

Community First Choice Option



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What is CFC Option?

(Affordable Care Act, PL 111-148, Sec. 2401)

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- Provides additional FMAP (+6%) to states to expand and enhance state plan home/community based attendant services and supports to individuals in need of long term care for ADLs, IADLs and health-related tasks.
- Focus is on person-centered, individually directed services that help the recipient maximize his or her independence and participation in the community.

Required Services

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- **Must provide consumer controlled personal assistance services and supports for ADLs, IADLs and health-related tasks, including supervision and cueing.**
 - Currently, supervision and cueing are available in NYS only through waivers.
- **Services must be provided across Medicaid eligible populations (DOH, OMH, and OPWDD).**
- **Services and supports must be provided in the community.**

Other Required Services and Supports

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- Acquisition, maintenance or enhancement of skills necessary to accomplish ADLS, IADLS and health-related tasks.
- Backup mechanism to assure continuation of services.
- Voluntary training course on how to manage attendant.

Excluded Services

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- **Room and board;**
- **Special education and related services provided under the IDEA or vocational services provided under the Rehabilitation Act of 1973;**
- **Medical supplies or equipment; and**
- **Home modifications.**

Permissive Services and Supports

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- Transition expenses such as rent and utility deposits, first month's rent and utility expenses, and necessary household items to help an individual move from an institutional setting to a community based setting.
- Expenditures related to a need identified in the person-centered plan of services that increase an individual's independence or substitute for human assistance, if these expenditures would have been made for human assistance.

State Requirements

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- **State plan amendment (SPA) must assure:**
 - CFC services and supports are provided on a statewide basis.
 - CFC SPA developed and implemented in consultation and collaboration with a Development and Implementation Council comprised of a majority of individuals who are elderly and/or disabled or their representatives.
 - Expenditures on CFC services and supports in the first twelve months of the SPA meet or exceed state expenditures on personal care attendant services for the disabled and elderly in the 12 months immediately preceding implementation (maintenance of expenditure/effort).
 - Develop and maintain a comprehensive, continuous quality assurance system.
 - Report data on individuals and program.

Delivery Models

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- **Agency-provider model involves individuals and attendants employed by an agency contracting for services and supports.**
- **Other models may include vouchers, direct cash payments or use of a fiscal agent for the provision of services and supports.**
- **In any case, like NYS's CDPAP, the consumer is the employer and to the greatest extent possible manages the attendant and the provision of his or her own long term supports and services.**

Opportunities

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- **Effective October 1, 2011**
- **Final Regulations published May 7, 2012**
- **Time frame in which to apply or take advantage of additional FMAP is not limited in statute.**
- **Opportunity to expand consumer controlled personal attendant services and supports to reduce reliance on more restrictive settings for those who choose to live in the community.**
- **NYS has a good model to follow in CDPAP.**

Challenges

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- Existing reforms: MRT, managed care
- Maintenance of Expenditure/Effort
- Federal definition of acceptable home and community based settings undetermined
- CMS in flux on implementing CFC Option in a managed care environment