



Community First Choice

Webinar 10/15/2014 Update

BACKGROUND

- The Affordable Care Act (ACA) added federal authority for a new State Plan benefit option called Community First Choice (CFC).
- Legislation was passed in June of 2014 directing DSHS to implement a CFC plan for Washington.
 - ESHB 2746
 - SSB 6387

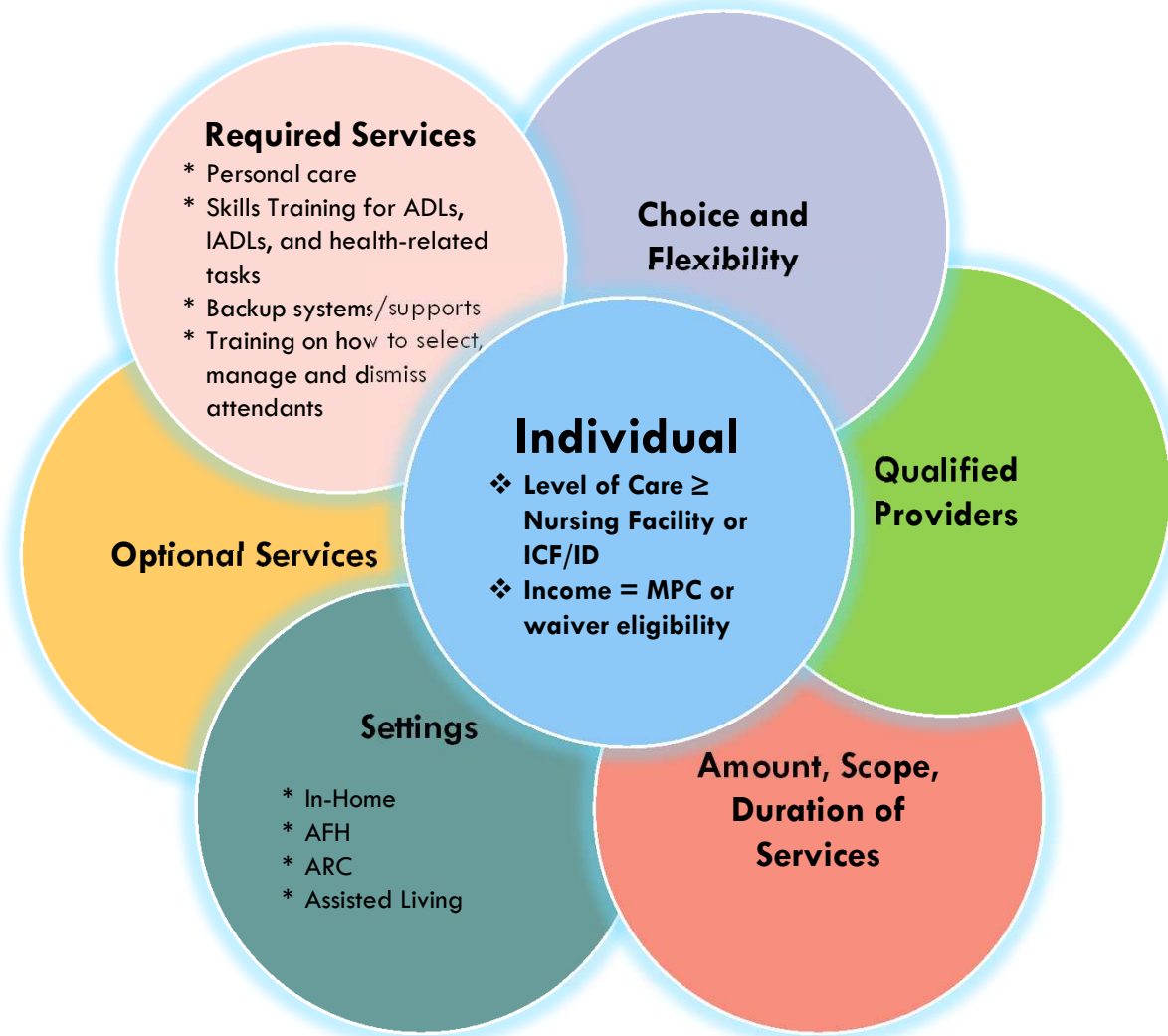


BACKGROUND

- CFC required input from a Planning and Design Workgroup
 - Our workgroup included 16 members, over half of whom were clients, representatives of clients, caregivers, tribal representation, and parents.
 - The group began meeting in April of 2014 and were tasked with developing a design model recommendation for Washington's state plan.
 - The last workgroup meeting was Friday October 10.



WORK GROUP TASKS



BACKGROUND – Why CFC?

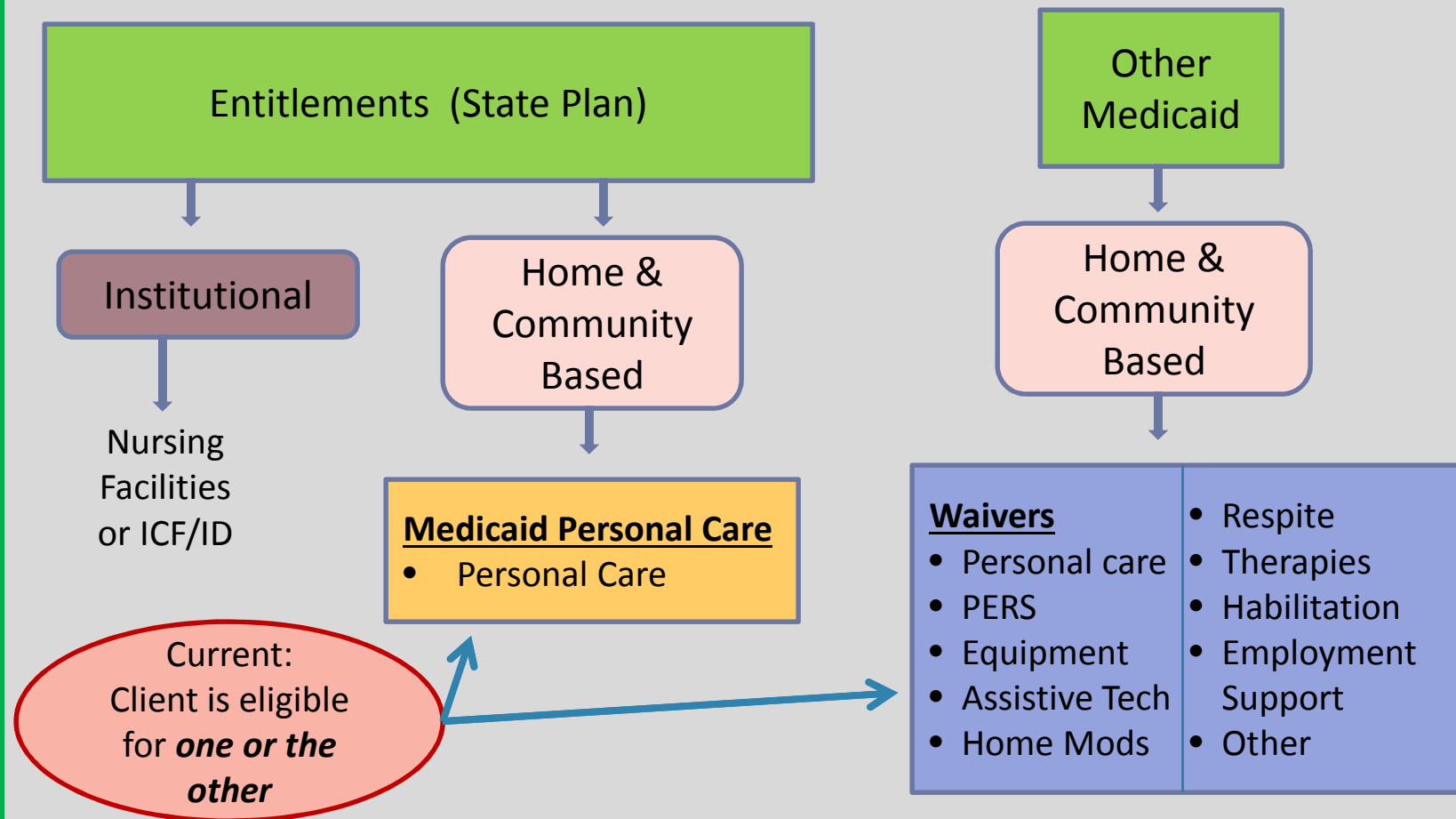
CFC supports our Strategic Plan

- A richer benefit provides needed supports to remain in the community
- Relocation out of institutional care is supported
- Supports client choice, flexibility, and independence
- CFC helps build a sustainable future by providing services that leverage federal funds while allowing clients to manage their own care needs

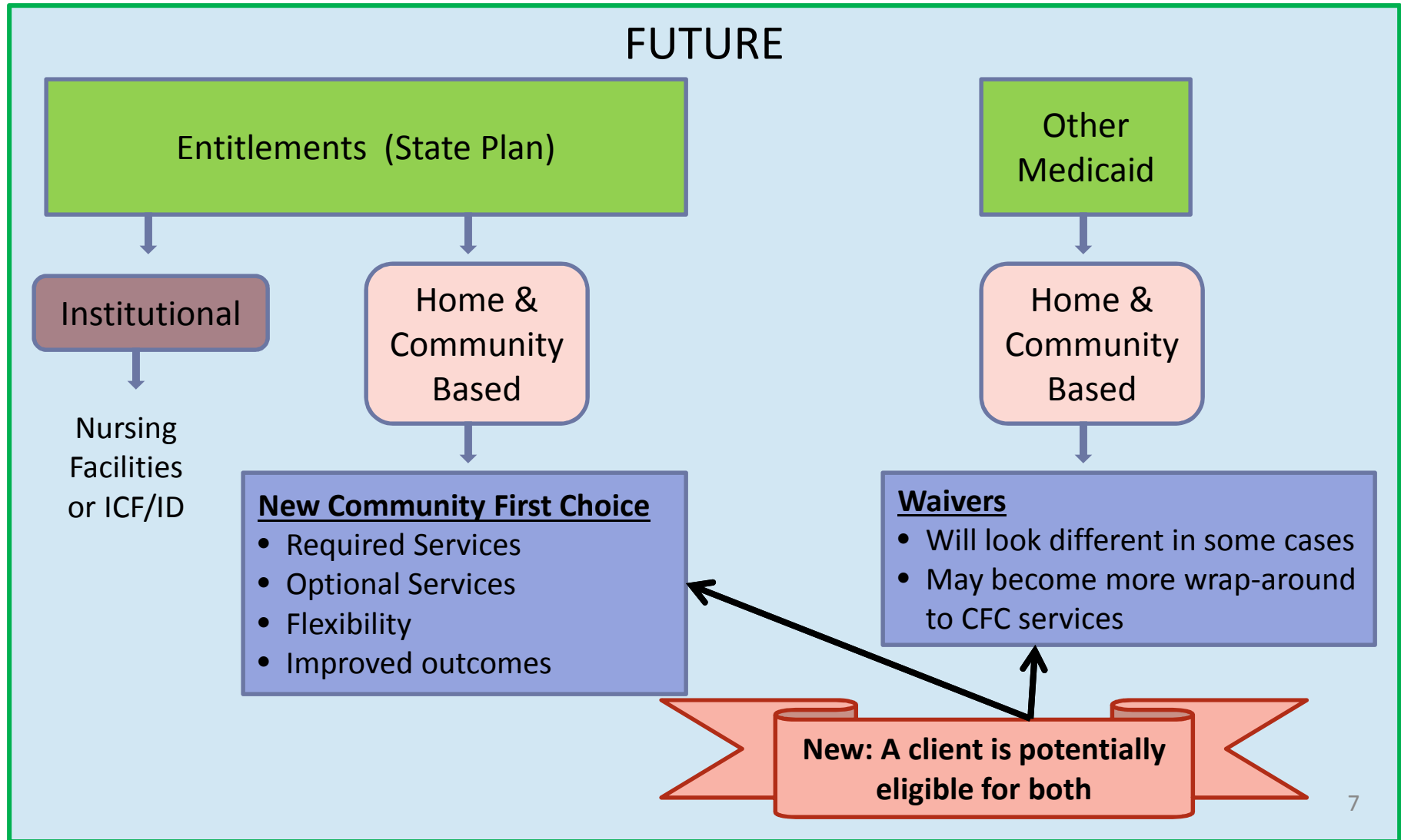


HOW CFC CHANGES OUR CURRENT SYSTEM

CURRENT



CFC IN OUR FUTURE SYSTEM

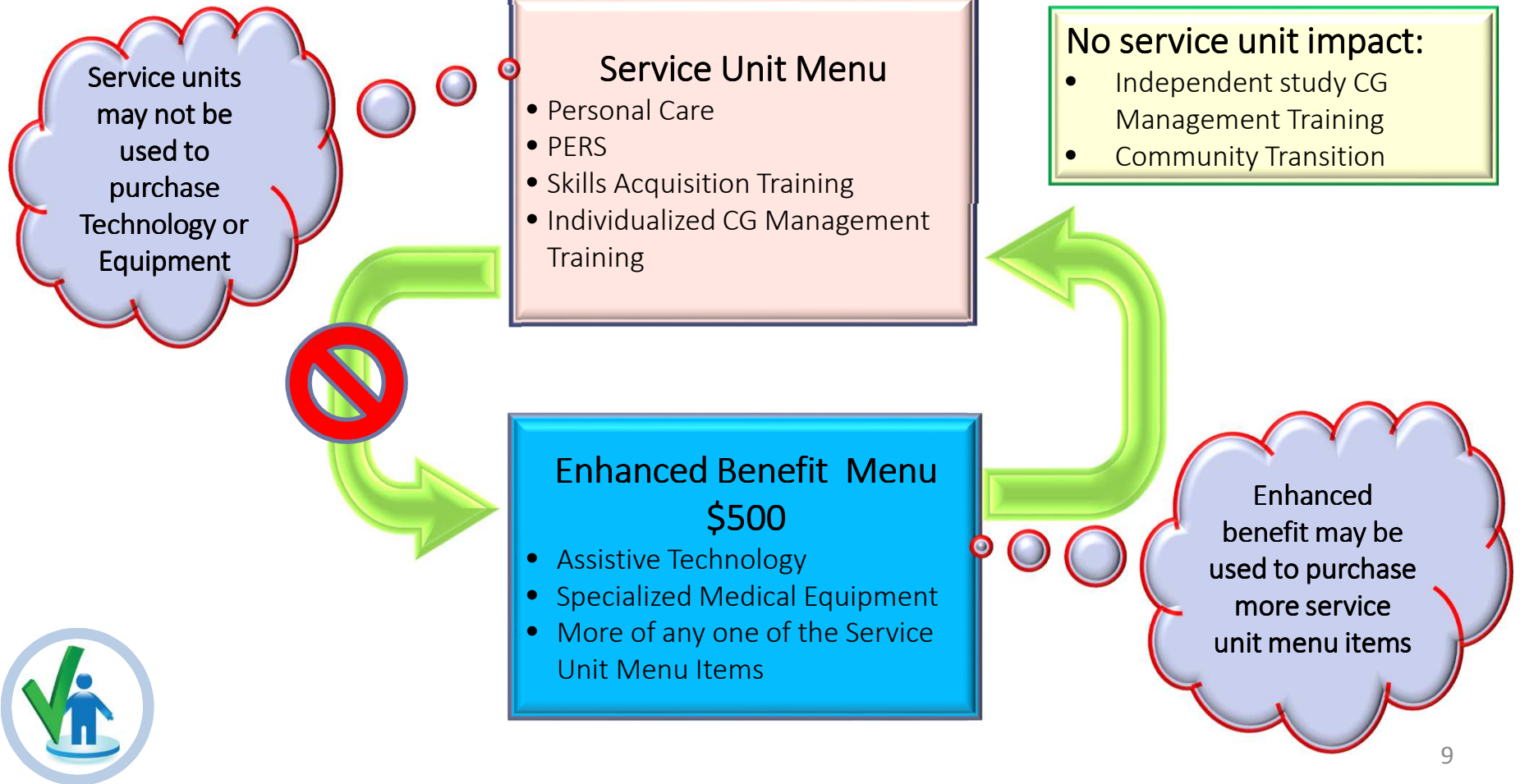


SERVICE UNITS IN CFC

- TODAY: CARE Generates Hours:
 - Participants are assessed using CARE
 - CARE generates personal care hours
- FUTURE: CARE Generated Service Units:
 - Participants are assessed using CARE
 - CARE generates a number of service units
 - One Service Unit is = to $\frac{1}{4}$ of one hour
 - One Service Unit is = to \$4.81 (approximately)



HOW OUR MODEL WORKS



BENEFIT DESIGN – REQUIRED SERVICES

Personal Care

- Personal Care
 - Including nurse delegated tasks and IP mileage

Skills Acquisition Training

- Skills training to promote independence
 - Related to an Activity of Daily Living, Instrumental Activity of Daily Living, or Health Related task



BENEFIT DESIGN – REQUIRED SERVICES

Back-up Systems

- PERS – Personal Emergency Response Systems such as:
 - Standard PERS – emergency button only
 - PERS with falls detection
 - PERS with GPS
 - Medication Reminder/Delivery System
- Relief Care



BENEFIT DESIGN – REQUIRED SERVICES

Training on Caregiver Management

- Definition: “Voluntary training on how to select, manage, and dismiss attendants.”
 - Available to clients in DVD, web based, or written formats with no charge to their service units
 - Available individualized training in exchange for service units
 - Cost would be determined by how much time they would require with the trainer



BENEFIT DESIGN – OPTIONAL SERVICES

Community Transition Services

(No impact to service units)

- Goods and services needed for transitions from institutional settings to community based settings
- \$850 yearly limit

Assistive devices that substitute for human assistance

(May be purchased only with Enhanced Benefit)

- Assistive Technology
- Specialized Medical Equipment
- \$500 yearly limit



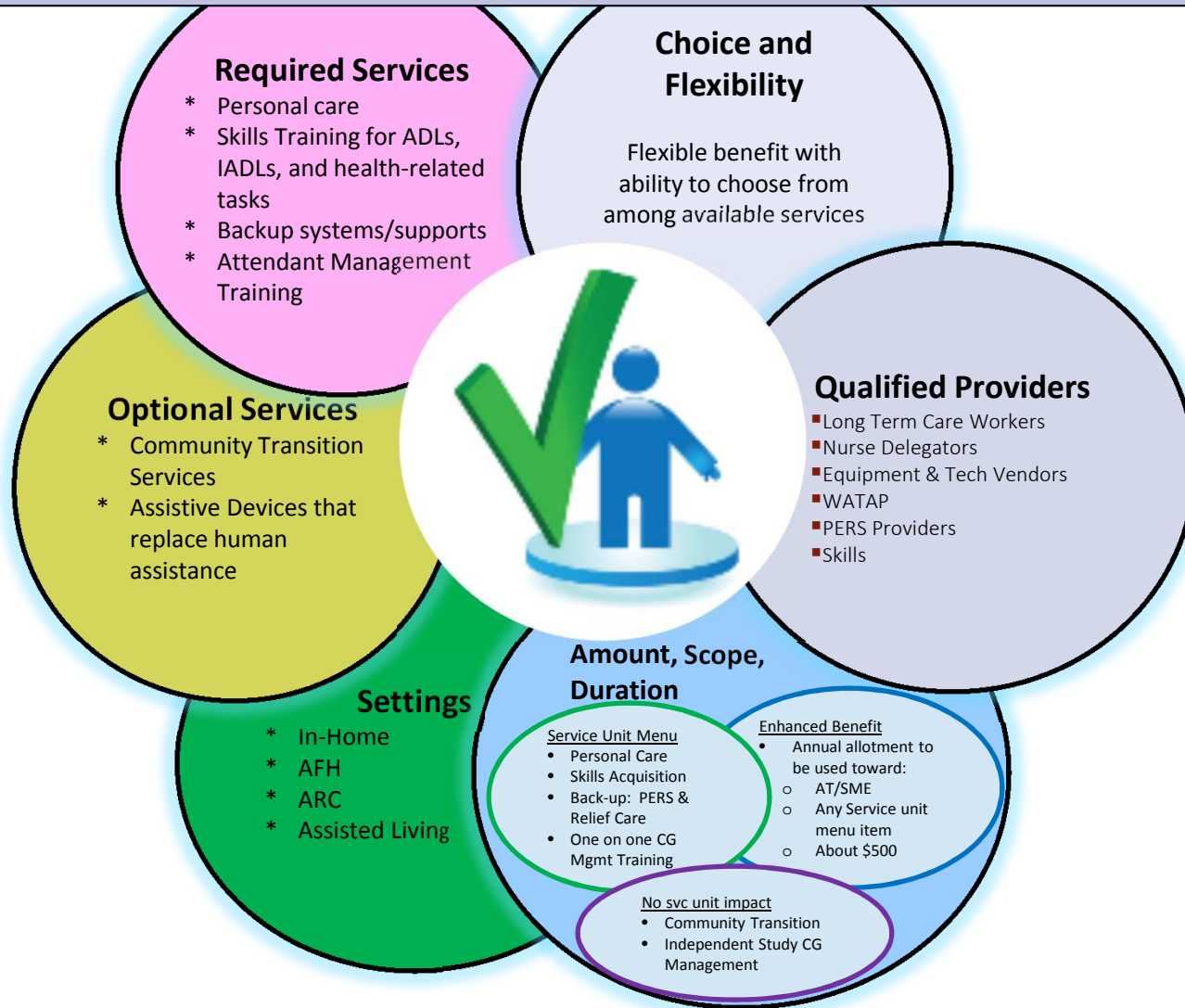
BENEFIT DESIGN – ENHANCED BENEFIT

Enhanced Benefit

- \$500 per year
- May be used toward:
 - Personal care or Relief care
 - Back up systems
 - Assistive Devices that substitute for human assistance
 - Skills acquisition Training
 - Individualized training on Caregiver Management



CFC Recommendation



WHAT'S NEXT

Development of our state plan

- State plan development
- New rules and policies

Training and implementation

- Training is expected in May and June of 2015
 - Training plans will be coordinated as we move forward
- Implementation July 1, 2015



QUESTIONS?



Program Management Team

HCS & AAA Contact:

Tracey Rollins, HCS

(360) 725-3216

Tracey.Rollins@dshs.wa.gov

Financial Services Contact:

Rob Peters, Financial Services

(360) 725-2524

Rob.Peters@dshs.wa.gov

DDA Contact:

Jaime Bond, DDA

(360) 725-3466

Jaime.Bond@dshs.wa.gov

Web Site:

<http://www.alsa.dshs.wa.gov/CFCO/>

