

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

## **Deliverable 2: Draft Educational Materials**

and

## **Deliverable 3: Revise Educational Materials**

**April 6, 2026**

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

We gratefully acknowledge funding support from the Vermont Agency of Human Services and the collaboration of our partners:

- 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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<https://go.uvm.edu/hcbsqualityreport>

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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 2: Draft Educational Materials and Deliverable 3: Revise Educational Materials.**

Deliverables	Key Activities
1. Create Stakeholder Engagement Plan	Ask questions, form core team, draft plan, Kickoff.
<b>2. Draft Educational Materials</b>	<b>Find information on measures, translate for stakeholder groups, launch advisory team.</b>
<b>3. Revise Educational Materials Based on Feedback</b>	<b>Plan and launch survey and listening sessions, use existing meetings and infrastructure as much as possible.</b>
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.

# Educational Materials

## Development

Creating educational materials to inform diverse groups of stakeholders about the HCBS Quality Assurance Measures was a primary goal for this project. Education and

accessible communication are strengths of the three lead organizations on this project, and we wanted to leverage our experience and the new feedback provided by stakeholders.

**Development of materials began with research into what was already available.**

Internet searches and reaching out to partners in other states did not yield educational materials that were written in plain language for diverse stakeholder groups. For example, the CMS website hosts a [Home & Community Based Services Training Series](#) on many topics, but they appear designed as resources for state agency personnel and many were written prior to the rule changes that led to this new effort. **The more technical CMS websites provided the most useful information to our team** about HCBS quality measures in general, and specifics related to the quality compliance, quality performance, and HCBS CAHPS® survey measures.

- [Home and Community-Based Services Quality](#)
- [Home and Community-Based Services Quality Measure Set](#)
- [CAHPS® Home and Community-Based Services Survey](#)

In addition, **Vermont-specific materials** created as part of the larger planning and development of HCBS Quality Measures<sup>1</sup> coupled with consultation from ForHealth Consulting and VCHIP provided clarity on the specific measures selected for Vermont.

**To represent the amount of technical information about the quality measures, and concerns raised by stakeholders, our team created six educational documents.<sup>2</sup>**

1. [HCBS Quality Measures Guide](#). The purpose of this guide was to summarize much information in one place serving as a foundational document from which more specific ones could be created. The guide was intended for diverse

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<sup>1</sup> *Vermont HCBS Quality Program: Phase 2--Recommendations for Strengthening DAIL HCBS Quality Assurance and Improvement* – Manatt, March 2024.

*HCBS Performance Measures Annual Report - DY20 (CY2024) - August 2025*

<sup>2</sup> Links are available to go directly to pdf versions for each of the educational materials. They are also shared in the appendix.

stakeholder groups including people receiving HCBS, families, providers, and AHS personnel who wanted an overview or to look up answers to specific questions.

2. [\*HCBS Quality Measures Booklet\*](#). Designed to be a short and more user-friendly, and much less detailed than the larger guide. This is also intended for diverse groups looking for a brief overview.
3. [\*HCBS CAHPS® Survey Booklet\*](#). This was drafted in response to requests to answer questions about the CAHPS in a more user-friendly manner.
4. [\*Tips for Making Interviews More Accessible for People with Intellectual Disability\*](#). This guide was written for AHS staff and the vendor selected to lead CAHPS® Survey data collection.
5. [\*Peer-Led Training on Rating Services\*](#). This training was designed and piloted by GMSA for recipients of HCBS services, including people with intellectual and developmental disabilities, to understand how to give feedback the CAHPS survey.
6. [\*Understanding Privacy When the State Asks Questions\*](#). This training was also designed by GMSA to help people with intellectual and developmental disabilities build confidence and clarity about State service interviews.

## Recommendations for Using Educational Materials

Recommendations are offered to help the educational materials created for this project be most effective when shared. First, these materials were created before all plans for Vermont HCBS quality measures have been made. For example, a vendor will be selected to plan and administer the CAHPS Survey®. It will be important for all materials to be reviewed and updated as needed to ensure they include the latest information. Second, the *HCBS Quality Measures Guide* was designed as a resource to provide the appropriate level of information for different stakeholders, and it is not meant to be read from start to finish. As such, we recommend the content be moved to a website instead of offering as a static PDF document as presented here.

Third, for accessibility and to better engagement diverse learners and stakeholders, we recommend providing materials in multiple formats (e.g., audio, video) when sharing.

The remainder of this report provides more information about each of the educational materials designed for this project and recommendations for their use and further development.

# 1. HCBS Quality Measures Guide

The purpose of this guide was to share both broad and specific aspects of using HCBS quality measures in Vermont. It is not intended to be read cover-to-cover. Instead, it was written to start with broad summaries and increasingly provide greater detail in later sections for those who want it.

## **There were three versions:**

1. **Version 1:** The first provided detailed descriptions of each measure. Sharing the draft with the lead organizations and outline with the advisory team, we learned stakeholders wanted access to these details but needed more context and summaries as well.
2. **Version 2:** We wrote an introduction providing an overview and purpose of measuring HCBS quality and organized the guide to provide increasingly detailed information about the measures. The Advisory Committee reviewed and provided feedback on the first two sections. In addition to content and plain language suggestions, they had excellent feedback to make the images and sections easier to navigate. We also received editorial support and corrections about the full guide from the ForHealth Consulting and VCHIP teams.
3. **Version 3:** The final version incorporates the feedback from all partners and includes consistent headings, alternative text, adequate color contrast and other digital accessibility features.

## **The current version of the guide has the following sections:**

- Section 1 is a broad introduction to HCBS and measuring quality. This was greatly enhanced by feedback from the Advisory Committee to include more background information on HCBS, the role of CMS, 3 types of HCBS programs (including eligibility and how to apply), and a glossary including some key terms.
- Section 2 is a summary of the three types of quality measures: Compliance Measures, Quality Performance, and the HCBS CAHPS® Survey.
- Section 3 provides an overview of the Compliance Measures.

- Sections 4 & 5 provide the most detailed descriptions of the two types of compliance measures, their importance, and roles of stakeholders.
- Section 6 provides an overview of the Quality Performance measures (at the same level of detail as Section 3 for Compliance).
- Sections 7-10 provide more detailed descriptions of the four types of performance measures, importance, and roles of stakeholders.
- Section 11 is the overview section for the HCBS CAHPS® Survey. Responding to stakeholders, we included more details about how the survey is administered, the experience of taking the survey, roles and responsibilities, types of answer choices, and how responses are used to create percent scores as indicators of quality.
- Sections 12-21 provide the most detail about the 10 areas covered by the CAHPS, importance, and specific questions and answer choices.

**We recommend the content of this guide be added to a website for easier navigation and updating.** As mentioned above and in conversations with the AHS and project partners, a website will be the most useful way to share this information.

Knowing that a single guide would be too unwieldy for the needs of many, we sought feedback from stakeholders to learn what other educational materials would be helpful. That led to the development of the booklets and tips for interviewers.

## 2. HCBS Quality Measures Booklet

The purpose of this guide was to create a shorter and more user-friendly version of the Introduction and Summary of Quality Measures from the main guide. The intended audience was people receiving HCBS and family members. The guide was modeled after the health guides created for the [Vermont Inclusive Healthcare Partnership Project](#), led by the Vermont Developmental Disabilities Council (VTDDC). Although this guide was created in response to feedback from stakeholders, there was not time for stakeholders to review it.

### **We recommend this guide be updated:**

- Based on direct feedback from people receiving services and families.
- With improved graphic design. The Vermont health guides mentioned above were created with tailored drawings by an illustrator increasing their engagement.
- To post the information on a website and as a narrated video, also like the Inclusive Healthcare Partnership Project.
- To incorporate relevant changes to HCBS quality measures roll-out.

### 3. HCBS CAHPS® Survey Booklet

This short booklet focuses on the HCBS CAHPS® Survey and was written for self-advocates and family members. It tries to answer questions that members of our Advisory Committee and stakeholders repeatedly asked about the survey. In addition to describing the CAHPS and the 10 areas covered, it explains who takes the survey, who conducts the interviews, and important considerations like supports they can have, answer choices, and confidentiality. The latter two sections are aligned with the GMSA trainings developed for this project including: *Learning to Rate Your Services* and *Understanding Privacy When the State Asks Questions*.

**We recommend this guide be updated:**

- Based on direct feedback from people receiving services and families.
- With improved graphic design. The Vermont health guides mentioned above were created with tailored drawings by an illustrator increasing their engagement.
- To post the information on a website and as a narrated video, also like the Inclusive Healthcare Partnership Project.
- To incorporate relevant changes to HCBS quality measures roll-out.

## 4. Tips for Making Interviews More Accessible for People with Intellectual Disability

Green Mountain Self-Advocates created a checklist of tips for people interviewing HCBS recipients with intellectual and developmental disabilities. This was originally created before this project to support self-advocates' full participation in surveys and interviews. The checklist was updated to reflect feedback from stakeholders shared during this project.

1. The tips begin with **Common Courtesies** for being clear and treating people with dignity.
2. Accessibility begins with preparation **before an interview**. Making sure that interviewers have been trained and people receiving services have their needs met beforehand is critical.
3. This is followed by **some environmental factors to consider**, particularly sensory considerations.
4. **During interviews** interviewers must be clear, slow, encourage breaks, and make sure the interviewees needs are met so they can focus on the questions.
5. Supporting this, GMSA shared **communication tips** to use during the interview.
6. **When asking questions** it is helpful to have written copies, ask one question at a time, use examples, and follow other strategies.
7. **When answering questions** interviewers should be clear and check-in regularly.
8. **After an interview** it is important to share results or any appropriate summary.

**We recommend this checklist be:**

- Reviewed with the vendor selected to administer the HCBS CAHPS in Vermont.
- Compared to guidance from CMS regarding CAHPS administration.
- Incorporated into trainings for CAHPS interviewers.

## 5. Peer-Led Training on Rating Services

GMSA presented four times in November 2025 to more than 100 individuals who receive HCBS services. We partnered with six peer trainers who receive HCBS services to prepare people with intellectual and developmental disabilities (IDD) to give feedback about their services. Together, we created and tested a one-hour workshop that uses adapted CAHPS® survey questions to teach participants how to use rating scales with confidence.

### Development & Approach

We designed the training using adult learning methods that work well for people with IDD. (Hands-on learning, Real-life examples, Visual cues, building on what people already know.) People with lived experience wrote the script and activities. Peer trainers helped develop the content and led the sessions, making sure everything felt relatable and building confidence through step-by-step, plain-language exercises.

### Key Activities

We led the workshop through a clear, step-by-step process to help participants understand ratings and feel less intimidated.

- We began by rating everyday experiences, such as rating movies or meals. We emphasized that there are *no wrong answers*—only personal opinions.
- We taught a simple 0–3-star rating system (3 stars = always, 2 stars = usually, 1 star = only sometimes, 0 stars = never). Signs with four rating options were posted around the room. Participants walk to different corners of the room to rate personal preferences for questions about pizza, football, and going to the beach. This made the scale concrete, active, and fun.
- We had important conversations to help participants recognize two key ideas: they are the experts in their own lives, and honest feedback leads to better quality support.

- We led a second “Get Up and Move” activity using adapted CAHPS questions. We mixed in humorous, relatable scenarios (such as “My staff forgets where they parked”) to gently transition into rating real services, while following clear privacy rules and not using names.
- A peer trainer closed the session by sharing a personal story about speaking up about a service issue and the positive outcome that followed. This modeled real self-advocacy and strongly reinforced the purpose of the workshop.

## **Outcomes & Impact**

The pilot sessions successfully gave participants practical experience with a standard feedback tool. The training started with simple, everyday examples and gradually applied the skills to rating services. This step-by-step approach made the survey process clear and less intimidating. By mixing important conversations about personal expertise with interactive practice, the training helped people see that rating their services is a powerful way to speak up for themselves. Having the training led by peers made it relatable, trustworthy, and easy to access.

## 6. Understanding Privacy When the State Asks Questions

This peer led workshop is 60 to 90 minutes. It is designed to help people with intellectual and developmental disabilities build confidence and clarity about State service interviews.

In small groups of 4–8 participants, Peer Trainers with lived experience use simple activities, real-life examples, and role play to explain what “confidential” means, what usually stays private, when information must be shared for safety (mandated reporting), and what rights people have during interviews.

Participants learn who hears their answers, practice speaking honestly, and explore shared vs. private information in a supportive setting. The workshop centers empowerment—reminding people they are the experts in their own lives—and helps participants feel prepared to give meaningful feedback that can improve services for everyone.

# Appendix. Full Versions of Educational Materials

On the following pages, the six educational materials are shared as a single PDF. They can also be accessed individually through the links below.

1. [\*HCBS Quality Measures Guide\*](#). The purpose of this guide was to summarize much information in one place serving as a foundational document from which more specific ones could be created. The guide was intended for diverse stakeholder groups including people receiving HCBS, families, providers, and AHS personnel who wanted an overview or to look up answers to specific questions.
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# Vermont Home and Community-Based Services Quality Measures Guide



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**January 2026**

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# Introduction

This guide was written to help Vermonters understand the different Home and Community-Based Services quality measures and how they are used. It is important to understand what these services are before learning about the quality measures.

## Background on HCBS

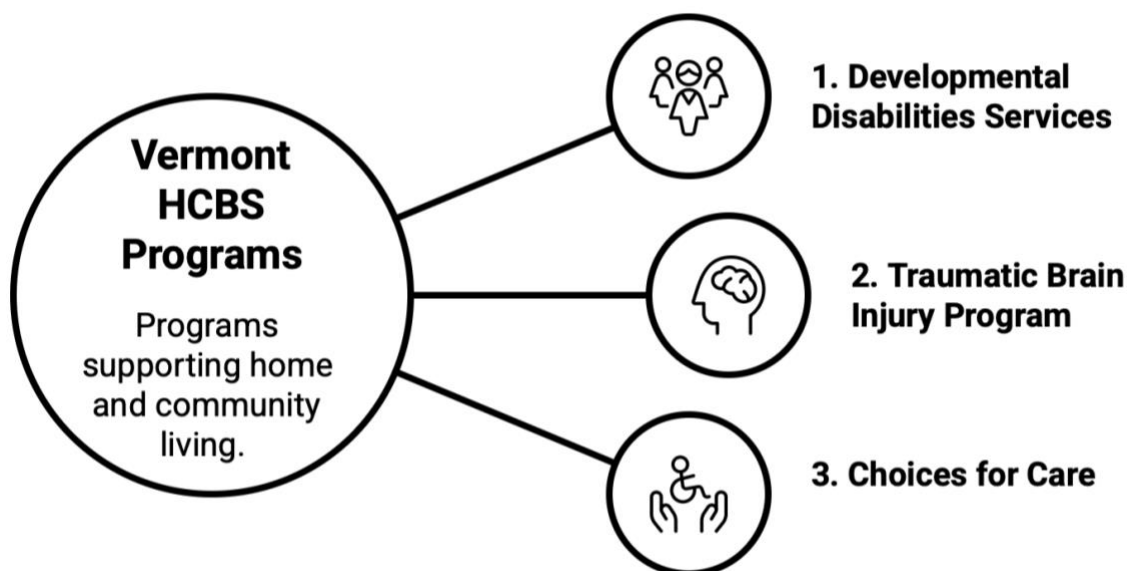
Most Vermonters want to get care and support in their own homes and communities. Vermont's Home and Community-Based Services (HCBS) programs try to make this possible.

HCBS is a federal program managed by the Centers for Medicare & Medicaid Services. HCBS are part of Long-Term Services and Supports (LTSS), which is the help people may need as they age or live with a disability. HCBS support people to live at home and be part of their community. They are different from services provided in nursing homes or institutions.

In Vermont, these programs are managed by the Department of Disabilities, Aging, and Independent Living (also called DAIL).

**Not everyone is eligible for or needs HCBS supports.** To get these services Vermonters must be eligible for Medicaid and have needs that match one of the HCBS programs. Vermonters need to contact these programs to see if they are eligible.

**In Vermont, there are 3 main types of HCBS programs supporting different groups:**



HCBS Program	Who is Eligible?	How to Apply
<b>1. Developmental Disabilities Services</b>	<p>People with a diagnosed intellectual or developmental disability.</p> <p>This program mostly helps adults.</p> <p>Some children and youth with intense needs may also get this help.</p>	<p>Call Public Consulting Group Intake and Eligibility team.</p> <p>(833) 426-5668 or email: <a href="mailto:VTDDSDIntake@pcgus.com">VTDDSDIntake@pcgus.com</a></p> <p><a href="#">More info on DAIL website.</a></p>
<b>2. Traumatic Brain Injury Program</b>	<p>For people with a diagnosed traumatic brain injury.</p> <p>They must be 16 years or older.</p>	<p>Call DAIL (802) 241-0294 or email <a href="mailto:ahs.asdbip@vermont.gov">ahs.asdbip@vermont.gov</a> to get an application.</p> <p><a href="#">More info on DAIL website.</a></p>
<b>3. Choices for Care</b>	<p>Adults who need a lot of help or full help with daily activities like getting dressed, eating, or using the toilet.</p> <p>They must be 65 years or 18 years with a physical disability.</p>	<p>For questions call DAIL: 1-802-241-0294</p> <p>To apply call Department of Vermont Health Access: 1-800-479-6151</p> <p><a href="#">More info on DAIL website.</a></p>

## Measuring quality to improve HCBS

**Vermont wants to make services better for people who use them.**

The state has started using new ways to check the quality of Home and Community-Based Services (HCBS). A **measure** is a way to check how well something is working. In HCBS, measures help show if services are meeting people's needs.

The Centers for Medicare & Medicaid Services (CMS) is a federal agency. CMS helps states improve HCBS services. In the past, Vermont could choose its own ways to check service quality. Now, CMS requires Vermont to use certain quality measures that CMS has approved. This comes from a rule called the **Ensuring Access to Medicaid Services Rule**, or the **Access Rule**.

Vermont worked with CMS and experts to choose quality measures that follow this rule. If you want to learn more about this rule, we recommend Green Mountain Self-Advocates [plain language summary of the Medicaid Access Rule](#).

These quality measures help us see what is working well and what needs to improve. The goal is to use this information to make services better for everyone. The measures also help Vermont compare its services with other states.

**There are 5 steps for gathering and using quality measures.** These steps start over every year to make sure services get better over time.



## Important words for understanding HCBS quality measures

To understand HCBS quality measures, we need to know what certain words mean. This glossary explains how we use important words in this guide.

<b>Word</b>	<b>Definition</b>
<b>Assurance</b>	A promise that something will be done the right way. In HCBS, it means making sure services meet certain standards.
<b>CAHPS®</b>	This is the short way to write the HCBS Consumer Assessment of Healthcare Providers and Systems survey. The survey is one of the three types of quality measures.
<b>Centers for Medicare &amp; Medicaid Services</b>	The federal agency that runs Medicare and Medicaid programs. They set rules and standards for states to follow. Often shortened to CMS.
<b>Compliance</b>	Following the rules and laws that apply to a program or service. If a program is “in compliance”, it means it is following the rules.
<b>Home and Community-Based Services</b>	Supports and services that help people live in their homes and communities instead of in institutions (like a nursing home). Examples include help with daily activities, transportation, or job support. Shortened to HCBS.
<b>Measure</b>	A way to check or track something. In HCBS, a measure is one way to see how well services are working.
<b>Quality</b>	How good something is. For HCBS, quality means services are safe, helpful, and meet people’s needs.
<b>Quality improvement</b>	Making things better by finding problems and fixing them. In HCBS, quality improvement means looking at how services are working, finding ways to improve them, and making changes so people get better care and support.

Word	Definition
<b>Rating</b>	A rating is a way to show what you think about something. A survey question may give you choices like numbers or words, such as “very bad” to “very good.” The choice you pick is your rating.
<b>Stakeholder</b>	Stakeholders are people and groups who are part of HCBS. They can be people who receive HCBS, provide HCBS, or whose lives are affected by HCBS.

## How this guide is organized

This section provides background information and steps for measuring HCBS quality.

The next section is a **Summary of Vermont HCBS Quality Measures**. That section describes the three types of HCBS quality measures. This is an important summary for most people who want to learn about Vermont’s HCBS quality measures.

**Later sections provide more detail about the 3 types of quality measures.** These sections are for people who want more information and details. They do not need to be read in order. People should choose what they want more detail about, then read only the sections that are important for them.


**Later sections try to answer questions people have about the quality measures.** The main questions we try to answer are: What are the questions in each measure? Why are these measures important? And what should people do to help improve HCBS quality?

We call people who have a role in HCBS “stakeholders.” The different stakeholder groups are:


- People who get help from HCBS
- Families and caregivers of people who use HCBS
- Providers of HCBS
- Disability organizations
- Agency of Human Services staff who help administer programs

# Summary of Vermont HCBS Quality Measures


This section explains how Vermont measures the quality of Home and Community Based Services (shortened to HCBS). Vermont uses 3 types of measures. Each measure gives a different view on how well services support safety, independence, person-centered care, and quality of life.



**Compliance Measures**  
Focus on timelines and procedures to protect health and safety.



**Quality Performance**  
Checks if assessments, care planning, and supports are being done well.



**CAHPS® Survey**  
Asks people how they feel about the services they receive.

Together, these measures help Vermont understand whether HCBS programs meet needs for safety, reliability, respect, and person-centered support. They also show where services are working well and where improvements may be needed.

All stakeholders contribute to this work by reporting concerns, sharing experiences, providing services, reviewing data, and advocating for quality across the system.

The rest of this section gives more information about the 3 types of measures and why they matter. More detailed information about specific measures and the roles of different people is shared in later sections.



## Quality Measure Type 1: Compliance

Vermont's HCBS compliance measures help ensure that people receiving long-term services and supports in their homes or communities receive safe, timely, and person-centered care. These measures help Vermont monitor how well the system protects people, resolves problems, and keeps care plans current. They support accountability, trust, and high-quality care across all home and community-based services.

**Compliance measures are grouped into 2 areas:**



1. **Critical Incident Management:** How serious problems are taken care of.
2. **Case Management and Service Planning:** How supports relate to each person's specific person-centered needs and goals.

These measures are important because they help make sure that concerns are taken seriously and handled quickly.



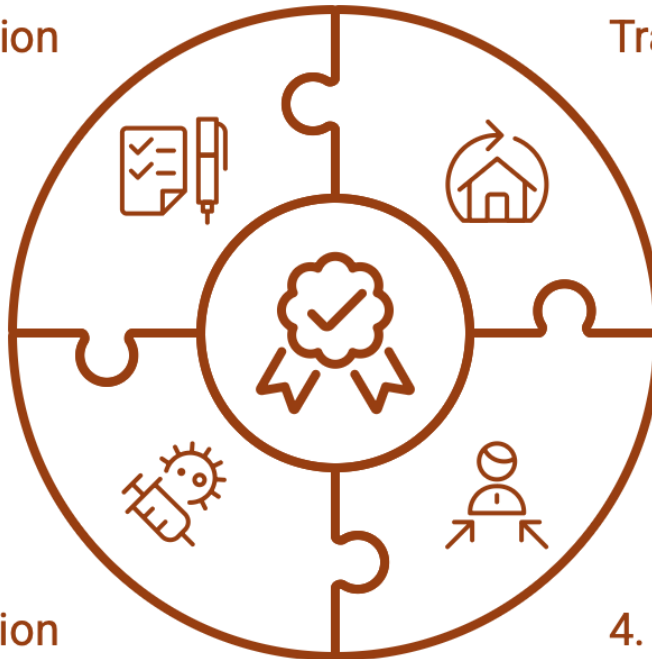
## Quality Measure Type 2: Quality Performance

Vermont's HCBS Quality Performance Measures evaluate how well services promote health, independence, and person-centered care.

Quality performance measures are grouped into 4 areas:

1. Assessment,  
Planning, and  
Coordination

2. Community  
Living and  
Transitions



3. Flu Vaccination

4. Self-Direction  
and Choice

1. **Assessment, Planning, and Coordination of Care:** How well people's needs are assessed, plans are updated, and care is coordinated across providers.
2. **Community Living and Transitions:** How well HCBS supports people to live in the community, avoid unnecessary hospitalizations, and transition successfully back home
3. **Flu Vaccination:** How many adults with HCBS receive the annual flu vaccination to prevent illness and hospitalization.
4. **Self-Direction and Choice:** How well people are supported to make choices and manage their own care and services.



## Quality Measure Type 3: Experiences with Services (CAHPS® Survey)

Each year, some people who receive services will be invited to complete the HCBS Consumer Assessment of Healthcare Providers and Systems® (shortened to CAHPS). If they agree to participate, trained interviewers will ask questions about their services to see what they think. The survey is voluntary, and people can choose to bring someone to support them.

The CAHPS survey brings the voice of people receiving services directly into Vermont’s HCBS quality work.

This survey helps Vermont identify strengths and problems with HCBS services. The results show where additional support, training, or improvement work may be needed so services better match what people want and need.

**The survey asks about people’s experiences with services in 10 areas. Each area looks at a different part of quality and person-centered care:**

- |  |  |
|--|--|
|  1. Staff are reliable and helpful.         |  6. Personal safety.                    |
|  2. Staff listen and communicate well.      |  7. Planning your time and activities.  |
|  3. Case manager is helpful.                |  8. Unmet needs.                        |
|  4. Choosing services that matter to you.   |  9. Physical safety.                    |
|  5. Transportation to medical appointments. |  10. Staff ratings and recommendations. |

## Descriptions of each of the 10 areas:

1. **Staff are reliable and helpful:** Staff show up on time, work as long as planned, and give you privacy.
2. **Staff listen and communicate well:** This means being respectful, listening, and explaining things clearly and carefully to you.
3. **Case manager is helpful:** Asks how helpful your case managers is.
4. **Choosing the services that matter to you:** This means service plan includes everything important to you, and staff know what is in the plan.
5. **Transportation to medical appointments:** Asks if you have a reliable and accessible ride to medical appointments.
6. **Personal safety:** Asks if you have someone to talk to if something bad happens. Asks if staff treat you badly like taking your things or yelling.
7. **Planning your time and activities:** This means being able to get together with family, friends, and spend time in the community when you want.
8. **Unmet Needs:** Asks if staff were available when needed to help with dressing, showering, bathing, meals, medications, and other tasks.
9. **Physical Safety:** Asks if you have been hit or hurt by staff.
10. **Staff ratings and recommendations:** Asks how you rate the help you get from different staff. Then asks if you would recommend the staff to family and friends.

# Compliance Measures: Overview and Roles



Vermont's HCBS compliance measures help ensure that people receiving HCBS services receive safe, timely, and person-centered care.

**Compliance measures are grouped into 2 areas:**



## 1. Critical Incident Management

Critical incident management means how quickly and effectively problems are handled when something serious happens. The Department of Disabilities, Aging, and Independent Living (DAIL) has rules for what critical incidents are and what to do when they happen. They are in the state's [Critical Incident Reporting Guidelines](#).

## 2. Case Management and Service Planning

The Case Management and Service Planning measures make sure that people's services stay up to date with their needs, goals, and preferences.

## List of Compliance Measures

Measure	What It Tracks	Required Timeframe
<b>Critical Incident Management</b>		
<b>1. Critical incident investigation started on time</b>	How quickly serious incidents are investigated	Within 1 business day for serious cases; within 3-5 business days for less urgent cases
<b>2. Critical incident investigation closed on time</b>	Whether investigations are completed promptly and documented	Within 30 days
<b>3. Corrective action completed on time</b>	Whether problems identified during investigations are fixed and verified	Within the timeframe required by AHS or DAIL
<b>Case Management and Service Planning</b>		
<b>4. Functional reassessment completed annually</b>	Whether each person's needs and supports are reviewed at least once every 12 months	Every 12 months
<b>5. Service plan updated after reassessment</b>	Whether care plans are updated immediately following the annual reassessment	Immediately following reassessment

## HCBS Compliance Measures Stakeholder Roles and Responsibilities

Stakeholder Group	Critical Incident Management (Measures 1-3)	Case Management and Service Planning (Measures 4-5)
<b>People who get HCBS</b>	Report concerns and participate in investigations	Take part in reassessments and review updated plans
<b>Families and caregivers</b>	Report safety concerns and share information during investigations	Share observations and confirm updated plans reflect current needs
<b>Providers</b>	Report incidents, investigate on time, and complete corrective actions	Complete reassessments and update service plans promptly
<b>Disability organizations</b>	Educate and advocate for safety and timely response	Promote person-centered planning and monitor for delays
<b>AHS staff</b>	Monitor incident reporting and corrective actions	Verify reassessments and plan updates through data reviews

# Compliance Measure 1: Critical Incident Management

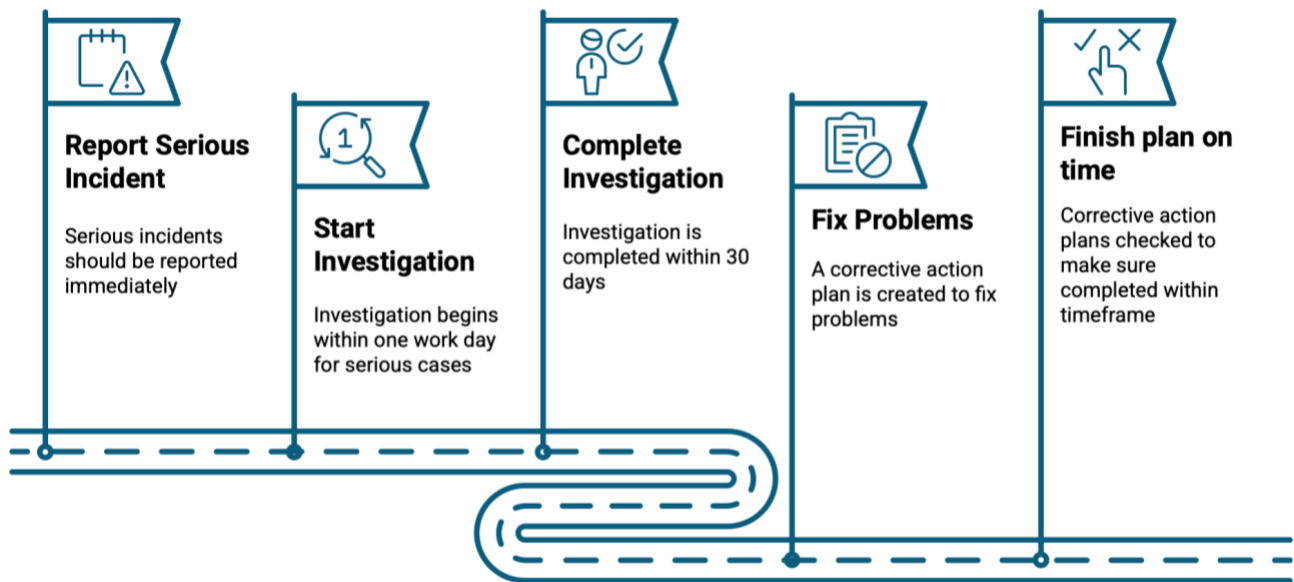
## Introduction

Vermont's HCBS compliance measures help ensure people receiving services receive safe, timely, and person-centered care. They track whether key safety checks and planning steps happen on time and as required by federal and state rules.

### Critical incidents are serious problems including:

- Someone is missing.
- Death of someone receiving services.
- Reports of abuse, neglect, and exploitation.
- Corporal punishment.
- Seclusion.
- Psychological/verbal abuse.
- Unauthorized restriction of contact with family or significant others.
- Denial of basic needs, including effective communication.
- Limiting a person's mobility.
- Unauthorized withholding funds.
- Forced administration of psychiatric medications.
- Use of physical, chemical or mechanical restraints.
- Criminal act or incarceration of person receiving services.
- Medical emergency.
- Suicide attempt.
- Knowledge of Medicaid fraud.
- And any other actions or events that have a serious effect on person receiving services.

This picture shows steps that should happen after a critical incident.



## Critical Incident Measures

There are 3 specific measures to make sure critical incidents are handled correctly.

### 1. Critical incident investigation started on time

- People must report serious incidents such as abuse, neglect, injury, or exploitation immediately.
- For serious cases, the investigation must begin within one business day.
- For less urgent situations, the timeframe is three to five business days.

### 2. Critical incident investigation closed on time

- Investigations must be completed and documented within 30 days.
- This timeline helps people get answers quickly.

### 3. Corrective action completed on time

- If a problem is found, provider must complete a corrective action plan.
- This may include retraining staff, updating policies, or making safety changes.

- Corrective actions must be verified as completed within the timeframe required by AHS or DAIL.

## **Why measuring critical incidents matters**

These measures are important because concerns must be taken seriously and handled quickly. When something serious happens, like a major injury, suspected abuse or neglect, or a medication mistake that could cause harm, the investigation needs to start right away so the person can be safe and supported. Beginning the process within one business day helps make sure nothing urgent is overlooked.

There are also situations that are not emergencies but still need follow-up, such as a minor injury, a missed medication dose that did not cause harm, or a concern about how care was provided. For these situations, the investigation should begin within three to five business days. This helps keep the process moving and shows that the concern is still being addressed in a timely way.

Closing investigations on time gives people and families clarity instead of leaving them waiting for answers. And when an investigation finds a problem, completing corrective actions, like retraining staff or improving procedures, helps prevent the same issue from happening again.

## **Stakeholder Roles for Critical Incident Management**

Each stakeholder group has a role in supporting prompt reporting, investigation, and resolution of serious incidents.

### ***People Who Get Help from HCBS***

- Report concerning situations to staff, case managers, or Adult Protective Services.
- Provide information if an investigation takes place.
- Ask for updates if it involves your services.

### ***Families and Caregivers***

- Report any suspected abuse, neglect, or unsafe conditions.
- Provide details if contacted during an investigation.

- Follow up to make sure situation was resolved and steps taken to prevent it from happening again.

### ***Providers***

- Report all critical incidents immediately to the state system.
- Begin investigations for serious incidents within one business day and close them within 30 days.
- Complete and document corrective actions within timeframe required by AHS or DAIL.
- Communicate with individuals, families, and oversight staff throughout the process.

### ***Disability Organizations***

- Educate people and families about how to recognize and report unsafe situations.
- Monitor for barriers or delays in reporting and investigation.
- Advocate for system improvements if responses are inconsistent or slow.

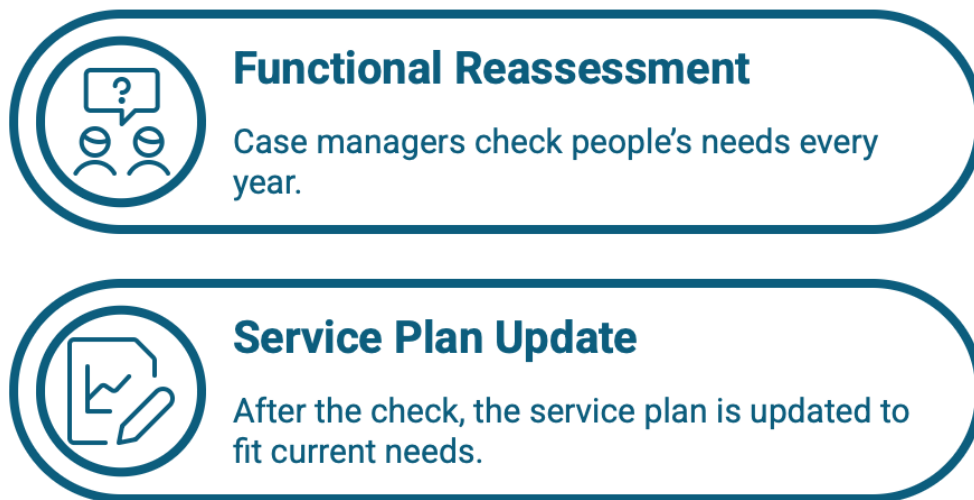
### ***Agency of Human Services (AHS) Staff***

- Review data from the Critical Incident Reporting and Management System to verify that investigations start and close on time.
- Confirm that corrective actions are completed and effective.
- Identify providers or programs that need technical assistance or further oversight.

# Compliance Measure 2: Case Management & Service Planning

## Introduction

The Case Management and Service Planning measures make sure people's services stay up to date with their needs. The picture below shows two important steps.



## Case Management and Service Planning Measures

### 1. Functional reassessment completed every year

- Case managers reassess each person's health, daily living skills, and goals at least once every 12 months.
- The reassessment helps identify changes in support needs.

### 2. Service plan updated after reassessment

- After the annual review, the person's service plan must be updated immediately to reflect their current situation.
- The updated plan ensures services remain appropriate and effective.

## **Why measuring case management and service planning matters**

These measures help make sure that services match what a person needs right now, not what they needed a year ago. People's health, abilities, and goals can change, sometimes slowly and sometimes very quickly. Regular reassessments give case managers a clear picture of what has changed and what kind of support will be most helpful.

Updating the service plan right after the reassessment makes sure those changes are put into practice. This prevents gaps in support, avoids services that are no longer useful, and helps make sure that each person is getting the right amount and type of help.

## **Stakeholder Roles for Case Management and Service Planning**

Each stakeholder group supports ongoing quality and person-centered planning through reassessments and service plan updates.

### ***People Who Get Help from HCBS***

- Take part in your reassessment by sharing changes in health, living situation, or goals.
- Review your service plan to make sure it says what you need and want.
- Speak up if your plan does not have what you need and want.

### ***Families and Caregivers***

- Share what you notice about your loved one's condition, independence, or daily needs.
- Ask to see the updated plan after each reassessment.
- Let the case manager know if needs change before the next scheduled reassessment.

### ***Providers***

- Make sure reassessments happen at least once every 12 months.
- Update service plans immediately after reassessments.
- Involve individuals and families in decision-making about goals and supports.
- Adjust services as needed based on reassessment results.

## ***Disability Organizations***

- Educate individuals and families about their rights to annual reassessment and person-centered planning.
- Monitor that reassessments and plan updates are completed on time.
- Advocate for accessible, inclusive, and equitable planning processes.

## ***Agency of Human Services (AHS) Staff***

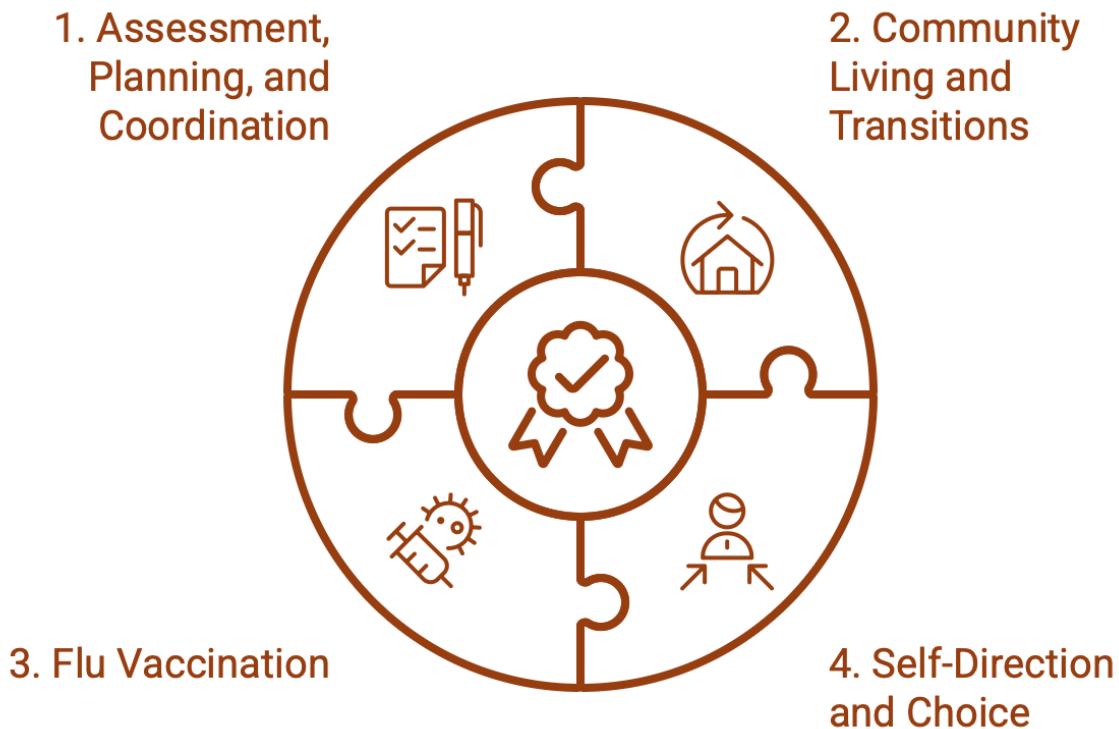
- Review data from the Case Management Information System to confirm annual reassessments are completed.
- Verify that service plans are updated promptly after each reassessment.
- Use results to guide system-level improvements and promote consistency across programs.

# Quality Performance Measures: Overview and Roles



Vermont's HCBS Quality Performance Measures share how well services promote health, independence, and person-centered care.

Quality performance measures are grouped into 4 areas:



1. **Assessment, Planning, and Coordination of Care** - How well people's needs are assessed, plans are updated, and care is coordinated across providers. This provides more information than Compliance Measure 2 which only says if the assessment was done and plan updated on time.
2. **Community Living and Transitions** - How well HCBS supports people to live in the community, avoid unnecessary hospitalizations, and transition successfully back home
3. **Flu Vaccination** - How many adults with HCBS receive the annual flu vaccination to prevent illness and hospitalization.
4. **Self-Direction and Choice** - How well people are supported to make choices and manage their own care and services.

## List of Quality Performance Measures

Measure	What It Tracks
<b>Assessment, Planning, and Coordination of Care</b>	
<b>1. Comprehensive Assessment and Update</b>	Each person receiving HCBS completes a person-centered assessment at enrollment and at least once a year to identify needs, strengths, and goals.
<b>2. Comprehensive Care Plan and Update</b>	Based on the assessment, the case manager develops or updates a plan outlining the services and supports the person will receive.
<b>3. Shared Care Plan with Primary Care Provider (PCP)</b>	After a care plan is created or updated, it is shared with the person's PCP to promote coordinated care and communication across settings.
<b>4. Reassessment or Care Plan Update After Inpatient Discharge</b>	When someone leaves a hospital or nursing facility, the case manager reassesses and updates the plan to ensure safe, effective supports at home.
<b>5. Screening, Risk Assessment, and Plan of Care to Prevent Falls</b>	Individuals are screened annually for fall risk, and a prevention plan is created if risks are identified (e.g., exercise programs, home safety changes).
<b>Community Living and Transitions</b>	
<b>6. Admission to a Facility from the Community</b>	How often people receiving HCBS are admitted to hospitals or nursing facilities, which may indicate unmet needs or service gaps.
<b>7. Minimizing Facility Length of Stay</b>	How long people stay in facilities before returning to community-based settings, reflecting the efficiency of transition planning.
<b>8. Successful Transition After Long-Term Facility Stay</b>	How many people return to and remain in the community after long-term stays, showing successful reintegration.

Measure	What It Tracks
<b>9. Plan All-Cause Readmission (HEDIS)</b>	Tracks hospital readmissions within 30 days of discharge to identify service gaps or insufficient follow-up care.
<b>Flu Vaccination</b>	
<b>10. Flu Vaccination (Adults 18–64)</b>	The percentage of adults receiving annual flu vaccinations to prevent illness and hospitalization.
<b>Self-Direction and Choice</b>	
<b>11. Self-Direction of Services and Supports</b>	How many people choose to manage their own services, such as hiring personal staff or managing their budgets, reflecting autonomy and person-centered care.

## HCBS Quality Performance Measures Stakeholder Roles and Responsibilities

Stakeholder Group	Assessment, Planning, and Coordination of Care (Measures 1-5)	Community Living and Transitions (Measures 6-9)	Influenza Vaccination (Measure 10)	Self-Direction and Choice (Measure 11)
<b>People who get help from HCBS</b>	Share information about needs and goals during assessments and confirm plans reflect what matters most.	Communicate goals for community living and notify care teams about hospitalizations or changes.	Get vaccinated each year and ask for help finding accessible vaccination sites.	Explore and choose self-direction options that align with personal goals and preferences.
<b>Families and caregivers</b>	Provide input about changes in health or independence and review updated plans.	Participate in discharge planning and support community transitions.	Encourage vaccination and assist with scheduling or transportation.	Support informed decision-making and assist with managing services if needed.

Stakeholder Group	Assessment, Planning, and Coordination of Care (Measures 1-5)	Community Living and Transitions (Measures 6-9)	Influenza Vaccination (Measure 10)	Self-Direction and Choice (Measure 11)
<b>Providers</b>	Complete assessments and plan updates on time, share care plans with PCPs, and screen for fall risk.	Coordinate with hospitals and community supports to ensure timely discharges and follow-up care.	Offer reminders and document vaccinations accurately.	Offer flexible service models that support self-direction and provide clear information.
<b>Disability organizations</b>	Educate and advocate for timely, person-centered assessment and planning processes.	Advocate for access to strong community supports and equitable transition opportunities.	Promote accessible vaccination clinics and preventive care education.	Educate people about their rights to self-direct services and provide peer support.
<b>AHS staff</b>	Monitor timeliness and quality of assessments, plan updates, and data sharing across systems.	Review admissions, readmissions, and transition data to identify system gaps.	Track vaccination rates, identify barriers, and support programs that improve access.	Track participation in self-direction programs and reduce barriers to equitable access.

# Quality Performance 1: Assessment, Planning, and Coordination of Care

## Introduction

The Assessment, Planning, and Coordination of Care measures check how well each person's needs are assessed, documented, and communicated to their care team. These measures make sure services are accurate, person-centered, and coordinated.

These measures are like Compliance Measure 2: Case Management & Service Planning. They both focus on assessment of needs and updating the plan to match those needs. The difference is the Compliance Measure only tells us if these things happened on time. The Quality Performance Measure: Assessment, Planning, and Coordination of Care gives more detail about how well these things happened.

-  **1. Comprehensive Assessment**  
Careful review of person's needs.
-  **2. Comprehensive Care Plan**  
Detailed plan based on assessment.
-  **3. Shared Care Plan**  
Care plan shared with person's doctor (or primary care provider).
-  **4. Post-Discharge Reassessment**  
Reassessment or care plan update after leaving hospital.
-  **5. Fall Prevention**  
Screening and plan to prevent falls.

# Measures

## 1. Comprehensive assessment and update

- Each person receiving HCBS completes a person-centered assessment at enrollment and at least once a year to identify needs, strengths, and goals.
- The assessment includes health, behavior, cognition, daily living skills, supports, and personal goals.
- This measure is like Compliance Measure 2.

## 2. Comprehensive care plan and update

- Based on the assessment, the case manager develops or updates a plan outlining the services and supports the person will receive.
- Plans are reviewed and updated annually or when needs or preferences change.

## 3. Shared care plan with doctor or primary care provider

- After a care plan is created or updated, it is shared with the person's primary care provider to promote communication and coordinated care across settings.
- Sharing plans ensures all members of the care team are working from the same information.

## 4. Reassessment or care plan update after inpatient discharge

- When someone leaves a hospital or nursing facility, the case manager reassesses and updates the care plan, usually within 30 days, to ensure safe and effective supports at home.
- Updated plans help prevent gaps in care and support recovery in the community.

## 5. Screening, risk assessment, and plan of care to prevent falls

- Each person is screened annually for fall risk using standardized tools.
- If risk is identified, a prevention plan is created, such as home safety improvements or exercise programs.

## **Why these measures matter**

These measures help make sure that everyone on a person's care team has the right information at the right time. A good assessment is the starting point because it shows what a person needs, what they can do on their own, and what matters most to them. When this information is kept up to date, services can be adjusted before problems arise.

Sharing the care plan with the primary care provider helps everyone work together instead of in separate silos. Updating the plan after a hospital stay is especially important, because a person's needs may change quickly during recovery. Annual fall risk screenings also help identify safety concerns early, so supports can be put in place before someone gets hurt.

Overall, these measures show whether assessments, communication, and care planning are happening consistently and effectively. When they work well, people experience smoother care, better safety, and services that truly reflect their goals and preferences.

## **Stakeholder Roles for Assessment, Planning, & Coordination of Care**

Each stakeholder group plays an important role in ensuring that assessments, care plans, and communication across providers are timely, accurate, and person-centered.

### ***People Who Get Help from HCBS***

- Share information about your needs, strengths, and goals during assessments.
- Review your plan to confirm it reflects what matters most to you.
- Let your care team know if your needs or situation change.

### ***Families and Caregivers***

- Provide input about changes in health, independence, or daily routines.
- Ask to see the updated plan after each assessment or hospital discharge.
- Help ensure safety at home by following the plan of care.

## ***Providers***

- Complete assessments and updates on time.
- Share care plans with PCPs and follow up promptly after hospital discharges.
- Screen individuals for fall risk and document prevention strategies.
- Involve individuals and families in care planning and decision-making.

## ***Disability Organizations***

- Educate individuals and families about their right to person-centered assessment and planning.
- Monitor whether assessments and plan updates are completed on time.
- Advocate for accessible and equitable processes that reflect diverse needs.

## ***Agency of Human Services (AHS) Staff***

- Review data to confirm that assessments, plan updates, and fall screenings are completed.
- Verify that information sharing between providers is timely and effective.
- Use findings to guide quality improvement and ensure consistency across programs.

# Quality Performance 2: Community Living & Transitions

## Introduction

The Community Living and Transitions measures evaluate how well HCBS supports people to live in their homes and communities, avoid unnecessary facility stays, and transition safely back home after hospitalization. These measures reflect the system's ability to provide effective community-based care and timely follow-up after health events. Numbers start at 6 because continue from Quality Performance 1.



## Measures

### 6. Admission to a hospital or nursing facility from the community

- Tracks how often people receiving HCBS are admitted to hospitals or nursing facilities.
- Going often may mean they need more help.

## **7. How long people stay in hospitals and nursing facilities**

- Measures how long people stay in hospitals or nursing facilities before returning to community-based settings.
- Shorter stays may mean strong transition planning and adequate community supports.

## **8. Successful transition after long-term facility stay**

- Checks how many people return home and remain after staying for a long time.
- Staying in community can mean good discharge planning and community supports.

## **9. Readmission to hospital or nursing facility**

- Tracks readmissions within 30 days of leaving to identify gaps in follow-up care.
- If many return it may mean more help is needed after leaving facility.

## **Why these measures matter**

These measures help show whether people are getting the support they need to stay safely in their homes and communities. When services work well, people have fewer unplanned hospital or facility stays, because their needs are being met early and consistently. If someone does need hospital care, shorter stays and smooth transitions back home often mean that good planning and strong community supports are already in place.

These measures also look at how well the system follows up after someone leaves a hospital or nursing facility. Returning home can be a vulnerable time, and missed appointments, medication changes, or gaps in support can lead to another hospital visit. Tracking readmissions helps identify when follow-up care or coordination needs to be strengthened.

## **Stakeholder Roles for Community Living and Transitions**

Each stakeholder group supports strong community living and safe transitions from hospitals or facilities.

## ***People Who Get Help from HCBS***

- Share your goals for living in the community and tell your care team if supports are not meeting your needs.
- Notify your case manager if you are admitted to a hospital or facility so your plan can be updated quickly.

## ***Families and Caregivers***

- Report changes in health or daily functioning that might affect community living.
- Participate in planning for discharge and provide input about needed supports at home.

## ***Providers***

- Coordinate with hospitals, nursing facilities, and community partners to plan safe and timely discharges.
- Ensure that follow-up appointments and community supports are in place before discharge.
- Document admissions, discharges, and readmissions accurately in the Case Management Information System.

## ***Disability Organizations***

- Advocate for equitable access to community supports and housing options.
- Educate individuals and families about their rights and resources for community reintegration.
- Support outreach efforts to prevent unnecessary institutional stays.

## ***Agency of Human Services (AHS) Staff***

- Review data to identify trends in admissions, readmissions, and successful community transitions.

- Use findings to guide system improvements that strengthen community-based supports.
- Monitor performance across programs to ensure consistency and equity in transition outcomes.

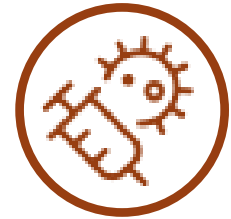
# Quality Performance 3: Flu Vaccination

The flu vaccination measure focuses on helping people stay healthy and independent. It tracks flu vaccination rates among adults who receive HCBS.

## Measure

### 10. Flu vaccination (adults 18–64)

- Tracks how many adults receive an annual flu vaccination.
- Vaccinations can reduce serious illness, hospitalization, and loss of independence.



## Why this measure matters

The flu can be serious, especially for people who rely on home and community-based services. Getting a yearly flu shot is a simple way to prevent illness, avoid complications, and reduce the chance of being hospitalized. When more people stay healthy, they are better able to continue their routines, remain independent, and stay active in their communities. Tracking flu vaccination rates helps Vermont understand whether people are getting this important preventive care and where additional outreach or support might be needed.

## Stakeholder Roles for Influenza Vaccination

Each stakeholder group plays a role in promoting preventive care and vaccination access.

### *People Who Get Help from HCBS*

- Get vaccinated each year to protect your health.
- Ask your provider or case manager if you need help finding a convenient vaccination location.

### *Families and Caregivers*

- Encourage flu vaccination for your family members and assist with scheduling or transportation.
- Help monitor any health changes after vaccination and report concerns to providers.

## ***Providers***

- Offer reminders about annual vaccination.
- Document vaccination status and report data accurately.
- Provide education on the benefits of preventive care and available community resources.

## ***Disability Organizations***

- Promote accessible vaccination clinics and inclusive outreach materials.
- Advocate for preventive care policies that meet the needs of people with disabilities.

## ***Agency of Human Services (AHS) Staff***

- Monitor vaccination rates through available data systems.
- Identify barriers to preventive care and support programs that improve access.
- Use data to target outreach to populations with lower vaccination rates.

# Quality Performance 4: Self-Direction and Choice

## Introduction

The Self-Direction and Choice measure checks how many people choose to manage their own services and supports. This measure reflects one of the core principles of HCBS: giving people control over how, when, and by whom their supports are provided. Self-direction promotes independence, flexibility, and empowerment.

## Measure

### 11. Self-direction of services and supports

- Tracks the number of people who choose to direct their own services, such as hiring personal staff or managing their budgets.
- Self-direction increases autonomy and allows people to design supports that best fit their lives.



## Why this measure matters

Self-direction gives people more say in their daily lives by allowing them to choose who supports them, when that support happens, and how services are delivered. For many, this control makes it easier to build a schedule and support system that fits their routines, preferences, and cultural needs. It can also strengthen trust and comfort by allowing people to hire staff they know or who understand them well.

Tracking how many people use self-direction helps Vermont understand whether individuals have real access to this option and whether the system is supporting choice and independence. When self-direction is working well, people have more flexibility, more control, and a stronger voice in how their services are designed.

## Stakeholder Roles for Self-Direction and Choice

Each stakeholder group supports informed decision-making and equitable access to self-directed service options.

## ***People Who Get Help from HCBS***

- Explore self-direction options that align with your goals and preferences.
- Ask case manager for information or help if you want to manage your own services.
- Share feedback about your experience with self-direction to improve program quality.

## ***Families and Caregivers***

- Support your family member in understanding and choosing self-direction options.
- Help with managing staff, budgeting, or paperwork if needed.
- Encourage ongoing communication with case managers and providers.

## ***Providers***

- Offer flexible service models that allow for self-directed options.
- Provide clear information about responsibilities, training, and available supports.
- Respect and support individuals' decisions about who provides their care and how it is organized.

## ***Disability Organizations***

- Educate people and families about their rights to self-direct services.
- Advocate for simplified and accessible processes to participate in self-direction programs.
- Support outreach and peer mentoring for people who are new to self-direction.

## ***Agency of Human Services (AHS) Staff***

- Track participation rates in self-directed programs across HCBS settings.
- Identify barriers that prevent equitable access and work to reduce them.
- Promote training, guidance, and tools that strengthen person-centered control and accountability.

# CAHPS® Survey: Overview and Roles



The survey asks about people's experiences with services in 10 areas.

Each area looks at a different part of quality and person-centered care:



## Descriptions of each of the 10 areas:

1. **Staff are reliable and helpful:** Staff show up on time, work as long as planned, and give you privacy.
2. **Staff listen and communicate well:** This means being respectful, listening, and explaining things clearly and carefully to you.
3. **Case manager is helpful:** Asks how helpful your case managers is.
4. **Choosing the services that matter to you:** This means service plan includes everything important to you, and staff know what is in the plan.

5. **Transportation to medical appointments:** Asks if you have a reliable and accessible ride to medical appointments.
6. **Personal safety:** Asks if you have someone to talk to if something bad happens. Asks if staff treat you badly like taking your things or yelling.
7. **Planning your time and activities:** This means being able to get together with family, friends, and spend time in the community when you want.
8. **Unmet Needs:** Asks if staff were available when needed to help with dressing, showering, bathing, meals, medications, and other tasks.
9. **Physical Safety:** Asks if you have been hit or hurt by staff.
10. **Staff ratings and recommendations:** Asks how you rate the help you get from different staff. Then asks if you would recommend the staff to family and friends.

## Who completes the survey?

People receiving HCBS are randomly invited to participate in the survey. Not everyone receiving services is invited. When invited, the person receiving services can choose to participate or not participate. English and Spanish versions of the survey are available, and there is interpretation for other languages. People completing the survey can use communication devices. They can also choose to have someone with them.

## How is the survey given?

An independent organization working with Vermont conducts HCBS CAHPS® surveys. Service providers are not involved in collecting these surveys. The organization has trained interviewers who read each question aloud and record the answers.

- Surveys may be completed by phone or in person.
- Interviewers use scripts and instructions to help people answer the questions.
- Questions use answer choices like *Never, Sometimes, Usually, Always* or *Yes and No*.
- Interviewers follow strict confidentiality rules. Answers to questions do not have the person's name or other identifying information.

- When the survey is done, answers are securely sent to the Vermont Department of Disabilities, Aging, and Independent Living for analysis and reporting.

This approach supports consistent, accessible data collection for people with different literacy levels, disabilities, and communication needs.

## **What is taking the survey like?**

**The survey begins with 3 screening questions** to make sure the person can complete the survey. These questions are referred to as cognitive screening questions. They help assess ability to participate in the survey.

**Next, the survey has 9 questions to learn what staff the person has worked with in the past 3 months:**

- Personal assistants
- Behavioral health staff
- Homemakers
- Case managers
- Medical transportation providers

**The interviewer will then only ask questions about staff the person has worked with.** For example, if someone receives personal assistance, the interviewer asks about help with everyday activities such as dressing or cooking meals. If a person receiving services says they get medical transportation, the survey asks about timeliness of the transportation and accessibility. For this reason, not everyone answers all questions. The interviewer skips questions that are not about the services the person gets.

**The survey ends with 15 questions about the person receiving services.** These are called demographic questions. Demographics are basic facts about who people are. They help describe groups of people, not individuals. They include questions about health status, age, gender, education level, race, ethnicity, language, and who people receiving services live with. The purpose is to learn if experiences are different for different groups.

## HCBS CAHPS Survey Stakeholder Roles and Responsibilities

Stakeholder Group	HCBS CAHPS Survey
<b>People who get help from HCBS</b>	Share honest feedback about daily experiences and speak up about what is working well or needs to change.
<b>Families and caregivers</b>	Help loved ones communicate their experiences and use results to advocate for better communication, safety, and support.
<b>Providers</b>	Review feedback to identify strengths and areas for improvement, guide staff training, and strengthen person-centered care.
<b>Disability organizations</b>	Educate people about the survey, monitor equity in experiences, and advocate for improvements based on what people receiving services report.
<b>AHS staff</b>	Combine survey results with other data to understand statewide trends, identify gaps, and guide system level quality improvement.

## How will survey feedback be used to measure quality?

People answer each survey question by choosing one option. Most questions have one answer that shows the service is doing well. This is called the most positive answer. All other answers mean the service is not counted as doing well.

**Below are answer choices, example questions, and most positive answers.**

**Yes / No / Don't know:** This is used when asking if something happened or not.

In the last 3 months, were you able to get together with nearby friends as often as you wanted?

*Most positive answer for example: **Yes***

**Never / Sometimes / Usually / Always:** This is used to see how often something happened.

In the last 3 months, how often did personal assistance or behavioral health staff come to work on time?

*Most positive answer for example: **Always***

**None / Some / Most / All:** This is used to see how much of something happened.

In the last 3 months, did your service plan include all of the things that are important to you?

*Most positive answer for example: **All***

**Any number from 0 to 10:** This is used to rate how helpful staff and case managers are.

Using any number from 0 to 10, where 0 is the worst help from your support staff and 10 is the best help from support staff possible, what number would you use to rate the help you get from your support staff?

*Most positive answers for example: **9 or 10.** (This is the only time 2 answers are counted.)*

**Definitely no / Probably no / Probably yes / Definitely yes:**

Would you recommend the support staff who help you to your family and friends if they needed help with everyday activities? Would you say you would recommend the support staff...

*Most positive answer for example: **Definitely yes***

After everyone completes the survey, the most positive answers are counted.

The most positive answers are compared to how many people answered the questions. This helps Vermont understand how many people believe their services are going well.

Here is an example: Let's say 100 Vermonters complete the survey.

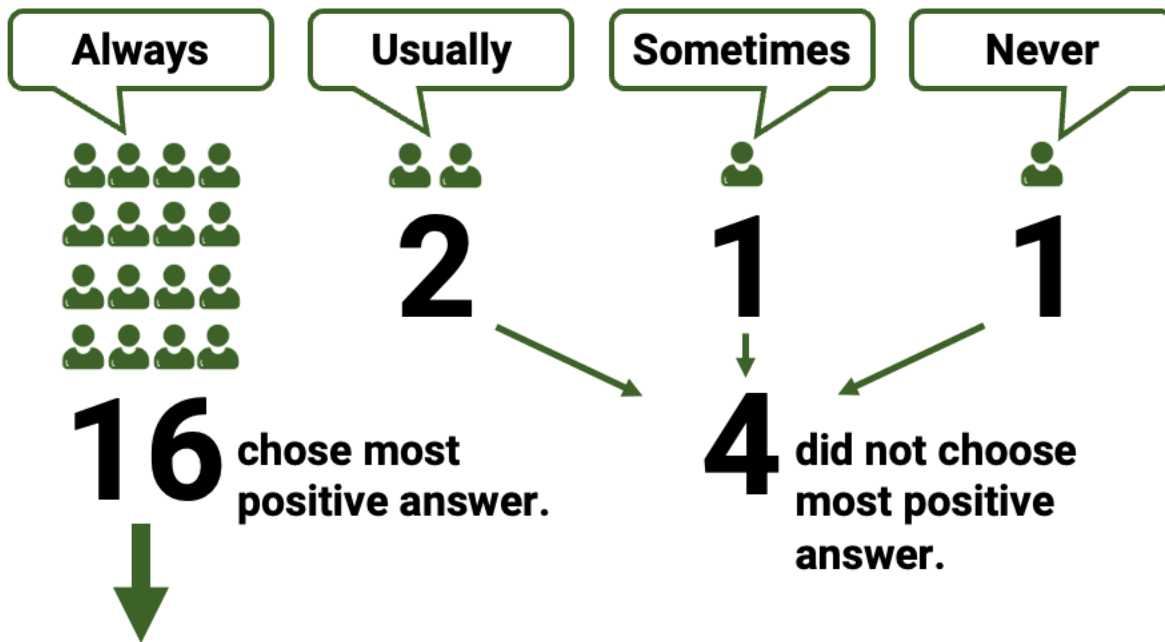
Not everyone has a homemaker, so only 20 people answer the question: *In the last 3 months, how often did homemakers treat you with courtesy and respect?*

**20** people had homemakers. 

So, they were asked:

*In the last 3 months, how often did homemakers treat you with courtesy and respect?*

They chose:

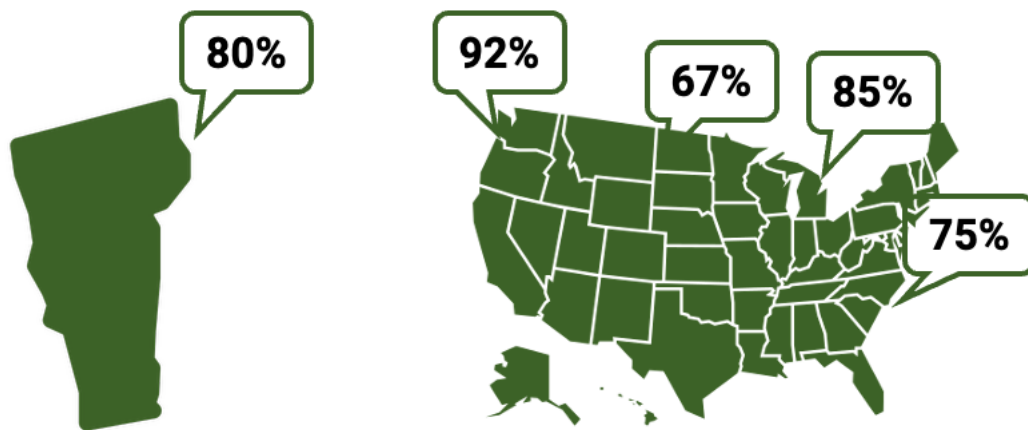


**80%** of people with homemakers were treated with courtesy and respect.

The 16 people who chose **Always** are counted as being treated with courtesy and respect by their homemakers because they chose the most positive answer: **Always**.

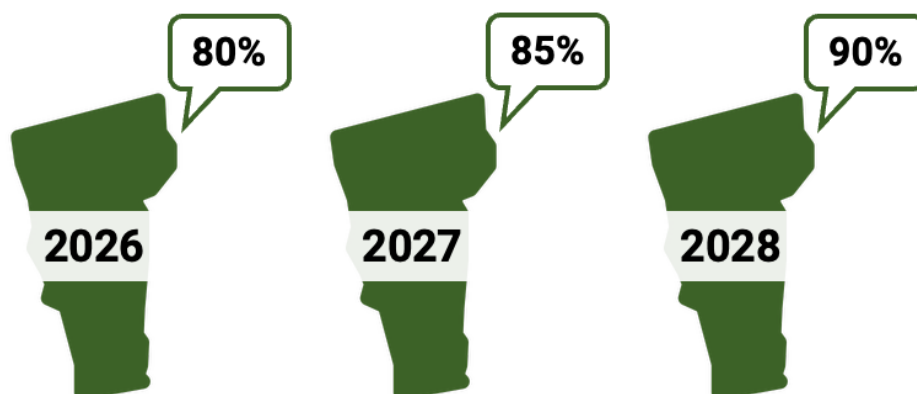
- 4 people are counted as NOT being treated with courtesy and respect by their homemakers because they chose other answers (**Usually, Sometimes, and Never**).
- Vermont shares this as a percent: 80%. Because 16 people is 80% of 20 people.
- Each question in the survey gets a percent like this to show how many people are getting quality services.

This number is helpful because we can compare what Vermonters are saying to people receiving HCBS in other states.



*(The numbers are not real. They are made up only to show how states have different percents.)*

We can also compare different years. This lets us see if Vermonters think services are getting better, worse, or staying the same.



**Some questions in this survey are about the same topic and are grouped together.** Each group of questions also gets a score to show how many people are getting high quality services for that area.

The next 10 sections describe the questions for each of these CAHPS survey areas.

# CAHPS Survey 1: Staff Are Reliable and Helpful

## Introduction

This area of the CAHPS survey focuses on:

- Whether staff and homemakers show up on time.
- Whether they stay for the full scheduled shift.
- Whether someone contacts the person if staff cannot come.
- Whether staff protect privacy during personal care.

## Why these questions matter

People depend on staff for important daily routines. When staff arrive on time, stay for the full visit, and communicate about changes, it helps people feel safe, prepared, and supported. Reliable care ensures that essential needs like bathing, eating, and taking medications happen when they should. Respect for privacy also protects dignity and helps people feel comfortable receiving care in their own home. This domain shows whether people can count on the staff who help them every day.

## Staff Are Reliable and Helpful Questions

Survey number	Question	Answer choices
13	In the last 3 months, how often did personal assistance or behavioral health staff come to work on time?	Never / Sometimes / Usually / Always
14	In the last 3 months, how often did personal assistance or behavioral health staff work as long as they were supposed to?	Never / Sometimes / Usually / Always
15	In the last 3 months, when staff could not come to work on a day that they were scheduled, did someone let you know that staff could not come that day?	Yes / No

Survey number	Question	Answer choices
19	In the last 3 months, did personal assistance or behavioral health staff make sure you had enough privacy for dressing, showering, or bathing?	Yes / No
37	In the last 3 months, how often did homemakers come to work on time?	Never / Sometimes / Usually / Always
38	In the last 3 months, how often did homemakers work as long as they were supposed to?	Never / Sometimes / Usually / Always

# CAHPS Survey 2: Staff Listen and Communicate Well

## Introduction

This area of the CAHPS survey focuses on:

- Courtesy, respect, and how people feel treated by staff
- Whether staff listen carefully
- How clearly staff explain things
- Whether staff understand what kind of help each person needs

## Why these questions matter

Good communication helps people feel heard and respected. When staff listen carefully, explain things clearly, and understand what kind of help a person needs, care becomes more comfortable and more effective. Feeling respected builds trust, which is important for people receiving support with personal or daily activities. This domain reflects whether people experience their care as supportive, understandable, and respectful.

## Staff Communication Questions

Survey number	Question	Answer Choices
28	In the last 3 months, how often did personal assistance or behavioral health staff treat you with courtesy and respect?	Never / Sometimes / Usually / Always
29	In the last 3 months, how often were explanations from personal assistance or behavioral health staff easy to understand?	Never / Sometimes / Usually / Always
30	In the last 3 months, how often did personal assistance or behavioral health staff treat you the way you wanted to be treated?	Never / Sometimes / Usually / Always

Survey number	Question	Answer Choices
31	In the last 3 months, how often did personal assistance or behavioral health staff explain things in a way that was easy to understand?	Never / Sometimes / Usually / Always
32	In the last 3 months, how often did personal assistance or behavioral health staff listen carefully to you?	Never / Sometimes / Usually / Always
33	In the last 3 months, how often did personal assistance or behavioral health staff know what kind of help you needed with everyday activities?	Never / Sometimes / Usually / Always
41	In the last 3 months, how often did homemakers treat you with courtesy and respect?	Never / Sometimes / Usually / Always
42	In the last 3 months, how often were explanations from homemakers easy to understand?	Never / Sometimes / Usually / Always
43	In the last 3 months, how often did homemakers treat you the way you wanted to be treated?	Never / Sometimes / Usually / Always
44	In the last 3 months, how often did homemakers listen carefully to you?	Never / Sometimes / Usually / Always
45	In the last 3 months, how often did homemakers know what kind of help you needed with everyday activities?	Never / Sometimes / Usually / Always

# CAHPS Survey 3: Case Manager is Helpful

## Introduction

This area of the CAHPS survey focuses on:

- Whether case managers are available when needed.
- Whether case managers help people with services and equipment when asked.

## Why these questions matter

Case managers are important for people getting HCBS. The [Vermont Agency of Human services](#) says that case managers help people:

- figure out what they need,
- set goals,
- find resources to live well,
- get services and supports,
- and make sure those services work for them.

## Case Manager is Helpful Questions

Survey number	Question	Answer Choices
49	In the last 3 months, could you contact this {case manager} when you needed to?	Yes / No
51	In the last 3 months, did this {case manager} work with you when you asked for help with getting or fixing equipment?	Yes / No
53	In the last 3 months, did this {case manager} work with you when you asked for help with getting other changes to your services?	Yes / No

# CAHPS Survey 4: Choosing Services That Matter to You

## Introduction

This area of the CAHPS survey focuses on:

- Whether the service plan includes the things that are important to the person
- Whether staff know what is in the plan and follow it

## Why these questions matter

People should have a real say in the services they receive. When service plans reflect what matters most and staff understand those plans, care feels more tailored and meaningful. This helps people stay connected to their goals, routines, and preferences. This domain shows whether services are built around the person and not just around tasks or schedules.

## Choosing Services Questions

Survey number	Question	Answer Choices
56	In the last 3 months, did your service plan include all of the things that are important to you?	None / Some / Most / All
57	In the last 3 months, did your staff know what is on your service plan, including the things that are important to you?	Yes / No

# CAHPS Survey 5: Transportation to Medical Appointments

## Introduction

This area of the CAHPS survey focuses on:

- Whether people have a reliable way to get to medical appointments
- Whether they can get in and out of rides easily
- Whether rides arrive on time

## Why these questions matter

Regular medical care is important for staying healthy. People need transportation they can depend on so they do not miss appointments or face long delays. Rides that are on time and physically accessible make it easier for people to manage their health needs and reduce stress about getting to care. This domain shows whether transportation supports, rather than limits, access to necessary medical services.

## Transportation to Medical Appointments Questions

Survey number	Question	Answer Choices
59	In the last 3 months, did you have a way to get to your medical appointments?	Yes / No
61	In the last 3 months, how often were you able to get in and out of your ride easily?	Never / Sometimes / Usually / Always
62	In the last 3 months, how often did your ride arrive on time to pick you up?	Never / Sometimes / Usually / Always

# CAHPS Survey 6: Personal Safety

## Introduction

This area of the CAHPS survey focuses on:

- Whether people have someone to talk to if something hurtful happens
- Whether staff take money or belongings without asking
- Whether staff yell, swear, or curse at the person

## Why these questions matter

Everyone receiving HCBS should feel safe and respected in their home. Supportive relationships depend on trust, and mistreatment of any kind can harm a person’s emotional well-being and sense of security. Having someone to talk to about concerns also helps people feel less alone and more protected. This domain helps show whether people feel safe with the staff who assist them and whether their home environment feels respectful and secure.

## Safety and Respect Questions

Survey number	Question	Answer Choices
64	In the last 3 months, if someone hurt you or did something to you that you did not like, did you have someone to talk to about it?	Yes / No
65	In the last 3 months, did any staff take your money or things without asking?	Yes / No
68	In the last 3 months, did any staff yell, swear, or curse at you?	Yes / No

# CAHPS Survey 7: Planning Your Time and Activities

## Introduction

This area of the CAHPS survey focuses on:

- Whether people can see nearby family as often as they want
- Whether they can see nearby friends as often as they want
- Whether they can do things in the community
- Whether they need more help to participate
- Whether they help decide what they do each day
- Whether they help decide when they do things

## Why these questions matter

People receiving HCBS should be able to stay connected to others and have real choices about how they spend their time. Being able to see family and friends, go into the community, and make daily decisions supports independence and quality of life. Having enough help to participate also prevents isolation. This domain shows whether people feel supported to live the kind of life they want, both socially and day to day.

## Time and Activity Planning Questions

Survey number	Question	Answer Choices
75	In the last 3 months, were you able to get together with nearby family as often as you wanted?	Yes / No
77	In the last 3 months, were you able to get together with nearby friends as often as you wanted?	Yes / No
78	In the last 3 months, were you able to do things in your community as often as you wanted?	Yes / No

Survey number	Question	Answer Choices
79	In the last 3 months, did you need more help to do things in your community?	Yes / No
80	In the last 3 months, how often did you take part in deciding what to do with your time each day?	Never / Sometimes / Usually / Always
81	In the last 3 months, how often did you take part in deciding when to do things each day?	Never / Sometimes / Usually / Always

# CAHPS Survey 8: Unmet Needs

## Introduction

Asks if staff were available when needed to help with different tasks.

**Unmet needs questions are different from other questions. They are only asked if:**

1. The person receiving services says they needed help with the task. AND
2. They say the task was not always done when needed.

If both are true, then they are asked if the task was not done because no staff helped.

If they answer “Yes” to this question, then it is counted as an “Unmet Need.”

**These questions are asked about 5 specific tasks:**

1. Help with Dressing, Showering, or Bathing
2. Help with Meal Preparation/Eating
3. Help with Medications
4. Help with Toileting
5. Help with Household Tasks

## Why these questions matter

People rely on HCBS to stay safe and healthy at home. When someone does not get the help they need with basic daily tasks, it can put them at risk for falls, illness, or hospital visits. It can also cause stress and make it harder to remain independent. This domain highlights where more support may be needed so that people can complete essential activities safely and with confidence.

## Unmet Needs Questions

Survey number	Question	Answer Choices
16	In the last 3 months, did you need help from {staff} to get dressed, take a shower, or bathe? <i>If "Yes" continue</i>	Yes / No / Don't know
17	In the last 3 months, did you <b>always</b> get dressed, take a shower, or bathe when you needed to? <i>If "No" continue</i>	
18	In the last 3 months, was this because there were no {staff} to help you?	
20	In the last 3 months, did you need help from {staff} with your meals, such as help making or cooking meals or help eating? <i>If "Yes" continue</i>	Yes / No / Don't know
21	In the last 3 months, were you <b>always</b> able to get something to eat when you were hungry? <i>If "No" continue</i>	
22	In the last 3 months, was this because there were no {staff} to help you?	
23	Sometimes people need help taking their medicines, such as reminders to take a medicine, help pouring them, or setting up their pills. In the last 3 months, did you need help from {staff} to take your medicines? <i>If "Yes" continue</i>	Yes / No / Don't know
24	In the last 3 months, did you <b>always</b> take your medicine when you were supposed to? <i>If "No" continue</i>	
25	In the last 3 months, was this because there were no {staff} to help you?	

Survey number	Question	Answer Choices
26	<p>Help with toileting includes helping someone get on and off the toilet or help changing disposable briefs or pads. In the last 3 months, did you need help from {staff} with toileting?</p> <p><b><i>If "Yes" continue</i></b></p>	Yes / No / Don't know
27	<p>In the last 3 months, did you get all the help you needed with toileting from {staff} when you needed it?</p>	
39	<p>In the last 3 months, did your household tasks, like cleaning and laundry, <b>always</b> get done when you needed them to?</p> <p><b><i>If "No" continue</i></b></p>	Yes / No / Don't know
40	<p>In the last 3 months, was this because there were no {homemakers} to help you?</p>	

# CAHPS Survey 9: Physical Safety

## Introduction

Asks if the person receiving services has been hit or hurt by staff.

## Why this question matters

Physical safety is a fundamental right. No one should experience harm from the people who are supposed to help them. Feeling safe at home is essential for trust, well-being, and stability. This domain helps identify serious safety concerns and ensures that Vermont can take action quickly when people report harm.

## Physical Safety Question

Survey number	Question	Answer Choices
71	In the last 3 months, did any personal assistance or behavioral health staff hit or hurt you?	Yes / No / Don't know

# CAHPS Survey 10: Staff Ratings and Recommendations

## Introduction

People receiving services are asked to rate the help they get from different staff including personal assistants or behavioral health staff, homemakers, and case managers. For the rating, people choose a number between 0 (*worst help*) and 10 (*best help*). After rating each type of staff, people are then asked if they would recommend that staff member to their family and friends.

## Why these questions matter

The ratings and recommendations questions ask people how they feel about their staff overall. They give people a chance to say if their staff are helpful or not. Other CAHPS questions ask about specific things staff do, like being on time or knowing what is in the person’s plan. Ratings and recommendations are about the person’s overall experience, not just one thing.

## Staff Ratings and Recommendations Questions

Survey number	Question	Answer Choices
35	Using any number from 0 to 10, where 0 is the worst help from {personal assistance/behavioral health staff} possible and 10 is the best help from {personal assistance/behavioral health staff} possible, what number would you use to rate the help you get from {personal assistance/behavioral health staff}?	0 to 10
36	Would you recommend the {personal assistance/behavioral health staff} who help you to your family and friends if they needed help with everyday activities?  Would you say you would recommend the {personal assistance/behavioral health staff} . . .	Definitely no  Probably no  Probably yes  Definitely yes

Survey number	Question	Answer Choices
46	Using any number from 0 to 10, where 0 is the worst help from {homemakers} possible and 10 is the best help from {homemakers} possible, what number would you use to rate the help you get from {homemakers}?	0 to 10
47	Would you recommend the {homemakers} who help you to your family and friends if they needed {program-specific term for homemaker services}?  Would you say you would recommend the {homemakers} . . .	Definitely no Probably no Probably yes Definitely yes
54	Using any number from 0 to 10, where 0 is the worst help from {case manager} possible and 10 is the best help from {case manager} possible, what number would you use to rate the help you get from {case manager}?	0 to 10
55	Would you recommend the {case manager} who helps you to your family and friends if they needed {program-specific term for case-management services}?  Would you say you would recommend the {case manager} . . .	Definitely no Probably no Probably yes Definitely yes

# Where can I get more information?

Many groups in Vermont and nationally have useful information about HCBS quality. In the lists below we share websites and groups that were helpful creating this guide. They can provide stakeholders with more information and resources.

## Vermont State Agency HCBS Programs

Official information about the 3 HCBS programs can be found on State of Vermont websites:

- [Developmental Disabilities Services: Developmental Disabilities Services Division, Department of Disabilities, Aging, and Independent Living](#)
- [Choices for Care Program: Adult Services Division, Department of Disabilities, Aging, and Independent Living](#)
- [Traumatic Brain Injury Program: Adult Services Division, Department of Disabilities, Aging, and Independent Living](#)

## Who is Eligible and How to Apply for Help from HCBS Programs

The table below describes who is eligible for the 3 HCBS programs, and how to apply for help.

This information was correct as of January 2026. If it is not working, we recommend contacting [Vermont Department of Disabilities, Aging and Independent Living](#) (802) 241-2401

HCBS Program	Who is Eligible?	How to Apply
<b>Developmental Disabilities Services</b>	People with a diagnosed intellectual or developmental disability.  This program mostly helps adults.  Some children and youth with intense needs may also get this help.	Call Public Consulting Group Intake and Eligibility team.  (833) 426-5668 or email: <a href="mailto:VTDDSDIntake@pcgus.com">VTDDSDIntake@pcgus.com</a>  <a href="#">More info on DAIL website.</a>

HCBS Program	Who is Eligible?	How to Apply
<b>Traumatic Brain Injury Program</b>	<p>For people with a diagnosed traumatic brain injury.</p> <p>They must be 16 years or older.</p>	<p>Call DAIL (802) 241-0294 or email <a href="mailto:ahs.asdbip@vermont.gov">ahs.asdbip@vermont.gov</a> to get an application.</p> <p><a href="#">More info on DAIL website.</a></p>
<b>Choices for Care</b>	<p>Adults who need a lot of help or full help with daily activities like getting dressed, eating, or using the toilet.</p> <p>They must be 65 years or 18 years with a physical disability.</p>	<p>For questions call DAIL: 1-802-241-0294</p> <p>To apply call Department of Vermont Health Access: 1-800-479-6151</p> <p><a href="#">More info on DAIL website.</a></p>

## Vermont Disability Organizations

There are many organizations in Vermont to provide support, information, and services for people with disabilities. Below we describe a few connected to this project and HCBS.

[For a longer list of resources and organizations, we recommend the Vermont Coalition for Disability Rights website.](#)

### **[Brain Injury Association of Vermont \(802-244-6850\)](#)**

The only advocacy organization for Vermonters with brain injuries. They provide educational resources, access to support like peer groups, annual events, and have a resource directory for help in Vermont.

### **[Center on Disability and Community Inclusion \(802-656-4031\)](#)**

From their home at the University of Vermont, the Center teaches courses, conducts research, and leads several community service projects. The Center helped lead this project and author this guide.

### **Disability Rights Vermont (802-229-1355)**

Disability Rights Vermont helps people with disabilities understand and protect their legal rights. They can help when someone is being treated unfairly, denied services, or is unsafe, and can provide legal help or representation.

### **Green Mountain Self-Advocates (802-229-2600)**

Green Mountain Self-Advocates is run by people with developmental disabilities, for people with developmental disabilities. They help members learn about their rights, speak up for themselves, make friends, and join local self-advocacy groups all around Vermont. They helped lead this project with the Center on Disability and Community Inclusion and Vermont Developmental Disabilities Council.

### **Vermont Aging Network Consortium (800-642-5119)**

The Consortium has information about Vermont's five organizations helping older adults and their families. They have share information and help people find supports like caregiver help, health insurance advice, rides, Meals on Wheels, adult day programs, help at home, housing options, wellness programs, and supports for Veterans to live independently at home.

### **Vermont Center for Independent Living (800-639-1522)**

VCIL helps people with disabilities live more independently. They offer peer support, help with benefits and healthcare questions, support for accessible housing and home changes, and advocacy to help people have more control over their lives.

### **Vermont Developmental Disabilities Council (802-828-1310)**

The Vermont Developmental Disabilities Council works to make Vermont better for people with developmental disabilities. They support leadership opportunities, advocacy efforts, and projects that help people have a stronger voice and better access to community life. They helped lead this project with the Center on Disability and Community Inclusion and Green Mountain Self-Advocates.

### **Vermont Family Network (802-876-5315)**

Vermont Family Network supports families of children and young adults with disabilities or special health needs. They help families understand school services, healthcare, and transitions to adulthood, and they offer training and one-to-one family support.

### **Vermont Statewide Independent Living Council (802-560-8091)**

The Vermont SILC works to improve independent living services across the state. They make sure people with disabilities have a say in how services are planned and work to remove barriers to living independently in the community.

## **National Websites**

Home and Community Based Services (HCBS) is a federal program managed by the Centers for Medicare & Medicaid Services. There are several federal websites with information about HCBS and the quality measures.

### **Home and Community Based Services, Centers for Medicare and Medicaid Services**

This is the main federal website for information about HCBS. This is a good place to start if you want general information or want to see everything about HCBS.

### **Home and Community-Based Services Quality**

This website has information about many efforts to improve HCBS quality. This includes information about the measures Vermont is using and much more. Detailed information and history of creating quality measures is available here. Visiting this website will show many different quality measures, not only the ones used in Vermont.

### **Home and Community-Based Services Quality Measure Set**

This website provides more details about the different quality measures. There are more measures described on this website than Vermont is using.

### **CAHPS® Home and Community-Based Services Survey**

This website provides detail about the CAHPS HCBS survey. It shares summaries, the full measures, technical assistance documents, and data from states using the CAHPS.

# Vermont Home and Community-Based Services Quality Measures

Guide for people receiving  
HCBS and families



Photo by Joshua Brown ©2019

Created by  University of Vermont | Center on Disability & Community Inclusion

HCBS Quality Measures Stakeholder Feedback Project

## What is this guide for?

This guide explains how Vermont makes sure Home and Community-Based Services are safe, helpful, and person-centered.

## HCBS stands for Home and Community-Based Services.

These supports help people:

- Live at home
- Stay active in their community
- Get help with daily activities
- Avoid going into a nursing home or institution

## Who runs HCBS?

- HCBS is a federal program run by Centers for Medicare & Medicaid Services.
- In Vermont, HCBS programs are managed by the Department of Disabilities, Aging, and Independent Living (DAIL).

## Who can get HCBS?

- People must be eligible for Medicaid.
- And they must meet the rules for one of Vermont's 3 HCBS programs.

# Vermont's 3 HCBS programs

## 1. Developmental Disabilities Services

For people with intellectual or developmental disabilities.

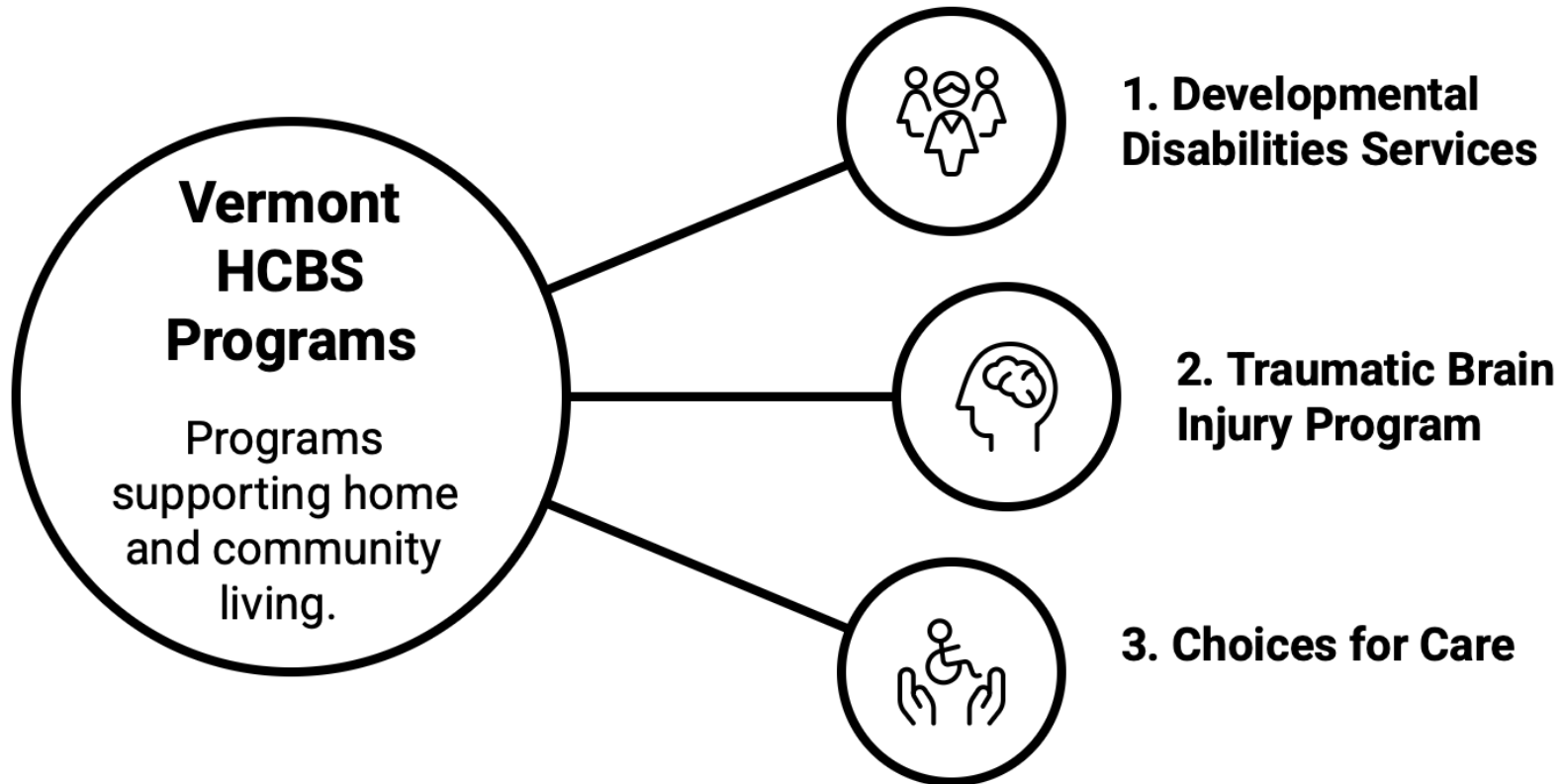
## 2. Traumatic Brain Injury Program

For people 16+ with a traumatic brain injury.

## 3. Choices for Care

For older adults or adults with physical disabilities who need a lot of daily help.

To learn more or apply visit DAIL website:  
[dail.vermont.gov](http://dail.vermont.gov)



## Why focus on HCBS quality?

- Vermont has been learning about HCBS quality using its own measures.
- The Centers for Medicare & Medicaid Services (CMS) have made recent changes and rules for HCBS in Vermont.
- One change is needing to use quality measures approved by CMS.

Learn more about CMS changes with an *Introduction to Medicaid Access Rule* created by:



## How does Vermont measure quality of HCBS?

A quality measure is a way to check how well services are working.

Vermont worked with CMS and experts to pick quality measures.

Quality measures are used to:

- Make sure people get good care
- Find problems and fix them
- Compare Vermont to other states
- Keep improving every year

# 5 steps for measuring quality

- These steps help us learn how HCBS is working.
- The steps are shown in a circle because they start over every year.
- That way they can get better over time.



# What are the Vermont HCBS quality measures?

Vermont uses 3 types of measures.

Each measure gives a different view on how well services support safety, independence, person-centered care, and quality of life.



## Compliance Measures

Focus on timelines and procedures to protect health and safety.



## Quality Performance

Checks if assessments, care planning, and supports are being done well.



## CAHPS® Survey

Asks people how they feel about the services they receive.

# What are compliance measures?

These measures check if HCBS programs follow the rules.

## 1. Critical Incident Management

How serious problems (like abuse or neglect) are handled

## 2. Case Management & Service Planning

Making sure plans are updated and match each person's needs



## Why this matters

- ✓ Helps keep people safe
- ✓ Makes sure problems are fixed quickly

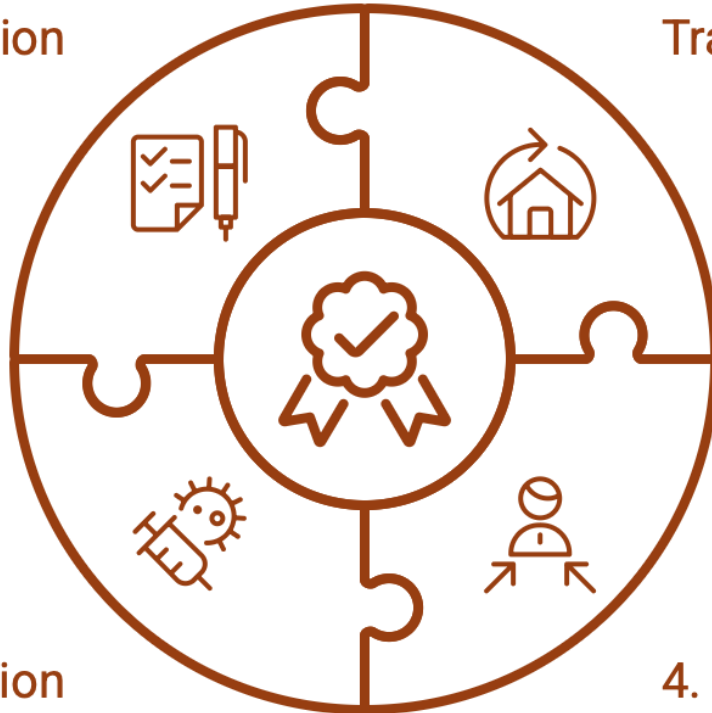
# What are quality performance measures?

These measures check how well services help people stay healthy, independent, and get care focused on their needs.

There are 4 types of quality performance measures:

1. Assessment,  
Planning, and  
Coordination

2. Community  
Living and  
Transitions



3. Flu Vaccination

4. Self-Direction  
and Choice

## Why this matters

- ✓ Helps keep people safe
- ✓ Makes sure problems are fixed quickly

# What is the CAHPS® survey?

- People receiving HCBS are asked what they think about services.
- The survey is voluntary.
- Questions cover 10 areas:



1. Staff are reliable and helpful.



6. Personal safety.



2. Staff listen and communicate well.



7. Planning your time and activities.



3. Case manager is helpful.



8. Unmet needs.



4. Choosing services that matter to you.



9. Physical safety.



5. Transportation to medical appointments.



10. Staff ratings and recommendations.

## Why this matters

- ✓ Brings real experiences into Vermont's quality work
- ✓ Helps identify what is going well and what is not

# This guide was created as part of the HCBS Quality Measures Stakeholder Feedback Project.

A partnership between:



University  
of Vermont

Center on Disability &  
Community Inclusion



Vermont  
Developmental  
Disabilities  
Council

We gratefully acknowledge funding support from the Vermont Agency of Human Services and the collaboration of our partners:

- ForHealth Consulting at UMass Chan Medical School;
- The Vermont Child Health Improvement Program, Larner College of Medicine at the University of Vermont;
- Members of the Vermont HCBS Quality Improvement Stakeholder Engagement Project Advisory Committee.

Revised February 2026

# Vermont Home and Community-Based Services CAHPS<sup>®</sup> Survey

## Guide for people receiving HCBS and families



Photo by [Van Tay Media](#) on [Unsplash](#)

Created by  University of Vermont | Center on Disability & Community Inclusion

HCBS Quality Measures Stakeholder Feedback Project

# What is this guide for?

This guide explains how a survey will be used in Vermont to improve Home and Community-Based Services (HCBS).

## The survey is called the HCBS CAHPS®

- CAHPS is short for: Consumer Assessment of Healthcare Providers and Systems
- It was created by the Centers for Medicare and Medicaid Services.
- Each year, some people who receive HCBS will be asked to take the survey.
- Their answers will help Vermont learn what services are helping and if there are problems.



Photo by [Vitaly Gariev](#) on [Unsplash](#)

## Who takes the survey?

- Some people who get HCBS will be invited to take the survey.
- Not everyone receiving services is invited.
- If you are invited, you can choose to take the survey. OR you can choose NOT to take the survey.
- Family members do not take the survey.

## Who asks the questions?






- Vermont is hiring an organization to lead the CAHPS® surveys.
- The organization will hire and train people to ask the survey questions. They are called interviewers.
- Interviewers read each question aloud and write down your answer.
- Interviewers are NOT your staff or other service providers.

## What do I need to know?

- You can use a communication device.
- You can bring a supporter.
- You can take breaks.
- You can skip questions.
- There are no wrong answers.
- You should tell the truth.

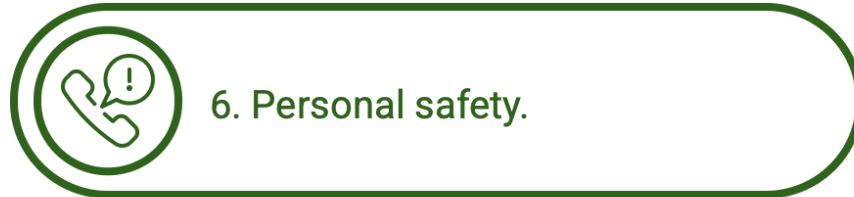
# What is in the survey?

There are 10 areas. The first 5 are:

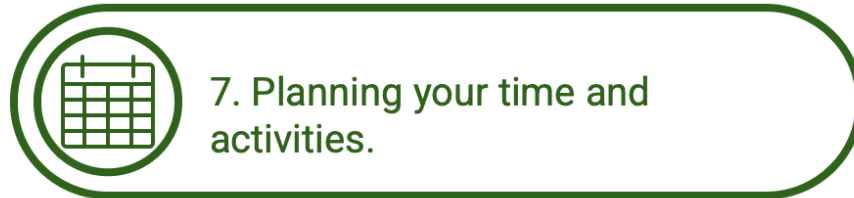
-  1. Staff are reliable and helpful. → Staff show up on time, work as long as planned, and give you privacy.
-  2. Staff listen and communicate well. → This means being respectful, listening, and explaining things clearly and carefully to you.
-  3. Case manager is helpful. → Questions about how helpful your case managers is.
-  4. Choosing services that matter to you. → This means your service plan includes everything important to you, and staff know what is in the plan.
-  5. Transportation to medical appointments. → Asks if you have a reliable and accessible ride to medical appointments.

# What is in the survey?

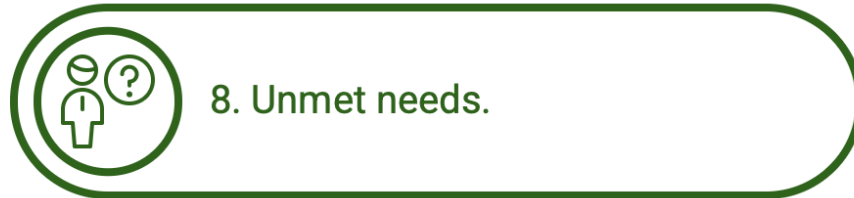
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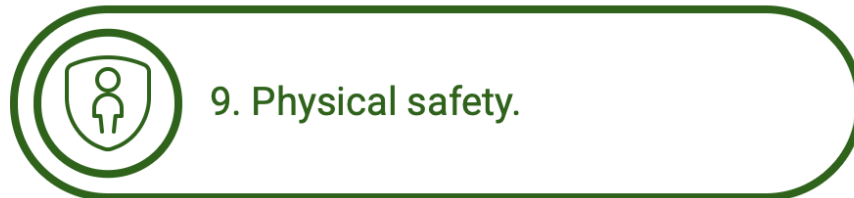
Asks if you have someone to talk to if something bad happens. Asks if staff treat you badly like taking your things or yelling.



This means being able to get together with family, friends, and spend time in the community when you want.



Asks if staff were available when needed to help with dressing, showering, bathing, meals, medications, and other tasks.



Asks if you have been hit or hurt by staff.



Asks how you rate the help you get from different staff. Then asks if you would recommend the staff to family and friends.

# How do I answer questions?

- At the start you will be asked questions to see what staff helped you in the past 3 months.
- You will only be asked questions about those staff and services.
- After each question you will have different answer choices like:

Yes

No

Don't know

Never

Sometimes

Usually

Always

None

Some

Most

All

- These are called ratings.
- Choose the rating that is closest to what you think for that question.

# Are my answers private?

Your answers are confidential.

- This means the interviewer does NOT tell your staff your opinions.
- Your name is not in reports.
- Agencies do not want to know who said what.
- Interviewers job is to keep everyone safe.
- Some things must be shared to keep people safe.




Has trainings on answering questions and privacy.


# The CAHPS® survey is one way Vermont is measuring HCBS quality

Vermont is using 3 types of quality measures to:


- Make sure people get good care
- Find problems and fix them
- Compare Vermont to other states
- Keep improving every year



**Compliance Measures**  
Focus on timelines and procedures to protect health and safety.



**Quality Performance**  
Checks if assessments, care planning, and supports are being done well.



**CAHPS® Survey**  
Asks people how they feel about the services they receive.

Check out the *Vermont HCBS Quality Measures Guide* to learn more about other measures.



Vermont Home and  
Community-Based Services  
Quality Measures

Guide for people receiving  
HCBS and families



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Revised February 2026



# Tips for Making Interviews More Accessible for People with Intellectual Disability

## Common Courtesies...

- Presume competence. Do not assume what someone can or cannot do.
- Speak directly to the person, not their support person.
- Use the same respectful tone you use with anyone else.
- Treat adults as adults.
- Ask before helping. Let the person tell you what is helpful.
- If needed, ask whether they prefer People-First or Identity-First language.
- Do not assume someone who has limited speech cannot understand.  
People usually understand more than they can express.
- Listen fully. Do not interrupt or finish someone's sentences.
- If you don't understand, ask them to repeat and share what you understood.
- Be patient. Some people need more time to think or respond.
- Limit sarcasm and subtle humor because it might leave some people out of the conversation.
- Don't worry about saying the "wrong" thing — a simple hello is fine.

## Before an Interview...

- Ask the person what specific accommodations they need.
- Learn about different developmental disabilities and the tools or ways people use to communicate.
- Send interview questions out at least one week before.

- Use plain language (see features below). Include visuals, large print (14-point or larger), and 1.5 spacing.
- Highlight key information and provide a short summary.
- Don't assume someone can or cannot read.
- Ask how people prefer to receive information (not everyone uses email).
- Use clear signs with pictures to find the location.
- Consider wearing a name tag.
- If a barrier cannot be avoided, let the person know ahead of time.
- Have a clear plan in place for what to do if someone shares abuse or neglect.  
Make sure all staff know the steps to follow.
- Train interviewers on how to explain the differences between confidentiality vs. mandated reporting in plain language.
- Train interviewers on how to use the Likert rating scale, including how to explain each option and support people to choose the answer that fits them best.

### **Some Environmental Factors to Consider...**

- Meet in quiet spaces. Avoid noisy rooms and busy public places, and limit distractions like background noise, people walking through, and cell phones.
- Avoid strong scents when possible.
- Make sure chairs and tables are comfortable. When a person is comfortable physically, it is easier to focus.
- Reduce clutter and visual overload.
- Pay attention to lighting. Avoid glare, flickering, or uneven light. Some autistic people are sensitive to bright or flashing lights.
- Make sure the room temperature is comfortable.

## During Interviews...

- Do introductions every time.
- Tell people where restrooms and water are.
- Take short, frequent breaks (about 7 minutes every hour).
- Speak clearly and use everyday words. Avoid abbreviations.
- Go slowly. Pause often and explain what's happening next.
- Give people time to answer.
- Encourage questions.
- Be mindful of body language, tone of voice, and other gestures that may influence a person's decision.

## Communication Tips (Use These Throughout)

- Speak slowly and clearly.
- Use simple words and short sentences.
- Say the same word for the same thing each time.
- Repeat or re-word important information.
- Use examples and visuals when possible.
- Check for understanding by asking the person to explain in their own words.
- Share only the information that is needed.
- Allow extra time to answer.
- Respect personal space and sensory needs.
- Avoid asking questions about specific times or dates. Instead, ask if it was after lunch or dinner. Was it around your birthday, or the holidays, or during the fall?

## When Asking Questions...

- Bring a written copy of your questions.
- Ask one question at a time.
- Ask open-ended questions, rather than “yes/no” questions. Ask “what, where, when, why and how” questions.
- Take your time. Wait for full answers. Do not rush or guess what someone means.
- Use examples and connect to real experiences.


## When Answering Questions...

- Give clear, accurate information.
- Ask if they have any more questions.
- Repeat or re-word when needed.
- Use visual or concrete examples.
- Invite conversation by asking what they think or already know.
- Watch for frustration and suggest breaks when needed.

## After an Interview...

- Provide results in plain language.
- Give the person a chance to share feedback about the interview.
- If another interview session is needed, work with the person to find what accommodations will work best for them.
- If the person shared abuse or neglect, follow up to make sure they are safe.

## Features of Plain Language

- Shorter sentences and paragraphs (10–15 words per sentence. 5–7 sentences or fewer per paragraph).
- Use more common words (check with Readability or Hemingway).
- When there is a difficult word that someone needs to know, define the word and give an example if needed. 
- When explaining a new idea, use examples. Write about a fictional person to help show the idea. Use third-person point of view instead of second person.
- Leave out any information that isn't needed to explain your main points.
- Watch out for words like “this,” “they,” or “it” when it may not be clear who or what you mean.
- Avoid metaphors, sarcasm, and figures of speech.
- Use active voice instead of passive voice.

## Training Script: Learning to Rate Your Services

This one-hour training was piloted at 4 One-Day conferences held in November 2025 with more than 100 people who get HCBS services and 20+ supporters.



Peer Trainer will lead this activity.

3 to 4 Peer Trainers will help others to participate and speak up as needed.

People with IDD seated at 4 tables with a Peer Trainer.

### 1. Introduction

Today we will learn how to use a simple 0–3 star rating scale to share our opinions.

Ask the group:

- Have you ever filled out a survey or given a rating before?
- What did you rate? (people answered: a movie, a meal, a product, a song, a store?)
- Is there a right or wrong answer when you rate something? (no its just our opinion)

We will start by practicing with restaurant stories.

### 2. How the Rating Scale Works





Each person is given 4 cards with 0 – 3 stars.

We use stars to show how much we liked something:

- 3 stars = a great experience
- 2 stars = pretty good
- 1 star = only okay
- 0 stars = not good



Peer Trainer reads the slide.

Stars	Overall Rating	Example Experience
	Excellent! Loved it.	Food was delicious and staff were kind.
	Good, but could be better.	Food was good, but the service was slow.
	Needs improvement.	Food was cold and not what I ordered.
0 stars 	Very bad. Would not come back.	The place was dirty and the staff were rude.

### 3. Practice Stories

Example 1

*The restaurant was clean, the food was tasty, and the waiter smiled and checked on us often.*

How many stars?

Does anyone want to say why?

Example 2

*The food was okay, but the tables were sticky and it took 40 minutes to get our meal.*

How many stars?

Does anyone want to say why?

Example 3

*The restaurant was so loud I couldn't hear my friend. The staff forgot our drinks.*

How many stars?

Does anyone want to say why?

### 4. Group Activity

Ask people to get up and move to the middle of an open space in the room.

Along the wall hang posters of four ratings creating 4 separate stations

- 3 stars = always



- 2 stars = usually



- 1 star = only sometimes



- 0 stars = never



Questions to rate:

- I watch football on Sunday afternoon
- I enjoy eating Kraft Macaroni and Cheese
- When I go on vacation, I go to the beach
- If someone says they will buy me dessert, I eat ice cream
- When I want pizza, I go to Pizza Hut

(Wait after each question for people to pick a star and move to a poster. Peer trainers work individually with anyone who needs help making a decision. Restate the question and clarify as needed)

## 5. Group Discussion

Return to tables.

Peer Trainers help people discuss:

Question 1: Large group discussion

Who is the expert in your life?

Who knows what is helpful for you?

Question 2: Small and Large group discussion

Why is it important to rate our services? Why should we tell people what we really think and feel about agencies and staff.

Allies and staff take notes to carefully record what people say.

## 6. Practice Rating Your Services

Peer Trainer reads slide:

Next year, a person from the state will ask you to rate your services.

It will be private. The state will not tell people what you say.

They will NOT ask you to say the names of your staff.

Let's practice again.

Ask people to get up and move to the middle of an open space in the room.

Along the wall hang posters of four ratings creating 4 separate stations

Is there a right or wrong answer when you rate something? (no, it's just our opinion)

Remember: No names. When you answer a question, please do not say the name of your staff. Please do not say the name of your agency. Thanks

## 7. Rating Questions

Rate each question with 0–3 stars:

1. My staff always lose their sunglasses—even when they're on their head.
2. My staff sings in the car like they are on American Idol.
3. Do your staff show up on time?
4. Do you get rides when you need one?
5. My staff tells the same jokes every week.
6. Do staff treat you with courtesy and respect?
7. My staff dances in the kitchen like it's a music video.
8. Do staff explain things in a way that is easy to understand?
9. My staff forgets where they parked.
10. Do staff listen carefully to you?
11. How often do you get together with your friends?
12. How often do you do things in the community that you like?
13. When staff call out sick, someone calls you?
14. When plans change, does someone tell you right away?
15. Staff listen but sometimes rush me.
16. My staff forgets where they put their keys.

(Peer Trainer waits after each question for people to rate. Peer trainers work individually with anyone who needs help making a decision. Restate the question and clarify as needed)

## 8. Wrap-Up

Peer Trainer: Okay, everyone returns to your tables.

Ask what questions they like?

Ask if anyone wants to say again why it is important for us to rate our staff and our agencies.

Peer Trainer shares personal story about a time when he spoke up when staff were not respecting his privacy. He talks about how hard it was to speak up. He describes how he got encouragement from a peer to speak up and how his staff changed his behavior.

## **Workshop: “Understanding Privacy When the State Asks Questions”**

**Participants:** People with intellectual & developmental disabilities.

**Length:** 60–90 minutes

**Best suited** for 4 to 8 participants and should be taught by Peer trainers with Intellectual and Developmental disabilities.

### **Learning Objectives**

By the end, people will:

- Know what “confidential” means
- Understand their rights during interviews about services
- Know who hears their answers (What information may be shared)
- Know what information stays private
- Understand mandated reporting (When interviewers *must* report concerns)
- Feel more confident sharing honest feedback

### **Ways to Adapt This Workshop**

#### **1. Use local examples.**

People often share both good and hard experiences with staff. Use examples that feel familiar so participants can better relate.

#### **2. Invite peers with interview experience.**

Ask self-advocates who have already done CAHPS interviews to help co-facilitate or share what it was like for them.

#### **3. Focus on empowerment.**

GMSA has led many focus groups about why rating services matters. Share what self-advocates have said and remind people that speaking up helps improve services for everyone.

#### **4. Provide simple handouts.**

Give participants take-home materials with key points and clear contact information in case they have questions later.

#### **5. Offer follow-up support.**

Let people know they can practice with GMSA before their real interviews.

### **1. Warm-Up: “What Does Private Mean?” (10 minutes)**

#### **Activity: Everyday Privacy**

Here are some examples of questions. Pick 6 or so to use.

Is your PIN number private?

Is your favorite pizza private?

Is your medical info private?

Is telling someone you don't like broccoli private?

Is your phone password private?

Is your favorite TV show private?

Is your Social Security number private?

Is who you have a crush on private?

Is your grocery list private?

Is telling someone you like dogs private?

Is your doctor's visit private?

Is your favorite color private?

Is saying you don't like loud music private?

Have people say their answers or move to **YES / NO corners** of the room.

Then explain:

**Private means some things are just for you — and some things can be shared.**

Key message:

Not everything you say in an interview is private — but you will be treated with respect.

## **2. Workshop Introduction Talking Points (10 minutes)**

Today we are going to talk about interviews the state does about your services.

First, let's talk about who pays for your supports.

The government gives money to agencies to pay staff and provide services.

Because they are paying, they need to know:

- Are you getting good services?
- What is working?
- What is not working?

That's why the state interviews people with disabilities.

They ask questions about:

- How staff treat you
- If you feel safe
- If you get the help you need
- If you are listened to

They want to hear **your voice**.

This workshop is about those interviews.

Today you will learn:

- What confidentiality means
- What usually stays private
- What must be shared for safety
- Your rights during interviews

And most important: **You are the expert in your own life. Your honest feedback helps make services better.**

### 3. What Is Confidentiality? (10 minutes)

Use simple statements on flip chart or slides:

#### Confidentiality means:

- The interviewer does NOT tell your staff your personal opinions.
- Your name is usually removed from reports.
- Answers are grouped with other people’s answers.
- Agencies see patterns, not who said what.

Say out loud:

“They care about *what* is happening — not about getting anyone in trouble.”

Repeat together:

**“My answers help make services better.”**

### 4. Sorting Game: “Shared or Private?”

People can work in small groups seated at a table. Give them cards listing examples of shared and private information. People sort into two piles. Then post (tape) cards on a flip chart or poster hung on a wall.

#### Usually Private (Use some or all of these examples)

Staff says the concert will be too dangerous and won’t let me go	My home provider only cooks vegetarian food. I want meat.
I want staff who show up on time	My sister is not allowed to stay over
Nobody helps me find a job	My service dog can’t go in staff’s car
Staff only take me to classes at the agency. I want to take a college class	Staff spy on me when I talk on my phone
I feel rushed	I only get a ride to the staff person’s church not my church
Shaming me about being too fat.	My grab bar broke last year and no one fixed it

Staff told my guests to leave	Not allowed to eat junk food
I want more choices	I am not allowed to go to a bar

**Must Be Shared (Safety)**

Someone hits me	Someone touches me in a sexual way.
I am locked in my room	They forget to give me my medicine.
I feel unsafe right now.	Someone ties you up or holds you so you cannot move
Yelling all the time. Calling me Stupid.	Hiding my communication board
Breaking my wheelchair	Someone ties you up or holds you so you cannot move
Shows you sexual pictures or videos	You are not taken to the doctor
Someone makes you buy things for them	Steal your money
No one helps you bathe or change clothes when you need it	

After sorting, explain:

If someone is being hurt or unsafe, it must be reported. Interviewers **MUST** tell adult protective services.

This is called **mandated reporting**.

They do this to help keep people safe — not to punish you.

Here is what they might say:

“You have told me that someone is hurting you. Part of the law in Vermont says that I cannot keep this a secret. I don’t have to tell anyone in your family, unless you want to. I do have to tell *the state*. I will call them on the phone, and then also fill out a form to send in the mail. You can be with me when I tell them, if you would like. I will tell them the same thing you told me. You can have someone you trust here when I call.”

**Other Activity Options**

**The Trust Box**

*Materials: A decorated box with a lock, paper strips*

1. **Leader says:** "Confidentiality is like this trust box. When you tell something private during an interview, it goes in this box. The people listening promise to keep it safe."
2. **Participants work as a group:** Review the cards. Decide if the card can be put in the trust box or is it something that the interviewer must report to adult protective services.

### **Activity: Red Light/Green Light Scenarios**

*Read each scenario. Participants hold up:*

- **Green card:** "Keep it confidential."
- **Red card:** "Tell someone for safety."
- **Yellow card:** "Ask more questions."

### **5. Role Play: "What Would You Say?" (15 minutes)**

Peer trainers act out short scenes. You can create scenes based on the examples on the cards.

Example 1:

Interviewer: "Do staff listen to you?"

Person: "Sometimes."

Pause and ask group:

- Could they say more?
- Is it safe to be honest?

Example 2:

Person says: "My staff yells at me."

Ask: Does this stay private? (Yes — unless it becomes abuse.)

Example 3: Person says: "Someone grabbed me."

Explain: That must be reported.

Repeat: You won't get in trouble for telling the truth.

## **6. Your Rights During Interviews (10 minutes)**

Teach as a poster. Have people practice asking for/speaking up each of these rights.

You can:

- Know who will hear your answers
- Ask questions
- Take breaks
- Have your name removed. Understand how you will protect my privacy.  
What will you do to make sure my staff and agency do not know what I said.
- Bring a supporter
- Skip questions
- Say "I don't understand" or "I don't know"
- Tell the truth
- Get a copy of the questions.
- Bring notes to the interview.
- Be safe from getting in trouble
- Get help if unsafe

## **7. Closing Circle: One Thing to Remember (10 minutes)**

Go around:

Each person shares one:

- Something they learned
- Something they feel better about
- One question they still have

End with:

**You are the expert in your own life. Your voice matters. Your honesty helps make services better. Your name is removed from the report. We want to fix problems, not get people in trouble.**