

COMMUNITY FIRST CHOICE PROGRAM

7/19/2013

Community First Choice Background

- Importance of CHOICE
 - Consistent with the decision of the United States Supreme Court in Olmstead v. L.C., 527 U.S. 581 (1999), this option will support States in their mission to develop or enhance a comprehensive system of long-term care services and supports in the community that provide beneficiary choice and direction in the most integrated setting.
 - State Balancing Incentive Payment Program (BIPP)
- How Arkansas embarked on CFCO path



Why CFCO in Arkansas

- The CFC program provides additional resources and a mechanism to address the Alternative Community Services Waiver waiting list of over 2500 people with developmental disabilities and offers long-awaited services to those who need them.
- The program provides federal funding to expand choice options for persons with disabilities and access to long term services and supports in the most integrated setting. The program will expand access community-based services that delay or avoid facility-based care by providing a broad range of options and enhanced community integration.
- Providing home and community based services under a single framework will streamline eligibility determination, assessment, intake processes into the long term care system and will be complimented by the development of "No Wrong Door/Single Entry Point" approach.
- The CFC program promotes a strong emphasis on person-centered approach to services by making consumer directed service model a core component of the program.

Community First Choice Option

- Community First Choice Option (CFCO) is section 2401 of the Affordable Care Act, which establishes a new State option to provide a broad range of home and community based services and supports to eligible individuals based on functional needs.
- CFCO provides a six (6%) percentage point increase in Federal Medical Assistance Percentage (FMAP) permanently.



CFCO Services

Required Services:

- Help with basic everyday personal activities like bathing, eating, grooming, getting dressed, and taking medicine
- Help with transportation, shopping for food and clothes, planning meals, doing household chores, and traveling around and doing things in the community
- Providing electronic devices such as emergency response systems and other mobile communication devices
- Help with learning how to hire and manage workers when receiving services that are eligible for consumer direction

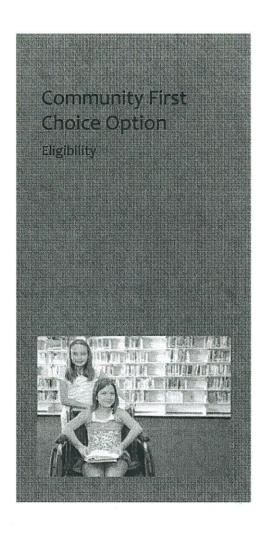


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CFCO Services

Optional Services:

- Help to pay the cost of moving out of an institution, for things like first month's rent or utility deposits, kitchen and bedroom supplies
- Items or services that will help people do things on their own instead of relying on others to help them

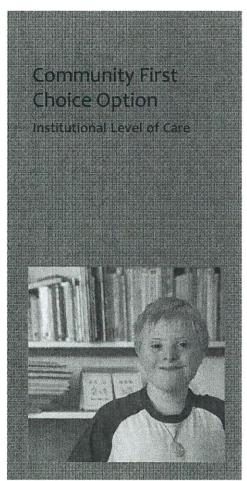


Eligibility:

To receive services under Community First Choice Program individuals

- Must be eligible for Medicaid
- Must meet institutional level of care requirement – the program is specifically intended for those individuals who, without services and supports, would be unable to care for themselves at home and would need to enter a nursing home or other institutional setting.
- Must be in an eligibility group under the State Plan that includes nursing facility services

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The State administering agency may permanently waive the annual recertification of Institutional Level of Care need for an individual if:

- It is determined that there is no reasonable expectation of improvement or significant change in the individual's condition because of the severity of a chronic condition or the degree of impairment of functional capacity; and
- The State administering agency, or designee, retains documentation of the reason for waiving the annual recertification requirement.



CFCO services will be available to persons:

- ⇒ In all parts of the state
- ⇒ In the most integrated setting chosen by the consumer
- ⇒ based on person's individual needs
- without regard to age, type or severity of disability

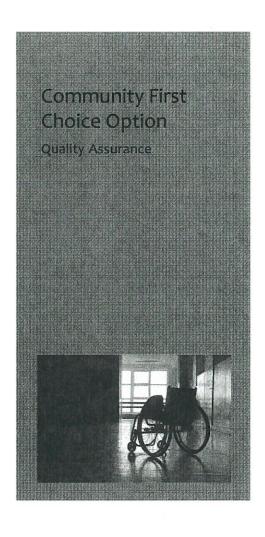
Community First
Choice Option
Qualified Providers
Community-Based Setting

The services and supports must be provided by a qualified provider in a home and community-based setting

Home and community-based setting excludes:

- Hospitals
- Nursing facilities
- ICFs/IDD
- Settings located on or adjacent the campus of a public institution

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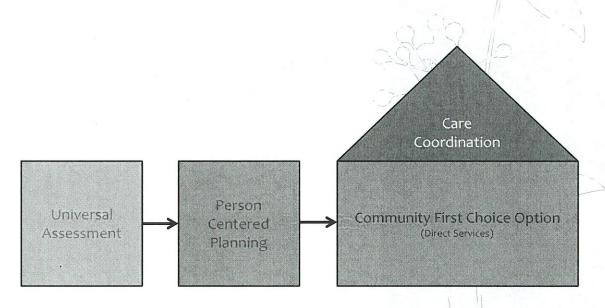
- States must also establish and maintain a quality assurance system for community-based attendant services and supports that includes standards for agency-based and other delivery models for training, appeals for denials and reconsideration procedures of an individual plan, and other factors.
- The quality assurance system must incorporate feedback from individuals and their representatives, disability organizations, providers, families of disabled or elderly individuals, and members of the community, and maximize consumer independence and control.
- The quality assurance system must also monitor the health and well-being of each individual who receives section 1915(k) services and supports, including a process for the mandatory reporting, investigation, and resolution of allegations of neglect, abuse, or exploitation in connection with the provision of such services and supports.

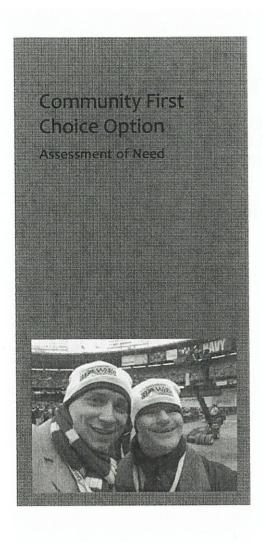
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Community First Choice Option

Considerations for implementation

CFCO provides an opportunity to standardize system entry process:





- Assessment will determine if the individual requires assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), or health-related tasks
- Assessment will be used to determine the level of need for each person receiving services
- By combining the assessment information with current cost information, DHS will be able to set objective reimbursement levels based on reliable, independently gathered information about each person's needs
- Information from the assessment can be used for better care planning for each person.
- Periodic assessment will provide valuable information for quality improvement.

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Assessments are conducted by independent 3rd party and qualified staff

DDS has contracted with Pine Bluff Psychological Associates to conduct assessments

Assessments will be conducted by Qualified Developmental Disability Professionals (QDDP).



DDS ASSESSMENT PROCESS TIMELINE

- Assessments of adults began in November 2012 & scheduled to end October 2013 (adults receiving ACS Waiver services or residing in public or private Intermediate Care Facilities (ICFs))
- Assessments will begin October 2013 & projected to be complete around October 2014
 - Children receiving ACS Waiver services or residing in public or private Intermediate Care Facilities (ICF)
 - Adults & Children on ACS Waiver wait list
 - 3) Adults receiving DDTCS services



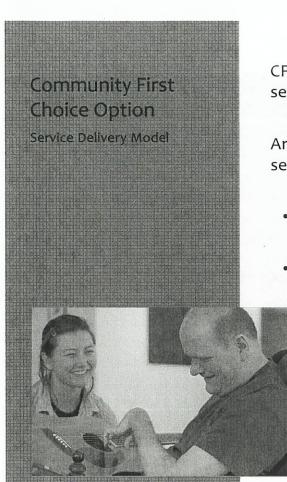
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Person-Centered Care Planning

Begin process to develop the person-centered service plan allowing participant to:

- >Choose the setting in which the participant desires to reside
- Define strengths, goals, needs, and preferences of CFC services and supports
- Establish the range and scope of individual choices and options
- ➤ Person-Centered Service Plan must be agreed to in writing by the individual, or his or her representative





CFCO allows States to offer more than one service delivery model.

Arkansas has chosen to offer two models of service delivery:

- Traditional agency/provider model
- Participant directed model

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Two Service Delivery Models

Agency-Provider Model

Enrolled Medicaid provider:

Provides CFC services and supports

Uses their employees or arranges provision of services under the direction of the individual receiving services

Providers of CFC services and supports must meet State defined provider qualifications

Participant maintains the ability to have a significant role in the:

Selection and dismissal of the providers of their choice
Delivery of their specific care,
Identifying the services and supports in their person-centered service plan

Self-Directed Model with Service Budget

- Participant:
 - Recruits, hires or selects attendant care provider
 - Specifies attendant's provider qualifications, duties, and schedule
 - Supervises, trains, manages, evaluates, and dismisses attendant
 - Determines the amount paid for a service, support, or item, in accordance with State and Federal compensations requirements.
 - Reviews and approves provider payment requests (timesheets)

CFC Support System

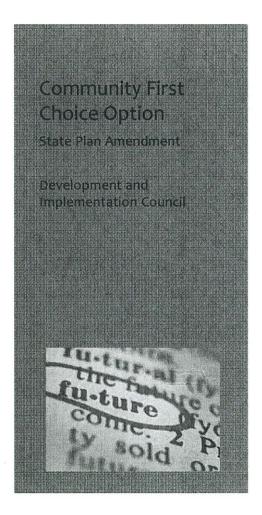
Counseling

- · Provides information,
- · Practices putting the participant as center
- · Explain the program
- · Completes enrollment
- Collaborates with participant to complete the assessment, service plan, spending plan and reassessments
- · Offers skills training
- Partners with participant

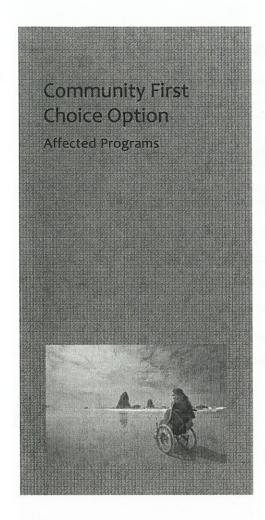
Financial Management Services (FMS)

- Must be available to all participants with a service budget
- Collect and process timesheets
- Process payroll, withhold and file taxes
- Separately track budget funds and expenditures for each individual
- Track and report disbursements
- Assures that spending plan is followed
- · Pays invoices including timesheets
- Figures tax liability and pays taxes
- · Provides accounting reports
- Pays for atypical goods and services not covered by a Medicaid provider

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States must develop and have in place a process to implement an amendment in collaboration with a **Development and Implementation Council** established by the State that includes a majority of members with disabilities, elderly individuals, and their representatives



CFCO may affect the following programs in Arkansas:

- Personal Care Program
- DDS Alternative Community Services (ACS) Waiver
- Alternatives for Persons with Disabilities (APD)
 Waiver
- ElderChoices (EC) Waiver
- Living Choices Assisted Living (LCAL) Waiver
- IndependentChoices
- Developmental Day Treatment Clinic Services (DDTCS)
- Money Follows the Person

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Community First Choice Option

Considerations for implementation

- Transition existing state plan and waiver programs into CFCO
- Align services across populations and CFCO service categories
- Use this opportunity for service improvement, identifying and closing gaps in services

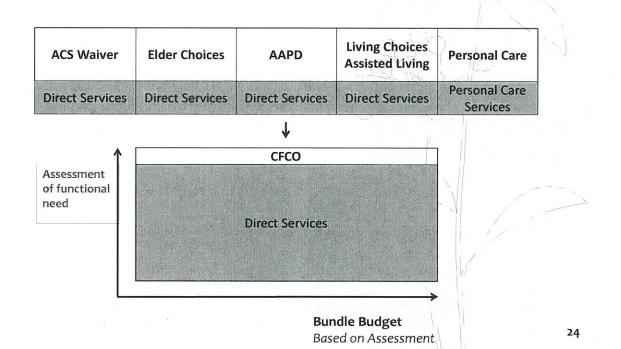


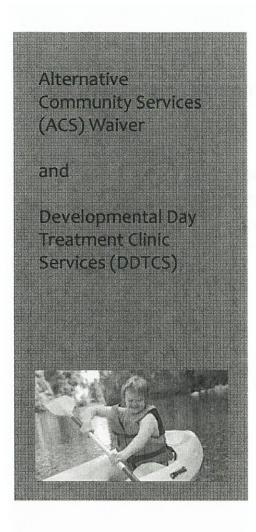
Existing Medicaid Programs

All Ages	Individuals with ID/DD (All Ages)	Adults with Physical Disabilities (Age 21-64)	Elderly (Age 65+)	Adults with Disabilities (Age 21+)
Personal Care	ACS Waiver	AAPD	ElderChoices	LCAL
District	Case Management	Case Management		
Personal Care Services	Supportive Living (includes Residential Habilitation)	Attendant Care	Adult Companion and Homemaker Services	Attendant Care
	Personal Emergency Response System (PERS)	Environmental Accessibility Adaptations	Personal Emergency Response System (PERS)	Therapeutic Social and Recreational Activities
	Respite Services	Adaptive Equipment	Chore Services	Medication Administration
	Non-Medical Transportation		Adult Day Care	Periodic Nursing Evaluations
	Crisis Intervention		Adult Day Health Care	Medication Oversight
	Supplemental Support		Adult Family Homes	
	Community Transition		Respite Services	
	Consultation Services		Home-Delivered Meals	
	Specialized Medical Supplies		· ·	
	Adaptive Equipment			W.
	Environmental Modifications			
	DDTCS	_		
	Day Habilitation			23

Available array of CFCO services will be determined by:

- > assessment of functional needs and
- > budget amount established based on the level of need determined by the assessment





ACS Waiver

- Case Management
- Supportive Living (includes Residential Habilitation)
- Respite Services
- Non-Medical Transportation
- · Consultation Services
- Personal Emergency Response System (PERS)
- · Crisis Intervention
- Supplemental Support Service
- · Community Transition
- · Specialized Medical Supplies
- · Adaptive Equipment
- Environmental Modifications
- · Supported Employment

DDTCS

· Day Habilitation

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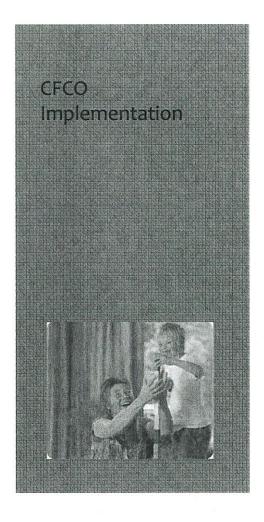


DD HCBS Waiver

- · Case Management
- · Supported Employment

CFCO

- · Services Transitioned from ACS Waiver:
 - Supportive Living (includes Residential Habilitation)
 - · Respite Services
 - · Non-Medical Transportation
 - Consultation Services
 - · Personal Emergency Response System (PERS)
 - Crisis Intervention
 - · Supplemental Support Service
 - · Community Transition
 - · Specialized Medical Supplies
 - · Adaptive Equipment
 - Environmental Modifications
- Services added from other Waiver or State Plan Programs:
 - Attendant Services and Supports (Personal Care Services)
 - Developmental Day Treatment Clinic Services (DDTCS)
 - Home Delivered Meals
 - Chore Services
- New Services
 - Assistive Technology
- · Participant Directed Support Services:
 - · Counseling Services
 - · Financial Management Services
 - · Goods and Services



- Estimated implementation date is July 1, 2014
- Final program design and implementation date depends on CMS approval

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