Please note: This is not a proposed contract for the Future of Integrated Care. It is a discussion draft for the purposes of gathering feedback.

I. OUTREACH, EDUCATION, AND ENGAGEMENT OF PARTICIPANTS AND PROVIDERS

A. Provider Outreach and Education Prior to Effective Date.

In the six months prior to any effective date of enrollment of participants under this Contract and thereafter, Plan shall conduct Participating Provider education regarding Plan policies and procedures as well as the program and the Plan's model of care.

i. Format of Education.

a. Plan must make available in-person, telephonic, video-conference, and other electronic interactive educational opportunities including opportunities for Providers to ask and receive answers to questions.
b. Plan must make video recordings available of training sessions.
c. Plan must make available and disseminate to all Providers print material with plain language information explaining the program and the responsibilities of the Participating Provider within the program. Disseminating the amended contract language for Provider contracts does not satisfy this education requirement.

ii. **Frequency of Education.** In-person, telephonic, video-conference, or other electronic interactive education opportunities must be conducted at least bi-weekly.

iii. **Content of Education.** This education shall provide orientation to Providers and office staff about the Program as well as plan policies, procedures, and the responsibilities and expectations imposed on Participating Providers.

B. Provider Outreach and Education During Program.

After enrollment of participants under this Contract, Plan shall conduct Participating Provider education regarding Plan policies and procedures as well as the program and the Plan's model of care.

iv. Format of Education.

a. Plan must make available in-person, telephonic, video-conference, and other electronic interactive educational opportunities including opportunities for Providers to ask and receive answers to questions.
b. Plan must make video recordings available of training sessions.
c. Plan must make available and disseminate to all Providers print material with plain language information explaining the program and the responsibilities of the Participating Provider within the program. Disseminating the amended contract language for Provider contracts does not satisfy this education requirement.

v. **Frequency of Education.** In-person, telephonic, video-conference, or other electronic interactive education opportunities must be conducted and made available at least bi-weekly.

vi. **Content of Education.** This education shall provide orientation to Providers and office staff about the Program as well as plan policies, procedures, and the responsibilities and expectations imposed on Participating Providers.

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C. **Outreach Plan.**
The Plan must draft and submit for prior approval an outreach plan that NYSDOH and CMS will review and approve during readiness review. The outreach plan must outline the affirmative steps the Plan will take to fulfill the obligations of this section.

D. Plan and Provider Communication.
In addition to having a Provider Manual which is disseminated electronically to Providers with detailed information on all the requirements and operations of the program, the Plan must have a web-based portal or platform through which Providers can search for information as well as submit and receive answers to questions.

E. Provider Training.
The Plan shall make available to all Providers and office staff specific ongoing training on care management policies and procedures; person- centered care planning processes; accessibility and reasonable accommodations; cultural and disability competencies; the Participant Ombudsman; compliance with the Americans with Disabilities Act; independent living and recovery; and wellness philosophies. The Plan will make available disability training for its Participating Providers, including information about various types of chronic conditions prevalent among the eligible population; awareness of personal prejudices; legal obligations to comply with the ADA requirements; definitions and concepts, such as communication access, medical equipment access, physical access, and access to programs; types of barriers encountered by the eligible population; training on person-centered planning and self-determination, the social model of disability, the independent living philosophy, and the recoverymodel; use of evidence-based practices and specific levels of quality outcomes; and working with Participants with mental health diagnoses, including crisis prevention and treatment.

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