

Supporting Statement Part A  
Community First Choice Option Evaluation  
CMS-10462, OCN 0938-New

## **Background**

Section 2401 of the Patient Protection and Affordable Care Act mandates the Department of Health and Human Services to conduct an evaluation of Section 1915(k) of the Social Security Act, the Community First Choice (CFC) option, which authorizes an enhanced Federal match to states to provide home and community-based attendant services and supports to Medicaid beneficiaries who require an institutional level of care. The purpose of this information collection request is to obtain clearance from the OMB to collect the data both explicitly required in the statute as well as information that is not explicitly named but critical to answering the evaluation questions posed in the statute.

Per the statute, the CFC evaluation is to address the following:

1. The effectiveness of the provision of home and community-based attendant services and supports in allowing individuals to live independently;
2. The impact of such services on recipients' physical and emotional health; and
3. The comparative costs of CFC services and those provided under institutional care.

The statute and its final rule by CMS require states to provide information that address these evaluation questions. This information includes the total number of individuals served by CFC; descriptive information on the demographics and disability categories of these individuals; other waivers or authorities that previously served these individuals, if applicable; and how these services are delivered to individuals. This information will be collected through a one-page form in which the respondent, the personnel in each state with responsibility for overseeing CFC, will input the state's figures for the items listed above. Information about how CFC services are delivered will be collected via semi-structured discussions conducted either on the telephone or in-person on a site visit. This information will provide descriptive detail about the implementation process within each state, the challenges that have been encountered and the strategies employed to overcome them, and basic programmatic details unlikely to be captured in the data provided by the states through other means.

To address the core evaluation questions on effectiveness, impact, and cost, a Medicaid claims analysis will be conducted. To supplement that analysis and provide critical context for interpreting the quantitative results, the qualitative data collection will include individual and small group discussions with key stakeholders of long-term services and supports, namely the recipients of services and their representatives, the providers of services and their representatives, and advocates of the disabled and aged, in order to gain their perspectives of CFC in light of the evaluation questions and which may be different from that of the states' perspectives. Discussions with recipients and providers will be conducted in-person on site visits. Discussions with other stakeholder representatives will be conducted either in-person or on the telephone as the respondents' schedules and preferences allow.

To date only one state has been approved for CFC and only a few have submitted state plan amendments to add CFC. Given this slow uptake, there is a critical need by CMS to understand 1) what barriers may exist for states in pursuing CFC and 2) what other means states use to provide home and community-based attendant services and why these are preferred to CFC. To understand this important development for CFC, states with a high personal care burden and have not yet communicated with

CMS about their intention to apply for the CFC Option will be invited to participate in a one-on-one discussion to understand how they meet the needs of the Medicaid beneficiaries whose personal attendant services could be covered by the CFC Option and why they have chosen not to apply for CFC.

## **A. Justification**

### **1. Need and Legal Basis**

Sec. 2401, Subsection 5 of the Patient Protection and Affordable Care Act (H.R. 3590 [111<sup>th</sup>]), requires the Secretary of the Department of Health and Human Services to conduct an evaluation of the Community First Choice (CFC) option and requires states participating in the CFC option to provide information for each fiscal year for which such services are provided to inform that evaluation.

As described in Section A above, in addition to the data requirements in the statute, a representative evaluation should incorporate the perspectives of stakeholders of CFC as well as the perspectives of those states that would be candidates for CFC but have elected not to pursue it. This will inform the value CFC adds to the array of home and community-based services available in states and provide insight on the impact the services have on its recipients and on the providers of services.

### **2. Information Users**

*How:* As mentioned in more detail in section A (Background) and question #3 below, a Medicaid claims analysis will be conducted; state respondents may be asked to complete a one-page form; individual and small group discussions in-person or on the telephone will be used. *By whom:* CMS, their contractor, NORC at the University of Chicago, and their subcontractor, the National Academy for State Health Policy. *For what purpose:* To develop the mandated final report to Congress. Data will be used to inform this report and any other report or publication requested by CMS that communicates the evaluation findings of CFC to the public.

### **3. Use of Information Technology**

Data forms will be created to allow States to submit quantifiable information via email in a Microsoft Word document. Qualitative data collection will be limited to phone interviews and in person meetings, and will not be electronically available.

- *Is this collection currently available for completion electronically?* Yes, on a limited basis. The data form will be emailed to respondents and may be returned via email,

- *Does this collection require a signature from the respondent(s)?* No.

- *If CMS had the capability of accepting electronic signature(s), could this collection be made available electronically?* This is not applicable to this information collection request.

- *If this collection isn't currently electronic but will be made electronic in the future, please give a date (month & year) as to when this will be available electronically and explain why it can't be done sooner.* There are no plans to make this collection electronic in the future.

- *If this collection cannot be made electronic or if it isn't cost beneficial to make it electronic, please explain.* Data that will not be collected electronically includes a narrative and qualitative description of the implementation of the Community First Choice option. It would not be appropriate to submit this in electronic form because it hinders on the ability to have a conversation about the topic.

4. Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses

N/A

6. Less Frequent Collection

As mandated in Section 2401 of the Patient Protection and Affordable Care Act and subsequent final rule, states are required to submit information for the evaluation of the CFC option. There are several items specified in the statute that states must provide. Additional elements described in this information collection request are intended to strengthen the evaluation by providing much-needed context for interpreting the results of the evaluation. Specifically, this information will provide important insight with respect to the how CFC is implemented in different states, the experience of recipients of CFC services, the perception of care providers, as well as an understanding of why states choose not to pursue CFC for home and community-based attendant services and supports. Not collecting these data would result in a weak final report to Congress on the evaluation of CFC.

7. Special Circumstances

This is not applicable to this information collection request.

8. Federal Register/Outside Consultation

The 60-day Federal Register notice published on January 17, 2014 (79 FR 3207). No comments were received.

9. Payments/Gifts to Respondents

No payment or gift will be provided to respondents.

10. Confidentiality

Participants will be given the following assurances:

- o We do not plan to ask any personal questions, but in some cases we may talk about personal opinions, **please keep everything someone else has said private after this meeting.**
- o We won't share anything you have to say as coming from you personally. We will not include direct quotes without your permission.

- o Our report will be a general summary **which we will be sharing back with you to review and comment on.**
- o As much as we want to hear what you have to say, it is completely **okay for you not to answer any question** if you don't want to.
- o **Your participation is voluntary and you can leave at any time.**

## 11. Sensitive Questions

No question asked of respondents is designed to elicit information of a sensitive nature. However, if any respondent deems a particular question to be of a sensitive nature, he or she may decline to answer without penalty or reproach.

## 12. Burden Estimates (Hours & Wages)

**State Officials** will be expected to respond up to two times over the course of the project. One response will be an interview and will be about 1 business hour in length. The second response will be the completion of a data form and is estimated to be 4 business hours in length. The total annual hour burden is 90 hours (18 participants each responding a total of 5 hours in a year). The estimated annual cost burden is \$4698.00. This was calculated by multiplying \$52.20, the mean hourly wage of management officials according to 2012 data from the Bureau of Labor Statistics<sup>1</sup>, by 90, the total number of response hours over the course of a year. The cost for the interview is \$52.20, the mean hourly wage of management occupations. The cost for completing the data form is \$208.80, the mean hourly wage multiplied by the duration of completing the form in business hours, or 4.

**Stakeholders** (State, Business and Individuals/Households) will be expected to respond once over the course of the project. Each response will be about 1.5 business hours in length. The total annual hour burden is 45 hours (30 participants each responding a total of 1.5 hours in a year). The estimated annual cost burden is \$990.45. This was calculated by multiplying \$22.01, the mean hourly wage of all occupations according to 2012 data from the Bureau of Labor Statistics<sup>2</sup>, by 45, the total number of response hours over the course of a year. The cost per response is \$33.02, the mean hourly wage of all occupations multiplied by the duration of each response in business hours, or 1.5. "All occupations" wage data was used as a proxy for stakeholder wages because this project will engage respondents in different industries. Some stakeholders, such as advocates, may serve in a volunteer capacity and have an unrelated and unknown occupation.

**Service providers** will be expected to respond once over the course of the project. Each response will be about 1.5 business hours in length. The total annual hour burden is 45 hours (30 participants each responding a total of 1.5 hours in a year). The estimated cost burden is \$472.20. This was calculated by multiplying \$10.49, the mean hourly wage of a home health aide according to the Bureau of Labor Statistics<sup>3</sup>, by 45, the total number of response hours over the course of a year. The cost per response is \$15.74, the mean hourly wage of a home health aide multiplied by the

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1 Bureau of Labor Statistics, May 2012. Occupational Employment and Wages. "Management Occupations." <http://www.bls.gov/oes/current/oes110000.htm>

2 Bureau of Labor Statistics, May 2012. National Occupational Employment and Wage Estimates United States. "All Occupations." [http://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/current/oes_nat.htm#00-0000)

3 Bureau of Labor Statistics, May 2012. Occupational Employment and Wages. "Home Health Aides." <http://www.bls.gov/oes/current/oes311011.htm>

duration of each response in business hours, or 1.5

**Beneficiaries** will be expected to respond once over the course of the project. Each response will be about 1.5 business hours in length. The total annual hour burden is 45 hours (30 participants each responding a total of 1.5 hours in a year). The estimated cost burden is \$351.45. According to the authorizing statute (P.L. 111-148 §2401), personal attendant services may be administered to eligible beneficiaries with an income less than 150% FPL. By dividing 150% FPL for a single-person family (\$1,436.25, according to 2013 FPL guidelines<sup>4</sup>) by an estimated number of working hours per month (184, in the longest month<sup>5</sup>), we calculated that a Community First Choice Participant would earn proxy hourly wage of \$7.81. We calculated the annual cost burden by multiplying the proxy wage of \$7.81 by 45, the total number of response hours over the course of a year. The cost per response is \$11.72, the proxy hourly wage multiplied by the duration of each response in business hours, or 1.5.

13. Capital Costs

No capital cost to respondents is anticipated for this information collection.

14. Cost to Federal Government

The estimated annual cost to Federal government includes the cost of CMS's contract with NORC, \$219,878.25.

15. Changes to Burden

Not applicable to this request. This is a new collection.

16. Publication/Tabulation Dates

Data collection will commence upon clearance of this request and will continue through January 2015. As the data to be collected are qualitative in nature, no complex statistical analyses will be conducted on them. The data will be published in a report to Congress which is due December 31, 2015. CMS may request additional reports or publications so as to make the results available to the broader public.

17. Expiration Date

This collection does not lend itself to the displaying of an expiration date.

18. Certification Statement

We do not have exceptions to the certification statement identified in Item 19 of OMB Form 83-I.

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4 Medicaid, 2013 Poverty Guidelines. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Downloads/2013-Federal-Poverty-level-charts.pdf>

5 Number of Working Hours Per Month. <http://controller.berkeley.edu/payroll/Tools/monthlyWorkingHours.htm>