

Community First Choice: Transforming Washington's System through CFC



Agenda

- CFC Overview
- Washington's System
- Legislation
- Expectations
- Development & Implementation Council
- Collaboration
- Changing the face of LTSS in Washington

CFC Overview

- Amends 1915 of the Social Security Act to allow States to provide “Community-Based Attendant Services and Supports.”
- Federal medical assistance percentage applicable to the State (FMAP) is increased by six percentage points

CFC Overview: Included Services

- Services and supports to include assistance to accomplish ADLs, IADLs, and health related tasks through hands-on assistance, supervision or cueing;
- Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health related tasks
- Back up systems or mechanisms to ensure continuity of services and supports; and
- Voluntary training on how to select, manage, and dismiss attendants

CFC Overview: Permissible Services

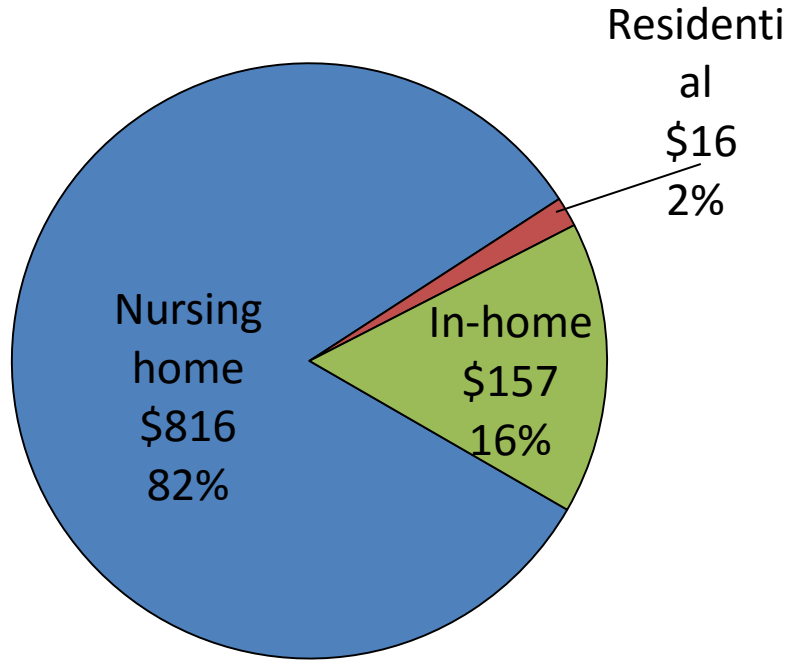
- Transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities
- Expenditures that increase a participant's independence or substitute for human assistance, to the extent that expenditures would otherwise be made for the human assistance.

Why CFC for Washington State?

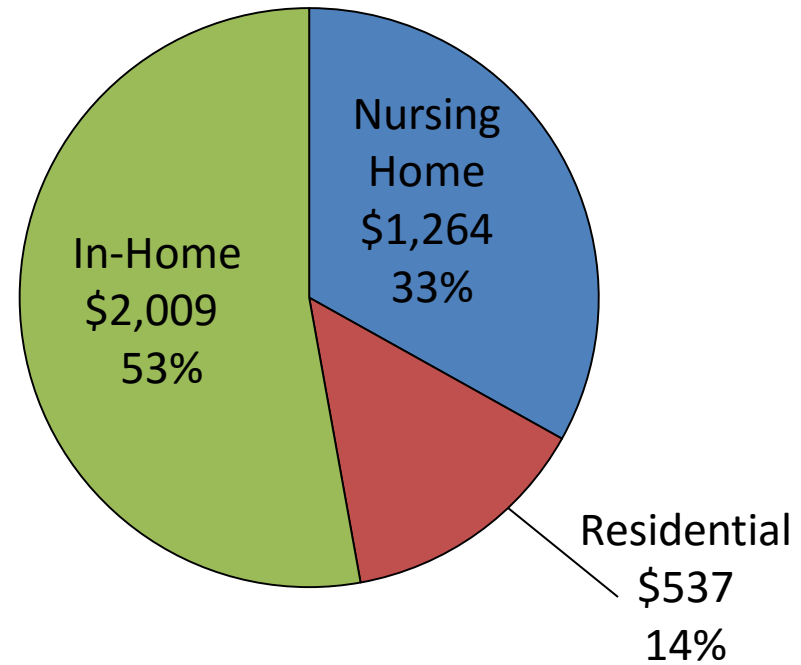
- Participants and families requested additional services and flexibility
- CFC offers a personal care entitlement package that is more robust than optional state plan personal care
- CFC brought enhanced federal match to the state at a time when Washington's budget was adversely impacted by the recession

Rebalancing Washington State

1991-1993 Biennium



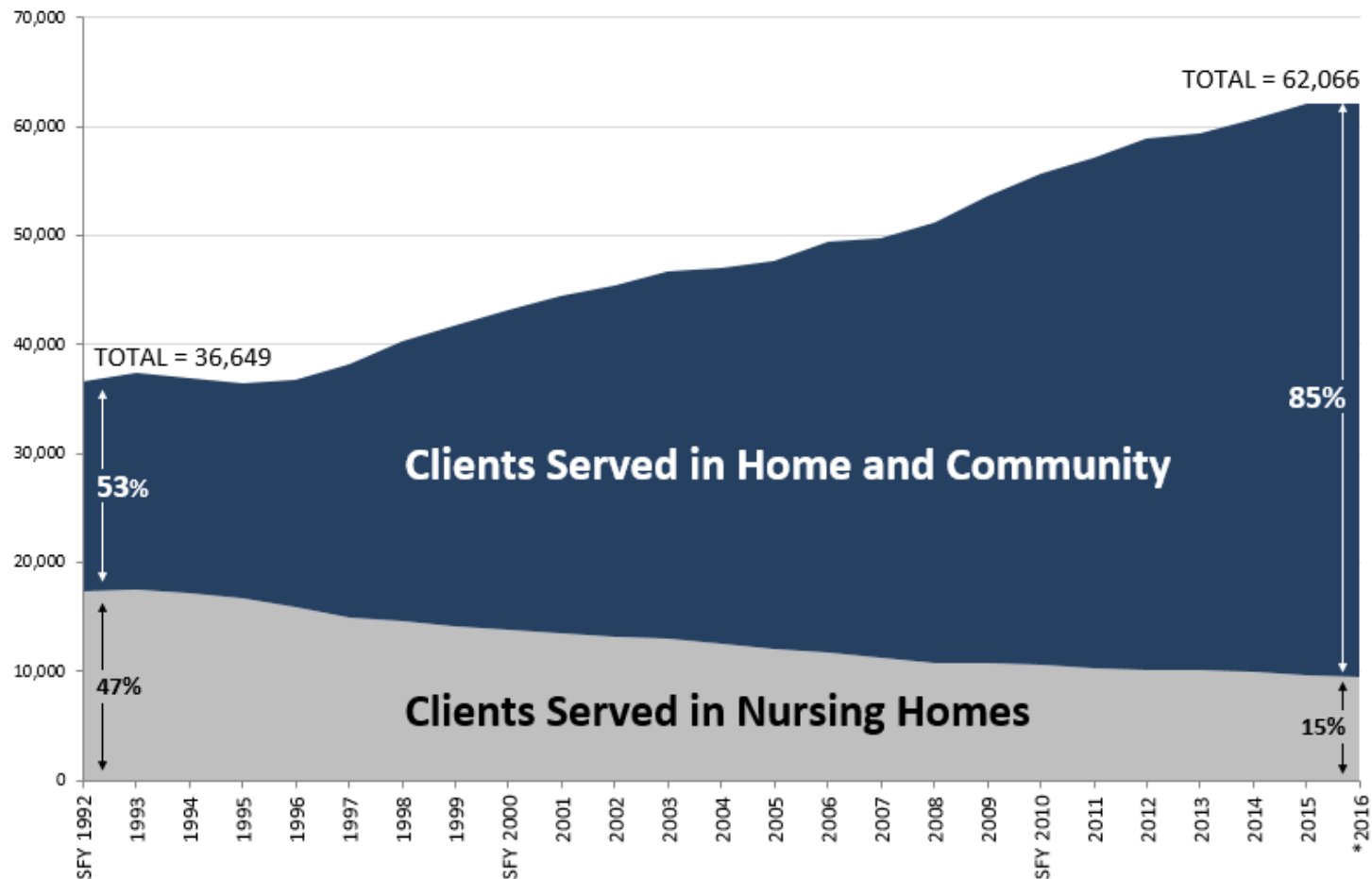
2015-2017 Biennium



Dollars in Millions

Rebalancing Washington State

Results WA Metric – View since 1992



Source: DSHS AL TSA Core Metrics and EMIS.

*As of December 2015

Where We Started (April 2014)

DDA

1915(c) Waivers

Participants:
11,000

Eligibility:
ICF/ID LOC
Income ≤ 300% of
Federal Benefit Level

Settings:
In-Home
Residential
Supported Living

**Medicaid
State Plan**

**State Plan
Personal care**

Participants:
19,100

Eligibility:
Level of Care =
ADL Assist
Income =
non-institutional
Medicaid

Settings:
“In-Home”
Residential

AL TSA

1915(c) Waivers

Participants:
32,300

Eligibility:
ILOC
Income ≤ 300% of
Federal Benefit Level

Settings:
In-Home
Residential

The Beginning

- HB 2746 – gave legislative authority for CFC
 - “Refinance” Medicaid funded personal care
 - By July 1, 2014: Begin work with our Development and Implementation Council
 - Implementation required by August 29, 2015

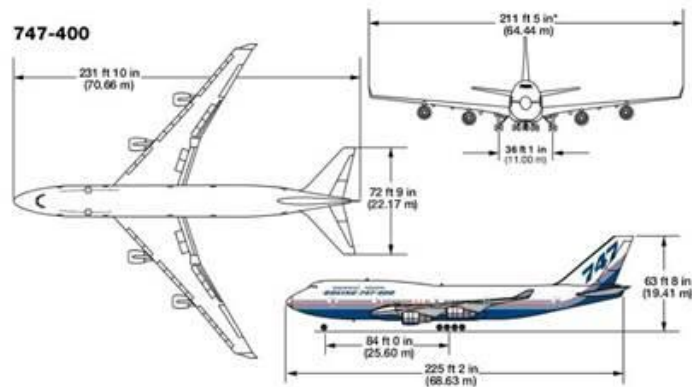
The Beginning

“We are putting the plane together as we are taking off...”

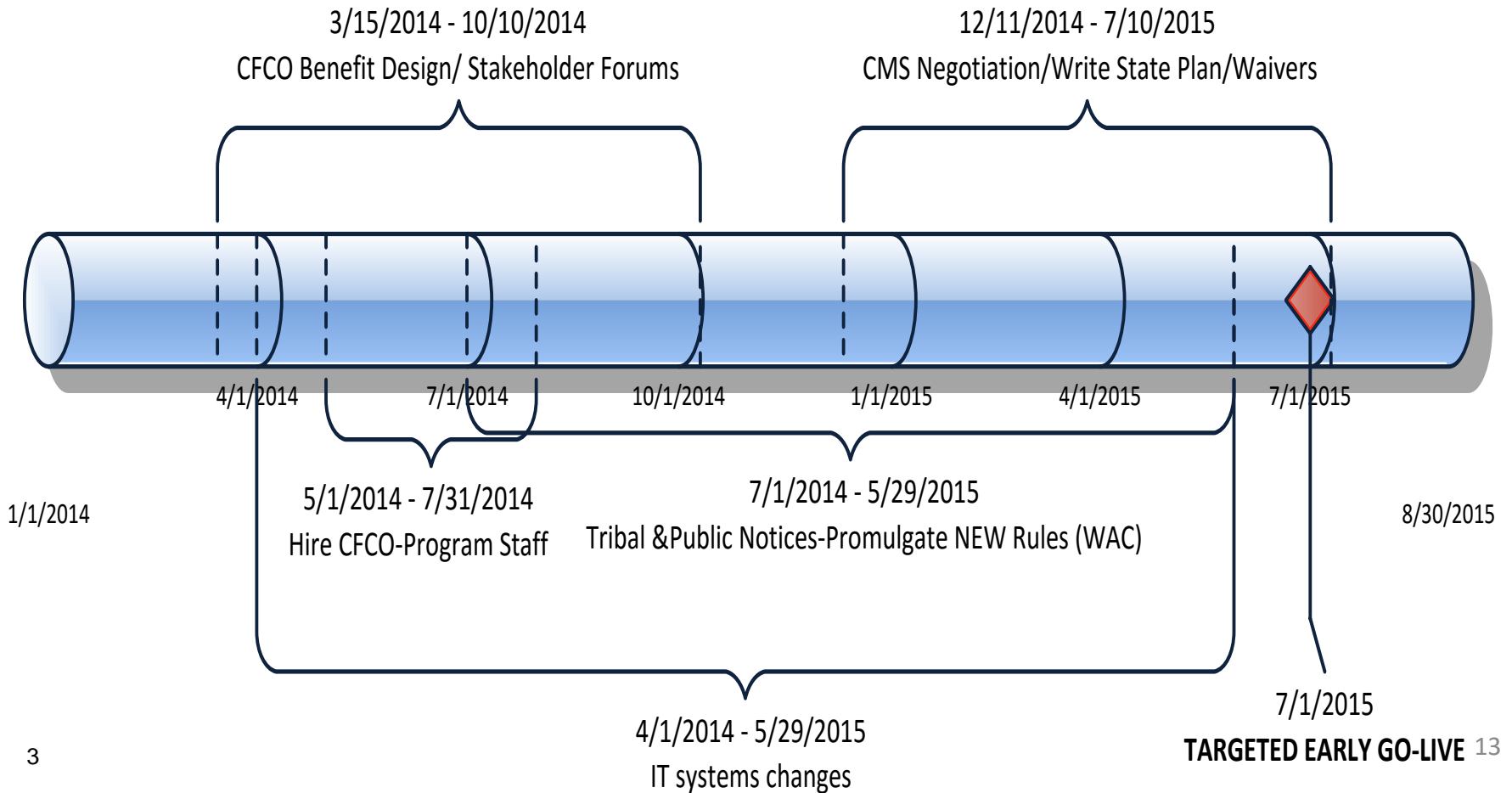


Expectations

- Implementation by July 1, 2015
- Most Personal Care services moved into CFC
- Legislation: Additional 6% FMAP
 - Invest 3% into CFC services
 - Invest 3% into community support programs



COMMUNITY FIRST CHOICE OPTION TIMELINE FOR JULY 2015 IMPLEMENTATION



Partnership with CMS

- Support
 - Communication
 - Problem Solving
- Collaboration
 - Frequent meetings
 - Ongoing discussions
 - Time frame requirements



Development & Implementation Council

- \$441.575
 - Our 16 Member Council
 - 9 Individuals with disabilities or their representatives
 - 1 Tribal representative
 - 6 Advocacy organizations

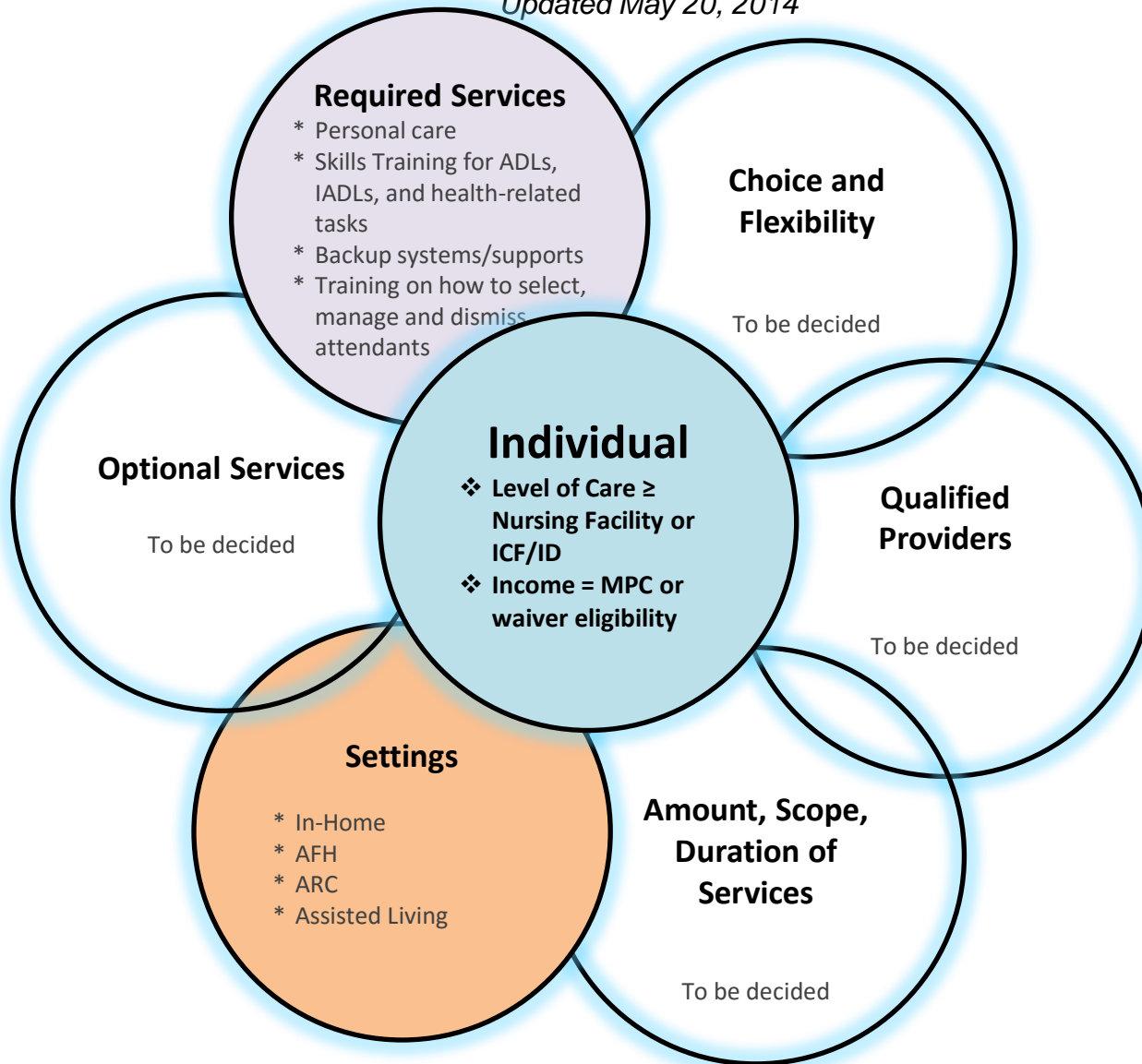


Development & Implementation Council

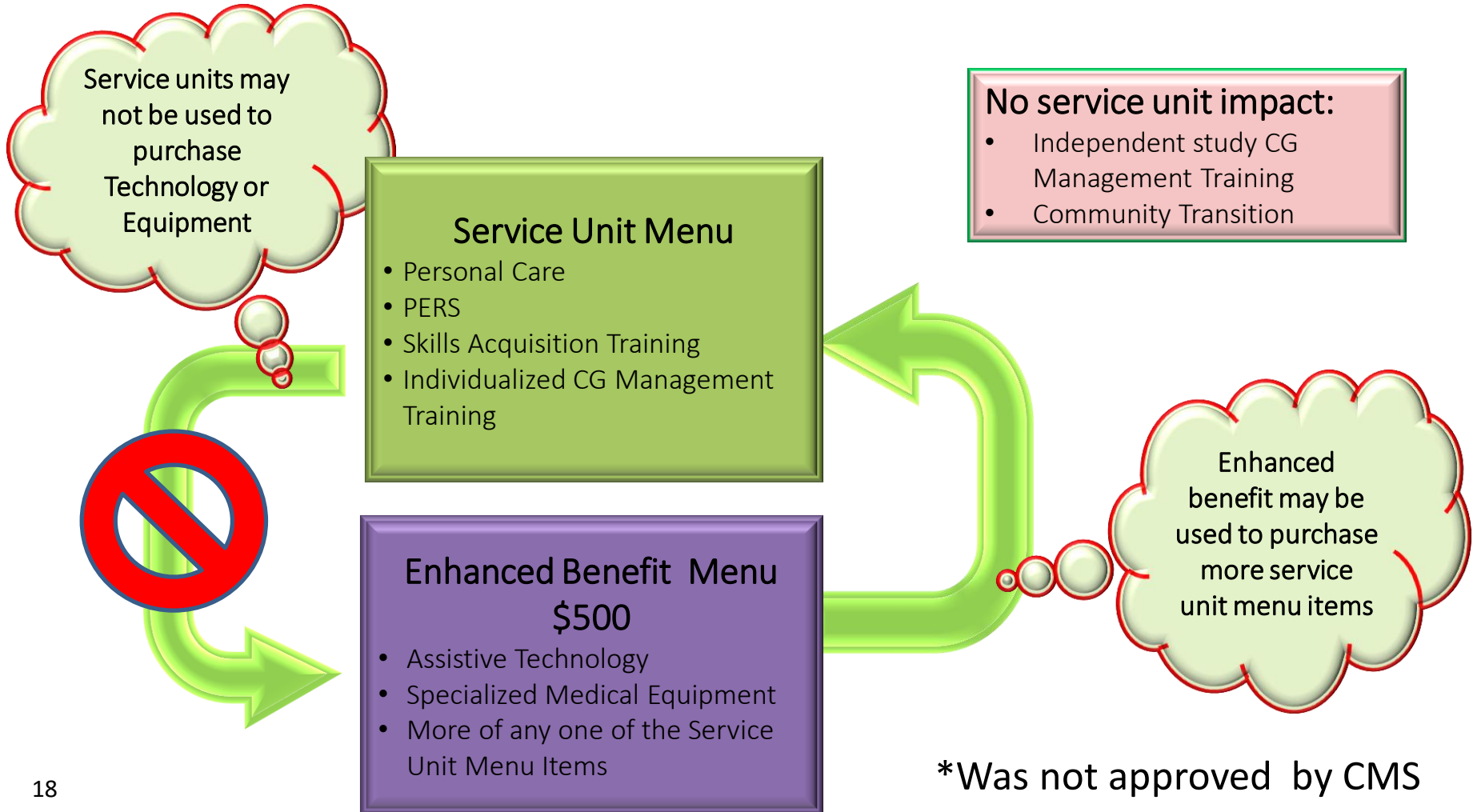
- Design development meetings
 - 7 full-day meetings
 - April through October 2014
- The meetings
 - Robust discussion
 - New and innovative ideas
 - Choice and flexibility a priority

CFCO Components - to be determined

Updated May 20, 2014



The Council's First Recommendation*

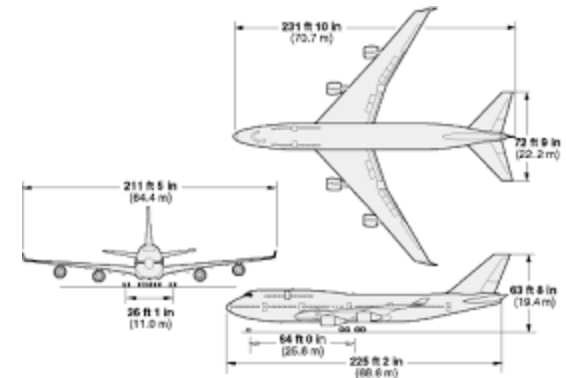


The Council's Reinvestment Recommendations

- Expansion for Developmental Disabilities waiver slots
- Community support
 - Family caregiver support program
 - Family behavioral support program
- Increase staffing to support reduced caseloads

Developing the SPA

- First draft started August 2014
 - CMS template
 - Integration of CFR language
- Development of plan language
 - Began October 2014
 - Based on our Council recommendations
- Submitted to CMS January 2015
- Final CMS approval June 30, 2016



CMS Approved Plan

Services Available

- Personal Care
 - In-Home Settings
 - Residential Settings
- Back up systems:
 - PERS
 - Relief Care
- Skills Acquisition Training
- Community Transition
- CG Mgmt. Training (Admin match)

Additional Services

- Technology & Equipment
- Skills Acquisition Training

\$500 limit per fiscal year

Intersection of CFC and HCBS

- Washington CFC includes all settings where personal care is provided:
 - “In Home” settings within the community
 - Residential community settings
 - Adult Family Homes
 - Assisted Living Facilities

Intersection of CFC and HCBS

- How HCB Setting rules impacted CFC:
 - All CFC settings required compliance with HCB Settings rules at implementation



* HCBS Rules published January 16, 2014 – effective March 17, 2014

Internal Workgroups

- Putting the plane together
 - Multiple systems changes
 - Functional eligibility
 - Financial eligibility
 - Quality Assurance
 - Policy manuals
 - Washington Administrative Codes (WAC)
 - Staff training
 - IT Changes
 - Comprehensive Assessment changes

Changing Washington's flight pattern

- Waiver amendments
 - Removing and adding services
 - Changing existing services
- IT system changes
 - Financial eligibility systems
 - Functional eligibility assessment system



Changing Washington's flight pattern

- Financial Eligibility
 - New eligibility requirements
 - Home equity limit applies
 - Spousal impoverishment protections
- Moving personal care out of 1915(c) waivers
 - Retaining Medicaid eligibility for the “217” group
 - Must have a waiver service every month

Changing Washington's flight pattern

- Functional Eligibility
 - CFC State Plan services require Institutional Level of Care (ILOC)
 - Prior State Plan personal care did not require ILOC
- State Plan plus Waiver
 - Participants can access both CFC and 1915(c) waivers

Achievements of CFC



- Participants and families have greater flexibility and choice
- More robust service package is now a State Plan entitlement to eligible Washingtonians
- The 1915(c) waivers have become wrap around services to CFC
- Washington refinanced our personal care system and reinvested the enhanced match into LTSS

Lessons Learned

- Collaboration
 - Between administrations
 - Different client bases and program needs
 - With CMS
 - Sent portions of draft plan sections for feedback
 - Weekly meetings
 - Development Council
 - Periodic updates

Lessons Learned

- Challenges with adding new services
 - Acquiring providers
 - Supporting staff
- System changes
 - Allow more lead time than you think you need



Lessons Learned

- Staff training
 - ALTSA – In person trainings by subject matter experts and program manager
 - DDA – Train the trainer model

CFC Takes Flight



Thank you!

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Oregon Community First Choice Option

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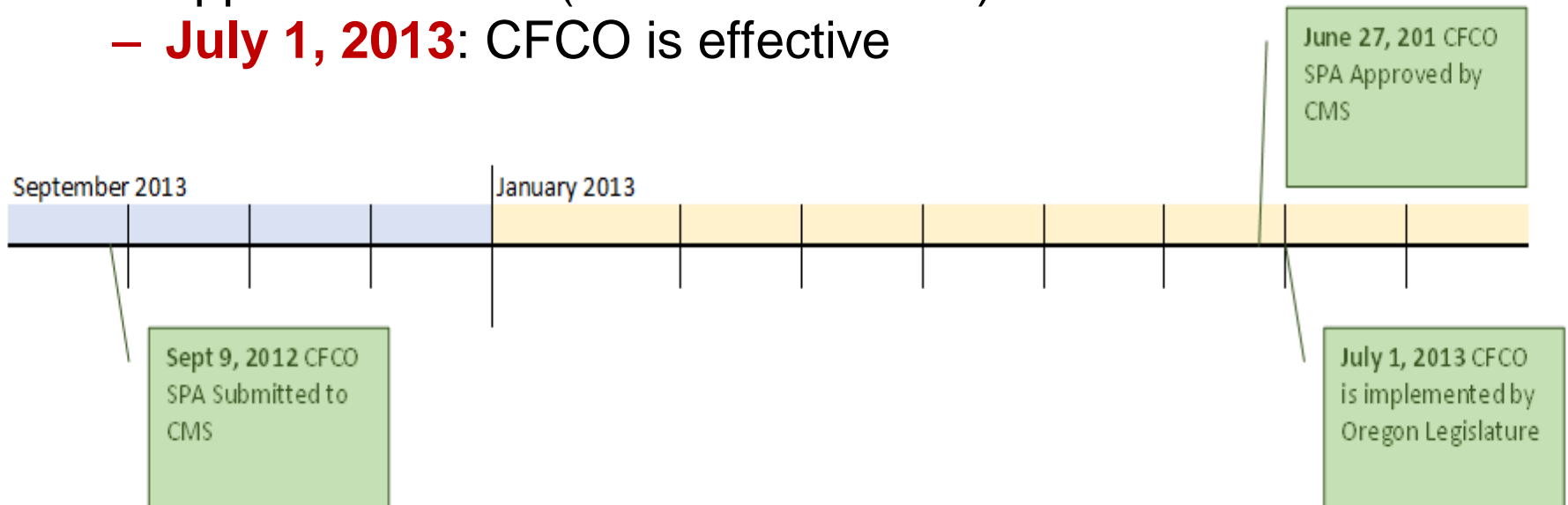
September 1, 2016



CFCO implemented in Oregon July 1, 2013

Timeline of implementation:

- **September 26, 2012**: CFCO SPA Submitted to CMS
- **June 27, 2013**: CFCO SPA approved by CMS
- **June 2013**: Oregon Legislative Action – Oregon Legislative Assembly - 2013 Regular Session approved CFCO (SB 5529-A – LAB)
- **July 1, 2013**: CFCO is effective

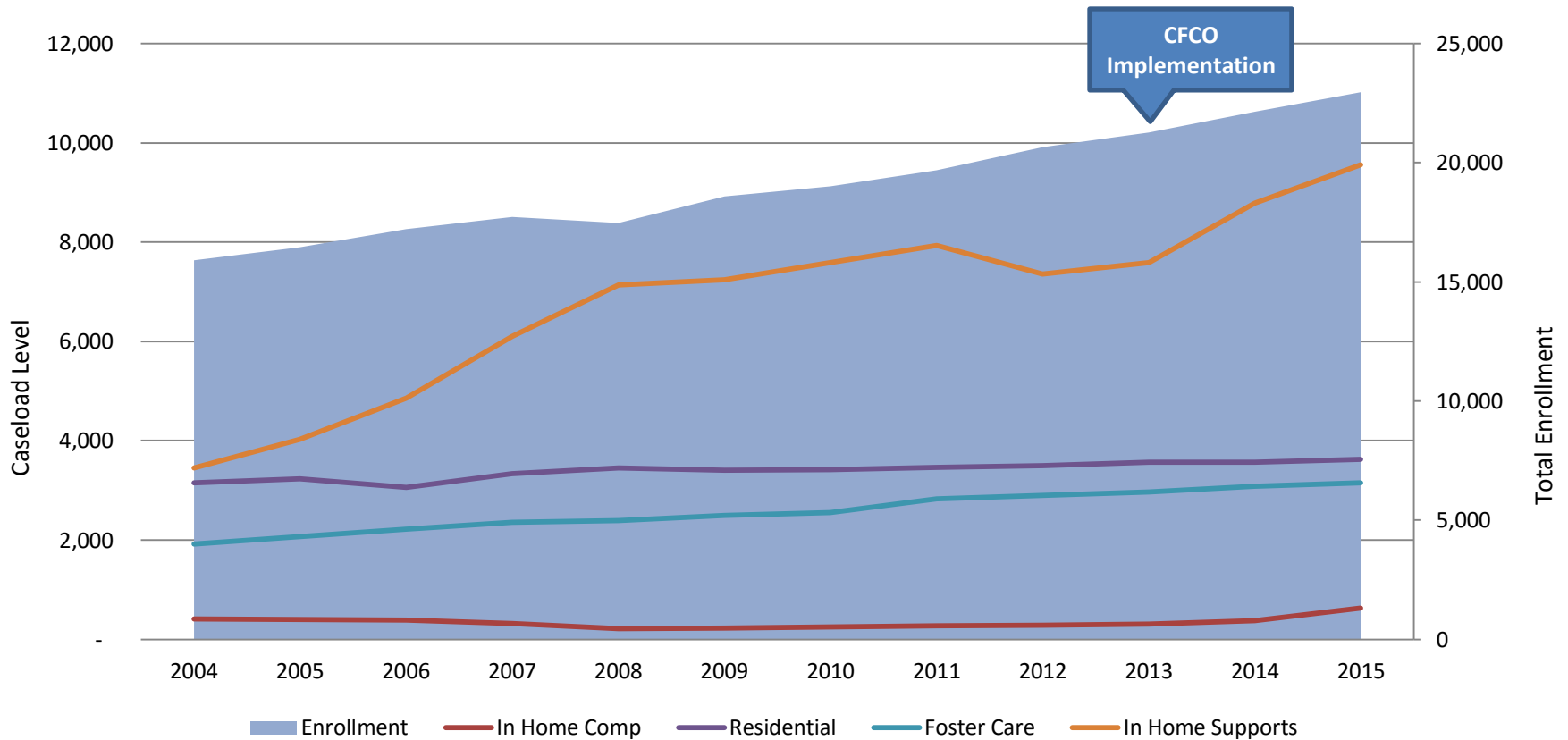


Positive impact of CFCO on Oregon LTSS

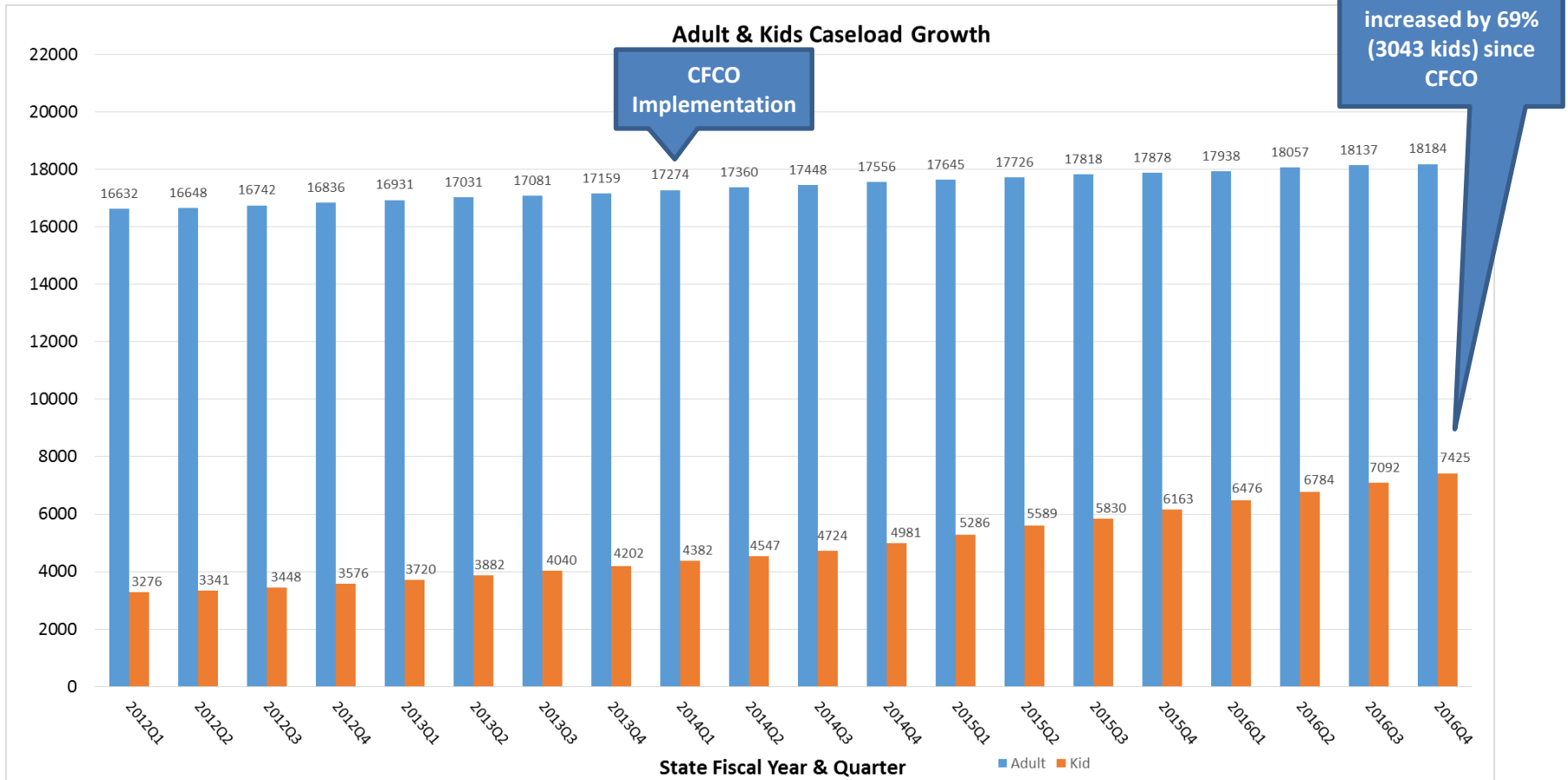
- CFCO removed crisis-based eligibility criteria for children to receive HCBS. Many families with children with I/DD are now receiving needed supports without having to reach crisis.
- More adults are accessing in-home services under CFCO.
- Availability of in-home services and supports helps prevent individuals from moving to residential services or other more restrictive settings.
- Oregon got approval to include 24hour settings in CFCO
- Large toolbox to facilitate in-home placements (e.g. Environmental modifications)
- Over **\$130M** in additional federal funding over first two years.

Enrollment Changes in I/DD program

I/DD Total Enrollment and Caseload Levels



Enrollment Changes in I/DD program

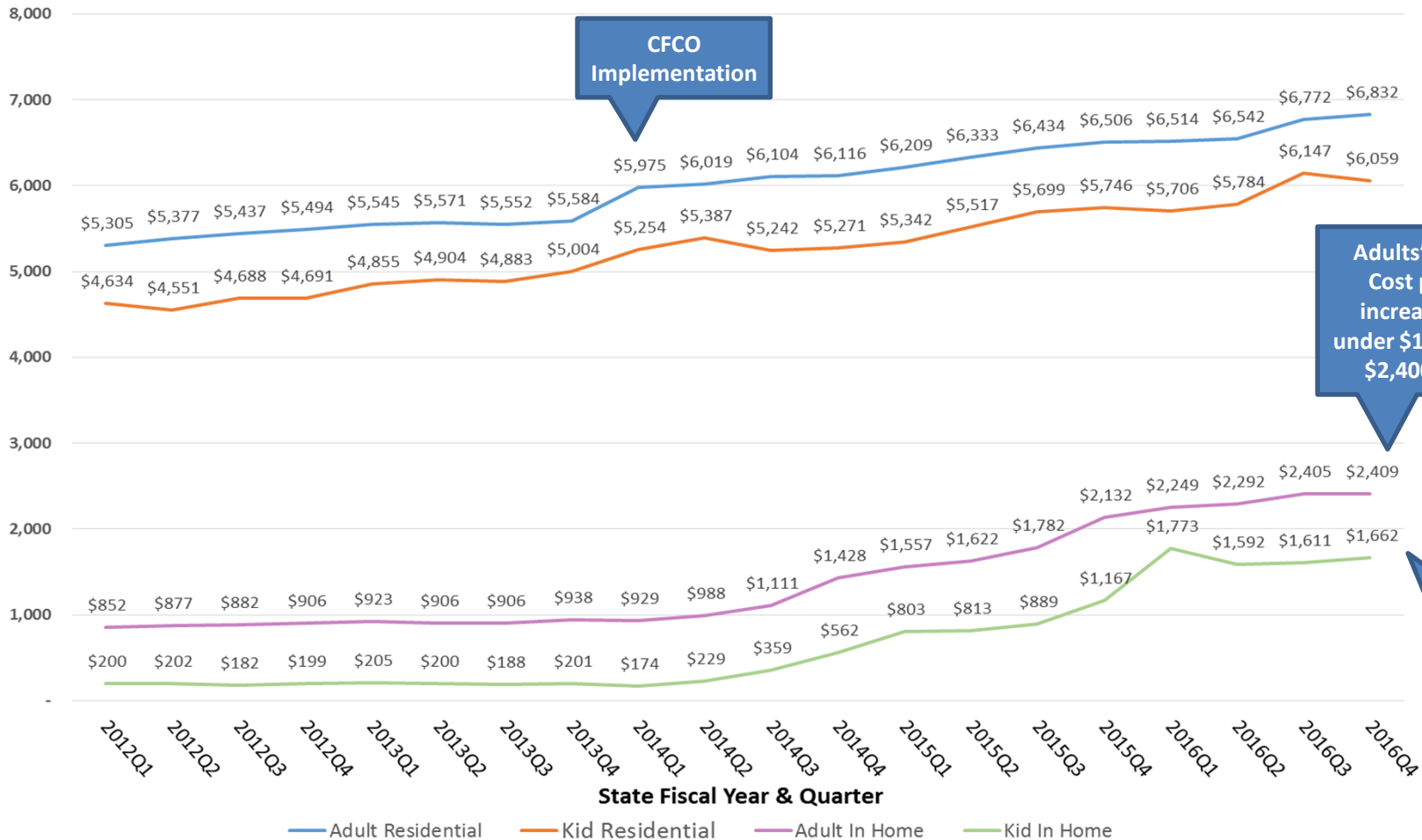


Challenges of CFCO Implementation

- CFCO removed caps on I/DD adult in-home services that existed in the Support Services 1915c Waiver:
 - \$21,562 per plan year
- Transition to needs assessment-based resource allocation:
 - Oregon functional needs assessment authorizes number of hours of services for each individual
- Oregon is currently utilizing home-grown Adult and Children Needs Assessment instruments for individuals with I/DD

Increase in cost per case

In Home & Residential Cost Per Case for Kids & Adults



CFCO Implementation

Adults' In-Home Cost per Case increased from under \$1000 to over \$2,400 (159%)

Children's In-Home Cost per Case increased from about \$200 to over \$1,600

Challenges of CFCO Implementation

- Language and philosophical change
 - From “community inclusion” – to – “ADL/IADL supports”
- Perception of returning to a medical model for I/DD system
- Transition to waived case management in the aged/ physically disabled waiver and resulting requirement for monthly services.

Challenges of CFCO Implementation

Impact on natural supports under CFCO rule and CMS guidance:

“(b) The person-centered service plan.

... the plan must:

[...]

(5) Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports. Natural supports cannot supplant needed paid services unless the natural supports are unpaid supports that are provided voluntarily to the individual in lieu of an attendant.”

Feedback from the field

Individuals and families, case management entities, advocates, providers, and other stakeholders:

- Increasingly more and more individuals, who in the past provided unpaid supports, now demand payment for services and refuse to provide supports without compensation. Under current interpretation of CMS guidance, case management entities and State cannot refuse payment.
- Increasing number of family members stops providing unpaid supports and become paid caregivers. Individuals who live with their family members who also provide paid services, become source of income for the family creating a financial dependency that can be unhealthy and may entrap the individual in the family home. This may also shift priorities away from life goals of the individuals to financial needs and objectives of the family as providers.
- Former natural supports that now become paid caregivers significantly impact cost of services across the system.
- Demand for paid supports shifted focus away from accessing and developing community resources, utilizing natural supports, and negatively impacted ability of individuals to have normal lives in their communities. Overreliance on paid services oftentimes isolates, rather than integrates individuals into their communities.

Next Steps for Oregon LTSS

- Long-term sustainability of HCBS in Oregon
- Oregon I/DD Program is in process of piloting new Functional Needs Assessment Instrument.
 - Once new assessment is finalized, new resource allocation strategies will be developed.
- Oregon I/DD Program joined Community of Practice and will be restructuring its Assessment and Person-Centered Planning Process to more effectively incorporate natural supports and community resources and move towards “Whole Life” rather than “Paid Service Life” vision.
- Examining policies for in-home hour allocation (combined with Fair Labor Standards Act effects).

Next Steps for Oregon LTSS

- Enhance Case Management service and Self-Directed supports within I/DD System
- Develop Critical Response System to prevent and respond to crisis
- Rethink services to children (in-home and residential) to be less ADL/IADL focused and more family centered.

