



# Care Management for ALL

# FIDA

In 2011, Governor Andrew M. Cuomo established a Medicaid Redesign Team (MRT), which initiated significant reforms to the state's Medicaid program.

This included a critical initiative to provide "Care Management for All" by transitioning New York State's long-term care recipients into managed care.

A key component of Care Management for All is the Fully Integrated Duals Advantage (FIDA) demonstration project, a partnership between the Centers for Medicare and Medicaid Services (CMS) and the New York State Department of Health (NYSDOH).

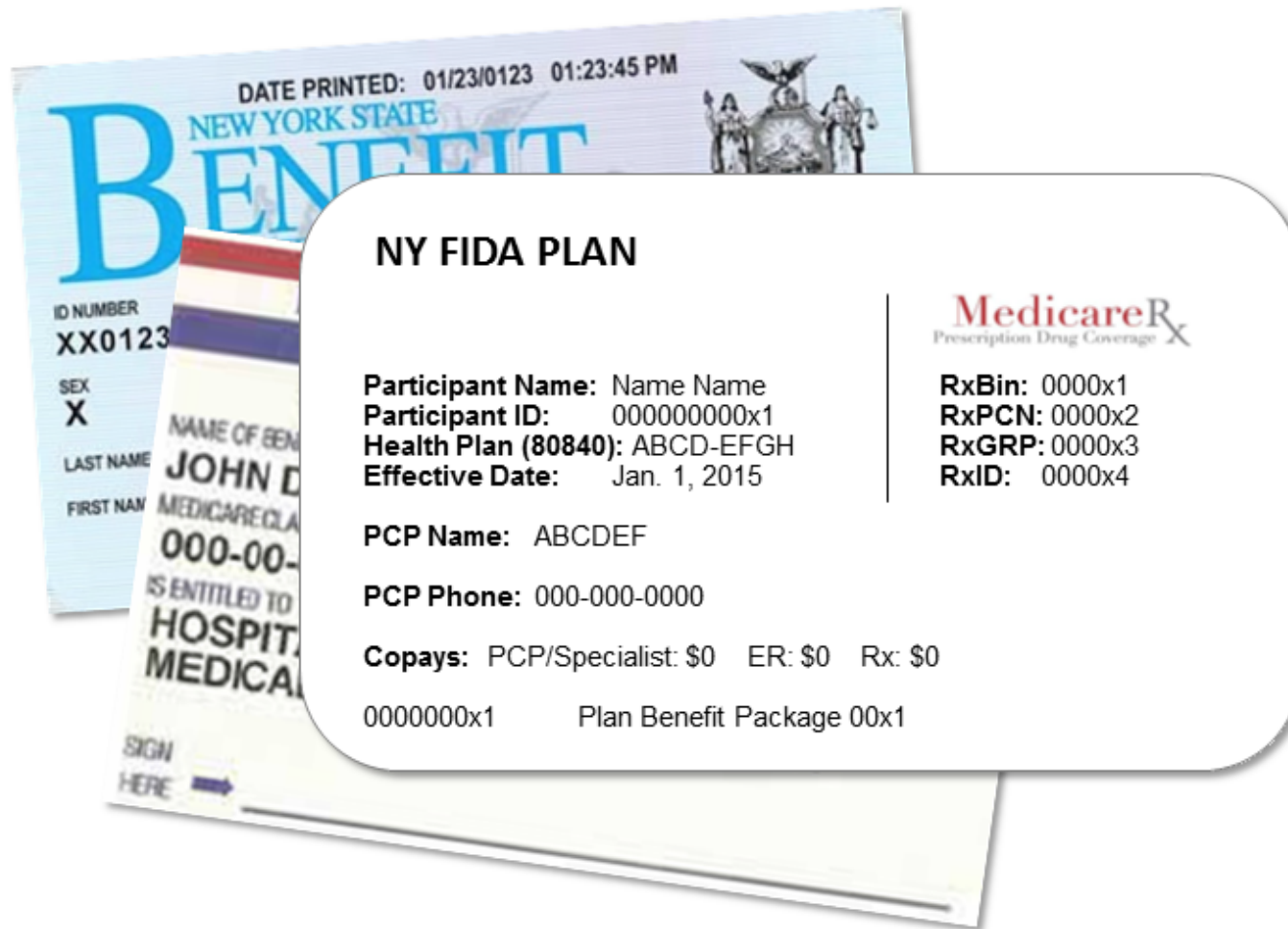
Through FIDA, certain dual-eligible individuals (Medicaid and Medicare) will be enrolled into fully-integrated managed care plans.



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# Fully Integrated Duals Advantage Program



The image shows two overlapping cards. The background card is a 'NEW YORK STATE BENEFIT' card with a date printed of 01/23/0123 at 01:23:45 PM. It includes fields for ID NUMBER (XX0123), SEX (X), LAST NAME (JOHN D), and FIRST NAME. The foreground card is a 'NY FIDA PLAN' card with the MedicareRx logo. It contains the following information:

NY FIDA PLAN	
<b>Participant Name:</b>	Name Name
<b>Participant ID:</b>	000000000x1
<b>Health Plan (80840):</b>	ABCD-EFGH
<b>Effective Date:</b>	Jan. 1, 2015
<b>PCP Name:</b> ABCDEF	
<b>PCP Phone:</b> 000-000-0000	
<b>Copays:</b> PCP/Specialist: \$0 ER: \$0 Rx: \$0	
0000000x1	Plan Benefit Package 00x1

The FIDA demonstration project began in January 2015 and runs through December 2017.

To be a FIDA plan, a plan must be approved as a Managed Long-Term Care (MLTC) plan, be approved as a Medicare Advantage (with prescription drug) plan, and meet all the FIDA requirements.

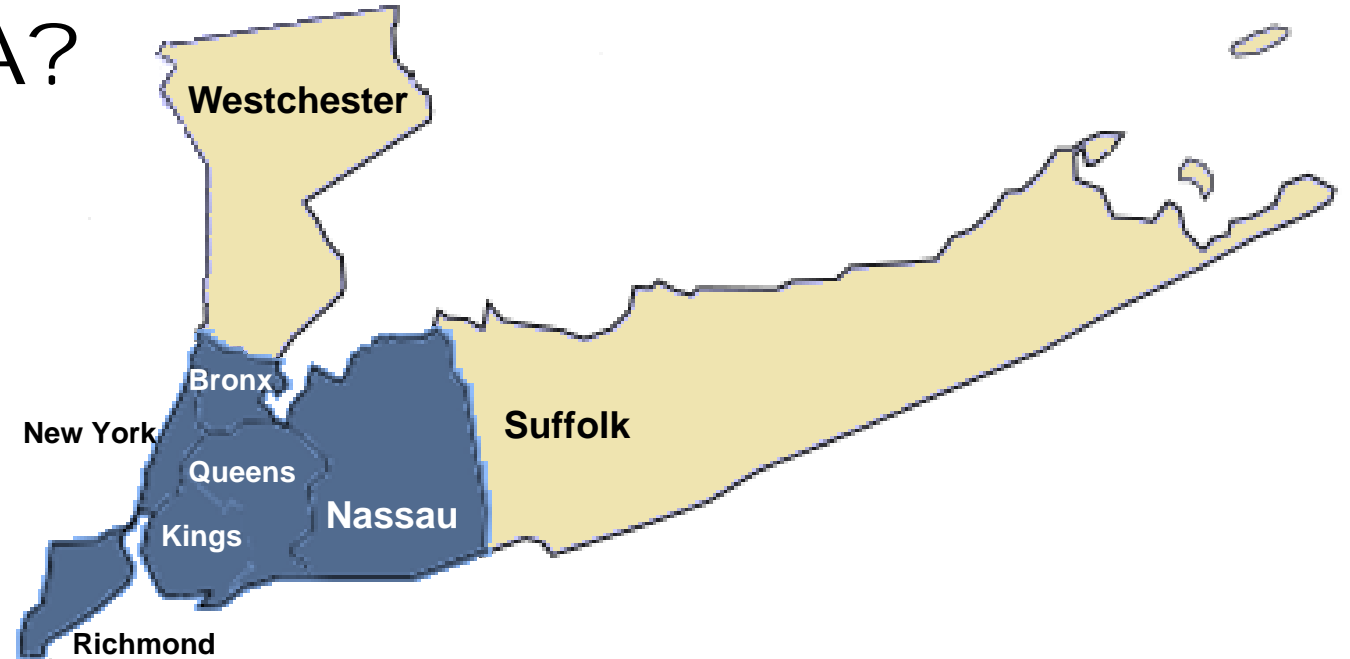
Currently, 21 plans have executed a three-way contract with CMS and NYSDOH and have completed the readiness-review process.

This is based on many elements such as systems, staffing, network adequacy, marketing, and training.

# Who's eligible for FIDA?

## Participants must be:

- 21 or older;
- Entitled to benefits under Medicare Part A and enrolled under both Medicare Parts B and D and receiving full Medicaid benefits; and
- Be a resident of a demonstration county: **Bronx, Kings, New York, Queens, Richmond, and Nassau**; starting January 1, 2015.
- The program will expand into Westchester and Suffolk counties later this year.



## And meet one of the following three criteria:

- Require community-based long-term services and supports (LTSS) for more than 120 days,
- Are eligible for the Nursing Home Transition and Diversion Waiver program, **or**
- Are nursing facility clinically eligible and receiving facility-based LTSS.

# And who's not eligible?

## Exclusions to FIDA eligibility

- Under the age of 21.
- Residents in an Assisted Living Program.
- In the Foster Family Care Demonstration.
- Residents of a New York State Office of Mental Health (OMH) facility or of a psychiatric facility.
- Receiving services from the New York State Office for People With Developmental Disabilities (OPWDD) system.
- Expected to be Medicaid eligible for less than six months.
- Eligible for Medicaid benefits only for tuberculosis-related services.

- With a "county of fiscal responsibility" code 97, 98, or 99.
- Residents of Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDD).
- Eligible to live in an ICF/IIDD, but choose not to.
- Residents of alcohol/substance abuse long-term residential treatment programs.
- Eligible for Emergency Medicaid.
- In the OPWDD Home and Community Based Waiver Services (HCBS) waiver program.

- In the Traumatic Brain Injury (TBI) waiver program.
- Receiving hospice services (at time of enrollment).
- Eligible for the family planning expansion program.
- Under 65 (screened and require treatment), in the Centers for Disease Control and Prevention Breast or Cervical Cancer Early Detection program, need treatment for breast or cervical cancer, and are not otherwise covered under creditable health coverage.



Abdominal Aortic Aneurism Screening	HIV Screening	Outpatient Substance Abuse
Adult Day Health Care	Home Delivery and Congregate Meals	Outpatient Surgery
AIDS Adult Day Health Care	Home Health	Palliative Care
Ambulance	Home Infusion Bundled Services	Pap Smear and Pelvic Exams
Ambulatory Surgical Centers	Home Infusion Supplies and Administration and Medicare Part D	Partial Hospitalization (Medicaid)
Assertive Community Treatment	Home Infusion Drugs	Partial Hospitalization (Medicare)
Assisted Living Program	Home Maintenance Services	PCP Office Visits
Assistive Technology (State Plan and Supplemental to State Plan)	Home Visits by Medical Personnel	Peer-Delivered Services
Bone Mass Measurement	Immunizations	Peer Mentoring
Breast Cancer Screening (Mammograms)	Independent Living Skills and Training	Personal Care Services
Cardiac Rehabilitation Services	Inpatient Hospital Care (including Substance Abuse and Rehabilitation Services)	Personal Emergency Response Services
Cardiovascular Disease Risk Reduction Visit (therapy for heart disease)	Inpatient Mental Health Care	Personalized Recovery Oriented Services
Cardiovascular Disease Screening and Testing	Inpatient Mental Health over 190-day Lifetime Limit	Podiatry
Care Management (Service Coordination)	Intensive Psychiatric Rehabilitation Treatment Programs	Positive Behavioral Interventions and Support
Cervical and Vaginal Cancer Screening	Inpatient Services during a Non-covered Inpatient Stay	Preventive Services
Chemotherapy	Kidney Disease Services (including End Stage Renal Disease services)	Private Duty Nursing
Chiropractic	Mammograms	Prostate Cancer Screening
Colorectal Screening	Medicaid Pharmacy Benefits as Allowed by State Law	Prosthetics
Community Integration Counseling	Medical Nutrition Therapy	Pulmonary Rehabilitation Services
Community Transitional Services	Medicare Part B Prescription Drugs	Respiratory Care Services
Consumer Directed Personal Assistance Services	Medicare Part D Prescription Drug Benefit as Approved by CMS	Respite
Continuing Day Treatment	Medication Therapy Management	Routine Physical Exam (1/year)
Day Treatment	Mobile Mental Health Treatment	Sexually Transmitted Infections (STIs) Screening and Counseling
Defibrillator (implantable automatic)	Moving Assistance	Skilled Nursing Facility
Dental	Non-Emergency Transportation	Smoking and Tobacco Cessation
Depression Screening	Nursing Facility (Medicaid)	Social and Environmental Supports
Diabetes Monitoring (Self-Management Training)	Nutrition (includes Nutritional Counseling and Educational Services)	Social Day Care
Diabetes Screening	NYS Office of Mental Health Licensed Community Residences	Social Day Care Transportation
Diabetes Supplies	Obesity Screening and Therapy to keep weight down	Specialist Office Visits
Diabetic Therapeutic Shoes or Inserts	Opioid Treatment Services – Substance Abuse	Structured Day Program
Diagnostic Testing	Other Health Care Professional Services	Substance Abuse Program
Durable Medical Equipment	Other Supportive Services the Interdisciplinary Team Determines Necessary	Telehealth
Emergency Care	Outpatient Blood Services	Transportation
Environmental Modifications	Outpatient – Medically Supervised Withdrawal- Substance Abuse	Urgent Care
Family Planning Services	Outpatient Mental Health	Vision Care Services
Freestanding Birth Center Services	Outpatient Rehabilitation (OT, PT, Speech)	“Welcome to Medicare” Preventive Visit
Home and Community Support Services (HCSS)		Wellness Counseling
Health/Wellness Education		
Hearing Services		

## FIDA coverage in New York State includes

...items and services currently covered by:

- Medicare
- Medicaid
- Long-term care
- Behavioral health
- Wellness programs
- Prescription drugs
- HCBS waiver services

There are no FIDA specific costs\* to participants, including no co-payments, no premiums, and no deductibles for any covered items or services.

*\*Medicaid spend-down requirements still apply.*



# Enrolling in FIDA

There are two types of enrollment:

- Opt-in, which is initiated by an individual.
- Passive, which is enrollment by the state that the individual can decline by opting out.
- All enrollments (opt-in and passive) will be through the enrollment broker, NY Medicaid Choice.
- Participants may disenroll at any time during the demonstration.



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# Exclusions from passive enrollment

Eligible for FIDA,  
but excluded from  
passive enrollment:

- Native Americans, but they may opt-in to the demonstration at any time;
- Those eligible for the Medicaid buy-in for the working disabled and are nursing-home certifiable;
- Aliessa court ordered individuals;
- Those assigned to a CMS Accountable Care Organization (ACO) at the time they would otherwise be included in passive enrollment;
- Those participating in the CMS Independence at Home (IAH) demonstration; and
- Those enrolled in:
  - Program of All Inclusive Care for the Elderly (PACE);
  - A Medicare Advantage Special Needs Plan for institutionalized individuals;
  - Health Homes; and
  - Employer or union-sponsored coverage for employees or retirees.





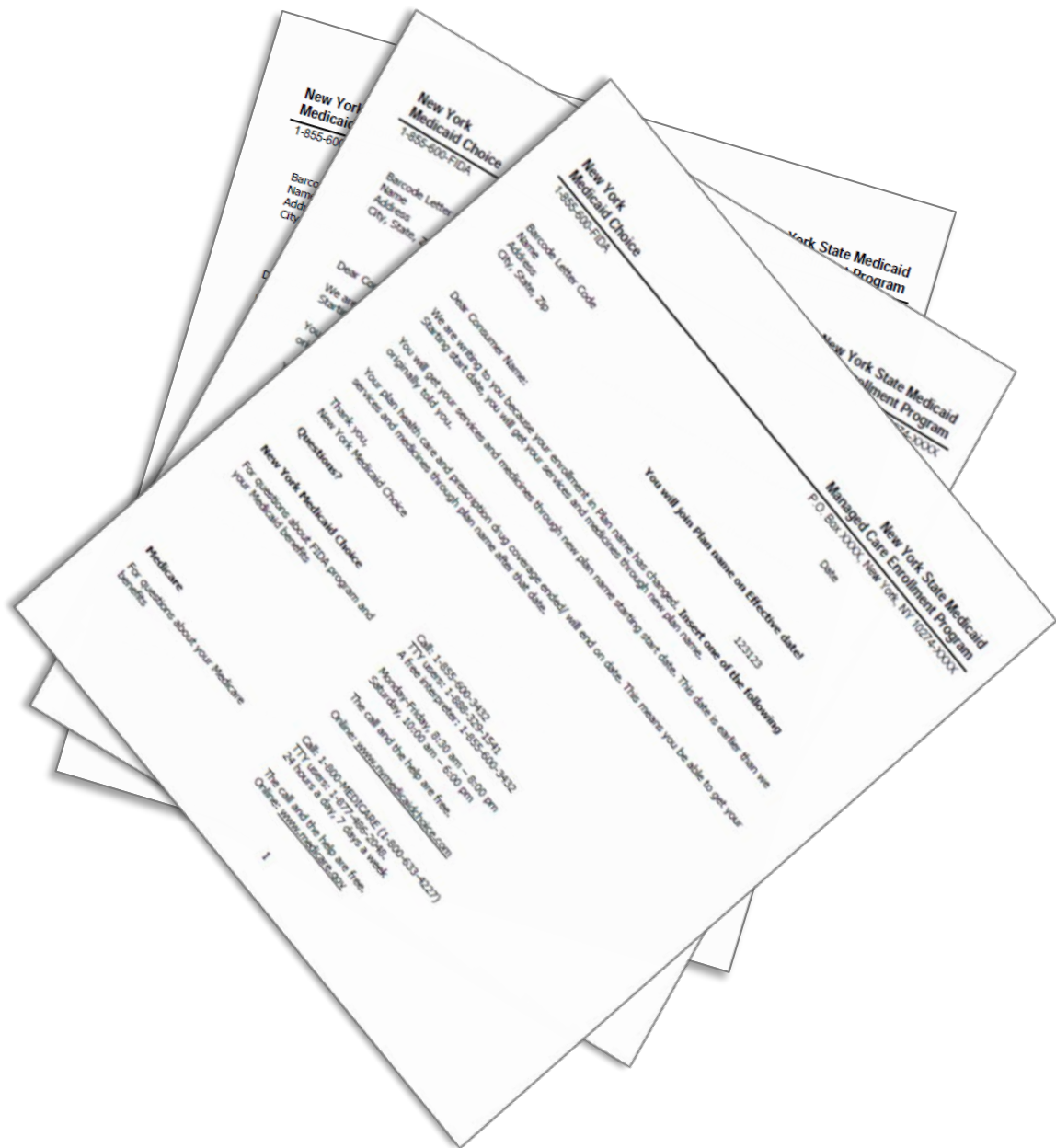
## Enrollment timeline

- **January 1, 2015**, effective date for individuals to opt-in to the demonstration.
- **April 1, 2015**, first effective date for certain individuals who will be passively enrolled. Passive enrollment will be phased-in over time.

### Nursing Home Transition

- Individuals residing in nursing homes prior to **February 1, 2015**, will not be passively enrolled into FIDA.
- Individuals new to custodial status in nursing homes as of **January 1, 2015**, will be passively enrolled into FIDA on or after **August 1, 2015**.





# Enrollment notices

- All FIDA-eligible duals received the FIDA program announcement letter in December 2014.
- The program announcement letter is the first notification a participant receives and marks the start of potential opt-in enrollment.
- NY Medicaid Choice will send participants passive enrollment reminder notices before their scheduled date for passive enrollment.





# Enrollment process

- NY Medicaid Choice will enroll individuals and provide education and assistance.
- Individuals who are eligible for FIDA and enrolled in a MLTC plan will “transition in place” to the FIDA plan offered by the parent organization of their MLTC plan.
- Individuals will be informed about FIDA and offered an opportunity to select a FIDA plan or to opt-out of the program.



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## Transition of care

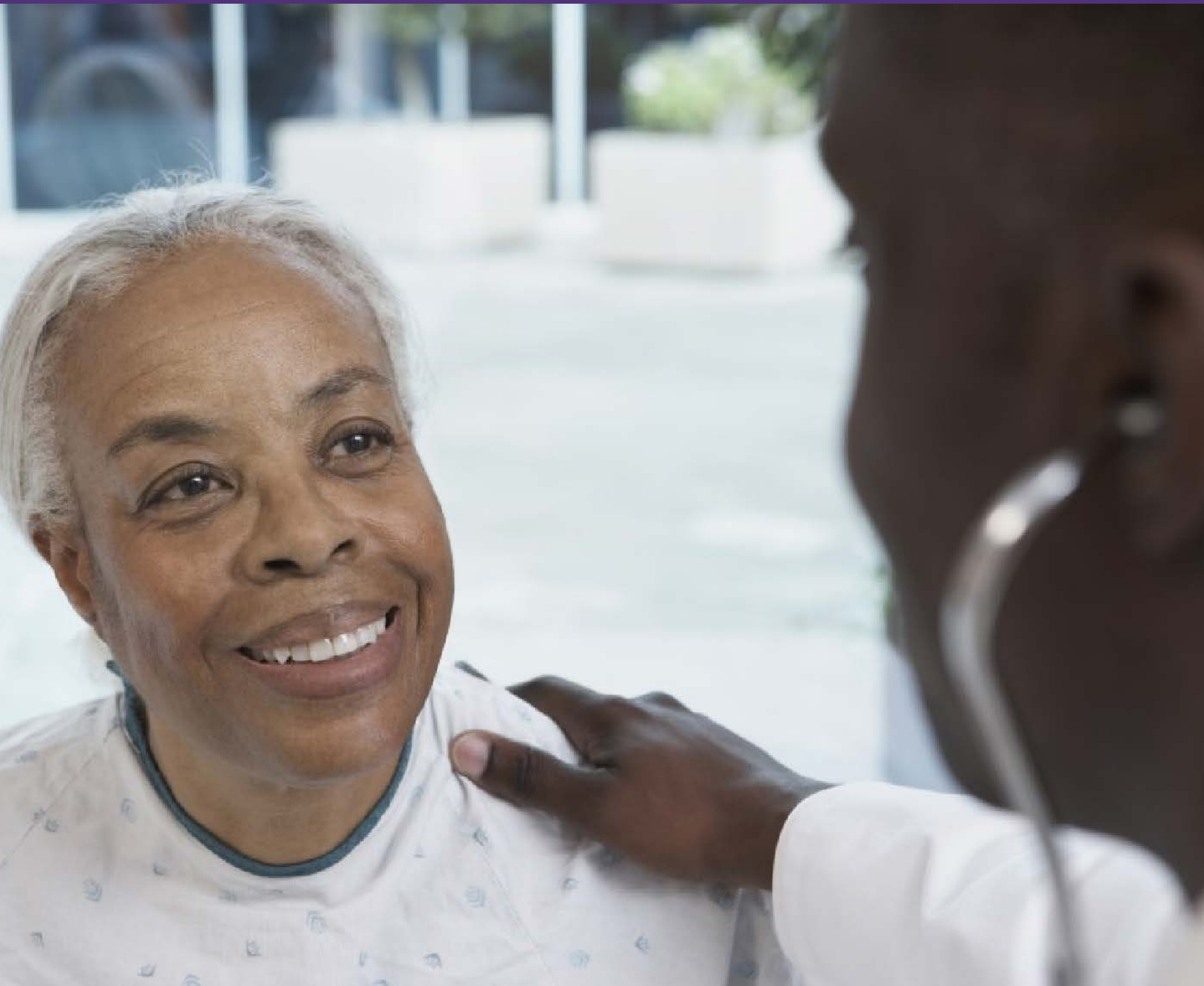
To ensure a smooth transition of care for participants, a FIDA plan must:

- Make arrangements to help ensure that all community-based supports, including non-covered services, are in place prior to a participant's move.
- Make sure participating providers are fully knowledgeable and prepared to support the participant.



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# Continuity of care

Each FIDA plan must **ensure** that:

- Participants have access to **all** of their providers and authorized services, including prescription drugs, for at least **90 days** or until their person-centered service plan is finalized and implemented – whichever is **later**.
- Participants can stay in their current nursing homes. FIDA plans must have contracts or payment arrangements with all nursing homes, so that FIDA enrollees who are already in a nursing home can stay at that same nursing home for the duration of the demonstration.



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# The Interdisciplinary Team



- Each participant must have an individualized comprehensive care plan. FIDA plans are required to use an Interdisciplinary Team (IDT) approach.
- Led by an accountable care manager, the team will ensure integration of the participant's medical, behavioral health, community-based or facility-based LTSS, and social needs.
- The IDT will be based on a participant's specific needs, and deliver services with respect to linguistic and cultural competence, and dignity.



# IDT composition

**A participant's IDT must be made up of:**

- **The participant** or, in the case of incapacity, an authorized representative;
- The participant's **designee(s)**, if desired by the participant;
- **A primary care provider (PCP)** or a designee with clinical experience from the PCP's practice who has knowledge of the participant's needs;
- **Behavioral health professional**, if there is one, or a designee with clinical experience from the professional's behavioral health practice who has knowledge of a participant's needs;
- The **FIDA plan care manager**;
- The 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;
- The participant's **nursing facility representative**, who is a clinical professional, if receiving nursing facility care; and
- **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.





## Independent Consumer Advocacy Network

This network will act as a resource and advocate for participants and families as they navigate the MLTC and FIDA program systems. It will also serve beneficiaries of LTSS in Mainstream Managed Care plans.

The contract for this statewide ombudsman program was awarded to a network of not-for-profit organizations, with Community Service Society of New York (CSS) serving as the entity responsible for coordinating services.

The CSS network will provide consumers with direct assistance in navigating their coverage and in understanding and exercising their rights and responsibilities.

CSS will be known as the Independent Consumer Advocacy Network (ICAN) and can be reached by calling 1 (844) 614-8800 or online at:

[www.icannys.org](http://www.icannys.org).



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## Integrated grievances and appeals process

- The grievances and appeals process incorporates the most consumer-favorable elements of the Medicare and Medicaid grievance and appeals systems into a consolidated, integrated system for participants.
- All notices are consolidated and being jointly developed by CMS and NYSDOH. Notices must communicate the steps in the integrated appeals process, as well as the availability of the participant ombudsman to assist with appeals.
- Providers can file an appeal on behalf of a participant but do not have a FIDA-specific right to appeal plan payment decisions.



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# FIDA

Find out more:

Call NY Medicaid Choice at: 1 (855) 600-3432

For TTY service, call: 1 (888) 329-1541

For an interpreter, call:

1 (855) 600-3432, and press Option 1

Visit the NY Medicaid Choice website:

<http://www.nymedicaidchoice.com>

Or visit the FIDA website:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/fida/](http://www.health.ny.gov/health_care/medicaid/redesign/fida/)

All phone services are free.



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If you have questions related to FIDA, email us: [FIDA@health.ny.gov](mailto:FIDA@health.ny.gov)

**New York State's Medicaid Reform Team (MRT) website:**  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/mrt\\_101.htm](http://www.health.ny.gov/health_care/medicaid/redesign/mrt_101.htm)

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