

# State Official: Community First Choice State Discussion Protocol

## Introduction

- Introduce facilitators (explain that we are from NORC, NASHP, and CMS, if applicable)
- Thank you very much for your time today.
- We have been asked by CMS to produce a Report about the Community First Choice program and specifically how well it is working. In this discussion, we are interested in hearing about your experiences with the design, implementation and impact of this program. We are interested in your opinions- we want you to know that there is **no right or wrong answer**. Our format will be informal. We'll ask some questions, but we mostly want to hear from you.
- We have to cover a few things before we get started.
  - This conversation will be about 60 minutes in length.
  - 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**.
    - We won't share anything you have to say as coming from you personally. We will not include direct quotes without your permission.
    - Our report will be a general summary **which we will be sharing back with you to review and comment on**.
  - 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.
  - **Your participation is voluntary and you can leave at any time.**
- We do have a **member of our team from NORC taking notes** so we can write our report.
  - These notes will only be used by our project staff and will not be shared with anyone else.
  - (IF A GROUP) To make sure that we all hear what everyone has to say today, we ask that folks be careful to just **speak one at a time**, and to not have side conversations or interrupt one another.
- If any questions come up after we leave here today, please feel free to contact Gretchen Torres at 312-759-4049 or [torres-gretchen@norc.org](mailto:torres-gretchen@norc.org).
- Does anyone have any questions before we begin?

To begin, please state your name and your role in / relationship to the CFC program in [State].

## CFC Option Program Context

- Please describe the process by which [State] came to pursue the CFCO program.
  - What were the primary reasons for applying for CFCO? Probe for issues such as the following, if not mentioned:

- Additional funding through the 6% federal match
  - Expanding the number of beneficiaries receiving HCBS
  - Reducing the number of people on waiting lists for HCBS
  - Expanding the types of HCBS available
  - Shifting the location of care from institutional settings to the home and community
  - Improve quality of care for this population
  - What other issues played a role in [State]'s decision to implement the CFC option?
- How would you describe the nature and extent of stakeholder involvement in the application process? Who / What organizations? What were their specific roles/responsibilities?
  - Were there any perceived concerns or risks involved in the decision to pursue this option? What were they and how were they addressed?
  - Please describe the population that receives personal attendant services (PAS) through the Community First Choice State Plan Option (CFC)?
    - Is the population receiving CFC services different from the population that has received HCBS under prior HCBS programs in [State]?
    - Some descriptive characteristics can include:
      - Age
      - Race/Ethnicity
      - Location prior to CFC (institution vs. home)
      - Conditions (intellectual or developmental disability, chronic disease)
  - Since implementing CFC, did the composition of the population receiving PAS change?
    - For which specific services? For which particular segments of the population (e.g., specific conditions, health-care needs)?
      - For those already receiving services under prior programs, did any of their benefits change? (eg. quantity of benefits)
      - How were beneficiaries already living in the community and not receiving state-supported PAS affected?
      - How were beneficiaries in long-term care facilities affected?
      - Have there been documented or observed shifts to community-based care since CFC implementation?
  - Prior to CFC, how were PAS covered for eligible Medicaid beneficiaries? Through what mechanism were they provided?
    - PROBE, IF NECESSARY:
      - Did the State use 1915(c) HCBS waivers to provide PAS? What populations did the 1915(c) waivers cover?
      - Did the State use a Personal Care State Plan to cover personal assistance?
      - 1915 (i) waivers?
    - Are PAS still available to beneficiaries through these mechanisms?
  - How does CFC fit into the range of other home and community-based services (HCBS) available to Medicaid beneficiaries?

- Did CFC fill a gap in available services?
- Are there strategies in place for coordinating the services provided through CFC with other HCBS?

## **Eligibility and Enrollment**

- How are beneficiaries eligible for CFC identified by the State (data sources? What offices/agencies are involved, etc.)?
  - Is an institutional level of care required of beneficiaries receiving PAS services through Medicaid?
    - How is this determined?
- Has the availability of CFC affected who is eligible for personal attendant services in California?
- How are eligible beneficiaries enrolled into CFC (opt-in vs. opt-out, etc.)?
  - IF OPT OUT: Have any eligible beneficiaries opted out of the program?
  - IF OPT OUT: What personal assistance options (state, county, city or private) are available to beneficiaries who opt-out of CFC?
  - Are participants aware they are receiving services through CFC?
- What has been [State]'s experience with enrolling eligible beneficiaries?
  - Have you faced any challenges? How have these been addressed?
- What changes, if any, do you anticipate in enrollment in the next 12 months?

## **Implementation**

- Through CFC, beneficiaries may receive services under an agency model or a self-directed model. May beneficiaries choose between these models? Why or why not?
  - (IF YES) In your experience, are there particular characteristics or health-care needs that define the beneficiaries who choose a self-directed model over an agency model?
  - (IF NO) How does the state determine which beneficiaries will receive services under an agency model vs. a self-directed model?
- How is a service plan developed?
  - Who participates in the development of the service plan?
    - Role of social worker
    - Role of beneficiary (and representatives)
    - Use of a functional assessment tool? Which one?
- How do self-directed participants identify qualified service providers?
  - Are resources or information (like a registry) available to participants?
- Please describe the process through which an individual or family can change service plans or providers (especially if an agency model).
- How are CFC participants (and their representatives / family) trained to select, manage, and dismiss attendants?

- What kinds of issues have arisen in your quality assurance reviews? How have they been addressed?
  - Worker competencies
  - Provider agency competencies
  - Worker training
  - Beneficiary / family training
- How does the State obtain feedback from eligible beneficiaries and families?
- What has been the role of the Stakeholders in the community since implementation?
  - Who are the Stakeholders?
  - What has been [State]'s experience obtaining buy-in from state leadership?
- How did HCBS programs that existed prior to CFC change the way in which personal attendant services were delivered with the implementation of CFC?
- What challenges or barriers had to be addressed to implement CFC? What advice would you share with other states / organizations based on your experience?
- From the beneficiary's perspective, how has the delivery of personal attendant services changed since the implementation of CFC?

## **Preliminary Impacts**

After our conversation today, we will be sending you a data form to complete using the data being collected as part of the evaluation requirements of CFC. For now, we'd like to ask you about early lessons learned about the impact of CFC in [State], including expected outcomes of CFC and the process and tools you use to monitor and evaluate CFC, as well as anecdotes that describe the experience with CFC but may not appear in the numbers.

- To what extent has the provision of CFC met [State]'s expectations?
  - Achieving cost savings
  - Delivering person-centered care
  - Engaging beneficiaries and their caregivers in decisions regarding their own care
  - Improving the caregiver or family experience with providing personal attendant services
  - Shifting care provided in institutional settings to the home and community
  - Improving participants' access to family supports and community-based social supports
- Is there evidence to date that CFC has reduced any of the following?
  - Unnecessary hospital admissions
  - Emergency room visits
  - Admissions to skilled nursing facilities, intermediate care facilities for the mentally retarded, institutions providing psychiatric services, or institution for mental diseases among people with mental or physical
  - Avoidable readmissions to hospitals or any of these facilities
- What data sources, methods or anecdotes have you used to determine such impacts?

- Is there evidence to date is that beneficiaries receiving personal attendant services through CFC are experiencing any of the following? If so, please elaborate.
  - Improved overall physical health
  - Improved emotional health
  - A more independent life
  - Improved clinical outcomes for participants with chronic illness
  
- Is there any evidence thus far that the program is especially beneficial for specific groups of enrollees? What might account for disparate impact?
  
- How is the physical and emotional health of beneficiaries assessed?
  - What kind of assessment instrument is used? How did you select this instrument?
  - Who conducts the assessment?
  - How are people trained to conduct the assessment? How often is this assessed?
  - How do you use the results?
  
- Is there any evidence thus far that the program has had an impact on caregivers of enrollees?
  
- Which quality measures are you using to assess the program's impact over time? How did you decide to use these measures? What challenges do you anticipate in their use?
  
- Please describe the reports that the providers are required to submit. How is this information used in the administration of CFC?
  
- Please discuss any strategies you use to monitor the progress and outcomes of the program.
  
- Are there any stories/anecdotes you can provide us about your program that illustrate the impact of CFC in your State?

This concludes our questions for today. Thank you for your time.

## Data to Be Provided By State

Data Requested	Data Requested	FY2012	Data Source
Number of individuals <b>eligible</b> to receive HCB attendant services:			
Number of individuals that <b>receive</b> HCB attendant services through the CFC program:			
Number of individuals served by type of disability:	Intellectual Disability / Developmental Disabilities (ID/DD)		
	Physical disability		
	HIV/AIDS		
	Traumatic Brain and Spinal Cord Injury (TBI/SCI)		
Number of individuals served by gender:	Male		
	Female		
Number of individuals served by age:	0 -5		
	6-17		
	18-39		
	40-64		
	65-84		
	85 and older		
Number of individuals served by education level:	Less than high school education		
	High school graduate		
	College education or more		
Number of individuals served by employment status:	Employed full-time		
	Employed part-time		
	Retired		
	Unemployed (able to work)		
	Unable to work (disabled)		
	Student		
Number of individuals served by racial and ethnic group:	White/non-Hispanic		
	Black/African-American		
	Hispanic/Latino		
	Other racial/ethnic group		

Data Requested	Data Requested	FY2012	Data Source
How many individuals currently receiving HCB attendant services were in each of the following settings prior to CFC:	Hospital		
	Nursing Facility		
	Intermediate Care Facility for the Mentally Retarded Institution providing psychiatric services		
	Institution for Mental Diseases		
	Community Setting (Half-way house, etc.)		
	Home (either on their own or with family or friends)		
How many CFC participants were previously served by:	Section 1115 waivers		
	Section 1915[c] waivers		
	Section 1915[i] waivers		
	Personal care State plan option		
	EPSDT		
How many CFC participants continue to be served by:	Section 1115 waivers		
	Section 1915[c] waivers		
	Section 1915[i] waivers		
	Personal care State plan option		
	EPSDT		
How many CFC participants receive HCB attendant services through:	Agency Model		
	Self-Directed Model		
Of those in the self-directed model, how many:	Receive service budgets in direct cash		
	Financial management services		

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