

Vermont Home and Community- Based Services Quality Measures Stakeholder Feedback Project

Deliverable 1: Stakeholder Engagement Plan

April 6, 2026

This report was submitted as part of the Vermont HCBS Quality Improvement Stakeholder Engagement project October 2025 through January 2026.

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- ForHealth Consulting at UMass Chan Medical School;
- The Vermont Child Health Improvement Program, Larner College of Medicine at the University of Vermont;
- Green Mountain Self-Advocates;
- Vermont Developmental Disabilities Council; and
- Members of the Vermont HCBS Quality Improvement Stakeholder Engagement Project Advisory Committee.

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Introduction

The purpose of the HCBS Quality Measures Stakeholder Feedback Project was to engage a wide array of Vermonters who interact with the State’s Medicaid-funded Home and Community Based Services (HCBS) in conversations about a state-led initiative to measure the quality of these services. This included talking with people who receive these services, family caregivers, and service providers and disability advocates.

This project included 5 deliverables submitted to AHS as separate reports. The current report is Deliverable 1: Stakeholder Engagement Plan.

Deliverables	Key Activities
1. Create Stakeholder Engagement Plan	Ask questions, form core team, draft plan, Kickoff.
2. Draft Educational Materials	Find information on measures, translate for stakeholder groups, launch advisory team.
3. Revise Educational Materials Based on Feedback	Plan and launch survey and listening sessions, use existing meetings and infrastructure as much as possible.
4. Create Summary Report	Share findings and recommendations for educational materials and future stakeholder engagement.
5. Develop Train-the-Trainers Sessions	Design and lead sessions for AHS QI committee, HCBS subcommittee, AHS staff.

Background

The quality assessment activities focused on for this project represent a new requirement under Vermont’s Global Commitment to Health 1115 Medicaid Waiver (renewed 2022). The Centers for Medicare and Medicaid (CMS) have required the State to report on the quality of HCBS in Vermont. AHS and CMS agreed for Vermont to be an early adopter of the CMS HCBS Quality Measure Set. This is a standardized collection of performance measures designed to assess the quality of HCBS programs across

states. The goal is to focus on outcomes that matter to people receiving services, such as person-centered planning, community inclusion, health and safety, and workforce capacity, rather than just service delivery processes. States work with CMS to choose measures from the set to monitor performance, identify disparities, guide quality improvement, and support greater consistency and transparency in HCBS quality.

After negotiations with CMS, the Vermont HCBS Measure Set was agreed upon. This measure set contains three types of metrics:

1. **Five compliance measures** that focus on required timelines and procedures to protect health and safety. Compliance measures are collected every year.
2. **Eleven quality performance measures** that look at whether assessments, care planning, support for community living, and preventive care are delivered effectively. Performance measures are collected every two years.
3. The **HCBS CAHPS® Experience Survey** adds the voice of participants, showing how services feel in everyday life. This survey is conducted every two years.

Need for Stakeholder Feedback

Consultants supporting Vermont's HCBS Quality Assurance Project (Manatt) noted that "the program is not well understood by HCBS stakeholders, limiting the opportunity for collaboration and stakeholder support." As an early step to increasing understanding and collaboration, the State sought out partners to develop a set of educational materials and tools that the AHS can use to explain and collect feedback from HCBS stakeholders.

It is important to recognize the context in which these planned quality assurance activities take place. Vermont's three HCBS programs are under significant pressure, raising stakes and relevance for getting feedback from people receiving HCBS.

- **The Workforce Crisis:** Providers continue to face chronic workforce shortages across all direct care provider types. This includes home health workers, direct support professionals, job support providers, and staff who coordinate services or provide clinical oversight.

- **Regulatory Changes:** At the same time, Vermont's HCBS programs have been required to make significant changes to comply with a series of federal Medicaid rules that were published from 2014 to 2024. All three programs were found to need changes in how they administered case management services, with some new case management organizations opening as recently as last October.
- **Payment Reform in DDS:** DDS provider agencies also moved to a new payment structure last October. While this restructuring has been long anticipated, it has still generated significant anxiety among both providers and service participants. As payment reform rolls out, there have been delays in calculating individual budgets that have made communication between the State and stakeholders confusing.

Additionally, people with disabilities are aware of the ways that the current cultural and political climate negatively impacts them. Cuts in federal programs, stigmatizing language, and disparaging remarks by national leaders have made people with disabilities feel less safe.

Project Launch

This project started in September 2025 with the Center on Disability and Community Inclusion (CDCI) at the University of Vermont (UVM) being selected to coordinate this project. The effort was part of a larger project to support planning and rollout of the HCBS Quality Assurance Measures led by the AHS and in partnership with ForHealth Consulting at UMass Chan Medical School and the Vermont Child Health Improvement Program (VCHIP), Larner College of Medicine at the UVM. Early meetings between CDCI and VCHIP clarified the timeline and five deliverables for the project.

Kickoff Meeting

This initial plan was presented to the State at a kickoff meeting on October 9, 2025. At that meeting, the project team presented the overall plan and timeline for stakeholder engagement for approval. The purpose was to introduce the HCBS stakeholder engagement project led by the State of Vermont, outline the scope, clarify expectations for collaboration, and address initial questions.

The meeting was attended by representatives of:

- **AHS:** Shawn Skaflestad, Conor O'Dea, Susanne Trexler, Chris O'Neill, Erin Carmichael, Lisa Neveu, and Brian Smith.
- **UVM:** Rachel Garfield, Erika Ziller (VCHIP), and Jesse Suter (CDCI).
- **UMass Chan School of Medicine:** Yara Halasa Rappel, Ying Wang, and Diana M Hernandez.

After introducing the project and presenting the 5 deliverables, the group discussed ways to ensure the deliverables would be useful for AHS and the correct stakeholders were reached. The conversation focused on making sure stakeholders across the disability and aging populations provided feedback. Recommendations were offered to UVM for groups to reach out to engage diverse stakeholders. No changes were made to the deliverables and no future meetings were scheduled with AHS. It was decided everyone should have access to materials being created for this project. Following the kickoff meeting, a Microsoft Teams site was created with access for AHS, UMass, and UVM partners.

Kickoff materials in appendix:

- Appendix A shares the initial stakeholder engagement plan, activities, and timeline.
- Appendix B includes the slides presented to AHS leadership.

Roles of Project Partners

To complete project deliverables, CDCI partnered with the Vermont Developmental Disabilities Council and Green Mountain Self-Advocates. Our three organizations worked collaboratively on this project with the following roles:

- The **Center on Disability and Community Inclusion** (CDCI) took the lead and acted as the bridge between the project team and VCHIP, UMass, and AHS leaders conducting the broader work for Vermont's Comprehensive Quality Strategy for Medicaid-funded services. CDCI developed several of the educational materials and helped prepare this report.
- **Green Mountain Self-Advocates** (GMSA), Vermont's statewide organization for people with developmental disabilities, gathered most of the stakeholder feedback from people who receive Developmental Disabilities Services (DDS). They also created educational materials about the CAHPS for this population.
- The **Vermont Developmental Disabilities Council** convened the Advisory Committee; led stakeholder feedback sessions for family members, people in the Choices for Care Program and providers; created the train-the-trainer HCBS Quality Measures training for AHS personnel, and helped prepare this report.

Engagement Plan Activities

There were two broad strategies for engaging stakeholders to solicit their feedback:

1. **Formation of an Advisory Committee** of HCBS stakeholders to hold sustained, in-depth conversations about the State's planned quality assurance activities, the CAHPS® Survey, and draft educational materials.
2. **Hosting stakeholder feedback sessions** in a variety of formats including an in-depth, sustained conversation with the project's Advisory Committee, open forums for small groups, and opportunities to gather input that built off of already planned workshops and meetings.

Qualitative data from the stakeholder feedback was recorded and summarized following each session. Updates were shared with the larger project team at weekly meetings to support cross-project information sharing. Ultimately, synthesis of the feedback formed the basis for the findings and recommendations for the project.

A third strategy included in the initial plan was not used: Conducting an online survey.

The decision was made not to launch a survey for stakeholders because members of the advisory committee recommended against it. They shared that much more meaningful data would be learned from the more open-ended stakeholder feedback sessions. In addition, Green Mountain Self-Advocates reported that many people with intellectual and developmental disabilities would need supports to complete the survey on their own making it inaccessible for many HCBS recipients. Given this feedback, **the project team held significantly more stakeholder feedback sessions than originally planned (13 instead of 3-4 in the original plan).**

Advisory Committee

An Advisory Committee was formed of HCBS stakeholders to hold sustained, in-depth conversations about the State's planned quality assurance activities and draft educational materials.

The Committee was made up of 7 HCBS participants (5 from Developmental Disabilities Services and 2 from Choices for Care), 2 family caregivers, and 2 providers. The caregivers and one provider were familiar with the DDS system of care. The other provider was from an agency that services both people participating in DDS and people participating in Choices for Care. The service recipients from DDS were recruited by Green Mountain Self-Advocates, and they represented a range of support needs, ages, geographic locations, and residential situations (2 from shared living, 1 from group living, and 2 living with family).

One representative from the Choices for Care program was recruited by VTDDC; the other had a dual role in that he was also a staff person for this project. Difficulty connecting with Choices for Care recipients was a consistent issue throughout this stakeholder engagement process. In addition, the partners and committee were not able to recruit anyone receiving HCBS through the Vermont’s Traumatic Brain Injury Program, the smallest of the three HCBS programs. The Advisory Committee could have benefited from more participants from Choices for Care and Traumatic Brain Injury Program.

The Advisory Committee met 5 times between November 28, 2025 and January 16, 2026. Meeting topics are listed below.

Date(s)	Topic
Nov. 28, 2025	Overview of the project and why it is important. Focused on the role of the Advisory Committee and gathering clarifying questions.
Dec. 5, 2025	By committee request, focused on process of taking the CAHPS® Survey as the primary mechanism for measuring quality from the perspective of people receiving HCBS.
Dec. 12, 2025	Committee provided feedback about optimal ways of measuring quality and providing feedback.
Jan. 2, 2026	Committee members provided feedback on the draft educational materials.

Date(s)	Topic
Jan. 16, 2026	The fifth meeting focused on reviewing the key themes and recommendations of the Advisory Group

Advisory committee feedback is incorporated into project report Deliverable 4: Findings and Recommendations

Stakeholder Feedback Sessions

Between November 2025 and January 2026, approximately 180 individuals participated in 13 forums that provided stakeholder feedback for this project. We also included feedback from 57 people in 3 forums that were held before this project where there were conversations about the quality of HCBS. Appendix C includes a table listing each of the hosted feedback sessions including dates, host, attendance and a brief description of their purpose.

Green Mountain Self-Advocates hosted and led 10 of the forums, and the Vermont Developmental Disabilities Council led 6. CDCI personnel attended most forums, collated notes, helped analyze feedback to identify themes, and summarized findings. In addition, feedback from stakeholder sessions were shared with the UMass and VCHIP teams during weekly check-ins.

It is important to note, that with more time, more input could have been solicited from Choices for Care and Traumatic Brain Injury Program recipients. The input we did receive from those using Choices for Care may not be representative in that all these stakeholders are in the Flexible Choices Program where they manage their own services.

Across all participant groups, people want to help make HCBS better for Vermonters. Better services happen when HCBS is person-centered and tailored to individual needs. It also means that people’s rights are respected, and support is available when needed. For people receiving HCBS, giving feedback creates opportunities to advocate for oneself and for others. It helps to protect funding for important services. It is a way for the State to be open and honest about how decisions are made.

Family caregivers also want their concerns about services to be heard by the State.

They want to see more support hours filled, and their adult sons and daughters engaged in meaningful activities in the community. They, too, approached this project with the hope that the State will use the information that it collects to improve daily life, making service participants happier and safer.

Comments from stakeholders across the sessions fell into three broad categories:

1. Concerns about the process of data collection, especially when interviewing people using the CAHPS® Survey.
2. Areas important to HCBS quality not included in the Vermont HCBS Measure Set.
3. Concerns about the current state of HCBS in Vermont. Participants shared some of these issues so that the State may be better prepared for what it will hear.

Stakeholder feedback is incorporated into the project report Deliverable 4: Findings and Recommendations.

Appendix A. Initial Project Plan and Timeline

Note: Xs indicate 2-week period(s) we anticipate focusing on specific activities.

Deliverables and Activities	9/01	9/15	10/01	10/15	11/01	11/15	12/1	12/15	1/1	1/15
1. Create Stakeholder Engagement Plan										
Meet with VCHIP and UMass teams.	X	X	X	X	X	X	X	X	X	X
Confirm deadlines, scope of work, and budget.	X									
Confirm measures VT will use.	X	X								
Request relevant existing documents and resources.	X	X	X							
Identify project coordinator at UVM.		X								
Identify partners to serve on advisory team.	X	X	X	X						
Identify partners with expertise needed for creating plain-language resources.	X	X	X	X						
Identify partners with relationships and opportunities for gathering statewide feedback.		X	X	X						
Hold “kickoff” meeting with AHS to confirm plan.			X							
2. Draft Educational Materials										
Find federal resources describing the quality measures.		X	X	X						
Find resources relevant for educational materials.		X	X	X						
Create summaries of each measure.		X	X	X						

Create descriptions of roles and needs for each stakeholder group.	X	X			
Draft materials for HCBS clients.		X			
Draft materials for family members / caregivers.		X			
Draft materials for providers.		X			
Draft materials in common across all stakeholders.		X			
Launch advisory team to get feedback on drafts.		X	X		
Send draft materials to all project partners.			X		
3. Revise Educational Materials Based on Feedback					
Work with advisory team to develop best methods for making stakeholder engagement accessible.		X	X		
Identify existing meetings / events to solicit feedback.	X	X	X		
Work with project partners on best / least burdensome strategies for reaching providers (e.g., existing listservs, newsletters, meetings).	X	X	X		
Work with advisory team to develop questions for stakeholders to give feedback on materials.			X		
Work with advisory team to design survey.			X		
Work with advisory team to plan focus groups / listening sessions.			X	X	
Launch survey.			X	X	X

Hold 3-4 listening sessions.	X	X	X	X
Summarize feedback highlighting strengths and needs of educational materials.			X	X
Summarize any additional feedback received.			X	X
Present findings to advisory team and project partners.			X	X
Revise educational materials based on analysis of feedback.			X	X
4. Create Summary Report.				
Draft outline of report to review with advisory team and project partners for feedback.			X	X
Overview and purpose of new measures and this project.				X
Methods for stakeholder engagement				X
Findings re: educational materials, process				X
Conclusions and recommendations for using materials and ongoing stakeholder engagement.				X
Include citations for all references.				X
Get ongoing feedback about report from advisory team and project partners.				X
Submit report to project partners.				X

5. Train-the-Trainers Session on Measures Communication Strategy

Design training sessions with advisory team.	X	X	X
Identify trainers for each of the sessions.	X	X	X
Work with AHS partners to identify best dates, times, and venues for each of the sessions.	X	X	X
Present to AHS QI committee.			X
Present to HCBS subcommittee.			X
Present to AHS staff.			X

Appendix B. Kickoff Presentation

HCBS Stakeholder Engagement Kickoff

October 9, 2025



Today's agenda:

1. Introductions
2. Stakeholder engagement plan and timeline
3. Questions for AHS
4. Questions for us?



Deliverables	Key Activities
1. Create Stakeholder Engagement Plan	Ask questions, form core team, draft plan, Kickoff.
2. Draft Educational Materials	Find information on measures, translate for stakeholder groups, launch advisory team.
3. Revise Educational Materials Based on Feedback	Plan and launch survey and listening sessions, use existing meetings and infrastructure as much as possible.
4. Create Summary Report.	Share findings and recommendations for using educational materials and future stakeholder engagement.
5. Train-the-Trainers Sessions	Design and lead sessions for AHS QI committee, HCBS subcommittee, AHS staff.

Tentative Timeline	9/01	9/15	10/01	10/15	11/01	11/15	12/1	12/15	1/1	1/15
1. Create Stakeholder Engagement Plan	X	X	X							
2. Draft Educational Materials			X	X						
3. Revise Educational Materials Based on Feedback					X	X	X	X		
4. Create Summary Report.									X	
5. Train-the-Trainers Session on Measures Communication Strategy										X

Discussion question

By the end of this project AHS will have:



Educational Materials



Summary Report



Train-the-Trainer Sessions

What should the UVM team know to make these as useful as possible for you?



University of Vermont

Center on Disability & Community Inclusion

Discussion question

There are many different types of HCBS providers.

Personal Care Providers
Home Health
Adult Day Service Centers
Developmental Disability Service Providers
Traumatic Brain Injury (TBI) Program Providers
Case Management Organizations
Mental Health and Substance Use Providers
Flexible Choices Providers

Which providers are most important to focus on?

What existing lines of communication can we use to reach them?



University of Vermont

Center on Disability & Community Inclusion

Discussion question

This project has many partners.

Do you have requirements for how we communicate how this work is funded and led?

Examples:
Specific title?
Emphasize AHS led?
Branding?
Disclaimers?

Questions for us?

Appendix C. Stakeholder Feedback Sessions

The table below lists each of the stakeholder feedback sessions, project host, who attended, and purpose of the session.

Date(s)	Host and Name	Attendance	Purpose
5/20 & 5/21/25*	GMSA Leadership Retreat in Killington, VT	25 People receiving Developmental Disabilities Services (DDS)	25 GMSA Peer Leaders From 16 Local Self-Advocacy Groups attended a retreat to discuss long-term planning and needs for people with intellectual and developmental disabilities (IDD).
9/25/25*	VTDDC Council Meeting	15 (different roles)	Council includes Governor appointed members who are self-advocates, family advocates, and agency representatives. This was a regular council meeting with discussion relevant for HCBS. Kirsten led a SWOT discussion about HCBS – both residential services and community services. People met in small groups in person and online.

Date(s)	Host and Name	Attendance	Purpose
10/27/25*	GMSA Board Meeting on Zoom	17 People receiving DDS	A GMSA Board Meeting hosted a focus group on quality of life and what youth and adults with IDD need most.
11/3/25	GMSA One-Day-Conference About HCBS Rules That Protect Our Rights in Montpelier, VT	27 People receiving DDS	People with IDD participated in a workshop to learn about rating services and give feedback on the quality of their services.
11/12/25	GMSA One-Day-Conference About HBS Rules That Protect Our Rights in Burke, VT	17 People receiving DDS	Self-advocates participated in a workshop to learn about rating services and give feedback on the quality of their services.
11/15/25	VTDDC Council Retreat	4 People receiving HCBS	During a council retreat, Kirsten led a focus group with 4 members of the council who receive HCBS. Two receive DDS and 2 receive Choices for Care.
11/18/25	GMSA One-Day-Conference About HBS Rules That Protect Our Rights in Manchester, VT	24 People receiving DDS	Self-advocates participated in a workshop to learn about rating services and give feedback on the quality of their services.

* The first three feedback sessions occurred before the start of this stakeholder engagement project. However, the sessions included relevant (and recent) stakeholder feedback, so we included the feedback in this report.

Date(s)	Host and Name	Attendance	Purpose
11/21/25	GMSA One-Day-Conference About HBS Rules That Protect Our Rights in Burlington, VT	33 People receiving DDS	Self-advocates participated in a workshop to learn about rating services and give feedback on the quality of their services.
11/22/25 & 11/24/25	GMSA Focus Groups: Barriers to Honest Feedback on Service Quality	29 People receiving DDS + 5 allies	Two virtual focus groups explored the challenges people with disabilities face when speaking honestly with state evaluators about the quality of their staff and agencies. Participants shared suggestions for improvement.
12/2/25	GMSA Virtual Focus Group on Confidentiality and Mandated Reporting Concerns	8 People receiving DDS	The focus group talked about concerns related to confidentiality and mandated reporting and shared how these issues affect people during CAHPS interviews.
12/9/25 & 12/10/25	GMSA Focus Groups: Barriers to Honest Feedback on Service Quality	20 People receiving DDS	Two virtual focus groups explored the challenges people with disabilities face when speaking honestly with state evaluators about the quality of their staff and agencies. Participants shared suggestions for improvement.
12/11/25	VTDDC Family Caregiver Listening Session Mid-Day	8 Family members	Kirsten gave participating family caregivers a brief overview of the CMS required quality

Date(s)	Host and Name	Attendance	Purpose
			assurance metrics, followed by an open-ended conversation.
12/11/25	VTDDC Family Caregiver Listening Session Evening	10 Family members	Kirsten gave participating family caregivers a brief overview of the CMS required quality assurance metrics, followed by an open-ended conversation
12/15/25	GMSA Virtual Focus Group on Confidentiality and Mandated Reporting Concerns	16 People receiving DDS	The focus group talked about concerns related to confidentiality and mandated reporting and shared how these issues affect people during CAHPS interviews.
1/19/26	VTDDC Input from DDS Providers	2 Providers	Interview with 2 Directors of provider agencies, each with many years of experience delivering HCBS. Both agencies support DDS participants, and one also supports people using Choices for Care.
1/23/26	VTDDC Flexible Choices for Care	5 Choices for Care recipients & 1 family caregiver	Kirsten gave participants a brief overview of the CMS required quality metrics, followed by an open-ended conversation. All participants manage their own HCBS through the Flexible Choices option.