

Vermont HCBS-COI Options Public Feedback on DAIL programs, September 2023

This document offers a summary of the feedback received by the Department of Disabilities, Aging, and Independent Living (DAIL) during the public comment period August 11 – September 15, 2023. This information will be considered by the State in making recommendations about Conflict of Interest (COI) changes to Vermont Home and Community-Based Services (HCBS) programs. [Please visit this page for more information about the HCBS-COI Options.](#)

Regarding Department of Mental Health (DMH) programs, AHS determined that most Community Rehabilitation and Treatment (CRT) and Intensive Home and Community-Based Services (IHCBS) could be delivered under a different set of rules. This will allow community mental health centers to continue to deliver both case management and mental health services. Minor changes will need to be made to the current mental health programs. The changes will have a limited impact. The public input on changes to DMH programs was small, but generally supportive of the approach.

Public Comment Participation

- **Participants in Four Public In-Person Forums:** 55 individuals
- **Participants in Three Public Virtual Sessions:** 76 individuals
- **Participants in Self-Advocacy Forums:** 98 individuals
- **Respondents who commented through the HCBS-COI website:** 16 individuals
- **Total survey responses (online and mail-in) received for DAIL program options:** 958*

Survey Responses

Number of Survey Responses* Received, by Option (Includes both online and mail-in feedback)

Brain Injury Program (BIP) Option A	Brain Injury Program (BIP) Option B	Choices for Care (CFC) Option A	Choices for Care (CFC) Option B	Choices for Care (CFC) Option C	Developmental Services (DS) Option
7	5	207	194	179	366

**Note: These totals include duplicated counts of individuals who responded to more than one option survey. The numeric totals do not include individuals who participated without selecting any specific survey responses.*

Survey respondent demographics:

- 83% of survey responses were from individuals receiving HCBS, 28% from family members of individuals receiving HCBS, 22% providers of HCBS, 2% advocacy organizations, 7% others.
- 54% of survey responses were from individuals who identified as having a disability.
- 79% of survey responses were from individuals living in rural counties.¹
- 20% of survey responses were from individuals living in urban counties.² (Chittenden, Franklin, Grand Isle).
- 90% of survey responses were from individuals who identify as White; 3% Asian; 2% American Indian or Alaska Native; 1% Black or African American; <1% Hispanic or Latino.
- 53% of survey responses were from individuals who identify as Female, 41% Male, <1% Non-binary.
- The average age of individuals who provided comments was 57 years old, with a range from 9 to 98 years old.

^{1,2} As defined by the U.S. Office of Management and Budget, [per the description on this website.](#)

Summary of Comments

The following summary includes comments that came from online surveys, mail-in surveys, letters, website comments, and public forums. It represents themes and ideas noted across many commenters.

Comments and Themes Across All Programs

- Stakeholders need more information about HCBS-COI and the required changes. This idea is new for many people who receive services and families.
- In many situations, stakeholders want to maintain relationships with individual case managers.
- Case management roles and responsibilities need to be clearly defined. Stakeholders want to understand who will do which tasks and activities.
- Stakeholders want case managers who are well trained and knowledgeable about services and supports, and case managers who understand Vermont values.
- The shortages of direct HCBS providers makes delivering case management more difficult. Vermont needs more HCBS capacity overall.
- Case managers should understand and respect different cultures, races, and all of the many identities of people who receive services.
- Choice of case management organizations, and among case managers, is important to people.
- Keeping things simple and clear is very important.
- Stakeholders note the need for clear communication between case management and direct service providers.
- There are concerns about statewide entities not having enough local knowledge. People want case managers who are close by and know their community.
- Stakeholders expressed concerns that additional resources and funding will be needed, especially to address staffing shortages and workforce issues.
- The State needs to respond to the worries of people in current case management positions. This will help maintain stability in the workforce during the transition time.
- Some stakeholders suggested the State should combine the roll-out of changes to case management with ways to help keep people in the HCBS workforce.

Comments specific to each program option are summarized below. The charts compare the overall responses. The charts do not include number labels because the data is not meant to represent an exact count. Instead, the charts show the general direction of the responses.

Brain Injury Program

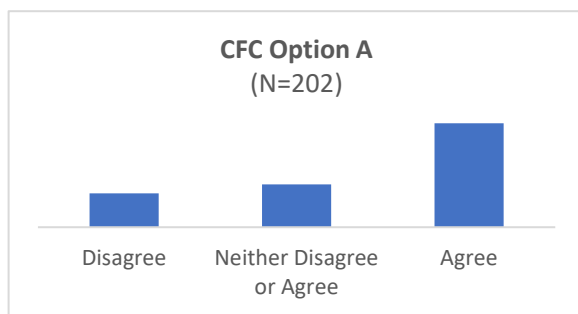
- The Brain Injury Program (BIP) is very small. It serves under 90 people in Vermont. The State received a very small amount of public comment about BIP. A summary of comments is not included here because the numbers are so small. (Only 7 different people commented.) The State will use the feedback and information it has gathered since this project started for its BIP recommendations.

Choices for Care

CFC Option A: Pursue statewide competitive contract(s)

- Stakeholders expressed concerns about being disruptive for people and providers.
- Of the CFC options, some stakeholders said this may be the only one that offers true choice.
- Some stakeholders worry this option could harm Home Health Agencies (HHAs) and Area Agencies on Aging (AAAs).

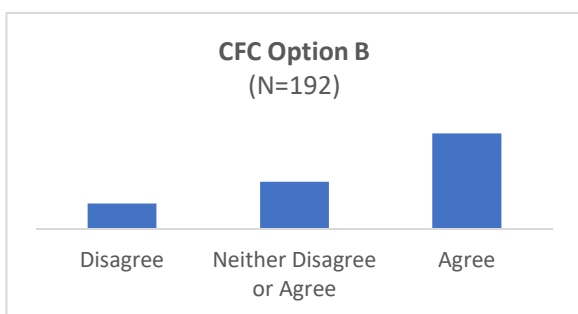
Overall, I think this is a positive option for the program to address conflict-of-interest concerns:



CFC Option B: Five regional AAAs deliver all CFC case management

- Some stakeholders see this as the least disruptive option and the simplest solution.
- Stakeholders note AAAs have infrastructure, local partnerships, and are familiar to Vermonters.
- Statewide consistency and quality are important to many stakeholders who believe the AAAs can deliver this.
- Stakeholders noted that recognizing geographic differences and a local presence is very important, and this option supports that.
- Some stakeholders do not want to give up HHA case management.

Overall, I think this is a positive option for the program to address conflict-of-interest concerns:

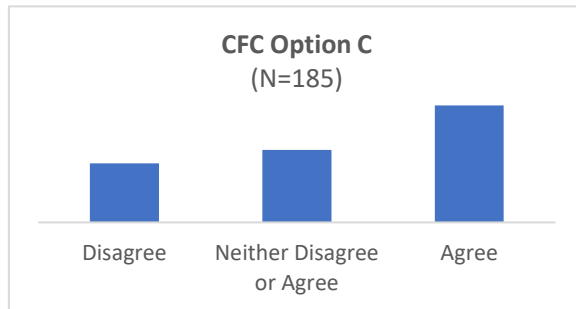


CFC Option C: Maintain current CFC providers, manage conflict at an individual level

- Some stakeholders see this as the least disruptive because most people can maintain long-term relationships with both HHA and AAA staff.
- Some stakeholders note this option is complex and confusing.
- Stakeholders worry this option would reduce the number of direct service providers available.

- Some stakeholders feel that HHAs operate on a medical model and therefore should not be providing HCBS case management.
- Some stakeholders questioned whether this option satisfies the intent of addressing conflict of interest.
- Some stakeholders think the State should push to allow this option with the federal regulators to limit changes to the current system.

Overall, I think this is a positive option for the program to address conflict-of-interest concerns:



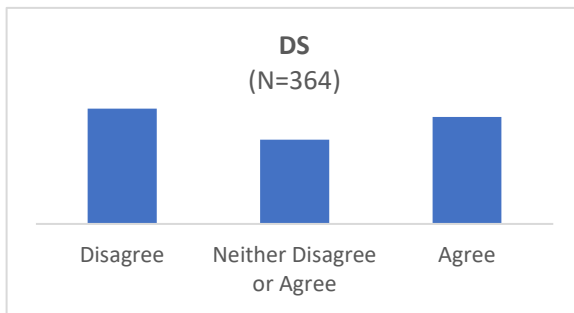
Developmental Services

Option: Pursue statewide competitive contract(s)

- Many stakeholders said one to two case management organizations for the whole state are not enough. People should have more choices of both agencies and case managers.
- Many stakeholders worry about losing important relationships.
- Many stakeholders expressed fears and worries about any change to the current system.
- Some stakeholders want the State to allow regional contracts, not just statewide.
- Stakeholders asked the State to continue to explore and consider the case management designs that other states have tried and found to be successful. Some stakeholders would prefer many small case management providers, like Wyoming or Maine.
- Stakeholders want case managers to be knowledgeable and grounded in the experiences of people with intellectual and developmental disabilities.
- Stakeholders feel case management should be local, and should be in-person, not remote.
- Stakeholders want caseloads to be small for each case manager, with a requirement to meet with people monthly. Case managers should be required to return calls within a certain reasonable period.
- Stakeholders want good communication and information-sharing across case management, direct service providers, and people receiving services. Direct service providers are important in the planning process.
- Stakeholders commented that required skill training for case managers should include effective listening skills, conflict-resolution skills, use of simple language, futures planning, alternatives to guardianship, and supported decision-making.
- Stakeholders believe the State should develop objective and consistent ways to make sure the case management organizations do a good job, for both quality and performance.
- Stakeholders want a strong place for complaints, grievances, and appeals for people receiving services.

- Stakeholders asked the State to formalize how peer mentors collaborate with people, case management, and providers.

Overall, I think this is a positive option for the program to address conflict-of-interest concerns:



List of Acronyms

AAA	Area Agency on Aging
BIP	Brain Injury Program
CFC	Choices for Care
COI	Conflict of Interest
CRT	Community Rehabilitation and Treatment
DAIL	Department of Disabilities, Aging, and Independent Living
DMH	Department of Mental Health
DS	Developmental Services
DVHA	Department of Vermont Health Access
HCBS	Home and Community Based Services
HHA	Home Health Agency
IHCBS	Intensive Home and Community Based Services