MEETING INFORMATION

Title: Community First Choice Implementation Council Meeting
Host: Maryland Department of Health and Mental Hygiene
Day/Time: Thursday, October 3, 2013 1pm-3pm
Location: Department of Health and Mental Hygiene, Rm L3

INTRODUCTIONS

- Welcome
- Attendance
- Guest speaker Deputy Secretary Chuck Milligan

ANNOUNCEMENTS

Next Council meeting will be 10/23, will address the final decision on rates, go over regulations in more detail and discuss training efforts and approach to training in more detail.

There was a document sent comparing proposed regs, comments made and where changes were made, as well as where a comment was received but not changes and the rationale behind that.

Regs will be published soon and we will need to stay on track to launch the program on January 1st. The Department is committed to making improvements and changes to the program, but making substantive changes now could delay the launch. We need to finalize the regs to stay on schedule.

DISCUSSION

A power point presentation on rate setting was shown of the charts provided to the council previously through email in preparation for this meeting, and discussed in detail.

The total projected participant in CFC is 9,909

- 5,222 MAPC
- 1,005 LAH
- 2,852 OAW
- 830 New participants

The majority of the participants will be CFC only, then waiver and CFC, then 991 people will be MAPC only (non NF level of care). MAPC only will not receive 6% enhanced match—served through the program but financed 50/50.

MAPC is currently not paid hourly and this will change. Current rates translated to an hourly rate:

- Level 1-- 1.03 hours at $13.85/hr
- Level 2—2.1 hours at $13.59/hr
- Level 2b—8 hours at $6.41/hr

The averaged weighted rate is $12.31/hr

Independent providers are currently paid hourly and rates vary by program, with the lowest being $10.22/hr and the highest being $13.39. The weighted average for independent providers is $12.27.

Agency provider rates are also hourly and vary by program, but are higher due to the overhead costs and taxes associated with the agency.

The big picture is that we can't afford to take all the rates up to the high range. State fund is not growing (only match is). Need to move toward a singular program so there is less disparity and competition for a more fair structure.

Services included in the budget—

- Flexible budget—personal assistance, home delivered meals, items that substitute for human assistance
- Based on need and need approval from Department—technology, environmental accessibility adaptations, environmental assessments, supports planning, transition services
- Waive services, do not come out of budget—dietician and nutrition services, family training, medical day care, behavioral health consultation, senior center plus

Grouping budget levels—RUG categories were collapsed into 6 groups

- From group 1, high function, low ADL deficit, with a budget of $8354 up to group 6, most complex needs, with a budget of $54,109.

Current LAH, WOA and MAPC participants hours were mapped and compared to the group they would fall into under CFC

- Under CFC, at the base rate, all MAPC participants will receive more hours than they currently do.
- If a participant chooses to self direct and have assistance 7 days a week, hours will vary slightly based on if the consumer chooses to pay the minimum or maximum rate.
    - We need feedback on the lowest rate providers can be paid—we based proposal on the current lowest rate (10.22) paid to individual providers
        - Max rate ($13.39) is to help protect participant from being taken advantage of by provider
- To illustrate how the budget would change, a 5 day a week schedule is shown—number of hours per day goes up.
    - A participant who self directs can choose any number of days, this is just an illustration.

Table showing where current participants land in different groups—when combined, most people fall into group 1, group 2 and group3 are also large, 4,5 & 6 are smaller

- Most MAPC and new participants fall into group 1
- Most waiver participants fall into groups 2 & 3

Table 3 on page 6 of the document sent out prior to the meeting shows the 23 RUG categories—RUG categories come from the interRai tool.

Questions sent in prior to the meeting were addressed:

- Why use RUGs? Isn't this a medical model?
    - RUGs are used in Nursing Facility settings in a majority of states. For CFC, there are some components that go outside of the medical model—the instrument includes IADLs & ADLs related to dependence and independence. It is important to have an independently validated mechanism to score and set budgets.
- Some people in LAG and OAW might have a budget that gives fewer hours than they are currently getting. What are the appeal rights to challenge a reduction in hours and how will participants be notified of appeal rights?
    - We are creating an exceptions process, and if a person need more they will have the right to this process. The process has not been articulated in detail yet. Page 8 of the document sent prior to the meeting discusses this—the Department will take into account current

service level hours from waiver and have set aside money in the budget for those exceptions. We do not want to cut hours in a way that would put people at risk. These exceptions cannot be approved up front as CFC is a State Plan, which requires people with similar needs must get similar services—comparability standard. To give more to people coming out of the waiver than others would violate this standard. We are increasing MAPC hours, giving service to new people, we are protecting LAH & OAW people and allowing non NF level of care people to get services (without match).

- How did we collapse 23 RUGs into 6 groups?
    - We used case mix indices—a risk adjustment mechanism, and groups like people together based on acuity and level of need. We could have more or less groups but could not use too many groups or else it would be too skewed statistically.
- What are examples of conditions that land people in these groups?
    - Group 1—20% of people are not NF level of care, clinically complex, cognitive, behavioral need, etc require 1 ADL limited assistance, or 1 category of IADL assistance. Generally higher functioning.
    - Group 2—similar to group 1 but also meet rehab, more extensive IADL and more limited in ADL
    - Group 3—special care, clinically complex, etc... limited to maximum IADL
    - Group 4,5,6—extensive and total ADL dependence

There was a request for more time for recommendations—up to one week from today, close of business on 10/10/13, the Department will accept additional recommendations.

Questions from Council

- Do the services in the middle category on the services offered chart come out of the participant's flexible budget?
    - No the flexible budget is only the column on the left, anything in the middle is an add on. Home delivered meals come out of the flexible budget because are only allowed under items that substitute for human assistance.
- What will happen to MAPC participants/providers rates after January 1?
    - In CFC, MAPC will have at least the hours they currently get or more at an hourly rate.
- Please send RUG and group descriptions to council.
- Is it true that MAPC will get higher levels of care but higher needs participants will have to cut services?
    - When we look at comparable levels of need, people in waivers get more hours. Hence, MAPC will get more, but there will be an exceptions process for waiver participants. The intent is not to cut hours, but some rates will have to come down to make this work.
- What is the current budget amount for waiver participants?
    - It depends on an individual's plan of service—for waiver participants, the cost of CFC is part of the cost neutrality test. Waiver and CFC has a cap. Flexible budget is only for left column.
- What is the current rate for level 6 in a NF?
    - It is not comparable—there are different RUGS in the facility and community
- What does cost neutrality mean in this context?
    - Ultimately, the council can recommend to raise or lower budgets, but the ultimate math will have to come out to the same total in the end.
- Comment—If the council had the opportunity to see the budget 11/2 years ago, may have looked at the program differently regarding frills and extras. The program may be a hardship on some people who may lose hours. How can we expect 6% to cover all the extras—we could have gone

to the legislature and asked for more money and let people keep the hours they currently have—we wouldn't have added so many frills
    - Response to comment from the Department—It would be helpful to identify specific things that are detracting from the personal care hours (frills, extras). The department agrees that we need the legislature to commit to this program as well.
- Is it too late to go back for more money in the budget so fewer people are hurt?
    - Currently there is money in the exceptions process to help avoid service cuts. The only way to increase overall hours in the program is to increase the funding for the program.
- Question about provider registry
    - Registry is still being worked on.
- What is this overall budget for the program?
    - $155,000,000
- Is neutrality $94,000 for waivers?
    - This is not what is used.
- Comment from the Department—We do not want consumers to be unhappy—we do not want participants to feel like the program is a mistake. We are trying to accomplish greater self direction and control and fairness for participants and providers. We are trying to create a program without service reductions. If this program isn't workable or needs more time, then we need to talk. We can't make all improvements/compromises. We cannot create a program that perpetuates the disparity, but we cannot get more money this year. We do not want to come out of this process with unhappy participants. Please provide constructive feedback.
- Concern about the work legally responsible in the regulations, concerned about who can be a paid individual provider.
    - Guardian of person is legally responsible—will check that regs are clear
- Under the program will there be a limitation to 5 hours of work for providers?
    - No—the only limits are labor laws.

Discussion regarding questions sent out in the agenda in advance of the meeting

- When a consumer is trying to decide between higher rates or more hours, because personal assistance is such a priority, most people will choose more hours/less rates—feels this is pitting everyone against one another. Does not want to make recommendations on behalf of 9000 people. Concerns about people being able to find someone to work for only 1.5 hours.
    - Currently that is happening in MAPC (working for 1.5 hours), currently have competition among programs due to different rates
- It makes sense to set things outside of the flexible budget. It is important that agencies have a higher rate due to administrative costs. It is good to have money set aside for the exception process. One hesitation, delaying the program could lose the momentum that currently exists, especially with administrations changing. There is shared desire for more interest from legislature and we should strike while the iron is hot.
- The proposed rate will push out agencies—cannot stay in business with these rates. Currently there are billings that are over $54, 000 a year for participants. Concerned there is not enough state funding overall.
- Comment that a higher rate does not guarantee efficient service—have to hold workers accountable and push that they be good at what they do.
- Would like to see the breakdown of the 155,000,000 and how this rate setting affects real people
    - Adah will volunteer to be assessed

PUBLIC COMMENTS

- When talking to agency providers, they have indicated they cannot accept those rates. Would like the council to consider the impact on agency providers, concerned about quality of care
- Concern about large number of exceptions—how long will exceptions last?
    - Will be considered each time a new plan of service is submitted, based on the same criteria.
- Are exceptions only for people on a waiver?
    - No, for anyone in CFC who feels they need an exception
- Haven't seen the necessary changes to comply with A(2) requirement—vision for the program is that it becomes less care and more independence focused. Would like regs to reflect that.

CONCLUSION

These are all hard issues when working inside of a fixed budget—it caused Arizona and Louisiana to pull their applications—we do not want to do that.

Please advise us about how best to proceed remember that we do not have the resources to increase every variable

Nothing precludes you from doing advocacy outside of this process, but within this process we have to work with the variables we have.

Thank you for your honesty and keeping us accountable.

NEXT MEETING

The next meeting is scheduled for Thursday, October 23, 2013 from 2pm to 4 pm