



Community First Choice Option (CFC)

EOHHS Policy and Planning
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Overview of CFC

- New State Plan (SP) Option established under the Affordable Care Act.
- Provides Medicaid coverage for home and community-based (HCB) attendant services and supports to assist with IADLs, ADLs, & health related tasks.
- Covers certain transition costs for people moving from institutional to HCB setting.
- Consumer controlled service delivery approach .
- Participating States to receive a 6% increase in FMAP for expenditures related to option.
- Implementation scheduled for 10/31/11, but delayed until rules finalized.

Eligibility for CFC

- Income \leq 150% FPL: Persons with disabilities and elders eligible for Medicaid under the State plan.
- Income \geq 150% FPL: Persons eligible under the State Plan or Waiver who, were it not for CFC services and supports, require the care provided in a hospital, a nursing facility, an intermediate care facility for the mentally retarded or a institution for mental diseases.
- Medicaid eligible person must choose HCB service setting if institutionally service based care is an option.

Permissible Services and Supports

The home and community-based attendant services and supports may include —

- Expenditures for transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for an individual to make the transition from a nursing facility to a community-based home setting where the individual resides; and
- Expenditures relating to a need identified in an individual's person-centered plan of services that increase independence or substitute for human assistance, to the extent that expenditures would otherwise be made for the human assistance.

Exclusions: States may not provide the following:

- Home modifications, room and board, medical supplies and equipment, and assistive technology (except items that would meet the definition of back-up systems to ensure care continuity).

State Requirements

- *Maintain or exceed* expenditures attributable to the preceding fiscal year for services and supports funded through CFC
- Establish a Development and Implementation Council with a majority of its members from target population and their representatives to assist in CFC option development.
- Services must be available statewide to eligible persons regardless of age, disability, or type of care need. No caps, limits, waiting lists.
- Delivery system must be consumer controlled – self-directed, agency-based, etc.
- Develop and maintain a quality assurance program including standards for the delivery system, appeals for denials & processes for reconsideration of individual plan. mandatory reporting, investigation and resolution of allegations of neglect or abuse.

Opportunities for State

- Additional FMAP for preventive level of services.
- Potential to serve populations w/o Medicaid LTC access, including:
 1. Youth with disabilities in transition from DCYF to BHDDH.
 2. Adults with disabilities that do not have LTC high or highest services needs (e.g., assisted living/supportive housing residents)
 3. Certain working adults with disabilities.
- Expand options for system of care reform for current Medicaid beneficiaries, including elders, persons with DD, and other low-income individuals with behavioral health, or physical chronic and disabling conditions that need HCB services and supports to optimize health and/retain independence.

Decision Points for State

- **MOE Requirements & Costs** – State can not use additional FMAP to offset cuts. Is this an expansion & one State can afford?
- **State Plan rather than Waiver Option** – no limits (caps, waiting lists, etc)
- **Global Waiver Implications** – Impact vis a vis preventive level of care
- **Demand and the Woodwork Effect** – What is current and potential utilization, provider capacity, affordability for State?
- **Relationship to other ongoing initiatives** – MFP, Health Homes, etc.
- **Health Care Reform Implementation** – Any cross-cutting effects?
- **Duration of Enhance FMAP** – Not finalize, but critical.

Next Steps

Pending Issue Final CMS Rules:

- Conduct analysis of current utilization patterns and assess potential costs of CFC implementation to existing and underserved Medicaid beneficiaries.
- Identify areas where shift to CFC option offers State financial advantages – e.g., CNOM service become SP services, Medicaid replaces general funds (SSI-D for assisted living.)
- Use Global Waiver Task Force in capacity of Development and Implementation Council to assist departments in developing service delivery models.
- Prepare draft SPA and quality assurance program.