Community First Choice: An Implementation Update

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What is CFC?

- Community-based Medicaid state plan service (1915[k] State Plan Amendment)

- Includes hands-on assistance, safety monitoring, cueing, ADL, IADL

- First program to provide services based on *functional need*, *not* diagnosis or age
Background & The Basics

- Affordable Care Act establishes Community First Choice (CFC) under § 1915(k) of Social Security Act under Medicaid

- CFC supports independence, integration, person-centered, consumer-directed in accordance with Olmstead

- As state plan amendment, no enrollment caps
Mandatory Services

- Attendants for ADL, IADL, health-related tasks
- Hands-on assistance, safety monitoring, cueing
- Learning skills needed to complete ADL, IADL, HRTS
- Purchase of back-up systems (i.e. beepers) for service continuity
- Voluntary training on how to select, manage, dismiss attendants
Optional Services

- Transition costs
  - Security deposits
  - Basic kitchen supplies

- Services to increase independence
  - Learning how to use public transportation
Excluded Services

- Room and board
- Assistive technologies
  - Other than what is considered “back-up”
- Medical supplies + equipment
- Home modifications
Eligibility

- Must be Medicaid eligible
- Income < 150% of Federal Poverty Level
- Institutional level of care
  - Hospital, Nursing Facility, ICF-MR, IMD
Services *must* be provided in community-based setting

CANNOT include:

- Nursing facilities
- Institutions for Mental Diseases (IMD)
- Intermediate Care Facilities for Mentally Retarded (ICF-MR)
- Any public/private facility that provides inpatient institutional treatment
- Any building on grounds of disability-specific housing complex
• States that select CFC, and are approved, will receive enhanced **6% FMAP**

• States required to establish Development and Implementation Council (D&I)
  • Comprised mostly of people w/ disabilities, seniors + representatives (CFC requirement)
  • Make decisions on structure, implementation, monitoring

• States must submit State Plan Amendment (SPA) to Centers for Medicare and Medicaid Services (CMS) for approval
• **March 2011** – Cuomo Administration pledges to select CFC Option

• **May 2012** – CMS releases final CFC rules

• **June 2012** – Administration appoints CFC Advisory Stakeholder Group

• **August – December 2012** – Stakeholder Group meets

• **July 2013** – NYDOH agrees CFC Advisory Stakeholder Group will serve as D&I Council

• **October – December 2013** – NY State plans to submit SPA to CMS, for 10/1 effective date
CFC in New York

Must be implemented in conjunction with managed care reforms:

- DOH’s 1115 Waiver Amendments
- Health Homes
- Mandatory managed long term care
- Fully Integrated Duals Advantage (FIDA)
- OPWDD People First Waiver
- OMH Behavioral Health Organizations
Linkage of managed care systems will create silo-busting effect

1 in 5 Medicaid recipients eligible for CFC
  - Approx. 1 million people

Potential to generate $90 million in net annual Medicaid savings
Notable Issues

• Definition of “community” / “setting”
  • Expansive definition must be in line with Olmstead
  • Crucial to ensuring people served in most integrated setting
  • Preventing CFC FMAP being used in institution-like settings

• Maintenance of Expenditure requirements

• Definition of IADLs
  • Provision of health related tasks – Nurse Practice Act

• Impact of CFC on existing disability + LTSS programs
  • Possibility to streamline delivery systems
  • Impact on traditional home care

• Integration of CFC w/ managed care
  • Health Homes, MMLTC, FIDA, OPWDD People First
  • Is there a potential to undercut intent of CFC?
# CFC in other states

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*Note Arizona, Illinois, Colorado*