

THE DISABILITY COALITION

A Coalition of Persons with Disabilities, Family Members, and Advocates

Community First Choice (PPACA §2401)

September 2011

- Community First Choice offers an opportunity to include attendant care and certain other services as part of the state Medicaid plan so they're available to all who qualify
 - No cap on expenditures or enrollment as in waivers
 - Services are similar to the current PCO program
 - Eligibility criteria
 - Disability eligibility - must need nursing home level of care (as in PCO)
 - Income eligibility - State choice of 150% FPL or 225% FPL
 - Most current PCO recipients are at/below 75% FPL
 - Current nursing home/waiver eligibility is 225% FPL
 - Services can begin 10/1/2011.
 - The number of seniors and people with disabilities in New Mexico is growing, and the Medicaid program must change to meet the increased demand for services. Currently, access to home and community-based waiver services is tightly controlled and those services are available to only a small number of the people who need them. PCO services are more readily available because they are part of the state plan and the number of recipients cannot be capped. However, the income eligibility level for most PCO recipients is much lower than that for nursing facility or waiver services, so that some people who need these services do not qualify to receive them from Medicaid even though their very low incomes make them unable to purchase the services on their own.
 - Adopting Community First Choice would help New Mexico to meet the need for these services and would better position the state for the future as our senior population grows.
- **Enhanced FMAP match rate:** Community First Choice is an attractive option because the federal government will pay an enhanced matching rate, adding 6 percentage points for services provided pursuant to this option. This will allow the state to significantly increase the number of people served without any increase in state expenditures.

Example:

| | PCO | | CFC | |
|-------------------------|-------------------|--------------------|-------------------|--------------------|
| <u>Program Expenses</u> | <u>FMAP @70%*</u> | <u>State Share</u> | <u>FMAP @76%*</u> | <u>State Share</u> |
| \$250 million | \$175m | \$75m | \$190m | \$60m |
| \$300 million | | | \$228m | \$72m |

* As of 1/1/2014, all adults up to 133% FPL will be eligible for Medicaid. Services to all "newly eligible" persons will be paid 100% by the federal government at that time, including attendant services (through PCO or Community First Choice). This amount will gradually decrease to 90% and then continue at that level.

➤ **Services:**

- Services provided through Community First Choice are to be self-directed, available statewide, and provided in the most integrated setting appropriate to the individual's needs.
- MUST include attendant services to help with ADLs, instrumental ADLs and health-related tasks.
- MAY include coverage for costs associated with transition from institution to community (rent/utility deposits, first month's rent and utilities, bedding, household supplies/furnishings, etc.)
- CANNOT include room and board; special education; vocational rehabilitation; assistive technology/services except emergency backup devices; medical supplies/equipment; or home modifications.

➤ **Implementation steps:**

- Submit Medicaid State Plan Amendment
- Create Development Implementation Council to collaborate on development and implementation. Majority of Council to be persons with disabilities, seniors, and advocates.
- Implement comprehensive Quality Assurance system
- Collect data to determine effectiveness of model, impact on physical and emotional health, and costs compared to institutional care.
- In first year, state must maintain at least same level of Medicaid spending for seniors and persons with disabilities.