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

Deliverable 5: AHS Train-the-Trainers

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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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 5: AHS Train-the-Trainers.

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

Training for AHS Personnel

Using findings and recommendations provided by HCBS stakeholders (see report Deliverable 4: Findings and Recommendations) project partners designed a training for AHS personnel. The initial plan was to offer this training to several groups at AHS including the AHS QI committee and the HCBS subcommittee. However, no date was found to offer the trainings live in person or online, so the project submitted the training

as a set of presentation slides (Appendix A) and handout (Appendix B). Alternate formats are available if needed.

This training provides an overview of Vermont's approach to HCBS quality assurance. Designed for AHS personnel with a variety of roles and understanding of this project, the training explains why HCBS quality monitoring is required, how quality is currently measured in Vermont, and how stakeholder input can strengthen continuous quality improvement efforts across programs.

The training is organized into three modules

Depending on audience needs and interests, modules can be used separately or together.

Part I: Historical Context

The training begins with a review of the evolution of HCBS at the federal and state levels, including key milestones such as the creation of Medicaid, the transition away from institutional care, the *Olmstead* decision, and recent CMS rules (Person-Centered Planning, Settings, and Access). This section explains how CMS came to define quality in HCBS and how those definitions shape Vermont's responsibilities and oversight practices.

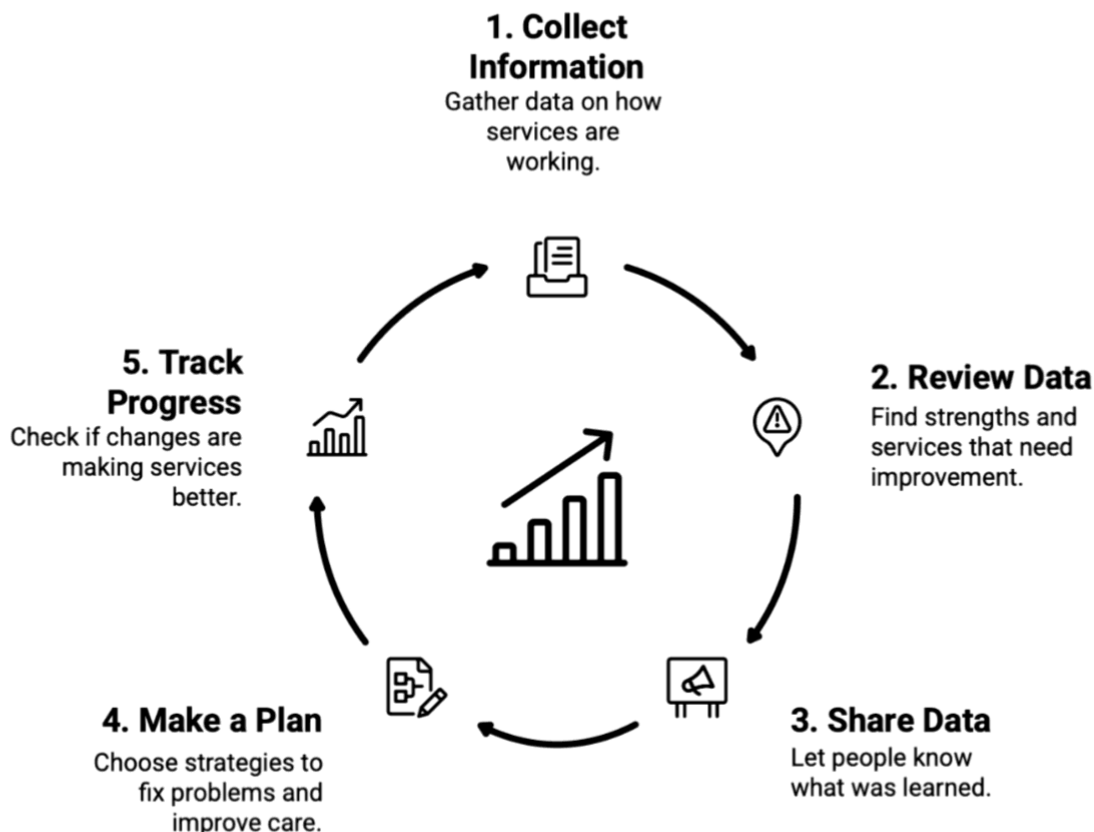
Part II: Overview of Measure Sets

This part describes the three types of measures Vermont uses to assess HCBS quality. These include (1) **Compliance Measures**, which track timely incident management and person-centered service planning; (2) **Quality Performance Measures**, which assess areas such as assessment and care coordination, community living and transitions, flu vaccination, and self-direction; and (3) the **CAHPS® Survey**, which captures people's experiences with services across multiple domains. The training explains how each measure is collected, how results are scored and interpreted, and the roles different stakeholders play in supporting accurate and meaningful data.

Part III: Strategies for Success

The third part summarizes stakeholder recommendations gathered through forums, advisory committees, and interviews. This module focuses on practical strategies to make QA efforts more meaningful and trusted, including accessible data collection, stakeholder involvement in data review, transparent sharing of results, collaborative planning, and ongoing progress tracking. Key findings emphasize the importance of sustained stakeholder engagement, clear communication, reassurance about anonymity when sharing feedback, and using QA data to build trust and drive continuous improvement across Vermont's HCBS system.

Part III is built around the figure below used in the main Vermont HCBS Quality Measures Guide, describing 5 steps for how Vermont will create a data-driven process to improve the delivery of HCBS. At each of these five stages, the stakeholders that we interviewed gave advice about how to make associated activities meaningful for all stakeholders and successful for the State.



Appendix A. Training Slides

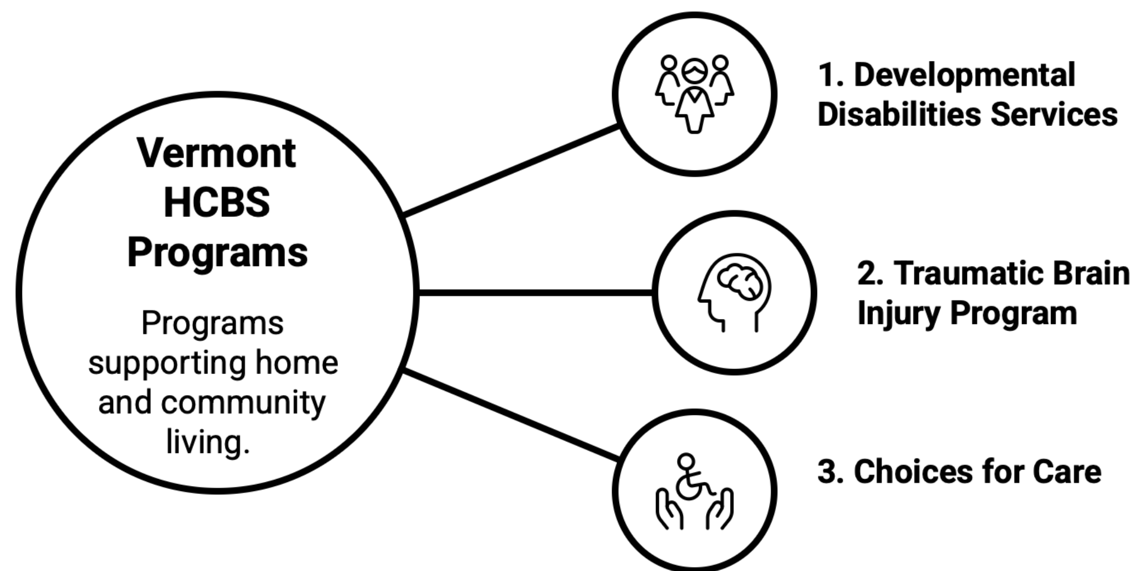
Introduction:
HCBS Quality Monitoring and Stakeholder Recommendations

Quality Assurance Monitoring of Home and Community-Based Services as Required by Vermont's Global Commitment to Health

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

Overview of this training

- Designed for a range of stakeholders who provide, oversee, or participate in Medicaid-funded Home- and Community-Based Services (HCBS) in Vermont.
- There are 3 HCBS programs in Vermont, all managed by the Department of Disability, Aging, and Independent Living.



Overview of this training, *continued*

There are 3 parts to this training. Depending upon your needs, you can watch all 3 modules or just focus on your area of interest.

- **Part I, Historical Context.** Provides an overview how the federal Medicaid authority (CMS) developed national standards for HCBS and how this impacts Vermont.
- **Part II, Overview of Measure Sets.** Reviews the 3 sets of measures that Vermont is using to assess the quality of its HCBS.
- **Part III, Strategies for Success**. Describes stakeholder recommendations for making the data collection and continuous quality improvement process meaningful and impactful for Vermont HCBS programs.

Part I. Historical Context

How quality assurance in HCBS became a priority for CMS and for Vermont

Timeline

1965

- ➢ Medicaid Established
  - *Initially, had a strong institutional bias.*

1972

- ➢ Geraldo Rivera exposed conditions at Staten Island's Willowbrook Hospital.

1981

- ➢ 1915(c) waivers created by the Omnibus Budget Reconciliation Act.
  - *Allows states to pay for services like personal care & respite.*
  - *Uptake by states was initially slow.*

Olmstead v. LC

1991
- Vermont closes Brandon Training School.

1996
- Vermont DD Act.

1999
- Supreme Court rules unnecessary institutionalization violates the ADA.

2005
- Executive Order 13217
  - *George W. Bush requires state plans to implement the ruling.*

2005
- Vermont creates Choices for Care.

Problem facing CMS

- Home and Community Based Services were not defined in Rule.
- Some states build group homes on the campus of old institutions.
- Should HCBS be defined by where they were delivered?

  Self-advocates, including Vermonters, said what matters most is the quality of the lives being supported.

Timeline, continued

2014

- CMS publishes the Person-Centered Planning Rule.
  - *Medicaid begins to define HCBS.*

2022

- CMS approves renewal of Global Commitment.
  - *Adds requirements around quality assurance in HCBS.*

2023

- CMS Settings Rule becomes effective.

3 Medicaid Rules:
How CMS thinks about quality in HCBS

- **The Person-Centered Planning Rule**
  - Made person-centered planning a requirement.
  - Placed clear boundaries around case management services to protect beneficiaries from conflicts of interest.
- **The Settings Rule**
  - Made choice in residential settings a requirement.
  - Defined rights in provider-controlled settings.
- **The Access Rule**
  - Most complex of the three sets of rules; many provisions not yet in effect.
  - Increases transparency around rates, critical incidence, waiting lists, service delivery timelines, and quality assurance measures.

Part II. Overview of Measure Sets

Follow the Rules, Measure Quality, Learn from People's Experience

Type 1. Compliance Measures

- Data collected by record review.
- Annual review
- Five measures
    - 3 about critical incidence
    - 2 about case management and service planning.
- Maps to issues in CMS rules

Compliance Measures: Critical Incidents

- Critical incident investigation started on time.
- Critical incident investigation closed on time.
- If a corrective action plan was required, the plan was completed on time.

What did we learn from early data collection?

100% compliance with all measures

Compliance Measures:
Case Management & Service Planning

- Functional reassessment completed every year.
- Service Plan is updated each year to meet needs.

What did we learn from early data collection?

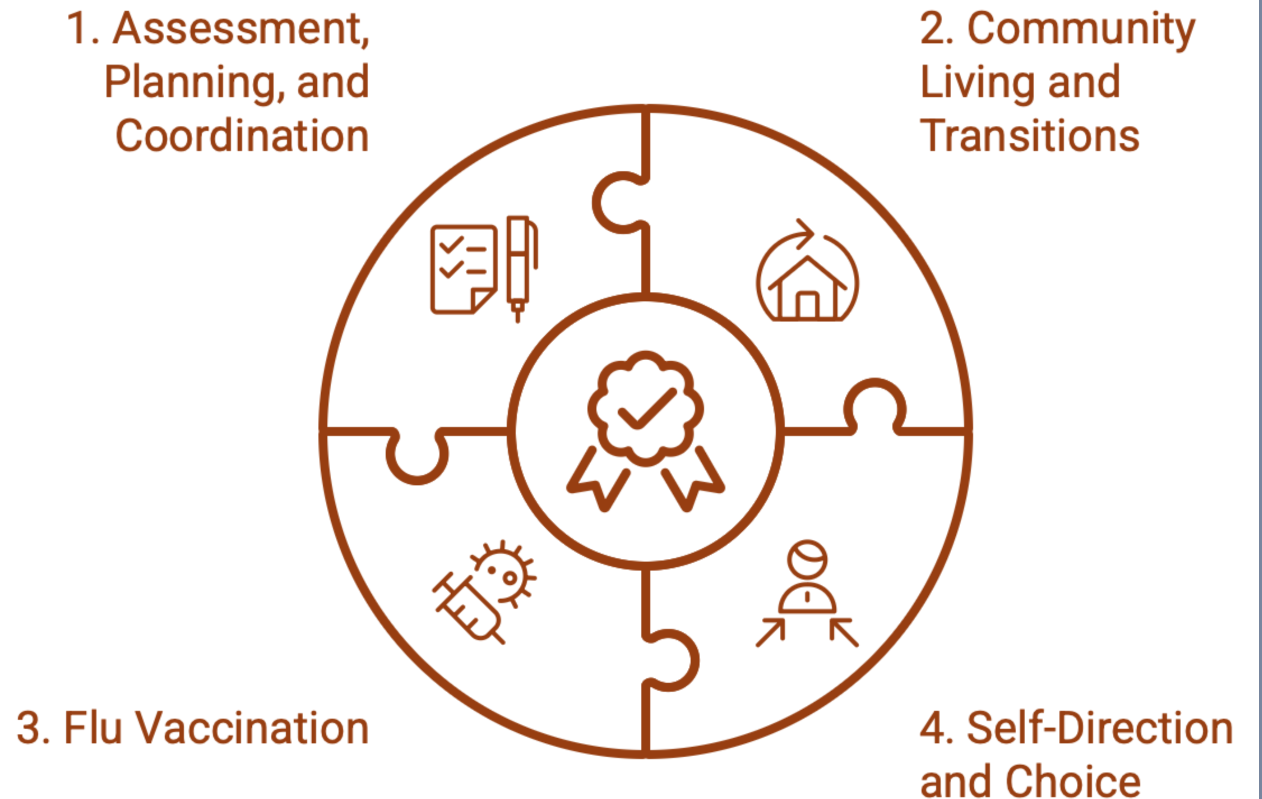
Strongly aligned with requirements – 94.6% and 95.5% respectively.

What is your role?

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

Type 2.
Quality Performance

- Data collected by record review.
- Collected every other year.
- 11 measures grouped into 4 categories:
  - Assessment, Planning, & Coordination (5).
  - Community Living & Transitions (4).
  - Flu Vaccination (1).
  - Self-Direction & Choice (1).
- Most measures map to CMS rules.



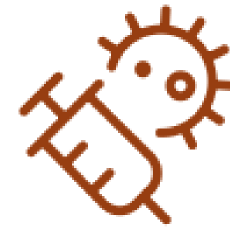
Quality Performance: Assessment, Planning, & Coordination

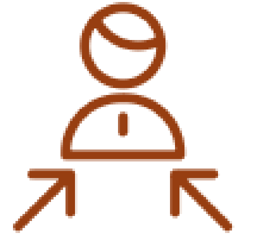
- **Comprehensive Assessment**: Annual review of the individual's needs including health, behavior, cognition, daily living skills, supports, and personal goals.
- **Comprehensive care plan**: Detailed plan created based on assessment.
- **Shared Care Plan**: The person's care plan was shared with their primary care provider.
- **Post-discharge Reassessment**: When someone leaves a hospital or nursing facility, the case manager reassesses and updates the care plan, usually within 30 days.
- **Screening for Falls**: Each person is screened annually for fall risk using standardized tools. If risk is identified, a prevention plan is created.

Quality Measures:
Community Living & Transitions

- **Admissions Rate**: How often do people go to the hospital?
- **Length of Stay**: How long to people stay in the hospital or nursing facility?
- **Successful Transition**: How many people remain in the community after a long-term stay?
- **Readmission Rate**: Tracks hospital readmissions within 30 days of hospitalization.

Quality Performance:
Flu Vaccination and Self-Direction & Choice





- **Flu Vaccination Rate:** How many adults received an annual flu vaccination.
- **Self-Direction and Choice**: Tracks the number of people who choose to direct their own services, such as hiring personal staff or managing their budgets.

Type 3:
CAHPS® Survey, Experiences with Services

- Consumer Assessment of Healthcare Providers and Systems (CAHPS®).
- Created by the federal Agency for Healthcare Research and Quality (AHRQ); works closely with CMS.
- Administered every other year, beginning 2027.
- Chosen by Vermont in part because it can be used across all 3 HCBS programs.

CAHPS® Survey

Groups questions into 10 services areas, with 2 additional sets of questions added at the end.

- Staff are reliable and helpful
- Staff listen and communicate well
- Case manager is helpful
- Choosing services that matter to you.
- Transportation to medical appointments.
- Personal Safety
- Planning your time and activities
- Unmet needs
- Physical safety
- Staff ratings and recommendations
- VERMONT SPECIFIC QUESTIONS

How the CAHPS® is Scored

- 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.

Example:

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

Options: yes, no, I don't know. Only "yes" counts as positive

Example:

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

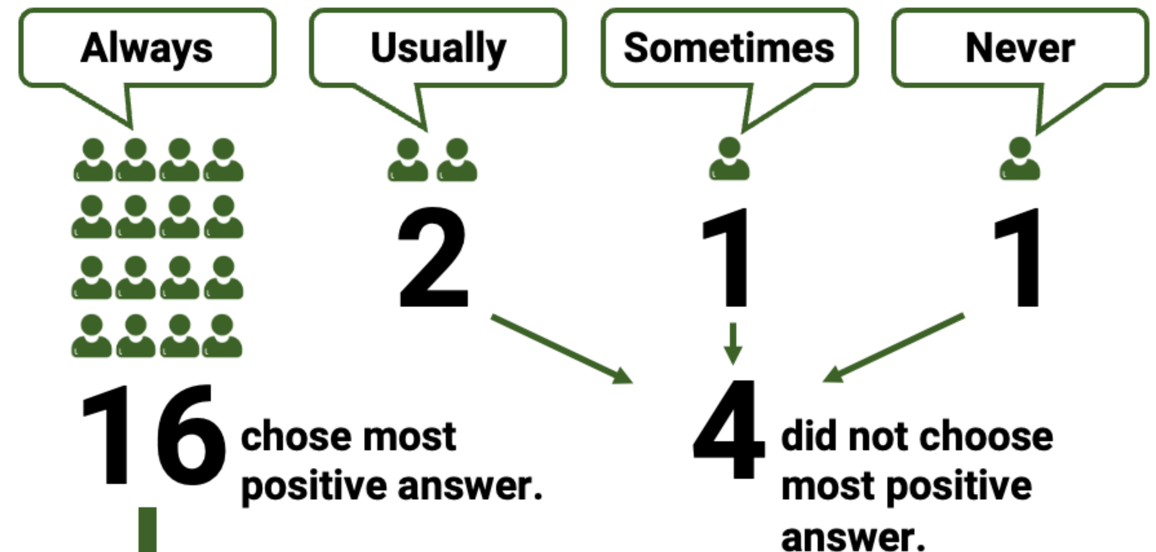
Options: None, Some, Most, All. Only "all" counts as positive

How the CAHPS® is Scored

- The most positive answers are compared to how many people answered the questions.
- Example:

100 people take the CAHPS.

20 answer this question.



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

How the CAHPS® is Scored

Multiple questions can be rolled up into an overall score for each of the 12 areas surveyed. For example.

Staff are reliable and helpful

Overall score reflects answers to:

1. Staff come to work on time.
2. Staff work as long as they are supposed to.
3. Someone tells you if staff cannot come.
4. Staff make sure you have enough privacy for dressing, showering, and bathing.
5. Homemakers come to work on time.
6. Homemakers work as long as they are supposed to.

CAHPS® piloted in 2024

Small sample size, so findings are not valid. Data suggest that the CAHPS® will yield important information that the State can use in continuous quality assurance activities.

Examples:

- 80.31% of people interviewed reported that staff were reliable and helpful.
- 72.96% of people interviewed said they can choose the services that are important to them.
- 94.81% reported that their personal safety is protected and they are treated with respect.

What will it be like to take the CAHPS © Survey?

- **Cognitive screening questions (3):** help assess the individual's ability to participate in the survey.
- **Identification questions (9):** identify what types of HCBS services the person receives and what they call each type of provider.
- **Questions group by the 10 service areas**: Not every participant will answer every question.
- **Vermont specific questions:** A small number will be added.
- **Demographic questions (15**): Ask about health status, age, gender, education level, race, ethnicity, language, and who people receiving services live with.

What is your role?

Stakeholder Group	Role & Responsibilities
People who get HCBS	Share honest feedback about daily experiences and speak up about what is working well or needs to change.
Families & caregivers	Help loved ones communicate their experiences and use results to advocate for better communication, safety, and support.
Providers	Alert individuals that they have been invited to take the CAHPS. Explain what is involved and direct people to resources that can help them prepare. All providers (DA/SSAs and CMO) need to coordinate messaging. Review feedback to identify strengths and areas for improvement, guide staff training, and strengthen person-centered care.
Disability Organizations	Educate people about the survey, monitor equity in experiences, and advocate for improvements based on what people report in the survey.
AHS staff	Combine survey results with other data to understand statewide trends, identify gaps, and guide system level quality improvement.

Part III.
Strategies for Success

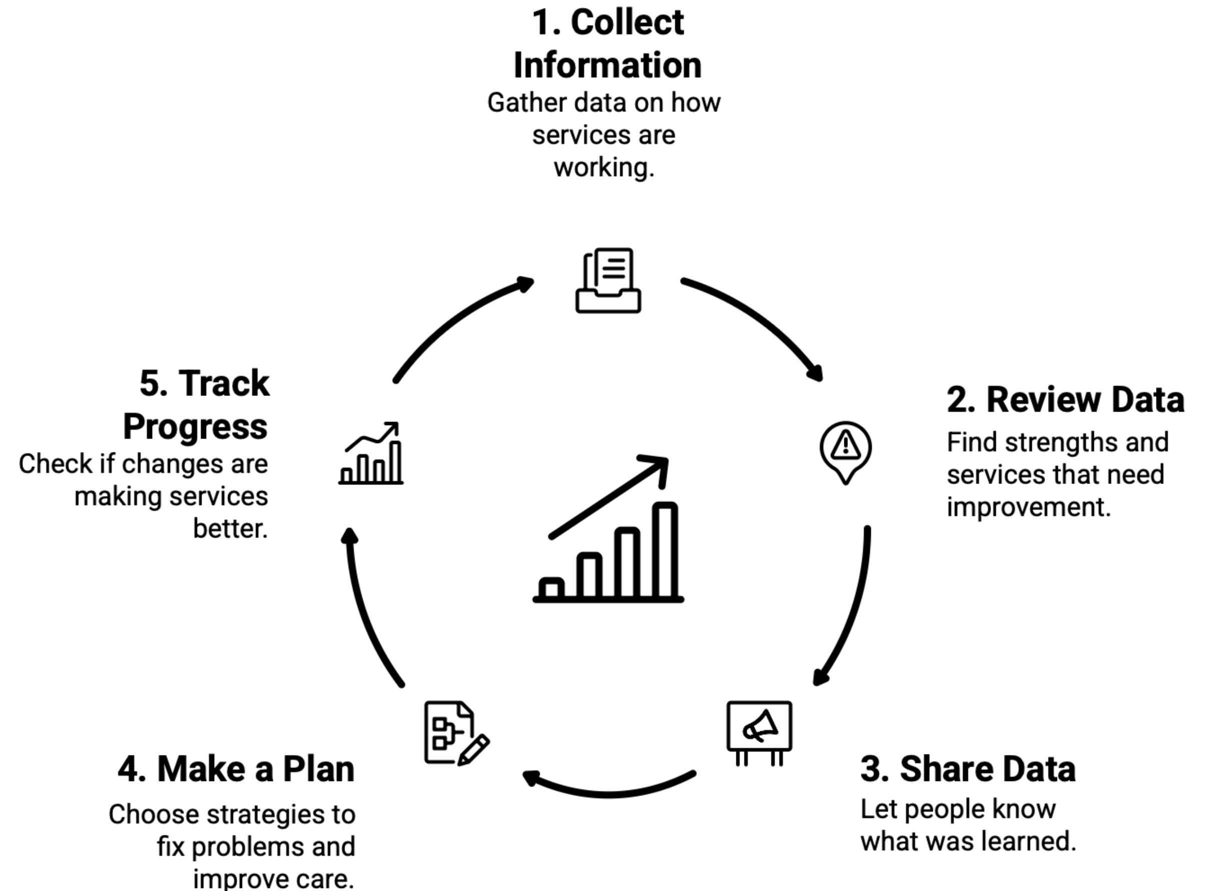
Stakeholder input to help Vermont's HCBS Quality Assurance Work

Stakeholder Input

GOAL:

State will create a data-driven process to improve the delivery of HCBS.

At each of these five stages, the stakeholders that the project team interviewed gave advice about how to make associated activities meaningful for all stakeholders and successful for the State.



Project Team Members

- The **Center on Disability and Community Inclusion** (CDCI) took the lead and acted as the bridge between the project team and the AHS leaders and contractors who oversee Vermont's Comprehensive Quality Strategy for Vermont Medicaid.
- **Green Mountain Self-Advocates** (GMSA) gathered most of the stakeholder feedback from people who receive Developmental Disabilities Services (DDS). They also created trainings about the CAHPS for this population.
- The **Vermont Developmental Disabilities Council** convened an Advisory Committee, led stakeholder feedback sessions, and created this training.

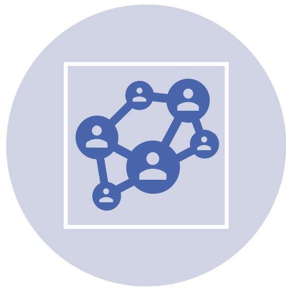
Who provided stakeholder input?

- Between November 2025 and January 2026, approximately 180 individuals participated in 13 forums that provided stakeholder feedback for this project.
- Additional feedback was considered from 57 people in 3 forums that were held before this project where there were conversations about the quality of HCBS.
- Advisory Committee provided in depth feedback regarding the HCBS Quality Measures and the process for using them to improve services over 5 meetings.

Stakeholder input, *continued*

- Sample included people receiving services, family members, providers, and advocates.
- Sample was heavily weighted toward people in the Developmental Disabilities Services Program. The project would have benefited from more participation by people familiar with Choices for Care and the Traumatic Brain Injury Program

Top-Level Findings



There is a “disconnect” between the State’s work on a high level, comprehensive quality strategy and the perceptions by stakeholders that the State does less than it should to oversee the quality of its HCBS programs.

Knowing more about this work and finding ways to sustain stakeholder engagement in it can be a valuable tool for boosting the confidence of HCBS participants in the system that they rely upon every day.

Top-Level Findings

People receiving HCBS, especially those in the Developmental Disabilities Services Program, are worried about providing honest feedback about their services.

The State will need to take measures to reassure CAHPS© survey participants that their answers are anonymous and work with them to ensure that they have people present at their interview that they choose.

Top-Level Findings

Ongoing stakeholder engagement is key to success at each stage of the State's continuous quality assurance process.

The State should continue to support and fund stakeholder engagement in quality assurance activities

Top-Level Findings

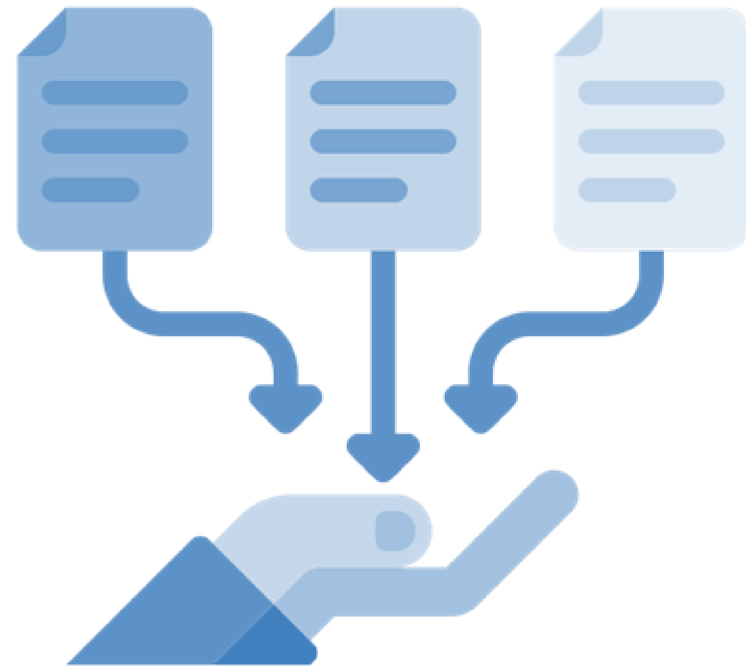
Stakeholders described a system of care that feels fragile to them. At the same time, they expressed appreciation for specific staff and the State's commitment to supporting people with disabilities in the community.

The State can capitalize on this goodwill through improved communication and ongoing stakeholder engagement.

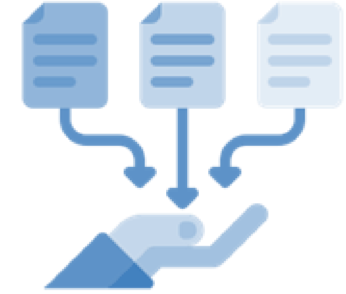
Step 1. Collect information

Key Point:

Engaging service recipients in a survey requires careful planning and a repertoire of strategies for successfully communicating with people who may process information differently.



Step 1. Collect information



1. **Use plain language** in all communications and check for understanding.
2. **Plan for support**. Pay special attention to planning with the individuals who will be in the room and, if support is wanted, who will provide support.
3. **Set expectations** about what will happen if the survey participant shares problems.
4. **Consider what other data may be helpful.** Family caregivers strongly recommended that collecting input from them would contribute to a better understanding of services gaps. This could be efficiently accomplished by focus groups, an on-line survey, or both.

Collect Information, Tools to Help

- Plain language, what is it? *Checklist available.*
- Support can start before the interview. Participants can be referred to GMSA, which has training tools for:
  - “Learning to Rate Your Services”
  - “Understanding Privacy When the State Asks Questions”
- “Tips for Making Interviews More Accessible.” *Checklist available*.

Tips for Making Interviews Accessible

Common Courtesies…

- ❑ Presume competence. Do not assume what someone can and 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.
- ❑ Be patient. Some people need more time to think and respond.
- ❑ Limit sarcasm and subtle humor because it might leave some people out of the conversation.

Tips for Making Interviews Accessible

Before an Interview...

- ❑ Ask a person what specific accommodations they need.
- ❑ Sent the questions at least 1 week in advance
- ❑ Consider wearing a name tag.
- ❑ Have a clear plan in place about what to do if someone shares abuse or neglect.

During the interview...

- ❑ Do introductions every time.
- ❑ Take short, frequent breaks (about 7 minutes every hour).

Step 2. Review Data

Key Point

Include HCBS Recipients in reviewing the data for validity and patterns. People with lived experience can provide context when analyzing for strengths and areas in need of improvement.

5. Consider whether any patterns in the data suggest that despite careful planning, barriers to meaningful participation in the CAHPS Survey still exist. For example, high abandonment rates may indicate that there were still cognitive, sensory, or other accessibility issues.

Step 2. Review Data

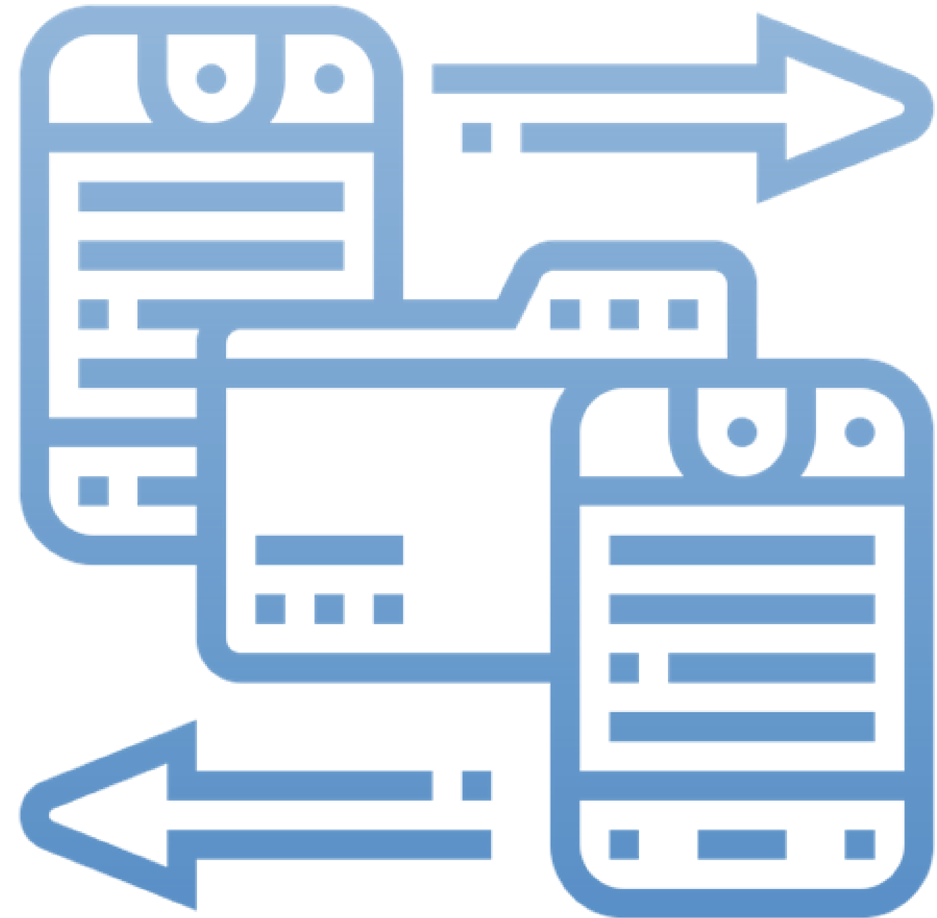
Recommendations

6. Each of Vermont's 3 HCBS Programs are different and serve heterogeneous populations. Disaggregating data by HCBS program, disability type, level of support need, or – in the case of Choices for Care – age bracket, may reveal patterns and help identify targeted interventions.
7. Consider the findings in relationship to other quality assurance information. The Developmental Disabilities Services Division (DDSD) and the ADULT SERVICES DIVISION also conduct interviews with service recipients and other data collection activities to ensure services are safe, compliant with regulations, and achieving identified goals at both the personal and the systems level. This information can provide context and help in setting priorities for quality improvement efforts.

Step 3. Share Data

Recommendations

8. Post the Data and the Interpretation of the Data:
   - Make this information available on a website, even if some of the data is not flattering to providers, regions of the State, etc.
   - Talking about the strengths in the findings will buffer bad news, and transparency will go a long way to building trust among stakeholders.
9. Present Findings at Advisory Committees:
   - Using this well-established infrastructure for stakeholder engagement will, again, build trust.
   - Work with experts on plain language to ensure that the presentations are accessible.



Step 4.
Make a Plan

10. **Solicit ideas from stakeholders**. This is the most critical stage to reach out to stakeholders for their input. Work from the assumption that “no idea is a bad idea.” Consistent with Vermont’s Comprehensive Quality Strategy, look for root causes underlying systemic challenges. At the same time, do not cast the net so wide that the State overlooks opportunities to make small changes.

Step 4.
Make a Plan

11. **Set targets**. Stakeholders often commented that it is hard to rate quality when they do not know what the standard should be. AHS has laid out where Vermont has clear guidance and quality standards and where standards have yet to be set in each of the State's HCBS programs (2017). However, these have not been clearly communicated to stakeholders, especially service participants & family members. This is a critical gap in communication that AHS has the opportunity to close.

Step 5. Track Progress

Recommendations

1. **Do not wait until the next large-scale data collection effort.** Use small-scale, iterative studies to see if the Vermont is on the right track.
2. **Share progress – or lack of progress – widely.** Stakeholders want to know whether priorities and plans that they helped develop are working or not. The State has a valuable opportunity to build trust with its HCBS participants even when initiatives are not having the anticipated positive impact. Stakeholders can help solve problems. Ultimately, their buy-in is a key element for success.

Additional Information & Resources

Vermont 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

Department of Vermont Health Access Quality Assurance Activities

- Vermont Medicaid's Quality Assurance & Performance Improvement Program

This training has been created by Kirsten Murphy, Executive Director, Vermont Developmental Disabilities Council, in collaboration with Jesse Suter, Center on Disability and Community Inclusion, University of Vermont.

Appendix B. Training Handout

Strategies for Success

Summary of Stakeholder Input to Help Vermont's HCBS Quality Assurance Work

Step 1. Collect Information

Engaging service recipients in a survey requires careful planning and a repertoire of strategies for successfully communicating with people who may process information differently.

1. **Use plain language** in all communications and check for understanding.
2. **Plan for support**. Pay special attention to planning with the individuals who will be in the room and, if support is wanted, who will provide support.
3. **Set expectations** about what will happen if the survey participant shares problems.
4. **Consider what other data may be helpful.** Family caregivers strongly recommended that collecting input from them would contribute to a better understanding of services gaps. This could be efficiently accomplished by focus groups, an on-line survey, or both.

Step 2. Review Data

Include HCBS Recipients in reviewing the data for validity and patterns. People with lived experience can provide context when analyzing for strengths and areas in need of improvement.

5. **Check for validity of data, including whether accessibility was a factor**. Consider whether any patterns in the data suggest that despite careful planning, barriers to meaningful participation in the CAHPS Survey still exist. For example, high abandonment rates may indicate that there were still cognitive, sensory, or other accessibility issues.
6. **Analyze data by subgroups**. Each of Vermont's 3 HCBS Programs are different and serve heterogeneous populations. Disaggregating data by HCBS program, disability type, level of support need, or – in the case of Choices for Care – age bracket, may reveal patterns and help identify targeted interventions.
7. **Consider the findings in relationship to other quality assurance information**. The Developmental Disabilities Services Division (DDSD) and the Adult Services Division also conduct interviews with service recipients and other data collection activities to ensure services are safe, compliant with regulations, and achieving identified goals at both the

personal and the systems level. This information can provide context and help in setting priorities for quality improvement efforts.

Step 3. Share the Data

8. **Post the Data and the Interpretation of the Data**: Make this information available on a website, even if some of the data is not flattering to providers, regions of the State, etc. Talking about the strengths in the findings will buffer bad news, and transparency will go a long way to building trust among stakeholders.
9. **Present Findings at Advisory Committees**: Using this well-established infrastructure for stakeholder engagement will, again, build trust. Work with experts on plain language to ensure that the presentations are accessible.

Step 4. Make a Plan

10. **Solicit ideas from stakeholders**. This is the most critical stage to reach out to stakeholders for their input. Work from the assumption that "no idea is a bad idea." Consistent with Vermont's Comprehensive Quality Strategy, look for root causes underlying systemic challenges. At the same time, do not cast the net so wide that the State overlooks opportunities to make small changes.
11. **Set targets**. Stakeholders often commented that it is hard to rate quality when they do not know what the standard should be. AHS has laid out where Vermont has clear guidance and quality standards and where standards have yet to be set in each of the State's HCBS programs (2017). However, these have not been clearly communicated to stakeholders, especially service participants & family members. This is a critical gap in communication that AHS has the opportunity to close.

Step 5. Track Progress

12. **Do not wait until the next large-scale data collection effort.** Use small-scale, iterative studies to see if the Vermont is on the right track.
13. **Share progress – or lack of progress – widely.** Stakeholders want to know whether priorities and plans that they helped develop are working or not. The State has a valuable opportunity to build trust with its HCBS participants even when initiatives are not having the anticipated positive impact. Stakeholders can help solve problems. Ultimately, their buy-in is a key element for success.