



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH & HUMAN SERVICES
 DIVISION OF COMMUNITY BASED CARE SERVICES
 BUREAU OF ELDERLY & ADULT SERVICES

BEAS
 8.6.14

**Choices for Independence
 Program Overview**

The Choices for Independence Program (CFI) provides Medicaid-covered home and community based long term care services to eligible adults. The program is an alternative to nursing facility care and provides a wide range of service choices designed to help program participants stay in their own homes and communities.

Access:

Individuals may access information and application materials for the CFI program at many locations including the NH DHHS District Offices and website, hospitals and health care providers, nursing facilities, and ServiceLink Resource Centers (SLRCs).

Eligibility:

To be eligible for CFI, a person must be:

- 1) Age 18 or older with a chronic illness or disability;
- 2) Financially eligible for the Medicaid Program; and
- 3) Clinically in need of the level of care provided in a nursing home.

Clinical eligibility is based upon a standardized nursing assessment and is redetermined annually. BEAS nurses determine clinical eligibility (both initially and on redetermination). Everyone who is found eligible is enrolled in the CFI program – there is no waiting list.

Each month, about 2889 individuals receive CFI services. On average, nearly 200 new applications are received and about 200 clinical redeterminations are due each month.

Services:

CFI has a range of medically focused services that are individually authorized by BEAS nurses. These services address a person’s chronic (long-term) care needs.¹ The following services are covered under the CFI program:

Adult Family/Kinship Care	Homemaking	Residential Care
Adult In-Home Care	Home Health Aide	Respite Care
Adult Medical Day	Nursing	Special Medical Services
Home Modifications	Personal Care	Supported Housing
Home Delivered Meals	Personal Emergency Response	

Expenditures:

The total CFI budget for SFY14 is about \$56.4M. The average monthly expenditure for CFI waiver services is approximately \$1600 per participant. The federal match provides 50% of the cost for CFI services. Most of the remaining 50% is from county funds, up to the annual cap. Overall, the counties pay close to 90% of the non-federal share.

¹ Note that services provided through NH Medicaid address acute and primary health care needs.

Case Management:

Case managers coordinate and monitor services. Once the BEAS nurse determines CFI eligibility, the participant is asked to select a case manager. If the participant does not have a preference, a case manager is selected by BEAS. The case manager meets with the participant to develop a person-centered plan of care. Services and providers are identified and this information is sent to BEAS for authorization.

The care planning process is ongoing and can result in changes to service authorizations at any time. Modifications are made as needed, such as changes due to:

- 1) A change in the participant's care needs;
- 2) Caregivers who had provided unpaid services becoming unavailable; or
- 3) The participant choosing to receive care from a different provider.

Providers:

Participants receive services from enrolled providers that have been authorized to give care. There are over 200 agencies enrolled to provide one or more CFI services. To become a provider, agencies must enroll through NH Medicaid, and must meet certain programmatic requirements such as licensure or certification through the Bureau of Health Facilities.

Providers bill directly to the Medicaid Program for authorized services.

Cost controls:

RSA 151-E: 11 contains the following cost controls for the program:

- 1) The average annual costs in the aggregate for home care and mid-level care shall not exceed 50% and 60%, respectively, of the average annual cost for nursing facility services; and
- 2) If the costs of community based care (CFI services + certain regular Medicaid services) for a participant or applicant are expected to exceed 80% of the average annual NF cost, prior approval from the Commissioner's Office is required before the participant/applicant can receive CFI services.

Current CFI - State Plan Medicaid intersections:

Approximately 35% of the CFI participants are enrolled in a managed care organization (MCO).

Several CFI services are very similar to those provided under NH Medicaid. They are:

Adult Medical Day	Home Health Nursing
Home Health Aide	Special Medical Equipment

In addition, a number of providers currently provide services in both CFI and NH Medicaid. Such providers include:

- 1) Adult Medical Day providers;
- 2) Specialized Medical Equipment providers; and
- 3) Home Health providers.