



IDT FAQ

- 1. For PCSP approvals, please provide more information about what is an electronic signature from a Participant? If we email the PCSP, does the Participant have to print, sign, scan, and email back the signature page? Or can he/she just send an email back agreeing with the form?**
 - A. Electronic signatures may be obtained in person on a hard-copy signature page, on the laptop, or tablet used during the IDT meeting or may be obtained through an email from the Participant in which the Participant states that he/she agrees to and is by return email signing off on the written PCSP that was provided. The Participant may also but does not have to print, sign, scan, and email back the signature page of the PCSP.

- 2. Before the Participant is assessed or a new PCSP is developed, what must the Plan's UM department do to honor the Participant's existing care plan and authorize services in the care plan?**
 - A. The Plan's utilization management process must authorize the existing care plan as is, ensure access to existing providers who are providing services within or outside of the existing service plan, and authorize any additional services that may be needed. The Plan's UM process may not limit access or benefits outlined in the existing care plan in any way.

- 3. If the PCSP is supposed to be a comprehensive health record, shouldn't UM decisions outside the IDT process be incorporated into the PCSP?**
 - A. Only the IDT can review and revise the PCSP. Both the PCSP and UM decisions that are made outside of the IDT process are part of the comprehensive health record for the Participant but, the UM decisions do not become part of the PCSP unless or until the IDT incorporates them into a PCSP revision/update. Each IDT meeting will include a discussion of the UM decisions made since the previous IDT meeting and updates will be made to the PCSP at that time as necessary. Only the IDT can modify the PCSP.

- 4. When a trigger event occurs, the Plan must notify the IDT members within 1 business day. For other events, the Plan must notify the IDT members within 5 days. What are "other events"?**
 - A. The language of the policy will be clarified as appropriate. Other events or other circumstances refers to any coverage decisions, appeal decision, or event that isn't a trigger event (as defined in the policy).

- 5. When the Plan is trying to assemble the IDT, can the PCP designee's presence be enough for the IDT to convene? Or must the PCP be present for the IDT to first convene?**

 - A. Yes, the PCP designee's presence is enough to convene the IDT. The PCP's designee can attend the first IDT meeting just as he/she can attend any of the other IDT meetings as the designee for the PCP. However, if the PCP refuses to participate in the IDT or send a designee after three (3) documented attempts by the FIDA Plan, and the Participant agrees, the IDT may proceed without the PCP, as long as the PCP agrees to review and approve the PCSP or have his/her designee do so after the IDT meeting is held.

- 6. Does section IV.D. mean that the IDT meeting has to occur during a PCP office visit?**

 - A. Several Plans have had success with scheduling IDT meetings as part of a PCP office visit. This is a best practice but the policy does not require the Plans to implement this practice.

- 7. If a PCP won't participate in the IDT process and the Participant doesn't want to pick a new PCP who will participate, can the Plan request an involuntary disenrollment of the Participant?**

 - A. No. The Plan may not involuntarily disenroll a Participant who wishes to remain with a PCP who is in the Plan's network but refuses to participate on the IDT. The Plan must work with its network providers to ensure that they follow the rules of the program and either participate or send a designee. And, the Participant should be referred to ICAN to discuss his/her rights and options with the independent ombudsman.

- 8. What if the IDT discusses and verbally agrees to a service but, the written PCSP does not reflect the service? Is this considered to be approved?**

 - A. All services that are discussed and agreed to during the IDT meeting must be reflected in the PCSP in order for them to be authorized. It is essential that each member of the IDT review the PCSP to make sure that items discussed are reflected and that agreements are included in the written document. Services that the IDT agreed to authorize but are not reflected will be treated as having been approved. Once the IDT is made aware of an omission, the Care Manager can revise the PCSP and recirculate for approval.

- 9. If the Participant is scheduled to attend and does not make it to the IDT meeting, can the rest of the IDT revise the PCSP in the Participant's absence?**

 - A. No. FIDA is a Participant-Centered program. Unless the Plan has received a documented refusal of the Participant to participate in the IDT process entirely, the Plan must continue the existing PCSP as was last authorized and attempt to reconvene at a time amenable to the Participant

and in a location convenient for the Participant. However, between IDT meetings, the FIDA Plan makes any necessary service authorizations through its utilization management process and does not wait to provide these services until the next IDT meeting and PCSP update.

10. Can NYSDOH establish more specific care manager caseloads with ratios and differentiation based on acuity?

A. At this time, we will not be setting fixed minimum or maximum caseload levels. We are, however, closely monitoring the caseloads of the Plans and watching for any grievances that relate to access to a care manager. Lastly, while we do not require a fixed ratio, we do require the caseloads to be reasonable.

11. If a home modification request does not come up during the IDT meeting but it is subsequently requested by family (after the IDT meeting has occurred), does the IDT have to reconvene? Or, can UM decide the request?

A. If there is no Participant or IDT member request or other trigger event prompting a reassessment and PCSP review, the IDT does not need to meet and UM can decide whether to approve. Allowing the FIDA Plan's UM process to review and approve a request for home modification follows the IDT Policy to allow the FIDA Plan to use UM to make service authorizations in between IDT meetings. If there is a request for a reassessment or trigger event prompting a reassessment and the request for the home modification, the IDT must reconvene.

12. What is the next step if a Provider did not participate in the approved training? Are they allowed to participate in the IDT? Can an IDT be held? If the PCP has not completed or refuses to complete the training, what are the next steps for the Plan?

A. Providers do not have to be excluded from participating in the IDT and any IDT meetings can be held. Plans are required to ensure that their providers are trained in the required training topics and it will be up to the Plans to ensure that their providers comply.

13. When the policy mentions the PCP, does it mean the Participant's physician or anyone who meets the definition of PCP in the contract?

A. All references to PCP are references to PCP as it is defined in the Three-Way Contract. PCP is defined in Section 2.7.2 as a Physician or a Physician Extender who is a NP or Physician Assistant. Because specialists can be designated as a PCP, any PCP references would apply to a specialist if a specialist has been designated as a PCP by the Participant. For IDT purposes, the designee of a PCP is anyone in the practice who could also be designated as a PCP (another physician, NP,

or PA) as well as an RN in the practice who has clinical knowledge of the Participant.