



**Health Home Care  
Coordinators Training**  
Community First Choice Program

 **Health Home Program**  
Washington

August 13, 2015

Washington State Health Care Authority  Department of Social & Health Services 

This Webinar was presented in Lacey Washington to Health Home Care Coordinators and allied staff as part of the monthly series of special topics. It was presented on August 13, 2015.



## Today's Presenter

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Community First Choice

CFC Program Manager

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Washington State Dept. of  
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## Training Objectives

- What is CFC and why DSHS made this change
- Eligibility and Programs
- CFC Services and how they work
- Examine New Federal Rules:
  - Person Centered Planning
  - Home & Community Based Setting
- DSHS implementation of CFC





## What is CFC?

- A new State Plan benefit
  - Legislators passed HB 2746 and SB 6387
    - Personal Care was refinanced under the Community First Choice (CFC) option of the Affordable Care Act
      - Section 1915(k) of the Social Security Act
    - Legislation determined our implementation date



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### Key Points:

- This is not a replacement of MPC, it is an additional state plan program.
- Most of the State's personal care will be funded through CFC rather than MPC or COPES.
- A 7/1/15 implementation matches the State's fiscal year and budget year.



## Why change?

- The DSHS Strategic Plan
  - A richer benefit package lets DSHS offer more services to support clients in community based settings
  - Relocation out of institutional care is supported
  - Client choice and flexibility is supported
  - CFC helps build a sustainable future by providing services that leverage federal funds while allowing clients more flexibility



### Key Points:

- These are some examples of how CFC aligns with our Agency's strategic plan.
  - We can do more with less state fund expenditure
  - Clients have more choice and flexibility than in past models
  - Community based care is the cornerstone of the program
  - Current COPES and MPC federal match is 50%, CFC has a 56% match which saves the state money



## What's *not* changing

- New Freedom
- PACE
- Roads to Community Living
- Residential Support Waiver
- State Funded Programs
  - Alien Emergency Medical
  - Washington Roads



### Key Points:

- Brief explanation of these programs.
- Health Homes is not in King County.
- These programs will remain as they are today.



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# Financial Eligibility Basic Overview

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## CFC Financial Eligibility

- CFC and MPC financial eligibility is very similar
  - Must still meet today's financial eligibility threshold to qualify
  - Affordable Care Act (ACA) newly eligible groups:
    - MAGI
    - ABP



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### Key Points:

- CFC and MPC have similar basic eligibility.
  - The eligibility is based on the eligibility criteria for a Categorically Needy Apple health program.
- Generally, the people who were MPC or MAGI MPC before, will likely be financially eligible for CFC.
  - They still must meet functional eligibility
- ACA – Affordable Care Act added newly eligible groups on January 1, 2014.
- MAGI is Modified Adjusted Gross Income – more information can be found at <http://www.lcdjfs.com/financial-support-services/medicaid/mag>
- ABP is Alternative Benefit Plan





## CFC Financial Eligibility

- **COPES** is another “doorway” through which clients can access CFC
  - If a client is not eligible for CFC but does meet the COPES financial eligibility they can access CFC because they are enrolled in COPES



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### Key Points:

- Clients could become eligible for CFC through COPES, COPES is another doorway to eligibility.
  - If you are not financially CFC eligible (example: client has income that is too high) but you are eligible for COPES, you could enroll in COPES and that would then make you eligible for CFC as well; through a “back door”.
  - If you do not qualify for COPES for some reason (example: client had a transfer of assets – which is not considered in CFC), the client does not qualify for CFC.
    - If there is a penalty period, just like now, the client may be eligible at the end of that penalty period.

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 Functional Eligibility

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Key Points:

- Switching gears to functional eligibility
  - Considers Activities of Daily Living (ADLs)
    - Think of Katz ADL assessment or Minimum Data Set (MDS) used in nursing facilities (CARE somewhat mirrors MDS).
    - Client must need assistance with ADLs to be eligible.
    - ADLs include: (Per WAC 388-106-0355)
      - Eating, Toileting, Bathing, Transfer, Bed Mobility, Locomotion, and Medication Management.



## New MPC Rules

- New Medicaid Personal Care (MPC) rules
  - Clients currently receiving MPC who **do not** meet institutional level of care will stay on MPC
  - Clients who meet institutional level of care will *no longer be eligible* to receive MPC



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### Key Points:

- MPC is not going away.
- Eligibility for MPC will change – only clients who **do not** meet institutional level of care will be eligible.



## CFC Functional Eligibility

- Institutional Levels of care
  - HCS:
    - Nursing Facility Level of Care (NFLOC)
    - WAC 388-106-0355
  - DDA:
    - Intermediate Care Facility for Intellectual Disabilities (ICF/ID) Level of Care
    - WAC 388-845-4400 for 16 or older
    - WAC 388-828-3000 through 3080 for children
  - *HCS Clients who meet NFLOC are no longer eligible to receive MPC and must go onto CFC*



### Key Points:

- Any client must require assistance with ADLs to be eligible:
  - For HCS, CFC functional eligibility mirrors COPES, the eligibility is based on NFLOC.
  - For DDA, CFC functional eligibility is based on ICF/ID and/or NFLOC.
  - And again, if a client meets NFLOC, they are not eligible to receive MPC, they must go onto CFC.



# Program Options

- MPC
  - Not institutional level of care and qualifies financially
  
- CFC
  - Meets institutional Level of Care and qualifies financially



## Key Points:

- This is a review of the program options combining functional and financial eligibility
  - MPC – Financially eligible but DO NOT meet NFLOC
  - CFC – Financial eligible and DO meet NFLOC



## Program Options

### ■ CFC and COPES

- Meets institutional level of care
- May have a higher income
- May be on Medicare and need the Part D federal co-pay exemption
- Needs a monthly service offered by a waiver



### Key Points:

- COPES is more complex:
  - Financial eligibility criteria includes verifications of income, transfer of assets, and other considerations.
  - COPES may be considered for clients with Medicare who have Part D prescription co-pays.
  - Once someone goes onto COPES, personal care will not be a COPES service, so they must access one of the other services in COPES to maintain their eligibility for the COPES waiver.



## Monthly Waiver Services

- Clients enrolled in a waiver must access a waiver service every month
- COPES monthly service option examples:
  - Home delivered meals
  - Adult Day Programs
  - Skilled Nursing
  - Wellness Education



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### Key Points:

- Having a monthly waiver service through COPES is an important detail
- These are some of the services available on a monthly basis to COPES participants
  - Any of these services are generally used on a monthly basis.
  - As long as they continue to get any COPES service they need and are qualified for monthly, they continue to be eligible for COPES.
  - Not receiving a monthly service would make them ineligible for the waiver.
- New Service: Wellness Education
  - A service designed to provide clients with individualized information on wellness, healthcare, disease management/prevention. Each client receives information created specifically for them once every month.
  - There is no reduction to hours or cost to clients for this service.



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**CFC Services**





## Overview of CFC Services

- **CMS Required Services**
  - Personal Care
  - Skills Acquisition Training
  - Back up Systems: PERS & Relief Care
  - Caregiver Management Training
- **Optional Services**
  - Assistive Technology
  - Community Transition Services
- **\$500 annual limit**
  - Assistive Technology
  - Skills Acquisition Training



### Key Points:

- This is an overview of all CFC services
  - Required services were those things that CMS required that we include in CFC
  - Optional services were services we had the option to include in CFC

These services will be discussed in the slides to follow.



## CFC Services



### ■ Personal Care

- No changes to the service or service providers
- No longer available in COPES
- Includes nurse delegation and IP mileage
- May trade some personal care hours to get skills acquisition training

#### Key Points:

- Personal care is the same as in today's system and has the same providers.
- Clients could choose to have skills acquisition training in place of their personal care if they use an individual provider, an agency provider, or a supported living provider to provide SAT services.
  - If they use another provider, they would need to access their annual limit as the rate for these providers is higher.



## CFC Services

- Skills Acquisition Training (SAT)
  - Functional Skills Training to accomplish, maintain, or enhance daily tasks
  - The personal care task should be accomplished during the training
    - e.g. If you are training a person how to wash his or her hair independently, his or her hair should get washed at the same time



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### Key Points:

- Skills Acquisition Training is designed to allow a client to become more independent:
  - Clients may use their personal care hours to have training that is allowed to be provided by an IP an Agency provider, or a supported living provider.
  - Clients may use up to \$500 per fiscal year to get additional skills training from an IP or Agency provider or if they choose to use a Home Health Agency provider.
    - This is part of an aggregate maximum benefit with Assistive Technology – so a total of \$500 of any combination of AT and SAT.



## CFC Services

- SAT Providers:
  - Individual Providers, Home Care Agencies, and Supported Living providers
    - Limited list of tasks that may be provided
    - Personal care hours may be used
    - Annual Limit may be used
  - Home Health Agencies
    - Only annual limit may be used
    - All other benefits must be exhausted before CFC is used for SAT on an ADL

### Key Points:

- Individual Providers, Agency Providers (Home Care Agencies), and Supported Living Providers:
  - May provide some limited tasks as SAT.
  - Client may use personal care hours if one of these providers is used or may use annual limit \$500.
- Home Health Agencies:
  - Clients may **not** use their personal care hours for Home Health Agencies, but may access the annual limit.
  - All other medical benefits must be exhausted before using a Home Health Agency:
    - Both Medicare and Apple Health have a therapy benefit; which includes skills training for ADLs. These benefits **MUST** be used first before payment is authorized through CFC.
    - If a client wishes to access their benefits through any insurance carrier, including Medicare or Apple Health, they would visit their medical provider for a prescription and referral assistance.



## SAT by IP, AP, or SL Providers

- May provide SAT on only:
  - Cooking and preparing meals
  - Shopping
  - Housekeeping and Laundry
  - The following personal hygiene tasks:
    - Dressing, applying deodorant, applying make up, brushing teeth/dentures, shaving with an electric razor, brushing/styling hair, menses care
    - Washing hands, face, hair, bathing (except transfer)

### Key Points:

- SAT provided by an IP, AP, or S/L provider:
  - The tasks listed are the **ONLY** tasks these providers may provide SAT for. Anything else is outside of the scope of their practice.



# CFC Services



## ■ Back-up Systems

- Personal Emergency Response (PERS)
  - Basic PERS call button
    - Add-ons reduce the fiscal year limit
    - Residential clients may have PERS with GPS only
  - Relief care
    - Does not add to CARE generated hours
    - Personal Care provided by alternate provider (IP or Agency Provider)



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### Key Points:

- Back-up Systems include:
  - Basic PERS call button for those who qualify – any add-ons would be considered AT (any costs above the basic system cost)
    - Add-ons include: Falls detection, GPS, and Medication Systems only.
  - Residential clients may qualify for the basic PERS with GPS
    - Residential clients do not qualify for a PERS by itself or a PERS with any other add-on, the WAC only allows for a PERS plus GPS
- Relief care is personal care provided by provider that is not a regular provider:
  - Relief care does not add any hours to the CARE assessed hours.
  - It does highlight a discussion with the client that they can use their personal care hours to have more than one personal care provider contracted so that relief/back-up care is more easily facilitated.



## CFC Services

- Training on how to hire, supervise, and/or terminate personal care attendants
  - Formats:
    - DVD,
    - Web-Based, or
    - Book



### Key Points:

- Training on caregiver management:
  - No cost to the client.
  - Provided as a DVD, a link to a video on the web, or a book.



## CFC Services

- Transition from institutional settings to home and community based settings
  - Clients may use this benefit if they are not eligible for Roads to Community Living (RCL)
  - Limited to \$850 per client, per occurrence
  - Washington Roads is also available if the client is not eligible for RCL or CFC transition services
  - Residential care discharge allowance



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### Key Points:

- CMS determined that there were some services that we had an option to provide.
- Transition services are much the same as they are today, in CFC there is an \$850 per transition max.
  - RCL is the preferred program so if they are eligible, use that program first
  - Transitions may occur more than once per year, this is a per transition maximum.
  - This service is no longer available in the COPES waiver as of July 1, 2015.
  - There is still a state-only benefit that should only be used when the client is not eligible for RCL or CFC
  - The residential care discharge allowance of \$815 still exists.





## CFC Services



- Assistive Technology (AT)
  - Available through the \$500 annual service limit\*
  - Requires recommendations by a professional
  - Increases independence or substitutes for human assistance, items such as:
    - Braille watch
    - PERS add-ons like GPS or falls detection

\* This limit is in combination with Skills Acquisition Training



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### Key Points:

- Assistive Technology purchase requirements:
  - Must substitute for human assistance or enhance/increase independence.
  - Are items of technology, not necessarily any assistive device.
  - PERS add-ons like GPS, fall detection, or medication reminder/delivery systems cost more – the additional charge (above the cost of the basic system) counts toward this fiscal year maximum limit.
    - This will be effective at the next assessment.
  - Purchases of Assistive Technology and Skills Acquisition Training are aggregately maxed at \$500 per state fiscal year.
  - Purchases must not be covered by any other payer source.



## How CFC Works



- Clients are authorized to receive services as generated by CARE
  - In-Home clients may use their hours for personal care, relief care, and/or Skills Acquisition Training
  - Residential clients are authorized a daily rate for their personal care services

### Key Points:

- This is similar to today's system:
  - Client gets either a daily rate or a number of monthly hours; which we now call "Monthly CFC Services".
  - Clients have a bit more choice in how they use their monthly service hours:
    - Personal Care, Relief Care, or Skills Acquisition Training.
- Residential clients have a daily rate as they do today:
  - Residential clients may access Skills Acquisition Training through the use of their \$500 fiscal year limit.



## Annual Service Limit

- \$500 per fiscal year for SAT or Assistive Technology purchases
  - Based on State's fiscal year of July 1 – June 30
  - SAT by IPs or Agencies (not using CARE hours)
  - SAT by Home Health Agencies or Therapists
    - Actual billed rate



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### Key Points:

- Purchases can be made for Skills Acquisition Training or Assistive Technology with this limit.
- This system uses the fiscal year rather than the calendar year and is not tied to the assessment year:
  - The charge to the annual limit is \$20.17 per hour regardless of the provider's billed rate if IP or Agency provider is used. (When the client does not use monthly hours).
  - When using Home Health Agencies or professionally licensed providers, the provider's actual billed rate is used to reduce the available limit:
    - The client must exhaust all other payment sources for this before using this benefit.
    - Other payment source examples:
      - Medicare OT/PT benefits, Medicaid OT/PT benefits, Home Health or Hospice benefits, Private health insurance benefits.
      - Most of these payers have an Exception to Rule or Limitation Extension policy which must also be used before CFC.



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## Person-Centered Service Planning

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## Overview of Context

- New federal rules require the use of person-centered service planning, and are relevant to:
  - The process for developing the client's plan
  - The client's plan
- These requirements parallel current aspects of the assessment process and plan development



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Setting background for training, in which HCBS federal rule requirements are being met.

- This should already be occurring in the assessment and plan development process,
- This curriculum is intended to make sure clear information is provided regarding these requirements, and
- Provides additional guidance for person-centered approach to services planning.
  
- This is an introduction to person centered planning and incorporates some of the theory and all of the federal rules for person centered service planning.



## Person-Centered Practices

The CFC Program aligns with Health Homes by focusing on person centered practices and client choice



The client is the expert at being who they are and who they want to be. Person centered practices recognize and value this, benefiting from the improved efficiency that comes from working with these strengths.



## What are Person-Centered Practices?



A set of skills that reflect and reinforce values that:

- Support **choice**, direction, and control
- Support the **listening and problem solving we need to do** so that we have “**power with**” and not “**power over**”

### Key Points:

- The point of person centered service planning is to put the client into the driver’s seat.
- It is to give the client the choice, the power, and the direction about what they want.
  - We do this to an extent now.
  - This is an enhancement to what we do today.



## Person-Centered Practices:

- Are at the heart of health care reform and the Affordable Care Act (ACA)
- Influence positive quality of care
- Improve the effectiveness of long term services and supports (LTSS)







## Person-Centered Practices

- Driven by the client
- May also include representatives the person has freely chosen or who are legally authorized
- Identify
  - strengths
  - preferences
  - health and safety needs and
  - desired outcomes and goals





## Person-Centered Practices

- Enable and assist the person in making informed choices and decisions
- Address service and support needs, and
- Consider client preferences for delivery of services and supports





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# Service Planning - CARE

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Key Points:

- CARE Considers Activities of Daily Living (ADLs):
  - Think of Katz ADL assessment or Minimum Data Set (MDS) used in nursing facilities (CARE somewhat mirrors MDS).
  - CARE tool was modeled after person centered planning practices.
  - Client must need assistance with ADLs to be eligible.
  - ADLs include: (Per WAC 388-106-0355)
    - Eating, Toileting, Bathing, Transfer, Bed Mobility, Locomotion, and Medication Management.



## Care Planning: The CARE Assessment

- The CARE assessment provides the client and case manager with an opportunity to identify what is important to the client in meeting the needs identified through the CARE functional needs assessment including:



- Services and supports to address the needs and goals
- Preferences for the delivery of the services and supports

### Key Points:

We have a start at being person centered, here are the ways we already are person centered in this context:

- Our assessment covers client needs and preferences.
- Our assessment asks about preferences for delivery of service and supports.
- Our assessment asks about informal supports.
- We ask about preferences in the delivery of services and supports.



## CARE Service Plan



- The person-centered Service Plan is developed to:
  - Reflect that the setting is chosen by the client
  - Reflect that the client has been provided all long term care setting options

### Key Points:

- Reflect the setting the individual resides is chosen by client.
- Reflect that the client has been provided all long term care options:
  - In-home care,
  - Assisted living providers, and
    - Including ALs, ARCs, and EARCs
  - Adult Family Homes.



## The Person-Centered Service Plan

- Settings must ensure individual rights of:
  - Access to the community
  - Independence in making life choices
  - Control of personal resources
  - Privacy, dignity, and respect



### Key Points:

- Reflect the setting the individual resides is chosen by client.
  - State ensures that the setting includes:
    - Opportunities to seek employment,
    - Engaging in community life,
    - Control of own personal resources, and
    - Receive services in community comparable to those not receiving Medicaid HCBS.
  - If you find that a client's rights are being restricted in any way, evaluate the need for a referral to CRU or APS.
  - If there is no need for APS/CRU involvement, talk to the client about their rights and discuss alternative settings or providers.



## Person-Centered Service Plan

- **Must reflect:**
  - Strengths and preferences of the client
  - Clinical and support needs
  - Goals and desired outcomes
  - Paid and unpaid services and supports
  - Paid and unpaid providers



### Key Points:

- This is not a change from current policy. So if individuals are following current policy today, they will meet this new federal requirement.
- A person-centered service plan:
  - Reflects the client's strengths and preferences
  - Reflects the clinical and support needs
  - Includes the client's identified goals and desired outcomes, and
  - Reflects the paid and unpaid services and supports and providers to assist client to achieve their goals.



## Person-Centered Service Plan

- **Must:**
  - Prevent provision of unnecessary services/supports
  - Document any modifications to a client's rights



### Key Points:

Documentation of any modification to client's rights must be in a note in the client file:

- Any sort of modification that takes away any basic client right.
- The note must be specific and must indicate what actions were taken, why they were taken, and what other actions that are less invasive have been tried prior to this action being taken.





## Reviewing the Plan

- **Must be reviewed and revised**
  - At least every 12 months, or
  - When the client's circumstances or needs change, or
  - At the client's request



### Key Points:

- Current procedures should be followed.



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# Implementation of CFC



## Implementation

- MPC clients who
  - Met NFLOC  
were moved to: **CFC**
  - Did NOT meet NFLOC  
remain on: **MPC**



### Key Points:

- MPC clients transitioning to CFC will have additional services available.
  - Any changes to services will not occur for most clients until the next assessment.
  - Any current services will continue uninterrupted by the same providers they are receiving services from today.
- The full explanation of CFC services will take place at their next annual assessment, significant change assessment, or if they request a change before their next planned assessment.



## Implementation

- COPES clients who
  - Receive a waiver service like Home delivered meals or Adult day program services, or
  - Do not qualify financially for CFC only, or
  - Are dual eligible (Medicare & Medicaid) were moved to:



### **CFC + COPES**



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#### Key Points:

- COPES + CFC means the client is on both the CFC state plan and the COPES waiver.
- All COPES enrolled clients will have the wellness education program added as of 7/1/15.
- Anyone can cancel the service by calling and requesting cancellation.
- Any other changes to services will occur at the next assessment.



## Implementation

- COPES clients who
  - Receive only Personal Care or Personal Care and PERS services, *and*
  - Qualify financially for CFC, *and*
  - Are not dual eligible (Medicare & Medicaid)

were moved to: **CFC**



### Key Points:

- Current COPES clients who are not on Medicare and were eligible for MPC services but may have been on COPES because they needed a PERS system or needed dental and did not get switched back to MPC will be switched to CFC and dis-enrolled from the COPES waiver.
- Any changes to services will occur at the next assessment.



## Client Communication

- CFC Notification letters sent in May 2015
- HCBS rules notification sent July 2015
- Automatic conversion to CFC occurred
  - ProviderOne was not impacted by CFC
- Services will be reviewed with clients at the next assessment



A slide titled "Key Takeaways" with a green background and a circular icon of a person with a checkmark. The slide lists four bullet points: CFC is now the State's primary program, COPES is now a wrap around program, CFC provides more services to more clients, and CFC allows the State to leverage federal funds to build a sustainable system for the future. Logos for Health Home Program Washington, Washington State Health Care Authority, and the Department of Social & Health Services are at the bottom.

## Key Takeaways

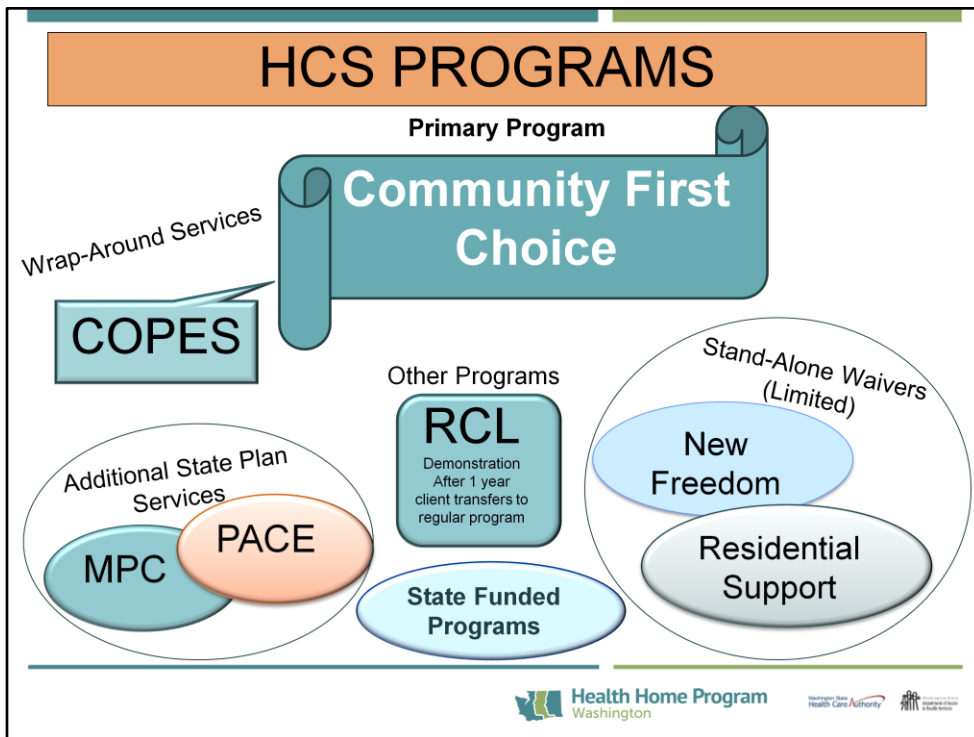
- CFC is now the State's primary program
  - COPES is now a wrap around program
  - CFC provides more services to more clients
  - CFC allows the State to leverage federal funds to build a sustainable system for the future

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- As with any DSHS program **do not** screen clients out of services.
- Let the DSHS staff determine financial and functional eligibility because the rules are complex.
- Call your local DDA, HCS, or AAA office to get further information.
- Contact HCS or DDA directly to make a referral for a new client.



This is a visual of what HCS programs are offered. As you can see, it is complex and our staff are trained on which program will best serve each individual client.





## Where to Find More Information

- The DSHS CFC Website
  - <https://www.dshs.wa.gov/altsa/stakeholders/community-first-choice-option>
- Code of Federal Regulations (CFR)
  - HCBS:  
<http://www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf>
  - CFC:  
<http://www.gpo.gov/fdsys/pkg/FR-2012-05-07/pdf/2012-10294.pdf>

# Certificate of Completion

## The Community First Choice Program

presented by Tracey Rollins, MA  
Department of Social and Health Services  
Aging and Disability Services Administration  
Home and Community Services

*Webinar aired on: August 13, 2015 in Lacey, Washington  
for Health Home Care Coordinators and Staff  
Training Credit of 1.5 Hours*

Please sign and date to attest that you attended this training Webinar

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