

**Massachusetts
Section 1115 Demonstration
Community First: Preventing or Delaying Nursing Facility Admission**

FACT SHEET

Name of Section 1115 Demonstration:	Community First
Date Concept Paper Submitted:	July 3, 2006
Date Proposal Submitted:	December 22, 2006
Date Proposal Approved:	
Scheduled Expiration Date:	
Date Demonstration Implemented:	

SUMMARY

The demonstration would coordinate services to delay and prevent nursing facility admission, transition nursing facility residents to the community, expand services to individuals at-risk for future nursing facility admission, and provide participants with the flexibility to direct their community-based services.

BACKGROUND

Community First is part of an on-going effort in Massachusetts to reform long-term care services. The Commonwealth's statute, enacted in August 2006, called for broader access to publicly funded community-based supports including expanded income and asset eligibility rules, in order to promote the use of home and community-based long-term care as an alternative to institutional care.

TARGET POPULATION/ELIGIBILITY

The demonstration would serve three groups: The Imminent Risk group would subsume current aged and disabled 1915(c) waiver program participants, the traumatic brain injury 1915(c) program, and community-dwelling individuals meeting the State's criteria for needing a nursing facility level of care. The second group, the Prevention group, would include individuals at risk of needing nursing facility services. The third group would include nursing facility residents seeking to transition to the community.

Financial eligibility criteria would be expanded. Specifically, individuals would be able to retain up to \$10,000 in assets and still qualify.

NUMBER OF INDIVIDUALS SERVED

Approximately 12,000 individuals annually.

BENEFIT PACKAGE

All groups would receive State Plan services; however, the Prevention Group would not receive nursing facility or chronic hospital services. In addition, all groups would receive care coordination and behavioral health services. An enhanced package (compared to the existing HCBS 1915(c) program) of community-based services would be available to all demonstration groups. All groups would have a choice to self-direct certain services.

COST SHARING

Individuals with assets between \$2001 and \$10,000 would be charged premiums using the CommonHealth premium schedule.

ENROLLMENT LIMIT/CAP

The Commonwealth estimates that the program would be limited to 12,000 participants in the first year. An estimated 7,000 of this figure would be current 1915(c) waiver program participants.

DELIVERY SYSTEM

Fee-for-service. Participants may choose to convert certain community-based supports to a personal budget and to self-direct use of this budget.

QUALITY ASSURANCE

A quality assurance and quality improvement plan uses and is built on the CMS community-based supports Quality Framework.

MODIFICATIONS/AMENDMENTS

None

For additional information, please contact the CMS Project Officer – Jean Close at 410-786-2804 or Jean.Close@cms.hhs.gov.