# CFC Advisory Group MOE and Program Design

KAREN AMBROS AND KAREN MEIER DOH, DIVISION OF LONG TERM CARE AUGUST 6, 2012

# Maintenance of Expenditure

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#### • 441.570(b) of Final Rule:

o "For the first 12 month period in which the State plan amendment is implemented, the State must maintain or exceed the level of State expenditures for home and community-based attendant services and supports provided under sections 1115, 1905(a), 1915 or otherwise under the Act, to individuals with disabilities or elderly individuals attributable to the preceding 12 month period."

# **MOE:** Complicating Factors

- Recent budget/MRT actions, including limiting the hours for PC level I services, reduced CHHA rates, and requiring those with services for 120 days or more to enroll in managed care, have or will reduce state expenditures on personal care attendant services and related supports.
- It is not clear what the fiscal impact of managed care on personal care expenditures will be as more individuals are enrolled in MC or MLTC plans.
- Settings discussion impact expenditures on personal care services to individuals in certain group homes, for instance, may be excluded as institutional services.

# Timing and MOE

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- When should NYS implement the CFC Option?
- Optimal base year is one in which the expenditures that comprise the MOE have borne the full impact of all the recent budget/MRT actions and policy changes.
- Other factors may include UAS implementation, OPWDD waiver implementation and other ongoing policy initiatives.
- The next chart illustrates some options for implementing CFC in NYS.

#### Example Projection of Optimal Base Year for MOE Compliance

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Recent MRT/Budget Actions	SFY 11/12			SFY 12/13			SFY 13/14					
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qt
	4/1/11- 6/30/11	7/1/11- 9/30/11	10/1/11- 12/31/11				10/1/12- 12/31/12					
SFY 10/11: Several Level II policy changes	- \$\$	- \$\$	- \$\$	- \$\$								
7.1.2011: Limit level I PC service to 8 hours		- \$\$	- \$\$	- \$\$	- \$\$	- \$\$						
<u>5.1.12:</u> Episodic Payments for CHHA					- \$	- \$\$	- \$\$	- \$\$	- \$			
7.1.2012: Mandated MLTC						? \$\$	? \$\$	? \$\$	? \$\$	? \$\$	? \$\$	? \$\$
12.1.2012: Mandated MC							? \$\$	? \$\$	? \$\$	? \$\$	? \$\$	? \$\$
Conclusion:  Best CFCO Implementation Date assuming MLTC/MC will increase PC expenditures: 5.1.2013									X			
Best CFCO Implementation Date assuming MLTC/MC will reduce PC expenditures: 10.1.2013											X	

#### **MOE Chart**

- State Plan Amendment applications are expected to include a chart comparing existing State level expenditures on all required and any permissive services presently offered and project anticipated spending under CFC.
- This chart would also include any new services funded under CFC as projections but not current expenditures.

# Example MOE Chart

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- 12		

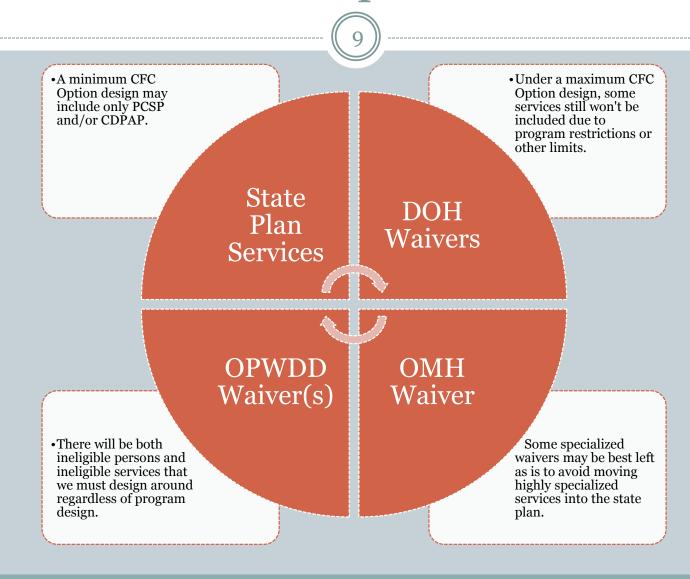
	aintenance of Expenditure I	Base Year	and Projected		
Spending under CFC					
Existing State Plan Programs		Base Year	Projected		
	Services offered under CFCO	MOE	Spending Under CFC		
Personal Care					
	Personal Care Level I	\$\$	\$\$		
	Personal Care Level II	\$\$	\$\$		
CDPAP					
	Personal Care	\$\$	\$\$		
	New Service # 1 under CFC		\$\$		
Home Health					
	Home Health Aide	\$\$	\$\$		
PERS					
	PERS	\$\$	\$\$		
DOH Waiver Programs:					
LTHHCP, TBI, NHTD, CAH					
	Service Coordination	\$\$	\$\$		
	Supervision & Cueing	\$\$	\$\$		
OPWDD Waiver Program					
	Consolidated Supports & Services	\$\$	\$\$		
OMH Waiver Program					
	Skill Building	\$\$	\$\$		
Total		\$\$	<b>\$\$\$</b>		

### Program Design

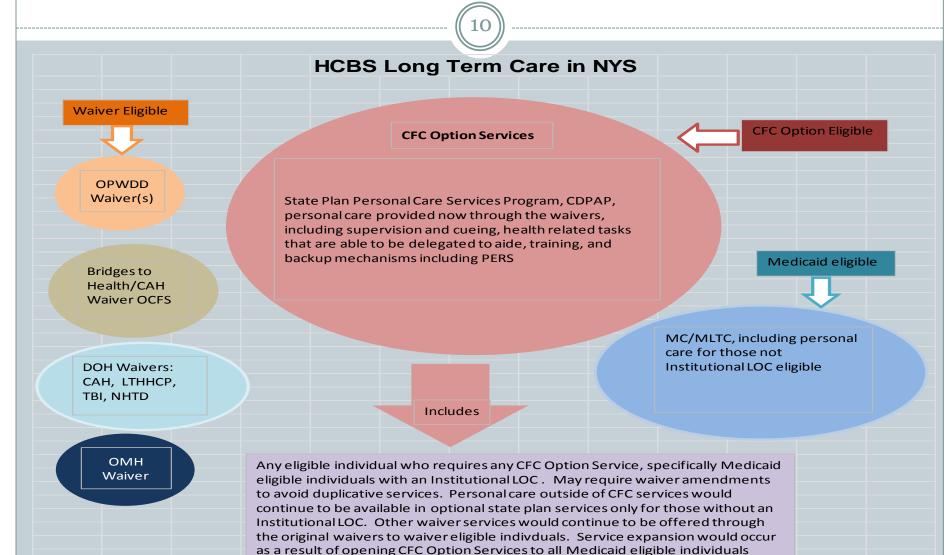


- Related to MOE is program design. The MOE Chart will vary depending on what services are offered under CFC.
- Options range from simply separating out required CFC services from those offered through the state plan currently to providing any PASS that are currently available through waivers to all eligible individuals through the CFC Option in the State Plan.
- Individuals may be enrolled in CFC and also access state plan services and/or non-duplicative waiver services.

# **CFC Options**



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rather than limiting those services to those enrolled in existing waivers.