

Section of final proposed rule as originally submitted	Description of change made <i>after</i> the initial LCAR Filing
Cover Page	<p>The effective date of the Regulations has been revised to October 1, 2017.</p> <p>The title of Part 8 has been revised to read: “Grievance, Internal Appeal and Fair Hearing.”</p>
Table of Contents	<p>The page numbers have been renumbered in accordance with the changes in the body of the document.</p> <p>The title of Part 8 has been restored to: “Grievance, Internal Appeal and Fair Hearing,” as it appeared in the <i>Regulations March 2011</i>.</p> <p>Sections 8.1 through 8.11 have been restored to the provisions included in the <i>Regulations March 2011</i>.</p>
1.2	The definition of “ adverse benefit determination ” has been deleted. The remainder of Section 1 has been renumbered accordingly.
1.4	The definition of “ appeal ” has been restored to the definition included in the <i>Regulations March 2011</i> .
1.20	The definition of “ fair hearing ” has been deleted and restored at Part 8.2 (f), as it appeared in the <i>Regulations March 2011</i> .
1.22	The definition of “ filed ” or “ notified ” has been deleted and restored at 8.2 (g), as it appeared in the <i>Regulations March 2011</i> .
1.25	The definition of “ grievance ” has been deleted and restored at 8.2(h), as it appeared in the <i>Regulations March 2011</i> .
1.27	The last sentence in this section has been revised to delete “will” and replace it with “shall.”
1.31	The definition of “ Inter- governmental Agreement (IGA) Partners ” has been deleted.
1.47	The definition of “ subcontractor ” has been deleted.
1.49	The definition of “ Supportive Services ” has been revised to “means therapeutic services that cannot be accessed through State Plan Medicaid. These are therapeutically or medically appropriate services that include behavior support and consultation; assessment, consultation and training for communication supports; skills-based training such as dialectical behavior therapy skills groups or sexuality groups. This includes other therapeutic or medically appropriate services not covered under State Plan Medicaid when provided by licensed or certified individuals (such as therapeutic horseback riding).”
4.3(b)	The second sentence has been revised to read: “For individuals who were receiving services just prior to being in one of these facilities, an application shall be filed at the DA which was last responsible prior to the individual

Section of final proposed rule as originally submitted	Description of change made <i>after</i> the initial LCAR Filing
	entering the facility.”
4.6	<p>The last sentence has been revised to “Services and the funding amount authorized shall be based upon the most cost-effective method of meeting an individual’s assessed needs, the eligibility criteria listed in Section 4.7, as well as guidance in the <i>System of Care Plan</i> and current <i>Medicaid Manual for Developmental Disabilities Services</i>.”</p> <p>The following sentence has been added and now appears as the last sentence: “When determining cost effectiveness, consideration shall be given to circumstances in which less expensive service methods have proven to be unsuccessful or there is compelling evidence that other methods would be unsuccessful.”</p>
4.7(a)(1)(B)	This section has been revised to delete “DCF/Economic Services Division” and replace it with “Department of Vermont Health Access.”
4.7(a)(1)(C)	This section has been revised to add: “Children who are receiving care coordination, case management or service coordination from another AHS-funded source listed in the Bridge Program Guidelines are not eligible to receive Bridge Program Care Coordination.”
4.7(d)(1)(C)	This section has been revised to “FMR is available to children up to, but not including, age 21 living with their biological/adoptive families or legal guardian and who are not receiving HCBS funding.”
4.7(e)(1)(C)	This section has been revised to “An individual who lives with their family (i.e., unpaid biological, adoptive and/or step-parents, adult siblings, grandparents, aunts/uncles, nieces/nephews and legal guardians) or an unpaid family member who lives with and supports an individual with a developmental disability is eligible. Individuals living independently, or with their spouse, and those receiving HCBS are not eligible.”
4.7 (g)(1)(C)(i)(3)(B)	This section has been revised to delete “Section (g)(3)” and replace it with “Section (g)(2).”
4.7(h)	The title of this section has been revised to “ Intermediate Care Facility for Individuals with Developmental Disabilities. ”
4.7(i)	The following sentence has been deleted: “These funds may be distributed to agencies at the discretion of the Department and are not guaranteed” and has been replaced with “When there are one-time funds available, a portion of those funds shall be distributed to agencies.”
4.7(j)	This section has been revised to delete “Medicaid Waivers” and has been replaced with “HCBS funding.”

Section of final proposed rule as originally submitted	Description of change made <i>after</i> the initial LCAR Filing
4.7(n)(1)(C)	This section has been revised to add: “An agency may not bill for these services and HCBS on the same day.”
4.7(o)(1)(C)	This section has been revised to add: “An agency may not bill for TCM and HCBS or other Medicaid funded case management services on the same day.”
4.10 (c) and 4.10 (c)(1)	These sections have been revised to delete “at the DA” and it has been replaced with “for the DA to provide services.”
5.3	This section has been revised to delete: “For complex situations, the Supportive ISO may consult with the local Designated Agency or an independent evaluator to determine strategies regarding how an individual’s needs may best be met” and it has been replaced with “For complex situations, the Supportive ISO may consult with an independent evaluator, the Division or the local DA to determine strategies regarding how an individual’s needs may best be met.”
6.1	This section has been revised to replace “DCF” with “Department of Vermont Health Access (DVHA)”
7.7 (b)	This section has been revised to replace “(Sections 7.8 and 7.9)” with “(Section 7.10)”
Part 8	This section, including the title, has been revised to delete the current language in its entirety and restore Sections 8.1 through 8.11, as it appears in the <i>Regulations March 2011</i> .
9.5(a)	<p>The first sentence in this section has been revised to: “Within three months of being hired or entering into a contract, workers shall be trained in and demonstrate the knowledge and skills necessary to support individuals, in (a)(1) and (2) of this section. “</p> <p>The following sentence has been added: “Workers shall be trained in or demonstrate knowledge and skills necessary to support individuals, in (a)(3) and (4) of this section.”</p>
9.6(a)	This section has been revised to “For the purposes of this section, “emergency” means an extraordinary and unanticipated situation of fewer than 72 consecutive hours.”
9.6(b)	This section has been revised to “In an emergency, if the unavailability of a trained worker creates a health or safety risk for the individual, a worker who has not received pre-service training or demonstrated knowledge in all pre-service areas may be used for up to 72 hours after the worker first begins to work with the individual in response to the emergency, as long as essential information about the individual is communicated to the worker and he or she has immediate access to all the documents and information covering all areas of Pre-service training (see Section 9.4).”
9.6 (c)	This section has been added to Section 9: “(c) This exception does not apply to workers performing special care procedures. All requirements in Section 7

Section of final proposed rule as originally submitted	Description of change made <i>after</i> the initial LCAR Filing
	of these regulations must be met prior to staff performing special care procedures.”