

ACA SECTION 2401, COMMUNITY FIRST CHOICE OPTION (Section 1915(k) of the Social Security Act); **CALIFORNIA STATE PLAN AMENDMENT SUMMARY**

OVERVIEW

On December 1, 2011, the California Department of Health Care Services submitted the first state plan amendment to implement Section 2401 (the Community First Choice Option) of the Affordable Care Act (ACA), providing the provision of medical assistance for home and community-based attendant services including Assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and health-related tasks, teaching and demonstration for ADLs, IADLs, and other health-related tasks, back-up systems to ensure the continuity of services, and training on the hiring and maintenance of attendants. California has developed a quality assurance plan to monitor the implementation and efficacy of the Community First Choice Option at the county- and state-levels.

SERVICE DELIVERY MODELS

California will allow service delivery either through an Agency Model, in which contracted entities provide services, or through a Self-Directed Model. Service delivery, regardless of the model, is structured around the person-centered assessment of need. The Self-Directed Model will deliver a service budget through direct cash and with Financial Management Services.

SERVICE PACKAGE

There are a number of “required services” provided in the statute, which will, in general, be the same across states but may vary in detail. These services include facilitating the development of daily living skills and ensuring continuity of service through back-up systems.

- ▶ California will claim a service match for:
 - **Providing assistance with Activities of Daily Livings (ADLs), Instrumental Activities of Daily Living (IADLs) and health-related tasks** including domestic services, heavy cleaning, personal care services, paramedical services, protective supervision, and yard hazard abatement.

- California will limit a beneficiary's access to CFCO services to 283 hours per month.
- The maximum amount for Restaurant Meal Allowance (RMA) is \$62 per month – permissible purchases included prepared meal service. Participants are only eligible if they have an assessed need for meal preparation, meal clean-up and shopping for food, and choose to receive the RMA in lieu of these services.
- **Acquisition, maintenance, and enhancement of skills** necessary for the individual to accomplish ADLs, IADLs, and health-related tasks through teaching and demonstration.
 - This support is authorized, assessed, and provided by the personal assistant services (PAS) worker.
 - Support is time-limited to three months, but can be re-authorized after three months as needed.
- ▶ California will also provide the following services for which it is *not requesting a service match*:
 - **Continuity of services and supports** through the use of the Individualized Back-up and Risk Assessment process, which determines the best back-up for each participant through annual assessment by their social workers. This process includes the following components:
 - *Program Assessment* – The recipient's social worker authorizes personal care and domestic and related services that will help individuals stay safely in their home based on an assessment of the individual's specific risks.
 - *Referrals* – For needs outside of the scope of the CFC Option, recipients are referred to other government public assistant programs or community service agencies.
 - *Development of the Individualized back-up plan* – Individuals are identified who may be called if a provider does not arrive as scheduled or another issue arises that could put the recipient at risk. Contact information for these individuals as well as contact information for emergency services (including 9-1-1) is provided to the recipient. If part of the back-up plan includes receiving services from a back-up provider, the provision of that service will be claimed at the enhanced FMAP.
 - *Disaster Preparedness* – The recipient and the social worker discuss the County's Disaster Preparedness Assessment Plan and any relevant needs for the recipient during a disaster.
 - **Voluntary training on how to select, manage, and dismiss attendants** by social workers. Training will be provided in various formats.
- ▶ California will also include the following CFCO permissible service:
 - In lieu of human assistance, participants receiving a Restaurant Meal Allowance will be given money to be used for the purchase of prepared meals.
- ▶ There will be no break in service for those voluntarily dis-enrolling and transitioning to State Plan Personal Care Services. Disenrollment can be initiated by the participant or their authorized/legal representative by contacting the county social services office. The county will confirm requests received by mail or by a representative.

ASSESSMENT AND SERVICE PLAN

- ▶ California will utilize county social workers in the assessment and service plan processes. Social workers will perform the following assessment activities:
 - Assess an individual's service needs before enrollment
 - Provide appropriate information, training and assistance for an individual to manage their services and budget
 - Communicate information to the individual in the appropriate manner and language

- Provide person-centered planning and a process for changing this plan/budget
 - Provide information on the grievance process
 - Review risks and responsibilities for self-direction
 - Have the ability to choose freely from available HCBS providers
 - Identify and assess services, supports and resources
 - Develop a risk management agreement and a personalized back-up plan
 - Recognize and report critical incidents
 - Make information available on advocates or advocacy systems
- ▶ Risk management is conducted by county social workers, who identify potential risks during the intake and reassessment process. This includes:
- Assessing the recipient’s functional abilities in all ADLs using the Program Uniform Assessment Tool,
 - Quantifying the recipient’s level of functioning on a five-point scale,
 - Discussing the recipient’s living arrangements and support system,
 - Reviewing all documents pertaining to the recipient’s physical or mental condition, and
 - Designating a coding of CMIPS to indicate the participants’ special needs during an emergency.
- ▶ California’s State Plan includes a provisions which give further detail to possible service plans:
- Participants may appoint a representative to direct the provision of HCBS on their behalf.
 - Participants may elect a Restaurant Meal Allowance, which would permit participants to use their service budgets to purchase restaurant meals in lieu of meal preparation, meal clean-up, and shopping for food (if these are assessed needs).
 - California did not elect to include transition costs as part of the CFC benefit.

HOME AND COMMUNITY-BASED SETTINGS

According to Section 2401 of the Affordable Care Act, the Community First Choice Option facilitates the provision of home and community-based attendant service for eligible individuals who may otherwise receive institution-based care.

Services are provided in single family home, apartment and congregate independent living communities.

QUALIFICATIONS OF PROVIDERS OF CFCO SERVICES

- ▶ Qualified relatives may serve as legally liable, paid service providers.
- ▶ Under the self-directed model, participants may hire any person who meets the qualifications established by the participant. In addition, providers must undergo a criminal background check (including fingerprinting) and an orientation designed to ensure providers are capable of safely providing required services.
- ▶ Providers convicted of fraud, elder, and specified child abuse are excluded. However, participants may hire their provider of choice regardless of other convictions.

QUALITY ASSURANCE AND IMPROVEMENT PLAN

Each county will submit a plan identifying annual goals and specifying methods of discovery, remediation, and system improvement. These plans will be reviewed by the California Department of Social Services (CDSS) in consultation with the Department of Health Care Services (DHCS) which will also conduct its own Quality Assurance (QA)/Quality Improvement (QI) activities.

- ▶ **Each California county** will conduct the following QA/QI procedures:
 - Discovery:
 - *Routine case file reviews* – To confirm that participant needs are correctly assessed and that case files contain required documentation. Critical incident information is analyzed to ensure proper resolution.
 - *Home visits* – To validate case file information and ensure that services are consistent with the participant’s needs. Home visits confirm that a home setting meets the HCB setting characteristics.
 - *Data review and analysis* – To identify areas requiring remediation and to make provisions for continuous system improvement.
 - *Targeted case reviews* – To provide more detailed analysis in areas that appear to be outside the expected norms and to provide for remediation where appropriate.
 - *Verification of receipt of services* – A variety of strategies is used to verify the receipt of services, the quality of services, and the wellbeing of participants.
 - Remediation: Resolve problems that are identified through discovery and work to prevent recurrence.
 - System Improvement: Analyze program data to identify systemic problems. Data analysis will reveal whether problems are program deficiencies or county-wide trends.

- ▶ **The California Department of Social Services (CDSS)** will conduct the following QA/QI procedures:
 - Discovery: CDSS staff will conduct regular site visits to county offices, where they will review county performance, discuss county comparison data, and make recommendations to the county based on best practices. CDSS staff will observe county QA staff conducting home visits.
 - Remediation: Any issues that arose during a CDSS QA site visit will be discussed with county staff during an exit interview.
 - System Improvement: Data analysis will determine whether issues identified during the discovery are county specific or statewide. Appropriate solutions will be developed to remediate program weaknesses and resolve other issues. When a systemic issue is identified, CDSS QA staff will distribute pertinent information to every program site in the county. These messages will contain directions on how to solve the stated problem.
 - Statewide measures will be used to determine the efficacy and functionality of the CFC program. Focusing on participant health and welfare and financial accountability, measures will be incorporated into the CDSS QA/QI plan.
 - **Performance Measure 1: Face-to-face visits**
Desired Outcome: A participant and his/her county social worker will have face-to-face visit at least once a year
 - Counties that have less than an 80 percent compliance rate will be required to submit a QA improvement Plan.

- **Performance Measure 2: Individualized Back-Up Plan and Risk Assessment**

Desired Outcome: An individualized back-up plan and risk assessment is in place for each participant.

- Participants and their county social workers collaborate to complete a back-up and risk assessment plan. Each participant's case file will contain a copy of the individualized plan.

Performance Measure 3: Critical Incidents

Desired Outcome: When a critical incident occurs, the county social service staff responds quickly and appropriately and notes the incident and its resolution in the case file.

- **Outcome Measure 1: County Plans**

Desired Outcome: Counties are in compliance with their annual QA/QI Plan

Outcome Measure 2: QI Action Plans (QIAPs)

Desired Outcome: All counties with a QIAP make the indicated corrections and institute the plan as approved by CDSS.

- **Satisfaction Measure 1: Customer Service Evaluation**

Desired Outcome: Participants are satisfied with their in-home service and their needs are being met.

- Data Collection will occur during the county and CDSS case reviews and home visits. Data is collected throughout the year and included in the CDSS QA Monitoring Summary.
- Sample Size: CDSS and counties will use a random sample size using standard parameters: level of confidence of 95%, margin of error +/-5%, and an expected response distribution of 50%. The sample will have an acceptable probability (95%) of being representative (within +/-5% of the CFCO population).

► **The California Department of Health Care Services (DHCS) will conduct the following QA/QI procedures:**

- The Department of Health Care Services will partner with CDSS to provide additional technical and clinical support. DHCS and CDSS QA staff will meet quarterly in order to confirm that each county has a QA/QI plan in place. During these quarterly meetings, DHCS and CDSS will also address systemic improvements. DHCS staff will evaluate CDSS QA remediation efforts.
- DHCS will review error rate studies to estimate payment and authorization error as well as potential fraud. The findings of these studies will be used to inform State and county quality improvement efforts.

Matrix of Community First Choice SPA California

Service Delivery Model	
Agency Model	X
Self-Directed Model	
Direct Cash	X
Vouchers	
Financial Management Services	X
State elects to disburse cash prospectively	X (Participants with restaurant meal allowance or those who meet eligibility requirements)
Other	

Service Package	Claiming Service Match	Service Type
ADLs, IADLs, health-related tasks	X	Domestic services Heavy cleaning Personal care services Paramedical services Protective supervision Yard hazard abatement
Development of Back-up systems		Program assessment Referrals Individualized back-up plan Disaster preparedness
Training		Voluntary training on selection, management, dismissal of attendants
Support-system activities		Needs assessment Service planning

Assessment and Service Plan	
Participants can appoint a representative to direct services	X
Transition costs are covered	
Participants can use service budgets to pay for items that increase independence/substitute for human assistance	X (Participants with restaurant meal allowance)
Uniform assessments	Conducted by county social workers

CFCO Provider Qualifications	
Service providers	Participant establishes qualifications for Self-Directed model with service budget. Providers must have a background check, but the requirement to pass is at the discretion of the participant; State establishes provider qualifications for the Agency Service Delivery model, and all providers must pass criminal background check.

Quality Assurance and Improvement Plan	
Participating entities	58 counties, California Department of Social Services, California Department of Healthcare Services
Activities	Case file reviews, home visits, data review and analysis, verification of receipt of services, remediation, and system improvement, error rate studies, fraud prevention
Data Collection	Performance measures, outcome measures, satisfaction measures
Data Sources	Appeals data, CMIPS

Stakeholder Involvement	
Beneficiaries	Service package design, direct provision of services
County Social Workers	Conduct assessments and design service plan
Contracted Service Providers	Provide PAS; Quality Assurance and Quality Improvement
County QA/QI Staff	Quality Assurance and Quality Improvement
State Department of Social Services	Quality Assurance and Quality Improvement
State Department of Health Care Services	Quality Assurance and Quality Improvement
Family Members and Representatives	Assist in directing provision of services; CFCO Provider