

Community First Choice Services/ Personal Care Services



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

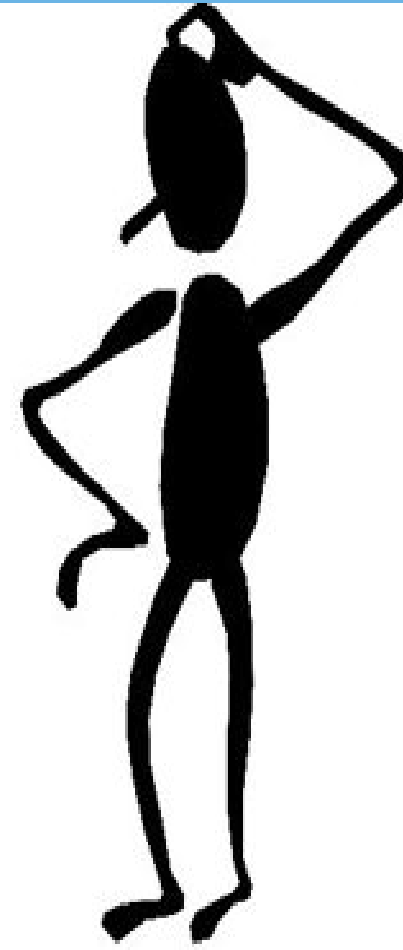
Community Services Bureau Mission Statement

The mission of the Community Service Bureau is to address the needs of Medicaid-eligible Montanans who require assistance and support in meeting their ongoing health needs by developing, managing, funding, and ensuring quality in home-based services, which fosters independence and dignity, contains costs, and provides options to members.



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State Plan Services



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Medicaid State Plan



- State Plan Services are authorized by Title XIX of the Social Security Act (1965).
- Initially covered primary and acute health care services
- Home health and personal care were added in the 1980s, under (905(a) of the Social Security Act)
- Community First Choice Services (CFCS), Personal Care Services (PCS), Durable Medical Equipment (DME), Home Health, Hospice, Medicaid Transportation, Pharmacy, Physician Services, Dental, Hospital, etc.

CFCS/PCS Programs

- The Community First Choice Services and Personal Care Services (CFCS/PCS) Programs are entitlement programs designed to provide long-term supportive care in the home setting.
- Entitlement programs are rights granted to citizens and certain non-citizens by federal law. The programs are either contributory or non-contributory. Non-contributory means the program benefits are available to participants regardless of whether they have contributed to the program.
- These programs enable thousands of elderly and disabled citizens to remain in their homes. The type of care authorized is tailored to each individual in a person-centered manner and dependent upon their needs, living situation, and availability of caregivers.

Program History in Montana

Montana began providing PCS in the late 1970s. Historically, under this agency-based program, an enrolled Medicaid agency provided a nurse supervisor to oversee the member's service plan and personal care worker training.

In the mid-1990s, Montana expanded PCS to include a self-directed option, so members could schedule, hire, train, and direct their personal care workers.

In 2014, Montana was the third state in the country to be approved to deliver PCS under the 1915(K) Community First Choice federal authority. This expanded service options to include personal emergency response systems (PERS), community integration, skill acquisition, correspondence assistance and yard hazard removal.



State and Federal Authority

The PCS program falls under section 1905 of the Social Security Act.

The CFCS program falls under section 2401 of the Affordable Care Act.

MCA 53-6-145, ARM 37.40.1001-1030 and ARM 37.40.1110-1135 provide state statute and rules.



CFCS/PCS Program Summary and Goals

CFCS/PCS are medically necessary, in-home services provided to Medicaid members whose health condition cause them to be functionally limited in performing regular activities of daily living and instrumental activities of daily living.

The goal of the CFCS/PCS program is to support a member's quality of life and support a member's choice to live in the community by providing personal care supports through a person-centered planning framework that enhances member's quality of life.



CFCS/PCS Eligibility

Eligibility requirements for both programs:

- The member has a health condition that limits his or her ability to perform activities of daily living
- The member must participate in the screening process
- The member must be eligible for Medicaid

Additional Requirements for CFCS:

- A member must also meet level-of-care for a nursing home facility placement.



Basics of Medicaid Services

- Service must be allowed through federal regulations.
- Federal regulations found in CFR (generally 42 CFR).
- Every service must be approved by CMS.
- Service scope, duration, amount, and limits are outlined in the state plan pages or waiver application.
- Reimbursement for service is funded through federal and state funding.
- Medicaid is payer of last resort (third-party liability).
- Many services require prior authorization (PA)
- CFCS/PCS require a functional assessment from Mountain Pacific (MP)
 - CFCS also requires level-of-care



Level-of-Care



Members who meet **level-of-care (LOC) criteria** may be eligible for additional services if medically appropriate:

- PERS
- Community integration
- Yard hazard removal
- Correspondence assistance



Everyone **approved for PCS** is **automatically reviewed for CFCS**.

Currently, CFCS members account for 95% of enrollees, and PCS accounts for 5%.





State Plan

CFCS/PCS are state plan, entitlement, Medicaid programs.



Restrictions

Because it is a state plan program, there are a number of restrictions as to what can be authorized/provided.

CFCS/PCS



Hands-On Care

Hands-on care is the focus.



Medicaid Member

Current and full Medicaid eligibility is required before a referral can be made.



Service Scope



Activities of Daily Living (ADLs)



Instrumental Activities of Daily Living (IADLs)



Medical Escort

Bathing, dressing, grooming, toileting, transferring, positioning, mobility, meal preparation, eating, exercise, medication assistance. *Medicaid member must have ADL needs to qualify for the program.*

Light housekeeping, laundry, shopping. *IADL services are limited, depending on the ADL needs.*

For Medicaid members who need assistance enroute or at the destination of medical appointments.



CFCS Additional Services

IADL Services:

- **Community integration:** Assistance and support to participate in recreational and community activities
- **Yard hazard removal:** Safe access to the home.
- **Correspondence assistance:** Assistance opening mail, filing records, and completing paperwork - member must direct.

Additional Services:

- Skill acquisition training
- PERS
- Mileage (in conjunction with shopping/community integration)



CFCS/PCS Services are NOT....

Services to
maintain an entire
household or
family

Supervision or
companionship

Habilitation aide or
specially trained
attendants

Pet care

Child
care/babysitting

Services to replace
parental
responsibility



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CFCS/PCS Referral Process



Electronic Visit Verification



EVV is a requirement of the 21st Century Cures Act, 42 U.S.C. 1396(b)(l).



It automates the gathering of service information by capturing time, attendance, and care plan information entered by a home care worker.



It is required for live-in caregivers.



Montana fully implemented EVV on July 1, 2024.



The intent of EVV is to reduce fraud, waste, and abuse.



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Person-Centered Plan of Care

CFCS/PCS use a person-centered planning approach that focuses on the member, how they want to live, and what is important to him/her. Planning is strength-based and centered on the member's current abilities to determine how services should be implemented.

The ultimate goals of person-centered planning are (while also assuring health and safety):

- increased member choice
- participation
- independence



Questions?

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