

# State Official: Community First Choice Non-CFC State Discussion Guide

## 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 (CFC) program and specifically how well it is working. In this discussion, we are interested in hearing about your experiences providing home and community based services (HCBS) and your decision not to participate in CFC. 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 Medicaid in [State].

## CFC Option Program Context

- What options do Medicaid recipients in [State] have to receive home and community based services (sometimes called personal attendant services or PAS)?
  - Do you use 1915(c) waivers to cover these services? Any other types of waivers or demonstration projects?
    - If yes, why did you choose to pursue that particular waiver authority or demonstration project?
  - Why did you choose to offer these service options?
  - Do you have a wait list for these services?
  
- Please describe the population that receives HCBS/PAS currently in [State].
  - Some descriptive characteristics can include:
    - Age
    - Race/Ethnicity
    - Location prior to CFC (institution vs. home)
    - Conditions (intellectual or developmental disability, chronic disease, mental illness)
    - Community living arrangements
  
- Did [State] consider applying for the Community First Choice (CFC) Option?
  - What were the factors that led you to decide to not apply for CFC? 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 whether implement the CFC option?
  
- What role did stakeholders play in the deciding whether to pursue CFC? Who / What organizations? What were their perspectives?
  
- What were the perceived concerns or risks involved in the decision whether pursue this option? What were they and why were you unable to resolve them?
  
- How would the population receiving HCBS/PAS change if [State] adopted CFC?
  - Are there specific services that would be covered that currently are not covered?
  - Are there particular segments of the population that would be covered that currently do not have coverage (e.g., specific conditions, health-care needs)? Would the quantity of benefits change for certain groups?
    - How would beneficiaries already living in the community and not receiving state-supported PAS be affected?
    - How would beneficiaries in long-term care facilities be affected?

## **Eligibility and Enrollment**

- How are beneficiaries eligible for HCBS/PAS 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?
- How are eligible beneficiaries enrolled into HCBS/PAS (opt-in vs. opt-out, etc.)?
  - IF OPT OUT: Have any eligible beneficiaries opted out of the program?
  - Are participants aware of the waiver programs through which they are receiving services?
  - How do waitlists work for these services? How many people are on waitlists? How long does it typically take to get off of a waitlist?
- 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**

- Do you allow beneficiaries to receive HCBS/PAS benefits if they have a family caregiver?
- How are HCBS participants (and their representatives / family) trained to select, manage, and dismiss attendants?
- Do you conduct quality assurance reviews on your current program?
  - If YES: 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?
  - Who are the Stakeholders?
  - What has been [State]'s experience obtaining buy-in from state leadership?

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

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:			
Number of individuals receiving HCB attendant services by waiver type:	Section 1115 waivers		
	Section 1915[c] waivers		
	Section 1915[i] waivers		
	Personal care State plan option		
	EPSDT		
	Other		
Number of individuals eligible to receive HCB attendant services who are currently on a waitlist:			
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		

<b>Data Requested</b>	<b>Data Requested</b>	<b>FY2012</b>	<b>Data Source</b>
Number of individuals served by racial and ethnic group:	White/non-Hispanic		
	Black/African-American		
	Hispanic/Latino		
	Other racial/ethnic group		
How many individuals currently receiving HCB attendant services were in each of the following settings prior to receiving those services:	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)		

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-New. The time required to complete this information collection is estimated to average 5 hours (1 hr interview + 4 hr to complete data form) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.