

Developmental Disabilities Services Division HCBS Work Plan

<p style="text-align: center;">Regulation: Settings Requirements</p> <p>This is the wording of the new rules where we can be more specific in what we have in writing for our Vermont system.</p>	<p style="text-align: center;">Steps that we should take:</p>
<p>Commensurate with a persons individualized plan, needs and abilities the setting –</p> <p>The setting is integrated in and supports full access to community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving HCBS.</p>	<p>The Heartbeat setting includes multiple group and shared living options on one campus. Hannah Schwartz, Executive Director, is aware of the new rules and we have talked about joining us in determining ways of aligning the concept of a home as specified in the new rules with how that experience is created at Heartbeat. If the people who live there want to use their HCBS funding to support the cost, we will notify CMS that this location will fall under the category of “heightened scrutiny”. It will require additional onsite review and determination of compliance.</p>
	<p style="text-align: center;">We only need to make small adjustments in SEVEN areas of the Vermont rules to make them more specific</p>
<p>Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>For Group Community Supports (Provider controlled settings) there are no service specific definitions or guidelines.</p>

Facilitates individual choice regarding services and supports, and who provides them	For Group Community Supports that are provided in provider controlled settings there are no service specific guidelines on this topic.
The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.	Policies for Shared Living (1 – 2 persons) and Staffed Living (1 – 2 persons) do not address this requirement.
Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors	None of the regulations for residential settings stipulate or otherwise provide guidance on who has keys to various settings.
Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement	Documentation in the guidelines for all residential settings could be stronger.
Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time	

	For community supports in provider controlled settings there are no service specific guidelines
Behavioral intervention programs “(c) Document less intrusive methods of meeting the need that have been tried but did not work”	Documentation standards in the DD Act could be stronger on this point. An appropriate step to insure that this documentation occurs will be to address it through updated Behavior Support Guidelines and/or related ISA documentation, Professional Review Committee process and Human Rights Committee process.
Regulation: Person-Centered Planning	Steps that we should take:
<p><u>The person-centered plan should:</u></p> <p>Include strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants.</p> <p><u>Case Management should not be influenced by a conflict of interest:</u></p>	The population density and rural aspects of our state presents conditions where the current structure of having Designated Agencies provide both case management and services is likely to be supported by CMS given the stipulation that there is a resulting lack of an alternative “willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area”. However, our system needs to be vigilant in addressing potential conflict of interest by

<p>Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the State must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Individuals must be provided with a clear and accessible alternative dispute resolution process</p> <p>Offers informed choices to the individual regarding the services and supports they receive and from whom</p>	<p>establishing protocols and protections for people who receive support.</p>
	<p>The rules need to be revised to ADD this item in person-centered plans</p>
<p>Records the alternative home- and community-based settings that were considered by the individual</p>	<p>Guidelines do not address this element.</p>