

Fully Integrated Duals Advantage (FIDA)

FIDA Provider Training

Prepared by Provider Training Stakeholder Workgroup

This presentation covers the following topics:

- Overview & Advantages of FIDA
- Eligibility and Enrollment
- Covered Benefits, Items and Services
- FIDA Model of Care
- Interdisciplinary Team (IDT)
- Comprehensive Assessment (UAS) and Person-Centered Service Plan (PCSP)
- Authorizations
- Grievance and Appeals
- Transition of Care
- Long-Term Services and Supports (LTSS)
- Community Resources
- Balance Billing
- Marketing
- Important aspects of the FIDA Plan

Overview & Advantages of FIDA

Overview of FIDA

- FIDA- Fully-Integrated Duals Advantage Program
- FIDA will consolidate the number of separate sources of coverage for dual eligible Participants to a single primary source
- Three Year Demonstration with enrollment and service delivery starting January 1, 2015
- FIDA will serve people eligible for Medicare, Medicaid and Long Term Care Services

How Will FIDA Improve Participants' Health and Quality of Life?

- **Simpler for Participants!**
 - Enrollees are referred to as Participants as they are participating in this demonstration.
 - Participants in FIDA will be able to get all their care through one health plan – this means one ID Card for all services!
- **Better Overall Care Coordination**
 - Participants in FIDA will have more individualized care plans and better supports to stay well and safe longer in their homes
- **Better Communication among Providers, Caregivers and Participants**
 - Everyone involved in the Participant's care knows what is going on – all the time!

Why Should Patients Enroll in FIDA?

FIDA eligibles are the most vulnerable population, who often suffer from lack of care coordination which leads to higher hospital admissions and higher risk of medication interaction.

Benefits of FIDA Participation

One card and one Plan for all health care services.

Interdisciplinary team (IDT) helps manage care to ensure that most coordinated care is delivered.

One FIDA Plan Care Manager ensures access to all care needs.

Can switch among FIDA Plans or switch back to an MLTC Plan up to once per month.

All IDT and FIDA Plan Utilization Management decisions are appealable.

Why Should Providers Participate in FIDA?

- FIDA provides an opportunity to deliver better care for your most vulnerable patients.
- FIDA provides opportunities to work more closely with other providers your patients see, ensuring better overall care.
- In the long-run, FIDA will save providers time as the FIDA Plan will help coordinate care and support the participant to be compliant with their care plan.
- The program expects to increase health care access, coordination and understanding for Participants and thereby decrease avoidable hospitalizations and urgent care visits.
- There is no need to bill multiple parties (e.g., NYS Medicaid, other health plans for cost sharing) as the FIDA Plan will pay providers in full.
- Encourage your patients to participate in FIDA so they can experience the benefits of better coordinated care.
- Primary Care Providers will find that the FIDA Model of Care is similar to the Patient Centered Medical Home method of organizing primary care.

How will providers be paid by FIDA Plans?

- Each FIDA Plan has their own claims submission process and must pay all clean electronic claims within 30 days of receipt and clean paper claims within 45 days of receipt.
- There is no need to bill multiple parties (e.g., NYS Medicaid, other health plans for cost sharing) as the FIDA Plan will pay providers in full.
- Each Plan must distribute a Participating Provider Manual (updated annually) to the providers in their Plan's network by January 1, 2015 with information containing (but not limited to) the following:
 - Participant information, rights and responsibilities
 - Quality improvement for health services programs
 - Provider billing and reporting practices
 - Claims and Encounter submission processes
- Plans must develop a plan for a fully integrated payment system as an alternative to the traditional fee-for-service method by July 1, 2015 (pay for performance, bundled payment, etc.). The alternative payment system will go into effect no earlier than January 2016.

Eligibility and Enrollment

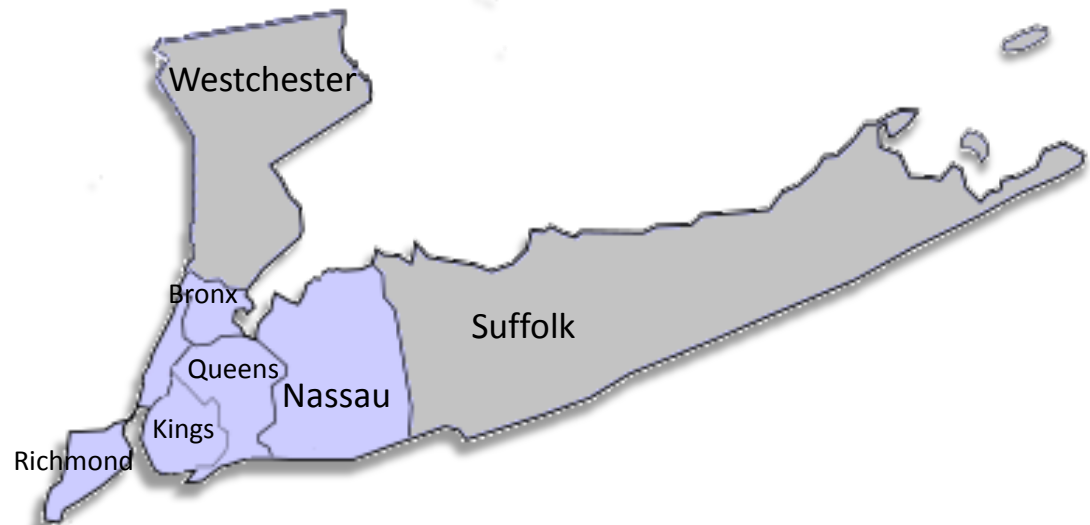
Eligibility for FIDA

Eligible Participants for FIDA must be:

- Age 21 years of age or older;
- Entitled to or enrolled in Medicare Part A, enrolled Medicare Part B, eligible to enroll in Medicare Part D, and receiving full Medicaid benefits;
- Living in a demonstration county:

Region I: Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond, and Nassau.

Region II: Suffolk and Westchester.



And meet one of the following three criteria:

- Are Nursing Facility Clinically Eligible and receiving facility-based LTSS,
- Are eligible for the Nursing Home Transition Diversion Waiver program, or
- Require community-based Long Term Supports and Services (LTSS) for more than 120 days.

Enrollment

- There are two types of enrollment for eligible individuals:
 - **Opt-in Enrollment** which is initiated by an eligible individual or the individual's authorized representative.
 - **Passive Enrollment** which is enrollment by the State which the eligible individual can decline by opting out.
- All enrollments (opt-in and passive) will be through the Enrollment Broker, New York Medicaid Choice (Maximus).
- Participants may disenroll at any time during the demonstration and return to their original or a different MLTC plan and can choose a Medicare Advantage Plan or Medicare Fee For Service with a Medicare Part D plan and it will generally be effective at the end of the month in which the disenrollment request is made.

Enrollment: Populations Eligible for Opt In Enrollment

- Individuals who are eligible for opt in enrollment to a FIDA plan, but excluded from passive enrollment are:
 - Individuals eligible for the Nursing Home Transition & Diversion (NHTD) 1915 (c) waiver
 - Native Americans but they may opt in to the Demonstration at any time;
 - Individuals who are eligible for the Medicaid buy-in for the working disabled and are nursing home certifiable;
 - Aliessa Court Ordered Individuals;
 - Individuals enrolled in PACE;
 - Individuals enrolled in a Medicare Advantage Special Needs Plan for institutionalized individuals;
 - Individuals enrolled in Health Homes;
 - Individuals assigned to a CMS Accountable Care Organization (ACO) as of the point in time they would otherwise be included in the passive enrollment phase;
 - Individuals participating in the CMS Independence at Home demonstration; and
 - Individuals enrolled in Employer or Union Sponsored coverage for employees or retirees.

Enrollment Timeline

- Eligible individuals in Region I (NYC/Nassau County) will receive the FIDA Program Announcement Letter in December 2014. Region II (Westchester and Suffolk) implementation has been delaying until further notice.
- The FIDA Program Announcement Letter will be the first communication eligible individuals will receive notifying them of their eligibility for the FIDA Program and their ability to opt in to FIDA.
- Region I and II will receive a 90-day, 60-day, and 30-day Passive Enrollment reminder notices before their scheduled Passive Enrollment effective date. All notices will explain their right to opt-out of the program. The 60 and 30 day notices will state the name of the plan into which the person will be passively enrolled and will state the right of the person to pick a different plan (or opt-out).
- All initial enrollment contact should be between individuals and New York Medicaid Choice (MAXIMUS), the Enrollment Broker at **1-855-600-FIDA: TTY 1-888-329-1541**, Monday-Friday, 8:30am to 8pm and Saturday, 10am to 6pm, or www.nymedicaidchoice.com .

Click the links below for listing of FIDA Plans

New York City FIDA Plans

Long Island FIDA Plans

Covered Benefits, Items, and Services

Covered Benefits, Items, and Services

- All Items and Services provided under Medicare Part A
- All Items and Services provided under Medicare Part B
- All Items and Services provided under Medicare Part D
 - The integrated formulary must include any Medicaid-covered medications and prescription drugs and certain non-prescription drugs that are excluded by Medicare Part D. The Medicaid-covered medications and prescription and certain non-prescription drugs required for inclusion in the integrated formulary are those listed in the Medicaid State Plan. In all respects, Part D requirements will continue to apply.

Covered Benefits, Items, and Services, cont.

- All Covered medications, items and services provided under New York State Plan services (including Long-Term Services and Supports (LTSS)),
- Many home and community-based waiver services
- Other health and wellness services added to the Demonstration
- Four services are still available to Participants but not through the plan. These are available through Fee For Service and include:
 - Hospice
 - Out of Network Family Planning Services
 - Methadone Maintenance Treatment Program (MMTP)
 - Directly Observed Therapy for Tuberculosis Disease (TB/DOT)
- ***Please see Appendix A for a complete list of services available under FIDA***

FIDA Model of Care

FIDA Model of Care

➤ Model of Care

- Integrate benefits and improve care coordination to bring together primary care physicians, specialists and community-based and facility-based long term supports and services who will focus on health, behavioral health and other social needs.
- Create a comprehensive person-centered service plan (PCSP) designed to meet the health care needs of the Participant.
- Promote independence in the community
- Ensure adequate accessibility to health care services

Interdisciplinary Team (IDT)

Interdisciplinary Team (IDT)

- FIDA Plans are required to use an Interdisciplinary Team (IDT) approach to provide each Participant with an individualized comprehensive care planning process in order to maximize and maintain every Participant's functional potential and quality of life.
- The FIDA Plan is responsible for planning and arranging the IDT Meetings.
- The IDT, **led by the FIDA Plan accountable care manager**, will ensure integration of the Participant's medical, behavioral health, community-based or facility-based long term supports and services (LTSS), and social needs.
- The estimated time to conduct an IDT meeting will vary based on the Participant's needs, but it is expected to be between 30-60 minutes.
- The IDT composition will be based on a Participant's specific preferences and needs and each member will be sure to respect the Participant's linguistic and cultural competence and treat them with dignity.

Interdisciplinary team (IDT), cont.

FIDA Plan is required to have an IDT consisting of following team members:

- **Participant** and/or an authorized representative, family member, or a participant's friend
- **Primary Care Provider (PCP)** or a designee with clinical experience from the PCP's practice who has knowledge of the Participant's needs
- **FIDA Plan Care Manager** – leads IDT and responsible for ensuring provision of care services
- **Behavioral Health Professional**, if there is one, or a designee with clinical experience from the professional's behavioral health practice who has knowledge of Participant's needs
- Participant's **home care aide(s)**, or a designee with clinical experience from the home care agency who has knowledge of the Participant's needs
- Participant's **nursing facility representative**, who is a clinical professional, if receiving nursing facility care
- **Other providers** either as requested by the Participant or designee; or as recommended by the IDT
- The **RN who completed the Participant's Assessment**, if approved by the Participant or designee

IDT Responsibilities

- Each IDT member is responsible for:
 - Actively participating in the IDT service planning and care management process;
 - Attending meetings - whether in person, or by means of real-time, two-way communication, such as by telephone or videoconference;
 - Regularly informing the IDT of the medical, functional, and psychosocial condition of each Participant;
 - Remaining alert to pertinent input from other team members, Participants, and caregivers; and
 - Documenting changes of a Participant's condition in the Providers' own medical record for the Participant, consistent with policies established by the FIDA Plan.

IDT Responsibilities, cont.

- The IDT as a whole is responsible for making coverage determinations as part of service planning.
- All service plans developed by the IDT act as authorizations for those items and services contained within.
- After the first IDT meeting, the IDT must convene routinely, but not more than six months from the previous IDT meeting.
- These meetings may occur more frequently, since the IDT must reconvene after a Reassessment due to a qualifying trigger event (hospitalization, change in health status, etc.).

IDT Responsibilities, cont.

- IDT members must operate within their professional scope of practice appropriate for responding to and meeting the Participant's needs and complying with the state and federal licensure and credentialing requirements.
- When a care decision is required to be made by a provider with a certain licensure and/or certification, the ultimate decision always rests with the appropriately licensed or certified treating member(s) of the IDT.

IDT Responsibilities, cont.

By joining a FIDA Plan, the patient and the provider agree to participate in the IDT process!

Comprehensive Assessment (UAS) and Person-Centered Service Plan (PCSP)

Comprehensive Assessment (UAS-NY)

- The initial Comprehensive Assessment (UAS-NY) is completed by the FIDA Plan Assessment Nurse in the Participant's home, hospital, nursing facility, or any other setting and must be completed using the NYSDOH Approved Assessment as outlined below:
 - 60 days from the effective date for community-based and facility-based individuals who are passively enrolled.
 - 30 days from the individual's enrollment effective date for all other Participants.
- The results of the Comprehensive Assessment will confirm the Participant's acuity, and be the basis for developing the Person Centered Service Plan (PCSP).

Person-Centered Service Plan (PCSP)

- Person-Centered Service Plan (PCSP) is a written document created by the IDT and housed in the care management record of the Participant which outlines all of the services the Participant needs and when, how, and by whom those services will be provided to Participant.
- The Person-Centered Service Plan includes specific health care goals to be achieved and the amount, duration, and scope of the covered services.
- The IDT is responsible for developing the first Person-Centered Service Plan within 30 days of conducting the Comprehensive Assessment and managing the on-going care plan.
- The Participant (or Authorized Representative) must physically sign a copy of the Person-Centered Service Plan.

Person-Centered Planning Process

In developing the Person-Centered Service Plan (PCSP), the IDT will:

- ❑ Assess the immediacy of the new Participant's services needs and include a description of the Participant's condition (Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), limitations, incontinence, cognitive impairment and health conditions as identified through the assessment
- ❑ Identify any existing care plans and service providers and assess the adequacy of current services, including any access or accommodation issues
- ❑ For new Participants to maintain continuity of care, keep current services in place for 90 days or until the new PCSP is finalized and implemented, whichever is later. The IDT (and the plan, outside of the PCSP process) can increase services if clinically warranted, but neither can decrease services during this continuity of care period.
- ❑ A detailed listing of all elements that the IDT must consider in the development of the Person-Centered Service Plan **is outlined in Appendix B.**

Person-Centered Planning Process, cont.

- The Person-Centered Service Plan is updated and revised at least every 6 months or within 30 days of one of following trigger events:
 - Hospital admission
 - Transition between care settings
 - Change in functional status
 - Loss of caregiver
 - Change in diagnosis
 - As requested by a member of the IDT who observes the changes that requires further investigation.
- Elements to consider in the Person-Centered Service Plan **can be found in Appendix B.**

Authorizations

Authorizations

- The IDT is responsible for creating the Person-Centered Service Plan (PCSP) which outlines each of the participant's care and services needs and provides the basis for all service authorizations.
- Before the initial Person-Centered Service Plan (PCSP) is developed by the IDT, authorizations for new services needed during the 90-day transition period may be made by the FIDA Plan through the Utilization Management process.
- Any additional/new services not included in the Person-Centered Service Plan (PCSP), which arise between IDT meetings/PCSP revisions, are also authorized by the FIDA plan Utilization Management process.
- Service authorizations made by the IDT may not be modified by the FIDA Plan

Authorizations

- ❑ The following Covered Items and Services cannot be authorized by the IDT. Prior authorization must be requested by a qualified specialist.
 - ❑ Preventive Dental X-Rays – Prior authorization required by the Participant’s Dentist
 - ❑ Comprehensive Dental - Prior authorization required by the Participant’s Dentist
 - ❑ Eye Wear - Prior authorization required by the Participant’s Optometrist or Ophthalmologist
 - ❑ Hearing Aids - Prior authorization required by the Participant’s Audiologist.
- Prior Authorizations are not required for many services, including but not limited to Emergency/Urgent care, formulary drugs, women’s health. A complete listing of services that do not require any authorization **can be found in Appendix C** .
- IDT approval is not required for formulary medication/drugs, but the IDT may authorize medications/drugs during Person-Centered Service Plan (PCSP) development and all current and new medications/drugs should be discussed and documented on the Person-Centered Service Plan (PCSP).

Appeals and Grievances

Grievances

- A Grievance is an expression of dissatisfaction with respect to any aspect of the FIDA Plan's or Provider's operations, activities, or behavior regardless of whether remedial action is requested.
- Possible subjects for Grievances include, but are not limited to, quality of care or services provided, aspects of interpersonal relationships such as rudeness of a Primary Care Provider or employee of the FIDA Plan, or failure to respect the Participant's rights
- A Grievance may be filed with the plan (this is an internal grievance) or with the Medicare/Medicaid Contract Management Team (this is an external grievance).

Appeals

- **Appealing IDT Decisions** - The Participant has the right to appeal the Person-Centered Service Plan (PCSP) and other service determinations even if he/she agreed to and signed the Person-Centered Service Plan (PCSP) and regardless of whether he/she voiced objection to the plan at the time of the IDT meeting.
 - Notification of a Participant's appeals rights will be provided through a single notice and will be attached to the PSCP.
- **Appealing Plan Decisions** – The Participant has the right to appeal Plan decisions made between IDT meetings.
- All notices will be integrated and will communicate the steps in the integrated appeals process, as well as the availability of the Independent Consumer Advocacy Network (ICAN), the Participant Ombudsman, to assist with appeals.
- If the Participant files an appeal related to a reduction or termination of services within 10 days of the plan's decision, the current level of benefits and services will continue, pending the appeal decision.

Transition of Care

Transition of Care

- For the first 90 days (or until the Person-Centered Service Plan (PCSP) is in place, whichever is later), Participants can:
 - Continue receiving any existing Covered Item or Service in place as of the effective date of their FIDA Plan enrollment
 - Maintain existing providers they've seen in past 6 months, regardless of whether those providers are in the plan's network. The FIDA Plan must make reasonable efforts to bring these providers into the FIDA Plan network.
 - Continue receiving a 90 days supply of drugs for participants in an outpatient setting when a refill of a non-formulary drug is requested and at least 91 days (and up to 98 days) for participants in a long term care setting.
- Longer Transition Benefits under FIDA
 - Participants in Nursing Homes can remain there for the duration of the FIDA Demonstration, regardless of whether those providers are in the plan's network
 - Participants with Behavioral Health Providers can keep these providers for the current episode of care (up to 2 years)

Long-Term Services and Supports (LTSS)

Long-Term Services and Supports (LTSS)

What are Long-Term Services and Supports (LTSS)?

- LTSS include a wide variety of services and supports that help people with disabilities meet their daily needs and improve the quality of their lives over an extended period.
 - LTSS are services provided by non-medical staff such as home aids and community-based services including but not limited to:
 - Care transition assistance
 - Personal care assistance
 - Home care services (homemaker, housekeeping, meals, day services).
 - Consumer Directed Personal Assistance Services
- A listing of LTSS available under FIDA **can be found in Appendix D.**

Criteria for receiving Long-Term Services and Supports (LTSS)

- Individuals must meet one of the below criteria:
 - Are Nursing Facility Clinically Eligible and receiving facility-based long term services and supports (LTSS)
 - Are eligible for the Nursing Home Transition & Diversion (NHTD1915 (c) waiver)
 - Require community based long term care services for more than 120 days.

IDT's Roles and Responsibilities Regarding Long-Term Services and Supports (LTSS)

IDT will help to coordinate and facilitate the provision of the following:

- Educate Participant about LTSS resources including:
 - The option to have Consumer Directed Personal Assistance Services (CDPAS) which offers the Participant to select their own aides/care givers.
- Coordinate the authorization for, and referral to, appropriate behavioral health, community based and facility based LTSS resources
- Assist Participants to access Personal Care Services
- Monitor the appropriate provision and functional outcomes of LTSS
- Ensure that LTSS care services are documented and aligned with Person-Centered Service Plan (PCSP)

Long Term Supports and Services (LTSS) Help

- IDT will ensure that Participants are:
 - Having sufficient support to be able to live independently in the community
 - Maintaining or improving their health
 - Avoiding unnecessary hospitalizations, nursing home admissions, or service duplication

Balance Billing

Balance Billing

- FIDA Participants are not subject to co-pays, deductibles or co-insurance.
- FIDA Plan Contracted Providers may not balance bill any FIDA Participants for the cost of any covered services for any reason. Failure to comply could result in termination as a participating provider.
- Provider is required to educate their staff, including contracted billing services and affiliated providers concerning this contract requirement.

Marketing

Provider Marketing Activities

- Participating providers may:
 - Distribute written materials only if the contracted provider includes a list of all FIDA Plans with which the provider contracts.
 - Answer direct questions from patients asking about FIDA Plans they are associated with.
- Participating providers must:
 - Make sure marketing materials and activities are within parameters of the approved CMS marketing guidelines.
 - Report any marketing activity that may be considered a violation of such CMS guidelines

Click the link below to access the marketing guidelines for FIDA

[Medicare Marketing Guidelines \(MMG\)](#)

Someone Interested in FIDA? Refer this person to New York Medicaid Choice (Maximus)

Individuals who may be eligible for the FIDA program must be referred to New York Medicaid Choice (Maximus), NY State's Enrollment Broker:

- **1-855-600-FIDA : TTY 1-888-329-1541**
- Website: **www.nymedicaidchoice.com**
- Open Monday-Friday 8:30 am to 8:00 pm and Saturday 10:00 am to 6:00 pm

Independent Consumer Advocacy
Network (ICAN) – FIDA
Participant Ombudsman

General information about ICAN

- The Independent Consumer Advocacy Network (ICAN) is a program of Community Service Society, a non-profit organization funded by the State of New York.
- ICAN is not connected with any health insurance plan.
- ICAN help is free and confidential.

What ICAN does

- Answers questions about Medicare and Medicaid programs for people receiving long-term care (for example, home care or nursing home care)
- Gives advice about managed care options
- Solves problems with plans and providers (for example, doctors, hospitals, and pharmacies)
- Helps participants and enrollees with complaint or appeal processes

Need help? Call ICAN – the Participant Ombudsman

Individuals can contact the Participant Ombudsman, called the Independent Consumer Advocacy Network (ICAN), for any help or questions:

- **1-844-614-8800 (TTY 711)**
- Website: **icannys.org**
- Open Monday-Friday 8:00 am to 8:00 pm
- Multiple locations through the region

Appendices

Appendix A – Benefits Comprehensive List

Abdominal Aortic Aneurism Screening
Adult Day Health Care
AIDS Adult Day Health Care
Ambulance
Ambulatory Surgical Centers
Assertive Community Treatment (ACT)
Assisted Living Program
Assistive Technology (State Plan and Supplemental to State Plan)
Bone Mass Measurement
Breast Cancer Screening (Mammograms)
Cardiac Rehabilitation Services
Cardiovascular Disease Risk Reduction Visit (therapy for heart disease)
Cardiovascular Disease Screening and Testing
Care Management (Service Coordination)
Cervical and Vaginal Cancer Screening
Chemotherapy
Chiropractic
Colorectal Screening
Community Integration Counseling
Community Transitional Services
Consumer Directed Personal Assistance Services
Continuing Day Treatment
Day Treatment
Defibrillator (implantable automatic)
Dental
Depression Screening
Diabetes Monitoring (Self-Management Training)
Diabetes Screening

Diabetes Supplies
Diabetic Therapeutic Shoes or Inserts
Diagnostic Testing
Durable Medical Equipment (DME)
Emergency Care
Environmental Modifications
Family Planning Services
Freestanding Birth Center Services
HCSS
Health/Wellness Education
Hearing Services
HIV Screening
Home Delivery and Congregate meals
Home Health
Home Infusion Bundled Services
Home Infusion Supplies and Administration and Medicare Part D Home Infusion Drugs
Home Maintenance Services
Home Visits by Medical Personnel
Immunizations
Independent Living Skills and Training
Inpatient Hospital Care (including Substance Abuse and Rehabilitation Services)
Inpatient Mental Healthcare
Inpatient Mental Health over 190-day Lifetime Limit
Intensive Psychiatric Rehabilitation Treatment Programs
Inpatient Services during a Non-covered Inpatient Stay
Kidney Disease Services (including ESRD services)
Mammograms
Medicaid Pharmacy Benefits as Allowed by State Law

Appendix A – Benefits Comprehensive List

Medical Nutrition Therapy
Medicare Part B Prescription Drugs
Medicare Part D Prescription Drug Benefit as Approved by CMS
Medication Therapy Management
Mobile Mental Health Treatment
Moving Assistance
Non-Emergency Transportation
Nursing Facility (Medicaid)
Nursing Hotline
Nutrition (includes Nutritional Counseling and Educational Services)
NYS Office of Mental Health Licensed Community Residences
Obesity Screening and Therapy to Keep Weight Down
Opioid Treatment Services – Substance Abuse
Other Health Care Professional Services
Other Supportive Services the Interdisciplinary Team Determines Necessary
Outpatient Blood Services
Outpatient Hospital Services
Outpatient – Medically Supervised Withdrawal- Substance Abuse
Outpatient Mental Health
Outpatient Rehabilitation (OT, PT, Speech)
Outpatient Substance Abuse
Outpatient Surgery
Palliative Care
Pap Smear and Pelvic Exams
Partial Hospitalization (Medicaid)
Partial Hospitalization (Medicare)

PCP Office Visits
Peer-Delivered Services
Peer Mentoring
Personal Care Services
Personal Emergency Response Services (PERS)
Personalized Recovery Oriented Services (PROS)
Podiatry
Positive Behavioral Interventions and Support
Preventive Services
Private Duty Nursing
Prostate Cancer Screening
Prosthetics
Pulmonary Rehabilitation Services
Respiratory Care Services
Respite
Routine Physical Exam 1/year
Sexually Transmitted Infections (STIs) Screening and Counseling
Skilled Nursing Facility
Smoking and Tobacco Cessation
Social and Environmental Supports
Social Day Care
Social Day Care Transportation
Specialist Office Visits
Structured Day Program
Substance Abuse Program
Telehealth
Transportation
Urgent Care
Vision Care Services
“Welcome to Medicare” Preventive Visit
Wellness Counseling

Appendix B - Person-Centered Service Plan (PCSP) Elements

The FIDA Plan Care Manager works collaboratively with the Participant, family, significant other, PCP and other members of the Interdisciplinary Team to develop a Person-Centered Service Plan that includes:

- Short and long-term measurable goals and outcome measures
- Functional level and support systems target dates and outcome measures and progress toward goals
- Assurances of Participant rights, including rights to reasonable accommodations and the right to appeal accommodation decisions
- Accommodations for any religious or cultural customs
- Strategies, actions, services (including interventions) to be implemented including the person or provider responsible for specific intervention or services and frequency of such services or interventions
- Frequency of provider office visits
- Self management strategies
- Medical, psychosocial and behavioral health needs.
- Expected outcomes and timeframes
- Assistance with accessing services and arranging any needed tests, procedures or services or reasonable accommodations
- Identification of barriers to meeting goals or complying with care plan

Appendix B – Person-Centered Service Plan (PCSP) Elements Cont.

The FIDA Plan Care Manager works collaboratively with the Participant, family, significant other, PCP and other members of the Interdisciplinary Team to develop the care plan that includes:

- Need for reasonable accommodations
- Development of schedule for communication and follow up with Participant
- Providing educational materials
- Making referrals to community agencies and non covered services
- Plan to access community resources and non-covered services including reasonable accommodation
- Participant's wishes in determining the place of service
- Participant choice of services (self direction or providers)
- Involvement of the Participant and caregivers
- Individualized back up plans
- Covered and coordinated services follow a written plan established and periodically reviewed by the Participant, IDT, their supports and designated POA. The care plan is monitored by the FIDA Plan Care Manager and is updated semi-annually or if there is any change in a Participant's health status at an IDT meeting.
- The IDT-developed Person-Centered Service Plan (PCSP) is documented by the Care Manager.

Appendix C: Prior Authorizations Not Required

Participants may directly obtain these Covered Items and Services without review, prior authorization, or approval:

- Emergency or urgently needed care
- Out-of-Network Dialysis when the Participant is out of service area
- Family planning and Women's Health specialists services
- Participants who are eligible to receive services from a participating Indian health care provider; Indian Health Service (IHS); and Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U) provider; covered services provided by that I/T/U provider, as long as that provider has the capacity.
- Primary Care Doctor Visits
- Immunizations
- Palliative Care
- Public health agency facilities for Tuberculosis (TB) Screening, Diagnosis and Treatment; including Directly Observed Therapy (TB/DOT)
- Cardiac Rehabilitation, first course of treatment (a physician or RN authorization for subsequent courses of treatment);
- Prescription drugs on the formulary, that do not require prior authorization or that are not on the formulary but for which a refill request is made for an existing prescription within the 90-day transition period
- Dental Services through Article 28 Clinics Operated by Academic Dental Centers
- Vision Services through Article 28 clinics that provide optometry services and are affiliated with the College of Optometry of the State University of New York to obtain covered optometry services;
- Other Preventive Services
- Supplemental Education, Wellness, and Health Management Services

Appendix D - Long Term Supports and Services (LTSS) Available Under FIDA

- Home Health Care Services
- Personal Care Services
- Respite Care
- Adult Medical Day Care (including AIDS)
- Social Adult Day Care
- Environmental Supports (home modifications)
- Transportation
- Home Delivered/Congregate Meals
- PERS – Personal Emergency Response System
- DME and Repairs
- Audiology/Hearing Aids
- Orthotics/Prosthetics Procedures/ Devices
- Medical Nutrition Therapy
- Moving Assistance
- Home and Community Support
- Community Transitional Services
- Palliative Care
- Peer Mentoring/Delivered Services
- Independent Living Skills
- Structured Day Programs
- Assisted Living
- Oxygen
- Office Based Physical or Speech Therapy*
- Office Based Occupational Therapy *
- Rehabilitation Facility Admissions
- Skilled Nursing Facility Admissions

**After 20 visits*

Test Questions

TEST Questions

Overview

- ❑ ***FIDA will serve people eligible for:***
- ❑ ___ Medicare
- ❑ ___ Medicaid
- ❑ ___ Long Term Care Services
- ❑ ___ All of the above

TEST Questions

Eligibility & Enrollment

- ❑ *Participants may disenroll at any time during the demonstration.*
- ❑ True or False

TEST Questions

FIDA Model of Care

Those who participate in the FIDA Model of Care include:

- ___ Primary Care Physicians
- ___ Specialists
- ___ Community-Based supports / services
- ___ Facility-Based supports / services
- ___ All of the above

TEST Questions

Interdisciplinary Team (IDT)

- ❑ *In addition to providers, the IDT team includes the Participant or Participant's Designee.*
- ❑ True or False

TEST Questions

Each member of the IDT is responsible for (check all that apply)

- ❑ ___ Actively participating in the IDT service planning and care management process
- ❑ ___ Attending meetings - whether in person, or by means of real-time, two-way communication, such as by telephone or videoconference
- ❑ ___ Regularly informing the IDT of the medical, functional, and psychosocial condition of each Participant
- ❑ ___ Documenting changes of a Participant's condition in the Providers' own medical record for the Participant, consistent with policies established by the FIDA Plan.

TEST Questions

Person-Centered Service Plan

Person-Centered Service Plan (PCSP) is a written document created by the IDT and housed in the care management record of the Participant which outlines all of the services the Participant needs and when, how, and by whom those services will be provided to Participant.

True or False

TEST Questions

Authorizations

- ❑ ***Specialists such as Dentist, Optometrists, Ophthalmologists and Audiologists are responsible for authorizing preventive dental X-rays, comprehensive dental, eye wear and hearing aids, NOT the Plans' utilization management departments/processes.***
- ❑ True or False

TEST Questions

Grievances and Appeals

- ❑ *The Participant has NO right to appeal the Person-Centered Service Plan and other service determination.*
- ❑ True or False

TEST Questions

Transition of Care

- ❑ *Participants are allowed to continue receiving any covered item or service they were already receiving on the date their enrollment becomes effective with the FIDA Plan for at least 90 days from their effective date.*
- ❑ True or False

TEST Questions

LTSS

- ❑ *Participants may receive Long Term Supports and Services (services provided by non-medical staff) such as home care services (housekeeping, meals) specific to their needs.*
- ❑ True or False

TEST Questions

Balance Billing

- ❑ ***FIDA Plan Contracted Providers may not balance bill any FIDA Participants for the cost of any covered services for any reason.***
- ❑ True or False

TEST Questions

Marketing

- ❑ ***Providers do NOT have to follow CMS marketing guidelines and can produce whatever material they want to distribute to patients.***
- ❑ True or False

Test Answer Key

Question	Answer
Overview	All of the Above
Eligibility & Enrollment	True
FIDA Model of Care	All of the above
Interdisciplinary Team (IDT)	True
Each Member of the IDT team is responsible	All apply
Authorizations	True

Question	Answer
Person-Centered Service Plan	True
Authorizations	True
Grievances & Appeals	False
Transition of Care	True
LTSS	True
Balance Billing	True
Marketing	False

FIDA Plan List



New York City

All FIDA Plans cover these services and more

Medicaid long term care – care from a nurse in your home, personal care (home attendants), home health aides, adult day health care, consumer directed personal assistance services, dental care, transportation, and other services.

All Medicare and Medicaid services – doctor office visits, hospital stays, Medicare Part D Drug benefits, mental health care, and more.

What else should I know?

You'll get all your care from a **Care Team** – your doctors, home care worker and other caregivers you choose and need. You will have a Care Manager who will make sure you get all the care you need.

You may call all the FIDA plans below from 8:00 am to 8:00 pm, seven days a week.

	Contact	Service Area
Aetna Better Health FIDA Plan	1-855-494-9945 TTY: 711 aetnabetterhealth.com/newyork	Brooklyn, Manhattan, Queens
AgeWell New York FIDA	1-866-586-8044 TTY: 1-800-662-1220 agewellnewyork.com	Brooklyn, Bronx, Manhattan, Queens
AlphaCare Signature FIDA Plan	1-855-632-5742 TTY: 711 alphacare.com	Brooklyn, Bronx, Manhattan, Queens
ArchCare Community Advantage FIDA Plan	1-844-471-0620 TTY: 711 ArchCareCommunityAdvantage.org	Bronx, Brooklyn, Manhattan, Queens, Staten Island
CenterLight Healthcare FIDA Plan	1-877-226-8500 TTY: 711 centerlighthealthcare.org	Bronx, Brooklyn, Manhattan, Queens, Staten Island

FIDA Plans – New York City

	Contact	Service Area
EmblemHealth Dual Assurance FIDA Plan	1-855-283-2148 TTY: 711 emblemhealth.com/fida	Bronx, Brooklyn, Manhattan, Queens, Staten Island
FIDA Care Complete (affiliated with Centers Plan for Healthy Living, LLC)	1-800-466-2745 TTY: 1-800-421-1220 centersplan.com/fida/ fida-mmp-members	Bronx, Brooklyn, Manhattan, Queens, Staten Island
Elderplan FIDA Total Care	1-855-462-3167 TTY: 711 elderplanfida.org	Bronx, Brooklyn, Manhattan, Queens, Staten Island
Fidelis Care FIDA Plan	1-800-247-1447 TTY; 1-800-695-8544 fideliscare.org	Bronx, Brooklyn, Manhattan, Queens, Staten Island
GuildNet Gold Plus FIDA Plan	1-800-815-0000 TTY: 1-800-662-1220 guildnetny.org	Bronx, Brooklyn, Manhattan, Queens, Staten Island
Healthfirst AbsoluteCare FIDA Plan	1-855-675-7630 TTY: 711 healthfirst.org/mmp	Bronx, Brooklyn, Manhattan, Queens, Staten Island
HealthPlus Amerigroup FIDA Plan	1-855-817-5789 TTY: 1-800-855-2880 healthplus.amerigroup.com/FIDA	Bronx, Brooklyn, Manhattan, Queens, Staten Island
ICS Community Care Plus FIDA MMP (Independent Care System)	1-877-427-2525 TTY: 711 icsny.org/care-plus	Bronx, Brooklyn, Manhattan, Queens
Integra FIDA Plan	1-855-505-5451 TTY: 711 integraplan.org	Bronx, Brooklyn, Manhattan, Queens, Staten Island
MetroPlus FIDA Plan	1-844-288-3432 TTY: 711 metroplusmedicare.org	Bronx, Brooklyn, Manhattan, Queens

FIDA Plans – New York City

	Contact	Service Area
Montefiore Emerald Care FIDA Plan	1-855-266-8750 TTY: 711 montefiore.org/healthplans-medicare	Bronx
North Shore-LIJ FIDA LiveWell	1-855-776-7545 TTY: 1-877-486-2048 NSLIJHealthPlans.com/FIDALiveWell	Brooklyn, Manhattan, Queens, Staten Island
RiverSpring FIDA Plan (affiliated with ElderServe Health, Inc.)	1-800-950-9000 TTY: 1-866-236-5800 elderservehealth.org	Bronx, Brooklyn, Manhattan, Queens, Staten Island
SWH Whole Health FIDA (Senior Whole Health)	1-844-861-3432 TTY: 711 seniorwholehealth.com/FIDA	Bronx, Brooklyn, Manhattan, Queens
VillageCareMAX Full Advantage FIDA Plan	1-800-469-6292 TTY: 711 villagecaremax.org	Bronx, Brooklyn, Manhattan, Queens
VNSNY Choice FIDA Complete	1-866-783-1444 TTY: 711 vnsnychoice.org	Bronx, Brooklyn, Manhattan, Queens, Staten Island
WellCare Advocate Complete FIDA	1-855-595-2063 TTY: 1-877-247-6272 fida.wellcareny.com	Bronx, Brooklyn, Manhattan, Queens, Staten Island



QUESTIONS?
1-855-600-3432
TTY: 1-888-329-1541

What is the FIDA Program?

FIDA is a program that gives you all your Medicare and Medicaid benefits in one managed care plan. FIDA plans are the group of managed care plans that are part of the FIDA program. When you join a FIDA plan – you are also part of the FIDA program.

The FIDA Program is a partnership of New York State Medicaid and the Medicare Program.

FIDA Plan List



Long Island

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Fidelis Care FIDA Plan	1-800-247-1447 TTY: 1-800-695-8544 fideliscare.org	Nassau, Suffolk

FIDA Plans – Long Island

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GuildNet Gold Plus FIDA Plan	1-800-815-0000 TTY: 1-800-662-1220 guildnetny.org	Nassau, Suffolk
Healthfirst AbsoluteCare FIDA Plan	1-855-675-7630 TTY: 711 healthfirst.org/mmp	Nassau
Integra FIDA Plan	1-855-505-5451 TTY: 711 intregraplan.org	Nassau, Suffolk
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