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**Office of Health Insurance Programs** 

**Division of Long Term Care** 

MLTC Policy 15.05: Clarification on Requirements for Consumer Directed Personal Assistance Service (CDPAS) Fiscal Intermediaries

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The purpose of this policy document is to clarify the conditions under which a managed care organization (MCO) may sign an administrative agreement with a Fiscal Intermediary (FI) for the administration of the Consumer Directed Personal Assistance Service (CDPAS).

For organizations interested in becoming an FI for a MLTC plan, the process is as follows:

 The organization must apply for a discrete Medicaid provider ID number that is solely associated with its FI by completing the New York State Medicaid Enrollment Form available at the following link: <a href="https://www.emedny.org/info/ProviderEnrollment/personal\_care/index.aspx">https://www.emedny.org/info/ProviderEnrollment/personal\_care/index.aspx</a>

Securing a contract with a LDSS is not necessary when contracting with a MCO. However, MCOs that want to become an FI must also establish a separate line of business with the appropriate firewalls in place to ensure that the FI operates separately from the MCO.

All FIs and those interested in becoming one must be able to meet all of the requirements as outlined in the CDPAS regulations at 18 NYCRR §505.28. Those requirements include, but are not limited to:

- processing each consumer directed personal assistant's wages and benefits, including
  establishing the amount of each assistant's wages; processing all income tax and other
  required wage withholdings; and complying with worker's compensation, disability and
  unemployment insurance requirements;
- ensuring that the health status of each consumer directed personal assistant is assessed prior to service delivery pursuant to 10 NYCRR §766.11(c) and (d) or any successor regulation;
- monitoring the consumer's or, if applicable, the consumer's designated representative's
  continuing ability to fulfill the consumer's responsibilities under the program and promptly
  notifying all appropriate parties of any circumstance that may affect the consumer's or, if
  applicable, the consumer's designated representative's ability to fulfill such
  responsibilities;
- entering into a Department approved administrative agreement with the health plan or contract with the LDSS for the provision of CDPAS; and

• ensuring that the FI is fulfilling the responsibilities to the consumer as outlined in 18 NYCRR §505.28(g).

Please review all existing FI administrative agreements to ensure that all of the above criteria, including a Medicaid provider ID number, is met. Any FI that does not meet these requirements will be granted a 120 day grace period from the date of issuance to achieve compliance.