

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

OVERVIEW

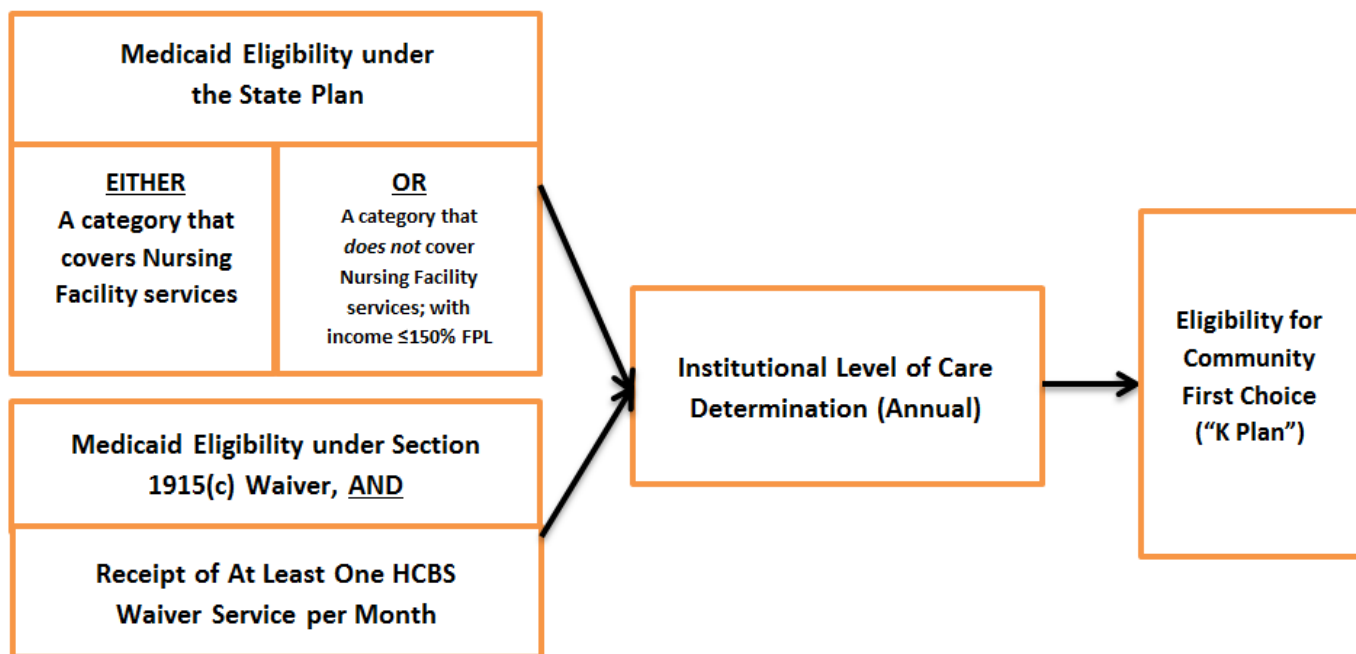
Oregon is the second state to implement the Community First Choice Option, Section 2401 of the Affordable Care Act and Section 1915(k) of the Social Security Act. Oregon's Medicaid State Plan Amendment adding Community First Choice services was approved on June 27, 2013, with an effective date of July 1, 2013. By implementing this option, which Oregon refers to as "K Plan" or "K Option," the State is able to cover a range of home and community-based services under the State Plan, rather than through 1915(c) waivers. As specified in the ACA and regulations, Oregon's program will cover home and community-based attendant services and supports, to assist individuals with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related related tasks.

ELIGIBILITY

Eligibility for Community First Choice services in Oregon follows the federal regulations at 42 CFR §441.510. Medicaid beneficiaries must be eligible for medical assistance in an eligibility group whose benefits include nursing facility services, or have countable income below 150 percent of the federal poverty level if their eligibility group does not cover nursing facility services. All individuals must meet an institutional level of care to qualify for CFC services.

Individuals who qualify for Medicaid through a 1915(c) waiver must continue to meet all waiver criteria and must receive at least one waiver service per month. Oregon requires waiver participants qualifying under the special income standard to apply excess income to the cost of waiver services, and excess income is applied to 1915(k) services, as well.

Exhibit 1. Oregon “K Plan” Eligibility Pathways



The State will determine initially, and at least annually, that individuals require the level of care provided in a hospital, nursing facility, an intermediate care facility for individuals with intellectual disabilities (ICF/ID), an institution providing psychiatric services for individuals under 21, or an institution for mental diseases for individuals age 65 and older. Oregon uses different assessment tools to determine level of care and specific needs, depending on an individual’s impairments. For example, the Client Assessment and Planning System (CAPS) is used for nursing facility level of care, and the Level of Care (LOC) tool is used for ICF/IDD. The State will waive the annual LOC recertification requirement for some individuals, including those with profound intellectual disabilities, progressive cognitive disabilities, and permanent physical disabilities with no possibility of improvement. Individuals who receive services through a 1915(c) waiver and the “K Plan” are subject to annual LOC recertification per 1915(c) waiver requirements.

SERVICE DELIVERY MODELS

Oregon is using the agency-provider model of service delivery, in which services and supports are provided by entities under a contract or provider agreement with the State. Under the federal regulations, this model is used whether the entity provides services directly through their own employees or arranges for services that are directed by the individual receiving the service. While participants do not manage a self-directed service budget in the agency-provider model, individuals do maintain the ability to have a significant role in the selection and dismissal of providers of personal attendant services and providers of the supports and services identified in their person-centered plan.

SERVICE PACKAGE

The statute and regulations require states to provide community-based attendant services and supports to assist in accomplishing ADLs, IADLs, and health-related tasks through cueing and supervision, as well as hands-on assistance. In addition, supports must include acquisition, maintenance and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks, back-up systems to ensure continuity of services and supports, and voluntary training on selecting, managing and dismissing attendants. In addition to the required services, Oregon has

also selected the option of providing permissible services to pay the costs associated with transitions from institutions to community living, and paying for certain goods and services that increase an individual's independence or substitute for human assistance.

Oregon will claim a service match for:

- **Assistance with ADLs, IADLs, and health-related tasks through hands-on assistance, supervision and/or cueing.**
 - ADL and IADL supports are provided in the home by enrolled homecare workers, personal support workers, and in-home agencies, or in licensed, certified, or endorsed community programs/settings of the individual's choice.
 - The SPA provides a broad definition of assistance, including: cueing and/or reassurance; hands-on assistance; monitoring; redirection; set-up of personal effects, supplies or equipment; stand-by support; support to enhance the environment; and memory care support.
 - ADL supports include assistance with bathing/personal hygiene, dressing, eating, mobility (ambulation, transferring and positioning), bowel care and bladder care, stand-by support, cognition, memory care and behavior supports.
 - IADL supports include light housekeeping, laundry, meal preparation, shopping, and chore services to remove hazards from the individual's home and yard.
 - Health-related tasks include delegation of nursing tasks to unlicensed caregivers for individuals living in their own home or a foster home.
 - Community nursing services are covered to provide nurse delegation, including assessing the individual, providing written authorization and training for an unlicensed caregiver to perform a nursing task, ensuring supervision, and reevaluating at regular intervals.
 - Community nursing services also include identification of supports to minimize health risks and promote self-management of care, medication reviews, and contacts with the person-centered plan coordinator. Direct nursing care is not covered.
 - Individuals may be referred to CNS due to issues such as increased use of emergency care, medication safety issues, recent falls, pain issues, or skin breakdown.
- **Acquisition, maintenance and enhancement of skills** necessary for the individual to accomplish ADLs, IADLs, and health-related tasks.
 - This support may be provided when identified in the assessment process and authorized as part of the individual's service plan.
 - Training and skill maintenance activities may include behavior management, using positive reinforcement techniques.
 - Workers must receive training in techniques for skills training.
- **Back-up systems or mechanisms to ensure continuity of services and supports**, including both electronic devices and back-up human assistance.
 - Electronic devices including Personal Emergency Response Systems, medication reminders, and alert systems for ADL and IADL activities.
 - Assistive technology that provides additional security and reduces the need for direct intervention, such as motion sensors and toilet flush sensors, and which is not covered by other Medicaid programs.

- Relief Care.
- Behavioral Support Services.
- **Voluntary training on how to select, manage and dismiss attendants**, which is available as either group training or one-on-one training from local agencies.
- **Support System Activities** are provided by local, state or contracted case management entities, primarily through person-centered plan coordinators. Activities include:
 - Assessment and counseling prior to enrollment,
 - Conducting person-centered planning,
 - Training and assistance to ensure the individual is able to manage services,
 - Identifying and accessing services and supports, and
 - Development of risk management agreements and personalized backup plans.

In addition to the required CFC services described above, Oregon provides the following permissible CFC services:

- **Expenditures that substitute for human assistance**, related to needs identified in the individual's person-centered plan, including:
 - Environmental modifications (limited to \$5,000 per modification);
 - Assistive devices to assist and enhance an individual's independence in performing activities of daily living, if not covered by other programs (limited to \$5,000 per device);
 - Community transportation to gain access to Medicaid services, activities and resources;
 - Home-delivered meals for homebound individuals who are unable to prepare meals and do not have assistance available, with a limit of one meal per day.
- **Expenditures for transition costs** such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for an individual to make the transition from institutions to residence in community settings.

Oregon will not make direct cash payments prospectively to CFC participants.

ASSESSMENT AND SERVICE PLAN

Person-centered plan coordinators employed by local, state, or contract case management entities conduct assessments and develop service plans.

- Individuals' level of care is assessed prior to enrollment, to determine eligibility for services, as described above.
- A functional needs assessment is conducted, including discussion of the individual's abilities, strengths and goals, to identify needs and inform the service plan.
- Person-centered service plans include services and supports to meet the needs identified in the functional needs assessment and reflect individual's goals and outcomes, preferences for service delivery, risk factors and measures to minimize them, and who will monitor the plan.

HOME AND COMMUNITY-BASED SETTINGS

Section 2401 of the ACA requires that CFC services be delivered “in the most integrated setting appropriate to the individual's needs.” Oregon specifies that CFC services may be provided in a home or in licensed, certified or endorsed community-based settings. These community settings may include: assisted living facilities; adult foster care; adult day centers; day habilitation providers; residential care facilities; residential treatment facilities; supported living providers; and several types of group homes and foster care. Provider-owned or controlled settings may not be located on the grounds of public institutions or disability-specific housing.

Person-centered service plans must reflect that individuals chose the setting where they reside from available alternatives, including the opportunity to review and tour as many settings as they like. Community settings must allow individuals to occupy units or rooms with a legally enforceable agreement with the same responsibilities and protections from eviction as tenants have under State law. Individuals must have privacy in their rooms or units, including lockable doors, and individuals only share units if that is their preference. Individuals also have freedom to decorate and furnish their units, control of their own schedules, and access to food at any time. Individuals may have visitors of their choosing at any time, limited only to minimize negative impacts on other residents. These requirements may be waived if the individual’s person-centered plan identifies them as a risk.

QUALIFICATIONS OF PROVIDERS OF CFCO SERVICES

The CFC SPA lists established licensing and certification requirements for a wide range of existing provider types who will deliver CFC services, ranging from adult day providers to habilitation agency providers, home care workers, community transportation providers, and community nursing service providers.

In-home support providers providing direct services in a family home or working alone with the individual must pass a criminal history check by the state, be at least 18 years of age, be able to follow oral and written instructions and keep simple records, and have knowledge of emergency procedures specific to the individual being cared for. The appropriate case management entity assures that in-home support providers meet minimum qualifications. Individuals and/or their representatives or guardians verify that the worker can provide the needed care specific to the individual.

QUALITY ASSURANCE AND IMPROVEMENT PLAN

In Oregon, quality assurance is centralized at the State level. Aging and People with Disabilities (APD), Department of Human Services (DHS) is the operating agency for Medicaid in-home services. The Oregon Health Authority (OHA) is the State Medicaid agency. DHS and OHA coordinate through several joint committees, including the Medicaid/CHIP Operations Coordination Steering Committee (MOCSC), which provides high-level oversight and decision-making on Medicaid/CHIP operations.

The DHS Quality Assurance Team (QAT) and policy staff have responsibility for reviewing and monitoring DHS programs and administrative functions, including full reviews of all state and contracted entities during a two year timeframe. The QAT discovery process involves reviewing data stored electronically, on-site review of case files, service plan reviews, and interviews with individuals, including assessing satisfaction with services. When there are findings, the State or contracted entity must submit a plan of correction to the QAT, which follows up to ensure compliance and remediation.

The State has identified 18 performance, outcome and satisfaction measures to monitor and evaluate. These range from ensuring that level of care assessments are completed and that services are delivered in accordance with service plans to measuring individuals’ satisfaction with their services and supports.

DHS will conduct surveys of a statistically valid sample of individuals receiving CFC services and supports every two years to determine satisfaction and outcomes, including opinions about progress towards goals identified in the person-centered plan, and quality of care by providers.

Case management entities (State, local and contracted entities) monitor individuals' service plans to ensure their health and welfare. Abuse investigations provide an additional means of monitoring and protecting the health and welfare of participants. The Quality Assurance Team provides administrative review for individual quality issues, as well as system issues.

Exhibit 2. Matrix of Oregon Community First Choice SPA

Service Delivery Model	
Agency Model	X
Self-Directed Model	
Direct Cash	
Vouchers	
Financial Management Services	
State elects to disburse cash prospectively	
Other	

Service Package	Claiming Service Match	Service Type
ADLs, IADLs, health-related tasks	X	ADL supports - bathing/personal hygiene, dressing, eating, mobility, bowel and bladder care, stand-by support, cognition, memory care, and behavior supports IADL supports – light housekeeping, laundry, meal preparation, shopping, and chore services (limited to removing hazards in the home and yard) Community Nursing Services – delegation of nursing tasks to unlicensed individuals, and care coordination
Acquisition, maintenance and enhancement of skills	X	Functional skills training, coaching, and prompting the individual to accomplish ADLs, IADLs, and health-related tasks, including community nursing services to train individuals in health-related tasks
Development of Back-up systems	X	Electronic back-up systems, such as emergency response systems, medication reminders, and assistive technology to provide additional security and replace the need for direct interventions (limited to individuals who do not reside in community-based settings). Relief care including regularly-scheduled relief care, and back-up providers or care settings. Behavioral support services, including positive behavior support services and behavior consultants.
Voluntary training on selection, management and dismissal of attendants	X	Voluntary one-on-one or group training.

Service Package	Claiming Service Match	Service Type
Support-system activities	X	Assessment & counseling prior to enrollment. Functional needs assessment. Person-centered planning. Development of personalized backup plans. Risk assessment and risk management planning.
Optional CFC services provided by State:		
Expenditures for services substituting for human assistance	X	Environmental modifications. Assistive devices. Community transportation. Home-delivered meals.
Expenditures for transition costs	X	Rent and utility deposits. First month’s rent and utilities. Household supplies.

Assessment and Service Plan	
Participants can appoint a representative to direct services	X
Participants can use service budgets to pay for items that increase independence/substitute for human assistance	
Uniform assessments	Conducted by person-centered plan coordinators.

CFCO Provider Qualifications	
Service providers	A wide range of individual and agency providers will provide CFC services. The SPA cites established licensing or certification requirements for each provider type. For in-home workers providing direct services, the State is responsible for ensuring that workers pass a criminal background check.

Quality Assurance and Improvement Plan	
Participating entities	Department of Human Services (DHS) Quality Assurance Team Oregon Health Authority (OHA) Joint DHS-OHA committees <ul style="list-style-type: none"> - Medicaid/CHIP Operations Coordination Steering Committee (MOCSC) - OHA/DHS Joint Operations Steering Committee (JOSC) CFC Development and Implementation Council
Activities	Review of data stored electronically, on-site review of case files, service plan reviews, and interviews with individuals
Data Collection	Performance measures, outcome measures, satisfaction measures. Surveys of individuals receiving CFC services every two years to determine satisfaction and outcomes.

Stakeholder Involvement	
Beneficiaries and beneficiary advocates	Typically direct their own services. Participate in service design and implementation monitoring through the Design and Implementation Council.
Case management entities/person-centered plan coordinators	Conduct assessments, develop and monitor person-centered plans, design service plans.
Contracted Service Providers	Provide personal assistance services.
Department of Human Services	Program operations, quality assurance and improvement.
Oregon Health Care Authority (Medicaid)	Oversight and decision-making.
Family Members and Representatives	May direct services on behalf of beneficiary or provide CFCO services.
Department of Administrative Services	Bargains on behalf of Department of Human Services with SEIU on reimbursement for providers represented by the union.
Service Employees International Union (SEIU)	Bargains on behalf of home care workers and adult foster care providers.