HCBS and DMH Programs

HCBS rule changes impacts on Community Rehabilitation & Treatment (CRT) and Children's Enhanced Family Treatment (EFT)

WHAT IS HCBS?

- On January 10, 2014, the Centers for Medicare and Medicaid Services (CMS) issued final regulations regarding home- and community-based services (HCBS). More information can be found here: https://www.medicaid.gov/medicaid/hcbs/guidance/index.html
- The rule supports enhanced quality in HCBS programs, outlines person-centered planning practices, and reflects CMS's intent to ensure that individuals receiving services and supports (under 1915(c) HCBS waivers, 1915(k) (Community First Choice), and 1915(i) State Plan HCBS Medicaid authorities) within the CRT and Children's Enhanced Family Treatment (aka children's mental health waiver) have **full access to the benefits of community living** and **are able to receive services in the most integrated setting**.

WHAT ARE THE RULE REQUIREMENTS?

Rule specifics can be found in the Code of Federal Regulations at 42 CFR 441.301(c)(4)(5) and 42 CFR 441.710(a)(1)(2). HCBS settings requirements:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options, including non-disability specific settings;
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources;
- Ensures the individual receives services in the community to the same degree of access as those not receiving HCBS services;
- Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint;
- Optimizes individual initiative, autonomy, and independence in making life choices;
- Facilitates individual choice regarding services and supports and who provides them.

Any modifications to the HCBS rules must be made using a person-centered plan that documents interventions and supports used prior to making modifications

WHAT DOES THIS MEAN for CRT and Children's EFT?

While Vermont uses an 1115 – Global commitment to Health waiver instead of 1915 waivers, Vermont is examining its HCBS populations (Choices for Care) and its "HCBS-like" populations for adherence to the HCBS rule.

- HCBS – Choices for Care
- HCBS-like – Traumatic Brain Injury (TBI), Developmental Services (DS), Enhanced Family Treatment (EFT), Community Rehabilitation and Treatment (CRT)

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- Many CRT residential programs—including intensive residential and others—are considered to be "disability specific," meaning they almost exclusively serve the CRT population. Admission or residence to one of the programs is generally based on clinical criteria (diagnosis, hospitalization history, etc.) and programs are intended to meet treatment and recovery needs rather than serve as long-term residential placements.
- Children's EFT program settings are governed by State licensing regulations and are not disability specific in that non-HCBS children or youth may be receiving services in the same setting.

OUTSTANDING ITEMS

- CMS has yet to issue initial or final approval on Vermont's assessment report. This means the systemic assessment and remediation plan may change to meet CMS' requirements.
- AHS has yet to conduct site specific assessments or validation assessments for DMH programs. The results of these assessments may change the steps DMH will take to ensure settings are compliant.

NEXT STEPS FOR PROVIDERS

- Review the systemic assessment and remediation plan for your program (http://mentalhealth.vermont.gov/sites/dmh/files/documents/news/DMH_CRT_HCBS_Alignment_Report_2016_Public_Comment.pdf or http://mentalhealth.vermont.gov/sites/dmh/files/documents/news/DMH_Children%27s_EFT_HCBS_Alignment_Report_2016_Public_Comment.pdf) and provide comments. Comments in writing are preferred so we have documentation of any questions and our resolution.
- Review the list below of HCBS settings funded by CRT (page 3) and EFT (page 4) for accuracy.
- Respond to the provider site-specific assessment when it arrives at your agency. In preparation for the upcoming site-specific self-assessment, please familiarize yourself with the cited regulations and HCBS rules. Consider areas where you may already have documentation to address elements of the self-assessment (e.g. most recent licensing report, client handbook).

NEXT STEPS FOR STAKEHOLDERS

- Review the systemic assessment and remediation plan related to your program of interest (http://mentalhealth.vermont.gov/sites/dmh/files/documents/news/DMH_CRT_HCBS_Alignment_Report_2016_Public_Comment.pdf or http://mentalhealth.vermont.gov/sites/dmh/files/documents/news/DMH_Children%27s_EFT_HCBS_Alignment_Report_2016_Public_Comment.pdf) and provide comments. Comments in writing are preferred so we have documentation of any questions and our resolution.

SUBMITTING COMMENTS

DMH is seeking public input by December 31, 2016. You may submit comments in one of two ways (please choose only one of the ways listed):

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1. **E-mail**. You may submit comments on this regulation via e-mail to Jennifer.Rowell@vermont.gov. Please put "HCBS Public Comment" in the Subject and identify which program your comments are addressing (CRT or children's EFT).
2. **By regular mail**. You may mail written comments to the following address ONLY: HCBS Public Comment, Department of Mental Health, 280 State Drive, NOB 2 North, Waterbury, VT 05671-2010. Please identify which program your comments are addressing (CRT or children's EFT).

CRT Provider-owned or -controlled Settings

Group Treatment/Living consists of group living arrangements for three or more people, staffed full-time by employees of a provider agency. These arrangements are designed to be recovery oriented and not considered long-term permanent living options. In the CRT system of care, group treatment/living arrangements include all residential programs (intensive residential, transitional, or otherwise) that are funded through the CRT program.

Residential Program settings that are CRT program funded

- CMC - Safe Haven
- CSAC - Hill House
- CSAC – Robinson House
- HC – 20 South Willard
- HC - 72 North Winooski
- HC - Arroway (41 Spruce St)
- HC - Branches
- HC - Lakeview
- HC – Next Door
- HC – Safe Haven
- HCRS - Beekman House
- HCRS – Woodstock House
- LCMH - Copley House Community Care Home
- LCMH – Johnson Street Group Home
- NCSS – 174 North Main Street
- NCSS – 22 Upper Welden
- UCS – South Street
- WCMH – 62 Barre Street (Single Steps)
- WCMH – 7 St. Paul (Segue)
- WCMH – Transitional Housing
- Hilltop Recovery Residence
- MapleWood Recovery Residence
- Meadowview Recovery Residence
- Soteria House
- Second Spring – Westford
- Second Spring – Williamstown

Shared Living Home Providers are individualized shared-living arrangements for adults, offered within a home provider's home. Home providers are contracted workers and are not considered staff of the host agency in their role as contracted provider. Settings are generally paid with augmented case rate/enhanced funding request.

Staffed Living consists of residential living arrangements for one or two people, staffed full-time by employees of a provider agency. Settings are generally paid with augmented case rate/enhanced funding request.

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November 2016

Children's Enhanced Family Treatment Provider-owned or -controlled Settings

Therapeutic Foster/Respite Care or Shared Parenting – These arrangements provide individualized support for children in the home of a contracted foster home provider. Foster home arrangements may include 24-hour, seven-day-a-week services or a shared parenting arrangement whereby children live part time in the foster home and part time with their family as members learn new skills and positive coping strategies for family living. These arrangements may be funded through Enhanced Family Treatment.

Transitional Living - These arrangements are targeted to children and adolescents transitioning to home from psychiatric or intensive residential treatment and adolescents transitioning to adulthood. These settings are required to be licensed by the Department of Children and Families as a Residential Treatment Facility and may be funded through Enhanced Family Treatment. Each community setting serves no more than 4 children or youth.

Transitional Living settings that are EFT program funded

- WCMH – Crescent House
- WCMH – Evergreen House
- WCMH – Odin House
- WCMH – Skyline
- WCMH – Individual Crisis & Assessment Program (ICAP)
- NFI – DBT Home
- NFI – Shelburne House
- NFI – Village House