



FIDA Open Questions FAQ
April 2016

1. When will passive enrollment begin in Region 2?

A. The start date for Region 2 has not been determined. Passive enrollment is suspended at this time.

2. How long must a plan wait to disenroll someone for refusing to be assessed?

A. Plans may not request a disenrollment for refusal to complete an assessment. Generally, Participants have the right to refuse an assessment and the plan has an obligation to continue to provide services to all Participants, even those refusing an assessment. When faced with a Participant who is 1) refusing to be assessed and 2) not receiving any services from the plan, however, the plan must refer the Participant to CFEEC to have his/her eligibility reevaluated. This should not occur sooner than 90 days from the effective date of enrollment and should not occur more frequently than once in any 6-month period in the event of a Participant who is retained after the CFEEC reevaluation. When a Participant who is referred to CFEEC is reevaluated and determined to be ineligible, the plan will submit the required involuntary disenrollment form to Maximus indicating that the Participant is not eligible for FIDA.

3. Will plans be able to use the U-File process for plan transfers and new enrollments?

A. At this time, plans will be able to use the U-File process to enroll new-to-service individuals only. Plans will *not* be able to use the U-File process for plan transfers. If plans would like to assist an individual with a plan transfer, they have an option of making a three-way call to Maximus.

4. Is there an enrollment form that plans must use if they are completing a U File enrollment?

A. DOH will release the Enrollment *Attestation* Form in the near future. The contents of the Form largely mirror what is in the FIDA Enrollment Form, which is currently used by consumers wishing to enroll on paper through Maximus. Individuals will have to sign the Attestation Form for the plans to do the U-File enrollment. Plans will have to keep the signed Form in their records.

5. Now that plans will be doing enrollments through the U-File, do plans have to follow the timelines for assessments outlined?

A. Yes. Plans must continue to follow the IDT policy, the most recent version of which was revised on December 9, 2015.

6. Will plans have to reissue marketing materials that reflect the reforms?

A. No. CMS/DOH have released revised marketing materials to reflect the reforms. Plans will need to use these materials for new Participants. CMS/DOH have also released an errata form. Plans will need to send the errata form to their existing Participants.

7. FIDA plans are required to incorporate Part 820 Residential Addiction Services into the network of contracted programs. If such programs are not available, what are plans obligated to do?

A. The state recognizes that Part 820 Residential Addiction Services are not yet available. As such programs become available FIDA plans must incorporate them into the networks. If such programs are not yet available the plan is not held to the Part 820 contracting requirement.

8. Are plans allowed to compensate employed agents?

A. Yes. Plans may compensate employed agents as long as they do so in accordance with NYSDOH rules on compensation of employed agents. The specific rules will be added to the Three-Way Contract and will mirror what is in the Mainstream Managed Care program.

The general rule is that NYSDOH prohibits compensation of employed agents, including salary increases or bonuses based *solely* on the number of individuals the employed agents enroll. The plan may not pay a commission or a fixed amount per enrollment. However, enrollment productivity *may* be a factor in calculating bonuses but this may not carry a weight of more than 30 percent of the total bonus. Bonuses may not be awarded more frequently than quarterly.

9. What is the Money Follows the Person program?

A. **Money Follows the Person (MFP)** is the New York State Money Follows the Person grant awarded by CMS under Section 6071 of the Deficit Reduction Act of 2005. New York State was awarded the grant in 2007. The Affordable Care Act of 2010 extended the MFP Program through 2020 and includes all funding and programs offered through MFP and subject to the general and programmatic terms and conditions governing the grant. The MFP program goals include increasing the use of home and community-based services (HCBS) and reducing the use of institutionally-based services; eliminating barriers in State law, State Medicaid plans, and State budgets that restrict the

use of Medicaid funds to let people get long-term care in the settings of their choice; strengthening the ability of Medicaid programs to provide HCBS to people who choose to transition out of institutions; and putting procedures in place to provide quality assurance and improvement of HCBS.

10. Do FIDA Plans have responsibilities related to the Money Follows the Person initiative?

- A. Yes. The plan must comply with any and all requirements of the Money Follows the Person (MFP) program set forth by the Department, including, but not limited to, requirements for referral and reporting.

11. Are residents of OMH facilities eligible for FIDA? Do Participants who enter an OMH facility have to be involuntarily disenrolled from FIDA?

- A. Individuals who reside in a state-operated OMH facility are not eligible for FIDA enrollment. Individuals who reside in an OMH licensed facility that is not state-operated are eligible for FIDA enrollment. FIDA Participants who enter a state-operated OMH facility must be involuntarily disenrolled for being no longer eligible. FIDA Participants who enter an OMH licensed facility that is not state-operated remain eligible for FIDA enrollment and cannot be involuntarily disenrolled for admission to the facility, as they remain FIDA eligible.