

# Vermont HCBS-COI Updates

House Human Services  
Committee

April 11, 2024



# Federal Requirements for Medicaid COI

To protect the rights of participants, organizations can't deliver both HCBS direct services and HCBS case management\*

(\*with some very rare exceptions)

## **Functions that must be independent from direct service delivery:**

- Eligibility evaluations/determinations
- Needs assessments
- Development of the person-centered plan (including service referrals)
- Oversight of the service delivery

## **And the people delivering those functions must not have other conflicts:**

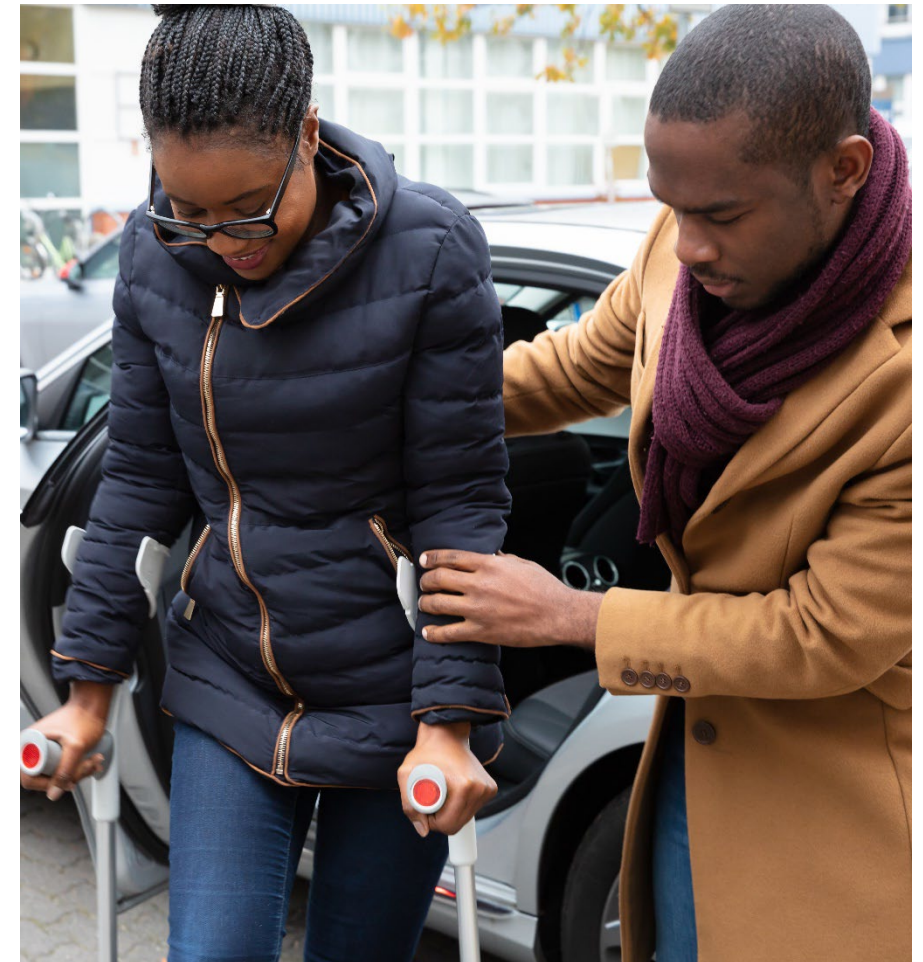
- May not be a family member of the participant or a paid caregiver
- May not have legal power to make financial or health-related decisions
- May not be financially responsible for the participant
- May not have a financial interest in organization(s) paid to provide services

**Federal Regulation: 42 CFR § 441.730(b)**

# CMS Corrective Action Plan

## Major milestones

- **HCBS-COI Advisory Committee:** Feb 2023
- **HCBS System Assessment:** May 2023
- **HCBS-COI Structural Options:** August 2023
- **Draft Recommendations Public Comment:** December 2023-January 2024
- **Reimbursement/financial modeling:** 2023-2024
- **Implementation Planning:** Throughout 2024
- **Implementation:** May 2025-April 2026



# Principles of the VT COI Redesign

Vermonters who need home and community-based services will have equal opportunity to:

- Learn about service and support options from a **neutral, trusted source**.
- Access publicly-funded services through an **easy-to-use, unbiased and equitable** process.
- Be **empowered and supported to make informed choices** about a range of available services and supports and who delivers them, such as opportunities to live at home or in the community.
- Participate in person-centered services that respect and encourage **self-determination, independence, growth, dignity and individual preferences and goals**.
- Feel confident about the quality of services and supports, including the focus on individual **health and welfare, integration and coordination of care, and participants' rights**.



# Recommendations

## Developmental Services:

**Vermont will pursue statewide competitive contract(s) with one or more organizations to deliver case management for the DS system.**

## Brain Injury Program:

**Vermont will pursue statewide competitive contract(s) to deliver case management for participants in BIP, along with the DS program.**

## Choices for Care:

**The five current Area Agencies on Aging (AAAs) will provide case management for all CFC participants.**

# Recommendations: Developmental Services

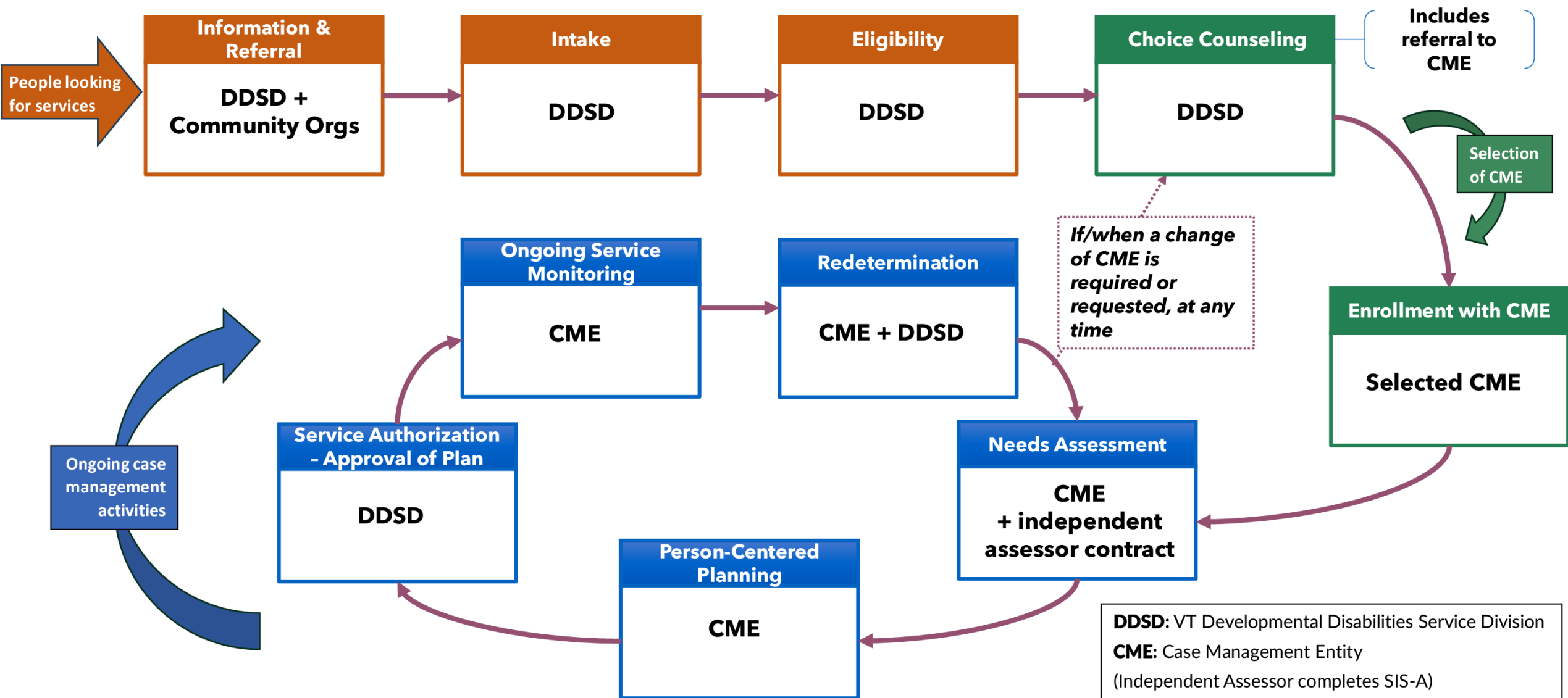
**Vermont will pursue statewide competitive contract(s) with one or more organizations to deliver case management for the DS system.**

## **What does this mean?**

- The State will release a Request for Proposals for different agencies to apply.
- The State will decide which case management agencies will work best for people who receive Developmental Services and give those organizations contracts.
- Depending on who applies, there could be more than one agency for people to choose from.
- Current providers of DS will continue to deliver home and community-based services (HCBS), except for service coordination (case management).
- The changes will start during May 2025 and will be complete by May 2026.



# DS: Proposed CM Functions/Roles



# Developmental Services: Why this solution?

- Meets federal requirements and creates clear boundaries to eliminate conflict of interest.
- Aligns with the goals and principles for Vermont's HCBS-COI effort.
- Easy solution for individuals and families to understand and navigate.
- Statewide contracts offer more consistency and equity across different parts of the State.
- If more than one contract is awarded, offers individuals choice of case management entities.
- Allows the state to oversee quality and performance.





# Recommendations: Brain Injury Program (BIP)

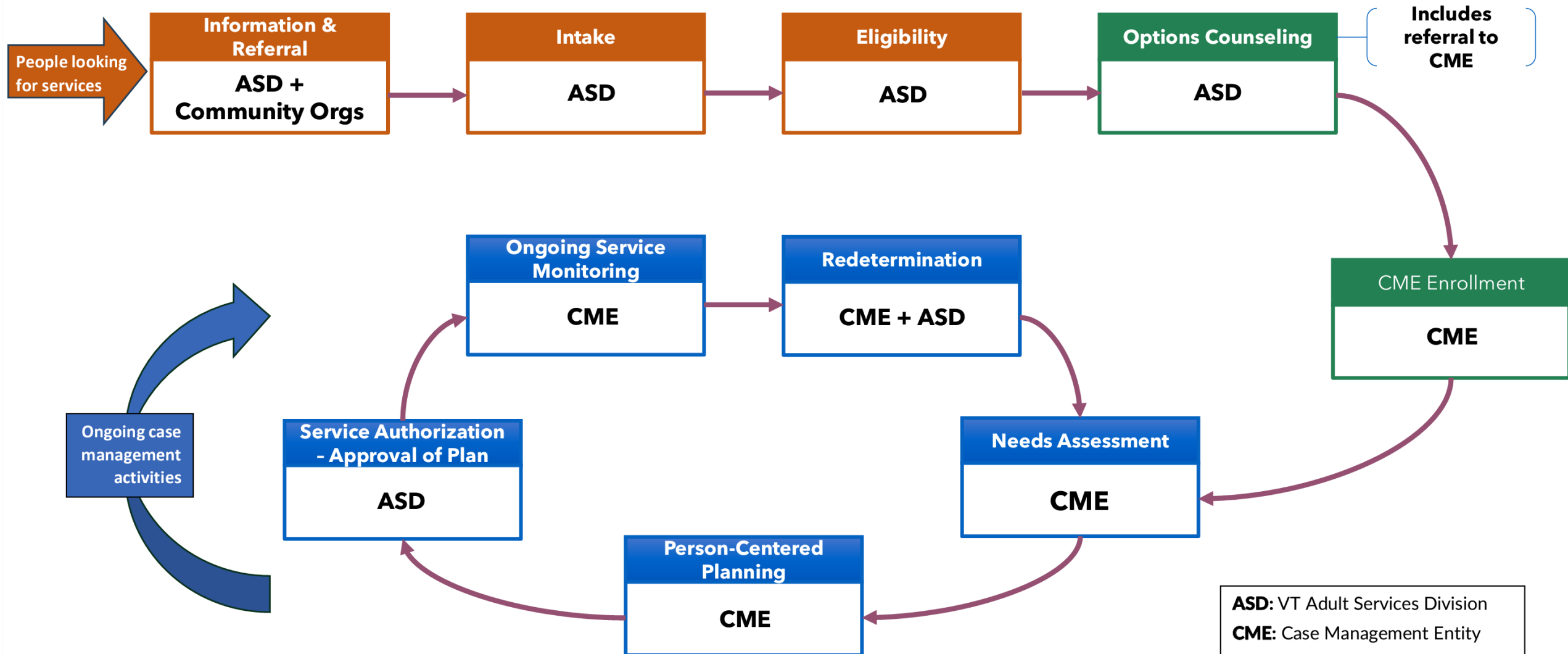
**Vermont will pursue statewide competitive contract(s) to deliver case management for participants in BIP, along with the Developmental Services (DS) program.**

## **What does this mean?**

- The State will hold a contest between different agencies to apply.
- The State will decide which case management agencies will work best for people who receive Brain Injury Program Services and Developmental Services, and give those organizations contracts.
- Current providers of BIP services will continue to deliver home and community-based services (HCBS), except for service coordination (case management).
- The changes will start during May 2025 and will be complete by May 2026.



# BIP: Proposed CM Functions/Roles



# Brain Injury Program: Why this solution?

- Meets federal requirements and creates clear boundaries to eliminate conflict of interest.
- Aligns with the goals and principles for Vermont's HCBS-COI effort.
- Easy solution for individuals and families to understand and navigate.
- Statewide contracts offer more consistency and equity across different parts of the State.
- Allows the state to oversee quality and performance.



# Recommendations: Choices for Care (CFC)

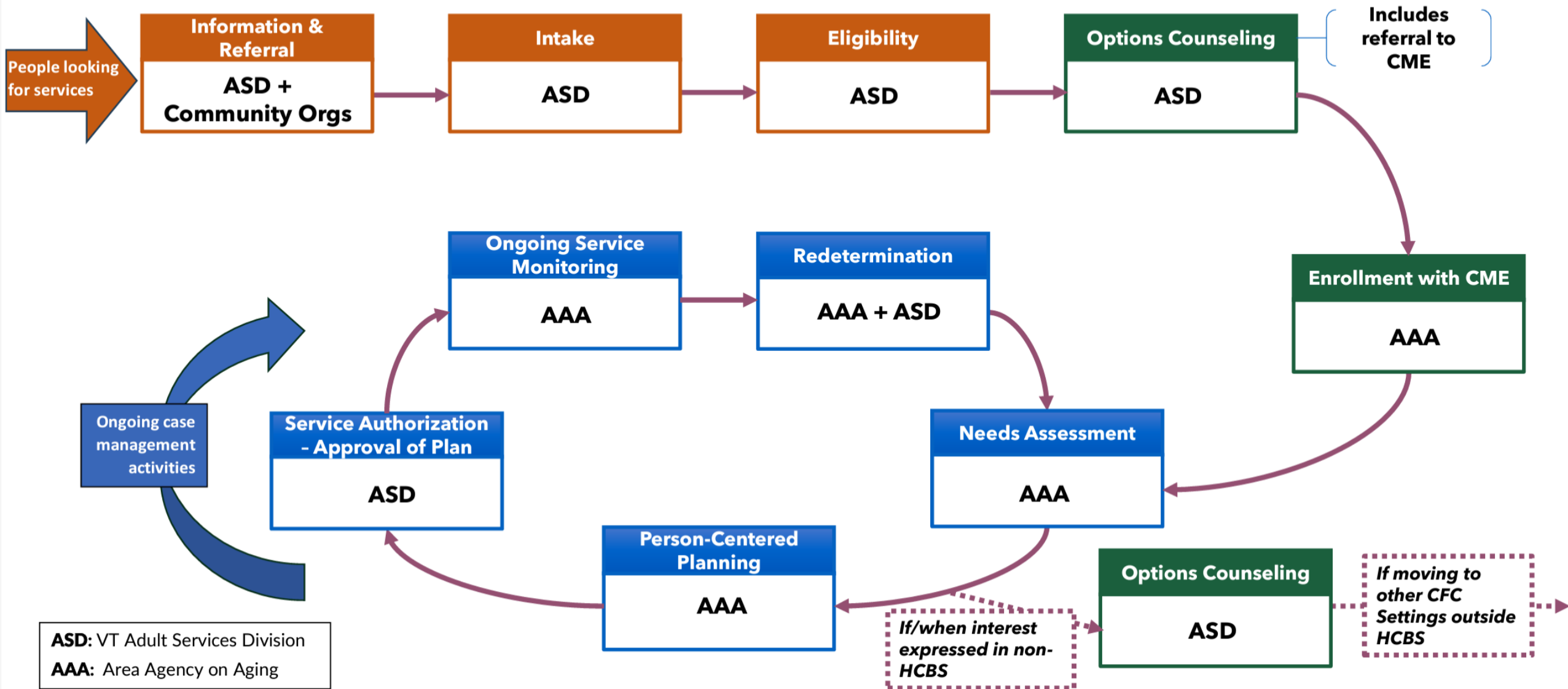
**The five current Area Agencies on Aging (AAAs) will provide case management for all CFC participants.**

## **What does this mean?**

- Home Health Agencies (HHAs) can continue to deliver direct services like personal care.
- CFC participants who live in Adult Family Care (AFC) homes will receive case management from the AAAs.
- Participants in Flexible Choices will also receive case management services from the AAA (outside of their self-direction budget).
- State staff will continue to manage intake, eligibility, and choice counseling for HCBS or other settings (such as Enhanced Residential Care.)



# CFC: Proposed CM Functions/Roles



# Choices for Care: Why this solution?

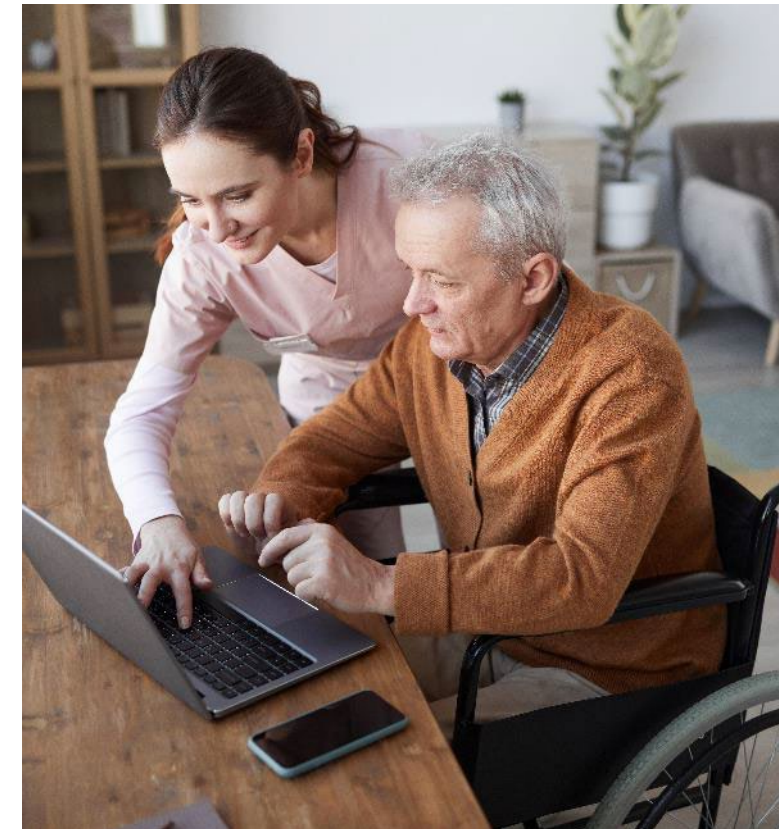
- Meets federal requirements and creates clear boundaries to eliminate conflict of interest.
- Aligns with the goals and principles for Vermont's HCBS-COI effort.
- Easy solution for individuals and families to understand and navigate.
- Builds upon existing conflict-free AAA case management, expanding current capacity rather than creating a new system or structure.
- Allows the state to oversee quality and performance.



# Public Comments: Recommendations

## Public Comment was open in December and January

- Participants in Four Public In-Person Forums: 67 individuals
- Participants in Two Public Virtual Sessions: 69 individuals
- Participants in Virtual Self-Advocacy Forums: 21 individuals
- 674 total survey responses received: 6
  - Developmental Services: 331
  - Choices for Care: 330
  - Brain Injury Program: 15
- Survey respondents said they were:
  - individuals with a disability: 61%
  - individuals receiving HCBS: 79%
  - family members of individuals receiving HCBS: 28%
  - providers of HCBS: 12%



# Recommendation Feedback Themes

## What we heard from commenters:

- Communication about the changes needs to be improved
- People are worried about losing relationships
- Staffing and workforce shortages need to be addressed
- Roles and responsibilities of both case management and service providers must be clear
- Having choice in case management is important
- People receiving services may need emotional support through this change
- Case managers need to be local to the communities they serve
- The State should provide caseload guidance (how many people each case manager can serve)
- Case managers need to be knowledgeable
- Collaboration between case managers and providers must be a focus
- Compliant and problem-solving processes should be clear
- There are concerns about funding and resources



# Next Steps

## Choices for Care:

- DAIL is currently working with AAAs and HHAs to plan the transition process over the next year and to decide on a final timeline.
- DAIL plans to use Enhanced FMAP funding to support the agencies with transition work.
- Each affected CFC participant will receive information about the process individually.

## Developmental Services and Brain Injury Program:

- DAIL is reviewing all of the service definitions to help create detailed information about roles and responsibilities for both case management and HCBS providers.
- DAIL is drafting a Request for Information. This will allow potential vendors and the public to respond to and comment on the plans for Case Management before the State releases a Request for Proposals later this year.

# Next Steps

## All Programs:

- Review of statutes, regulations, policies and procedures for revisions needed.
- Review of Medicaid rates for future state (anticipated budget impact for SFY26)
- Development of state training options across programs.
- Continued stakeholder engagement through standing committees, newsletter, provider meetings and public forums.

# Thank You



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Angela Smith-Dieng, Adult Services Division Director, Department  
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More Information at: [www.vermonthcbs.org](http://www.vermonthcbs.org)