Community First Choice

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Background

• S.B. 7, 83rd Session, requires the most cost-effective approach to basic attendant and habilitation service delivery.

• Health and Human Services Commission (HHSC) met this requirement by implementing Community First Choice (CFC) services.

• CFC benefits began on June 1, 2015 and are state plan benefits available to all Medicaid enrolled individuals who meet criteria.
Organization of Today’s Presentation

• HHSC and Department of Aging and Disability Services (DADS) implemented Community First Choice (CFC) using the existing Medicaid service infrastructure.

• CFC eligibility, services, person centered planning and other requirements are the same across delivery models.

• There are three main tracks for receiving CFC services
  • Managed Care Organizations (managed care model)
  • DADS waiver programs (fee-for-service model)
  • Personal Care Services (PCS) (fee-for-service model)
CFC Eligibility

• To be eligible for CFC services a member must:
  • Meet the institutional level of care for:
    • a hospital
    • an Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)
    • nursing facility (NF)
    • Institution for Mental Disease (IMD)
Community First Choice Services

- Personal assistance services
- Habilitation
- Emergency response services
- Support management
Personal Assistance Services

• Assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) through hands-on assistance, supervision or cueing.

• CFC personal assistance services provide assistance to an individual in performing the ADLs and IADLs based on the person-centered service plan.
Personal Assistance Services

• Personal assistance services (PAS) include:
  • Non-skilled assistance with ADLs and IADLs
  • Household chores
  • Escort services
  • Assistance with health-related tasks, including:
    • Delegated nursing
    • Health maintenance activities
    • Extension of therapy
Habilitation

• Helps members acquire, maintain, and enhance skills to accomplish ADLs, IADLs and health-related tasks.
• May also include components of personal assistance services.
Habilitation

- Self-care
- Personal hygiene
- Household tasks
- Mobility
- Money management
- Community integration
- Use of adaptive equipment
- Personal decision-making

- Interpersonal communication
- Socialization
- Leisure activity participation
- Self-administration of medication
- Use of natural supports or community services
Emergency Response Service

- A service for individuals who would otherwise require extensive routine supervision and who:
  - Live alone
  - Are alone for significant parts of the day
  - Do not have regular caregivers for extended periods of time
Support Management

• Provides voluntary training on selecting, managing and dismissing attendants.
• Offered to all members regardless of service delivery model.

https://www.dads.state.tx.us/handbooks/sph/appendix/XXV/index.htm
• Search “STAR+PLUS Handbook”
• Click on table of contents
• Click on “Appendices” on left-hand side of page
• Click on XXV “Community First Choice Support Management”
Community First Choice Settings

• All CFC services are provided in a home and community-based setting.

• Community-based settings do not include:
  • Nursing facilities
  • Hospitals
  • Institutions for mental disease (IMD)
  • Intermediate care facilities for individuals with an intellectual disability or related condition (ICF-IID)
  • Any setting with the characteristics of an institution
Functional Assessment

- A functional assessment will be performed to determine the level of need for CFC services
- This will be completed by various entities, depending on the member’s situation
- Assessments will be person-centered
Person-Centered Plan

• The person-centered service planning process results in a plan reflecting the individual’s needs and goals.
• The plan is reviewed annually or upon request.
• The plan includes the individual’s:
  • Chosen service setting
  • Strengths and preferences
  • Support needs
  • Goals and desired outcomes
Provider Base

- CFC services are provided by providers determined to be qualified by the State of Texas in a program already approved by CMS.
- Providers include:
  - Licensed home and community support services agencies
  - Certified home and community-based services and Texas home living providers
  - Qualified financial management services agencies
  - Consumer Directed Services (CDS) providers hired by the employer
Medicaid State Plan

- All delivery models must follow the state plan requirements for CFC
- [https://www.hhsc.state.tx.us/medicaid/about/state-plan/docs/basic-state-plan-attachments.pdf](https://www.hhsc.state.tx.us/medicaid/about/state-plan/docs/basic-state-plan-attachments.pdf)
  - Search for “Medicaid state plan”
  - Click on “Texas Medicaid Program: Medicaid State Plan”
  - Scroll down and click on “State Plan Attachments (PDF)”
  - Search PDF for “community first choice”
  - Starts on page 715 of 1165
CFC in Managed Care
Eligibility

• To be eligible for CFC services delivered in managed care, a member must:
  • Be enrolled in a managed care organization (MCO) through STAR+PLUS or STAR Health.
  • Meet an institutional level of care.

• Member can be in STAR+PLUS waiver AND CFC.
Service Delivery Model

• Agency Model or Service Responsibility Option - Services provided by entities contracted with the managed care organization (MCO).

• Consumer Directed Services - Member has a service budget based on need.
Roles and Responsibilities

• Local Intellectual and Developmental Disability Authorities (LIDDAs), Department of Aging and Disability Services (DADS), Local Mental Health Authorities (LMHAs) and MCOs all play a role in ensuring individuals have access to CFC in managed care.

• Assessor of level of care varies:
  • Hospital or NF: MN/LOC performed by MCO, determined by Texas Medicaid & Healthcare Partnership (TMHP)
  • ICF/IID: ID/RC performed by LIDDA, determined by DADS
  • IMD LOC: CANS/ANSA performed by LMHA
Roles and Responsibilities

- For members with an intellectual or developmental disability:
  - LIDDAs conduct the level of care (LOC) assessment and submit it for a determination
  - DADS makes the determination of LOC
  - LIDDAs conduct the functional assessment and develop a service plan*
  - The MCO and LIDDA review the service plan with the member*
  - The MCO authorizes services
  - LIDDAs may not provide CFC services and perform service coordination

  *For children and young adults (under 21) the MCO performs these functions
MCO Activities for Members with Physical Disabilities

The MCO is responsible for the following:

- Specially certified registered nurse conducts the MN/LOC assessment and submission to the Texas Medicaid & Healthcare Partnership for a LOC decision
- Developing the service plans
- Authorizing services
- Providing ongoing service coordination or service management to members
MCO Activities for Members with Mental Illness (under 21 or over 65)

The MCO is responsible for:

• Coordinating with an Local Mental Health Authority (LMHA) to conduct an IMD LOC assessment;
• Developing the service plan;
• Authorizing services; and
• Providing ongoing service coordination or service management to members.
CFC Resources in Managed Care

• Managed care contracts and manual
  • Search “Texas Medicaid” - https://www.hhsc.state.tx.us/medicaid/
  • Click on “contracts and manuals” on left-hand side of page under “Managed Care”
  • https://www.hhsc.state.tx.us/medicaid/managed-care/forms.shtml

• STAR+PLUS Handbook
  • https://www.dads.state.tx.us/handbooks/sph/
CFC in DADS Waivers
DADS Waiver Programs

• Deaf Blind with Multiple Disabilities (DBMD)
• Community Living Assistance and Support Services (CLASS)
  • Operate Similarly
• Home and Community-based Services (HCS)
• Texas Home Living (TxHmL)
  • Operate similarly
Implementation

- Individuals currently receiving services through one of the following 1915(c) waiver programs will access their CFC benefits through their DADS comprehensive waiver provider.
Important Facts:
CFC in CLASS and DBMD

• No additional contracting is required
• The MCO is not involved in the provision of CFC services for CLASS and DBMD
  • MCO is responsible for non-Medicare eligible members acute care services
• DADS implemented CFC in the CLASS and DBMD programs through Information Letters effective June 1, 2015.
• Transportation is still provided for Habilitation services through the waiver
CFC Services: PAS/HAB

- In CLASS and DBMD, Personal Assistance Services (PAS) and Habilitation (HAB) are combined into one service PAS/HAB.

- At service plan renewal or a revision of the waiver habilitation service:
  - CLASS habilitation were converted to CFC PAS/HAB
  - DBMD residential habilitation were converted to CFC PAS/HAB
Important Facts: HCS and TxHmL

- No additional contracting is required
- The MCO is not involved in the provision of CFC services for HCS and TxHmL
  - MCO is responsible for non-Medicare eligible members acute care services
- DADS implemented CFC in the HCS and TxHmL programs through Information Letters effective June 1, 2015.
- Transportation is still provided for Habilitation services through the waiver
- A provider may not reside in the same residence as the individual in these programs ONLY
CFC Services: PAS/HAB

- In HCS and TxHmL, Personal Assistance Services (PAS) and Habilitation (HAB) are combined into one service PAS/HAB.

- On June 1, 2015:
  - HCS Supported Home Living services were converted to CFC PAS/HAB
  - TxHmL Community Support services were converted to CFC PAS/HAB
CFC in Fee-for-Service
CFC and Personal Care Services (PCS) in Fee-for-Service (FFS)

• The benefits and limitations for CFC in FFS are the same as those in managed care. However, the process for initiating services is different.
• CFC processes in FFS mirror those in place for PCS.
• For children birth through age 20 who receive Medicaid through the fee-for-service delivery model, Department of State Health Services (DSHS) regional case managers serve as the front door for CFC services.
Intake

• When a DSHS case manager is referred a client or family requesting CFC services, the case manager will:
  • Complete the CFC Referral Form;
  • Refer the client for a level of care assessment to AxisPoint Health, the LIDDA, or LMHA, as appropriate; and
  • Complete a functional assessment using the Personal Care Assessment Form (PCAF) and PCAF CFC Addendum.
Clients who already meet a LOC

• If a client already meets a nursing facility level of care through Medically Dependent Children Program (MDCP) or Psychiatric Hospital level of care through Youth Empowerment Services (YES) waiver:
  • DSHS case manager may proceed with the functional assessment.

• If a client is enrolled in a DADS waiver, they receive CFC through their waiver provider
Additional Provider and Member Questions

Email general policy questions to:

HHSC:
MCD_CFC@hhsc.state.tx.us

Or
Managed_Care_Initiatives@hhsc.state.tx.us

CFC Website

http://www.hhsc.state.tx.us/medicaid/managed-care/community-first-choice/