**Community First Choice Option (CFCO)**

**Planning and Design Workgroup**

**Meeting Minutes – May 20, 2014**

**Workgroup Members Present:** Rod Bault, Aruna Bhuta, Penny Condoll, Sue Elliott, Gail Goeller, Ed Holen, Ingrid McDonald, Sue McDonough, Dan Murphy, Ron Ralph, Pat Shivers, and Misha Werschkul

**Workgroup Members Absent:** Jennifer Bliss, Darla Helt, Leanna Ray-Colby, and Steven Wish

**Others Present:** Mary Clogston, Brian Dahl, Melissa Johnson, Gloria Kraegel, and Kathy Leitch

**State Staff Present:** Stacey Bushaw, Danielle Cruver, Kristina Eliason, Marilee Fosbre, Grace Kiboneka, Shannon Manion, Kris Pederson, Rob Peters, Bea Rector, Debbie Roberts, Sandy Robertson, Tracey Rollins, and Todd Slettvet

**Facilitator**: Paul Dziedizic

**Introductions**

All attendees introduced themselves. Workgroup member Ingrid McDonald, representing AARP, announced that this would be her last meeting and that Mary Clogston would be representing AARP at future CFCO meetings.

**Updates**

Bea Rector, Director of Home and Community Services (DSHS), gave an update on the budget as it relates to CFCO. A brief, two-page summary of the placeholder for the CFCO Workgroup’s recommendation on allocation of the CFCO savings is needed by July 28 for inclusion in the Department’s budget proposal, which becomes final on August 25. Final program recommendations from the Workgroup can be made at the October 10, 2014, meeting and these recommendations would be shared with OFM.

Bea provided additional updates:

* Conflict of interest requirements do not apply to CFCO Workgroup members;
* Staff assignments from the April 16, 2014, meeting; and
* Webinar for stakeholders and the public is scheduled for June 5, 2014.

Webinars will be held between meetings. The group discussed other ways to receive stakeholder and public input, including time for members of the public who attend the meetings to react to the discussion and decisions.

**Other State CFCO Plans**

Marilee Fosbre, Office Chief for Home and Community Programs, provided an overview of state plans for California, Maryland, and Oregon:

* The California plan includes a restaurant meal allowance as a budget-based service; California also has an extensive array of waiver services that remain in waivers with the new CFCO plan.
* The Maryland plan adds a few more optional services to their CFCO plan. Maryland’s plan offers a budget-based option.
* The Oregon plan moved everything from the Aged, Blind and Disabled waiver to the CFCO plan except for case management. Most DD waiver services were also moved to CFCO. Oregon created two additional waivers which allowed the state to limit the choice of providers for the case management waiver service. Oregon has not yet re-tooled to draw down the additional 6% federal match.

The group discussed the programs in other states, expressing concerns over fiscal impacts and long-term sustainability, while recognizing all state plans will be different. They also discussed the national focus on person-centered planning, the concept and risks of starting small, and staying within the parameters and fiscal limits set by the Washington State Legislature. The Medicaid programs of long-term services and supports and developmental disabilities services are unique to each state. Therefore each state has to carefully design CFCO and assess the impacts of implementation based upon the Medicaid authorities used prior to CFCO, budget allocations, and legislative direction.

**Fixed or Flexible Design Options**

After reviewing the fixed/flexible schematic, workgroup members indicated which design option they currently favor. The majority of the members were in support of flexible, with some members supporting fixed or both design options. Members discussed their preference (see attachment titled “Fixed or Flexible as of May 20, 2014”).

The group identified concerns:

* A dial-down may be easier with the flexible option (reducing the budget compared to reducing a particular service)
* Administrative complexity
* Personal care hours may not meet the need; if some of the $1,500 per client is used on other things, there is concern the client’s personal care needs won’t be met
* Having choice may not be fair given budget limitations and fiscal limits
* If a client can’t make a choice, who would make it?
* Fixed can drive the allocation of resources in a way that may not work for everyone and may create a mindset where we can’t be flexible in how funds are spent
* Silos create barriers to community living
* Budget concerns related to a flexible benefit

The group also suggested ways to address identified concerns:

* Enhancing what can be done under personal/attendant care
* Increasing flexibility to meet individual needs
* Increasing person-centered planning
* Having choice and self-direction
* Putting some limits on choice to reduce the complexity and administrative burden

**Defining Personal Care**

Personal care today includes ADLs, IADLs, nurse-delegated tasks, and limited mileage associated with shopping, medical appointments, etc. Newly-defined, personal care could include supporting clients to do things for themselves (rather than to/for them), community participation, positive behavior support interventions based on a developed positive behavior support plan, and support for the changing needs of clients post-discharge. Concerns regarding an expanded definition include provider training, the effect on labor laws, potential costs, and wanting to make sure identified needs are addressed.

**Framework**

The group identified the list of optional services and determined if each service would have a cost, if that cost would fit within the 3%, if it would be administratively complex, if it would increase flexibility, and if people could be held accountable to it. Members then individually selected the six services they see as most important, with the results shown below (seven were selected because of a tie). The vote doesn’t constitute final decisions. The number of votes is listed before each service.

*9 Assistive devices that take the place of a human*

*9 Relief care and/or respite*

*7 Assistive technology (environment and devices)*

*6 Evidence-based programs such as fall prevention and chronic care*

*5 Behavior support such as consultation and working with providers*

*4 Environmental modifications such as ramps and door-widening*

*4 Durable/specialized medical equipment and supplies such as adaptive eating utensils, bath equipment and transfer equipment*

3 Health improvement activities

2 Chore services such as yard abatement and hazardous health/safety cleaning

2 Home delivered meals and/or restaurant meals/prepared

1 Community nursing services such as assessment, evaluation, and nurse delegation

1 Transportation to identified services in the plan (bus, mileage)

1 Transition services (one-time)

1 CFCO plan facilitator to do person-centered planning (a helper with decision-

making authority)

1 Vehicle modifications

**Action Items for DSHS Staff**

* Find out if California has waiting lists for their waivers.
* Send the CFCO Workgroup the link to the May 16 webinar on other state plans.
* For services in the “Framework” exercise that received 4 or more votes, staff will conduct further analysis and will:
* identify what can be purchased within legislative parameters
* determine how much flexibility can be achieved with the cost and administrative complexity risks.

**Next Meeting – June 30, 2014**

The agenda will include a brainstorm on the “other 3%”.