**Workgroup Members Present:** Rod Bault, Brian Dahl, Penny Condoll, Sue Elliott, Gail Goeller, Darla Helt, Gloria Kraegel, Mary Clogston, Dan Murphy, Ron Ralph, Leanna Ray-Colby, Pat Shivers, Misha Werschkul

**Workgroup Members Absent:** Aruna Bhuta, Jennifer Bliss, Sue McDonough, Steven Wish

**Others Present:** Laurie St. Ours, Sarah Miller, James Kettel, Patricia H, Kathy Easton

**State Staff Present:** Bob Beckman, Danielle Cruver, Marilee Fosbre, Shannon Manion, Rob Peters, Bea Rector, Sandy Robertson, Tracey Rollins, Colette Rush, Todd Slettvet

**Facilitator:** Paul Dziedizic

**Introductions**

All attendees introduced themselves. No issues, concerns, or changes were noted.

Paul welcomed attendees and indicated that choice vs. flexibility was a key decision for this meeting so that a design model can be used for future meetings.

**Planning and Design Workgroup purpose, timeline, and process**

* The dates for staff and stakeholder informational webinars were provided. The next webinar will be held on:
	+ 7/24 10-11:30 a.m.
* Current time line remains unchanged
* Comments by non-workgroup members will be taken at specific times during the meeting.

**Follow up to previous meeting items related to benefit design**

* CMS provided information during a call on 7/16 with DDA and HCS.
	+ The type of respite provided through DDA waivers and HCS Family Caregiver Supports program cannot be offered through CFCO. There is potential for relief care but it must be tied to the performance of ADL/IADLs.
	+ CMS was clear that services must relate back to the performance of ADLs, IADLs, and health related tasks.
* Person Centered Planning: The workgroup requested further information on person centered planning and how it fits into our work on CFCO.
	+ **§**441.540 was distributed for review by the workgroup members.
	+ The new HCBS rules related to Person Centered Planning apply across all programs, authorities, and waivers; as such, workgroups are currently working on compliance and implementation.
	+ The new HCBS rules will apply regardless of the status of CFCO implementation.
	+ The workgroup asked where Person Centered Planning is paid for, by what funding source. It was answered that this is an administrative function of a case management

**Discussion related to flexibility and administrative complexity**

* Personal care:
	+ Clients who use budget driven service plans (such as New Freedom) use personal care as the driver for their services. On average they use 77% of their budget for personal care. Of the clients on this plan, 100% used a portion of their budget for personal care hours.
	+ Monitoring personal care hours and how needs will be met if not all hours are used was discussed.
	+ In the current system, we do not monitor how clients schedule personal care hours. Clients now have the freedom to determine how they will use their hours to address personal care and household tasks.
* Skills acquisition training
	+ CMS clarified that skills acquisition training must be linked to performance of an ADL, IADL or health related task.
	+ When clients receive skills training related to an ADL or IADL, the task they are being trained on generally is completed during the training.
	+ Discussion about skills acquisition training and setting policy to enable clients to work on any ADL or IADL within the training hours available to them
	+ Development of a service plan should include allow flexibility for the individual to determine what IADL/ADL Health related task they want to work on based upon tasks identified in the assessment. Integrating goals and training desires should be done as early as possible.

**Discussion regarding fixed versus flexible models**

* + There is value in more flexibility.
	+ Administratively, there is similar or potentially slightly more complexity in a flexible model
	+ It is agreed that attempting not to exceed current complexity would be a good goal.
	+ Required services will be included in any of the models we choose. These services expand the services currently offered under MPC.
	+ Client ability to change their service plans was discussed
		- WAC can be created that allows for client changes to service plan (without the need for reassessment) with changes to be effective the first of the following month. This mitigates multiple changes per month and reduces administrative time.
		- It was noted that caregiver pay may change with the flux in hours if hours are allotted to other services.

**Discussion regarding time needed for service option planning with client.**

* Current models include 10 hours for initial assessments and 3-4 hours for reassessments.
* Adding 30 minutes of case management time to all assessments would cost approximately $250,000 - $500,000 (based only on a subset of the population).
* The models would be administratively similar as CMS requirements include Person Centered Planning and Quality Assurance.
	+ Members stated that if client driven, it is possible that the flexible model could be less complex and take less Case Management time.

***\*Decision on which model to use going forward\****

* A poll of all workgroup members present in the room was taken. By a vote of 10 to 1 for, it was decided that the group will proceed forward using the flexible model.
	+ Group would like to discuss limits of flexible structure during the amount, scope, and duration discussions.
	+ Flexibility is desired with sustainability as the key element
	+ Comments from guests: None.

**Working from our framework on Benefit Design, discussion on optional services**

* Relief care discussed and clarification provided that relief care would not cover supervision only or protective supervision under the CMS direction received.
	+ - There was disappointment that respite is not able to be considered as a primary benefit under CFCO.
		- Personal care provider and respite providers may both be IPs but an IP that provides respite or relief care only may provide few enough hours to meet certification/training exemption
		- The focus of services must be on ADLs, IADLs, and health related tasks.
		- Relief care, even under this definition, may still be an effective benefit.
* Community Transition services discussion
	+ Transition services are defined as assistance with relocation from an institutional setting to an in-home setting only, not to a residential setting.
	+ Average current cost is $850 per occurrence
	+ Services are all billed during the month of the move and would not be taken out of available client hours.
* Behavioral Support discussion
	+ Under CFCO, behavioral support would be required to tie to an ADL, IADL, or health related need per CMS direction.
	+ If client uses a waiver for additional behavioral support, above the benefits in CFCO, they could potentially use the same provider
	+ Behavior support is necessary but CFCO does not appear to be the best way to provide it based on the narrow scope available under CMS guidelines for CFCO.
	+ Cost benefit for adding behavioral supports within CMS limitations.
		- All CFCO services have higher FMAP and this is an important service but the limitations may outweigh the benefit.
	+ Behavior support is preventative in nature and the service should be available through waivers if not CFCO
	+ Discussed a limited benefit
	+ Discussed the need to fit all benefits into the 103% with the ability to maintain those benefits long term.
	+ Discussed that items not included in CFCO could be recommended for the other 3%.
* Discussion regarding benefits of adding services to CFCO
	+ Additional FMAP of 6%.
	+ COPES enrollments stay within caps.
		- COPES waiver may see large migration to CFCO.
	+ Accessibility to additional services for clients who are not eligible for waiver or other additional services.
* Environmental Modifications discussion
	+ DDA and HCS have different procedures for procurement of environmental mods but both procedures are administratively complex.
	+ It is one of the most complex services provided due to using contractor bid system, adherence to ADA and building codes, and risk to State.
* Discussion related to Assistive Technology
	+ Assistive Technology may be cost saving in the long run.
	+ OT/PT evaluations may be necessary to link to purchases.
	+ Technology could be a limited benefit
		- e.g.: One time only with a cap per client.
		- High cost Assistive Technology should be excluded as it would be cost prohibitive
		- Limit items to those that decrease need for human support. This is required under CFCO
	+ Not currently available in all waivers
	+ There are applications for smart phones and tablets that might be beneficial and might replace human assistance.
* Discussion related to items to leave in waiver services at this time.
	+ Home Modifications, Behavioral Supports, Specialized Medical Equipment:
		- Behavioral support needs to be robust benefit rather than just being tied to ADL, IADL, and health related tasks to be comprehensive and effective.
			* One dissenting position was noted within the group, the remainder agreed.
	+ Must consider adding the right benefits initially versus adding everything in now.
	+ Discussed the need to re-visit services offered by CFCO one year after implementation to determine if a broader benefit could be offered or existing benefit could be expanded.
* Discussion related to possible CFCO service package
	+ Skills acquisition training (required)
	+ Evidence based programs such as chronic disease self-management program are items that may be included in the service scope
		- Clarified that the Chronic Disease Self-Management and Falls Prevention programs are currently not offered state-wide.
		- Definition of evidence based programs is needed considering the narrowed scope provided by CMS of inclusion of ADL and IADLs.
	+ Services may be provided outside of the home as long as they are ADL, IADL related tasks.
	+ Nurse Delegation would not take client hours away and is a current benefit in waivers and MPC
	+ Relief care discussed and concern related to the challenge for families to use this benefit.
		- There was question as to how this differs from personal care.
		- Provider types were questioned and will need further discussion.
		- Focus on short-term intermittent relief.
		- Clarified that relief care hours would be traded from personal care hours.
		- Respite remains available through DDA waivers and HCS Family Caregiver Supports program.
* Other considerations discussed
	+ DDA may be able to transition some waiver clients off their waivers onto CFCO, thereby opening waiver slots to clients who need those specific services.
	+ Training for clients to hire, manage, and dismiss attendants was discussed.
		- Current idea is to provide DVD, on-line training, or printed material.
	+ When considering which services to include, consider what we are providing now and that getting the match for things we are doing now is optimal and cost effective.
	+ Assistive Technology amount, duration, and scope needs to be discussed.
	+ Cost of goods should be considered
	+ Cost of woodwork effects should be considered

**Next steps related to state plan benefit design decisions**

* What might this benefit look like, review examples.
	+ Examples to be provided by DSHS.
* Create proposed amount, scope, and duration for services included.
* Discuss qualified providers.
* Comments from Guests:
	+ Adult Day Health and Adult Day Care are valuable resources to continue.
	+ Adult Family Homes are used under relief care in Oregon’s CFCO plan.

**Home and Community based items that could be funded under the other 3%**

* Discussed available funds
	+ In the first year, there will be a larger pot of money which could possibly go toward one-time purchases.
	+ Restoring Hours:
		- Discussed targeted hours toward behavioral issues, mental health needs, and stabilizing needs and programs.
	+ Discussed that some items may be able to be matched under waivers or CFCO which would maximize use of funds.
	+ Discussed including family caregiver support.
	+ Discussed enhanced person centered planning options
	+ Case loads are currently high and workers are struggling to keep up with work, adding more work adds to this struggle.
* The workgroup determined that they would more fully develop items on their list of things to consider and bring proposals to the next workgroup meeting.
	+ DSHS to send out a template of what information to include in proposals. Assignments were agreed as follows:
		- Family caregiver supports including respite; Dan Murphy, Gail Goeller
		- Restoring in-home client hours; Misha Werschkul
		- Buy down case load ratios; Sue Elliot, Dan Murphy
		- Skill and independence building; Penny Condoll
		- Behavioral supports; Darla Helt
		- Tribal Community Health Representatives and Health Representatives expanded beyond tribes; Leanna Ray-Colby
		- Community integration and community navigators; Leanna Ray-Colby, Darla Helt
		- Healthy living initiatives; Penny Condoll, Rod Bault
		- Assistive Technology purchases beyond the scope of CFCO; Pat Shivers
		- Personal Care Provider training, assurance that it meets client needs; Penny Condoll, Misha Werschkul
		- Environmental assessments and one-time modifications; DSHS
		- On-line person centered planning tool to aid in care planning; Ed Holen

**Parting Thoughts**

* The group was asked to share their parting thoughts as we closed the meeting
	+ Concerned about behavioral support
	+ Excited to share more about community health representatives and potentially expand this service
	+ Excited to see the recommendations and what is brought back
	+ We need to be aware of our pace as there is a lot to do
	+ Concerned about providers and their inability to get the hours they need to continue being a provider and to continue getting benefits.
	+ There is not a lot of extra money
	+ Manage complexity so that money is not wasted on the extra cost of providing services
	+ We should touch as many lives as we can
	+ We need to look at “the big picture”
	+ Sustainability, we are talking about years to come, not just today or tomorrow
	+ Training needs – can we provide low cost training to multiple people easily?
	+ Training for case managers

Comments from guests: None

Meeting adjourned.