

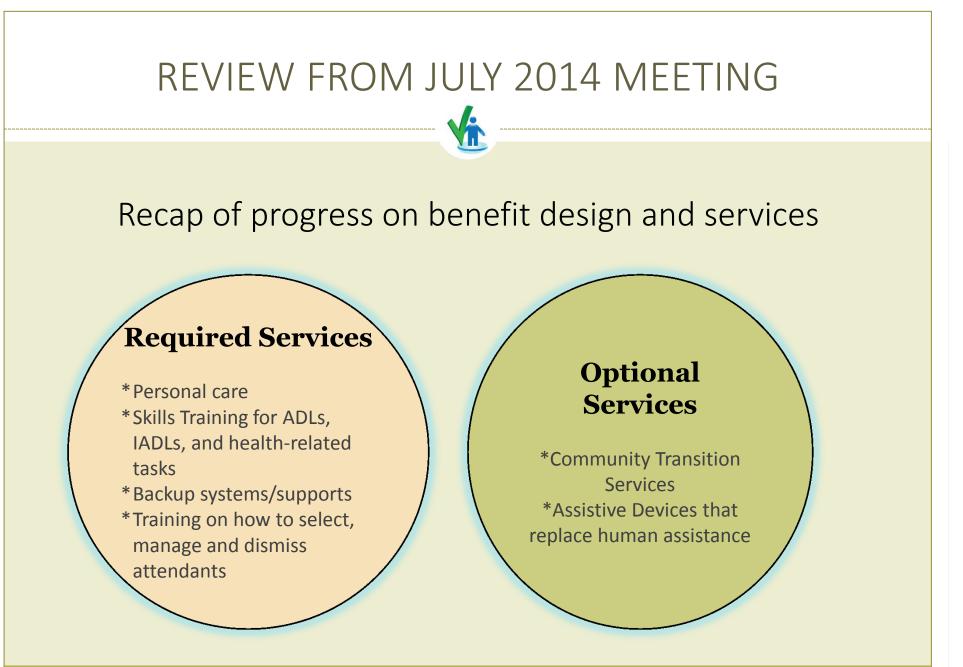
SEPTEMBER 5, 2014

#### **REVIEW FROM JULY 2014 MEETING**

Timelines for CFCO remain unchanged O Implementation targeted for July 2015

Stakeholder and staff webinars are set • Next Webinar: 09/22/2014 – 10 am – 11:30 am

Comments and input from non-workgroup members will be invited by the facilitator at various points during the day





### DEFINITIONS OF AMOUNT, DURATION, SCOPE

## Amount

• The maximum allowable expenditure for the service or the maximum number of units of the service that will be furnished during the period of the service plan.

## Duration

• The maximum period of time over which a service will be provided or authorized unless the necessity of the service is re-established.

## Scope

• The definition of each waiver service must describe in concrete terms the goods and services that will be provided to waiver participants, including any conditions that apply to the provision of the service.

## DESIGN MODEL & BENEFIT DESIGN

Design model

• At our last meeting, we determined that we would use a flexible benefit design as we move forward.

Services to include:

4 Required Services

Plus optional services

## REQUIRED SERVICES IN OUR PLAN

#### Personal Care

- Personal Care Attendant Agency or IP with mileage
- o Nurse Delegation

#### Skills Acquisition Training

- O Evidence Based Programs
- Skills training

#### Back-up Systems

- O PERS Personal Emergency Response System
- Relief Care

#### Training on Caregiver Management

• With optional "buy-up" to one-on-one service or classes

#### OPTIONAL SERVICES IN OUR PLAN

**Community Transition Services** 

- Goods and services needed for transitions from institutional settings to in-home settings
- o \$850 calendar year limit

#### Assistive devices that replace human assistance

- Assistive Technology
- o Specialized Medical Equipment
- o \$500 calendar year limit



## SERVICE BENEFIT MODEL A

Benefit design with full flexibility

- All services are offered and clients may use all or part of their benefits in any way they choose within the allowed benefit.
- In this model, everyone would be authorized 100% of their current benefit
- In addition, all clients would be authorized a 3% fund as an enhancement.
  - ➤ A \$500 per year benefit enhancement in addition to the regular service credits allocated through the CARE assessment.
  - ★ These extra funds can be used to purchase any service within the array of available CFCO services.

#### SERVICE BENEFIT MODEL B

Benefit design with full flexibility

• All services are offered and clients may use all or part of their benefits in any way they choose within the allowed benefit.

• In this model, everyone would be authorized 103% of assessed benefit.

• Residential clients would have a benefit based on the 3% in addition to the assessed daily residential rate.

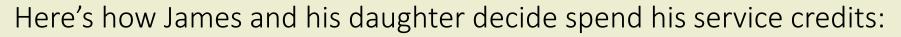
#### CASE SCENARIO - JAMES

- Has moderate dementia
- Lives with his daughter
   His daughter is his IP and needs relief
- He is a fall risk and likes tends to wander
   O He leaves the house as often as he can and gets lost
- He can perform some of his ADLs but needs supervision
- He is not able to perform IADLs on his own



## FLEXIBILITY MODEL A

James has a budget of 68 service credits and an available enhancement of \$500 per calendar year.



- PERS with fall detection (6 service credits)
- Relief care (10 service credits)
  - Includes completion of ADL, IADL, and health related tasks
- Personal Care (52 remaining service credits)

In June he has trouble bathing so a bath bench is purchased with his additional enhancement at a cost of \$125

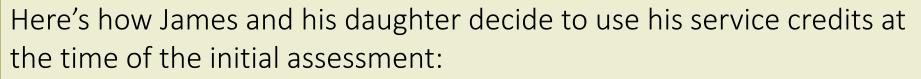
• \$375 of his enhancement is still available for the calendar year.



## FLEXIBILITY MODEL B

James has a budget of 70 service credits

• This is more because it includes the additional 3%



- PERS with fall detection with 6 service credits
- Relief care with 10 service credits
  - Includes completion of ADL, IADL, and health related tasks
- His balance for personal Care will be 54 service credits



### FLEXIBILITY MODEL B

In June, James has trouble bathing so a bath bench is purchased at a cost of \$125 or 10 service credits

Here are the changes to James' plan for June:

- PERS with fall detection with 6 service credits
- Relief care with 10 service credits
  - × ADL, IADL, and health related tasks should still be completed
- Specialized equipment 10 service credits
- Personal care 44 hours
  - One month reduction of 10 hours to cover the cost of the bath bench



#### CASE SCENARIO - MARY



- Has difficulty brushing her teeth
  Her mother has to pay for extra dental visits
- Unable to prepare a simple meal independently
- Motor issues that prevent easy meal preparation
- Has issues with balance, falls
- Mom is her IP and she works outside of the home for 6hrs per day, four days per week

## FLEXIBILTY MODEL A

Mary was assessed and was provided a budget of 128 service credits.



Here's how Mary and her mother decide to spend her service credits

- Personal Care (106 service credits)
- PERS with fall detection (6 service credits)
- Skills acquisition training 16hrs/mo. (16 service credits)
- Mary uses her entire \$500 enhancement to purchase an iPad as her mother has identified applications that help Mary cook and brush her teeth. The iPad will be used to replace human assistance with these identified needs.

#### FLEXIBILTY MODEL B



Mary was assessed in late December and was provided a budget of 132 service credits.

• This is more because it includes the additional 3%



Here's how Mary and her mother decide to spend her service credits

- PERS with fall detection (6 service credits)
- Skills acquisition training 16hrs/mo (16 service credits)
- Adaptive equipment \$500 cost in January (40 service credits)
- Personal Care with all remaining service credits
  - × Mary will have 70 service credits to use toward personal care in January
  - ▼ Starting in February, she will have 110 service credits available per month

## CASE SCENARIO - LILLY



Lives in an Adult Family Home



- Had a stroke and has difficulty ambulating
- Would like to learn to be more independent with bathing and dressing

#### CASE SCENARIO - LILLY

Because she is a residential client, Lilly's benefit design would be different



Flexible model A:

 Lilly would be provided the same \$500 enhancement to choose from the services available to her as a residential client under CFCO.

Flexible model B:

- Lilly would have a fixed benefit (daily rate to provider)
- Lilly would have \$41 per month to spend on CFCO services available to residential clients.

# **GROUP RECOMMENDATION** Benefit Plan design • Which benefit plan design is the group recommending? Model A Model B



\* During discussions on providers and provider types, this may be amended. This is our working understanding of amount, duration, and scope as we finalize the recommended model.

## AMOUNT, DURATION, SCOPE of CFCO SERVICES

#### Amount

- The number of service credits allocated to each required service
- The dollar amount limit assigned to the two optional services.

#### Duration

• The duration is the plan year

#### Scope

- Outlines of service definitions describe what will be provided (i.e. Backup systems includes PERS and Relief Care.)
- Outlines of service definitions describe any conditions that apply (i.e. Assistive devices must substitute for human assistance)

Providers we know:

- Personal Care and Relief Care: IP or Agency providers
- o Nurse Delegators
- PERS PERS Provider pool already exists
- o Equipment and Technology Providers
  - Some new providers may need contracts; however, there is a provider pool that already exists
- o Community Transition Providers
  - × We have providers and processes in place for transitioning clients
  - × Some new providers may need to be contracted

#### Providers to brainstorm:

• Skills acquisition training providers

- Individual Providers
- Agency Providers
- Supported Living Providers
- Community Choice Guides
- Employment Vendors
- ▼ Others?

#### Providers to brainstorm:

- Optional "buy-up" to one-on-one training for selecting, managing, and dismissing personal caregiver providers
  - × Community Choice Guides
  - ▼ Others?

Providers to brainstorm:

- O Evidence Based Programs
  - ▼ Falls Prevention Program
  - Chronic Disease Self Management Program
  - ▼ SAIL Stay Active and Independent for Life Program
  - ▼ Other programs?



# "Other 3%" Recommendations

Your work:

• Recommendations/Decision Packages

- Short presentations on your recommendations
- Prioritization of recommendations
- Determination on recommendations to send to the Aging and Disabilities Joint Legislative Executive Committee