Community First Choice Option (CFCO)
Planning and Design Workgroup
Meeting Minutes – October 10, 2014

Workgroup Members Present: Pat Shivers, Joe Cunningham, Sue McDonough, Misha Werschkul, Aruna Bhuta, Leanna Ray-Colby, Penny Condoll, Sue Elliott, Ed Holen, Dan Murphy

Workgroup Members Absent: Jennifer Bliss, Ron Ralph, Steven Wish, Gail Goeller, Mary Clogston.

Others Present: Kathy Leitch

State Staff Present: Cathy Fisher, Debbie Roberts, Marilee Fosbre, Shannon Manion, Bea Rector, Tracey Rollins, Jaime Bond.

Facilitator: Paul Dziedzic

Introductions

Planning and Design Workgroup purpose, timeline and process
Recap of previous meeting decisions:

- Assessed CARE "hours" are converted to basic service units.
- Each participant will receive enhanced service units equal to about $500 per year.
- Required services may be purchased using basic service units and/or enhanced service units
- Optional services included in the benefit design are; assistive technology and specialized medical equipment that substitute for human assistance, and community transition services.
- Independent study training on caregiver management and community transition services will not reduce client service units.
    - DSHS will provide via DVDs, videos, written material, and web based materials.
- If a client wishes to have individualized training on caregiver management, they may purchase that with either basic or enhanced service units.
- Next webinar will be on 10/15/2014

Update on Joint Legislative Executive Committee on Aging and Disability on 9/15:
Bea and Darla presented 4 items that were priorities from the group from last meeting.

- Expand supports to unpaid family caregivers
- Increase access to positive behavioral support services
- Efficiently, adequately, and safely sustain community placements by reducing caseloads to increase the time case workers have to support individuals with person-centered planning
- Target increase of in-home hours for clients at risk of out-of-home placement

The committee is very interested in feedback from group about how much of each service should be funded. Further discussion planned for the afternoon.

Community First Choice Option (CFCO)
Planning and Design Workgroup
Meeting Minutes – October 10, 2014

Review and finalize the benefit design
Required services:

- Personal Care
    - Includes IP mileage and nurse delegation
    - Clarify where personal care can be provided in the new WAC
- Skills Acquisition Training
    - Training on ADL, IADL, and health related tasks.
    - Evidence Based Programs
        - The group questioned whether this belongs under skills acquisition and it was clarified that CMS classifies programs such as Chronic Disease Self-Management, PEARLS, etc., under this category.
        - Members of the group pointed out that this is in line with the goals of CFC's goal to encourage independence in their view and they would like to see it in the program at some point. There was disagreement as to whether it should be included at rollout or at a later date.
        - Other members of the group felt that this is a service that should be left in the waivers and not included in CFC because for individuals with access to the waiver they would get it without using CFC service credit and federal regulations require using state plan services before waivers.
        - It was suggested to use the other 3% that is a one-time savings to monitor evidence based services outcomes to determine if it should either be added or continued depending on what is decided.
        - The group by majority agreed to leave this as an issue where there was equal number of individuals wanting it in CFC and wanting it to be out of CFC at roll-out and will ask the state to determine the outcome of whether these programs will be in CFC and when they will be added.
- Back-up systems
    - Personal Emergency Response System (PERS)
    - Relief care
- Training on caregiver management
    - Independent study options: DVD, printed material, web-based materials.
    - Individualized training recommended as one-on-one or classroom style

Optional services:

- Assistive Technology and Specialized Medical Equipment that substitute for human assistance.
- Community Transition Services

Enhanced Benefit

- Annual benefit of about $500 will be expressed as enhanced service units

Community First Choice Option (CFCO)
Planning and Design Workgroup
Meeting Minutes – October 10, 2014

How our model works

- Basic service may be used only to purchase the required services which include; personal care, PERS, skills acquisition training, caregiver management training. Enhanced service units may be used to purchase assistive technology, specialized medical equipment, and/or more of any of the required services.

Future Considerations:

- Discussed a future option to use basic service units to pay for optional services
    - One member feels that not offering full flexibility says to her: "you don't trust me to make the choice for myself"
    - There was discussion about limiting the use of basic service units for optional services to 20% of monthly authorized amount. The group has agreed at this meeting and in the past that this issue is one they would like to see revisited once CFC has been in place for about a year.

By majority the group agreed to recommend implementation of the CFC model as it is now, but recommends the Department revisit this again in September of 2016. The following statement was reviewed and agreed on:

> *The Community First Choice Planning and Design Workgroup recommends revisiting the benefit design in subsequent revisions to the state plan. We feel it is important to consider allowing service units to be used toward optional services in future benefit design changes. To address concerns about meeting personal care needs, consideration might be given to limiting the amount of service units available for optional services.*

Qualified Providers Discussion

Personal Care and Relief Care

- Contracted Individual Providers, Agency Providers, and Nurse Delegators

Decision: Confirmed that we have providers in place

Skills acquisition training:

- Define skills acquisition training as trainers teaching client skills that fall under ADL, IADL, or health related task.
    - Could some providers be assumed to have the skills necessary?
        - Discussed preference for having the vendor demonstrate they have the skills rather than being assumed
        - The group recommended a model similar to the nurse delegation model where the vendor teaches back and demonstrates ability to get certification. Recommend task lists as nurse delegators use as well.
    - Provider types to consider

        - Peer mentors, Independent Living Providers, Rehabilitation Teachers at the Department of Services for the Blind, Occupational Therapists, and Occupational Therapy Assistants
- The group preferred the Department to create a set of criteria or qualifications, rather than list types of providers who would be qualified. How do we follow up with whether it was effective for the client?
    - Recommendation: It would be managed by the client and up to them to determine whether they are receiving benefit for their service.
- The group suggested using the one time funds available with the other 3% to create a pool of qualified providers.
- The group suggested that long term care workers could take training as continuing education on skills acquisition; which would add to the skilled provider pool.

Decision: Rather than listing the individuals with which to contract, a set of criteria or skills describing qualifications will be developed and individuals would be allowed to demonstrate their ability and become contracted.

Personal Emergency Response Systems (PERS)

- Consider using technology – like apple phones, etc.
- Group requests that in-home clients be allowed to use residential care as a relief.

Decision: Confirmed that we have providers in place

Caregiver Management Training Options:

- Peer models
- Independent Living providers could provide
- People First or other self-advocacy groups could provide
- Defined Community Choice Guides for group who agree this may be a good provider

Decision: Rather than listing the individuals with which to contract, a set of criteria or skills describing qualifications will be developed and individuals would be allowed to demonstrate their ability and become contracted.

In-person Training for Managing Caregivers – providers needed

- Community Choice Guide, Home Care Agencies, Independent Living Centers

Decision: Confirmed that we have providers in place

Community Transition

Decision: Confirmed that we have providers in place

Specialized Medical Equipment – confirmed that we have providers in place required
Community Transitions

- This is a service we currently provide and have a sufficient state-wide provider pool in place to provide the necessary supports.

Decision: Confirmed that we have providers in place

Assistive Technology (AT) / Specialized Medical Equipment (SME)

- Could purchase products and training from these vendors
    - The concern is that often people purchase but then do not use technology
- WATAP identified as a potential provider

Decision: Describe skill sets needed and build list of providers for training over time

Recommendations on investing the "Other 3%" All savings are estimates based upon the fiscal note assumptions from ESHB2746.

Total State Fund Savings of $36 million per Fiscal Year (FY)

- FY16 we have a one time savings of $12M in that year plus $18M ongoing savings
- FY 17 $2 million one-time savings and $18 million ongoing savings
- FY 18 No one time savings because ramp up of SSB6387 services is assumed as over, ongoing $18M savings continues
    - Recap of recommended uses of the one time savings options made during earlier discussions:
        - Supplement Assistive Technology and Specialized Medical Equipment purchases for clients;
        - Build pool of skills acquisition trainers and caregiver management trainers;
        - Evaluate/study whether evidence based programs are needed or wanted;
        - Offer evidence based programs to recipients who do not have access to waivers.

Recommendation package option 1 – State Fund investment
(Used only for discussion purposes)

- $9M investment in family caregiver program to reach 4,270 families
- $11.4M to buy down caseloads
- $9M to reinstate 1 million in-home client hours
- $2M investment into behavioral support program to support 540 families

Discussion of option 1:

- Total of all of these is $32.4M; which is much more than the $18 million we have.
- If you add one-time funds and ongoing funds, there is enough to fund this package for the first 2 years.
- The group suggested removing restoration of hours and giving in-home clients a larger enhancement rather than the $500, this provides greatest flexibility.

Community First Choice Option (CFCO)
Planning and Design Workgroup
Meeting Minutes – October 10, 2014

- There was discussion about who the hours were cut from and that they should be restored to that population.
- Would need to find out if residential clients could get a different enhanced benefit amount than in home clients.
- Group discussed basing enhancement on acuity level.
- Group recommendation is that we add these funds to enhancement by acuity level, but if that is not possible, they agree to add to all in-home or across the board if there is no other way to distribute more equitably.

Recommendation package option 2
(Used only for discussion purposes)

- Same recommended funding as in option 1 with a 57% reduction to each investment area. This gets us to only the $18 million available on on-going basis.
    - $5.13M investment in family caregiver program to reach 2,434 families
    - $6.5M to buy down caseloads
    - $5.13M to reinstate 570,000 in-home client hours
    - $1.14M investment into behavioral support program to support 308 families

Recommendation package option 3
(Used only for discussion purposes)

- Fund buy down of caseloads 100% and divide the remaining $6.6M between the remaining recommended investments
    - $3M investment in family caregiver program to reach 1,423 families
    - $11.4M to buy down caseloads
    - $3M to reinstate 330,000 in-home client hours
    - $600,000 investment into behavioral support program to support 162 families

Discussion of all options:

- Restoration of hours only gives 1 or 2 hours per month if spread across all clients.
- We could provide more support to clients with challenging behaviors without using the currently existing personal care hours.

Recommendation:

- The group determined they would like to recommend option1 with full funding from ongoing and one-time funds available.

What is the process from here?

Do we need to come back together again?

- No, the group determined that another meeting is not necessary. Any questions or feedback could be done via email if it is required.

Community First Choice Option (CFCO)
Planning and Design Workgroup
Meeting Minutes – October 10, 2014

Next Steps

- The Department will draft a State Plan Amendment (SPA) and submit it to the Center for Medicare and Medicaid Services (CMS).
- If CMS comes back with significant changes, we reserve the ability to reconvene the workgroup to work on those issues.
- The Department has been, and will continue to, work with CMS on the creation of our SPA document.

Adjourn

The workgroup is now adjourned until further notice.