

Is CFC Right for Us?

Two States' Experience in Evaluating and Implementing Community First Choice



Panel Members

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Overview Community First Choice

- Available through Affordable Care Act
- Encourages states to focus on developing Medicaid community support services that gives more control and choice to the participant
- States receive a 6 percent increase in FMAP
- Maintenance of Effort Requirement
- Regulations found CMS or Medicaid.gov

Value of Self Direction



- Participants have more ***control and choice***
- Participants ***hire, manage and train*** employees
- Programs are ***different in each state***
- Role of the ***Advisory Committee***

Arizona's Experience with Self-Direction



- Traditional agency model available since onset of program
- Self-directed attendant care model Sept 2008
- Agency with choice/co-employer model Jan 2013

Arizona's Experience with Self-Direction



Available to the E/PD population

– 294 individuals elected option in CYE 2013

– Agency with Choice

- Available to the E/PD and DD populations
- As of 08/15/13, 53% of E/PD members receiving services in their own homes
- 26% of E/PD members overall have elected Agency with Choice service model

Arizona's Experience with Community First Choice

Development
and
Implementation
Council
Established
March 2011

Submission of
CFC State Plan
Amendment to
CMS
October 2012

Drafting of CFC
State Plan
Amendment
(in partnership
with Council)
**March 2011 –
October 2012**

Contract and
Policy Changes
related to
Agency with
Choice
**October 2012 –
December 2012**

Arizona's Experience with Community First Choice

Case Manager
Supervisor
Training

**October 2012 –
November 2012**

Provider
Training and
Technical
Assistance

**January 2013 –
March 2013**

Implementation
of State
Regulations for
Agency with
Choice

January 2013

Ongoing
discussions with
CMS regarding
CFC State Plan
Amendment

**January 2013 –
June 2013**

Arizona's Experience with Community First Choice

- In May 2013, CMS determined that CFC services could only be provided to individuals eligible under the State Plan
- Arizona long term care population eligibility is established under the 1115 waiver
- Options
 - Modify the State plan eligibility and create multiple 1915(c) waivers
 - Withdraw the CFC State Plan Amendment and provide “CFC-like” services as an 1115 waiver service



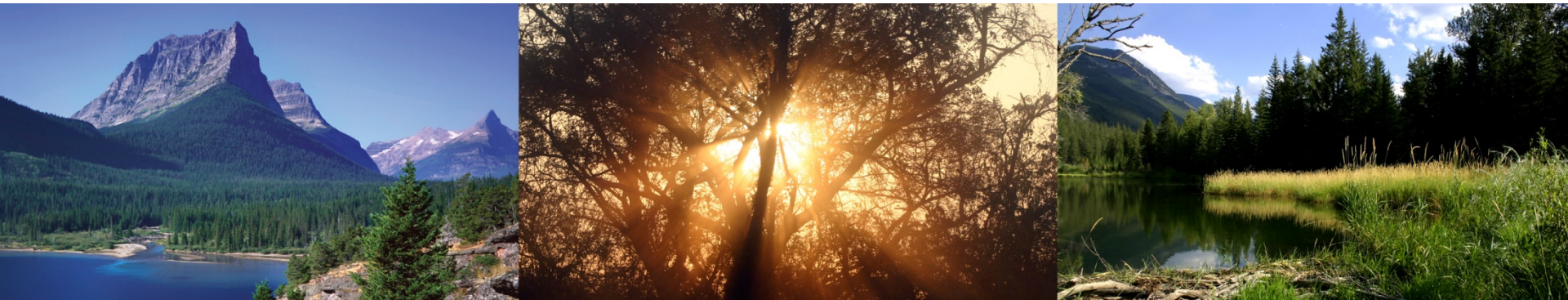
Arizona's Experience with Community First Choice

- Arizona withdrew its State Plan Amendment on June 13, 2013
- Implementation of the Agency with Choice service model continues under the 1115 waiver
- Agency with Choice service model utilization is growing faster than anticipated
- Arizona remains committed to the expansion of member directed service options



Montana CFC Goals

- Support Montana's rebalancing efforts to develop integrated HCBS system
- Draw from and grow state successes
 - Personal Assistance Services programs
 - Home and community based waiver programs
- Increase funding for improved service delivery

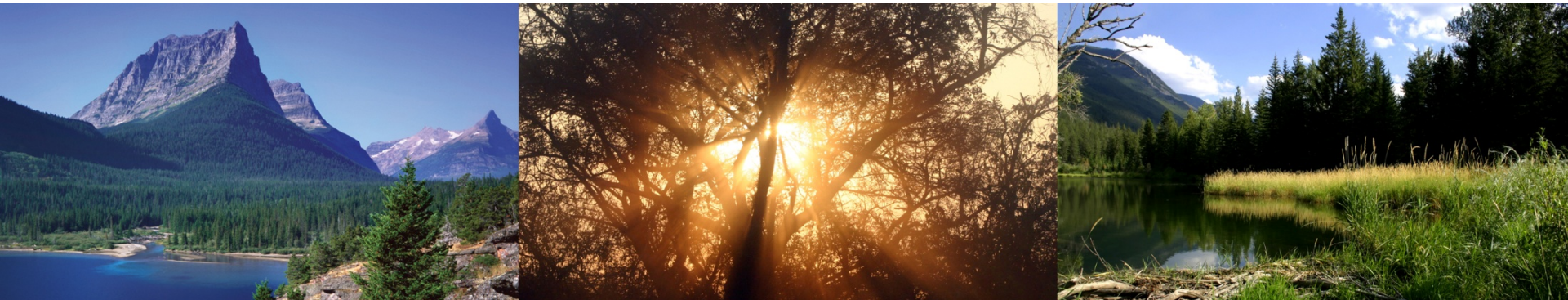


Why CFC is a Good Fit for Montana

- Montana has provided Medicaid Personal Assistance Services under the State Plan since the late 1970's.
- Montana offers two options for personal care services.
 - "Agency-based" program
 - Agency-with choice or self-directed PAS Program (1995)
- In June 2008, number of consumers in the self-direct option exceeded the number of consumers in the agency-based option.
- In 2012, 55% of consumers were selecting the self-direct service option.

Why CFC is a Good Fit for Montana

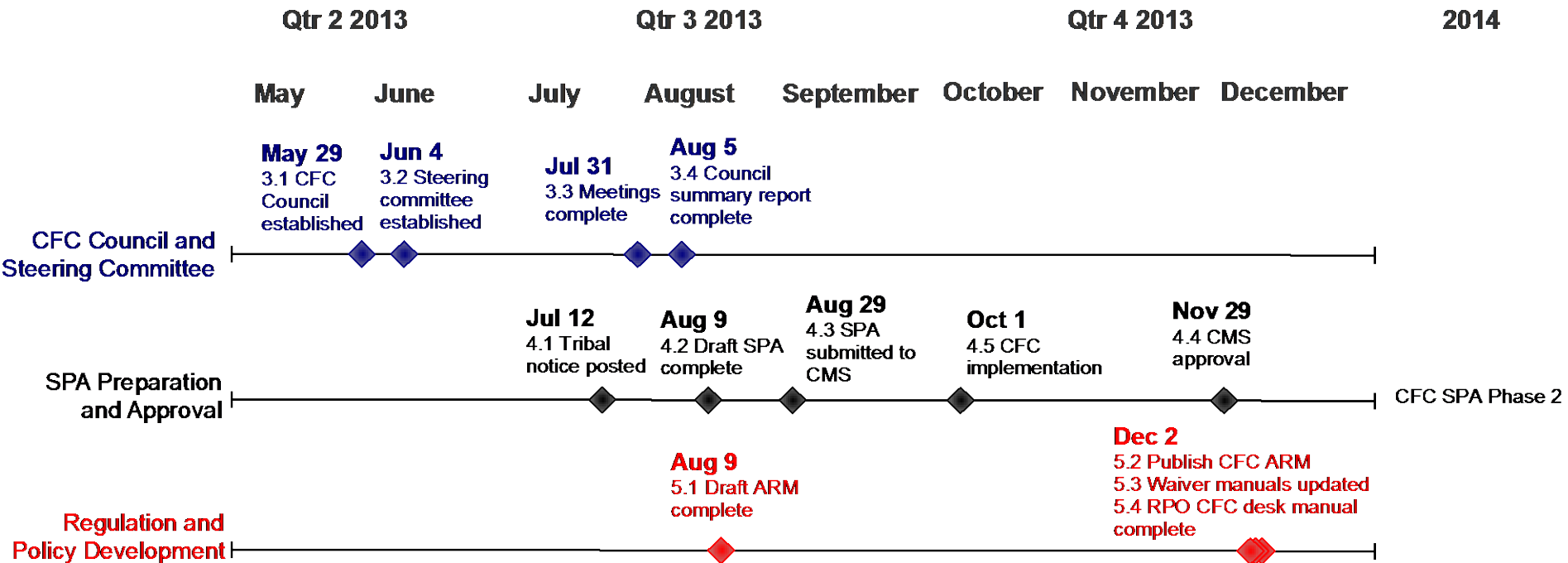
- Montana has had an HCBS waiver since 1982.
- A money follows the person strategy since 2000 to rebalance long term care system transitioning nursing facility residents utilizing funding from nursing facility budget.
- Awarded a 5 year Money Follows the Person Grant in 2012 to continue a broader effort at rebalancing.



The CFC Process in Montana

- CFC analysis complete in 2012 under Contract
- DPHHS presented CFC analysis to 2013 legislature
- Montana legislature approved CFC funding
- CFC requires the state work with a CFC Council
- Governor and DPHHS appointed Advisory Council
- Hired a Facilitator to coordinate council & develop work plan
- Talked to other states implementing CFC
- Begin conversations with CMS on State Plan
- Surveyed consumers and providers on CFC
- Starting work on State Plan Amendment and CFC policy

Draft Timeline – Best Case Scenario



Assessment and Planning



Montana Status Update

- Current position
- Phased approach to implementation of other CFC opportunities



Considerations when Assessing the Viability of CFC in a State

- ✓ Level of financial commitment to Medicaid in-home personal assistance.
- ✓ Percent of personal assistance consumers who meet level of care.
- ✓ Existing commitment to, or willingness to adopt, a consumer directed model.
- ✓ Range of tasks covered under existing program. ADLs? IADLs? Socialization?

More Considerations

- ✓ Nature of support available under current program
(Hands on assistance, Prompting/cueing, Supervision).
- ✓ Percent of current personal assistance consumers who have a person centered plan.
- ✓ Who currently receives personal assistance services.
(Elderly, Physical Disabilities, Developmental Disabilities, Mental Illness)
- ✓ State Medicaid matching rate.

Questions



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