

# Community First Choice Implementation Council Meeting

January 27, 2012

# Agenda

- Medicaid Overview
- Receiving Home and Community-Based Services in Maryland
- Community First Choice Program
- Presentation on Self-Direction
- Public Comment

# What is Medicaid?

- Medicaid provides:
  - ❑ Health insurance for low-income families, children, the elderly, and people with disabilities
  - ❑ Long-term care for older Americans and individuals with disabilities
  - ❑ Supplemental coverage for low-income Medicare beneficiaries (e.g. payment of Medicare premiums, deductibles, and cost sharing)
- Financed jointly with State and Federal funds
- Administered by States within Federal Rules

# Maryland Medicaid

- In Maryland, Medicaid is also called Medical Assistance
- Maryland Medicaid programs:
  - Traditional fee-for-service (FFS)
  - HealthChoice
  - Maryland's Children's Health Program (MCHP)
  - MCHP Premium
  - Primary Adult Care Program (PAC)
  - Family Planning Waiver Program
  - Kidney Disease Treatment Program
  - Home and Community-Based Waiver programs (9)
  - Breast and Cervical Cancer Treatment Program

# Mandatory Services

- Hospital care (inpatient, ER and outpatient)
- Nursing home care
- Physician services
- Laboratory and x-ray services
- Immunizations and other early and periodic screening, diagnosis, & treatment (EPSDT) services
- Family planning services and supplies
- FQHCs and rural health clinic services
- Nurse midwife and nurse practitioner services
- Home Health

# Optional Services for Adults Covered Under Maryland Medicaid

- Home- and community-based services under waivers – (example home modifications, assisted living, etc.)
- Prescription drugs
- Institutional care for individuals with mental retardation
- Personal care, adult day care and other community-based services for individuals with disabilities
- Rehabilitation and other therapies
- Most mental health and substance abuse services
- Clinic services
- Durable medical equipment and supplies

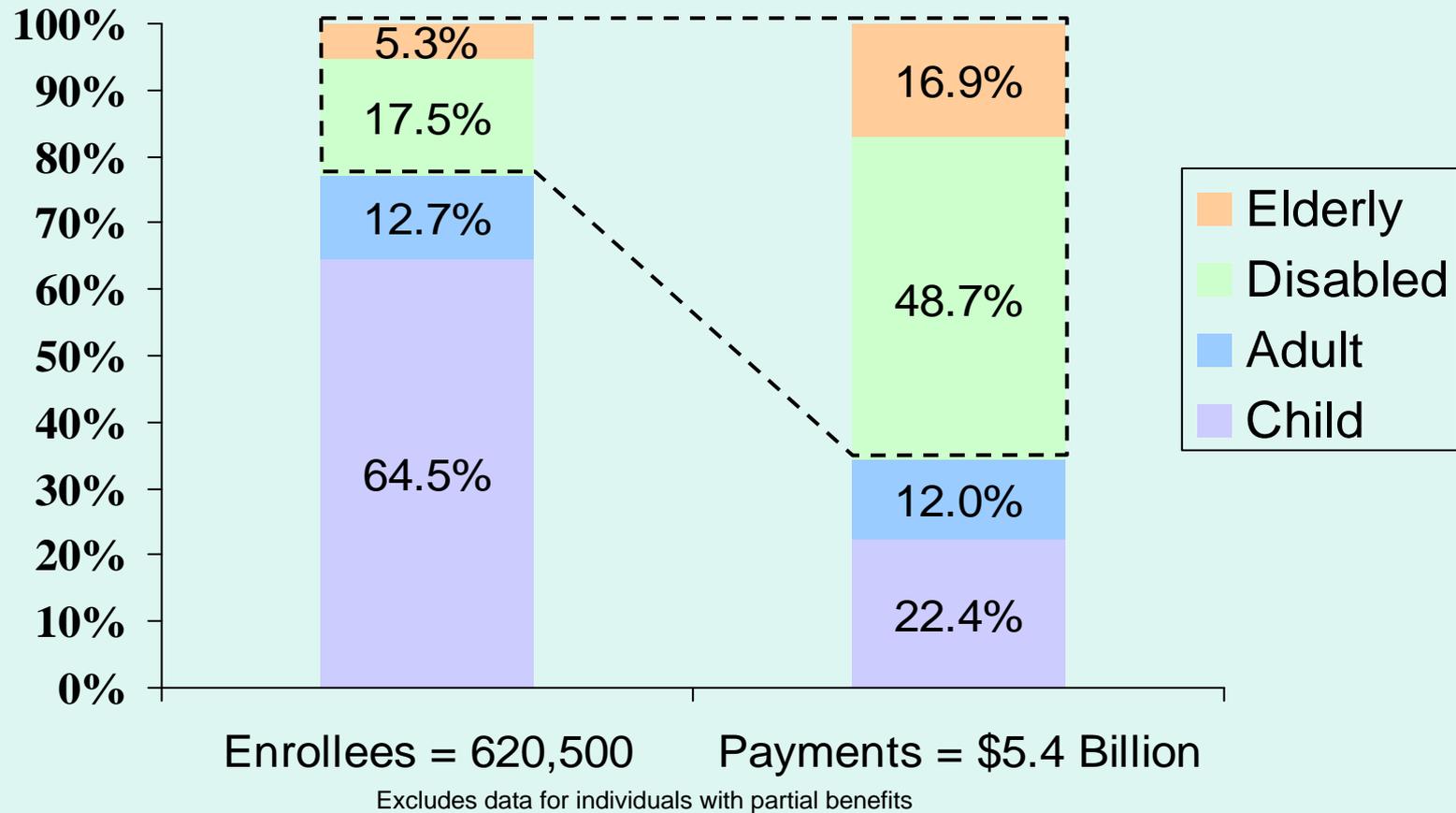
Note: All medically necessary services are mandatory for children through EPSDT

# Medicaid Enrollment

- In FY 2010, there were an average of 737,000 enrollees with full benefits.
  - 82% in MCO, 18% FFS (mostly dual eligibles, individuals in spend-down categories, in nursing home or long term care)
  - Total enrollment averaged 860,000 people (1 in 7 Marylanders - includes: full benefits, partial benefits, Medicare cost sharing)
- On average, approximately 16,000 people are in nursing facilities in any given month. In contrast, there are approximately 11,200 people receiving services through an alternative HCBS program (Living At Home, Older Adults, MAPC or Medical Day Care).

# Services Provided to the Elderly and Individuals With Disabilities Are Costly

Total Medicaid Enrollment and Payments, FY 2007



Approximately 141,000 enrollees consumed \$3.5 billion

# What is a Medicaid Waiver?

- A waiver allows states to waive certain federal rules which cannot be waived under State Plan
- Waivers are often used to authorize managed care or alternative delivery or reimbursement systems as well as expand coverage populations
- Maryland operates two types of waivers
  - 1115 Waiver – HealthChoice
  - 1915 (c) – 9 different waivers

# Home and Community Based Services (HCBS) Waivers

- Provides services in the home and community as an alternative to an institutional long-term care setting
- Provides additional services not available through the State Plan
- Can use for individuals who qualify for Medicaid only if in an institutional setting
- Costs of people in the community must be cost effective (or be budget neutral)
- Unlike State Plan services which are entitlements, slots for waivers may be limited
  - Some waivers are out of “slots” and not accepting new community applicants

# Waiver Programs

- Each waiver program targets a different population.
- 9 waiver programs exist.
- Two waiver programs specifically target the nursing home population
  - Living at Home Waiver
  - Older Adults Waiver

# Living at Home Waiver

Provides the following services to people 18 to 64:

- Attendant Care
- Nursing Supervision
- Personal Emergency Response Systems
- Environmental Assessments
- Environmental Accessibility Adaptations
- Medical Day Care
- Consumer and Family Training
- Case Management
- Fiscal Intermediary Services
- Transition Services
- Home Delivered Meals
- Dietitian and Nutritionist Services

Personal Care workers are paid hourly based on the needs within a participant's plan of care.

# Older Adults Waiver

Provides the following services to people 50 and above:

- Personal Care
- Respite Care
- Assisted Living Services
- Senior Center Plus
- Family/Consumer Training
- Personal Emergency Response Systems
- Dietitian and Nutritionist Services
- Assistive Devices
- Behavioral Consultation Services
- Home Delivered Meals
- Case Management
- Medical Day Care
- Environmental Accessibility Adaptations
- Transition Services

Personal Care workers are paid hourly based on the needs within a participant's plan of care.

# State Plan Services

- The Medical Assistance Personal Care (MAPC) program is available to all community Medicaid-eligible individuals.
- Only personal care is provided to individuals in the MAPC program.
- Personal Care workers are paid per day based on a level assigned to each person.

# Community First Choice (CFC)

- The federal government created an optional State Plan program under the Affordable Care Act for states to implement called Community First Choice that includes a 6% enhanced FMAP.
  - As a State Plan service, participants do not need to meet budget neutrality, however waiver enrollees receiving CFC as a service do need to meet their own waiver requirements
  - Slots are not limited in CFC and the program does not have to be renewed.
- Optional State Plan benefit to offer Attendant Care and related supports to individuals, providing opportunities for self-direction.
- CMS is still discussing policy decisions.
  - Specifically, CMS is discussing whether all CFC participants must meet the State's institutional level of care, or whether CFC also is available for people who require attendant care but are not at institutional level of care.

# Who is eligible?

- Anyone currently receiving State Plan services or participating in a waiver program.
  - Community First Choice (CFC) does not create a new eligibility category.
  - Waiver participants are eligible to receive CFC State Plan services.

# Community First Choice (CFC)

The Department plans to include all required and optional services allowed under proposed federal regulations. Specifically, these services are:

- Personal / Attendant Care;
- Personal Emergency Response Systems (PERS);
- Voluntary training for participants;
- Transition Services; and
- Services that increase independence or substitute for human assistance.
  - Goods and services must relate to identified goals and needs within the person's plan of care.
  - For example, small kitchen appliances (such as microwave ovens) and home modifications (such as accessibility ramps).

# Getting These Services under CFC

- Services offered under CFC would no longer be covered as a waiver service, but rather covered as a State Plan service. Waiver participants are eligible to receive all State Plan services.
- Only the services listed in the proposed regulation are allowable under CFC.
- Certain administrative functions are also eligible for the increased match, such as nurse monitoring, case management, and fiscal intermediary services.

# Community First Choice (CFC)

- CFC is not creating a new eligibility standard.
  - CFC is a consolidation of current State Plan eligible participants who receive personal care into one robust program offering additional services and self-direction.
- The program is expected to grow based on increased utilization due to:
  - Increased services to certain current participants,
  - Participation of currently eligible participants not receiving services, and
  - Improved reimbursement to most providers.

# Improvements possible under CFC

- In addition to services offered under CFC, with the enhanced match the State would be able to also provide the following:
  - Enhanced quality assurance.
  - A provider registry.
  - Trainings to providers.
  - Coordinated rates across programs.
  - An option to develop a back-up system.

# Proposed Process for Enrolling in Community First Choice

- At the initial assessment or next annual re-assessment, each participant would choose a model as part of his/her plan of care: agency or self-directed.
- All participants develop a person-centered plan of care.
- Participants who choose self-direction would have assistance available to manage their own budget with help from a fiscal intermediary and nurse monitor.
- All participants would be allowed to keep their current independent provider if they choose to self-direct.
  - Waiver participants would not lose current services.

# Self-Direction vs Agency Services

- Agency
  - A person entering CFC may select to receive services through an agency.
  - The participant maintains his or her right to select a provider and may access agencies through one online registry.
  - The State will pay each agency for hours billed.

# Self-Direction vs Agency Services

- Self-Direction
  - CMS recommended Maryland review states currently implementing 1915(j) State Plan services regarding self-direction.
  - A person will develop a service budget within his or her plan of care. The service budget may be based on:
    - vouchers;
    - direct cash payments; or
    - use of a financial management entity to assist in obtaining services.
  - Under self-direction, there are no federal restrictions on family providers prescribed in current guidance.
  - States may restrict providers of self-directed services.
  - Maryland regulations in State Plan MAPC currently exclude spouses, parents of dependent children, and other legally responsible adults from allowable providers

# Questions to be Answered

- How much personal responsibility will a self-directed person in CFC have?
- How will that person get the services they need?
- How should service funding be allocated to each participant?
- What about those receiving care from a live-in provider?
- What provider qualifications are necessary?
- What quality assurance measures should be taken when designing the program?

# Community First Choice Timeline

January 2012

July 2012

January 2013

July 2013



Host Monthly Implementation Council Meetings			
Determine model for self-direction	Collect data on projected hours for each waiver	Review rates for personal care providers	Begin phase-in enrollment of CFC participants based on new and annual assessments
Review Quality Assurance measures	Begin re-enrolling all personal care providers and develop registry	Develop a CFC procedure manual	
Refine provider qualification requirements	Begin procurement of fiscal intermediary	Begin consumer and provider training	
	Draft and submit State regulations and State Plan Amendment		

# Next Steps

- What more information does the council want to review at its next meeting?
  - Other State Plan self-direction programs
  - A list of decision points for designing a self-direction program

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