# Community First Choice Discussion Protocol for HCBS Provider Focus Group

## 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 to Congress about the Community First Choice program, which is one funding mechanism Medicaid may use to pay you for providing home and community based services. They are interested in hearing about the program’s implementation and progress thus far from the perspective of providers such as yourselves.
* In this discussion, we are interested in hearing about your recent experiences providing home and community-based services and personal attendant services.
* We are interested in your opinions and want you to know that there are **no right or wrong answers** and the answers you give here will not be associated with you in any way in our reporting and future communications with anyone else. 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.
  + We do not plan to ask very personal questions, but we are talking about health care – so, **please keep everything someone else has said private after this meeting**.
    - We’re **just using first names** today to protect privacy.
    - **We won’t include any names** or anything that identifies you in any report we write. Our report will be a general summary.
  + 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.
  + 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.
* We expect that this focus group will take approximately 1.5 hours. We’ll do our best to stick to this schedule.
* If any questions come up after we leave here today, please feel free to contact Gretchen Torres at 312-759-4049.
* Does anyone have any questions before we begin?

**Discussion Questions**

* Please describe your role as a provider of home and community-based personal attendant services to Medicaid beneficiaries in your state. What are the specific services and supports you offer?
* Have you heard of the Community First Choice program before today?
  + If yes: What is your understanding of the Community First Choice program?
  + If no: The Community First Choice, or CFC, program is a Medicaid State Plan Option that has been picked up by California. California has been participating in this program since their State Plan Amendment was approved on August 31, 2012, and received retroactive funding for any services provided since December 1, 2011. The program allows California to receive additional Federal funding for providing home- and community-based services for Medicaid recipients meeting certain eligibility requirements. The services you provide to certain Medicaid recipients under IHSS may now be funded through CFC. Were you aware of the changes made to the administration of IHSS?
  + Have you had any engagement with the State since CFC was implemented?
* In your view, has the Community First Choice (CFC) program changed the provision of these services for this population? Has the program had an impact on:
  + your personal roles and responsibilities or the services provided?
  + your experience with reimbursement for these services?
  + the populations eligible to receive these services?
  + the role of person-centered service plans?
  + the process of how services are delivered?
* Have you personally recommended that any of your patients apply for Medicaid-funded home and community based services to help them pay for home and community-based services?
* How has participating in CFC affected your ability to provide the services and supports your patients need?
  + Has CFC allowed you to improve your delivery of services? How so? Do you deliver any new services under CFC?
  + Has your participation in CFC posed challenges for you? How so?
* How much flexibility do you have in responding to the service needs of the patients under your care?
* What changes would you suggest to the administrators of the program to improve the program in any way?

Thank you very much for your time today and very helpful comments.

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