Intro to Community First Choice

What is Community First Choice?

Community First Choice (CFC) makes certain services—once only available through specific Medicaid waivers—available to anyone on Medicaid who meets Level of Care (aka needs help with activities of daily living), including those on income-based Medicaid, the Buy-In programs, or any Medicaid waiver. CFC helps more people access the care they need regardless of how they access Medicaid.

What services are available in CFC?

- Personal Care
- Homemaker
- Health Maintenance Activities
- Personal Emergency Response Systems (PERS)
- Medication Reminders
- Transition Setup
- Home Delivered Meals
- Remote Supports and Remote Supports Technology

What are the different caregiving services?

Homemaker (Unskilled): Help with cleaning, laundry, meal prep, and keeping the home safe and organized.

Personal Care (Unskilled): Support with daily tasks like bathing, dressing, and hygiene. Includes Protective Oversight for individuals who need ongoing supervision to stay safe.

Health Maintenance Activities – HMA (Skilled): Medical tasks typically done by a Nurse or CNA, such as giving medications or managing feeding tubes.

How can I receive these services?

Choose the service delivery model that works best for you and your family:

- Agency-Based Services
- IHSS (In-Home Support Services)
- CDASS (Consumer-Directed Attendant Support Services)

Preparing for Community First Choice

FAMILY VOICES COLORADO

Know your Timelines

Start preparing 60-90 days before:

- Current Waiver Members: Annual new service plan start date (CSR)
- Current Long Term Home Health PAR expiration date

Talk to Your Case Manager

- Waiver Members: connect with your waiver case manager about adding CFC services
- Non-Waiver Members: contact your Case Management Agency to get assigned a case manager

Complete Evaluations with Case Manager

- Level of Care (100.2) to determine eligibility
- Direct Care Services Calculator to determine homemaker and personal care hours/budget

Complete Skilled Evaluation (if needed)

- Complete referral for Skilled Nurse Assessor (NA)
- Complete Skilled Care Acuity Assessment with NA

Choose Service Delivery Model

Choose between Agency-based, IHSS, or CDASS service delivery models for any desired homemaker, personal care, and health maintenance activities/long term home health

Service Plan

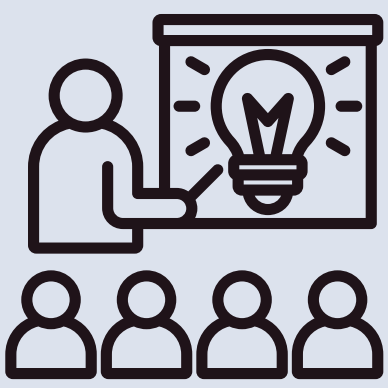
Finalize CFC Service Plan with case manager and start receiving services at CSR or once approved (on or after July 1, 2025)

Service Delivery Models

Agency Based

- **Skilled Care:** Provided by licensed nurses or CNAs through Private Duty Nursing (PDN) or Long-Term Home Health, billed to Medicaid by a home health agency.
- **Personal Care (Unskilled):** Provided by unlicensed staff employed by a home health agency.
- **Homemaker (Unskilled):** Provided by unlicensed staff employed by either a home health agency or a Program Approved Service Agency (PASA).

Participant Directed



These options give individuals or their families more control over care. The Nurse Practice Act is waived meaning care providers don't need a CNA or nursing license to perform skilled tasks—as long as they're trained for that person's needs.

There are two models:

- IHSS (In-Home Support Services)
- CDASS (Consumer-Directed Attendant Support Services)

If the member can't manage their own care, an Authorized Representative (AR) is required
The AR **cannot also be a paid caregiver**

In-Home Support Services (IHSS):

- Caregiver is hired through a home health agency
- Agency assists in finding and training caregivers, manages schedules, and provides backup care
- Medicaid pays the agency a set rate per unit, which covers overhead expenses and caregiver wages
- Authorized Representative (AR) mainly signs paperwork and oversees care, with minimal day-to-day duties

Consumer Directed Attendant Support Services (CDASS)

- The member or Authorized Representative (AR) is the employer
- They manage hiring and training caregivers, schedules, budgeting, and backup care
- Medicaid approves a monthly budget rather than specific hours
- The member or AR has flexibility to determine caregiver hours and pay as long as they stay within the approved budget
- Because there is no agency, overhead and administrative costs which usually results in higher pay for providers and/or more caregiving hours being available to members
- The Financial Management System (FMS) runs payroll and provides some administrative support
- ARs have significant administrative responsibility