

## IMPLEMENTING HEALTH REFORM

## The Community First Choice Option

The Community First Choice Option is among the lesser-known provisions of the Affordable Care Act. Formally known as Section 2401, this program offers states additional Medicaid funding to provide home- and community-based attendant services and other support to low-income disabled Americans, keeping them in the community and out of nursing homes.

Under the program, states can get a 6 percentage point increase in federal Medicaid matching payments to cover costs associated with providing community-based services such as assistance with activities of daily living and instrumental activities of daily living, as well as health-related tasks. States also would have the option of paying for transitions costs, such as the first month's rent in the community.

Eligibility and requirements associated with the program were outlined in a proposed rule in February; the program is scheduled to begin in October.

Kate Wilber, Ph.D., an expert on gerontology issues from the University of Southern California, explained how the program could help keep more disabled people in the community.

**CLINICAL NEUROLOGY NEWS:** Who will be eligible for assistance under the Community First Choice Option?

**Dr. Wilber:** Potential participants must live in a state that offers the program, qualify to receive medical assistance under their state's Medicaid program, and

have an income below 150% of the Federal Poverty Line. Individuals with higher incomes may participate if they are eligible for a nursing facility level of care that would be covered by the state Medicaid program. Right now, it is unclear how many states will choose to offer the program.



**The program aims to offer states additional Medicaid funding to keep more Americans living in the community.**

**DR. WILBER**

**CNN:** About 35 states already provide some type of personal care services through Medicaid. Is the increased federal payment likely to expand this much?

**Dr. Wilber:** Close to half of the states have expressed interest in the program. The use of the increased federal match as an incentive is attractive. However, this program is an entitlement, meaning it must be offered to everyone who is eligible. States that have concerns about offering a new entitlement in the current economic climate might take a "wait and see" attitude.

**CNN:** What impact will this have on nursing home care?

**Dr. Wilber:** The resident mix in nursing

homes has changed dramatically over the last decade or so, driven by several different factors that support expanded community options. In the 1999 Olmstead decision, the U.S. Supreme Court ruled that institutionalizing individuals who prefer to live in a community setting is discrimination, and that services should be provided in the most integrated and least restrictive setting. Over the last decade, the Centers for Medicare and Medicaid Services have sought to reduce the Medicaid bias toward institutionalization by "rebalancing" funding toward more home and community-based service options. One initiative to promote rebalancing, known as "money follows the person," offers state incentives to transition long-stay residents out of facilities and into the community. States have also taken advantage of Medicaid waiver programs that permit individuals who are eligible for a nursing home level of care to use community-based services instead. The federal government has also funded demonstration programs to test the effectiveness of programs that offer consumer direction by providing cash benefits to purchase services. The Community First Option draws on and expands these.

**CNN:** How can physicians direct their disabled patients toward these programs?

**Dr. Wilber:** Some physicians working in larger systems will have access to social workers who can assist with broader care planning for patients with complex conditions. Beyond skilled nursing facilities

and home health care, there are a variety of programs with complex eligibility requirements, various levels of quality, and different funding sources. Although the ACA attempts to address fragmentation, programs such as Community First will be shaped at the state level. States will have different approaches, including not pursuing the program at all.

**CNN:** The program requires a "person-centered planning process" and gives individuals the authority to hire, fire, and train their attendants. How does that improve the care provided?

**Dr. Wilber:** Long-term care services and supports are "high touch," highly intrusive personal services that deal with many facets of a person's life, often for many hours a day over a long period of time. For those receiving these services, it helps to have control over who provides them. Self-direction means care receivers have the authority to tailor their services according to their preferences, needs, cultural expectations, habits, and other life-style requirements. Evidence from self-directed care, such as the "Cash and Counseling" demonstrations have found that these services have good outcomes for the care recipient and caregivers, and are cost effective as well. ■

*DR. WILBER is the Mary Pickford Foundation Professor of Gerontology at the University of Southern California, Los Angeles.*

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