# Arkansas Health Care Association Questions Regarding CFCO

# **Projections/Assumptions**

- · Have there been any independent financial models done on this program?
- Is there a backup plan in case these assumptions aren't good?
- Most proposals apply multiple financial projections based on different scenarios. Is the Department considering other projections based on multiple assumptions?
- Has there been an independent financial analysis performed of the CFCO proposal?
- Has there been an independent analysis conducted on the assumptions of this proposal?

# **Waiting List**

- How long has the DD waiting list been a problem?
- What efforts have been made by DHS or asked of the general assembly to address this waiting list?
- What funds have been requested of the general assembly to solve this problem in the past fiscal sessions?
- What legislators or legislative committees have been working to solve the problem of the waiting list?
- What is the amount of general revenue dollars needed to solve this problem?
- What specific services are needed to take care of this population?
- How many clients on the waiting list are receiving partial services?
- How many people on the waiting list have signed up in anticipation of a long wait but aren't in need of services today?

# **Additional Costs to Implement**

- Under CFCO, there is no increased federal match for administrative cost to the program. DHS has stated that existing resources will be used to fulfill administrative oversight requirements of the program. What are these existing resources now and what are they being spent on?
- What required pieces of infrastructure are needed to implement CFCO?
- Does the 6% match cover the administrative oversights?
- Have appropriations been made for these by the general assembly?

## Self Direction Cost & Oversight

- Under CFCO, self direction is encouraged both for citizens ages 19+ with disabilities and the frail elderly to participate in self direction of their care. Has the general assembly been involved in ensuring that the proper fraud & abuse controls are in place and regulations have been promulgated to ensure the safety of these individuals?
- If no additional money is going to be spent on oversight, how will existing resources be used to ensure safety?

 Will there be criminal background checks done on participating employees under self direction? Who will be responsible for paying for these background checks?

#### **AAA Letter**

- According to the letter from the AAA Association, there will be savings in other programs that will allow "infused dollars for Home & Community Based Services". Where will these savings come from?
- Have rate increases for other providers been discussed?
- The letter also refers to HCBS services being on par with institutional services. We have also heard this phrase used in meetings with other providers and DHS employees. Is it the policy of the general assembly and/or administration that individuals with minor disabilities in the community have the same priority for general revenue funding as those frail elderly individuals with multiple health problems who require 24 hour skilled nursing care?

### **Legislative Involvement**

- Under the Private Option piece of the ACA, legislators were involved and multiple committee hearings were held. What legislators have been involved in this piece of the ACA changing existing waivers for elderly and disabled citizens in Arkansas? Especially knowing that accepting this as a state plan rather than a waiver, the General Assembly will lose control of program growth.
- When were members of the legislature notified that the state submitted this proposal to CMS?

#### Other

- Has there been a study conducted to find out the total number of disabled citizens in Arkansas who could meet eligibility requirements for this program who are not currently being served on a waiver?
- Are their other waiver programs being changed or applied for that would affect the population groups that fall in the criteria of either institutional level of care and non-institutional level of care?
- Has the state of Arkansas submitted intent to apply for other state plans or waivers with CMS that have not been approved by the legislature?
- In the current plan, will all waivers related to elderly and disabled recipients be terminated to be included in CFCO? Or will waivers remain?
- Have we researched other states that have attempted to implement this program?