

Proposal for a Community First Choice (CFC) Medicaid State Option for Inclusion in Health Care Reform

The core elements of the Community Choice Act (found in Section 101 of the bill) would be structured as an option for states to include in their Medicaid State Plans. The Community First Choice (CFC) Option would provide individuals with disabilities who are eligible for nursing homes and other institutional settings with options to receive community-based services. CFC would support the Olmstead decision by giving people the choice to leave facilities and institutions for their own homes and communities with appropriate, cost effective services and supports. It would also help address state waiting lists for services by providing access to a community-based benefit within Medicaid. The option would not allow caps on the number of individuals served, nor allow waiting lists for these services. A significant enhanced Federal Medical Assistance Percentages (FMAP) would be provided, depending on cost, to encourage states to select this option.

Summary of Core Provisions:

- Amend Medicaid to allow state Medicaid plan coverage of community-based attendant services and supports for certain Medicaid-eligible individuals.
- Services under this option would include services to assist individuals with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related tasks through hands-on assistance, supervision, or cueing. ADLs include eating, toileting, grooming, dressing, bathing, and transferring. IADLs include meal planning and preparation; managing finances; shopping for food, clothing, and other essential items; performing essential household chores; communicating by phone and other media; and traveling around and participating in the community. Health-related tasks are defined as those tasks that can be delegated or assigned by licensed health-care professionals under state law to be performed by an attendant. Services also include assistance in learning the skills necessary for the individual to accomplish these tasks him/herself; back-up systems; and voluntary training on selection and management of attendants. Certain expenditures would be excluded, including room and board; services provided under IDEA and the Rehabilitation Act; assistive technology devices and services; durable medical equipment; and home modifications.
- Services must be provided in a home or community setting based on a written plan.
- Services must be made available statewide and must be provided in the most integrated setting appropriate for the individual.
- Services must be provided regardless of age, disability, or type of services needed.
- States will establish and maintain a comprehensive, continuous quality assurance system, including development of requirements for service delivery models; quality assurance to maximize consumer independence and consumer control; and external monitoring; along with other critical state and federal responsibilities/requirements included in S. 683/H.R. 1670.
- Service delivery models must include consumer directed, agency-based, and other models, along with requirements to comply with all federal and state labor laws.
- States would be required to establish a Development and Implementation Council to work with the state in developing and implementing the state plan amendment necessary in order to provide the services. The majority of Council members must be individuals with disabilities, elderly individuals, and representatives of such individuals, and must collaborate with, among others, providers and advocates.
- States would cooperate in reporting to Congress.
- CFC services would not affect the states' ability to provide such services under other Medicaid provisions.
- Provision to collect data regarding number of people receiving services, dollars spent, and procedures for consumer control.

Summary compiled by the National Council on Independent Living (NCIL), Washington, D.C.