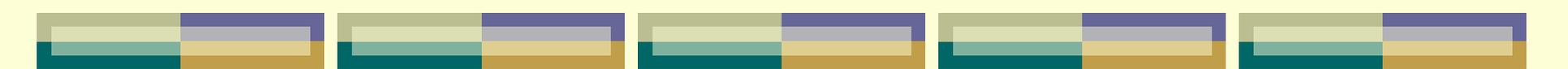


Why is it Called a “1915(c) Waiver”?

§1915(c) is a provision of the Social Security Act (SSA) that permits the US Department of Health & Human Services to waive any or all of these three specific provisions of the SSA:

1. **§1902(a)(10)(B) (Comparability)**. This allows a state to limit the provision of HCBS waiver services to Medicaid beneficiaries in the specified target group(s). **Applies to CFI**
2. **§1902(a)(1) (Statewideness)**. This allows a state to limit the operation of a waiver to specified areas of the state; and,
3. **§1902(a)(10)(C)(i)(III) (Income and Resources for the Medically Needy)**. This allows a state to apply institutional income/resource “eligibility” rules. **Applies to CFI**

§1915(c) does not give authority to waive any other provisions of the SSA. All other pertinent Medicaid statutory requirements apply to the operation of a waiver.

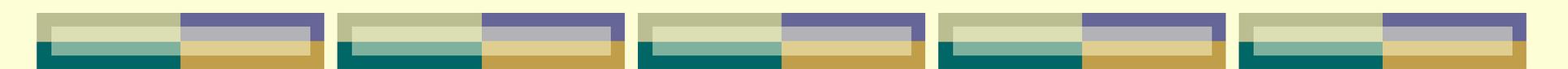


What is the Purpose of a Waiver?

The authority of Section 1915(c) of the SSA permits a waiver of three specific Medicaid requirements in order to furnish an array of home and community-based services that promote community living for Medicaid beneficiaries and, thereby, avoid institutionalization.

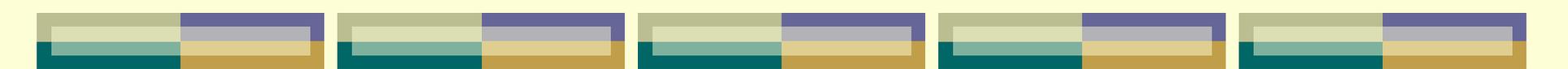
Waiver services complement and/or supplement the services that are available through the Medicaid State plan and other Federal, state and local public programs as well as the supports that families and communities provide to individuals. In its waiver design, a state:

- Determines the target group(s) of beneficiaries to be served;
- Specifies the services to support participants in the community;
- Determines the qualifications of waiver providers;
- Promotes a cost-effective service delivery;
- Develops and implements a Quality Improvement Strategy to meet essential Federal statutory assurances and safeguards.



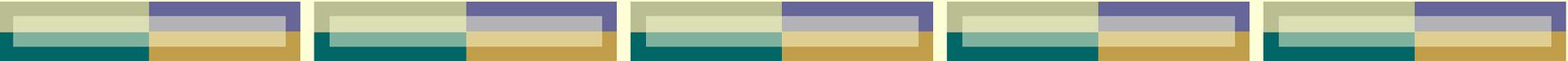
Choices for Independence (CFI)

- CFI is a 1915(c) Medicaid waiver program administered by the Bureau of Elderly and Adult Services (BEAS).
- The approved CFI waiver document is on the DHHS website: <http://www.dhhs.nh.gov/dcbcs/beas/documents/cfiwaiver20120701.pdf>
- The waiver document is organized into the following appendices that describe how NH DHHS administers the program.
 - Administration and Operation
 - Participant Access and Eligibility
 - Participant Services
 - Participant-Centered Planning and Service Delivery
 - Participant Rights
 - Participant Safeguards
 - Quality Improvement Strategy
 - Financial Integrity and Accountability
 - Cost Neutrality Demonstration



CFI Eligibility

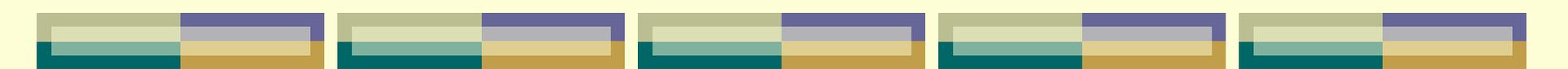
- Individuals may apply at a District Office or at one of the 10 ServiceLink Resource Centers located throughout the state.
- To be eligible for the CFI program, an applicant must:
 - Be a member of the target population approved by the Centers for Medicare and Medicaid Services (CMS);
 - Be financially eligible for the NH Medicaid Program;
 - Meet the clinical eligibility standards defined in RSA 151-E:3 and He-E 801; and
 - Require CFI services to avoid the need for nursing home care.
- There is no waiting list for CFI eligibility or services.
- Financial and clinical eligibility is redetermined annually.
- Cheryl will provide greater detail about eligibility.



Snapshot of Participation by County

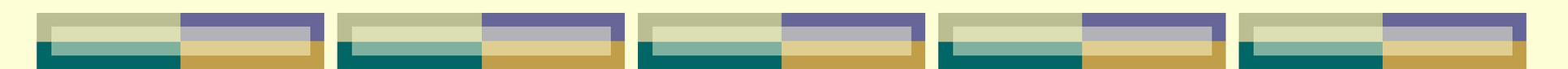
In August, about 2853 participants received services.

| County | Number of Individuals Served in August |
|--------------|--|
| Belknap | 100 |
| Carroll | 40 |
| Cheshire | 113 |
| Coos | 141 |
| Grafton | 131 |
| Hillsborough | 676 |
| Merrimack | 222 |
| Rockingham | 240 |
| Strafford | 239 |
| Sullivan | 128 |
| (unknown) | 823 |



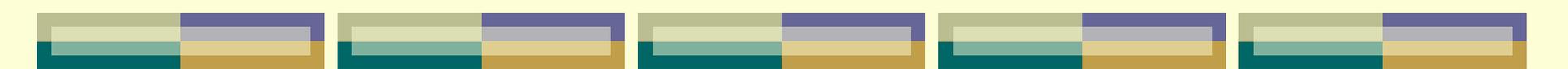
CFI Services

- BEAS authorizes every service in the Options information system based on clinical information. This feeds to the payment system (MMIS), which notifies providers.
- Services are authorized when clinically necessary to meet needs identified in the care plan that are not already met through other means, such as Medicare, the Medicaid State Plan or informal caregiving.
- Services include:
 - Adult Family Care
 - Home Modifications
 - Home Delivered Meals
 - Homemaking
 - Home Health Aide & Nurse
 - Medication Dispensing Devices
 - Non-Medical Transportation
 - Personal Care
 - Personal Emergency Response
 - Residential Care
 - Respite Care
 - Supportive Housing



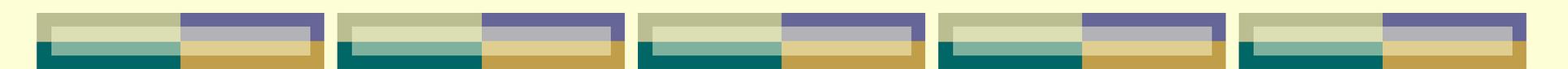
Care Planning

- Clinical data from the MEA informs the development of a comprehensive long term care service plan and is used at each level of service provision.
- The key feature of care planning is that the individual is at the center of all planning, which starts with a face to face meeting between the individual and the case manager, usually at the individual's home.
- Care planning is an ongoing component of the CFI program. The case manager maintains contact with the Individual on a monthly basis, and must have a face to face meeting at least every 60 days.



Care Planning (cont.)

- The case manager is responsible for monitoring the individual's well being and satisfaction with the services being provided.
- If the individual is dissatisfied with a provider, the case manager assists in identifying an alternate provider and obtaining a service authorization for that provider.
- If the individual's needs change, the case manager adjusts the comprehensive care plan and requests adjusted service authorizations accordingly. When this occurs, the case manager describes the reason(s) for change to BEAS.



CFI Providers

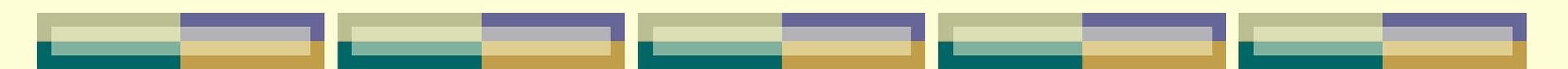
- Over 250 providers are enrolled in the NH Medicaid Program to help individuals remain as independent as possible in the community.
- Providers are enrolled through Xerox, with BEAS' approval. The enrollment process includes confirmation of appropriate licensure.
- Many CFI providers are also providers for the general Medicaid Program and are contracted with MCOs.

Provider Distribution by County

| County | Number of Enrolled CFI Providers |
|----------------------|----------------------------------|
| Belknap | 14 |
| Carroll | 11 |
| Cheshire | 17 |
| Coos | 16 |
| Grafton | 16 |
| Hillsborough | 45 |
| Merrimack | 35 |
| Rockingham | 53 |
| Strafford | 26 |
| Sullivan | 9 |
| Unknown/Out of state | 9 |

CFI Cost Controls & Expenditures

- RSA 151-E:11 contains significant cost controls for CFI, as follows:
 - 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.
 - When the costs of community based care for a participant or applicant are expected to exceed 80% of the average annual cost for the provision of services to a person in a nursing facility, BEAS obtains prior approval from the Commissioner's Office.
- Total expenditures for CFI services in SFY2014: \$52,838,969
Total unduplicated CFI participants in SFY2014: 3,673
(2,878/mo avg)
 - Avg/month CFI cost per home care participant: \$1,458
 - Avg/month CFI cost per mid-level care participant: \$1,667
 - Avg/month cost per NF resident: \$4,717



Quality Assurance

- CMS places significant emphasis on program oversight & quality assurance. They have established these assurance domains:
 1. Level of Care
 2. Service Plan
 3. Provider Qualifications
 4. Health and Welfare
 5. Financial Accountability
 6. Administrative Authority
- CMS has approved the multiple performance measures for program monitoring developed by BEAS.
- One measure is the Participant Experience Survey conducted periodically by BEAS. The report of the 2010 PES survey can be found on the DHHS website at:
<http://www.dhhs.nh.gov/dcbcs/beas/documents/survey2010.pdf>
- DHHS is preparing to conduct a new survey this fall.
- DHHS also conducts quality assurance activities with the case management agencies. The results are posted at:
<http://www.dhhs.state.nh.us/dcbcs/beas/outreach.htm>