



CDSS

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DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES



EDMUND G. BROWN JR.
GOVERNOR

August 29, 2014

ALL-COUNTY LETTER NO. 14-60

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: IMPLEMENTATION OF THE COMMUNITY FIRST CHOICE OPTION
(CFCO) PROGRAM

REFERENCES: SOCIAL SECURITY ACT (SSA) Section 1915(k) (42 United States
Code Section 1396n); WELFARE and INSTITUTIONS CODE (WIC)
Section 14132.956; IHSS PROGRAM MANAGERS' LETTER
(DECEMBER 2, 2011); COUNTY FISCAL LETTER (CFL) No. 12/13-
28 (JANUARY 24, 2013)

This In-Home Supportive Services (IHSS) All-County Letter (ACL) provides counties with additional information regarding implementation of California's CFCO Program.

Background

The federal Patient Protection and Affordable Care Act (ACA) of 2010 (Public Law 111-148) was enacted March 23, 2010 and established CFCO as a new State Plan Option, which allows States to provide Home and Community-Based Attendant Services and Supports.

In December 2011, the California Department of Social Services (CDSS) and the California Department of Health Care Services (DHCS) submitted a State Plan Amendment (SPA) for the CFCO Program to the Centers for Medicare & Medicaid Services (CMS). This SPA allowed California to receive an additional 6% in federal funding for services for CFCO-eligible Personal Care Services Program (PCSP) and IHSS Plus Option (IPO) program recipients, who were moved into CFCO, and for new CFCO-eligible applicants. This initial CFCO SPA was approved by CMS on August 31, 2012, retroactive to December 1, 2011.

The initial SPA was based on the *draft* CFCO federal regulations and was approved with the understanding that a new SPA would be submitted for approval to include

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

Nursing Facility Level of Care (NF LOC) eligibility criteria as required, per the final CFCO regulations. The new CFCO SPA was approved by CMS on July 31, 2013, with an effective date of July 1, 2013.

California was the first state in the nation to receive approval for implementing the CFCO Program. With this addition, California now operates four IHSS programs: IHSS-Residual (IHSS-R), PCSP, IPO and CFCO.

Development and Implementation Council

As required by 42 Code of Federal Regulations (CFR) Section 441.575 and WIC Section 14132.956, CDSS established a Development and Implementation Council (Council) to collaborate on the implementation of CFCO. The Council is composed of elders and individuals with disabilities, their representatives, and other stakeholders. CDSS, DHCS, and the Council worked together to develop both CFCO SPAs to implement CFCO services and supports. The counties will be notified of any further Council meetings necessary to provide updates on the status of CFCO implementation.

CFCO Eligibility

All CFCO participants must be eligible for Full-Scope, Federal Financial Participation (FS FFP) Medi-Cal (as in the PCSP and the IPO programs), and meet CFCO NF LOC eligibility based on one of the following criteria:

1. Have a total assessed need (excluding heavy cleaning and yard hazard abatement) of 195 or more IHSS hours per month.
2. Have a total assessed need (excluding heavy cleaning and yard hazard abatement) under 195 IHSS hours per month and:
 - Have 3 or more of the following services with the designated Functional Index (FI) Ranks:
 - Eating, FI Rank of 3-6
 - Bowel and bladder/menstrual care, FI Rank of 3-6
 - Bathing/grooming, FI Rank of 4-5
 - Dressing, FI Rank of 4-5
 - Mobility inside, FI Rank of 4-5
 - Transfer, FI Rank of 4-5
 - Respiration, FI Rank of 5-6
 - Paramedical, (FI Rank not applicable)

OR

- Have a combined FI Rank of 6 or higher in mental functioning (memory, orientation, and judgment). FI Ranks for mental functioning can be either 1, 2, or 5.
3. Have a combined “Individual Assessed Need” total of 20 hours or more per week in one or more of the following services:
- Preparation of meals
 - Meal clean-up (if preparation of meals and feeding are assessed needs)
 - Respiration
 - Bowel and bladder care
 - Feeding
 - Routine bed baths
 - Dressing
 - Menstrual care
 - Ambulation
 - Transfer
 - Bathing, oral hygiene, grooming
 - Repositioning and rubbing skin
 - Care and assistance with prosthesis
 - Paramedical services

The above NF LOC criteria were developed by DHCS in consultation with CDSS.

The new CFCO eligibility requirements are more stringent than those in effect from December 1, 2011 through June 30, 2013; therefore, individuals with FS FFP Medi-Cal eligibility who were, but are no longer, eligible for CFCO, due to the NF LOC criteria, will be served in the PCSP or IPO programs, effective July 1, 2013.

Please note that, as in the IPO program, recipients in CFCO may also receive Restaurant Meal Allowance, Advance Pay, service(s) provided by a recipient’s spouse, and service(s) provided by a minor recipient’s parent.

Required Services in CFCO

The four required services in CFCO are:

1. Assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and health-related tasks, which currently include:
 - Personal Care Services
 - Protective Supervision
 - Domestic and Related Services

- Paramedical Services
 - Medical Accompaniment
 - Heavy Cleaning
 - Yard Hazard Abatement
2. Acquisition, maintenance, and enhancement of skills necessary for recipients to perform ADLs, IADLs, and health-related tasks:
- This service is provided via the IHSS Teaching and Demonstration Service, as described in Manual of Policies and Procedures (MPP) Section 30-757.18. This regulation section contains all the information regarding the Teaching and Demonstration service currently available. (Previously, only IHSS-R recipients were eligible for the Teaching and Demonstration Service.)
 - A recipient training handbook addressing “Teaching and Demonstration” is available online at the IHSS Consumer/Recipient Resources webpage at: http://www.cdss.ca.gov/agedblinddisabled/res/FactSheets/IHSS_Teaching_and_Demonstration_Color.pdf
3. Back-up Systems to ensure continuity of services and supports:
- The back-up system requirements are being met through the use of the Individualized Back-up Plan and Risk Assessment process for all CFCO recipients.
- Effective December 1, 2011, form SOC 864 (IHSS Program Individualized Back-up Plan and Risk Assessment) is a required form for use during assessments and reassessments. Please refer to the IHSS Program Managers’ Letter, dated December 2, 2011, at: [http://www.cdss.ca.gov/agedblinddisabled/res/pdf/CFCO-FINAL%20PM's%20Letter%20\(12-2-11\).pdf](http://www.cdss.ca.gov/agedblinddisabled/res/pdf/CFCO-FINAL%20PM's%20Letter%20(12-2-11).pdf)
 - Please note form SOC 864 is now automated in the Case Management, Information and Payrolling System (CMIPS) II.
4. Voluntary Recipient Training on Managing Care Providers:
- Recipients may choose to receive training on how to manage their care providers. Training options include:

- A recipient training handbook available online at the IHSS Consumer/Recipient Resources webpage:
http://www.cdss.ca.gov/agedblinddisabled/res/2011_IHSS_Consumer_Training_HB_v2.pdf
- Recipient education videos located at the link below. These videos address how an IHSS consumer/recipient may hire a care provider and includes tips on how to find, interview, and select a care provider.
<http://www.cdss.ca.gov/agedblinddisabled/PG3154.htm>

Although CFCO regulations allow States to provide permissible services and supports, such as expenditures for transition costs, California did not elect to include permissible services.

6% in Federal Medical Assistance Percentage (FMAP)

As previously stated in this ACL, the federal ACA provides an additional 6% in FMAP for CFCO Home and Community-Based Attendant Services and Supports. The required CFCO services eligible for the enhanced FMAP are: (1) assistance with ADLs, IADLs, and health-related tasks and (2) acquisition, maintenance, and enhancement of skills necessary for recipients to perform ADLs, IADLs, and health-related tasks.

The 6% in FMAP was retroactive to December 1, 2011. Counties received their portion of the enhanced FMAP for the period December 1, 2011 through June 30, 2012. After June 30, 2012, the counties' portion of the additional 6% in FMAP was factored into the calculation of the County Maintenance of Effort (MOE). Please see CFL No. 12/13-28 for additional details.

http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/cfl/2012-13/12-13_28.pdf

Systems and New Aid Code

As a newly established IHSS program, CFCO was assigned the Medi-Cal Secondary Aid Code of 2K in CMIPS II. CMIPS II programming of this Aid Code is expected to be completed by September 1, 2014. Prior to that, CFCO recipients will receive services under CFCO, but will continue to be identified in the system as either a PCSP (Aid Code 2M) or IPO (Aid Code 2L) case.

Effective September 1, 2014, as the movement of IPO recipients into CFCO is completed, those recipients who are considered Non-Severely Impaired (NSI) and receive protective supervision, will be eligible for 195 hours of protective supervision, plus hours for other services, up to a maximum of 283 hours per month.

Quality Assurance (QA)

The CFCO SPA resulted in two notable changes to existing QA requirements for all IHSS programs:

County Annual Quality Assurance/Quality Improvement (QA/QI) Plans:

- The static (i.e. unchanged) data formerly reported in the QA/QI Plans will instead now only be included in county Policies and Procedures (P&P). The CFCO SPA reflects the requirement to review county P&P for that information, in addition to reviewing the QA/QI Plan. Please refer to ACL No. 13-105 (Updated Guidance on County Submission of Annual QA/QI Improvement Plans) for further details.

QA Sample Size

- Previously, county QA was required to conduct 250 desk reviews per allocated QA position every year, with a subset of 50 also receiving home visits. The new methodology results in significantly reduced workloads for counties, while still providing for the review of a representative sample of each county's IHSS caseload, statistically valid to within appropriate parameters.

SOC 824

On a quarterly basis, counties report IHSS program-specific data on form SOC 824 (IHSS QA/QI Quarterly Activities Report), which now includes fields for CFCO program data. Prior to the September 1, 2014 implementation of the CFCO 2K Aid Code, we request that counties enter "0" in the CFCO data columns, as there is no other automated means to capture this data. Beginning September 1, 2014, counties will enter CFCO data on form SOC 824 based on cases with a 2K Aid Code.

For questions regarding this ACL, please contact the Adult Programs Policy and Operations Bureau at (916) 651-5350.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

c: CWDA
Department of Health Care Services