

PDPPC Formal Recommendation to Health Care Policy & Financing (HCPF)

TO:	HCPF
FROM:	PDPPC

DATE Submitted:	05/21/15
Date HCPF Response:	
Date: PDPPC Response:	
Date: HCPF Final Response:	
SUBJECT:	Reinstatement of Funds for Additional Services

Please check box below to indicate the type of recommendation this represents.

<input type="checkbox"/>	Policy Recommendation
<input checked="" type="checkbox"/>	Operational Recommendation

Summary: Attached is a formal recommendation regarding the subject mentioned above. This formal recommendation was developed during a PDPPC work session with input from a variety of consumer direction experts and stakeholders (i.e. clients, authorized representatives, single entry point case managers, fiscal intermediary agency personnel and HCPF department staff).

In addition to developing this recommendation, the PDPPC has finalized its properties via voting. The intention of this recommendation is to support HCPF in improving the participant directed program and the PDPPC requests that HCPF review and respond to this recommendation within four weeks.

The PDPPC recommends that the Department reinstate Funds for Additional Services (FAS) in CDASS. When the Pilot Project ended in 2006, FAS was no longer available to clients until 2009. On November 19, 2009, CMS SMD #09-007 document clearly states that a portion of the client's monthly allocation savings can be used to purchase goods and services that Medicaid does not cover when they promote the following:

- 1. Are related to a need or goal identified in the State approved person center Service Plan.**
- 2. Are for the purpose of increasing independence or for substituting for human assistance (ex: dishwasher, clothes washer/dryer, or microwave).**
- 3. Promote opportunities for community participation and inclusion.**

4. Are able to be accommodated within their monthly budget without compromising the client's health and safety.

5. Are provided to, or directed exclusively toward, the benefit of the client.

At the PDPPC meeting on April 22, 2015, stakeholders unanimously voted to reinstate Funds for Additional Services.

Response: Response from HCPF regarding any recommendations from PDPPC, should be provided to PDPPC as follows:

Written acknowledgment of formal recommendation and subject received by HCPF with inclusion of HCPF decision (i.e. will all or portions of the recommendation be implemented? If not, why?). The response shall include the implementation date(s) and if necessary work plan or milestones. All written acknowledgment should be provided to PDPPC co-chairs, so written response can be disseminated to all PDPPC stakeholders.

CDASS Program administrator will offer verbal explanation of HCPF written response/decision to PDPPC at the next PDPPC meeting and will offer HCPF management verbal explanation and answer questions regarding the recommendations. HCPF response to PDPPC recommendations are expected within twenty (20) calendar days of submission to HCPF management. This will enable PDPPC to provide a timely reply to HCPF responses or to respond to supplemental questions at the next PDPPC meeting.

The PDPPC will respond with suggestions within one week following the next PDPPC meeting as follows:

- If the PDPPC does not agree with decisions made by HCPF regarding recommendation/s or
- If the PDPPC has questions about the HCPF recommendation

Example: PDPPC meets the fourth Wednesday of the month. On Wednesday January 23 PDPPC submits a recommendation to HCPF. HCPF would receive that recommendation between January 24-28. Therefore HCPF would need to respond by February 14-18. The PDPPC would then answer questions if any by March 6, one week after the February 27 meeting. Hopefully this will result in HCPF providing a final decision and implementation plan by the March 27 meeting. There may be some rare occasions where an additional cycle is required, and the group agreed to monitor progress without requesting a more rigid response deadline with an expectation that recommendations will be prioritized and move with appropriate speed. The group will monitor the effectiveness of this regularly.