

Some Questions and Answers about Community Choice Act

1. What are the community-based attendant services and supports in the Community Choice Act?

In the Community Choice Act, the term community-based attendant services and supports means help with accomplishing activities of daily living (eating, toileting, grooming, dressing, bathing, and transferring) instrumental activities of daily living (meal preparation, managing finances, shopping, household chores, phoning, and participating in the community), and health-related functions (which can be delegated or assigned as allowed by state law). These can be done through hands-on assistance, supervision and/or cueing. They also include help with learning, keeping and enhancing skills to accomplish such activities.

These services and supports, which include back-up, are designed and delivered under a plan that is based on a functional needs assessment and agreed to by the individual. In addition they are furnished by attendants who are selected, managed, and dismissed by the individual, and include voluntary training for the individual on supervising attendants.

The Community Choice Act specifically states that services should be delivered, “in the most integrated setting appropriate to the needs of the individual” in a home or community setting, which may include a school, workplace, or recreation or religious facility.

2. If someone can't manage their attendant services completely independently are they still eligible for CCA services?

Yes! People who have difficulty managing their services themselves, due to a cognitive disability for example, can have assistance from a representative, like a parent, a family member, a guardian, an advocate, or other authorized person.

3. Do you have to be impoverished to be eligible for CCA?

No. If you are eligible to go into a nursing home or an ICF-MR facility you would be eligible for CCA. Financial eligibility for nursing homes is up to 300% of the SSI level (roughly \$1,500 per month for a single person). In addition, with the Ticket to Work and Work Incentives Improvement Act of 1999, TWWIIA, states can choose to have a sliding fee scale for people of higher incomes beyond the current Medicaid eligibility guidelines.

4. Is CCA biased towards an agency delivery model?

No. CCA assumes that one size does not fit all. It allows the maximum amount of control preferred by the individual with the disability. Options include: vouchers, direct cash payments or a fiscal agent, in addition to agency delivered services. In all these delivery models the individual has the ability to select, manage and control his/her attendant services and supports, as well as help develop his/her service plan. Choice and control are key concepts, regardless of who serves as the employer of record.

5. Will CCA replace existing community-based programs?

CCA does not effect existing optional programs or waivers and includes a maintenance of effort clause to ensure these programs are not diminished. Waivers include a more enriched package of services for those individuals who need more services. With CCA, people who are eligible for nursing homes and ICF-MR facilities can choose community attendant services and supports as a unique service that is a cost-effective option. The money follows the individuals not the facility.

6. Is CCA a new unfunded mandate?

No. CCA is a way to make an existing mandate for nursing homes and virtual mandate for institutions for mentally retarded persons responsive to the needs and desires of the consumers of these services. CCA says the people who are already eligible for these services will simply have a choice of where they receive services. CCA would adjust the current system to focus on the recipients of service, instead of mandating funding for certain industries and facilities.

7. Why is CCA needed?

Our current long term services system has a strong institutional bias. Seventy five percent of Medicaid long term care dollars go to institutional services, leaving 25% to cover all the community based services. Every state that takes Medicaid funds must provide nursing home services while community based services are completely optional for the states. CCA says, let's level the playing field, give the person, instead of government or industry, the real choice.

8. Will CCA bust the bank? What about the "woodwork" effect?

CCA assures that a state need spend no more money in total for a fiscal year than would have been spent for people with disabilities who are eligible for institutional services and supports.

There is a lot of discussion about the people who are eligible for institutional services, would never go into the institution, but would jump at the chance to use CCA. (This is called the woodwork effect.) The states of Oregon and Kansas have data to show that fear of the woodwork effect is blown way out of proportion. There may be some increase in the number of people who use the services and supports at first, but savings will be made on the less costly community based services and supports, as well as the decrease in the number of people going into institutions.

Belief in the woodwork effect assumes a lot of “free care” is now being delivered by caregivers. There is a real question whether this care is truly “free”. Research on the loss to the economy of the “free” caregivers is beginning.