



June 2015



Community First Choice

Program Overview



Washington State
Department of Social
& Health Services

Transforming lives



Agenda

- What is CFC and why we made the change
- Eligibility and Programs
- CFC Services and how it works
- New Federal Rules:
 - Person Centered Planning
 - Home & Community Based Setting
- Implementation





What is CFC?

- A new State Plan benefit
 - Legislators passed HB 2746 and SB 6387
 - Personal Care was refinanced under the Community First Choice (CFC) option of the Affordable Care Act
 - Section 1915(k) of the Social Security Act
 - Legislation determined our implementation date





Why change?

- Our Strategic Plan
 - A richer benefit package lets us do more to support clients in community based settings
 - Relocation out of institutional care is supported
 - Client choice and flexibility is supported
 - CFC helps build a sustainable future by providing services that leverage federal funds while allowing clients more flexibility



What's *not* changing

- New Freedom
- PACE
- Roads to Community Living
- Residential Support Waiver
- State Funded Programs





Financial Eligibility Basic Overview





CFC Financial Eligibility: Social Services Perspective

- CFC and MPC financial eligibility is very similar
 - Must still meet today's financial eligibility threshold to qualify
 - MAGI ABD group is included



CFC Financial Eligibility: Social Services Perspective



- COPES is another “doorway” through which clients can access CFC
 - If a client is not eligible for CFC but does meet the COPES financial eligibility they can access CFC because they are enrolled in COPES



Where can I get more
information on
financial eligibility?



The Financial Training [SharePoint](#) site
is available to DSHS staff and the
AAA JRP staff



Functional Eligibility



Assessments



NEW MPC RULES

- New Medicaid Personal Care (MPC) rules
 - Clients currently receiving MPC who **do not** meet institutional level of care will stay on MPC
 - Clients who meet institutional level of care will *no longer be eligible* to receive MPC





CFC Functional Eligibility

- CFC functional eligibility mirrors COPES
 - HCS: Nursing Facility Level of Care (NFLOC)
 - DDA: Intermediate Care Facility for Intellectual Disabilities (ICF/ID) level of care
 - *Clients who meet NFLOC are no longer eligible to receive MPC services*





Program Options



- **MPC**

- Not institutional level of care and qualifies financially

- **CFC**

- Meets institutional Level of Care and qualifies financially



Program Options

■ CFC and COPES

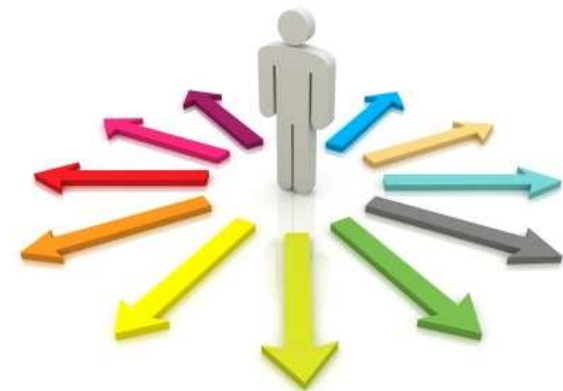
- Meets institutional level of care
- May have a higher income
- May be on Medicare and need the Part D co-pay exemption
- Needs a monthly service offered by a waiver





Monthly Waiver Services

- Clients enrolled in a waiver must access a waiver service every month
- COPES monthly recurring service options
 - Home delivered meals
 - Adult Day Care
 - Adult Day Health
 - Skilled Nursing
 - Wellness Education





Client Responsibility

- MPC
 - Room & Board for residential clients
 - No participation for in-home clients

- CFC Only
 - Room & Board for residential clients
 - No participation for in-home clients





Client Cost of Care



- CFC and COPES

- Residential

- Clients retain Personal Needs Allowance (PNA)
 - Clients retain income that is deemed not countable
 - Client pays room and board
 - Participation applies to *all* services regardless of program

- In-Home

- Income over the FPL paid as participation
 - Participation applies to *all* services regardless of program



Overview of CFC Services

- CMS Required Services
 - Personal Care/Relief Care
 - Skills Acquisition Training
 - PERS systems
 - Caregiver Management Training

- Optional Services
 - Assistive Technology
 - Community Transition Services

- \$500 annual limit
 - Assistive Technology
 - Skills Acquisition Training



CFC Services

- Personal Care
 - **Personal care will no longer be available in COPES beginning July 1, 2015**
 - Includes nurse delegation and IP mileage
 - May trade some personal care hours to get skills acquisition training





CFC Services

- Skills Acquisition Training (SAT)
 - IP or an Agency Provider
 - Personal care hours may be used
 - Annual Limit may be used
 - Home Health Agencies
 - Only annual limit may be used
 - All other benefits must be exhausted first
 - Must access Home Health through medical provider before CFC can be used



Skills Acquisition Training

- Skills Acquisition Training (SAT) Services
 - Training on ADL, IADL, and Health-related tasks
 - Client determines the goal of SAT services
 - Long Term Care worker can contract as provider for primarily IADL task training
 - Monthly hours may be used if IP or Agency Provider is used
 - Additional benefit of up to \$500 in addition to personal care hours available*

* This limit is in combination with Assistive Technology



CFC Services

- Back-up Systems
 - Personal Emergency Response (PERS)
 - Basic PERS call button
 - Add-ons reduce the fiscal year limit
 - Residential clients may have PERS with GPS only
 - Relief care
 - Does not add to CARE generated hours
 - Personal Care provided by alternate provider (IP or Agency Provider)



CFC Services

- Training on Caregiver Management
 - Formats:
 - DVD,
 - Web-Based, or
 - Book



CFC Services

- Transition from institutional settings to home and community based settings
 - Clients may use this benefit if they are not eligible for Roads to Community Living (RCL)
 - Limited to \$850 per client, per occurrence
 - Washington Roads is also available if the client is not eligible for RCL or CFC transition services
 - Residential care discharge allowance





CFC Services



- Assistive Technology (AT)
 - Available through the \$500 annual service limit*
 - Increases independence or substitutes for human assistance, items such as:
 - Braille watch
 - PERS add-ons

* This limit is in combination with Skills Acquisition Training



How CFC Works

- Clients are authorized to receive personal care as generated by CARE
 - In-Home clients may use the hours they receive for personal care, relief care, and/or Skills Acquisition Training
 - Residential clients are authorized a daily rate for their personal care services





Annual Service Limit

- \$500 per fiscal year for Skills Acquisition Training or Assistive Technology purchases
 - Based on State's fiscal year of July 1 – June 30
 - SAT by IPs or Agencies (not using CARE hours)
 - SAT by Home Health Agencies
 - Actual billed rate





CFC Implementation

Person Centered Service Planning



June 2015

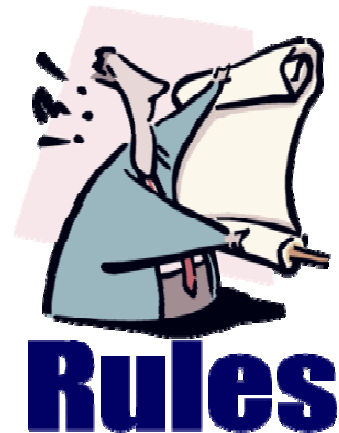
Agenda & Learning Objectives

- Overview
- Core Concepts
- Person Centered Service Planning
- Questions



Overview of Context

- New federal rules require the use of person centered service planning, and are relevant to:
 - The process for developing the client's plan
 - The client's plan
- These requirements parallel current aspects of the assessment process and plan development





Why Person Centered Practices?

**“Today you are You,
that is truer than true.
There is no one alive
who is Youer than
You.” - Dr. Seuss**

What are Person Centered Practices?



A set of skills that reflect and reinforce values that

- Support **choice**, direction, and control
- Support the **listening** and **problem solving we need to do** so that we have “**power with**” and not “power over”

Person-Centered Practices:

- Are at the heart of health care reform and the Affordable Care Act (ACA)
- Influence positive quality of care
- Improve the effectiveness of long term services and supports (LTSS)



Intro to Person-Centered Practice Approaches for Service Planning

- Driven by the client
- May also include representatives the person has freely chosen or who are legally authorized
- Identifies
 - strengths
 - preferences
 - health and safety needs and
 - desired outcomes and goals



Intro to Person-Centered Practice Approaches for Service Planning

- The practice is to
 - Enable and assist the person in making informed choices and decisions
 - Address service and support needs, and
 - Consider client preferences for delivery of services and supports



Important TO

(What is important **TO** people)

- Feeling
 - Satisfied
 - Content
 - Comforted
 - Fulfilled
 - Happy



Important FOR

(What is important **FOR** people)



Important TO & Important FOR are Connected

- No one does anything that is “important for” them unless a piece of it is “important to” them
- Do you agree?
- Was/Is that true for you?



Goals in CARE

- The goals screen **must** be used for each assessment
 - Goals enables planning
 - Goals support client choice
 - Goals speak to “*Important TO*”
 - Goals allows us to follow-up annually and support clients in a Person-Centered way



The Process for Creating a Person-Centered Services Plan



- The client leads the process wherever possible
- Client representative's role is defined by the client
 - (unless the representative has legal decision-making authority)

A Person Centered Service Plan

- Reflects what is important to the client in meeting the needs identified through the functional needs assessment including
 - Services and supports to address the needs and goals
 - Preferences for the delivery of the services and supports



The Person-Centered Service Plan must

- Reflect that the setting is chosen by the client
- Reflect that the client has been provided all long term care setting options



The Person-Centered Service Plan

- Settings must ensure individual rights of:
 - Access to the community
 - Independence in making life choices
 - Control of personal resources
 - Privacy, dignity, and respect



The Person-Centered Service Plan Must Reflect

- Strengths and preferences of the client
- Clinical and support needs
- Goals and desired outcomes
- Paid and unpaid services and supports
- Paid and unpaid providers



The Person-Centered Service Plan Must

- Prevent provision of unnecessary services/supports
- Document any modifications to a client's rights



Rights in HCB Settings

- What is an HCBS Setting?
 - A Home and Community Based Service Setting
- Client basic rights in an HCBS Setting
 - Lockable entry door
 - Choice of roommate
 - Control schedules
 - Access to food at any time
 - Visitors of their choosing at any time
 - Access to the community



Documenting modifications to Client Rights

- Identify specific need
- Positive interventions and supports tried prior to the modification
- Less intrusive methods of meeting the need
- Clear description of the modification
- Informed consent of client



Reviewing the Plan

- Must be reviewed and revised
 - At least every 12 months, or
 - When the client's circumstances or needs change, or
 - At the client's request





Implementation of CFC





Implementation



- MPC Clients who
 - Meet NFLOC
were moved to: **CFC***
 - Do NOT meet NFLOC
remain on: **MPC**

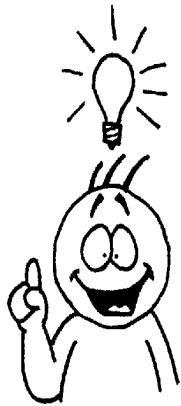
* Service changes will take place at the next scheduled assessment unless the client requests a change or a significant change assessment is completed before the annual



Implementation

- COPES Clients who
 - Receive a waiver service like Home delivered meals or Adult day program services, or
 - Do not qualify financially for CFC only, or
 - Are dual eligible (Medicare & Medicaid)

were moved to: **CFC + COPES**



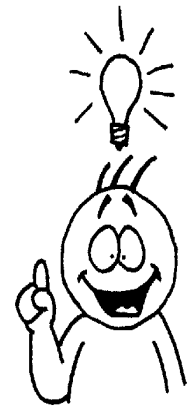


Implementation

■ COPES Clients who

- Receive only Personal Care or Personal Care and PERS services, *and*
- Qualify financially for CFC, *and*
- Are not dual eligible (Medicare & Medicaid)

were moved to: **CFC***



* Service changes will take place at the next scheduled assessment unless the client requests a change or a significant change assessment is completed before the annual

The End



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