



Community First Choice

Update

March 24, 2015

AGENDA

- Financial eligibility and CFC
- Question and Answer

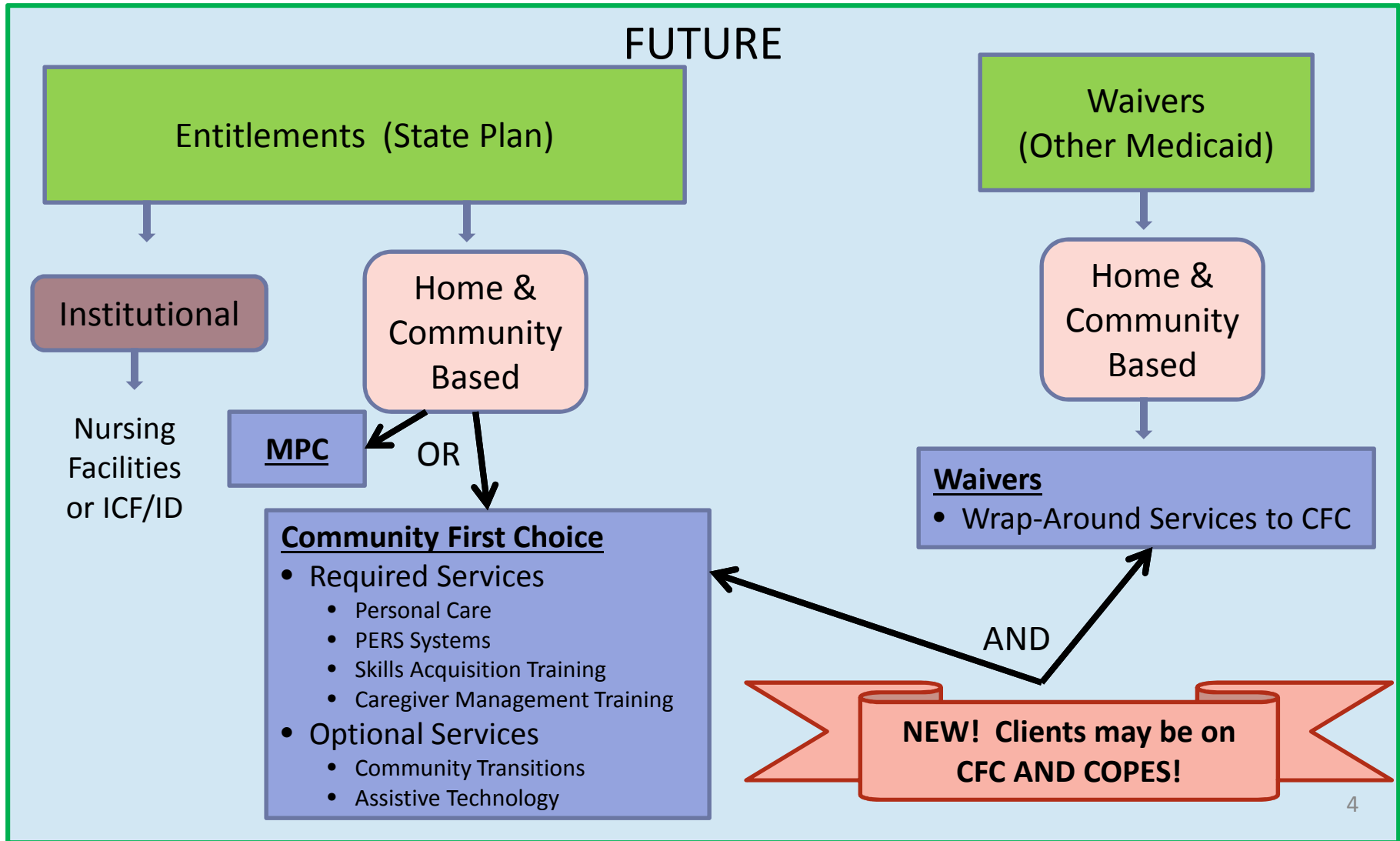


BACKGROUND

- The ACA added federal authority for CFC
- Legislation passed in June of 2014
 - ESHB 2746
 - SSB 6387
- CFC workgroup met between April & October of 2014 to design the benefit model



OUR FUTURE SYSTEM WITH CFC



FINANCIAL ELIGIBILITY

A different perspective determining eligibility
for CFC



SUMMARY

- General Overview
- Introduction of Community First Choice
- Spousal Impoverishment Protections
- CFC & MPC (through the state plan)
- CFC & HCB Waivers (not through the state plan)
- Who is eligible? Who is not eligible?
- The eligibility process and examples



GENERAL OVERVIEW

- CFC is an state plan option granted under §1915(k) of the Social Security Act to provide home and community-based attendant services and supports to individuals eligible for
 - CN/ABP Medicaid through the state plan; or
 - CN Medicaid through a 1915(c) waiver
- Our state legislature directed us to implement 1915(k) by July 1st 2015, so that's what we're doing!



GENERAL OVERVIEW

- Anticipated start date for CFC is July 1, 2015
- The ACES system will not be programmed for CFC until the October 2015 release
- Must be assessed as meeting Institutional Level of Care (unlike MPC today)
- Transfer of Asset rules do not apply to clients on CFC only
- Post Eligibility treatment of income rules (participation) do not apply to clients receiving only CFC services.
- Room and Board still applies in residential settings.
- Estate Recovery applies to CFC services.



INTRODUCTION OF CFC

- Must be eligible for Title XIX Washington Apple Health categorically needy (CN) or Alternative Benefit Plan (ABP) scope of care - includes MAGI/Classic/HCB Waivers
- Not eligible if receiving:
 - Medically Needy (MN)
 - Alien Emergency Medical (AEM)
 - Medical Care Services (MCS)
- Spousal impoverishment rules are extended to non-institutional medical programs! (THIS IS NEW)



INTRODUCTION OF CFC

Spousal Impoverishment

- Name on check rule used when there is a spouse
- A married applicant with separate income below CNIL is eligible even if spouse has a higher income (no SSI-related spousal deeming)
- Higher resource standard of \$53,016 for spouse
- Resource standard \$2000 for single person
- SI does not apply to post-eligibility unless also on an HCB waiver – no participation if eligible under a non-institutional medical program



SPOUSAL IMPOVERISHMENT

- Effective July 2015, SI will apply to any client who is found functionally eligible for CFC, whether on a waiver or not.
- Currently SI rules only apply to HCB waiver and institutionalized clients
- This creates a new 'eligibility group' in Classic medical
- Creates a new classification of 'spouse' – a Spousal Impoverishment Protections Institutionalized Spouse or SIPI spouse for short!



CFC & MPC

- Not all clients on MPC today will meet Institutional Level of Care requirements for CFC
- A small MPC program will remain for those clients
- Financial rules for MPC will not change, but functional eligibility will be different
- This means that financial eligibility for CFC through the state plan is the exact same as MPC... however
- You cannot receive MPC and CFC – if you meet Institutional Level of Care, you are not functionally eligible for MPC

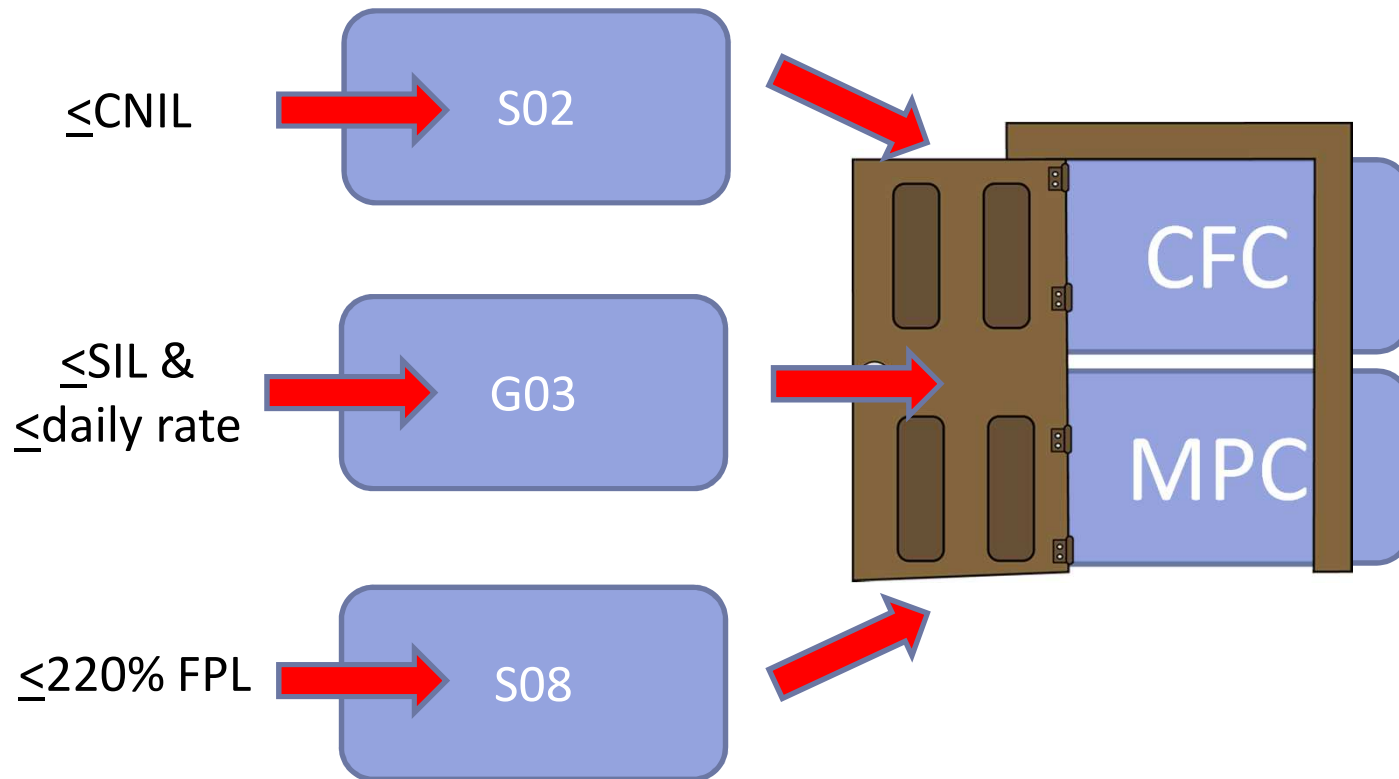


State Plan Eligibility

- Must still meet today's financial eligibility threshold to qualify
- Client Countable income is at or below the income limit for any non-institutional CN program (and resources, if applicable)
 - The MAGI ABP group is included in this
- Then:
 - If Institutional Level of Care – CFC
 - If not Institutional Level of Care – MPC



SSI-RELATED ELIGIBILITY EXAMPLES



MPC to CFC Comparison

MPC	CFC
Personal care only	Personal/Relief care, Skills Acquisition Training, PERS, Assistive Technology, Community Transition Services, and Caregiver Management Training
State plan service	State plan service
Financially eligible for a non-institutional CN program (or ABP)	Financially eligible for a non-institutional CN program (or ABP) or an HCB Waiver
No participation toward the cost of care	No participation toward the cost of care unless eligibility is through an HCB Waiver



MPC to CFC Comparison – Cont'd

MPC	CFC
Responsible to pay room and board if living in a residential setting such as an adult family home or DDA group home	Responsible to pay room and board if living in a residential setting such as an adult family home, DDA group home or assisted living
Cannot be Institutional Level of Care to be functionally eligible for MPC	Must be Institutional Level of Care
Cannot get HCB Waiver and MPC at the same time	<u>Can</u> receive HCB Waiver and CFC at the same time.



WHAT IF NOT ELIGIBLE THROUGH THE STATE PLAN?

- CFC is a bit different than MPC, in that you only need to be CN/ABP eligible to access CFC.
 - Whereas MPC, you need to be non-institutional CN/ABP eligible.
- This effectively makes HCB Waivers a “door” through which clients can access CFC
 - Just like the state plan is the “door” to access MPC and CFC



CFC & HCB Waivers

- Personal care currently provided under most HCB waivers will be moved to CFC, as well as some other waiver services such as PERS.
- Clients will need to receive a waiver service every month to remain eligible for the waiver.
 - Home Delivered Meals
 - Adult Day Health or Adult Day Care
 - Wellness Education (*NEW*)
- There is no change to financial rules for the waiver but a client *can* be on both an HCB waiver *and* CFC.



CFC to HCB Waiver Comparison

CFC only	HCB Waiver with CFC services
State plan service. No CAP on program	1915(c) Waiver is subject to CAP, it must be budget neutral
Spousal impoverishment applies (Currently time limited for 5 years from 1/1/14 – 12/31/18 per federal regulation)	Spousal impoverishment applies – Not time limited and now mandatory for all 1915(c) waivers.
Not subject to 5 year look back for transfer of assets	Is subject to 5 year look back and transfer penalties
Excess home equity provision applies	Excess home equity provision applies
No post eligibility treatment of income (“PETI”) (participation toward personal care)	Is subject to PETI



CFC to HCB Waiver Comparison

CFC only	HCB Waiver with CFC services
Must be eligible for non-institutional CN or ABP Medicaid. This includes the MAGI group	Must be eligible under the rules described in Chapter 182-515 WAC. The MAGI group is not an eligibility group for HCB Waivers
Disability not required if eligible for a CN or ABP Medicaid program	Aged, Blind or Disability criteria must be met for a HCB Waiver
Subject to Medicare Part D co-payments	Not subject to Medicare Part D co-payments



WHO IS ELIGIBLE?

- Client must be eligible for a CN or ABP Washington Apple Health program. This includes:
 - MAGI all N-track with some exceptions
 - Classic: S01, S02, S08, G03
 - Foster Care: D01, D02, D26
 - Breast and Cervical Cancer: S30
 - HCB Waiver: L21, L22



WHO IS NOT ELIGIBLE?

- Title XXI CHIP eligible children (F07, N13) are not eligible for CFC because it is not a Title XIX Washington Apple Health program. However, we anticipate they will receive a federally-funded benefit package that mirrors CFC.
- State-funded children (N31, N33) will receive a state-funded benefit package that mirrors CFC.



WHO IS NOT ELIGIBLE?

Group	Reason
AEM (N21, N25, S07, F09)	Emergency Related Services Only
State-funded 45 slot program (L04, L24)	Scope of this program will not change
Medical Care Services (A01, A05)	Limited scope program for non-citizen CFC is not included in this package
PACE, New Freedom	Long Term Services and Supports (LTSS) are provided within the managed care contract or waiver
Roads to Community Living (RCL)	No change to the services available within the RCL demonstration period
Medically Needy (MN)	Not included as a valid coverage type for CFC



THE ELIGIBILITY PROCESS

Group	Which rules apply?
Group A	Is CFC applicant eligible for non-institutional CN or ABP using regular eligibility rules? (MAGI, S01, S02, S08, G03). If yes, STOP – CFC eligible. If no, or case trickles to MN, go to Group B rules.
Group B	SSI related: Use SSI-related methodologies but apply spousal impoverishment provisions – is CFC applicant’s separate income below the standard for S02, S08, or G03? Are joint resources below \$55,016? If yes, STOP, CFC eligible. If no, go to 1915(c) rules. MAGI: SI Does not apply to MAGI applicants. Must use tax-filing household rules. If not MAGI eligible, go to 1915(c) rules.
Not A or B	Is CFC applicant eligible for HCB waiver using the Special Income Level (300% FBR) standard and joint resources are below \$55,016? Do they meet ABD criteria? Are they functionally eligible? If yes, approve waiver. If no, go to spenddown/QHP rules.
Not A or B or 1915(c)	SSI related: Separate income > S02, S08 or G03 income standards and not eligible for HCB waiver. Re-determine WAH eligibility for MN spenddown using regular SSI-related spousal deeming rules. Client is NOT eligible for CFC. MAGI: Must review for Qualified Health Plan eligibility – not CFC eligible.



Big Picture-Today

	<u>MPC</u>	<u>1915(c) waivers</u>
Level of Care	Assistance with ADLs/IADLs	NFLOC ICF/ID
Personal Care	X	X
Service A		X
Service B		X
Service C		X
Service D		X

NOTE: Persons cannot receive services through both MPC and a 1915(c) waiver. MPC is only personal care, and all 1915(c) waivers include personal care – can't duplicate services.



Big Picture-Tomorrow

	<u>MPC</u>	<u>CFC</u>	<u>1915(c) waivers</u>
Level of Care	Assistance with ADLs/IADLs	NFLOC ICF/ID	NFLOC ICF/ID
Personal Care	X	X ←	
Service A		X ←	
Service B			X
Service C			X
Service D			X
New Service E		X	
New Service F		X	

NOTE: Persons can potentially receive CFC and 1915(c) services, because they are not duplicated! Also, some may need 1915(c) to get in the CN door!



EXAMPLES



Group A example

Single Applicant for CFC

- Joe receives Social Security Disabled Adult Child (DAC) income of \$1,000. He is eligible for the DAC exclusion.
- His countable income is -0-.
- Joe is eligible for non-institutional SSI-related Washington Apple Health under the S02 coverage group as income < CNIL.
- He is found functionally eligible for CFC and is also financially eligible for CFC.



Group A Example

Married CFC applicant

- Martha and Steve both need CFC services and are assessed as meeting NFLOC.
- Their combined gross income is \$1,100 and countable is \$1080 after \$20 exclusion.
- They are both eligible for non-institutional SSI-related Washington Apple health under the S02 coverage group as income < CNIL for married couple (\$1,082)
- They are both financially eligible for CFC.



Group B Example

Group B – Married couple using spousal impoverishment rules.

- Fred and Wilma are married. Fred can no longer work due to a car accident. Fred applies for CFC and has income of \$731 per month.
- Wilma's income is \$1800 per month.
- Combined resources are \$30,000.
- Fred is functionally eligible for CFC.
- **In SSI-related non-institutional rule, this client would not be CN eligible because:**
 - Over resources (the limit is \$3000)
 - The non-applying spouse's income is used in eligibility and even if resource eligible, there would be a large spend-down.



Group B Example – Cont'd

- Fred is not eligible under Group A rules so next step is to go to Group B rules*
- Allow Fred and Wilma the higher resource standard of \$55,016.
- Use only Fred's income and determine SSI-related eligibility.
- \$731 - \$20 income exclusion = \$711.
- \$711 is less than the S02 CNIL standard so Fred is eligible for CN coverage
- He is now eligible for CFC and does not pay participation.

*Federal rules state that for 1915(k) Community First Choice, we must apply spousal impoverishment provisions for those eligible for services under CFC.



1915(c) Example

Married couple not eligible using Spousal Impoverishment rules.

- For this example we will use the same couple as our previous example, but assume that **Wilma** and not Fred is the CFC applicant.
- Wilma had income of \$1800 and Fred had income of \$731.
- This time, the CFC applicant's separate income (Wilma's income) is not at or below the S02 CNIL of \$721*.
- Wilma is not CFC eligible at home unless she is found eligible for an HCB waiver such as COPES using the 300% SIL rules.
- Once Wilma is approved for COPES she is eligible for CN under the HCB Waiver and can now get CFC services. Post eligibility rules apply.

*Note: If Wilma was applying for residential services, she may qualify for CFC under the G03 program as her income is below the SIL. It would depend on the state rate at which she was assessed.



Not Group A, Group B, or 1915(c)

Married couple not eligible using Spousal Impoverishment rules and not eligible for HCB waiver.

- For this example, assume Wilma is not eligible for the COPES waiver because she transferred \$20,000 to her daughter Pebbles in the month before applying for long-term care services.
- Fred and Wilma's combined income is used to determine SSI-related medically needy coverage. In this example, they would not be eligible because their \$30,000 resources exceed the 2-person MN resource standard of \$3,000.
- Even if they were resource eligible, they would have a large spenddown. CFC cannot be authorized for MN clients.



QUESTIONS?



Program Management Team

HCS & AAA Contact:

Tracey Rollins, HCS

(360) 725-3216

Tracey.Rollins@dshs.wa.gov

Financial Services Contact:

Rob Peters, Financial Services

(360) 725-2524

Robert.Peters@dshs.wa.gov

DDA Contact:

Jaime Bond, DDA

(360) 725-3466

Jaime.Bond@dshs.wa.gov

Web Site:

<http://www.alsa.dshs.wa.gov/CFCO/>



Transforming lives