



Washington State
Department of Social
& Health Services
Transforming lives



COMMUNITY FIRST CHOICE OPTION

Informational Webinar
June 5, 2014

WHAT IS CFCO?

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

WHO IS ELIGIBLE FOR CFCO?

- Must meet institutional level of care (Nursing Facility, Intermediate Care Facility for Intellectual Disabilities, hospital)

3

CFCO FINANCIAL ELIGIBILITY

- Must be eligible for Medicaid under a group covered under the State Medicaid plan that includes Nursing facility Services: or
- If in an eligibility group under the State plan that does not include nursing facility services, have an income that is at or below 150 percent of the Federal poverty level (FPL) and meet institutional level of care standards.

4

CFCO FINANCIAL ELIGIBILITY CONTINUED

- Individuals who are eligible for Medicaid under the special home and community-based waiver eligibility group could be eligible to receive CFC services.

These individuals would have to receive at least one section 1915(c) community-based waiver service per month.

5

CFCO REQUIRED 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

6

CFCO OPTIONAL 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

7

CFCO STAKEHOLDER PROCESS

- Amendment must be developed and implemented in collaboration with a Development and Implementation Workgroup.
- The majority of the workgroup must be comprised of individuals with disabilities, elderly individuals, and their representatives.

8

WASHINGTON CFCO PLANNING AND DESIGN WORKGROUP

Name	Representing
Rod Bault	Individuals with Disabilities
Aruna Bhuta	Older Adults
Jennifer Bliss	Mental Health
Leanne Ray-Colby	Elwha Tribe
Penny Condoll	Individuals with Disabilities
Sue Elliott	ARC of Washington
Gail Goeller	Family Caregivers
Darla Helt	Parents of Individuals with Disabilities
Ed Holen	Washington Developmental Disabilities Council
Mary Clogston	AARP of Washington
Sue McDonough	Individuals with Disabilities and Older Adults
Dan Murphy	Northwest Regional Council
Ron Ralph	Parents of Individuals with Disabilities
Pat Shivers	Individuals with Disabilities
Misha Werschkul	SEIU Healthcare 775NW
Steven Wish	Older Adults

9

THE WORK GROUP WILL DEVELOP RECOMMENDATIONS TO DSHS ON THE FOLLOWING TOPICS:

- Benefit design: how much choice and flexibility will there be?
- Amount duration and scope of required services
- Whether any optional services should be explored: What services, what amount, duration and scope?
- Consideration of qualified providers for each identified service.
- Ideas for monthly waiver services that would permit waiver eligible individuals to access some benefits through CFCO?
- Are there ways to leverage CFCO to maximize function/independence, self-management and ability for clients to work towards health goals?
- Potential investments for general fund state savings from CFCO (the other 3%)

10

LEGISLATIVE DIRECTION FOR CFCO – GENERAL (HB 2746)

1. **Meet federal maintenance of effort (MOE):**
 - Washington must spend as much state funds for services after CFCO implementation as it would have before.
2. **Limit per capita growth under CFCO:**
 - Average costs per person cannot be 3% more than what those services would have cost pre-CFCO.
3. **An expectation of sizable net state savings.**
 - Caseload growth from CFCO cannot exceed a certain level or net savings will not be achieved.
 - Fiscal note assumes 2% increase in caseload due to CFCO.

11

LEGISLATIVE DIRECTION FOR CFCO – SAVINGS

Cover the new costs from CFCO (HB 2746):

- Caseload increases.
- Per capita cost increases, up to 3%.
- Necessary staff resources.
- Preserve personal care services for those ineligible for CFCO.*

Specific investments in developmental disabilities services (SB 6387):

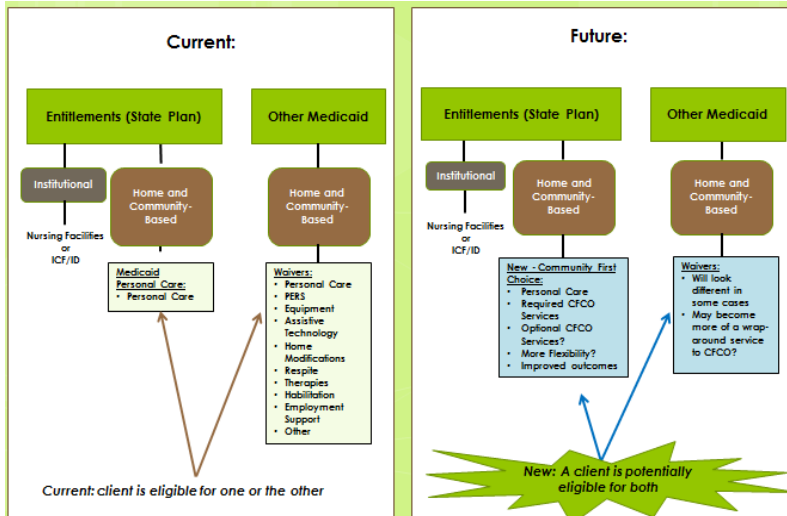
- 4,000 more served by new Individual and Family Support waiver and
- 1,000 more served by Basic Plus waiver by June 2017.

Remaining savings is reserved for potential investments (HB 2746):

- Joint Legislative Executive Committee on Aging and Disability and CFC workgroup to make recommendations prior to submission of CFCO proposal.

12

WHAT DOES CFCO CHANGE ABOUT OUR CURRENT SYSTEM?



13

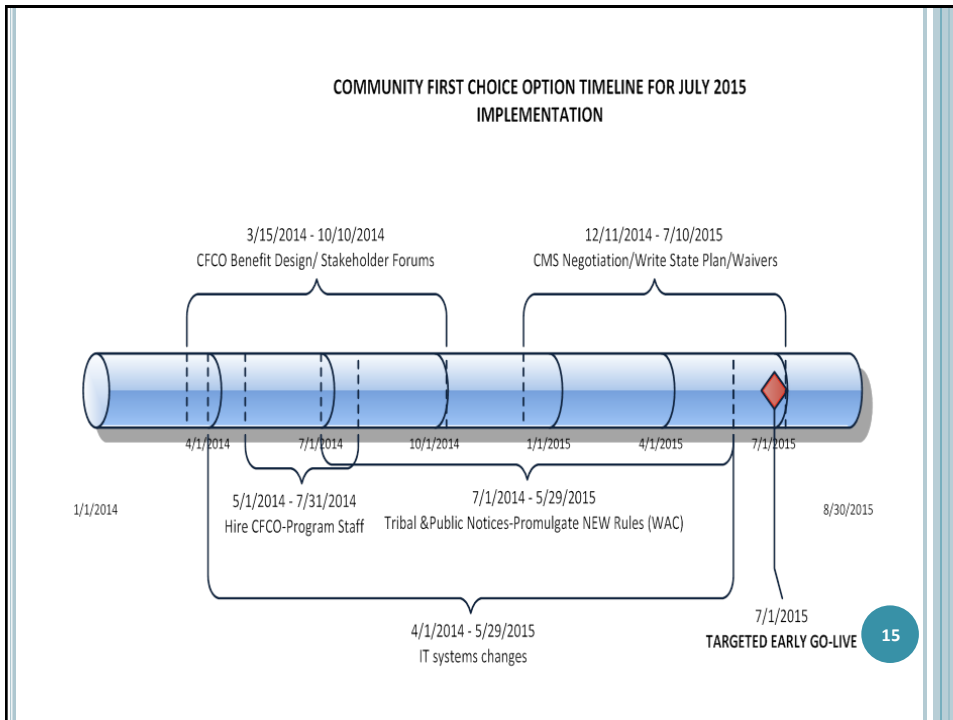
CFCO Possibilities

DD Waiver	CFCO Fixed Benefit	CFCO To Be Determined (per capita +3%)	CFCO Flexible Benefit	HCS Waiver
	Participants may be authorized to receive a specific amount of available services when they have an identified unmet need for the service.	?	Participants select which of the included services best fits their needs within their defined benefit amount. <i>The May meeting will include a list of services provided in Oregon's CFCO.</i>	

Recommendations for the "other 3%":

- To Legislature and Joint Legislative Executive Task Force on Aging and Disability
- HCBS re-investment of general-fund savings

14



CFCO PLANNING AND DESIGN WORKGROUP MAY 20, 2014

Review of other State's CFCO plans:

- Each state is very different from each other. Some states have a personal care entitlement program in their state plans and others do not.
- Very difficult to do an 'apples to apples' comparison.
- Oregon, California and Maryland are the only states with approved CFCO plans.
- Oregon moved the majority of their waiver services into the CFCO plan. The other two states did not.
- There are lessons to be learned from each state's examples about complexity, sustainability and service package.

CFCO PLANNING AND DESIGN WORKGROUP

MAY 20, 2014

Benefit design: Thoughts about different benefit design options

- Concern about complexity and driving staff/administrative time
- Little additional funding at play given the legislative mandate
- Concern about sustainability and potential that cuts may be made in the future
- DSHS and stakeholders have heard from consumers and families that they prefer flexibility
- Consistent with principle of person-centered planning
- Choice is good; individuals may want to access different services; however, the system can't be too complex/burdensome; limited menu to select from

17

CFCO PLANNING AND DESIGN WORKGROUP

MAY 20, 2014

Benefit design: Thoughts about different benefit design options

- Opportunity to empower people
- Families know what their needs are better than an assessment or the Case Manager – and families want flexibility
- Do not have system capacity to spend the time with consumers explaining the choice
- Case Managers already have to talk to clients and families about available services
- Want people to receive the services and not have them be at risk because of a flexible packages may be seen as easier than fixed services

18

CFCO PLANNING AND DESIGN WORKGROUP MAY 20, 2014

What other optional services should be explored: What services, what amount, duration and scope?

The workgroup identified the following services to explore for possible inclusion in WA's CFCO plan, if possible within the financial limits allowed in legislation:

- Assistive devices that take the place of a human
- Relief care and/or respite
- Assistive technology such as environment and devices
- Evidence-based programs such as fall prevention and chronic care
- Behavior support such as consultation, working with providers
- Environmental modifications such as ramps, door-widening
- Durable/specialized medical equipment and supplies (such as adaptive eating utensils, bath equipment and transfer equipment)

19

PUBLIC AND STAKEHOLDER INPUT TO THE PLANNING AND DESIGN WORKGROUP

- Webinars will be held between meetings
- Periodic opportunities for input during each Workgroup meeting
- Website available:
<http://www.alsa.dshs.wa.gov/CFCO/>

20

For more information please contact:

Tracey Rollins

360-725-3216

Rollita@dshs.wa.gov

