.com)

802-316-4718



Take care and have a great holiday!

Rio Demers

DAIL Senior Program Consultant

Commissioner's Office

Policy, Planning and Analysis Unit

HC 2 South

280 State St

Waterbury, VT 05671-2070

Office: 802-241-0291

Cell: 802-556-2248

Kennedy, Alice

From: Hutt, Monica
Sent: Thursday, January 04, 2018 5:47 PM
To: Tierney-Ward, Megan; Hill, Bard; George, Camille; McFadden, Clare; Courcelle, Andre
Subject: RE: Rep letter to CMS re HCBS rules

Wow- that is a shift.....

From: Tierney-Ward, Megan
Sent: Thursday, January 04, 2018 8:40 AM
To: Hill, Bard ; Hutt, Monica ; George, Camille ; McFadden, Clare ; Courcelle, Andre
Subject: Re: Rep letter to CMS re HCBS rules

Interesting. "We are encouraged to hear that CMS is currently in the process of revising this guidance...."

From: Hill, Bard
Sent: Wednesday, January 3, 2018 4:03:33 PM
To: Hutt, Monica; George, Camille; Tierney-Ward, Megan; McFadden, Clare
Subject: Rep letter to CMS re HCBS rules

...”We write today both to express our desire to see this guidance document changed, and to share our views on the value and importance of disability-specific congregate, farmstead, and lifesharing communities in the Medicaid program. As written, the guidance discriminates against these communities, as well as against other rural-based settings which offer individuals with disabilities an important choice as they consider the setting that best meets their individualized needs.”

...
By painting all congregate and farmstead communities with a broad brush, CMS threatens to remove a critical choice from individuals looking for a setting that provides individuals with a community that supports inclusion, not seclusion. We applaud CMS' intent in the 2014 final rule to protect patient choice and dignity, but urge CMS to revise its subsequent guidance to clarify that congregate and farmstead communities based on the lifesharing model are not subject to the heightened scrutiny standard. We understand that these communities would welcome third party certification (such as through the Center for Quality and Leadership) as an alternative to the current broad-brush policy.”

It is change, continuing change, inevitable change, that is the dominant factor in society today. No sensible decision can be made any longer without taking into account not only the world as it is, but the world as it will be.

Isaac Asimov

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

Kennedy, Alice

From: Hill, Bard
Sent: Wednesday, January 03, 2018 4:04 PM
To: Hutt, Monica; George, Camille; Tierney-Ward, Megan; McFadden, Clare
Subject: Rep letter to CMS re HCBS rules
Attachments: Faso_Congregate_Settings_Letter_to_CMS_11272017_3.pdf

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Isaac Asimov

Bard Hill

bard.hill@vermont.gov

landline 802.241.0376

mobile 802.760.0852

Kennedy, Alice

From: O'Neill, Chris
Sent: Wednesday, July 25, 2018 4:46 PM
To: 'hannah@heartbeet.org'; 'leigh@heartbeet.org'
Cc: McFadden, Clare
Subject: HCBS review at Heartbeet

Hello Hannah and Leigh,

I met with Clare McFadden earlier today and discussed the upcoming HCRS Site review at Heartbeet. She informed me that you have been in conversation with her about the review and she let you know it is scheduled for sometime in August. She also said you and others there have vacation time planned in August and want to make sure the people that need to be there for the review are. It is always difficult to plan these reviews in the summer months because of the number of people taking vacations and enjoying the good weather. What I and my team have found works best is to keep the review days to a minimum and schedule the day or days we need to and barring emergencies stick to that schedule as close as we can. In this case we have scheduled the review for just one day. I don't know what Clare has shared but the details for the review are:

Date: 8/23/2018. We will be doing a review of all ten people at Heartbeet receiving HCBS funded supports. The review team will consist of 10 members broken out into 5 teams of 2. Each team will perform 2 reviews that day. Each review will consist of an interview with the person receiving services, their shared living/residential support people and direct support people working with the person. If the person has a guardian, they will be contacted as well but not on the day of the review. We are planning for each review to take around 3-4 hours with 2 hours dedicated to interviews and the other 2 hours for a brief file review. We may do the interviews with the direct support staff as a focus group interview but will let you know for sure as we get closer to the review day.

We will use a list of questions for the interviews, especially with the individuals that are based on the CQL/POM questions and mirror the HCBS site survey the Designated and Specialized Services Agencies used in their assessment process.

I will send you a list of documents from people's records that we will be reviewing soon.

Please let me know if you have questions.

I look forward to the review and touring Heartbeet again, it has been a while since I was there.

Thank you,

Chris

Christopher M. O'Neill
Quality Management Team Leader
Department of Disabilities Aging and Independent Living (DAIL)
Developmental Disabilities Services Division (DDSD)
Waterbury State Office Complex
Waterbury, Vermont 05671-2030
(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

Kennedy, Alice

From: McFadden, Clare
Sent: Monday, June 25, 2018 8:20 PM
To: Hill, Bard; Tierney-Ward, Megan
Cc: George, Camille
Subject: Re: DAIL: HCBS rules coordination?

For DDS, Chris and I have been working on this, so I would leave Amy out at this point. I do think it would be worthwhile meeting to ensure some consistency, but we need to also make sure we are coordinated with the efforts organized by Shawn Skaklestad on implementation.

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From: Hill, Bard <bard.hill@vermont.gov>
Sent: Monday, June 25, 2018 5:10 PM
To: Tierney-Ward, Megan; McFadden, Clare
Cc: George, Camille
Subject: DAIL: HCBS rules coordination?

Hi-

Earlier today Camille asked that I set up some internal meetings regarding DAIL work on HCBS rules. The core purpose is to identify and manage differences that emerge in our approaches to HCBS rules compliance across the three DAIL programs.

Draft for your comments:

1. Scope: CFC DDS and TBI
2. Purpose: coordinate approaches/messages to core elements, eg
 - a. Settings provision: scope; assessments; remediation or relocation
 - b. Person-centered planning: comprehensive assessment, goals, preferences
 - c. Conflict-free case management
 - d.
3. Who:
 - a. CFC: Megan, Angela M, Andre?
 - b. DDS: Clare, Amy, Chris?
4. Frequency: monthly 1 hour?

Please let me/us know your thoughts. Camille, please let me know if I missed or misconstrued anything.

Thanks!
Bard

“The best way to get a good idea is to get a lot of ideas.”
Donald Berwick

Bard Hill
bard.hill@vermont.gov
landline 802.241.0376

mobile 802.760.0852

PRR VLA July 2018 002115

Kennedy, Alice

From: O'Neill, Chris
Sent: Wednesday, January 10, 2018 3:57 PM
To: Barrett, Joy; Booth, Ellen; Coy, Jeff; Masterson, Jennie; Nunemaker, Jeffrey
Subject: HCBS Rules report
Attachments: NKHS HCBS Validation Report.docx

Hi Folks,

It bothered me that I couldn't remember this report in relation to NKHS and their QSR report so I checked when I got back to my desk. I found the attached along with a draft copy of the QSR report with this added to the end of it. The report that was finalized and sent to NKHS didn't include this. I believe I didn't include it after I had a conversation with a few people, that may have included Clare. I decided not to because I also found some old notes and direction that Roy had discussed with the DS directors saying this would be added to the agency's designation report. There is no place in the designation report where it fits and I don't think it really is part of the QSR process so, I think we need to send it as a separate document or an addition to the QSR report.

I'm going to put together a cover letter and send it out to Dixie by the end of this week. I've saved this in the NKHS QSR folder on the I drive so it can be used as a template or example for the rest of the agencies.

Thanks,

Chris

Christopher M. O'Neill
Quality Management Team Leader
Department of Disabilities Aging and Independent Living (DAIL)
Developmental Disabilities Services Division (DDSD)
Waterbury State Office Complex
Waterbury, Vermont 05671-2030
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Fax: (802) 241-0410

Kennedy, Alice

From: Lane, Sara
Sent: Tuesday, July 17, 2018 10:15 AM
To: Lane, Sara
Subject: FW: HCBS Rules Settings Guidance
Attachments: Exit Seeking Behavior and Compliance with HCBS Settings Rules_CMS.pdf

Sara Lane, BSN, RN
Quality Management Nurse
TBI/CFC Programs
DAIL- Adult Services Division
HC2 South 280 State Drive
Waterbury, VT 05671-2070
Phone: 802.241.0299
Fax: 802.241.0385
<http://asd.vermont.gov/help>

From: Lane, Sara
Sent: Friday, December 16, 2016 11:08 AM
To: Brown, Paula ; Woods, Mary ; Corjay, Matthew ; Courcelle, Andre
Subject: HCBS Rules Settings Guidance

This may be good to share with our AA's for AFC, if they have not seen it already.

-S

Sara Lane, BSN, RN
Aging and Disabilities Program Manager
HC 2 South, 280 State Drive
Waterbury, VT 05671
Phone: (802) 241.0299
Fax: (802) 241-0385
Email: sara.lane@vermont.gov

Kennedy, Alice

From: O'Neill, Chris
Sent: Thursday, November 02, 2017 4:33 PM
To: Nunemaker, Jeffrey
Cc: Barrett, Joy; Booth, Ellen; Coy, Jeff; Masterson, Jennie
Subject: RE: HCBS Rules Survey and validation questions
Attachments: NKHS 2017 HCBS Rules Validation.docx; NKHS 2017 QSR Report.doc

Hi Folks,

I went through the 3 surveys NKHS sent and created the attached page to insert into the QSR report. Please read and give me your feedback.

I also attached the completed summary with the HCBS Rules page added. The copy and paste when I made the individual page lost some formatting so look at it in the complete document to see how it should be.

Thanks,

Chris

Christopher M. O'Neill
Quality Management Team Leader
Developmental Disabilities Services Division (DDSD)
(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

From: Nunemaker, Jeffrey
Sent: Thursday, November 02, 2017 2:27 PM
To: O'Neill, Chris <Chris.ONeill@vermont.gov>
Cc: Barrett, Joy <joy.barrett@vermont.gov>; Booth, Ellen <Ellen.Booth@vermont.gov>; Coy, Jeff <Jeff.Coy@vermont.gov>; Masterson, Jennie <Jennie.Masterson@vermont.gov>
Subject: Re: HCBS Rules Survey and validation questions

Hi Chris,

Sounds good, thanks. It'll be good to discuss more at the QM meeting.

Thanks,
Jeff

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From: O'Neill, Chris
Sent: Thursday, November 2, 2017 1:44:02 PM
To: Nunemaker, Jeffrey
Cc: Barrett, Joy; Booth, Ellen; Coy, Jeff; Masterson, Jennie
Subject: HCBS Rules Survey and validation questions

Hi Jeff & All,

I met with Clare yesterday to discuss the HCBS Rules survey and what we are doing to validate the agencies' responses. I showed her the very brief plan I had sent to Roy and the Designation questions with the questions added for validation purposes. She thinks that will work but then she asked the next question which Roy never did, which is what are we going to do with the information we gather and how are we holding the agency accountable?

I told her the plan was to write something up and add it to either the designation or QSR report. She feels it should be added to the QSR report and I agree with her. What I told her we would do is either add a page to the report with a statement or maybe a chart showing the areas the agency has self-identified as not being in compliance with the HCBS Rules and what they said they are going to do to come into compliance. I also told Clare how difficult it is to read the excel sheet with the information Kathy Hamilton put together in a summary. She said she would try to get it in a more user friendly format and asked me to add what I had to the HCBS folder on the I drive. I got poking around in that folder and found copies of the individual survey responses for each agency. We can use these instead of the summary.

Attached are the responses from Families First.

I will add a page to the NKHS report to include the information from the 3 surveys they filled out to cover the 3 types of residential service models they provide.

Jeff Coy, we need to add an addendum to the LCMHS report with the information from the one survey they did for their SLPs. We can talk about what you need to do, I think this will be a major topic for next week's QM Team meeting.

Thanks,

Chris

Christopher M. O'Neill
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Department of Disabilities Aging and Independent Living (DAIL)
Developmental Disabilities Services Division (DDSD)
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Fax: (802) 241-0410

Kennedy, Alice

From: O'Neill, Chris
Sent: Friday, April 20, 2018 4:59 PM
To: McFadden, Clare
Subject: Re: HCBS Rules Validation 12 Action Items

Hi Clare,

Works for me. My schedule is open before & after the time we have scheduled so can be there longer as needed.

Chris

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From: McFadden, Clare
Sent: Friday, April 20, 2018 4:06:18 PM
To: O'Neill, Chris
Subject: RE: HCBS Rules Validation 12 Action Items

Hi Chris- thanks for sending this. I spent most of today going over all the HCBS documents and trying to get up to speed (better late than never!). Let's review this and the whole process on 4/25 when we meet. We might need more than an hour.

From: O'Neill, Chris
Sent: Tuesday, April 17, 2018 3:54 PM
To: McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: HCBS Rules Validation 12 Action Items
Importance: High

Hi Clare,

Attached is the draft of the 12 Action Items Shawn requested. I'm out in Barre on review Wednesday and Friday. I'll be at SPSC for the NKHS designation presentation on Thursday then in the office the rest of the day. Let me know if you have any questions or edits you think I should make.

Thanks,

Chris

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Department of Disabilities Aging and Independent Living (DAIL)
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Waterbury, Vermont 05671-2030
(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

Kennedy, Alice

From: O'Neill, Chris
Sent: Tuesday, April 17, 2018 3:54 PM
To: McFadden, Clare
Subject: HCBS Rules Validation 12 Action Items
Attachments: DDS 12 Action items.docx

Importance: High

Hi Clare,

Attached is the draft of the 12 Action Items Shawn requested. I'm out in Barre on review Wednesday and Friday. I'll be at SPSC for the NKHS designation presentation on Thursday then in the office the rest of the day. Let me know if you have any questions or edits you think I should make.

Thanks,

Chris

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Fax: (802) 241-0410

Kennedy, Alice

From: Tierney-Ward, Megan
Sent: Friday, September 01, 2017 2:18 PM
To: Demers, Rio
Subject: RE: SAMS questions catalogues

They just can't make it easy can they?

I'll set up some time for us. Thanks Rio!

From: Demers, Rio
Sent: Friday, September 01, 2017 1:58 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: RE: SAMS questions catalogues

Looks like we might have to sit down and go through the list. Mediware only "Publishes" the questions through Omnia Designer via the Portal to those who have licenses for them.

Rio

From: Tierney-Ward, Megan
Sent: Thursday, August 31, 2017 1:45 PM
To: Demers, Rio <Rio.Demers@vermont.gov>
Subject: RE: SAMS questions catalogues

Perfect! We are exploring. Mostly interested to see if they have newer questions that would be relevant to the person-centered planning and HCBS regulations compliance.

From: Demers, Rio
Sent: Thursday, August 31, 2017 10:22 AM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>
Subject: RE: SAMS questions catalogues

Absolutely! There are over 3000 questions so I am not sure if you were looking for something specific? I can access them through OMNIA but let me see if Mediware has something they can send me that I can relay to you.

Rio

Rio Demers

DAIL Senior Program Consultant
Commissioner's Office
Policy, Planning and Analysis Unit
HC 2 South
280 State St
Waterbury, VT 05671-2070

Office: 802-241-0291

Cell: 802-556-2248

*Please note that I work from home Thursdays and Fridays and check my email often. If you need to contact me on those days, the best number is 802-556-2248

From: Tierney-Ward, Megan
Sent: Thursday, August 31, 2017 10:17 AM
To: Demers, Rio <Rio.Demers@vermont.gov>
Subject: SAMS questions catalogues

Hi Rio,

Is there a way to see what questions are now available in the SAMS/Mediware questions catalogues?

M

Megan Tierney-Ward

Adult Services Division Director

How hot is it today? Older Vermonters are at higher risk of health problems on hot summer days – watch this [Across the Fence episode](#) to learn more about the risks and what you can do to prevent heat illness for yourself or someone you know. For resources to beat the heat in your area, visit healthvermont.gov or call the Vermont Senior Helpline at 1-800-642-5119.

NEW ASD Website: <http://asd.vermont.gov/>

NEED ASSISTANCE? Dial 211

Department of Disabilities, Aging & Independent Living
Adult Services Division
280 State Drive, HC 2 South
Waterbury, VT 05671-0270
Main Phone: (802) 241-0294
Direct Line: (802) 241-0308
FAX: (802) 241-0385
megan.tierney-ward@vermont.gov

NOTE: If you need immediate assistance and are unable to reach me, please contact Colleen Bedard at colleen.bedard@vermont.gov. Thank you.

Kennedy, Alice

From: Bascom, June
Sent: Friday, December 15, 2017 8:01 AM
To: AHS - DAIL DDSD Leadership
Subject: FW: Settings locks

More on locks from other states. This one from TX is short and sweet. Though according to CMS I don't think someone not requesting a lock is sufficient for not providing one.

From: NASDDDS ListServ [mailto:NASDDDS@PEACH.EASE.LSOFT.COM] **On Behalf Of** Evans, Novella C (HHSC/DADS)
Sent: Thursday, December 14, 2017 3:52 PM
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: FW: Settings locks

Here is the response from Texas:

The Home and Community-based Services (HCS) program is one of the HCBS waivers operated in Texas. HCS has the most robust residential component offering services that can be provided in an array of community settings. The residential services available in the HCS waiver are as follows:

- **Host home/Companion Care** - is provided by a host home or a companion care provider who lives in the residence in which no more than three individuals or other persons receiving similar services are living at any one time; and in a residence in which the program provider does not hold a property interest.
- **Residential Support Services** – is provided in a three-person or a four-person residence in which the program provider holds a property interest and by a service provider who is present in the residence and awake whenever an individual is present in the residence. Service providers are assigned on a daily shift schedule that includes at least one complete change of service providers each day.
- **Supervised Living** – is provided in a three-person or a four-person residence in which the program provider holds a property interest by a service provider who provides services and supports as needed by the individuals residing in the residence and is present in the residence and able to respond to the needs of the individuals during normal sleeping hours.

The HCS rules require the following for bedroom door locks for an individual receiving host home/companion care, residential support, or supervised living:

§9.174. Certification Principles: Service Delivery.

(a) The program provider must:

(23) ensure that, for an individual receiving host home/companion care, residential support, or supervised living:

(G) unless contraindications are documented with justification by the service planning team, the individual has a door lock on the inside of the individual's bedroom door, if requested by the individual or LAR; and

(H) the door lock installed in accordance with subparagraph (G) of this paragraph:

- (i) is a single-action lock;
- (ii) can be unlocked with a key from the outside of the door by the program provider; and
- (iii) is not purchased and installed at the individual's or LAR's expense.

From: NASDDDS ListServ [<mailto:NASDDDS@PEACH.EASE.LSOFT.COM>] **On Behalf Of** Santaniello, Christine
Sent: Tuesday, December 12, 2017 8:10 AM
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: Settings locks

Hi there, how are states handling the settings requirement for locks on bedroom doors, especially in host homes/ adult family care, etc. that do not have locks on any bedroom doors?

Thanks, Chris

Christine L. Santaniello
 Director
 Division of Long Term Supports and Services
 603.271.5023- direct line
 603.931.0344- cell

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Kennedy, Alice

From: NASDDDS ListServ <NASDDDS@PEACH.EASE.LSOFT.COM> on behalf of Evans,Novella C (HHSC/DADS) <Novella.Evans@HHSC.STATE.TX.US>
Sent: Thursday, December 14, 2017 3:52 PM
To: NASDDDS@PEACH.EASE.LSOFT.COM
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(ii) can be unlocked with a key from the outside of the door by the program provider; and

(iii) is not purchased and installed at the individual's or LAR's expense.

From: NASDDDS ListServ [<mailto:NASDDDS@PEACH.EASE.LSOFT.COM>] **On Behalf Of** Santaniello, Christine
Sent: Tuesday, December 12, 2017 8:10 AM
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: Settings locks

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Thanks, Chris

Christine L. Santaniello
Director
Division of Long Term Supports and Services
603.271.5023- direct line
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Kennedy, Alice

From: Hill, Bard
Sent: Wednesday, December 13, 2017 2:20 PM
To: McFadden, Clare; Tierney-Ward, Megan
Subject: FW: Settings locks

Since DAIL programs share providers, do we have plans to share approaches for some requirements across CFC DDS and TBI?

Thanks!
Bard

From: NASDDDS ListServ [<mailto:NASDDDS@PEACH.EASE.LSOFT.COM>] **On Behalf Of** Zeller, Lynda (DHHS)
Sent: Wednesday, December 13, 2017 2:14 PM
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: FW: Settings locks

Michigan: Excerpt from a Guidance Document from the field (Joint Guidance from Licensing and HHS agencies).

“LOCKABLE DOORS

The HCBS Final Rule requires residential settings to offer units that have bedroom and bathroom doors that are lockable by the individual, with only appropriate staff having keys to doors. If there are private bedrooms that include private bathrooms, only the door to the bedroom must be lockable, though MDHHS encourages that both the bedroom door and bathroom door to be lockable. Both the BFS and the BCHS allows AFC and HFA facilities to have bedroom and bathroom doors that are lockable from the inside of the room. In order to meet both the HCBS Final Rule and AFC/HFA licensing requirements, the bedroom door shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware (hardware that can be opened from the inside of a room with a single motion; such as a turn of a knob or push of a handle, even if the door is locked).

This requirement also applies to bathroom doors. In accordance with the AFC/HFA licensing requirements, appropriate staff must have a key to the bedroom or bathroom door if the individual has a lockable door, this key should be stored in an area not accessible to all staff and residents.

The associated licensing rules for bedroom and bathroom doors are as follows: R 400.1430 (2), R 400.1431 (3), R 400.14407 (3) and R 400.14408 (4) R 400.15407 (3) and R 400.15408 (4). “

Lynda Zeller (Michigan content expert: Belinda Hawks, Manager, Federal Compliance, Michigan).

From: NASDDDS ListServ [<mailto:NASDDDS@PEACH.EASE.LSOFT.COM>] **On Behalf Of** Santaniello, Christine
Sent: Tuesday, December 12, 2017 9:10 AM
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: Settings locks

Hi there, how are states handling the settings requirement for locks on bedroom doors, especially in host homes/ adult family care, etc. that do not have locks on any bedroom doors?

Thanks, Chris

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Kennedy, Alice

From: NASDDDS ListServ <NASDDDS@PEACH.EASE.LSOFT.COM> on behalf of Zeller, Lynda (DHHS) <ZELLERL2@MICHIGAN.GOV>
Sent: Wednesday, December 13, 2017 2:14 PM
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: FW: Settings locks

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Lynda Zeller (Michigan content expert: Belinda Hawks, Manager, Federal Compliance, Michigan).

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603.931.0344- cell

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Kennedy, Alice

From: Skaflestad, Shawn
Sent: Wednesday, June 20, 2018 4:21 PM
To: McFadden, Clare; Aranoff, Susan
Subject: RE: Home and Community-Based Settings Rules

Hi Susan,

I am not directly involved with this issue – but will follow up with the appropriate DAIL and AHSCO staff to see that you get a timely response to your request.

Best,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).
(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: McFadden, Clare
Sent: Wednesday, June 20, 2018 1:56 PM
To: Aranoff, Susan <Susan.Aranoff@vermont.gov>
Cc: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Subject: RE: Home and Community-Based Settings Rules

Hi Susan- I am forwarding your request to Shawn Skaflestad who is the lead for DVHA in our communications with CMS.

From: Aranoff, Susan
Sent: Wednesday, June 20, 2018 9:00 AM
To: McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: Home and Community-Based Settings Rules

Good morning Clare,

It was nice to see you last week. I am writing to follow-up on the discussions regarding the State's HCBS correspondence. Can you please send links for the letter(s) from the State regarding its implementation plans including any seeking variances or exceptions as well as the federal replies?

Thanks,

Sue

Susan L. Aranoff

Senior Planner and Policy Analyst
Vermont Developmental Disabilities Council
322 Industrial Lane
Berlin, Vermont 05633-0206

802.828.1311

Susan.Aranoff@Vermont.gov

Kennedy, Alice

From: McFadden, Clare
Sent: Wednesday, June 20, 2018 1:56 PM
To: Aranoff, Susan
Cc: Skaflestad, Shawn
Subject: RE: Home and Community-Based Settings Rules

Hi Susan- I am forwarding your request to Shawn Skaflestad who is the lead for DVHA in our communications with CMS.

From: Aranoff, Susan
Sent: Wednesday, June 20, 2018 9:00 AM
To: McFadden, Clare <Clare.McFadden@vermont.gov>
Subject: Home and Community-Based Settings Rules

Good morning Clare,

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Thanks,
Sue

Susan L. Aranoff

Senior Planner and Policy Analyst
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322 Industrial Lane
Berlin, Vermont 05633-0206

802.828.1311
Susan.Aranoff@Vermont.gov

Kennedy, Alice

From: Aranoff, Susan
Sent: Wednesday, June 20, 2018 9:00 AM
To: McFadden, Clare
Subject: Home and Community-Based Settings Rules

Good morning Clare,

It was nice to see you last week. I am writing to follow-up on the discussions regarding the State's HCBS correspondence. Can you please send links for the letter(s) from the State regarding its implementation plans including any seeking variances or exceptions as well as the federal replies?

Thanks,
Sue

Susan L. Aranoff

Senior Planner and Policy Analyst
Vermont Developmental Disabilities Council
322 Industrial Lane
Berlin, Vermont 05633-0206

802.828.1311
Susan.Aranoff@Vermont.gov

Kennedy, Alice

From: Skaflestad, Shawn
Sent: Wednesday, March 07, 2018 4:00 PM
To: Tierney-Ward, Megan; Courcelle, Andre; McFadden, Clare; Harrigan, Emma; Reed, Frank; Singer, Patricia; Omland, Laurel; Robson, Dana; O'Neill, Chris; Clark, Bill
Subject: FW: Vermont Statewide Transition Plan - CMS feedback for final approval
Attachments: Vermont STP Final Approval Activities March 7, 2018.docx

Hi All,

During our March 21st meeting, I would like to share updates on progress, review the CMS email below, and agree on next steps. To get things started on the latter two topics, I went through the CMS email and pulled out what I believe are the 19 activities standing between us and final approval (attached). Before we meet on the 21st please go through the email and identify any activities that I might have missed. If we are able to agree on the activities ahead of time – we can spend more time during our meeting discussing possible implications.

Thank you,

Shawn

From: Richardson, Ondrea D. (CMS/CMCS) <ondrea.richardson@cms.hhs.gov>
Sent: Thursday, March 01, 2018 12:04 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>; Hickman, Selina <Selina.Hickman@vermont.gov>; MacKenzie, Michele (CMS/CMCS) <Michele.MacKenzie@cms.hhs.gov>; Lowe, Serena (ACL) <Serena.Lowe@acl.hhs.gov>; Francis, Crystal (CMS/CMCHO) <Crystal.Francis@cms.hhs.gov>; Inuss@neweditions.net; Beasley, Michelle (CMS/CMCHO) <Michelle.Beasley@cms.hhs.gov>; Hill, Amanda C. (CMS/CMCS) <Amanda.Hill@cms.hhs.gov>; cdiehl@neweditions.net; Richardson, Ondrea D. (CMS/CMCS) <ondrea.richardson@cms.hhs.gov>
Subject: Vermont Statewide Transition Plan - CMS feedback for final approval

Hi Shawn,

I would like to take this opportunity to introduce myself and to inform you that I will be working with you on the STP moving forward.

As a follow up to your initial approval, please see below additional CMS feedback to assist the state with final approval of the STP. Please let us know when you are available to discuss any questions or concerns you might have. Also please share this email with any other members of your team who may need it.

[PLEASE NOTE: It is anticipated that the state will need to go out for public comment once these changes are made and prior to resubmitting to CMS for consideration of final approval. The state is requested to provide a timeline and anticipated date for resubmission as soon as possible.]

Date of STP Submission: 11/30/2017

Person-Centered Planning

CMS requests the state clarify in the CQS that Person-Centered Planning criteria do not have a phase-in allowance; these criteria were effective March 17, 2014.

Site-Specific Settings Assessment Process

- The STP is silent regarding the number of settings to be assessed for each service population group with the exception of Developmental Disability Services. Please provide the total number of settings subject to the HCBS Settings Rule by specialized service population group.
- **Group Non-residential Settings:** *As a reminder, any setting in which individuals are clustered or grouped together for the purposes of receiving HCBS must be assessed and validated by the state for compliance with the rule. This includes all group residential and non-residential settings (including but not limited to prevocational services, group supported employment and group day habilitation activities). The state may presume that any setting where individualized services are being provided in typical community settings comport with the rule.* The STP indicates that except for limited instances found in the DDS service system, the state does not support disability specific or segregated day treatment centers or programs. ***Please confirm that the STP accurately includes all group residential and non-residential settings in its assessment and validation activities.***
- **Provider Self-Assessment Surveys:** The state has developed electronic surveys and provided links to the survey tools. The STP does not provide information regarding the state’s strategy to ensure each setting has completed a self-assessment. The STP states “To increase the response rate, a process will be created to follow-up with providers failing to meet requested response timeframes. Based on the results of the survey, an authorized representative of each provider will attest in writing whether they believe that their organization’s rules and policies are either fully compliant with the new rules or that remediation is necessary (p.13).”
 - Please confirm in the STP that providers completed a distinct self-assessment for each individual setting providing Medicaid-funded HCBS.
 - Please confirm the self-assessment process evaluates the experience of individual’s receiving HCBS in each setting.
- **Individual, Private Homes:** The state may make the presumption that privately-owned or rented homes and apartments of people living with family members, friends, or roommates meet the HCBS settings criteria if they are integrated in typical community neighborhoods where people who do not receive HCBS also reside. A state will generally not be required to verify this presumption. However, the state must outline what it will do to monitor compliance of this category of settings with the regulatory criteria over time. Note, settings where the beneficiary lives in a private residence owned by an unrelated caregiver (who is paid for providing HCBS services to the individual) are considered provider-owned or controlled settings and should be evaluated as such.

Validation of HCBS Settings

States are responsible for assuring that all HCBS settings comply with the settings criteria. States may use a combination of various strategies to assure that each setting is properly validated (including but not limited to state onsite visits; data collection on beneficiary experiences and consumer feedback; leveraging of existing case management, licensing & certification, and quality management review processes; partnerships with other federally-funded state entities, including but not limited to Developmental Disability and aging networks; and state review of data from operational entities, such as managed care organizations (MCOs) or regional boards/entities, provider policies, consumer surveys, and feedback from external stakeholders), so long as compliance with each individual setting is validated by at least one methodology beyond the provider self-assessment.

The STP indicates the state will develop a plan to validate the results of the provider-specific self-assessment during Phase 2 due 12/31/16. “At this time, the state plans to validate the results using a mixed-methods approach – using

consumer survey as well as data from related oversight and monitoring activities that use a variety of desk and onsite review methodologies and tools (p. 12).”

- Please include additional details in the STP about the state’s plan to validate the provider self-assessments, and how the state will assure that each setting providing Medicaid-funded HCBS will be assessed and validated, using at least one independent validation strategy.
- Please provide information in the STP about the state’s plan for site visits, including the number of settings to receive site visits and when and how they will occur.

Reporting of Setting Validation Results: Once the state’s validation activities have been completed, please provide an updated chart of the number of sites falling into categories of compliance (fully compliant with the settings criteria, could come into full compliance with modifications, cannot comply with the federal settings criteria, or are presumptively institutional in nature).

Remediation Strategies

- **Site-Specific Remediation:** The STP indicates that “Providers that indicate that remediation is necessary will be required to submit a Corrective Action Plan to the State within 30 days of submission of the provider self-assessment. The State will work with providers, through a corrective action process, to improve the quality of care and the setting characteristics to align with State and federal HCBS standards (p. 13).” Please provide the following additional information:
 - Describe the process that the state will take to assure that any discrepancies between the consumer responses and/or other validation strategy and provider self-assessments are addressed.
 - Describe in more detail what state strategies will be employed to support site-specific remediation.
 - Describe the process the state will employ to track progress with site-specific corrective action plans to ensure HCBS settings will achieve compliance by the March 2022 deadline.

Communication with and Support to Beneficiaries when a Provider will not be Compliant

Please provide a detailed strategy for assisting participants receiving services from providers not willing or able to come into compliance by the end of the transition period. CMS asks that Vermont include the following details of this process in the state’s next installation of its STP:

- Please include a timeline and a description of the processes for assuring that beneficiaries, through the person-centered planning process, will be given the opportunity, the information and the supports necessary to make an informed choice among options for continued service provision, including in an alternate setting that aligns, or will align by the end of the transition period, with the regulation. CMS requests that this description and timeline specifically explain how the state intends to assure beneficiaries that they will be provided sufficient communication and support including options among compliant settings, and assurance that there will be no disruption of services during the transition period.
- Please provide an estimate of the number of individuals who may need assistance in this regard.

Non-Disability Specific Settings: Please provide clarity on the manner in which the state will ensure that beneficiaries have access to services in non-disability specific settings among their service options for both residential and non-residential services. The STP should also indicate the steps the state is taking to build capacity among providers to increase access to non-disability specific setting options across home and community-based services.

Ongoing Monitoring of Settings

The STP indicates “The state will monitor progress on Corrective Action Plans and will also begin routine monitoring of compliance with the requirements of the new rules during the Transition period for providers for whom no Corrective

Action Plan is in effect. *Monitoring of compliance with the HCBS Final Rule will occur long after the March 17, 2019, federal implementation date. On an ongoing basis, the state will ensure effective monitoring of provider settings to support continued compliance with all applicable HCB settings requirements. The Vermont Managed Care Entity (MCE) will have primary operational responsibility for monitoring, with oversight from AHS and an External Quality Review Organization. MCE staff will monitor member experience and compliance with HCB settings requirements by modifying its current monitoring/oversight tools to include the new HCBS requirements. If the MCE 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 CAP, to address the issue. The provider will submit periodic updates to the MCE on the status of implementation. AHS and an External Quality Review Organization will be responsible for overseeing the MCE and will ensure that they adhere to all applicable CMS guidance (page 15). “*

- Please add information on the estimated timeframes for implementing each element of the oversight and monitoring plan.

Heightened Scrutiny

As a reminder, the state must clearly lay out its process for identifying settings that are presumed to have the qualities of an institution. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit information, the institutional presumption will stand and the state must describe the process for determining next steps for the individuals involved. Please only submit those settings under heightened scrutiny that the state believes will overcome any institutional characteristics and can comply with the federal settings criteria. There are state examples of heightened scrutiny processes available upon request, as well as several tools and sub-regulatory guidance on this topic available online at <http://www.medicaid.gov/HCBS>.

- Please include further details about the criteria or deciding factors that will be used consistently across reviewers to make a final determination regarding whether or not to move a setting forward to CMS for heightened scrutiny review.

Milestones

A milestone template has been completed by CMS with timelines identified in the STP and has been sent to the state for review. CMS requests that the state review the information in the template and send the updated document to CMS. The chart should reflect anticipated milestones for completing systemic remediation, settings assessment and remediation, heightened scrutiny, communications with beneficiaries and ongoing monitoring of compliance.

Ondrea D. Richardson

Health Insurance Specialist | Centers for Medicare & Medicaid Services | Center for Medicaid & CHIP Services | Disabled and Elderly Health Programs Group | Division of Long Term Services and Supports
7500 Security Boulevard | Baltimore, MD 21244-1850 | PHONE: 410-786-4606 | ✉: Ondrea.Richardson@cms.hhs.gov



Kennedy, Alice

From: O'Neill, Chris
Sent: Tuesday, January 03, 2017 2:53 PM
To: Hamilton, Kathleen
Subject: Re: Survey

Thanks Kathy Happy New Year to you too!

Chris

Sent from my iPhone

On Jan 3, 2017, at 2:40 PM, Hamilton, Kathleen <Kathleen.Hamilton@vermont.gov> wrote:

No problem - it was the holidays and this was my first opportunity to get back to it anyway. Your response matched my thinking. I will proceed accordingly. Happy New Year! Kathy

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On Tue, Jan 3, 2017 at 2:34 PM -0500, "O'Neill, Chris" <Chris.ONeill@vermont.gov> wrote:

Hi Kathy,

Sorry about that, I meant to reply a couple of times but got distracted by something else and didn't get to it.

I agree that the individuals in Supervised/supported living who own /lease/rent their own place should be left off because they have total control over their space & as you said we have little to no influence.

Having individuals in places they own/lease/rent with paid 24/7 staff should be similar but I think it depends on the relationship with the staff & their role. If the 24 hour staff took a role similar to a SLP then we might want to look at it but in general I'd say they should also be excluded.

I also think anyone under Act 248 or other restrictions needs to be included so that we are ensuring they have as much opportunity for choice making that is safely allowed.

Hopefully this is helpful.

Thanks,
Chris

Sent from my iPhone

On Jan 3, 2017, at 12:20 PM, Hamilton, Kathleen <Kathleen.Hamilton@vermont.gov> wrote:

Hi Chris. Happy New Year! I didn't hear back from you on the questions below. I want to get the Survey Tool completed -at least the next draft...Can you let me know your thoughts? Thanks. Kathy

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From: Hamilton, Kathleen <kathleen.hamilton@vermont.gov>

Sent: Friday, December 16, 2016 3:47 PM

Subject: Survey

To: O'Neill, Chris <chris.oneill@vermont.gov>

Hi Chris. Roy asked me to ask you the following question. I'm working on doing a survey tool just for DS. I left Supervised Living off, since the environments are homes leased or owned by the individual and we would have no control over their environment. Would you agree with that, or am I missing something? And if you agree, what does that mean for the 24/7 staffed apts. where the individual leases their own place? Would comments regarding 24/7 be only for agency- owned homes, or for those that the agency totally controls (such as for an Act 248 sex offender)? Thanks for your help!
Kathy

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Kennedy, Alice

From: Skaflestad, Shawn
Sent: Thursday, December 07, 2017 1:33 PM
To: Tierney-Ward, Megan; Courcelle, Andre; McFadden, Clare; Harrigan, Emma; Omland, Laurel; Reed, Frank; Clark, Bill
Cc: Hutt, Monica; Bailey, Melissa; Hickman, Selina; Mohlman, Mary Kate; Gustafson, Cory
Subject: Thank you for your hard work!
Attachments: VT Initial Approval.pdf

Megan, Andre, Clare, Emma, Frank, Laurel, and Bill,

Congratulations! Please see the attached correspondence from CMS indicating that Vermont has received Initial Approval of its CQS/STP. I really appreciate the effort you have given to this project. Your contributions as a member of Vermont's HCBS Implementation team is directly responsible for this outcome. I look forward to continuing to work with you on the next iteration of this document and obtaining final approval.

Thanks again for all your time, energy, and effort!

Shaun

From: Loehr, Jessica S. (CMS/CMCS) [mailto:Jessica.Loehr@cms.hhs.gov]
Sent: Thursday, December 07, 2017 10:14 AM
To: Gustafson, Cory <Cory.Gustafson@vermont.gov>
Cc: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>; Hickman, Selina <Selina.Hickman@vermont.gov>; Francis, Crystal (CMS/CMCHO) <Crystal.Francis@cms.hhs.gov>; MacKenzie, Michele (CMS/CMCS) <Michele.MacKenzie@cms.hhs.gov>; Lowe, Serena (ACL) <Serena.Lowe@acl.hhs.gov>; Hill, Amanda C. (CMS/CMCS) <Amanda.Hill@cms.hhs.gov>; Beasley, Michelle (CMS/CMCHO) <Michelle.Beasley@cms.hhs.gov>; Failla, George P. (CMS/CMCS) <George.Failla@cms.hhs.gov>; Lollar, Ralph F. (CMS/CMCS) <Ralph.Lollar@cms.hhs.gov>; Cummins, Susan K. (CMS/CMCHO) <Susan.Cummins@cms.hhs.gov>; Christin Diehl <CDiehl@neweditions.net>; Laura Nuss <LNuss@neweditions.net>
Subject: Vermont STP Initial Approval Letter

Mr. Gustafson,

I have attached a scanned copy of a letter granting initial approval to the Vermont HCBS Statewide Transition Plan. The hard copy of this letter has also been sent via US Mail. The CMS STP team thanks you and your team for your continued efforts to address the HCBS Settings Rule through the Statewide Transition Plan process. It has been a pleasure working with Vermont and I look forward to the continued collaboration to come. If you have any questions or concerns please do not hesitate to contact me at the information below.

Thank you,

Jessica Loehr
Health Insurance Specialist
Division of Long Term Services and Supports
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services

jessica.loehr@cms.hhs.gov

(p) 410.786.4138

Kennedy, Alice

From: O'Neill, Chris
Sent: Wednesday, January 17, 2018 11:20 AM
To: Nunemaker, Jeffrey
Subject: RE: Today

Hi Jeff,

That's definitely fine.

I do have a task for you. I don't know if you got a chance to read the e-mail I sent out yesterday about the verification of the HCBS responses from the agencies and that we need to tweak what we're doing. The long and short of it is that we're pretty much OK with what we're doing, the issue is one of timing and the fact that we need to have this done for all agencies by the end of June so we can put a report together for 9/17/18. What we talked about yesterday was a 15% sample of all people receiving the specific service that was part of the survey/rules and settings. So 15% of people in SLP residential, 15% of people in group living situations both staffed and contract (group homes, staffed homes etc.) We also need to ask questions to 15% of people receiving community, even if it's not congregate.

I'm going back and making sure we have at least 15% of the population receiving these supports from the NKHS and LCMH sample. I need you to look at the HCRS sample and make sure we have the % for this as well. I'm sure we will be OK looking at a general 15% sample of people but need the numbers for the report out to CMS.

Let me know if you have any questions.

Thanks,

Chris

Christopher M. O'Neill
Quality Management Team Leader
Developmental Disabilities Services Division (DDSD)
(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

From: Nunemaker, Jeffrey
Sent: Wednesday, January 17, 2018 7:54 AM
To: O'Neill, Chris <Chris.ONeill@vermont.gov>
Subject: Today

Hi Chris,

[REDACTED]

[REDACTED]
Jeff

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Kennedy, Alice

From: O'Neill, Chris
Sent: Wednesday, April 25, 2018 2:07 PM
To: McFadden, Clare
Subject: updated DDSD 12 Action items for HCBS Settings Rules
Attachments: DDSD 12 Action items.docx; NKHS HCBS Validation Report.docx

Hi Clare,

Please find attached the updated copy of the DDSD 12 Action Items we went over earlier today. I also attached a copy of the NKHS HCBS validation report I put together for NKHS. As we talked about, I didn't include it with the QSR so do need to modify it in terms of how we will get the plan of correction and send it out to them.

Thanks,

Chris

Christopher M. O'Neill
Quality Management Team Leader
Department of Disabilities Aging and Independent Living (DAIL)
Developmental Disabilities Services Division (DDSD)
Waterbury State Office Complex
Waterbury, Vermont 05671-2030
(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

Kennedy, Alice

From: O'Neill, Chris
Sent: Wednesday, April 25, 2018 2:07 PM
To: McFadden, Clare
Subject: updated DDSD 12 Action items for HCBS Settings Rules
Attachments: DDSD 12 Action items.docx; NKHS HCBS Validation Report.docx

Hi Clare,

Please find attached the updated copy of the DDSD 12 Action Items we went over earlier today. I also attached a copy of the NKHS HCBS validation report I put together for NKHS. As we talked about, I didn't include it with the QSR so do need to modify it in terms of how we will get the plan of correction and send it out to them.

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Chris

Christopher M. O'Neill
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Developmental Disabilities Services Division (DDSD)
Waterbury State Office Complex
Waterbury, Vermont 05671-2030
(802) 241-0332; Cell: (802) 793-4213
Fax: (802) 241-0410

Kennedy, Alice

From: Gerstenberger, Roy
Sent: Wednesday, December 07, 2016 1:05 PM
To: O'Neill, Chris
Subject: Verification Reviews for HCBS Rules
Attachments: Provider Survey Sample.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Hello Chris,

Attached is the survey that Oregon used for their providers. I'm sharing it because it appears to be a simple format that might lend itself in format or content to use by the QR team as we move to verification of application of the rules.

ROY GERSTENBERGER, Director

Lisa Parro, Executive Assistant: lisa.parro@vermont.gov

Developmental Disabilities Services Division

Department of Disabilities, Aging and Independent Living

280 State Drive, HC 2 South

Waterbury, VT 05671-2030

802-241-0295 office/802-798-2000 cell

Find us on  <https://www.facebook.com/vtddsd/>



July 18, 2016

Monica Caserta Hutt, Commissioner
Vermont Department of Disabilities, Aging and Independent Living
Commissioner's Office
HC 2 South
280 State Drive
Waterbury, VT 05671-2020

Dear Commissioner Hutt:

On behalf of the members of the VNAs of Vermont, I respectfully submit these comments regarding the federal Home and Community Based Service Rules/Case Management Standards that DAIL and CMS are negotiating. As I understand it, the federal guidance suggests that in some instances the same entity cannot provide case management and direct services under Choices for Care. I understand that you will be submitting a letter to CMS shortly on this subject. Since it is not possible to meet with you before the letter is submitted to CMS, you suggested that the VNAs of Vermont submit written comments to you.

As you know, the VNAs of Vermont members provide both case management and direct services under Choices for Care. We believe this policy benefits Vermonters served by the CFC program and the state and should not be changed for the following reasons:

Vermonters are protected and are well served by the existing policy

- DAIL LTCCCs complete initial clinical assessments with the client and provide options counseling related to both case management agencies. HHAs then work in partnership with DAIL who approves the Plan of Care so there is an excellent "checks and balances" system. Home health agencies are not unregulated.
- CMS has always stated that the participant needs to have a choice of case manager, so that would require another agency besides the AAA. If home health agencies were excluded, patients would not have a choice of provider.
- Client coordination/care is significantly better when both our homecare and LTC staff are in the clients' home, as we both work together. Our case management services are supported by homecare staff (SN/PT), which is invaluable to the client.
- About 50 percent of the case management is now done in Vermont by AAAs. When DAIL compares the Plans of Care from those AAA case managers to those of the HHA case managers, they do not see differences that would indicate the HHAs have a conflict and are steering the Plan of Care one way or another.
- DAIL provides the training for all case managers including HHA case managers.

It is not financially viable for HHAs to continue CFC without Case Management

- The main source of revenue for HHAs in Choices for Care is from case management. Even with case management, HHAs currently lose money on serving Choices for Care clients. It is not financially viable for the HHAs to continue providing PCA and homemaker services only. HHAs strongly support the CFC program and we are proud of the services we provide Vermonters under this program and want to continue. One option some HHAs might reluctantly have to consider is to keep case management and no longer offer the other services.

There are many instances in Vermont where providers perform case management and provide direct services

- Both the mental health system and the developmental services systems rely entirely on case managers who work for the DA's, the same agencies that provide all direct services, and this has been the case for at least 20 years, under a waiver approved by CMS.
- The CFC program is also approved in its current form under the Global Commitment waiver. We believe these conflict provisions are officially waived by CMS until the waivers are changed, which would have an enormous impact on mental health and DS, probably more so than CFC.
- Why is this process different when compared to the physician who cares for the patient in his or her office and is also the case manager, coordinating all the referrals for care?
- The AAAs are providers of Options Counseling where they are working with individuals and their families to explore and evaluate the various options of long term care services and supports in Vermont. The individual is not only deciding what they may want but also who they want to seek the services and supports from, one of whom could be the AAA's themselves.
- The AAAs may be providers of CFC services since they provide senior companion services and they authorize and deliver meals, which may become part of CFC. If the AAAs provide services then presumably they wouldn't be able to perform case management either. A few other programs that AAAs offer include money management program, senior helpline and an elder care clinician, all of which are outside the CFC waiver but they can self-refer as part of CFC case management.

The state will lose revenue if HHAs are not allowed to do case management

- The home health provider tax is imposed on revenue the home health agencies receive for performing CFC case management services. AAAs do not pay the provider tax on the case management services they provide. If the revenue were removed from the home health agencies, the state would lose the tax revenue plus federal match. DAIL reports that in FY15, the revenue to the HHAs from case management was \$2.354 million. A 3.63 percent provider tax on \$2.354 million generates \$85,450 for the state, which would qualify for a federal match so *the state would lose about double that amount.*

The existing policy is consistent with Vermont's health care reform efforts

- Health care reform efforts promote continuity of care and are trying to break down the silos. Separating the person who did the assessment and worked with the patient to plan the care from the people who then provide the care, is simply creating division. This also does not appear to conform with the movement to ACOs, coordinated managed care and payment reform.

Thank you for considering these comments. We would welcome the opportunity to meet and discuss this issue in more depth with you at the August 12th Home Care Council meeting. In the meantime, please call with questions or if the VNAs of Vermont can provide more information.

Sincerely,

A handwritten signature in blue ink that reads "Sandy Rousse". The signature is written in a cursive, flowing style.

Sandy Rousse
CEO & President of Central Vermont Home Health and Hospice and
President of the VNAs of Vermont

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

December 5, 2017

Mr. Cory Gustafson
Commissioner
State of Vermont, Department of Vermont Health Access
280 State Drive
Waterbury, Vermont 05671-1010

Dear Mr. Gustafson:

This letter is to inform you that CMS is granting Vermont **initial approval** of its Statewide Transition Plan (STP) to bring settings into compliance with the federal home and community-based services (HCBS) regulations found at 42 CFR Section 441.301(c)(4)(5) and Section 441.710(a)(1)(2). Approval is granted because the state has completed its systemic assessment; included the outcomes of this assessment in the STP; clearly outlined remediation strategies to rectify issues that the systemic assessment uncovered, such as legislative/regulatory changes and changes to vendor agreements and provider applications; and is actively working on those remediation strategies. Additionally, the state submitted the March 2017 draft of the STP for a 30-day public comment period, made sure information regarding the public comment period was widely disseminated, and responded to and summarized the comments in the STP submitted to CMS on July 31, 2017.

After reviewing the March 2017 draft submitted by the state on July 31, 2017, CMS provided additional feedback on October 5, 2017 requesting that the state make several technical corrections in order to receive initial approval. These changes did not necessitate another public comment period. The state subsequently addressed all issues in an updated version on November 17, 2017. These changes are summarized in Attachment I of this letter. The state's responsiveness in addressing CMS' remaining concerns related to the state's systemic assessment and remediation expedited the initial approval of its STP.

In order to receive final approval of Vermont's STP, the state will need to complete the following remaining steps and submit an updated STP with this information included:

- Complete comprehensive site-specific assessments of all home and community-based settings, implement necessary strategies for validating the assessment results, and include the outcomes of these activities within the STP;
- Draft remediation strategies and a corresponding timeline that will resolve issues that the site-specific settings assessment process and subsequent validation strategies identified

by the end of the home and community-based settings rule transition period (March 17, 2022);

- Outline a detailed plan for identifying settings that are presumed to have institutional characteristics as well as the proposed process for evaluating these settings and preparing for submission to CMS for review under heightened scrutiny;
- Develop a process for communicating with beneficiaries who are currently receiving services in settings that the state has determined cannot or will not come into compliance with the home and community-based settings rule by March 17, 2022; and
- Establish ongoing monitoring and quality assurance processes that will ensure all settings providing HCBS continue to remain fully compliant with the rule in the future.

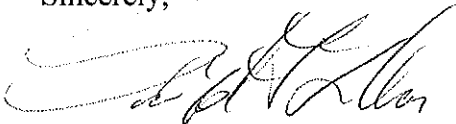
While the state of Vermont has made much progress toward completing each of these remaining components, there are several technical issues that must be resolved before the state can receive final approval of its STP. CMS will be providing detailed feedback about these remaining issues shortly. Additionally, prior to resubmitting an updated version of the STP for consideration of final approval, the state will need to issue the updated STP out for a minimum 30-day public comment period.

Upon review of this detailed feedback, CMS requests that the state please contact Michele MacKenzie (410-786-5929 or Michele.MacKenzie@cms.hhs.gov) or Jessica Loehr (410-786-4138 or Jessica.Loehr@cms.hhs.gov) at your earliest convenience to confirm the date that Vermont plans to resubmit an updated STP for CMS review and consideration of final approval.

It is important to note that CMS' initial approval of an STP solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

I want to personally thank the state for its efforts thus far on the HCBS Statewide Transition Plan. CMS appreciates the state's completion of the systemic review and corresponding remediation plan with fidelity, and looks forward to the next iteration of the STP that addresses the remaining technical feedback that is forthcoming.

Sincerely,



Ralph F. Lollar, Director
Division of Long Term Services and Supports

ATTACHMENT I.

SUMMARY OF TECHNICAL CHANGES MADE BY STATE OF VERMONT TO ITS SYSTEMIC ASSESSMENT & REMEDIATION STRATEGY AT REQUEST OF CMS IN UPDATED HCBS STATEWIDE TRANSITION PLANS DATED 11/17/17

- **Public Notice:** CMS asked the state to submit its responses to public comments from the most recent public comment period in the updated STP.

State's Response: The state submitted the detailed public comment review in its latest submission, dated November 17, 2017.

- **Waivers Included in the STP:** CMS asked the state to verify that the Palliative Care Program is included in one of these crosswalks or to explain why it is not included.

State's Response: The state added language to the STP indicating that the Palliative Care Program is only eligible to children living in their own homes and indicating that VT presumes they meet the criteria of the HCBS settings rule.

- **Systemic Assessment and Remediation:**

- CMS asked the state to make sure all links for reviewed state policies are active and accurate so that the documents can be located.

State's Response: The state updated the STP to ensure that all links are active and accurate so that the documents can be located.

- CMS asked the state to specify timeframes for respite and to note the process for authorizing respite if allowed for more than 30 days.

State's Response: Vermont edited the CQS/STP to specify timeframes for respite for each program. Where applicable, processes for authorizing respite for more than 30 days are included (Medicaid Comprehensive Quality Strategy, p.7).

- For the Traumatic Brain Injury (TBI) Waiver, CMS asked for clarification that the state's remediation will bring the program into compliance with the final rule by including the settings criteria.

State's Response: Vermont edited the TBI work plan to clarify that its remediation will bring the program into compliance with the final rule by including the settings criteria.

- CMS asked the state to clarify how they will ensure that any use of restrictive interventions within its TBI waiver will be handled and documented via the person-centered planning process.

State's Response: The state responded that they plan to use their existing TBI quality review process to make certain that any use of restrictive interventions will be handled and documented via the person-centered planning process, following the criteria in 42 CFR 441.301(c)(viii)(A) through (H). Vermont updated the TBI Work Plan to note that the provider manuals will include language for modification to the HCBS settings criteria.

Kennedy, Alice

From: McFadden, Clare
Sent: Thursday, March 08, 2018 1:51 PM
To: Bascom, June; O'Neill, Chris
Subject: FW: Vermont Statewide Transition Plan - CMS feedback for final approval
Attachments: Vermont STP Final Approval Activities March 7, 2018.docx

June- if you look below under validation of HCBS settings, it does appear that CMS will allow data sources other than a specific site visit to verify HCBS compliance. The example I highlighted would seem to cover use of NCI data. So, I think it will work as long as the data collected via NCI answers all the questions we need answered. Chris and I will be meeting on the 21st with the group and we will verify that we can proceed with that plan.

From: Skaflestad, Shawn
Sent: Wednesday, March 07, 2018 4:00 PM
To: Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Harrigan, Emma <Emma.Harrigan@vermont.gov>; Reed, Frank <frank.reed@vermont.gov>; Singer, Patricia <Patricia.Singer@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Robson, Dana <Dana.Robson@vermont.gov>; O'Neill, Chris <Chris.ONeill@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>
Subject: FW: Vermont Statewide Transition Plan - CMS feedback for final approval

Hi All,

During our March 21st meeting, I would like to share updates on progress, review the CMS email below, and agree on next steps. To get things started on the latter two topics, I went through the CMS email and pulled out what I believe are the 19 activities standing between us and final approval (attached). Before we meet on the 21st please go through the email and identify any activities that I might have missed. If we are able to agree on the activities ahead of time – we can spend more time during our meeting discussing possible implications.

Thank you,

Shawn

From: Richardson, Ondrea D. (CMS/CMCS) <ondrea.richardson@cms.hhs.gov>
Sent: Thursday, March 01, 2018 12:04 PM
To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>
Cc: Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>; Hickman, Selina <Selina.Hickman@vermont.gov>; MacKenzie, Michele (CMS/CMCS) <Michele.MacKenzie@cms.hhs.gov>; Lowe, Serena (ACL) <Serena.Lowe@acl.hhs.gov>; Francis, Crystal (CMS/CMCHO) <Crystal.Francis@cms.hhs.gov>; Inuss@neweditions.net; Beasley, Michelle (CMS/CMCHO) <Michelle.Beasley@cms.hhs.gov>; Hill, Amanda C. (CMS/CMCS) <Amanda.Hill@cms.hhs.gov>; cdiehl@neweditions.net; Richardson, Ondrea D. (CMS/CMCS) <ondrea.richardson@cms.hhs.gov>
Subject: Vermont Statewide Transition Plan - CMS feedback for final approval

Hi Shawn,

I would like to take this opportunity to introduce myself and to inform you that I will be working with you on the STP moving forward.

As a follow up to your initial approval, please see below additional CMS feedback to assist the state with final approval of the STP. Please let us know when you are available to discuss any questions or concerns you might have. Also please share this email with any other members of your team who may need it.

[PLEASE NOTE: It is anticipated that the state will need to go out for public comment once these changes are made and prior to resubmitting to CMS for consideration of final approval. The state is requested to provide a timeline and anticipated date for resubmission as soon as possible.]

Date of STP Submission: 11/30/2017

Person-Centered Planning

CMS requests the state clarify in the CQS that Person-Centered Planning criteria do not have a phase-in allowance; these criteria were effective March 17, 2014.

Site-Specific Settings Assessment Process

- The STP is silent regarding the number of settings to be assessed for each service population group with the exception of Developmental Disability Services. Please provide the total number of settings subject to the HCBS Settings Rule by specialized service population group.
- ***Group Non-residential Settings: As a reminder, any setting in which individuals are clustered or grouped together for the purposes of receiving HCBS must be assessed and validated by the state for compliance with the rule. This includes all group residential and non-residential settings (including but not limited to prevocational services, group supported employment and group day habilitation activities). The state may presume that any setting where individualized services are being provided in typical community settings comport with the rule.*** The STP indicates that except for limited instances found in the DDS service system, the state does not support disability specific or segregated day treatment centers or programs. ***Please confirm that the STP accurately includes all group residential and non-residential settings in its assessment and validation activities.***
- ***Provider Self-Assessment Surveys:*** The state has developed electronic surveys and provided links to the survey tools. The STP does not provide information regarding the state’s strategy to ensure each setting has completed a self-assessment. The STP states “To increase the response rate, a process will be created to follow-up with providers failing to meet requested response timeframes. Based on the results of the survey, an authorized representative of each provider will attest in writing whether they believe that their organization’s rules and policies are either fully compliant with the new rules or that remediation is necessary (p.13).”
 - Please confirm in the STP that providers completed a distinct self-assessment for each individual setting providing Medicaid-funded HCBS.
 - Please confirm the self-assessment process evaluates the experience of individual’s receiving HCBS in each setting.
- ***Individual, Private Homes:*** The state may make the presumption that privately-owned or rented homes and apartments of people living with family members, friends, or roommates meet the HCBS settings criteria if they are integrated in typical community neighborhoods where people who do not receive HCBS also reside. A state will generally not be required to verify this presumption. However, the state must outline what it will do to monitor compliance of this category of settings with the regulatory criteria over time. Note, settings where the beneficiary lives in a private residence owned by an unrelated caregiver (who is paid for providing HCBS services to the individual) are considered provider-owned or controlled settings and should be evaluated as such.

Validation of HCBS Settings

States are responsible for assuring that all HCBS settings comply with the settings criteria. States may use a combination of various strategies to assure that each setting is properly validated (including but not limited to state onsite visits; **data collection on beneficiary experiences and consumer feedback**; leveraging of existing case management, licensing & certification, and quality management review processes; partnerships with other federally-funded state entities, including but not limited to Developmental Disability and aging networks; and state review of data from operational entities, such as managed care organizations (MCOs) or regional boards/entities, provider policies, consumer surveys, and feedback from external stakeholders), so long as compliance with each individual setting is validated by at least one methodology beyond the provider self-assessment.

The STP indicates the state will develop a plan to validate the results of the provider-specific self-assessment during Phase 2 due 12/31/16. “At this time, the state plans to validate the results using a mixed-methods approach – using consumer survey as well as data from related oversight and monitoring activities that use a variety of desk and onsite review methodologies and tools (p. 12).”

- Please include additional details in the STP about the state’s plan to validate the provider self-assessments, and how the state will assure that each setting providing Medicaid-funded HCBS will be assessed and validated, using at least one independent validation strategy.
- Please provide information in the STP about the state’s plan for site visits, including the number of settings to receive site visits and when and how they will occur.

Reporting of Setting Validation Results: Once the state’s validation activities have been completed, please provide an updated chart of the number of sites falling into categories of compliance (fully compliant with the settings criteria, could come into full compliance with modifications, cannot comply with the federal settings criteria, or are presumptively institutional in nature).

Remediation Strategies

- **Site-Specific Remediation:** The STP indicates that “Providers that indicate that remediation is necessary will be required to submit a Corrective Action Plan to the State within 30 days of submission of the provider self-assessment. The State will work with providers, through a corrective action process, to improve the quality of care and the setting characteristics to align with State and federal HCBS standards (p. 13).” Please provide the following additional information:
 - Describe the process that the state will take to assure that any discrepancies between the consumer responses and/or other validation strategy and provider self-assessments are addressed.
 - Describe in more detail what state strategies will be employed to support site-specific remediation.
 - Describe the process the state will employ to track progress with site-specific corrective action plans to ensure HCBS settings will achieve compliance by the March 2022 deadline.

Communication with and Support to Beneficiaries when a Provider will not be Compliant

Please provide a detailed strategy for assisting participants receiving services from providers not willing or able to come into compliance by the end of the transition period. CMS asks that Vermont include the following details of this process in the state’s next installation of its STP:

- Please include a timeline and a description of the processes for assuring that beneficiaries, through the person-centered planning process, will be given the opportunity, the information and the supports necessary to make an informed choice among options for continued service provision, including in an alternate setting that aligns, or will align by the end of the transition period, with the regulation. CMS requests that this description and timeline specifically explain how the state intends to assure beneficiaries that they will be provided

sufficient communication and support including options among compliant settings, and assurance that there will be no disruption of services during the transition period.

- Please provide an estimate of the number of individuals who may need assistance in this regard.

Non-Disability Specific Settings: Please provide clarity on the manner in which the state will ensure that beneficiaries have access to services in non-disability specific settings among their service options for both residential and non-residential services. The STP should also indicate the steps the state is taking to build capacity among providers to increase access to non-disability specific setting options across home and community-based services.

Ongoing Monitoring of Settings

The STP indicates “The state will monitor progress on Corrective Action Plans and will also begin routine monitoring of compliance with the requirements of the new rules during the Transition period for providers for whom no Corrective Action Plan is in effect. *Monitoring of compliance with the HCBS Final Rule will occur long after the March 17, 2019, federal implementation date. On an ongoing basis, the state will ensure effective monitoring of provider settings to support continued compliance with all applicable HCB settings requirements. The Vermont Managed Care Entity (MCE) will have primary operational responsibility for monitoring, with oversight from AHS and an External Quality Review Organization. MCE staff will monitor member experience and compliance with HCB settings requirements by modifying its current monitoring/oversight tools to include the new HCBS requirements. If the MCE 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 CAP, to address the issue. The provider will submit periodic updates to the MCE on the status of implementation. AHS and an External Quality Review Organization will be responsible for overseeing the MCE and will ensure that they adhere to all applicable CMS guidance (page 15). “*

- Please add information on the estimated timeframes for implementing each element of the oversight and monitoring plan.

Heightened Scrutiny

As a reminder, the state must clearly lay out its process for identifying settings that are presumed to have the qualities of an institution. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit information, the institutional presumption will stand and the state must describe the process for determining next steps for the individuals involved. Please only submit those settings under heightened scrutiny that the state believes will overcome any institutional characteristics and can comply with the federal settings criteria. There are state examples of heightened scrutiny processes available upon request, as well as several tools and sub-regulatory guidance on this topic available online at <http://www.medicaid.gov/HCBS>.

- Please include further details about the criteria or deciding factors that will be used consistently across reviewers to make a final determination regarding whether or not to move a setting forward to CMS for heightened scrutiny review.

Milestones

A milestone template has been completed by CMS with timelines identified in the STP and has been sent to the state for review. CMS requests that the state review the information in the template and send the updated document to CMS. The chart should reflect anticipated milestones for completing systemic remediation, settings assessment and remediation, heightened scrutiny, communications with beneficiaries and ongoing monitoring of compliance.

Ondrea D. Richardson

Health Insurance Specialist | Centers for Medicare & Medicaid Services | Center for Medicaid & CHIP Services | Disabled and Elderly Health Programs Group | Division of Long Term Services and Supports
7500 Security Boulevard | Baltimore, MD 21244-1850 | PHONE: 410-786-4606 | ✉: Ondrea.Richardson@cms.hhs.gov



Kennedy, Alice

From: Skaflestad, Shawn
Sent: Wednesday, April 18, 2018 10:50 AM
To: Harrigan, Emma; Reed, Frank; Tierney-Ward, Megan; Courcelle, Andre; McFadden, Clare; Omland, Laurel; Clark, Bill; O'Neill, Chris; Robson, Dana; Singer, Patricia
Subject: RE: Vermont Statewide Transition Plan - CMS feedback for final approval
Attachments: VT Milestone Template 4_17_18.docx

Hi All,

Attached is the Milestone Template document with CMS feedback. As you can see – the only remaining dates they are asking for have to do with the Systemic Assessments (i.e., when they were completed, when 50% of the corrective actions were completed, and when 100% of the corrective actions were completed). I will have to go back through my files – but I should be able to provide the first date. Unless others have suggestions – I will provide estimates for both corrective action dates as well.

Please note that once I send these final pieces of information – CMS will enter the Milestones and Due Dates into a software tool and begin tracking the progress of our implementation (which includes sending reminder and past-due email notifications). For example – CMS will notify us at the end of August that our settings assessments and validation activities are due on September 17, 2018. During our **May 16th** meeting – we will discuss any concerns re: timely completion of this milestone – as well as those due on October 17th, November 17th, and January 17, 2019.

Thank you,

Shawn

From: Skaflestad, Shawn
Sent: Tuesday, April 10, 2018 4:44 PM
To: Harrigan, Emma <Emma.Harrigan@vermont.gov>; 'Reed, Frank' <frank.reed@vermont.gov>; Tierney-Ward, Megan <megan.tierney-ward@vermont.gov>; Courcelle, Andre <Andre.Courcelle@vermont.gov>; McFadden, Clare <Clare.McFadden@vermont.gov>; Omland, Laurel <Laurel.Omland@vermont.gov>; Clark, Bill <Bill.Clark@vermont.gov>; O'Neill, Chris <Chris.ONeill@vermont.gov>; Robson, Dana <Dana.Robson@vermont.gov>; Singer, Patricia <Patricia.Singer@vermont.gov>
Subject: FW: Vermont Statewide Transition Plan - CMS feedback for final approval

Hi Everyone – just wanted to let you know that I submitted the attached HCBS Milestone Template to CMS today (see below). I will be sure to share any feedback with you. Best,

Shawn

From: Skaflestad, Shawn
Sent: Tuesday, April 10, 2018 3:27 PM
To: 'Richardson, Ondrea D. (CMS/CMCS)' <ondrea.richardson@cms.hhs.gov>
Cc: Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>; 'MacKenzie, Michele (CMS/CMCS)' <Michele.MacKenzie@cms.hhs.gov>; 'Lowe, Serena (ACL)' <Serena.Lowe@acl.hhs.gov>; 'Francis, Crystal (CMS/CMCHO)' <Crystal.Francis@cms.hhs.gov>; 'Inuss@neweditions.net' <Inuss@neweditions.net>; 'Beasley, Michelle (CMS/CMCHO)' <Michelle.Beasley@cms.hhs.gov>; 'Hill, Amanda C. (CMS/CMCS)' <Amanda.Hill@cms.hhs.gov>;

'cdiehl@neweditions.net' <cdiehl@neweditions.net>; Berliner, Ashley <Ashley.Berliner@vermont.gov>

Subject: RE: Vermont Statewide Transition Plan - CMS feedback for final approval

Hi Ondrea,

I recently met with our HCBS Implementation team to review the feedback provided below. The group does not have any questions or concerns re: the contents of the email currently. I will be sure to reach out to you if any questions or concerns should arise in the future. Attached is Vermont's updated milestone template. The chart reflects milestones and anticipated dates for completing the following HCBS implementation activities: site-specific settings assessments, validation activities, heightened scrutiny, ongoing monitoring of compliance, remediation planning/implementation, communications with beneficiaries, and relocation.

Please note that after modifying the STP to address the feedback below, Vermont plans to post its updated STP for public comment here prior to resubmitting for consideration of final approval. Anticipated STP resubmission date is **January 17, 2019**. Please be sure to let me know if you would like to discuss any of the items contained in the attached template.

Regards,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).

(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: Skaflestad, Shawn

Sent: Wednesday, March 07, 2018 12:51 PM

To: 'Richardson, Ondrea D. (CMS/CMCS)' <ondrea.richardson@cms.hhs.gov>

Cc: Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>; MacKenzie, Michele (CMS/CMCS) <Michele.MacKenzie@cms.hhs.gov>; Lowe, Serena (ACL) <Serena.Lowe@acl.hhs.gov>; Francis, Crystal (CMS/CMCHO) <Crystal.Francis@cms.hhs.gov>; Inuss@neweditions.net; Beasley, Michelle (CMS/CMCHO) <Michelle.Beasley@cms.hhs.gov>; Hill, Amanda C. (CMS/CMCS) <Amanda.Hill@cms.hhs.gov>; cdiehl@neweditions.net; Berliner, Ashley <Ashley.Berliner@vermont.gov>

Subject: RE: Vermont Statewide Transition Plan - CMS feedback for final approval

Ondrea,

I will share this email with the members of Vermont's HCBS Implementation Team and be sure to get back in touch to discuss any questions or concerns we might have re: its contents. I look forward to working with you to obtain final approval of Vermont's STP.

Best,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410
Fax: 802-241-0450

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Cc: Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>; Hickman, Selina <Selina.Hickman@vermont.gov>; MacKenzie, Michele (CMS/CMCS) <Michele.MacKenzie@cms.hhs.gov>; Lowe, Serena (ACL) <Serena.Lowe@acl.hhs.gov>; Francis, Crystal (CMS/CMCHO) <Crystal.Francis@cms.hhs.gov>; lnuss@neweditions.net; Beasley, Michelle (CMS/CMCHO) <Michelle.Beasley@cms.hhs.gov>; Hill, Amanda C. (CMS/CMCS) <Amanda.Hill@cms.hhs.gov>; cdiehl@neweditions.net; Richardson, Ondrea D. (CMS/CMCS) <ondrea.richardson@cms.hhs.gov>
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[PLEASE NOTE: It is anticipated that the state will need to go out for public comment once these changes are made and prior to resubmitting to CMS for consideration of final approval. The state is requested to provide a timeline and anticipated date for resubmission as soon as possible.]

Date of STP Submission: 11/30/2017

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CMS requests the state clarify in the CQS that Person-Centered Planning criteria do not have a phase-in allowance; these criteria were effective March 17, 2014.

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- The STP is silent regarding the number of settings to be assessed for each service population group with the exception of Developmental Disability Services. Please provide the total number of settings subject to the HCBS Settings Rule by specialized service population group.

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 - Please confirm the self-assessment process evaluates the experience of individual’s receiving HCBS in each setting.
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The STP indicates the state will develop a plan to validate the results of the provider-specific self-assessment during Phase 2 due 12/31/16. “At this time, the state plans to validate the results using a mixed-methods approach – using consumer survey as well as data from related oversight and monitoring activities that use a variety of desk and onsite review methodologies and tools (p. 12).”

- Please include additional details in the STP about the state’s plan to validate the provider self-assessments, and how the state will assure that each setting providing Medicaid-funded HCBS will be assessed and validated, using at least one independent validation strategy.

- Please provide information in the STP about the state’s plan for site visits, including the number of settings to receive site visits and when and how they will occur.

Reporting of Setting Validation Results: Once the state’s validation activities have been completed, please provide an updated chart of the number of sites falling into categories of compliance (fully compliant with the settings criteria, could come into full compliance with modifications, cannot comply with the federal settings criteria, or are presumptively institutional in nature).

Remediation Strategies

- **Site-Specific Remediation:** The STP indicates that “Providers that indicate that remediation is necessary will be required to submit a Corrective Action Plan to the State within 30 days of submission of the provider self-assessment. The State will work with providers, through a corrective action process, to improve the quality of care and the setting characteristics to align with State and federal HCBS standards (p. 13).” Please provide the following additional information:
 - Describe the process that the state will take to assure that any discrepancies between the consumer responses and/or other validation strategy and provider self-assessments are addressed.
 - Describe in more detail what state strategies will be employed to support site-specific remediation.
 - Describe the process the state will employ to track progress with site-specific corrective action plans to ensure HCBS settings will achieve compliance by the March 2022 deadline.

Communication with and Support to Beneficiaries when a Provider will not be Compliant

Please provide a detailed strategy for assisting participants receiving services from providers not willing or able to come into compliance by the end of the transition period. CMS asks that Vermont include the following details of this process in the state’s next installation of its STP:

- Please include a timeline and a description of the processes for assuring that beneficiaries, through the person-centered planning process, will be given the opportunity, the information and the supports necessary to make an informed choice among options for continued service provision, including in an alternate setting that aligns, or will align by the end of the transition period, with the regulation. CMS requests that this description and timeline specifically explain how the state intends to assure beneficiaries that they will be provided sufficient communication and support including options among compliant settings, and assurance that there will be no disruption of services during the transition period.
- Please provide an estimate of the number of individuals who may need assistance in this regard.

Non-Disability Specific Settings: Please provide clarity on the manner in which the state will ensure that beneficiaries have access to services in non-disability specific settings among their service options for both residential and non-residential services. The STP should also indicate the steps the state is taking to build capacity among providers to increase access to non-disability specific setting options across home and community-based services.

Ongoing Monitoring of Settings

The STP indicates “The state will monitor progress on Corrective Action Plans and will also begin routine monitoring of compliance with the requirements of the new rules during the Transition period for providers for whom no Corrective Action Plan is in effect. *Monitoring of compliance with the HCBS Final Rule will occur long after the March 17, 2019, federal implementation date. On an ongoing basis, the state will ensure effective monitoring of provider settings to support continued compliance with all applicable HCB settings requirements. The Vermont Managed Care Entity (MCE) will have primary operational responsibility for monitoring, with oversight from AHS and an External Quality Review Organization. MCE staff will monitor member experience and compliance with HCB settings requirements by modifying its current monitoring/oversight tools to include the new HCBS requirements.* If the MCE 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 CAP, to address the issue. The provider will submit periodic updates to the MCE on the status of implementation. AHS and an External Quality Review Organization will be responsible for overseeing the MCE and will ensure that they adhere to all applicable CMS guidance (page 15). “

- Please add information on the estimated timeframes for implementing each element of the oversight and monitoring plan.

Heightened Scrutiny

As a reminder, the state must clearly lay out its process for identifying settings that are presumed to have the qualities of an institution. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit information, the institutional presumption will stand and the state must describe the process for determining next steps for the individuals involved. Please only submit those settings under heightened scrutiny that the state believes will overcome any institutional characteristics and can comply with the federal settings criteria. There are state examples of heightened scrutiny processes available upon request, as well as several tools and sub-regulatory guidance on this topic available online at <http://www.medicaid.gov/HCBS>.

- Please include further details about the criteria or deciding factors that will be used consistently across reviewers to make a final determination regarding whether or not to move a setting forward to CMS for heightened scrutiny review.

Milestones

A milestone template has been completed by CMS with timelines identified in the STP and has been sent to the state for review. CMS requests that the state review the information in the template and send the updated document to CMS. The chart should reflect anticipated milestones for completing systemic remediation, settings assessment and remediation, heightened scrutiny, communications with beneficiaries and ongoing monitoring of compliance.

Ondrea D. Richardson

Health Insurance Specialist | Centers for Medicare & Medicaid Services | Center for Medicaid & CHIP Services | Disabled and Elderly Health Programs Group | Division of Long Term Services and Supports
7500 Security Boulevard | Baltimore, MD 21244-1850 | PHONE: 410-786-4606 | ✉: Ondrea.Richardson@cms.hhs.gov



Kennedy, Alice

From: Skaflestad, Shawn
Sent: Tuesday, April 10, 2018 4:44 PM
To: Harrigan, Emma; Reed, Frank; Tierney-Ward, Megan; Courcelle, Andre; McFadden, Clare; Omland, Laurel; Clark, Bill; O'Neill, Chris; Robson, Dana; Singer, Patricia
Subject: FW: Vermont Statewide Transition Plan - CMS feedback for final approval
Attachments: Proposed VT HCBS Milestone Template April 10, 2018.pdf

Hi Everyone – just wanted to let you know that I submitted the attached HCBS Milestone Template to CMS today (see below). I will be sure to share any feedback with you. Best,

Shawn

From: Skaflestad, Shawn
Sent: Tuesday, April 10, 2018 3:27 PM
To: 'Richardson, Ondrea D. (CMS/CMCS)' <ondrea.richardson@cms.hhs.gov>
Cc: Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>; 'MacKenzie, Michele (CMS/CMCS)' <Michele.MacKenzie@cms.hhs.gov>; 'Lowe, Serena (ACL)' <Serena.Lowe@acl.hhs.gov>; 'Francis, Crystal (CMS/CMCHO)' <Crystal.Francis@cms.hhs.gov>; 'Inuss@neweditions.net' <Inuss@neweditions.net>; 'Beasley, Michelle (CMS/CMCHO)' <Michelle.Beasley@cms.hhs.gov>; 'Hill, Amanda C. (CMS/CMCS)' <Amanda.Hill@cms.hhs.gov>; 'cdiehl@neweditions.net' <cdiehl@neweditions.net>; Berliner, Ashley <Ashley.Berliner@vermont.gov>
Subject: RE: Vermont Statewide Transition Plan - CMS feedback for final approval

Hi Ondrea,

I recently met with our HCBS Implementation team to review the feedback provided below. The group does not have any questions or concerns re: the contents of the email currently. I will be sure to reach out to you if any questions or concerns should arise in the future. Attached is Vermont's updated milestone template. The chart reflects milestones and anticipated dates for completing the following HCBS implementation activities: site-specific settings assessments, validation activities, heightened scrutiny, ongoing monitoring of compliance, remediation planning/implementation, communications with beneficiaries, and relocation.

Please note that after modifying the STP to address the feedback below, Vermont plans to post its updated STP for public comment [here](#) prior to resubmitting for consideration of final approval. Anticipated STP resubmission date is **January 17, 2019**. Please be sure to let me know if you would like to discuss any of the items contained in the attached template.

Regards,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
Office: (802) 241-0961
Cell Phone: (802) 585-4410

Fax: 802-241-0450

Find out how Vermonters are doing with the [AHS Results Scorecard](#).

(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: Skaflestad, Shawn

Sent: Wednesday, March 07, 2018 12:51 PM

To: 'Richardson, Ondrea D. (CMS/CMCS)' <ondrea.richardson@cms.hhs.gov>

Cc: Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>; MacKenzie, Michele (CMS/CMCS) <Michele.MacKenzie@cms.hhs.gov>; Lowe, Serena (ACL) <Serena.Lowe@acl.hhs.gov>; Francis, Crystal (CMS/CMCHO) <Crystal.Francis@cms.hhs.gov>; Inuss@neweditions.net; Beasley, Michelle (CMS/CMCHO) <Michelle.Beasley@cms.hhs.gov>; Hill, Amanda C. (CMS/CMCS) <Amanda.Hill@cms.hhs.gov>; cdiehl@neweditions.net; Berliner, Ashley <Ashley.Berliner@vermont.gov>

Subject: RE: Vermont Statewide Transition Plan - CMS feedback for final approval

Ondrea,

I will share this email with the members of Vermont's HCBS Implementation Team and be sure to get back in touch to discuss any questions or concerns we might have re: its contents. I look forward to working with you to obtain final approval of Vermont's STP.

Best,

Shawn

Shawn E. Skaflestad, Ph.D.
Quality Improvement Manager
Agency of Human Services
280 State Drive Center Building
3rd Floor – E310-1
Waterbury, VT 05671-1000
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Cell Phone: (802) 585-4410
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(Access through Internet Explorer 10, Firefox, or Google Chrome).

From: Richardson, Ondrea D. (CMS/CMCS) <ondrea.richardson@cms.hhs.gov>

Sent: Thursday, March 01, 2018 12:04 PM

To: Skaflestad, Shawn <Shawn.Skaflestad@vermont.gov>

Cc: Mohlman, Mary Kate <MaryKate.Mohlman@vermont.gov>; Hickman, Selina <Selina.Hickman@vermont.gov>; MacKenzie, Michele (CMS/CMCS) <Michele.MacKenzie@cms.hhs.gov>; Lowe, Serena (ACL) <Serena.Lowe@acl.hhs.gov>; Francis, Crystal (CMS/CMCHO) <Crystal.Francis@cms.hhs.gov>; Inuss@neweditions.net; Beasley, Michelle (CMS/CMCHO) <Michelle.Beasley@cms.hhs.gov>; Hill, Amanda C. (CMS/CMCS) <Amanda.Hill@cms.hhs.gov>; cdiehl@neweditions.net; Richardson, Ondrea D. (CMS/CMCS) <ondrea.richardson@cms.hhs.gov>

Subject: Vermont Statewide Transition Plan - CMS feedback for final approval

Hi Shawn,

I would like to take this opportunity to introduce myself and to inform you that I will be working with you on the STP moving forward.

As a follow up to your initial approval, please see below additional CMS feedback to assist the state with final approval of the STP. Please let us know when you are available to discuss any questions or concerns you might have. Also please share this email with any other members of your team who may need it.

[PLEASE NOTE: It is anticipated that the state will need to go out for public comment once these changes are made and prior to resubmitting to CMS for consideration of final approval. The state is requested to provide a timeline and anticipated date for resubmission as soon as possible.]

Date of STP Submission: 11/30/2017

Person-Centered Planning

CMS requests the state clarify in the CQS that Person-Centered Planning criteria do not have a phase-in allowance; these criteria were effective March 17, 2014.

Site-Specific Settings Assessment Process

- The STP is silent regarding the number of settings to be assessed for each service population group with the exception of Developmental Disability Services. Please provide the total number of settings subject to the HCBS Settings Rule by specialized service population group.
- ***Group Non-residential Settings: As a reminder, any setting in which individuals are clustered or grouped together for the purposes of receiving HCBS must be assessed and validated by the state for compliance with the rule. This includes all group residential and non-residential settings (including but not limited to prevocational services, group supported employment and group day habilitation activities). The state may presume that any setting where individualized services are being provided in typical community settings comport with the rule.*** The STP indicates that except for limited instances found in the DDS service system, the state does not support disability specific or segregated day treatment centers or programs. ***Please confirm that the STP accurately includes all group residential and non-residential settings in its assessment and validation activities.***
- ***Provider Self-Assessment Surveys:*** The state has developed electronic surveys and provided links to the survey tools. The STP does not provide information regarding the state’s strategy to ensure each setting has completed a self-assessment. The STP states “To increase the response rate, a process will be created to follow-up with providers failing to meet requested response timeframes. Based on the results of the survey, an authorized representative of each provider will attest in writing whether they believe that their organization’s rules and policies are either fully compliant with the new rules or that remediation is necessary (p.13).”
 - Please confirm in the STP that providers completed a distinct self-assessment for each individual setting providing Medicaid-funded HCBS.
 - Please confirm the self-assessment process evaluates the experience of individual’s receiving HCBS in each setting.
- ***Individual, Private Homes:*** The state may make the presumption that privately-owned or rented homes and apartments of people living with family members, friends, or roommates meet the HCBS settings criteria if they are integrated in typical community neighborhoods where people who do not receive HCBS also reside. A state will generally not be required to verify this presumption. However, the state must outline what it will do to monitor compliance of this category of settings with the regulatory criteria over time. Note, settings where the

beneficiary lives in a private residence owned by an unrelated caregiver (who is paid for providing HCBS services to the individual) are considered provider-owned or controlled settings and should be evaluated as such.

Validation of HCBS Settings

States are responsible for assuring that all HCBS settings comply with the settings criteria. States may use a combination of various strategies to assure that each setting is properly validated (including but not limited to state onsite visits; data collection on beneficiary experiences and consumer feedback; leveraging of existing case management, licensing & certification, and quality management review processes; partnerships with other federally-funded state entities, including but not limited to Developmental Disability and aging networks; and state review of data from operational entities, such as managed care organizations (MCOs) or regional boards/entities, provider policies, consumer surveys, and feedback from external stakeholders), so long as compliance with each individual setting is validated by at least one methodology beyond the provider self-assessment.

The STP indicates the state will develop a plan to validate the results of the provider-specific self-assessment during Phase 2 due 12/31/16. “At this time, the state plans to validate the results using a mixed-methods approach – using consumer survey as well as data from related oversight and monitoring activities that use a variety of desk and onsite review methodologies and tools (p. 12).”

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- Please add information on the estimated timeframes for implementing each element of the oversight and monitoring plan.

Heightened Scrutiny

As a reminder, the state must clearly lay out its process for identifying settings that are presumed to have the qualities of an institution. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit information, the institutional presumption will stand and the state must describe the process for determining next steps for the individuals involved. Please only submit those settings under heightened scrutiny that the state believes will overcome any institutional characteristics and can comply with the federal settings criteria. There are state examples of heightened scrutiny processes available upon request, as well as several tools and sub-regulatory guidance on this topic available online at <http://www.medicaid.gov/HCBS>.

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Ondrea D. Richardson

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7500 Security Boulevard | Baltimore, MD 21244-1850 | PHONE: 410-786-4606 | ✉: Ondrea.Richardson@cms.hhs.gov



From: [Hill, Bard](#)
To: [Schurr, Stuart](#)
Subject: you might find this interesting...
Date: Tuesday, March 20, 2018 4:46:00 PM
Attachments: [CSR 03-2018.pdf](#)

Four Organizations File a Friend of the Court Brief in Support of Assuring Access to Shared Living Services

The American Network for Community Options and Resources (ANCOR), the National Association of State Directors of Developmental Disabilities Services (NASDDDS), the National Association of States United for Aging and Disabilities (NASUAD), and Pennsylvania Advocacy and Resources for Autism and Intellectual Disabilities (PAR), filed an amicus curiae ("friend of the court") brief in support of a provider of shared living services in *Pendleton v. JEVS*. This case is currently pending in the United States District Court for the Eastern District of Pennsylvania. ANCOR, NASDDDS, NASUAD, and PAR are greatly concerned that an adverse ruling would create a harmful precedent that could threaten current shared living arrangements and chill further development of this person centered, innovative model in Pennsylvania and around the country. The four organizations urged the court to consider the scope of its ruling to avoid adverse and unintended consequences for the use of and adoption of host home/shared living services across the country. **FMI** Read the

From: NASDDDS ListServ <NASDDDS@PEACH.EASE.LSOFT.COM> **On Behalf Of** karol snyder
Sent: Monday, March 19, 2018 5:31 PM
To: NASDDDS@PEACH.EASE.LSOFT.COM
Subject: March 2018 Issue of Community Services Reporter

The March 2018 issue of *Community Services Reporter* is attached.

The PDF document can be accessed via Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader installed on your computer or you want to update to the most recent release, you can download the program at no charge from www.adobe.com. The PDF file is best viewed with the most recent Reader release. You may experience viewing and/or printing problems using earlier releases.

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karol snyder

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Hilton Columbus at Easton

Columbus, Ohio

Be yourself. Everyone else is already taken...

Oscar Wilde

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