

# CFC Advisory Group MOE and Program Design

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# Maintenance of Expenditure

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- **441.570(b) of Final Rule:**
  - “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

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- 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.



# MOE Chart

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- 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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## EXAMPLE: Chart of Maintenance of Expenditure Base Year and Projected Spending under CFC

| Existing State Plan Programs                   | Examples of Current & Additional Services offered under CFCO | Base Year MOE | Projected 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   | \$\$          | \$\$                         |
| DOH Waiver Programs:<br>LTHHCP, TBI, NHTD, CAH | Service Coordination   | \$\$          | \$\$                         |
|  | Supervision & Cueing   | \$\$          | \$\$                         |
| OPWDD Waiver Program                           | Consolidated Supports & Services                             | \$\$          | \$\$                         |
|  | Skill Building   | \$\$          | \$\$                         |
| OMH Waiver Program                             |  |               |                              |
| <b>Total</b>                                   |  | <b>\$\$</b>   | <b>\$\$\$</b>                |

# Program Design

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- 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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• A minimum CFC Option design may include only PCSP and/or CDFAP.

• Under a maximum CFC Option design, some services still won't be included due to program restrictions or other limits.

State  
Plan  
Services

DOH  
Waivers

OPWDD  
Waiver(s)

OMH  
Waiver

• There will be both ineligible persons and ineligible services that we must design around regardless of program design.

Some specialized waivers may be best left as is to avoid moving highly specialized services into the state plan.

# CFC Options

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## HCBS Long Term Care in NYS

