

Frequently Asked Questions (FAQs)
Regarding Changes to Fiscal Intermediary Services (FI) Provided Under the
Consumer Directed Personal Assistance Program (CDPAP)
UPDATED August 27, 2019

1) Why is the state making this change to the Consumer Directed Personal Assistant Program (CDPAP)?

New York State is making this change to implement the NYS Executive Budget for 2019-2020. The Budget made changes to the way Fiscal Intermediaries are reimbursed. It does not end the CDPAP, the consumer's ability to direct their own care, the number of direct care hours authorized for your personal assistant, or who can be your personal assistant.

2) What is a Fiscal Intermediary (FI)? What function do they perform?

A Fiscal Intermediary, or FI, is an organization that is contracted with a managed care plan and/or the Local Department of Social Services (LDSS). The FI works like the human resources entity for the CDPAP. It provides supports to you, including payroll and benefits for the personal assistant of your choice.

3) Is the CDPAP going away?

No. There will be no change in benefits, hours of service or care plans of consumers. Your level of care will continue as it did before.

4) Will I continue to receive the care I need, in the manner I need it?

Yes, your level of care will continue as it did before. There will be no change in benefits, hours of service or care plans of consumers.

5) Will I have to change my personal care assistant?

No. You can keep your personal assistant.

6) Will the number of hours I receive be cut?

No. If you are in a managed care plan, you will continue to receive the same number of hours that have been approved by your plan.

If you are enrolled in Medicaid fee for service, you will continue to receive the same number of hours that have been approved by your LDSS.

7) Will my personal care assistant's wages be affected?

No. Wages or wage-related requirements for personal care assistants, including State law requirements related to minimum wage, are unchanged.

8) I received a letter from an FI saying it can no longer serve me: What does this mean?

If your FI decides to no longer provide FI services, it must send you written notice at least 45 calendar days in advance of the date it will discontinue FI services. If you are enrolled in a managed care plan, the FI will also notify your managed care plan. If you are not enrolled in a plan the FI will notify your LDSS.

9) What do I need to do if my FI notifies me that they are no longer providing FI services?

In the event that your current FI notifies you that it will no longer provide FI services, you will need to select a different FI.

If you are enrolled in a managed care plan, your plan will contact you within five (5) business days of receiving the notification from the FI to provide you options for choosing a different FI.

If you are not enrolled in a managed care plan, your LDSS will contact you within five (5) business days of receiving the notification from the FI to provide you options for choosing a different FI.

10) How do I find another FI?

If you are enrolled in a managed care plan, your plan will contact you within five (5) business days of receiving the notification that your current FI will cease operations or no longer serve your area to provide you options for choosing a different FI.

If you are not enrolled in a managed care plan, your LDSS will contact you within five (5) business days of receiving notification that your current FI will cease operations or no longer serve your area to provide you options for choosing a different FI.

Health Status Records/Authorizations/Assessments

1) When a consumer is transitioning from one FI to another, which forms are transferable?

Employment forms that are signed by consumer are transferrable.

These include:

- I-9 Employment Eligibility Verification
- W-4 Federal Employee's Withholding
- Allowance Certificate
- IT-2104 State Employee's Withholding Allowance Certificate

Employment forms that are signed by the FI are not transferrable.

These include:

- I-9 Employment Eligibility Verification
- W-4 Federal Employee's Withholding Allowance Certificate
- IT-2104 State Employee's Withholding Allowance Certificate

Any written agreement between the consumer and FI is not transferable.

The personal assistant's (PA's) Health Status Records (Assessment and Immunization) may be transferred from one FI to another, provided the PA provides written consent to transfer those records from the current FI to the new FI. The Department has provided a form that may be used by PAs to provide consent to transfer health status records. This form is available here:

https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/cdpas.htm

2) How long are a PA's health status records valid after transfer to the new FI?

Health status records (annual physical and tuberculosis test) must be conducted every 12 months. The transfer of health status records by the PA does not alter the timeframe in which they are valid. For example, health status records that became valid on June 1, 2018 would remain valid until May 31, 2019. If the record is transferred from one FI to another FI on November 1, 2018 the record continues to remain valid until May 31, 2019. Measles, Mumps and Rubella immunization records do not expire.

3) Will PAs need to provide written consent for their health status records to be transferred?

Yes. PAs will need to provide written consent to transfer their health status records (annual physical and tuberculosis test) from the current FI to the new FI. The Department has provided a form that may be used by PAs to provide consent to transfer health status records. This form is available here:
https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/cdpas.htm

4) Who will be responsible for obtaining signatures on a consent form from the PA?

The old FI is responsible for obtaining signatures on the consent form from the PA, and transferring to the new FI.

5) Will consumers have to provide written consent for information to be sent to the new FI?

Yes. Consumers will need to provide written consent to transfer their service authorization records. The Department has provided a form that may be used by the consumer to provide consent. This form is available here:
https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/cdpas.htm

6) Who will be responsible for obtaining signatures on the consent form from the consumer?

The old FI is responsible for obtaining signatures on the consent form and transferring to the new FI.

7) Can the *FI Cease Operations* letter that is sent to the PAs be mailed to the same address as the letter to the consumer (i.e., the consumer's address)?

Notifications should be sent to the PA's address on file with the FI.

8) Can the *FI Cease Operations* letter that is sent to the consumer's designated representatives be mailed to the same address as the letter to the consumer (i.e., the Consumer's address)?

Notifications should be sent to the designated representative's address on file with the FI.

9) Can the notice to the consumer and attendants be sent via regular mail?

FIs that choose to cease operations or leave a service area must deliver written notice at least forty-five (45) calendar days in advance of such change in operations to the affected consumers (or the consumers' designated representatives) and their PAs, the LDSS, and managed care plans with whom the FI contracts, and the Department of Health. The manner of written notice has not been specifically prescribed.

10) Can the notice to the LDSS and/or managed care plan be sent via email?

FIs that choose to cease operations or leave a service area must deliver written notice at least forty-five (45) calendar days in advance of such change in operations to the affected consumers (or the consumers' designated representatives) and their PAs, the LDSS, and managed care plans with whom the FI contracts, and the Department of Health. The manner of written notice has not been specifically prescribed.

Consumers Selecting a New FI

1) Can I change my managed care organization (MCO) if my FI closes and I don't like any of the other FIs in the MCO's network?

If you are in a mainstream Medicaid MCO and in a lock-in period, the Department considers selection of the FI of your choice to constitute good cause for changing plans.

If you are enrolled in an MLTC plan such as Partially Capitated, PACE or MAP, you can change plans at any time. MLTC Partially Capitated plan does not currently require a lock-in period; however, it is pending approval. If the Partially Capitated plan requires lock-in in the future, the Department considers selection of the FI of your choice to constitute good cause for changing plans.

In any of the cases described above, to ensure there is no lapse in FI coverage, you will need to consider the timing of transitioning to a new MCO (i.e., the enrollment date), and the time it takes the new FI to onboard your PA. The Department encourages you to select a new MCO within a few days of determining that your current MCO does not contract with an FI of your choosing.

2) Can my MCO automatically assign an alternative FI to me if I don't select one?

No. CDPAS consumers (or their designated representatives) have the right to choose their own FI.

3) May an MCO alert a consumer that he/she will automatically be assigned to a specific alternative FI, and that the assignment can be changed later?

No. CDPAS consumers (or their designated representatives) have the right to choose their own FI.

Additional questions regarding changes to FI services should be directed to the long-term care customer service center of New York Medicaid Choice at 1-888-401-6582, or the Department of Health at ConsumerDirected@health.ny.gov.