Person-Centered Planning – Home and Community-Based Services

8.103 Person-centered Planning – Home and Community-Based Services (07/29/2025, GCR 25-009)

8.103.1 Introduction

The rule implements the responsibilities of Vermont Medicaid under 42 CFR 441.301(c)(1) through 42 CFR 441.301(c)(3) regarding person-centered planning for delivering home and community-based services under the Global Commitment to Health Waiver, as approved by Centers for Medicare and Medicaid Services (CMS). The rule sets the requirements for the person-centered planning process. The rule also sets forth requirements for the service plan, reflecting that services and supports align with the individual's assessment of functional needs and the requirements for annual review. Additionally, the rule sets forth the requirements for what must be documented when there are modifications of the additional conditions under 42 CFR 441.301(c)(4)(vi)(A) through (D).

8.103.2 Definitions

For the purposes of this rule, the term:

(a) "**Additional Conditions"** means
  (1) The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which the landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
  (2) Each individual has privacy in their sleeping or living unit:
    (A) Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
    (B) Individuals sharing units have a choice of roomates in that setting.
    (C) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
  (3) Individuals have the freedom and support to control their own schedule and activities, and have access to food at any time.
  (4) Individuals are able to have visitors of their choosing at any time.
(b) "**Individual"** means a person enrolled in one of Vermont's Medicaid Home and Community-Based Services (HCBS) programs.
(c) "**Natural Supports**" means unpaid assistance, guidance, and resources provided by family, friends, peers, community members, and other informal sources to individuals.

8.103.3 Process Requirements for Person-Centered Planning

(a) Where possible, the individual leads the person-centered planning process, with their representative participating as defined by the individual unless State law confers decision-making authority to the legal representative. All

references to the individuals include the role of their representative. In addition to being led by the individual receiving services and supports, the person-centered planning process must:

(1) Include people chosen by the individual.
(2) Provide necessary information and support to ensure that the individual directs the process to the maximum extent possible and is enabled to make informed choices and decisions.
(3) Ensure timely scheduling within the period required by AHS policy and occur at times and locations convenient to the individual.
(4) Reflect cultural considerations of the individual and provide information in plain language, as defined in HCAR 1.101, and in a manner that is accessible to individuals with disabilities and persons who have limited English proficiency.
(5) Include a process for solving conflict or disagreement within the process, including clear conflict of interest guidelines for all planning participants.
(6) Comply with conflict-of-interest standards per 42 CFR 441.301(c)(1)(vi).
(7) Offer informed choices to the individual regarding the services and supports they receive and from whom.
(8) Include a method for the individual to request updates to the plan as needed.

8.103.4 Person-Centered Service Plan Content Requirements

(a) The person-centered service plan must:
(1) Reflect that the setting in which the individual resides is chosen by the individual and that the setting complies with 42 CFR 441.301(c)(4)(i)-(v).
(2) Reflect the individual's strengths and preferences.
(3) Reflect clinical and support needs as identified through an assessment of functional needs.
(4) Include individually identified goals and desired outcomes.
(5) Reflect the services and supports (paid and unpaid) that will assist the individual in achieving identified goals and the providers of those services and supports, including natural supports.
(6) Reflect risk factors and measures in place to minimize them, including individualized backup plans and strategies when needed.
(7) Be understandable to the individual and the persons supporting them, written in plain language, and accessible to individuals with disabilities and those with limited English proficiency.
(8) Specify who is responsible for monitoring the plan.
(9) Be finalized and agreed to, with the individual's informed consent in writing, and signed by all individuals and providers responsible for its implementation.
(10) Be made available and shared with involved parties.
(11) Specify the services that the individual has chosen to self-direct.
(12) Prevent the provision of unnecessary or inappropriate services and supports.

8.103.5 Modification of additional conditions

(a) Any modification to the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:
  (1) The specific and individualized assessed need.
  (2) Positive interventions and supports used before modifications to the person-centered service plan.
  (3) Less intrusive methods of meeting the need have been attempted but unsuccessful.
  (4) Include a clear description of the condition that is directly proportionate to the specific assessed need.
  (5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.
  (6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
  (7) Include the informed consent of the individual.
  (8) Include an assurance that interventions and supports will not harm the individual.

8.103.6 Review of the Person-Centered Plan

(a) The Vermont Medicaid Program must review and revise the person-centered plan upon reassessment of functional needs at least every 12 months, when significant changes in the individual's circumstances or needs occur, or upon the individual's request.