

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<b>Assessment Processes</b>		
	<i>A. Transition to New FIDA-IDD Plan and Continuity of Care</i>		
101	<p>The Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) Plan allows Participants receiving any service at the time of enrollment to maintain current providers and service levels until the later of:</p> <ul style="list-style-type: none"> <li>a. For at least 90 days after enrollment, or</li> <li>b. Until a Person-Centered Individualized Service Plan (aka “Life Plan” (LP)) is finalized and implemented by the FIDA-IDD Plan.</li> </ul>	Continuity of care plan includes these provisions.	<p><i>Example of naming convention and page number identification:</i></p> <p><i>201_506_[plan acronym]_Privacy Notice_20130911 (pg.3)</i></p>
102	<p>The FIDA-IDD Plan shall allow the following exceptions to the continuity of care policy:</p> <ul style="list-style-type: none"> <li>a. The FIDA-IDD Plan shall allow Participants who are receiving Behavioral Health Services at the time of enrollment to maintain current Behavioral Health Service Providers (i.e., Participating and Non-Participating) until the treatment is complete, but not to exceed two (2) years from the date of a Participant’s Effective Date of Enrollment; and</li> <li>b. For FIDA-IDD Participants who reside in an OPWDD certified residence (other than an ICF) at the time of enrollment in the FIDA-IDD Plan, the FIDA-IDD Plan may continue these services from the existing residential provider as long as the Participant’s LP continues to describe the need for the service.</li> </ul>	Continuity of care plan includes these provisions.	
103	<p>During the transition period, the FIDA-IDD Plan will advise Participants and providers if and when they have received care that would not otherwise be covered at an in-network level.</p> <p>On an ongoing basis, and as appropriate, the FIDA-IDD Plan must also contact providers currently serving FIDA-IDD Participants, but who are not already members</p>	Continuity of care plan includes these provisions, including information on how the FIDA-IDD Plan will advise participants and providers that the Participant received care out of network, and frequency by which the FIDA-IDD Plan will contact providers not already members of their network	

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	of their network with information on becoming credentialed as in-network providers.	with information on becoming credentialed as in-network providers.	
104	<p>The FIDA-IDD Plan has policies and procedures to:</p> <ul style="list-style-type: none"> <li>a. Accept and honor established service plans provided on paper or electronically transferred from FFS or prior plans when Participants transition with service plans in place;</li> <li>b. Ensure timely transfer of Comprehensive Assessments, Comprehensive Reassessments, LPs, contact information, and other pertinent information to assure continuity of care to other FIDA-IDD Plans or other plans when a FIDA-IDD Participant is disenrolling from the FIDA-IDD Plan.</li> </ul>	Continuity of care plan includes these provisions.	
105	<ul style="list-style-type: none"> <li>a. The FIDA-IDD Plan assure that, in outpatient settings, within the first 90 days of coverage, a temporary supply of drugs, when the Participant requests a refill of a non-formulary drug that otherwise meets the definition of a Part D drug. Consistent with the requirements of Chapter 6 of the Prescription Drug Benefit Manual, the temporary supply must be for at least 30 days of medication, unless the prescription is written by a prescriber for less than 30 days.</li> <li>b. The continuity of care period for non-Part D drugs is 90 days.</li> </ul>	Transition plan P&P allows and defines a time period when, in outpatient settings, the plan will provide temporary fills on refills of non-formulary drugs that otherwise meet the definition of a Part D drug and non-Part D drugs that are covered by Medicaid.	
106	The FIDA-IDD Plan assures that, in long-term care settings, temporary fills of non-formulary drugs that otherwise meet the definition of a Part D drug contain at least a 91-day and up to a 98-day supply, unless a lesser amount is requested by the prescriber.	Transition plan P&P and/or drug dispensing P&P defines temporary drug supply in long term care settings to be at least 91 days.	
107	The FIDA-IDD Plan provides written notice to each Participant, within 3 business days after the temporary fill of a Part D drug, if his or her prescription is not part of the formulary.	Transition plan P&P defines a time period (within 3 business days) when it must provide Participant with notice about temporary fills and their ability to file an exception or consult with	

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		prescriber to find alternative equivalent drugs on the formulary.	
	<i>B. Assessment</i>		
108	The FIDA-IDD Plan ensures that each Participant receives and actively participates in a Comprehensive Assessment (i.e., a FIDA-IDD Comprehensive Service Planning Assessment) completed by a Registered Nurse (RN) within 30 calendar days of enrollment.	The FIDA-IDD Plan shall submit their Assessment P&P.	
109	<ul style="list-style-type: none"> <li>a. In conducting the FIDA-IDD Comprehensive Service Planning Assessment, the FIDA-IDD Plan RN will use the results of the New York State Office for People with Developmental Disabilities (OPWDD) Approved Assessment that are provided to the FIDA-IDD Plan by OPWDD.</li> <li>b. The FIDA-IDD Plan will also use the “It’s All About Me” or “IAM,” tool to conduct the Comprehensive Service Planning Assessment.</li> <li>c. The FIDA-IDD Plan performs the Comprehensive Service Planning Assessment in-person with the Participant (e.g., in the Participant’s home, hospital; acute care facility; nursing facility; or ICF-IID).</li> </ul>	The FIDA-IDD Plan shall submit their Assessment P&P that includes these provisions.	
110	The FIDA-IDD Plan uses the results of the Comprehensive Assessment to confirm the appropriate acuity or risk stratification level for the Participant, and the Interdisciplinary Team (IDT) uses the Comprehensive Assessment in conjunction with the Comprehensive Service Planning Assessment as the basis for developing the LP.	Assessment P&P outlines the process by which the FIDA-IDD Plan will administer the initial assessment.	
111	The FIDA-IDD Plan must conduct a comprehensive reassessment using the IAM tool) at least annually after the date of the initial OPWDD Comprehensive Assessment provided by OPWDD to the FIDA-IDD Plan at the time of the Participant’s enrollment in the FIDA-IDD Plan.	Assessment P&P outlines the process by which the FIDA-IDD Plan will administer reassessments.	
112	The FIDA-IDD Plan also performs a comprehensive reassessment using the IAM tool no more than 30 days after a request (verbally or in writing) of the Care	Assessment P&P explains how often and when the assessment and re-	

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	<p>Manager by the Participant, his/her Designee or Authorized Representative, or his/her Provider as follows:</p> <ul style="list-style-type: none"> <li>i. As warranted by the Participant's condition, but at least once annually after the initial assessment completion date;</li> <li>ii. When there is a significant change in the Participant's health status or needs;</li> <li>iii. As requested by the Participant, his/her caregiver, or his/her provider, and based on a Participant's personal outcome measures not being attained.</li> <li>iv. As requested by a member of the IDT who observes a change in functional status including one observed by a member of the IDT.</li> </ul> <p>The FIDA-IDD Plan also performs a comprehensive reassessment using the (Comprehensive Assessment System and IAM tool) upon the occurrence of any of the trigger events listed below as expeditiously as possible in accordance with the circumstances and as clinically indicated by the Participant's health status and needs, and in no case more than 30 days after the occurrence of any of the following:</p> <ul style="list-style-type: none"> <li>v. A hospital admission that is expected to result in a needed change in the Participant's LP;</li> <li>vi. Transition between care settings;</li> <li>vii. Significant change in functional status;</li> <li>viii. Loss of a caregiver/guardian or designee;</li> <li>ix. Change in diagnosis that is significant enough to effect a Participant's life planning or treatment; affects functional status; or</li> <li>x. As requested by a member of the IDT who observes a change in functional status including one observed by a member of the IDT.</li> </ul>	<p>assessment are provided to new and current Participants.</p>	
113	<p>The FIDA-IDD Plan has policies for staff to follow up and to document when a Participant refuses to participate in a comprehensive assessment or re-assessment. The FIDA-IDD Plan must document in the Participant's record the FIDA-IDD Plan's efforts to involve the Participant to participate.</p>	<p>Assessment P&amp;P explains how staff from the FIDA-IDD Plan will respond to those Participants who decline to participate in a comprehensive assessment or re-assessment. P&amp;P must also include If a Participant</p>	

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		refuses to be assessed, the FIDA-IDD Plan must honor the Participant's existing care plan and use their internal utilization management process to authorize services for the Participant. However, the Plan should continue to encourage the Participant to be assessed.	
	<b>Care Coordination</b>		
	<i>A: Care Management and Interdisciplinary Team (IDT)</i>		
201	The FIDA-IDD Plan has a process to ensure that every Participant has an IDT, which is led by a care manager.	Care coordination P&P discusses the process of providing IDTs to Participants	
202	<p>The FIDA-IDD Plan's policies:</p> <ul style="list-style-type: none"> <li>a. Permit the IDT's LP decisions to serve as coverage determinations and service authorizations;</li> <li>b. Specify that, between IDT meetings, the Plan will make coverage determinations and service authorizations using its UM process; and</li> <li>c. State that the coverage determinations and service authorizations made by the IDT may not be modified by the FIDA-IDD Plan and are appealable by the Participant.</li> </ul>	Care coordination P&P states that the IDT decisions serve as service authorizations	
203	<p>The IDT should:</p> <ul style="list-style-type: none"> <li>a. Be person-centered;</li> <li>b. Be built on the Participant's specific preferences and needs; and</li> <li>c. Deliver services with transparency, individualization, accessibility, respect, linguistic and cultural competence, and dignity.</li> </ul>	Care coordination P&Ps include these requirements of the IDT	
204	<p>The FIDA-IDD Plan ensures that the composition of the team must include:</p> <ul style="list-style-type: none"> <li>a. Participant and/or, caregiver/guardian or designee</li> <li>b. FIDA-IDD primary providers of OPWDD services, who have knowledge of the Participant's desired outcomes and service needs;</li> </ul>	The care coordination or IDT P&P includes a description of how the FIDA-IDD Plan will compose the IDT and determine the team members.	

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	<ul style="list-style-type: none"> <li>c. Primary Care Provider or a designee with clinical experience from the PCP's practice who has knowledge of the needs of the Participant; and</li> <li>d. FIDA-IDD Plan Care Manager;</li> </ul> <p>The FIDA-IDD Plan ensures that the composition of the team may include:</p> <ul style="list-style-type: none"> <li>e. Behavioral Health Professional, if there is one, or a designee with clinical experience from the Behavioral Health Professional's practice who has knowledge of the needs of the Participant;</li> <li>f. Participant's home care aide(s), or a designee with clinical experience from the home care agency who has knowledge of the needs of the Participant, if the Participant is receiving home care and approves the home care aide/designee's participation on the IDT;</li> <li>g. Representative caregiver from the Participant's residential placement (e.g., Individualized Residential Alternative (IRA) or ICF-IID); and</li> <li>h. Other providers either as requested by the Participant or his/her designee; or as recommended by the IDT members as necessary for adequate care planning and approved by the Participant and/or his/her designee.</li> </ul> <p>If the IDT meeting does not address the Participant's changing medical service care needs, then the PCP or designee may opt not to attend. In such cases, the Participant's FIDA Plan Care Manager will advise the PCP of the results of the discussion and provide a written summary within five business days of the IDT meeting;</p>		
205	<p>Key care management and service planning functions of the IDT include:</p> <ul style="list-style-type: none"> <li>a. Establishing and implementing a written LP for the Participant; and</li> <li>b. Assisting each Participant in accessing the services called for under the LP.</li> </ul>	The IDT P&P includes these IDT functions.	
206	<p>The FIDA-IDD Plan ensures that IDT members are:</p> <ul style="list-style-type: none"> <li>a. Operating within their professional scope of practice;</li> <li>b. Appropriately qualified to meet the Participant's needs; and</li> </ul>	The care coordination or IDT P&P describes how the FIDA-IDD Plan will ensure that IDT members are operating within their professional scope of practice and complying with	

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	<ul style="list-style-type: none"> <li>c. In compliance with the State’s licensure/credentialing requirements.</li> </ul>	<p>the State’s licensure/credentialing requirements.</p>	
207	<p>The FIDA-IDD Plan provides person-centered care management functions to all Participants. This includes making the following supports available, depending on the Participant’s needs and preferences:</p> <ul style="list-style-type: none"> <li>a. A single, toll-free point of contact for all of the Participant’s questions;</li> <li>b. Ability to develop, maintain and monitor the LP;</li> <li>c. Assurance that timely appointments are made for services outlined in the LP;</li> <li>d. Communication and education regarding available services and community resources;</li> <li>e. Assistance developing self-management skills to effectively access and use services.</li> <li>f. Assurance that the Participant receives needed medical and behavioral health services, preventative services, medications, community-based or facility-based LTSS, reasonable accommodations, social services and enhanced benefits; this includes: <ul style="list-style-type: none"> <li>i. Setting up appointments,</li> <li>ii. In-person contacts as appropriate;</li> <li>iii. Strong working relationships between care managers and physicians;</li> <li>iv. Evidence-based Participant education programs; and</li> <li>v. Arranging transportation as needed;</li> </ul> </li> <li>g. Continuous monitoring of functional and health status; and</li> <li>h. Seamless transitions of care across specialties and settings.</li> </ul>	<p>Care coordination P&amp;P defines the role and responsibilities of the IDT and either this P&amp;P or other P&amp;Ps include the IDT’s specified functions.</p>	
208	<p>The FIDA-IDD Plan’s process for care manager assignment includes the following:</p> <ul style="list-style-type: none"> <li>a. Assigning to each Participant a care manager with the appropriate experience and qualifications based on a Participant’s assigned risk level and individual needs (e.g., experience with adults with IDD, communication, cognitive, or other barriers and associated reasonable accommodations); and</li> </ul>	<p>Care coordination P&amp;P requires each Participant to have a care manager based on his or her risk level and/or individual needs and outlines the process for assigning such care manager.</p> <p>FIDA-IDD Plan describes reasonable</p>	

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	<p>The FIDA-IDD Plan must ensure that each care manager’s caseload is reasonable to provide appropriate care coordination and Care Management to all Participants and to ensure compliance with the requirements of the IDT Policy. The FIDA-IDD Plan must ensure that Care Managers maintain contact with Participants as frequently as outlined in the Participant’s LP but not less than one telephone contact per month.</p> <p>The FIDA-IDD Plan shall explain how it defines appropriate experience and qualifications for care managers. At a minimum, care managers must have knowledge of physical health; aging; appropriate support services in the community; frequently used medications and their potential negative side-effects; depression; challenging behaviors; Alzheimer’s disease and other disease-related dementias; behavioral health; and issues related to accessing and using durable medical equipment, as appropriate.</p>	<p>measures taken to ensure that staff and Participants are matched based on their expertise and special needs.</p> <p>FIDA-IDD Plan describes P&amp;P to ensure caseloads are reasonable and contact standards are met.</p>	
209	<p>The FIDA-IDD Plan ensures that a Participant and/or his or her caregiver are able to choose and request a change in the Participant’s care manager at any time.</p>	<p>Care coordination P&amp;P describes the process by which a Participant may request a change in his or her care manager (as applicable).</p>	
210	<p>The FIDA-IDD Plan has a process that when a Participant is determined to be likely to require a level of care provided in a nursing facility or an ICF-IID (i.e., nursing home or ICF-IID level of care), the care manager and/or IDT informs the Participant and/or his/her representative of any feasible alternatives and offers the choice of either institutional or home and community-based services.</p>	<p>Care coordination P&amp;P describes the process, including the timing and manner, by which the care manager and/or the IDT informs the Participant and/or his/her representative of any feasible alternatives and offers the choice of either institutional or home and community-based services.</p>	
	<p><i>B. Person-Centered Service Plan (LP)</i></p>		
211	<p>The FIDA-IDD Plan ensures that every Participant has a LP developed by the Participant’s IDT.</p>	<p>Care planning P&amp;P states that the FIDA-IDD Plan intends to provide person-centered care to all Participants, and describes strategies for assuring this.</p>	

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212	<p>In developing the LP, the IDT considers:</p> <ul style="list-style-type: none"> <li>a. The Participant’s current psychosocial and medical needs, functional and behavioral health needs, language and culture, and history of the Participant;</li> <li>b. Information on the Participant’s functional level and support systems;</li> <li>c. Need for reasonable accommodations;</li> <li>d. Measureable goals, interventions, and expected outcomes with completion timeframes;</li> <li>e. Involvement of the Participant and caregivers; and</li> <li>f. Requirements that services must be provided in the least restrictive community setting;</li> <li>g. The Participant’s wishes in determining the place of service; and</li> <li>h. The Participant’s needs for assistance in accessing services.</li> </ul>	<p>Care Planning P&amp;P states that the FIDA-IDD Plan assures that these elements are incorporated into the LP.</p>	
213	<p>The FIDA-IDD Plan ensures that person-centered service planning and documentation of care goals comply with the requirements of the HCBS settings rule, in accordance with the State’s Statewide Transition Plan, including requirements for modifying a Participant’s LP to address a specific, assessed need.</p>	<p>Care Planning P&amp;P states that the FIDA-IDD Plan ensures person-centered service planning and documentation of care goals comply with the HCBS settings rule.</p>	
214	<p>The FIDA-IDD Plan ensures that, for all Participants, the IDT uses the Participant’s comprehensive assessment to complete the LP. The LP must be completed within 60 days of completion of the comprehensive service planning assessment.</p>	<p>Care planning P&amp;P includes these timeframes and describes the process for meeting the timeframes.</p>	
215	<p>The FIDA-IDD Plan ensures that the Participant receives:</p> <ul style="list-style-type: none"> <li>a. Any necessary assistance and accommodations to prepare for and fully participates in the care planning process; and</li> <li>b. Information about: <ul style="list-style-type: none"> <li>i. His or her health conditions and functional limitations;</li> <li>ii. How family members and social supports can be involved in the care planning as the Participant chooses;</li> <li>iii. Self-directed care options and assistance available to self-direct care;</li> <li>iv. Opportunities for educational and vocational activities; and</li> <li>v. Available treatment options, supports and/or alternative courses of care.</li> </ul> </li> </ul>	<p>Care planning P&amp;P describes how the FIDA-IDD Plan will ensure that the Participant receives necessary assistance accurate information and the type specified.</p>	

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216	<p>The LP and Electronic Care Coordination Record contain the following:</p> <ul style="list-style-type: none"> <li>a. The Participant’s desired outcomes, care and services needed to meet the Participant’s desired outcomes and known and anticipated medical, functional, social, and cognitive needs identified in the initial Comprehensive Assessment.</li> <li>b. All active chronic problems, current non-chronic problems, and problems that were previously controlled and or classified as maintenance care, but have been exacerbated by disease progression and/or other intervening conditions;</li> <li>c. All current medications taken by the Participant.</li> <li>d. For each need identified, the LP must state the problem, interventions to resolve or mitigate the problem, the measurable outcomes to be achieved by the interventions, the anticipated time lines in which to achieve the desired outcomes, and the staff responsible for conducting the interventions and monitoring the outcomes;</li> <li>e. Reasonable long-term and/or short-term goals for all problems identified;</li> <li>f. All services authorized and the scope and duration of the services authorized;</li> <li>g. A schedule of preventive service needs or requirements;</li> <li>h. Participant’s goals and preferences and how they will be addressed, taking into consideration the Participant’s expectations, characteristics, and previous daily routines;</li> <li>i. Method and frequency of evaluating progress towards goals and documentation of progress toward the goals including success, barriers, or obstacles;</li> <li>j. Potential problems that can be anticipated, including the risks and how these risks can be minimized to foster the Participant’s highest feasible level of well-being;</li> <li>k. Participant decisions around self-directed care and whether the Participant is participating in Consumer-Directed Personal Assistance Services (CDPAS) or home and community-based services (HCBS) self-directed services;</li> <li>l. Communications plan;</li> <li>m. How frequently specific services will be provided;</li> <li>n. How technology and telehealth will be used;</li> <li>o. Known needed physical and behavioral health care and services;</li> <li>p. Continuation of ongoing course of medical treatment (e.g. chemotherapy, chiropractic care, etc.);</li> </ul>	<p>Care planning P&amp;P states that the FIDA-IDD Plan assures that these elements are incorporated into the Person-Centered Service Plan.</p>	

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	<ul style="list-style-type: none"> <li>q. Right of the Participant to appeal a LP, including the steps for how to request an appeal;</li> <li>r. The Participant's consent to Money Follows the Person participation (if applicable);</li> <li>s. Participant choice of service providers;</li> <li>t. Individualized back-up plans;</li> <li>u. The person(s)/providers responsible for specific interventions/services;</li> <li>v. Participant's informal support network and services; and</li> <li>w. Participant's need for and plan to access community resources and non-covered services, including any reasonable accommodations; and</li> <li>x. Anything else appropriate for the needs of the Participant.</li> </ul>		
217	<p>The FIDA-IDD Plan has a process to:</p> <ul style="list-style-type: none"> <li>a) Monitor the LP to identify any gaps in care;</li> <li>b) Address any gaps in an integrated manner through the IDT, including any necessary revisions to the LP;</li> <li>c) Review the LP and revise it, if necessary, within 30 calendar days of the FIDA-IDD completing the comprehensive reassessment.</li> <li>d) Review the LP at least every six months. This LP review must coincide with a meeting with the IDT at least annually (no more than twelve months from the previous IDT meeting). These IDT meetings may occur more frequently, as the IDT must reconvene after a reassessment, or if the Participant requests a more frequent meeting LP updates must occur within at least six months of the previous LP authorization.</li> </ul>	<p>Care planning P&amp;P describes the process by which the FIDA-IDD Plan monitors LPs, including which FIDA-IDD Plan staff and/or IDT members conduct the monitoring and the frequency of the monitoring. Care planning P&amp;P also specifies the process by which any gaps in care will be addressed in an integrated manner by the IDT and be incorporated into the LP.</p>	
218	<p>The FIDA-IDD Plan accommodates Participants' religious or cultural beliefs and basic Participant rights articulated in the Demonstration proposal in developing the Person-Centered Service Plan.</p>	<p>Care planning P&amp;P states that the FIDA-IDD Plan accommodates Participants' religious or cultural beliefs and basic Participant rights in developing the Person-Centered Service Plan.</p>	
	<p><i>C. Self-Directed Services: Consumer Direction</i></p>		

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219	The FIDA-IDD Plan assures that all Participants have the opportunity to direct their own services through self-direction options under the Section 1915(c) OPWDD Comprehensive Waiver or the consumer-directed personal assistance option.	FIDA-IDD Plan P&Ps on self-direction include this requirement	
220	The FIDA-IDD Plan ensures that Participants are informed of this option at initial and annual LP meetings.	FIDA-IDD Plan P&Ps on self-direction include this requirement.	
221	<p>The FIDA-IDD Plan has policies to provide the Participant and his or her legal guardian the following information:</p> <ul style="list-style-type: none"> <li>a. An explanation that self-direction of services is voluntary, and that the extent to which Participants would like to self-direct is the Participant's choice;</li> <li>b. An explanation of the options to select self-directed supports or services; and</li> <li>c. An overview of the supports and resources available to assist Participants to participate to the extent desired in self-direction; and</li> <li>d. If the Participant and his or her legal guardian wish to participate in the self-directed program, the FIDA-IDD Plan will refer them to a qualified provider that offers self-direction or provides self-directed community habilitation (both of these options are available under the Section 1915(c) OPWDD Comprehensive Waiver services).</li> </ul>	Sample Participant communications demonstrating that the FIDA-IDD Plan has provided the information contained within this criterion to all Participants.	
222	<p>The FIDA-IDD Plan's policies regarding self-direction conform to the State requirements. The FIDA-IDD Plan must:</p> <ul style="list-style-type: none"> <li>a. Describe how it will educate consumers and informal caregivers on self-directed options;</li> <li>b. Describe how it will monitor the education efforts;</li> <li>c. Describe how it will evaluate the self-directed services; and</li> <li>d. Describe how it will monitor and evaluate the percentage of consumers that use the self-directed option.</li> </ul>	FIDA-IDD Plan P&Ps on self-direction describe how the FIDA-IDD Plan will meet the State self-direction requirements.	
	<i>D. Coordination of Services</i>		

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223	<p>The FIDA-IDD Plan has a process to monitor and audit care coordination that includes, at a minimum:</p> <ul style="list-style-type: none"> <li>a. Documenting and preserving evaluations and reports of the care coordination program;</li> <li>b. Ensuring that care coordination is provided in a culturally competent way (i.e., care coordination is provided to Participants in a manner that is sensitive to age; gender; sexual orientation; cultural, linguistic, racial, ethnic, and religious backgrounds; and congenital or acquired disabilities);</li> <li>c. Ensuring that care coordination is comprehensive and encompasses all services needed by the Participant and outlined in the LP, including non-covered services as well as those Medicaid services not included in the capitation payment (Medicare and Medicaid Hospice services);</li> <li>d. Reviewing information from electronic LPs to evaluate utilization, preferences, needs, and any other data trends, including whether reasonable accommodations were offered and delivered and the types of reasonable accommodations provided; and</li> <li>e. Communicating these results and subsequent improvements to FIDA-IDD Plan advisory boards and/or stakeholders.</li> </ul>	<p>Care coordination P&amp;P explains how and when the FIDA-IDD Plan will evaluate the processes within the care coordination program.</p> <p>Care coordination P&amp;P explains how the results of the evaluation will be communicated to FIDA-IDD Plan advisory boards and/or stakeholders.</p>	
224	<p>The FIDA-IDD Plan describes how the IDT facilitates timely and thorough coordination between the FIDA-IDD Plan, the IDT, the primary providers of OPWDD services, primary care provider, and other providers (e.g., behavioral health providers, non-emergency medical transportation, durable medical equipment repair, dental providers, community-based and facility-based LTSS, etc.).</p>	<p>Care coordination P&amp;P outlines how coordination between the parties will occur, including the mechanism by which information will be shared and how the FIDA-IDD Plan will facilitate the coordination.</p>	
	<p><i>E. Transitions Between Care Settings</i></p>		
225	<p>The FIDA-IDD Plan has a policy and procedure for insuring that the hospitals and nursing homes are not imposing a requirement for a 3-day hospital stay prior to covering a skilled nursing facility stay.</p>	<p>Policies and Procedures prohibit imposing a minimum 3-day hospital stay prior to covering a skilled nursing facility stay.</p>	

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226	<p>a) For Participants who are residents of or who are admitted to nursing facilities or ICF-IIDs and who wish to move or return to the community, the FIDA-IDD Plan has policies to ensure that the IDTs refer these Participants, where appropriate, to the OPWDD regional office or Money Follows the Person (MFP) program within two business days of the Participants (who are residents) receiving a FIDA-IDD Comprehensive Service Planning Assessment and within two business days of a new admission of a Participant.</p> <p>b) The FIDA-IDD Plan has policies to ensure that the IDT cooperates with the work of the MFP contractor as it relates to the Participant. The FIDA-IDD Plan ensures that all community supports, including housing, are in place prior to the Participant's transition, and providers are knowledgeable and prepared to support the Participant, including interface and coordination with and among clinical services and Community-based LTSS.</p>	Sample communications the FIDA-IDD Plan plans to send to Participants living in institutional settings contain information related to accessing community supports.	
227	FIDA-IDD Plan tracks the number of Participants who wish to move to the community and are referred to the OPWDD regional office or the MFP Program and reports this information to the State.	Sample report(s) from the FIDA-IDD Plan describing how it tracks Participant referrals to the OPWDD regional office or the MFP Program.	
228	The FIDA-IDD Plan has a policy and procedure for monitoring transfers to minimize unnecessary complications during care setting transitions and hospital re-admissions.	Care setting transitions P&P explains how the FIDA-IDD Plan and providers work together to minimize unnecessary complications related to care setting transitions and hospital readmissions and how the FIDA-IDD Plan monitors transfers and hospital readmissions.	
229	The FIDA-IDD Plan has policies and procedures to reduce preventable injuries in hospitals, nursing facilities, and during transfers between settings.	Policies and procedures establish requirements around reducing preventable injuries in hospitals,	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		nursing facilities, and during transfers between settings	
230	<p>The FIDA-IDD Plan’s protocols for care setting transition planning ensure that:</p> <ul style="list-style-type: none"> <li>a. All community supports, including housing, are in place prior to the Participant’s move; and</li> <li>b. Providers are knowledgeable and prepared to support the Participant, including interfacing and coordinating with and among clinical services and community-based LTSS.</li> </ul>	<p>Care setting transitions P&amp;P explains how the FIDA-IDD Plan ensures that community supports are available prior to a Participant's move.</p> <p>Sample care setting transition plan(s) detail the steps the FIDA-IDD Plan takes to ensure continuity of care for a Participant changing care settings.</p>	
231	The FIDA-IDD Plan helps Participants transition to another provider if their provider leaves the FIDA-IDD Plan's network.	Care coordination P&P and/or provider handbook includes this policy.	
232	The FIDA-IDD Plan transitions Participants to new providers, if needed, once the LP is completed.	Care coordination P&P and/or provider handbook includes policy.	
	<i>F. Participant Ombudsman</i>		
233	<p>FIDA-IDD Plan policies and procedures must require staff to cooperate with the FIDA-IDD Participant Ombudsman as follows:</p> <ul style="list-style-type: none"> <li>i. The FIDA-IDD Plan must make initial contact with the FIDA-IDD Participant Ombudsman receiving any FIDA-IDD Participant Ombudsman calls, emails, letters, or faxes within one (1) Business Day of the contact.</li> <li>ii. The FIDA-IDD Plan shall continue to be responsive to the FIDA-IDD Participant Ombudsman about a given Participant matter until such time as the matter is resolved.</li> <li>iii. The FIDA-IDD Plan shall designate a lead staff person to service as liaison between the FIDA-IDD Plan and the FIDA-IDD Participant Ombudsman.</li> <li>iv. The FIDA-IDD Plan shall provide the FIDA-IDD Participant Ombudsman with general FIDA-IDD Plan-specific information about coverage, policies,</li> </ul>	Participant Ombudsman P&P identifies which FIDA-IDD Plan staff will be responsible for overseeing and ensuring cooperation with the Participant Ombudsman. The PO P&P describes the timeframe in which the FIDA-IDD Plan will respond to questions raised by the Participant Ombudsman and the process the FIDA-IDD Plan will use to track the nature of the Participant Ombudsman questions.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<p>and procedures and also Participant-specific information about the Participant’s coverage, LP, IDT, and more.</p> <ul style="list-style-type: none"> <li>v. The FIDA-IDD Plan shall comply with the State-established rules for Participants to authorize the FIDA-IDD Participant Ombudsman to act on their behalf.</li> <li>vi. The FIDA-IDD Plan shall document all interactions with the FIDA-IDD Participant Ombudsman, including, but not limited to, the reason for the contact, the options discussed, the resolution reached, the timing of contact and resolution, and any follow-up steps required as a result of the interaction.</li> <li>vii. The FIDA-IDD Plan is required to notify Participants of the availability of the FIDA-IDD Participant Ombudsman in Enrollment materials, annual notice of Grievance and Appeal procedures, all written notices of denial, reduction or termination of a service, and during calls with Participant Services Representatives regarding a potential Grievance or Appeal and during calls with the Coverage Determinations, Grievances, and Appeals Call Center, if applicable.</li> <li>viii. Designate a staff liaison or supervisor responsible for overseeing and ensuring cooperation with the FIDA-IDD Participant Ombudsman.</li> <li>ix. FIDA-IDD Plan Provide reasonable accommodations and be trained to assist in negotiating the provision of reasonable accommodations on behalf of Participants.</li> </ul>		
	<b>Confidentiality</b>		
301	The FIDA-IDD Plan provides a privacy notice to Participants, which explains the policies and procedures for the use and protection of protected health information (PHI).	Sample privacy notice to be sent to Participants or privacy P&P explains how the FIDA-IDD Plan will safeguard PHI.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
302	The FIDA-IDD Plan provides a privacy notice to providers, which explains the policies and procedures for the use and protection of PHI.	Sample privacy notice to be sent to providers or privacy P&P explains how the FIDA-IDD Plan will safeguard PHI and the provider's role in safeguarding PHI.	
303	The FIDA-IDD Plan ensures privacy and security of Participant health records and provides for access by Participants to such records. The FIDA-IDD Plan assures that all data submitted to the State and CMS complies with relevant federal and State laws and regulations, including, but not limited to, regulations related to HIPAA and to electronic file submissions of patient identifiable information.	Privacy P&P	
	<b>Participant and Provider Communications</b>		
	<i>A. Participant and Provider Communications</i>		
401	The FIDA-IDD Plan maintains and operates a toll-free Participant services telephone line call center 8:00 A.M. to 8:00 P.M. Eastern Time, seven days per week. FIDA-IDD Plan sponsors are permitted to use alternative technologies, which include interactive voice response system or similar technologies, to meet the customer service call center requirements for Saturdays, Sundays, and holidays. Live customer service representatives must be available to answer the phones Monday through Friday from 8:00 A.M. to 8:00 P.M. Eastern Time, excluding holidays.	Participant services telephone line P&P (which includes general Participant services, coverage determinations, appeals, and grievances, and nursing hotline) confirms that the hotline is toll-free and available during required times for medical services, community-based and facility-based LTSS, and drugs.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
402	<p>The FIDA-IDD Plan’s customer service department representatives shall, upon request, make available to Participants and potential Participants information including, but not limited to, the following:</p> <ul style="list-style-type: none"> <li>a. The identity, locations, qualifications, and availability of Participating Providers;</li> <li>b. Participants’ rights and responsibilities;</li> <li>c. The procedures available to a Participant and Provider(s) to challenge or Appeal the failure of the FIDA-IDD Plan to provide a Covered Item or Service and to Appeal any adverse Actions (denials);</li> <li>d. How to access oral interpretation services and Marketing, Outreach, and Participant Communications in Prevalent Languages and Alternative Formats, which are cognitively accessible;</li> <li>e. Information on all Covered Items and Services and other available services or resources (e.g., State agency services) either directly or through authorization;</li> <li>f. Information on the availability of reasonable accommodations and how they can be arranged and delivered;</li> <li>g. The procedures for a Participant to disenroll from the FIDA-IDD Demonstration and information on how Participants can access the Enrollment Broker to effectuate such a change;</li> <li>h. Information on the IDT process;</li> <li>i. Information on the availability of the Participant Ombudsman;</li> <li>j. Information on the role of the Enrollment Broker; and</li> <li>k. Additional information that may be required by Participants and Eligible Individuals to understand the requirements and benefits of the FIDA-IDD Plan.</li> </ul>	<p>Participant services telephone line P&amp;P (which includes general Participant services, coverage determinations, and appeals, and grievances) confirms that all of the listed information will be available to customer service department representatives.</p> <p>Staffing plan</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
403	<p>The FIDA-IDD Plan operates a toll-free call center for coverage determinations (including exceptions and prior authorizations), grievances, and appeals that:</p> <ul style="list-style-type: none"> <li>a. Is staffed with live customer service representatives available to respond to providers or Participants;</li> <li>b. Operates during normal business hours and, at a minimum, from 8:00 A.M. to 6:00 P.M., Monday through Friday, according to the time zones for the regions in which they operate.</li> </ul> <p>Note that the FIDA-IDD Plan does not need a separate call center to meet this criterion. Rather, Participants can access information on coverage determinations, grievances, and appeals through the Participant services telephone line call center.</p>	Participant services telephone line P&P (which includes general Participant services, coverage determinations, appeals, and grievances, and nursing hotline) confirms that the hotline is toll-free and available during required times.	
404	The FIDA-IDD Plan operates a nursing hotline with live nurses available to answer clinical questions 24 hours a day, 7 days a week.	Nursing hotline P&P confirms that the hotline is toll-free and available during required times.	
405	<p>The FIDA-IDD Plan maintains a contract with a language line company that provides interpreters for non-English speaking and limited English proficiency Participants. In addition:</p> <ul style="list-style-type: none"> <li>a. The hours of operation for the FIDA-IDD Plan's language line are the same for all Participants, regardless of the language or other methods of communication they use to access the hotline; and</li> <li>b. The language line is TDD/TTY accessible.</li> </ul>	Contract with language line company or draft contract for language line, including mandatory hours of operation.	
406	The FIDA-IDD Plan ensures that it and its providers are able to communicate with their Participants in a manner that accommodates their individual needs, including providing interpreters for those who are deaf or hard of hearing, accommodations for those with cognitive limitations, and interpreters for those who do not speak English.	IDT P&P describes how the FIDA-IDD Plan will ensure that IDT members and other providers communicate with Participants in a manner that accommodates individual needs.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
407	<p>The FIDA-IDD Plan:</p> <ul style="list-style-type: none"> <li>a. Translates the following documents, upon request by a participant, into the six most common non-English languages spoken by individuals with limited-English proficiency in the State of New York, based on United States census data. Currently the six most common non-English languages are Spanish, Chinese, Russian, Italian, Haitian-Creole, and Korean. The State will inform the FIDA-IDD Plan of any changes to these languages. The materials that must be translated into these languages, include but are not limited to: <ul style="list-style-type: none"> <li>i. Summary of Benefits (SB);</li> <li>ii. Annual Notice of Change (ANOC);</li> <li>iii. Evidence of Coverage (i.e., EOC / Member Handbook);</li> <li>iv. Formulary;</li> <li>v. Provider / Pharmacy Directory;</li> <li>vi. Part D Transition Letter;</li> <li>vii. LP;</li> <li>viii. Ad-hoc communications regarding payments / reimbursements;</li> <li>ix. Integrated Coverage Determination Notice; and</li> </ul> </li> <li>b. The FIDA-IDD Plan ensures that these documents are updated.</li> </ul>	<p>IDT P&amp;P describes how the FIDA-IDD Plan will ensure that vital documents are translated and that translations are continually reviewed and updated.</p>	
	<i>B. Stakeholder Feedback</i>		
408	<p>FIDA-IDD Plan must conduct at least two Participant Feedback Sessions in its service areas each year. It is sufficient for a FIDA-IDD Plan to hold at least two Participant Feedback Sessions for the five NYC counties (i.e., at least two sessions can cover all five NYC counties rather than at least two sessions in each of the five NYC counties). For FIDA-IDD Plans servicing Nassau, Rockland, Suffolk, and Westchester Counties, FIDA-IDD Plans must hold at least two Participant Feedback Sessions each year in each of these counties.</p>	<p>Participant feedback P&amp;P describes that the FIDA-IDD Plan will conduct at least two Participant Feedback Sessions in its service area(s) each calendar year and assist with the costs of transportation and other challenges of attending in-person. The Participant Feedback P&amp;P also describes the manner and timeframe in which feedback will be summarized</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<ul style="list-style-type: none"> <li>a. Participants must be invited to raise problems and concerns and to provide positive feedback.</li> <li>b. The FIDA-IDD Plan must allow for Participants to participate in-person and remotely, and Participants can choose whether they want to participate in-person or remotely.</li> <li>c. The FIDA-IDD Plan must assist Participants with the costs, transportation, reasonable accommodations, and other challenges of attending these in-person Participant Feedback Sessions.</li> <li>d. The FIDA-IDD Plan must summarize each session and make the summary available to Participants and the public.</li> </ul>	<p>and provided to Participants and the public.</p> <p>Staffing plan</p>	
409	<p>The FIDA-IDD Plan will be required to have at least one Participant Advisory Committee (PAC) open to all Participants and family representatives as well as the Demonstration's Participant Ombudsman.</p>	<p>Participant feedback P&amp;P confirms that the FIDA-IDD Plan will establish a PAC that is open to all Participants and the Participant Ombudsman, which meets at least quarterly.</p> <p>Bylaws governing the FIDA-IDD Plan's PAC state that individuals with disabilities are to participate on the committee (or otherwise have a role in the governance structure of the FIDA-IDD Plan), and that the PAC has a process for providing input to the FIDA-IDD Plan's governing board.</p> <p>Staffing plan</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<ul style="list-style-type: none"> <li>a. The PAC must be composed primarily of Participants, with at least sixty percent (60%) of those serving on the PAC being FIDA-IDD Plan Participants</li> <li>b. FIDA-IDD Plan must have a plan for the PAC to meet at least quarterly and conduct these meetings in-person.</li> <li>c. The FIDA-IDD Plan must establish a process for the PAC to provide input to the FIDA-IDD Plan.</li> <li>d. The FIDA-IDD Plan must facilitate and provide all transportation and supportive services, including reasonable accommodations, necessary to ensure in-person access to PAC meetings.</li> <li>e. The FIDA-IDD Plan must share any updates or proposed changes as well as information about the number and nature of grievances and appeals, information about quality assurance and improvement, information about enrollments and disenrollments, and more.</li> <li>f. The PAC members would be invited to voice questions and concerns about topics including but not limited to quality of life and service delivery and would be encouraged to provide input and feedback into topics raised by the FIDA-IDD Plan.</li> <li>g. The FIDA-IDD Plan must demonstrate that the Participant PAC composition reflects the diversity of the FIDA Participant population, and participation of individuals with disabilities, including Participants, within the governance structure of the FIDA-IDD Plan.</li> <li>h. The PAC meetings must be open to all Participants and their family representatives.</li> <li>i. The PAC meetings must be open to the FIDA-IDD Participant Ombudsman, and the FIDA-IDD Plan must invite the Participant Ombudsman.</li> </ul> <p>The FIDA-IDD Plan is encouraged to include Participant representation on their boards of directors.</p>		
	<i>C: Pharmacy Technical Support</i>		
410	The FIDA-IDD Plan or pharmacy benefit manager (PBM) has a pharmacy technical help desk call center that is prepared for increased call volume resulting from Demonstration enrollments.	The FIDA-IDD Plan (or PBM) has a staffing plan that shows how it has arrived at an estimated staffing ratio for the pharmacy technical help desk call center and how and in what	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		timeframe it intends to staff to that ratio.	
411	The FIDA-IDD Plan ensures that pharmacy technical help desk is available at any time that any of the network's pharmacies are open.	Hours of operation for technical support cover all hours for which any network pharmacy is open.	
	<b>Participant Protections</b>		
	<i>A. Participant Rights</i>		
501	The FIDA-IDD Plan has established Participant rights and protections that reflect those outlined in the Three-Way Contract and assures that the Participant is free to exercise those rights without negative consequences.	Participant rights P&P articulates Participants' rights, states that Participants will not face negative consequences for exercising their rights, and includes disciplinary procedures for staff members who violate this policy.	
502	The FIDA-IDD Plan policies articulate that it will notify Participants of their rights and protections (including appeal and grievance rights) at least annually, in a manner appropriate to their condition and ability to understand.	Participant rights P&P provides a timeline for updating Participants about changes or updates to their rights and protections.  Participant rights P&P details how notifications will be adapted based on the Participant's condition and ability.	
503	The FIDA-IDD Plan does not discriminate against Participants due to:	Participant rights P&P addresses that the FIDA-IDD Plan will not discriminate and will prohibit its providers from discriminating against Participants based on the enumerated reasons.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<ul style="list-style-type: none"> <li>a. Medical condition (including physical and mental illness);</li> <li>b. Claims experience;</li> <li>c. Receipt of health care;</li> <li>d. Medical history;</li> <li>e. Genetic information;</li> <li>f. Evidence of insurability; or</li> <li>g. Disability.</li> </ul>	Staff training includes discussion of Participant rights.	
504	The FIDA-IDD Plan informs Participants that they will not be balanced billed by a provider for the cost of any covered service, which includes any coinsurance, deductibles, financial penalties, or any other amount in full or in part. This is articulated through policies and procedures and staff and provider training modules.	<p>Participant rights P&amp;P explains that the FIDA-IDD Plan informs Participants that they should not be balanced billed for any covered service, any coinsurance, deductibles, financial penalties, or any other amount in full or in part.</p> <p>In addition, the FIDA-IDD Plan submits training modules for both providers and staff that cover this rule.</p>	
505	The FIDA-IDD Plan has policies and procedures to ensure that it provides reasonable accommodations. The policies and procedures ensure that the FIDA-IDD Plan informs Participants, in general, of their right to reasonable accommodations and specifies how to obtain reasonable accommodations from the FIDA-IDD Plan and providers, including the process, who decides whether the accommodations will be provided, and the process for appealing any decisions.	<p>Participant rights P&amp;P states that the FIDA-IDD Plan informs Participants of their right to reasonable accommodation and specifies how to obtain reasonable accommodations from the FIDA-IDD Plan and providers, including the process, who decides, and how to appeal any decisions.</p> <p>Participant rights P&amp;P ensures that the FIDA-IDD Plan and its providers are required to provide reasonable accommodations.</p>	
	<i>B: Appeals and Grievances</i>		

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
506	<p>The FIDA-IDD Plan staff receive training on Participant protections, including but not limited to:</p> <ul style="list-style-type: none"> <li>a. The IDT coverage determination and LP development processes;</li> <li>b. Reasonable accommodations; and</li> <li>c. Appeals and grievance processes.</li> </ul>	<p>Training materials contain information about the FIDA-IDD Plan’s organization and coverage determination processes, the appeals and grievance processes, and reasonable accommodations.</p>	
507	<p>The FIDA-IDD Plan provides Participants with an “Integrated Coverage Denial Notice” that provides appeal rights. Note: CMS and the New York State Department of Health (NYSDOH) have drafted three templates of the ICDN that the FIDA-IDD Plan will be required to use.</p>	<p>P&amp;P specifies that FIDA-IDD Plan will use the ICDN.</p>	
508	<p>The FIDA-IDD Plan provides Participants with reasonable assistance in filing an appeal or grievance. Any assistance must include information and reminders about the availability of the Participant Ombudsman and how to contact the PO.</p>	<p>Grievances and appeals P&amp;P explains the extent to which the FIDA-IDD Plan will assist a Participant in filing an appeal or grievance and extent to which may and must refer to the Participant Ombudsman.</p>	
509	<p>The FIDA-IDD Plan maintains an established process to track and maintain records on all grievances, received both orally and in writing, including, at a minimum:</p> <ul style="list-style-type: none"> <li>a. The date of receipt;</li> <li>b. Final disposition of the grievance; and</li> <li>c. The date that the FIDA-IDD Plan notified the Participant of the disposition.</li> </ul>	<p>Screenshots of or reports from the tracking system in which Participant grievances are kept include these elements.</p> <p>Data summaries or reports detail the types of reporting and remediation steps that are taken to ensure grievances are correctly handled.</p> <p>Grievances P&amp;P define how staff from the FIDA-IDD Plan should document grievances within the tracking system.</p>	
510	<p>The FIDA-IDD Plan’s policies and procedures for Participant grievances include the following:</p> <ul style="list-style-type: none"> <li>a. Participants are entitled to file grievances directly with the FIDA-IDD Plan.</li> </ul>	<p>Grievances P&amp;P includes these specifications</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<ul style="list-style-type: none"> <li>b. The FIDA-IDD Plan must send written acknowledgement of grievances to the Participant within 15 days of receipt.</li> <li>c. If a decision is reached before the written acknowledgement is sent, the FIDA-IDD Plan will not send the written acknowledgment.</li> <li>d. The grievance must be decided as fast as the Participant’s condition requires but not later than:               <ul style="list-style-type: none"> <li>i. Expedited: Paper review – decision and notification within 24 hours (in certain circumstances outlined in the MOU). For all other circumstances where a standard decision would significantly increase the risk to a Participant’s health, decision and notification within 48 hours after receipt of all necessary information and no more than 7 calendar days from the receipt of the grievance.</li> <li>ii. Standard: Notification of decision within 30 calendar days of the FIDA-IDD Plan receiving the written or oral grievance.</li> <li>iii. Extension: The FIDA-IDD Plan may extend the 30-day timeframe by up to 14 calendar days as outlined in the MOU. The FIDA Plan must justify a need for additional information and have a process for documenting how the delay is in the interest of the Participant. The FIDA Plan has a process to immediately notify the Participant in writing of the reason for delay.</li> </ul> </li> <li>e. The FIDA-IDD Plan must notify the Participant of the decision by phone for expedited grievances and provide written notice of the decision within 3 business days of decision (expedited and standard).</li> <li>f. The FIDA-IDD Plan tracks and resolves all grievances or reroutes grievances to the coverage decision or appeals process as appropriate; and</li> <li>g. The FIDA-IDD Plan has internal controls in place to identify incoming requests as grievances, initial requests for coverage, or appeals, and has processes to ensure that such requests are processed through the appropriate avenues in a timely manner.</li> <li>h. The Participant is informed of his/her right to file an external grievance through 1-800-Medicare or NYSDOH helpline to be reviewed by the CMT.</li> </ul>		
511	The FIDA-IDD Plan notifies Participants of all Medicare and Medicaid appeal rights through a single notice specific to the service or item type in question.	Appeals P&P includes these specifications and how the FIDA-IDD Plan will monitor compliance with them.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
512	<p>The FIDA-IDD Plan maintains policies and procedures for Participant appeals, in accordance with the requirements specified in the CMS-State MOU. These policies and procedures include the following:</p> <ul style="list-style-type: none"> <li>a. Participants are entitled to file appeals directly with the FIDA-IDD Plan. The appeal must be requested within 60 days of postmark date of notice of action if there is no request to continue benefits while the appeal decision is pending. A request to continue benefits is valid if an appeal is requested within 10 business days of the notice’s postmark date of the action or by the intended effective date of the Action, whichever is later, and the appeal involves the termination or modification of a previously authorized services.</li> <li>b. Upon receipt of an appeal, the FIDA-IDD Plan sends written acknowledgement of appeal to the Participant and their providers or representatives (if the Participant did not file the appeal) within 15 calendar days of receipt. If a decision is reached before written acknowledgement is sent, the FIDA-IDD Plan will not send the written acknowledgement.</li> <li>c. The FIDA-IDD Plan decides and notifies the Participant (and provider, as appropriate) of its decision as fast as the Participant’s condition requires but: <ul style="list-style-type: none"> <li>i. Expedited: Paper review unless a Participant requests in-person review - as fast as the Participant’s condition requires, but no later than within 72 hours of the receipt of the appeal.</li> <li>ii. Standard: Paper review unless a Participant requests in-person review - as fast as the Participant’s condition requires, but no later than 7 calendar days from the date of the receipt of the appeal on Medicaid prescription drug appeals and no later than 30 calendar days from the date of the receipt of the appeal.</li> <li>iii. Extension: An extension of up to 14 calendar days may be requested by a Participant or provider on a Participant’s behalf (written or oral). The FIDA-IDD Plan may also initiate an extension if it can justify need for additional information and if the extension is in the Participant’s interest. In all cases, the extension reason must be well-documented, and when the FIDA-IDD Plan requests the extension it must notify the Participant in writing of the reasons for delay and inform the Participant of the right to file an</li> </ul> </li> </ul>	Appeals P&P includes these specifications	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<p>expedited grievance if he or she disagrees with the FIDA-IDD Plan's decision to grant an extension.</p> <p>d. The FIDA-IDD Plan makes a reasonable effort to provide prompt oral notice to the Participant for expedited appeals and document those efforts. The FIDA-IDD Plan sends written notice within 2 calendar days of providing oral notice of its decision for standard and expedited appeals.</p>		
513	<p>The FIDA-IDD Plan policies and procedures reflect the requirement that the FIDA-IDD Plan auto forward any adverse decision to the Integrated Administrative Hearing Office at the FIDA Administrative Hearing Unit at the State Office of Temporary and Disability Assistance (OTDA) within 2 business days of the decision being reached – with a copy to NYSDOH Office of Health Insurance Programs Department of Long Term Care staff. This step occurs electronically to the secure mailbox to be established by OTDA and it occurs regardless of the amount in controversy (i.e., there will be no amount in controversy minimum imposed for matters before OTDA). The FIDA-IDD Plan has a process to send an Acknowledgement of Automatic Administrative Hearing and Confirmation of Aid Status within 14 calendar days of forwarding the administrative record. When the FIDA-IDD Plan sends Participants a Notification of the Appeal Decision, it shall also state that the adverse decision will be auto forwarded to the Integrated Administrative Hearing Office at the FIDA Administrative Hearing Unit at the OTDA and that no action is needed by the Participant.</p>	<p>Appeals P&amp;P includes these specifications.</p>	
514	<p>The FIDA-IDD Plan:</p> <p>a. Provides continuing benefits for all prior-approved Medicare and Medicaid benefits that are terminated or modified pending internal FIDA-IDD Plan appeals, Integrated Administrative Hearings, and Medicare Appeals Council if the original appeal request is made to the FIDA-IDD Plan by the later of:</p> <ol style="list-style-type: none"> <li>i. Ten calendar days of the postmark date on the notice of the decision that is being appealed; or</li> <li>ii. The intended effective date of the Action;</li> </ol> <p>b. States in its written acknowledgement of appeal:</p> <ol style="list-style-type: none"> <li>i. Whether the appeal was received within the timeframe required for continuing benefits; and</li> </ol>	<p>Appeals P&amp;P includes these specifications</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<ul style="list-style-type: none"> <li>ii. That the benefits will continue pending an appeal up to and including the Medicare Appeals Council; and</li> <li>c. Reiterates its process for continuing benefits in its Notification of Appeal Decision to the Participant.</li> </ul>		
	<i>C: Participant Choice of PCP</i>		
515	The FIDA-IDD Plan allows Participant to select his or her PCP, to change his or her PCP at any time, and the Participant’s right to select a specialist to act as a PCP.	PCP selection and assignment P&P specifies how a participant can choose and change his/her PCP and how a Participant can select a specialist as a PCP.	
	<i>D: Emergency Services</i>		
516	The FIDA-IDD Plan ensures that the IDT includes in the LP a back-up plan to be put in place in case a community-based or facility-based LTSS provider does not arrive or is otherwise unavailable to provide assistance with activities of daily living.	Emergency services P&P explains how the FIDA-IDD Plan is prepared to provide care to community-based and facility-based LTSS Participants when a community-based or facility-based LTSS provider does not arrive to provide care.	
517	The FIDA-IDD Plan can connect Participants with the appropriate resources or services if a Participant calls during a mental health crisis.	Emergency services P&P addresses how the FIDA-IDD Plan is prepared to provide emergency behavioral health services to Participants in crisis.	
518	The FIDA-IDD Plan ensures access to emergency care and urgently needed care in accordance with State and Federal requirements.	Emergency services P&P	
	<b>Organizational Structure and Staffing</b>		

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<i>A. Organizational Structure and Staffing</i>		
601	<p><i>The FIDA-IDD Plan shall maintain a well-defined Quality Improvement (QI) organizational and program structure that supports the application of the principles of QI to all aspects of the FIDA-IDD Plan’s service delivery system. The QI program must be communicated in a manner that is accessible and understandable to internal and external individuals and entities, as appropriate. FIDA-IDD Plan’s QI organizational and program structure shall comply with all applicable provisions of 42 C.F.R. § 438(d), Quality Assessment and Performance Improvement, 42 C.F.R. § 422 (subpart D), Quality Improvement, and shall meet the quality management and improvement criteria described in the most current NCQA Health Plan Accreditation Requirements.</i></p> <p>The FIDA-IDD Plan shall also maintain sufficient and qualified staff employed by or under contract with the FIDA-IDD Plan to manage the QI activities required under the Contract, and establish minimum employment standards and requirements (e.g. education, training, and experience) for employees who will be responsible for Quality Management. QI staff shall include:</p> <p>a. At least one designated Physician, who shall be a medical director or associate medical director, at least one designated behavioral health clinician, at least one designated provider of OPWDD services, and a professional with expertise in the assessment and delivery of Community-based and Facility-based LTSS with substantial involvement in the QI program;</p> <p>b. A qualified individual to serve as the Demonstration QI Director who will be directly accountable to the FIDA-IDD Plan’s New York Executive Director and, in addition, if the FIDA-IDD Plan offers multiple products or services in multiple states, will have access to the FIDA-IDD Plan’s executive leadership team. This individual shall be responsible for:</p> <ul style="list-style-type: none"> <li><i>Overseeing all QI activities related to Participants, ensuring compliance with all such activities, and maintaining accountability for the execution of, and performance in, all such activities;</i></li> </ul>	<p>QI P&amp;P describes the FIDA-IDD Plan’s QI organizational and program structure and includes these elements.</p> <p>QI staff include those identified in the criterion.</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<ul style="list-style-type: none"> <li>• <i>Maintaining an active role in the FIDA-IDD Plan’s overall QI structure;</i></li> <li>• <i>Ensuring the availability of staff with appropriate expertise in all areas, as necessary for the execution of QI activities as outlined in the Three-Way Contract.</i></li> </ul>		
602	The FIDA-IDD Plan has an individual or committee responsible for provider credentialing who is experienced and qualified to oversee provider credentialing for the full range of providers (e.g., medical, OPWDD services, community-based and facility-based LTSS, and behavioral health).	<p>A provider credentialing point of contact or committee is reflected in organizational chart.</p> <p>The provider credentialing point of contact is experienced and qualified to oversee provider credentialing for the full range of providers (e.g., medical, OPWDD services, community-based and facility-based LTSS, behavioral health, and pharmacy).</p>	
	<i>B: Sufficient Staff</i>		
603	<p>The FIDA-IDD Plan demonstrates that it has sufficient employees and/or contractors through its staffing plan and explains:</p> <ol style="list-style-type: none"> <li>The FIDA-IDD Plan’s estimate of its enrollment over the enrollment period;</li> <li>Which staff position(s) will complete the function;</li> <li>How many employees in those staff position(s) the FIDA-IDD Plan believes will be needed to perform the function;</li> <li>How the FIDA-IDD Plan derived that estimate; and</li> <li>In what timeframe the FIDA-IDD Plan will staff to the level indicated.</li> </ol>	The FIDA-IDD Plan staffing plan demonstrates that it meets the requirements of the criterion and its estimation is reasonable.	
604	Registered nurses who perform the Comprehensive Service Planning Assessments have the appropriate education and experience for the subpopulations (e.g., experience with OPWDD Services, in community-based and facility-based LTSS, behavioral health).	Job descriptions include relevant educational and experience requirements.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		Resumes for selected staff indicate staff meets job description.	
605	<p>FIDA-IDD staff administering the OPWDD Approved Assessment and comprehensive reassessment must</p> <ul style="list-style-type: none"> <li>a. Be a Qualified Intellectual Disability Professional (QIDP); and</li> <li>b. Have completed the approved State curriculum prior to the commencement of reassessments.</li> </ul>	Job descriptions include the enumerated educational and experience requirements.	
606	<p>The FIDA-IDD Plan:</p> <ul style="list-style-type: none"> <li>a. Demonstrates that it has sufficient care managers to: <ul style="list-style-type: none"> <li>i. Facilitate IDT activities and communication;</li> <li>ii. Facilitate assessment of Participant needs, including need for reasonable accommodations;</li> <li>iii. Assist in developing, implementing, and monitoring the LP, including assisting Participants in obtaining reasonable accommodations;</li> <li>iv. Serve as the lead of the Participants' IDTs.</li> </ul> </li> </ul>	The FIDA-IDD Plan demonstrates reasonable ratios of care managers to Participants to ensure appropriate care coordination and care management. Care manager qualifications P&P describes the number of Participants assigned to care managers (i.e., caseload ratios), including how these caseloads vary by Participant risk level.	
607	<p>Care Managers must:</p> <ul style="list-style-type: none"> <li>a. Be licensed professionals such as an RN, Licensed Social Workers or Psychologists;</li> <li>b. Have one year experience working with individuals with IDD;</li> <li>c. Have the appropriate experience and qualifications commensurate with a Participant's individual needs (i.e., communication, cognitive, or other barriers); and</li> <li>d. Have knowledge of: <ul style="list-style-type: none"> <li>i. Physical health;</li> <li>ii. OPWDD Services;</li> <li>iii. Appropriate support services in the community;</li> <li>iv. Frequently used medications and their potential negative side-effects;</li> <li>v. Depression;</li> <li>vi. Challenging behaviors;</li> </ul> </li> </ul>	Job descriptions include the enumerated educational and experience requirements.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<ul style="list-style-type: none"> <li>vii. Alzheimer’s disease and other disease-related dementias;</li> <li>viii. Behavioral health; and</li> <li>ix. Issues related to accessing and using durable medical equipment, as appropriate.</li> </ul>		
608	Care Managers serving Willowbrook Class Members will provide services in a manner that comports with the requirements of the permanent injunction.	Job descriptions includes this requirement.	
609	<p>The FIDA-IDD Plan demonstrates that it has sufficient employees and/or contractor staff to handle care coordination oversight, in a timely manner for all Participants through its staffing plan, and explains:</p> <ul style="list-style-type: none"> <li>a. The FIDA-IDD Plan’s estimate of its enrollment over the enrollment period;</li> <li>b. Which staff position(s) will complete the function;</li> <li>c. How many employees in those staff position(s) the FIDA-IDD Plan believes will be needed to perform the function;</li> <li>d. How the FIDA-IDD Plan derived that estimate; and</li> <li>e. In what timeframe the FIDA-IDD Plan will staff to the level indicated.</li> </ul>	The FIDA-IDD Plan staffing plan demonstrates that it meets the requirements of the criterion and its estimation is reasonable.	
610	<p>The FIDA-IDD Plan demonstrates that it has sufficient employees and/or contractor staff to handle organization and coverage determinations and appeals and grievances, in a timely manner for all Participants through its staffing plan, and explains:</p> <ul style="list-style-type: none"> <li>a. Which staff position(s) will complete the function;</li> <li>b. How many employees in those staff position(s) the FIDA-IDD Plan believes will be needed to perform the function;</li> <li>c. How the FIDA-IDD Plan derived that estimate; and</li> <li>d. In what timeframe the FIDA-IDD Plan will staff to the level indicated.</li> </ul>	The FIDA-IDD Plan staffing plan demonstrates that it meets the requirements of the criterion and its estimation is reasonable.	
611	The FIDA-IDD Plan demonstrates through its staffing plan that it has sufficient employees and/or contractor staff to handle its call center operations, including 1) the general Participant services telephone line; 2) the coverage determinations, grievances, and appeals telephone line; 3) the nursing hotline (which must be staffed to respond to Participant calls 24 hours a day, seven days a week); and 3)	The FIDA-IDD Plan staffing plan demonstrates that it meets the requirements of the criterion, its estimation is reasonable and includes how the FIDA-IDD Plan will ensure	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<p>the pharmacy technical help desk, in a timely manner for all Participants and explains:</p> <ul style="list-style-type: none"> <li>a. Which staff position(s) will complete the function;</li> <li>b. How many employees in those staff position(s) the FIDA-IDD Plan believes will be needed to perform the function;</li> <li>c. How the FIDA-IDD Plan derived that estimate; and</li> <li>d. In what timeframe the FIDA-IDD Plan will staff to the level indicated.</li> </ul>	<p>ongoing compliance with the staffing plan.</p>	
612	<p>The FIDA-IDD Plan is responsible for ensuring the clinical accuracy of all Part D coverage determinations and redeterminations involving medical necessity.</p>	<p>Utilization management program description or coverage determination P&amp;P includes requirement that the FIDA-IDD Plan is responsible for ensuring the clinical accuracy of all Part D coverage determinations and redeterminations involving medical necessity.</p> <p>Job description for the medical director includes this responsibility.</p>	
<i>C: Staff Training</i>			
613	<p>The FIDA-IDD Plan has a cultural competency and disability training plan that:</p> <ul style="list-style-type: none"> <li>a. Ensures that all FIDA-IDD employees and members of the IDT who are not employees deliver culturally-competent services in both oral and written communications with Participants;</li> <li>b. Includes training on: <ul style="list-style-type: none"> <li>i. Needs of individuals with IDD;</li> <li>ii. Accessibility and accommodations;</li> <li>iii. Cultural competency;</li> <li>iv. Wellness philosophies; and</li> <li>v. Olmstead requirements.</li> </ul> </li> </ul>	<p>The FIDA-IDD Plan's cultural competency and disability training plan (or training P&amp;P) identifies which staff receive this training and how often, and includes a schedule of training activities for new staff. P&amp;P will also address any ongoing training or update requirements and a mechanism to measure competency of staff upon completion of training.</p> <p>The FIDA-IDD Plan's training materials include training on the needs of</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		individuals with IDD, cultural competency, and disability.	
614	The FIDA-IDD Plan staff is adequately trained to handle critical incident and abuse reporting. Training includes, among other things, ways to detect and report instances of abuse, neglect, and exploitation of Participants by service providers and/or natural supports providers.	The FIDA-IDD Plan's training materials include training on critical incident and abuse reporting and include these topics. P&P will also address any ongoing training or update requirements and a mechanism to measure competency of staff upon completion of training.	
615	<p>The training program for care managers includes, but is not limited to information detailing:</p> <ul style="list-style-type: none"> <li>a. Roles and responsibilities;</li> <li>b. Timeframes for all initial contact and continued outreach;</li> <li>c. Needs assessment and care planning;</li> <li>d. Service monitoring;</li> <li>e. OPWDD services;</li> <li>f. Community-based and facility-based LTSS;</li> <li>g. Self-direction of services;</li> <li>h. Behavioral health;</li> <li>i. Durable medical equipment;</li> <li>j. Care transitions;</li> <li>k. Skilled nursing needs;</li> <li>l. Abuse and neglect reporting;</li> <li>m. Pharmacy and Part D services;</li> <li>n. Community resources;</li> <li>o. Participant rights and responsibilities;</li> <li>p. Most integrated/least restrictive setting;</li> <li>q. How to identify behavioral health and community-based and facility-based LTSS needs;</li> <li>r. How to obtain services to meet behavioral and community-based and facility-based LTSS needs;</li> </ul>	<p>The FIDA-IDD Plan's training materials for care managers include modules or sections on each of these elements.</p> <p>Care coordination P&amp;P describes the process by which care managers will be trained in these specific knowledge areas, including which entity will develop the training materials, how the training will be provided, the frequency of the training, and a mechanism to measure competency of staff upon completion of training.</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<ul style="list-style-type: none"> <li>s. How to explain Participants' rights to reasonable accommodations and how to assist Participants in obtaining reasonable accommodations and handle inquires related to grievances and appeals; and</li> <li>t. Other knowledge areas, including: physical health aging and loss, appropriate support services in the community, frequently used medications and their potential negative side-effects, depression, challenging behaviors, Alzheimer's disease and other disease-related dementias, behavioral health, and issues related to accessing and using durable medical equipment as appropriate.</li> </ul>		
616	The FIDA-IDD Plan's staff is trained on confidentiality guidelines and has received training to meet HIPAA compliance obligations.	The FIDA-IDD Plan's training materials include training on HIPAA compliance and confidentiality guidelines. Training P&P will also address any ongoing training or update requirements and a mechanism to measure competency of staff upon completion of training.	
617	<p>The FIDA-IDD Plan has scripts for its Participant services telephone line call center customer service staff including, but not limited to:</p> <ul style="list-style-type: none"> <li>a. Benefit information;</li> <li>b. Information about the right to reasonable accommodations, how to obtain them, and how to appeal a decision;</li> <li>c. Continuity of care requirements;</li> <li>d. Enrollment/disenrollment rules and procedures for referral to the enrollment broker;</li> <li>e. Formulary information;</li> <li>f. Pharmacy information, including whether an Participant's pharmacy is in the FIDA-IDD Plan's network;</li> <li>g. Provider information, including whether a Participant's physician is in the FIDA-IDD Plan's network;</li> <li>h. Out-of-network coverage;</li> <li>i. Claims submission, processing, and payment;</li> </ul>	Copies of Participant services telephone line call center customer service staff scripts contain content related to the competencies listed in the criteria.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<ul style="list-style-type: none"> <li>j. Formulary transition process;</li> <li>k. Comprehensive Assessment and LP development requirements;</li> <li>l. IDT role and processes;</li> <li>m. Self-direction;</li> <li>n. Coverage determination, grievance, and appeals process (including how to address Medicaid drug and Medicare Part D appeals);</li> <li>o. Information on how to obtain needed forms;</li> <li>p. Information on replacing an identification card; and</li> <li>q. Service area information.</li> </ul>		
618	<p>The FIDA-IDD Plan’s training protocols for Participant services telephone line staff include following areas:</p> <ul style="list-style-type: none"> <li>a. Explaining the operation of the FIDA-IDD Plan and the roles of participating providers;</li> <li>b. Assisting Participants in the selection of a primary care provider;</li> <li>c. Assisting Participants to obtain services and make appointments; and</li> <li>d. Handling or directing Participant inquiries or grievances.</li> </ul>	<p>Content from training programs or orientation modules demonstrates staff from the FIDA-IDD Plan trains its Participant services telephone line staff personnel on these topics and specifications on how the FIDA-IDD Plan will monitor that trainings have been completed. Training P&amp;P will also address any ongoing training or update requirements and a mechanism to measure competency of staff upon completion of training.</p> <p>Step-by-step procedures or a flow chart showing how staff from the FIDA-IDD Plan would walk through assisting Participants in explaining or selecting services.</p>	
	<b>Performance and Quality Improvement</b>		
	<i>Performance and Quality Improvement</i>		

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
701	<p>The FIDA-IDD Plan collects and tracks critical incidents and reports of abuse for Participants receiving community-based or facility-based LTSS or ICF-IID services. The FIDA-IDD Plan also documents and tracks that Participants are advised of their ADA-related rights, to what extent reasonable accommodations are provided, and grievances and appeals related to those rights.</p>	<p>QI program description explains how the FIDA-IDD Plan tracks incidents and cases of abuse for Participants receiving community-based or facility-based LTSS or ICF-IID services.</p> <p>Sample annual performance report includes the FIDA-IDD Plan’s method of tracking and reporting cases of incidents and abuse.</p>	
702	<p>The FIDA-IDD Plan must report measures that examine access and availability, care coordination/transitions, health and well-being, mental and behavioral health, patient/caregiver experience, screening and prevention, quality of life, and specific defined elements related to IDT processes and care management services. The FIDA-IDD Plan has policies and procedures, a staffing plan, and a staff supervision structure to ensure that it will collect and report all quality measures and will fulfill all other reporting requirements.</p>	<p>QI program description includes all these elements. The FIDA-IDD Plan has policies and procedures, a staffing plan, and a staff supervision structure to ensure that it collects and reports all quality measures and fulfills all other reporting requirements</p>	
	<p><b>Provider Credentialing</b></p>		
801	<p>The FIDA-IDD Plan shall:</p> <ul style="list-style-type: none"> <li>a. Meet Medicare contracting requirements and be approved for use in the FIDA Program to credential all providers of the provider types specified in the application.</li> <li>b. Maintain appropriate, documented processes for the credentialing and re-credentialing of physician providers and all other licensed or certified providers who participate in the FIDA-IDD Plan’s provider network that require, at a minimum, that the scope and structure of the processes be consistent with recognized managed care industry standards and relevant State regulations;</li> <li>c. Ensure that all providers are credentialed prior to becoming network providers and that a site visit is conducted to all providers, following recognized managed care industry standards and relevant State regulations; and</li> <li>d. Maintain a documented re-credentialing process that occurs regularly and that requires that physician providers and other licensed and</li> </ul>	<p>Provider credentialing P&amp;P includes these requirements.</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<p>certified professional providers, including OPWDD services providers and behavioral health providers, maintain current knowledge, ability, and expertise in their practice area(s) by requiring them, at a minimum, to conform with recognized managed care industry standards and any other State requirements.</p>		
802	<p>Prior to contracting with a new provider, the FIDA-IDD Plan verifies the following:</p> <ul style="list-style-type: none"> <li>a. A valid license to practice medicine, when applicable;</li> <li>b. A valid Drug Enforcement Act (DEA) certificate, when applicable, by specialty;</li> <li>c. Other education or training, as applicable, by specialty;</li> <li>d. Malpractice insurance coverage, when applicable;</li> <li>e. Work history;</li> <li>f. History of medical license loss;</li> <li>g. History of felony convictions;</li> <li>h. History of limitations of privileges or disciplinary actions;</li> <li>i. Medicare or Medicaid sanctions; and</li> <li>j. Malpractice history.</li> </ul>	<p>Provider credentialing P&amp;P states that the FIDA-IDD Plan will review these documents and this information, as applicable, prior to contracting with a provider and on an ongoing basis to ensure continuous compliance. It specifies what copies the FIDA-IDD Plan will maintain of which documents.</p> <p>Sample initial completed credentialing application instructions.</p>	
803	<p>The FIDA-IDD Plan requires all contracted laboratory testing sites maintain certification under the Clinical Laboratory Improvement Amendments (CLIA) or have a waiver of CLIA certification.</p>	<p>The FIDA-IDD Plan submits a copy of its contract template with its laboratory contractor(s) that requires them to maintain CLIA certification or have a waiver.</p>	
804	<p>The FIDA-IDD Plan requires providers to use evidence-based practices. In doing so:</p> <ul style="list-style-type: none"> <li>a. FIDA-IDD Plans shall develop and employ mechanisms to ensure that service delivery is evidence-based and that best practices are followed in care planning and service delivery.</li> <li>b. FIDA-IDD Plans will have to demonstrate how they will ensure that their providers are following best-evidence clinical guidelines through decision support tools and other means to inform and prompt providers about treatment options.</li> </ul>	<p>Provider participation requirement P&amp;P specifies requirements to use best-evidence practices.</p> <p>Provider participation requirement P&amp;P specifies how the FIDA-IDD Plan will educate and support providers in using best-evidence practices and how the FIDA-IDD Plan will monitor and</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<ul style="list-style-type: none"> <li>c. FIDA-IDD Plans will have to identify how they will employ systems to identify and track patients in ways that provide patient-specific and population based support, reminders, data and analysis, and provider feedback.</li> <li>d. FIDA-IDD Plans will be required to demonstrate how they will educate their providers and clinical staff about evidence-based best practices and how they will support their providers and clinical staff (through training or consultations) in following evidence-based practices.</li> <li>e. FIDA-IDD Plans will be required to demonstrate how they will hold their providers to evidence-based practices specific to their practice areas.</li> </ul>	enforce the use of best-evidence practices.	
	<b>Provider Network</b>		
	<i>A: Establishment and Maintenance of Network, including Capacity and Services Offered</i>		
901	<p>The FIDA-IDD Plan has a clear plan to meet the Medicare and Medicaid provider network standards including those specified in the Three-Way Contract, which takes into account:</p> <ul style="list-style-type: none"> <li>a. The anticipated enrollment;</li> <li>b. The expected utilization of services, taking into consideration the characteristics and health care needs of the target populations;</li> <li>c. The numbers and types (e.g., training, experience, and specialization) of providers required to furnish the contracted services, including OPWDD services providers and community-based and facility-based LTSS providers; and</li> <li>d. Whether providers are accepting new Participants.</li> </ul>	<p>Provider network P&amp;P defines expected number of Demonstration Participants and required number of providers. P&amp;P specifies how access standards and network requirements specified in the Three-way Contract will be met continuously and how compliance will be measured and monitored.</p> <p>Provider network P&amp;P defines specialties covered and how they relate to the specific needs of the target population.</p>	
902	<p>The FIDA-IDD Plan has a policy and procedure and training materials that demonstrate that the medical, OPWDD services, behavioral, and community-based and facility-based LTSS, provider networks are trained in cultural competency for delivering services to Participants.</p>	<p>Provider network P&amp;P explains how its primary care, specialty, OPWDD services, behavioral health, and community-based and facility-based LTSS providers are prepared to meet the additional competencies necessary to serve Participants within the target</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		<p>population.</p> <p>Provider training materials for all of these groups include modules on cultural competency when serving target populations.</p>	
903	<p>The FIDA-IDD Plan has a policy and procedure that states that it establishes a panel of primary care providers (PCPs) from which Participants may select a PCP.</p>	<p>Provider network P&amp;P describes PCP requirements and minimum required numbers of PCPs for counties or other FIDA-IDD Plan areas and for sub-populations of Participants, if applicable.</p>	
904	<p>The FIDA-IDD Plan has a policy and procedure that states that it covers services from out-of-network providers and pharmacies when a network provider or pharmacy is not available within a reasonable distance from the Participant's place of residence or when authorized by the IDT.</p>	<p>Provider network P&amp;P explains how and when services outside of the network may be covered and under what circumstances.</p>	
905	<p>The FIDA-IDD Plan provides for a second opinion from a qualified health care professional within the network, or arranges for the Participant to obtain one outside the network, at no cost to the Participant.</p>	<p>Provider network P&amp;P provides a description of and process for obtaining second opinion coverage by in-network and out-of-network providers.</p>	
906	<p>The FIDA-IDD Plan ensures that Participants have access to the most current and accurate information by updating its online provider directory and search functionality on a timely basis. This information includes provider compliance with the ADA in terms of physical and communications accessibility for Participants who are blind or deaf as well as other reasonable accommodations.</p>	<p>Provider network P&amp;P includes timeframes for updating provider directory and search functionality (for online provider directories).</p>	
907	<p>The FIDA-IDD Plan ensures that it contracts with or has a payment arrangement with all nursing facilities and ICF-IIDs in which any potential Participant resides.</p>	<p>Provider network P&amp;P includes requirements for contracting and/or having a payment arrangement with all nursing facilities and ICF-IIDs.</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
908	The FIDA-IDD Plan ensures that it meets any quality standards for participation of nursing facilities in the Demonstration, as outlined in the Three-Way Contract.	Provider network P&P includes requirements for contracting and/or having a payment arrangement with all nursing facilities.	
	<i>B: Accessibility</i>		
909	Medical, OPWDD services, behavioral, community-based and facility-based and LTSS, network providers provide linguistically- and culturally-competent services.	Provider network P&P specifies that providers are required to provide linguistically and culturally competent services and training includes training on linguistic and cultural competency.	
910	<p>All medical, OPWDD services, behavioral, and community-based and facility-based LTSS network providers receive training in physical accessibility, which is defined in accordance with U.S. Department of Justice ADA guidance for providers, in the following areas:</p> <ul style="list-style-type: none"> <li>a. Their obligation to provide reasonable accommodations to those with hearing, vision, cognitive, and psychiatric disabilities.</li> <li>b. Utilizing waiting room and exam room furniture that meet needs of all Participants, including those with physical and non-physical disabilities.</li> <li>c. Accessibility along public transportation routes and/or provide enough parking;</li> <li>d. Utilizing clear signage and way finding (e.g., color and symbol signage) throughout facilities.</li> </ul>	Provider network P&P requires providers to meet accessibility requirements (physical locations, waiting areas, examination space, furniture, bathroom facilities, and diagnostic equipment must be accessible.) and requires providers to complete training in these areas. Provider training materials detail special needs required by Participants and provide suggestions or solutions on how to work with such Participants.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		Templates require providers to take these actions as condition for participation.	
	<i>C: Provider Training</i>		
911	The FIDA-IDD Plan has a policy that specifically states that “the FIDA-IDD Plan requires providers to meet applicable State minimum training requirements, including minimum hours and topics of training”.	Provider training P&P include the minimum training requirements, identifies which providers receive which training and how often, and includes a schedule of training for new providers. Provider training P&P will also address any ongoing training or update requirements.	
912	<p>The FIDA-IDD Plan requires disability training for its medical, OPWDD services, behavioral, and community-based and facility-based LTSS providers, including information about the following:</p> <ul style="list-style-type: none"> <li>a. Various types of chronic conditions prevalent within the target population;</li> <li>b. Awareness of personal prejudices;</li> <li>c. Legal obligations to comply with the ADA requirements;</li> <li>d. Definitions and concepts, such as communication access, medical equipment access, physical access, and access to programs;</li> <li>e. Types of barriers encountered by the target population;</li> <li>f. Training on person-centered planning (i.e., Person-Centered Service Plans) and self-determination, the social model of disability, the independent living philosophy, and the recovery model;</li> <li>g. Use of evidence-based practices and specific levels of quality outcomes; and</li> <li>h. Working with Participants with mental health diagnoses, including crisis prevention and treatment.</li> </ul>	<p>Each of the listed elements is included in the provider training curricula.</p> <p>Template specifies that completion of these trainings is mandatory.</p>	
913	The FIDA-IDD Plan:	Sample training materials for IDT members and potential IDT members include the required topics.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<p>a. Conducts trainings for IDT members on:</p> <ul style="list-style-type: none"> <li>i. IDT policies and procedures;</li> <li>ii. The person-centered planning processes;</li> <li>iii. Needs of individuals with IDD;</li> <li>iv. Cultural competence;</li> <li>v. Accessibility and reasonable accommodations;</li> <li>vi. Wellness principles; and</li> <li>vii. Other required training, as specified by the State, which will include ADA / <i>Olmstead</i> requirements;</li> </ul> <p>b. Requires IDT members to agree to participate in approved training;</p> <p>c. Documents completion of training by all IDT members, including both employed and contracted personnel; and</p> <p>d. Addresses non-completion of the training.</p> <p>The FIDA-IDD Plan encourages, but does not require, the Participant and Designee to complete the IDT training.</p>	<p>Provider training P&amp;P states that completion of training of IDT members will be documented and defines the consequences associated with non-completion of IDT trainings.</p>	
914	<p>The FIDA-IDD Plan training for all providers and IDT members includes:</p> <ul style="list-style-type: none"> <li>a. Coordinating with OPWDD services, behavioral health, and community-based and facility-based LTSS providers;</li> <li>b. Providing information about accessing OPWDD services, behavioral health and community-based and facility-based LTSS; and</li> <li>c. Furnishing lists of community supports available.</li> </ul>	<p>Provider training materials include modules on coordination of care, OPWDD services, behavioral health services, community-based and facility-based LTSS, and community supports (see also care manager training in the care coordination section).</p>	
915	<p>The FIDA-IDD Plan provides training to providers that balance billing is prohibited under the Demonstration.</p>	<p>Provider training materials and provider handbook include information informing providers of no balance billing.</p>	
916	<p>The FIDA-IDD Plan has procedures to address OPWDD services and LTSS providers who are not required to have National Provider Identifiers (NPIs).</p>	<p>Data systems management guidelines for LTSS providers address community-based and facility-based LTSS providers who are not required</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		to have National Provider Identifiers (NPIs).	
917	<p>The training program for primary care providers includes:</p> <ul style="list-style-type: none"> <li>a. How to identify behavioral health needs;</li> <li>b. How to assist the Participant in obtaining behavioral health services;</li> <li>c. How to identify community-based and facility-based LTSS needs; and</li> <li>d. How to assist the Participant in obtaining community-based and facility-based LTSS services.</li> </ul>	The FIDA-IDD Plan’s training materials for PCPs include modules or sections on behavioral health needs and services.	
	<i>D: Provider Handbook</i>		
918	<p>The FIDA-IDD Plan prepares an understandable, accessible provider handbook (or handbooks for medical, OPWDD services, behavioral, community-based and facility-based LTSS, and pharmacy providers), which includes the following:</p> <ul style="list-style-type: none"> <li>a. Updates and revisions;</li> <li>b. Overview and model of care;</li> <li>c. FIDA-IDD Plan contact information;</li> <li>d. Participant information;</li> <li>e. Participant benefits;</li> <li>f. Quality improvement for health services programs;</li> <li>g. Participant rights and responsibilities; and</li> <li>h. Provider billing and reporting Including education on claim adjudication.</li> </ul>	Each of the listed elements is included in the provider handbook.	
919	The FIDA-IDD Plan makes resources available (such as language lines) to medical, OPWDD services, behavioral, community-based and facility-based LTSS, and pharmacy providers who work with Participants that require culturally-, linguistically-, or disability-competent care.	Provider handbook is 508 compliant and includes information on how to access language lines and resources for providers on how to provide culturally, linguistically, or disability-competent care (e.g., overviews and training materials on FIDA-IDD Plan website, information about local organizations serving specific subpopulations of the target population). Information on Section	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		508 compliance is available at <a href="http://www.section508.gov">www.section508.gov</a> .	
	<i>E: Ongoing Assurance of Network Adequacy Standards</i>		
920	The FIDA-IDD Plan ensures that the hours of operation of all of its network providers, including medical, OPWDD services, behavioral, community-based and facility-based LTSS, are convenient to the population served and do not discriminate against FIDA-IDD Plan Participants (e.g. hours of operation may be no less than those for commercially insured or public fee-for-service insured individuals), and that FIDA-IDD Plan services are available 24 hours a day, 7 days a week, when medically necessary.	Provider contract templates include provisions requiring non-discrimination against Participants and convenient hours of operation.	
921	The FIDA-IDD Plan has a policy and procedure that states: <ul style="list-style-type: none"> <li>a. The IDT arranges for necessary specialty care, OPWDD services, community-based and facility-based LTSS, and behavioral health;</li> <li>b. An adequate provider network is available to accommodate this care.</li> </ul>	Care coordination P&P states that the IDT arranges for necessary specialty care, OPWDD services, community-based and facility-based LTSS, and behavioral health, and the provider network P&P ensures an adequate provider network is available.  List of network providers includes specialties in all geographic regions for the Demonstration.	
	<b>Monitoring of First-Tier, Downstream, and Related Entities</b>		
1001	The FIDA-IDD Plan has a detailed plan to monitor the performance on an ongoing basis of all first-tier, downstream, and related entities to assure compliance with applicable policies and procedures of the FIDA-IDD Plan. The FIDA-IDD Plan should be in compliance with 42 CFR §438.230 (b), the Medicaid managed care regulation governing delegation and oversight of sub-contractual relationships by managed care entities, and 42 CFR §422.504 (i), the Medicare Advantage regulation governing contracts with <b>first tier, downstream, and related entities</b> .	Monitoring plan provides information on how the FIDA-IDD Plan monitors all first-tier, downstream, and related entities.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<b>Systems</b>		
	<i>A: Data Exchange</i>		
1101	<p>The FIDA-IDD Plan is able to electronically exchange the following types of data with IDT members, CMS and/or its contractors, the State and/or its contractors, and others, as applicable:</p> <ul style="list-style-type: none"> <li>a. LP;</li> <li>b. Participant benefit plan enrollment, disenrollment, and enrollment-related data;</li> <li>c. Claims data (including paid, denied, and adjustment transactions);</li> <li>d. Financial transaction data (including Medicare C, D, and Medicaid payments);</li> <li>e. Third-party coverage data;</li> <li>f. Health information from provider electronic medical record systems;</li> <li>g. Grievance and appeals; and</li> <li>h. Prescription drug event (PDE) data.</li> </ul>	<p>Baseline documentation should illustrate the types of data that can and will be electronically exchanged along with policies and procedures for securing, processing, and validating the exchange of data including EDI system specifications for transmitting ANSI compliant file formats—e.g., 834, 835, 837 transactions.</p> <p>Supporting documentation should include:</p> <ol style="list-style-type: none"> <li>1) Information, logs, or reports that detail the current and/or historical volume and frequency of these data exchanges including acceptance/ rejection reports.</li> <li>2) Documentation of rejection thresholds and data reconciliation processes.</li> <li>3) File layouts for transmitted data illustrating compliance with transmission of required data elements (e.g., Items 2a-2i).</li> <li>4) Documentation of FIDA-IDD Plan's transaction sets with CMS, the State, and other third party vendors, including where transaction are compliant with</li> </ol>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		HIPAA versioning standards— e.g., HIPAA Version 5010.	
1102	The FIDA-IDD Plan or its contracted pharmacy benefit manager (PBM) is able to exchange Part D data with the TrOOP Facilitator.	<p>Baseline documentation should include data diagram and/or workflow detailing the TrOOP Financial Information Reporting (FIR) process to the TrOOP Facilitator.</p> <p>Supporting documentation should include transaction facilitator certification documentation for its FIR.</p>	
1103	The FIDA-IDD Plan encourages that health information technologies and related processes support national, state and regional standards for health information exchange and interoperability.	Baseline documentation should include policies and procedures for monitoring the standards for health information exchange and interoperability. The FIDA-IDD Plan should highlight any HIE networks they currently participate in or are preparing to participate in.	
1104	The FIDA-IDD Plan has a disaster recovery plan to ensure business and Participant care continuity in the event of a catastrophic incident.	<p>Baseline documentation should include a copy of the FIDA-IDD Plan's disaster recovery and business continuity plan and an inventory of the core systems specifically used to operate this Demonstration.</p> <p>Supplemental documentation may include proof of disaster recovery plan validation, testing, core team strategy and chain of contacts to ensure Participants safety and ongoing service.</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
1105	The FIDA-IDD Plan facilitates the secure, effective transmission of data.	Baseline documentation should include: <ol style="list-style-type: none"> <li>1) The FIDA-IDD Plan's Data Security and Privacy P&amp;P;</li> <li>2) The FIDA-IDD Plan's Data Security policies as they relate to remote access, laptops, handheld devices, and removable drives.</li> <li>3) Documentation of processes to document a breach in data integrity and any associated corrective actions.</li> </ol>	
1106	The FIDA-IDD Plan maintains a history of changes, adjustments, and audit trails for current and past data systems.	Baseline documentation should include change management P&Ps	
1107	The FIDA-IDD Plan complies with all applicable standards, implementation specifications, and requirements pertinent to the National Provider Identifier (standard unique health identifier for health care providers).	Baseline documentation should include: <ol style="list-style-type: none"> <li>1) FIDA-IDD Plan P&amp;P noting compliance with NPI standards, specifications, and requirements.</li> </ol> Screenshot of provider data/records illustrating that the NPI data field is populated in the provider systems.	
<i>B. Claims Processing</i>			
1108	The FIDA-IDD Plan processes accurate, timely, and HIPAA-compliant claims and adjustments and calculates adjudication processing rates. This includes a process and timeframe for managing pending claims.	Baseline documentation should include: <ol style="list-style-type: none"> <li>1) Claims processing P&amp;P that details claims processing turnaround timeframes, steps for managing pending claims, including turnaround times, and methods for ensuring claims processing accuracy.</li> </ol>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		2) Claims processing statistics (e.g. average daily/monthly claims processed, pended and denied, percent paper, etc.).	
1109	The FIDA-IDD Plan processes adjustments and issues refunds or recovery notices within 45 days of receipt of complete information regarding a retroactive medical and community-based or facility-based claims adjustment.	Baseline documentation should include P&Ps on claims adjustments, refunds and recoveries that specify a 45-day processing requirement for retroactive medical, community-based, and facility-based claims.	
1110	The claims systems have the capacity to process the volume of claims anticipated under the Demonstration.	Baseline documentation should include the current daily/monthly claims processing statistics, along with projections for anticipated claims volume during optional and passive enrollment under the Demonstration. Documentation should highlight the basis for FIDA-IDD Plan estimates as well as highlight mitigation procedures for addressing the large percentage increase in claims volume by FIDA-IDD Plan staff without affecting performance standards.  Supplemental documentation may include statistics on average claims processed per processor, annual average of claims per Participant (with current plans), aging for pended claims, and other metrics used to monitor and evaluate claims processing performance and capacity.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
1111	The claims system fee schedule includes all medical, OPWDD services, community-based and facility-based, and applicable behavioral health services.	<p>Baseline documentation should illustrate the following:</p> <ol style="list-style-type: none"> <li>1) The FIDA-IDD Plan's process and plan for loading and validating the Demonstration fee schedules.</li> <li>2) Screen shots of the modules where the fee schedules will be configured and identify how medical, OPWDD, community-based and facility-based and behavioral health services are managed within the claims system(s).</li> </ol>	
1112	The claims processing system properly adjudicates claims for Medicare Part D and Medicaid prescription and Medicaid over-the-counter drugs.	<p>Baseline documentation should include:</p> <ol style="list-style-type: none"> <li>1) The FIDA-IDD Plan's oversight procedures for monitoring pharmacy claims processing including the PBM's plan to configure, test, and implement the benefits and adjudication rules to properly process prescription and over-the-counter drugs for the Demonstration.</li> <li>2) The PBM's P&amp;P and/or project plan for loading and validating benefit plans (e.g., formularies, system edits for transition period processing) for prescription and over-the-counter drugs.</li> <li>3) Adjudication workflows that show coordination of Medicare and Medicaid formularies for</li> </ol>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		accurate processing of all prescriptions and over-the-counter drugs.	
	<i>C. Claims Payment</i>		
1113	The FIDA-IDD Plan pays all clean electronic within 30 days of receipt and paper claims within 45 days per NYS Insurance Law Section 3224a.	Baseline documentation should include: 1) Claims P&P that describes clean claims payment standards. 2) Claims payment report sample that details the average number of days between receipt and payment of current clean claims.	
1114	The FIDA-IDD Plan or its PBM pays clean claims from network pharmacies (other than mail-order and long-term care pharmacies) within 14 days of receipt for electronic claims and within 30 days of receipt all other claims. The FIDA-IDD Plan or its PBM pays interest on clean claims that are not paid within 14 days (electronic claims) or 30 days (all other claims).	Baseline documentation should include: 1) FIDA-IDD Plan's or its PBM's claims P&Ps that describe clean claims payment procedures and requirements for meeting processing standards. 2) FIDA-IDD Plan's or its PBM's P&Ps that define distinct interest payment requirements for clean electronic and all other claims.	
1115	The FIDA-IDD Plan or its PBM assures that pharmacies located in, or having a contract with, a long-term care facility must have not less than 30 days, nor more than 90 days, to submit to the Part D sponsor claims for reimbursement.	Baseline documentation should include FIDA-IDD Plan pharmacy network provider P&Ps that detail the timeframe for submission of FIDA-IDD Plan sponsor claims from long-term care facilities.	
1116	The FIDA-IDD Plan's claims processing system checks claims payment logic, including pricing errors to identify erroneous payments.	Baseline documentation should include a description of system edits as well as proscriptive and	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		<p>retrospective reporting to audit claims processing, payment trends and anomalies used to identify erroneous claims payments.</p> <p>Note: If this validation is performed outside of the FIDA-IDD Plan, please provide evidence of the contract with the external vendor, as well as oversight P&amp;Ps, and any performance standards.</p>	
	<i>D. Provider Systems</i>		
1117	<p>The system generates and maintains records on medical provider and facility networks, including:</p> <ul style="list-style-type: none"> <li>a. Provider type;</li> <li>b. Services offered and availability;</li> <li>c. Licensing information;</li> <li>d. Affiliation;</li> <li>e. Provider location;</li> <li>f. Office hours;</li> <li>g. Language capability;</li> <li>h. Medical specialty, for clinicians;</li> <li>i. Panel size;</li> <li>j. ADA-Accessibility of provider office; and</li> <li>k. Credentialing information.</li> </ul>	<p>Baseline documentation should include a description of the system utilized to maintain the core provider system record along with provider system screen shots illustrating where these data elements are captured.</p> <p>Note: If all the required fields aren't currently captured in the provider system data fields, provide an explanation of what changes need to be made to the system and the timing for these modifications..</p>	
	<i>E. Pharmacy Systems</i>		
1118	<p>The FIDA-IDD Plan or its PBM generates and maintains or ensures that its PBM generates and maintains records on the pharmacy networks, including locations and operating hours where the FIDA-IDD Plan subcontracts the maintenance of the pharmacy network.</p>	<p>Baseline documentation should include:</p> <ol style="list-style-type: none"> <li>1) FIDA-IDD Plan's or its PBM's P&amp;Ps for maintaining records on</li> </ol>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		<p>pharmacy networks including locations and operating hours.</p> <p>2) A screenshot or sample of how this information is collected, maintained, and made accessible to Participants.</p>	
1119	<p>The FIDA-IDD Plan or its PBM updates records of pharmacy providers and deletes the FIDA-IDD Plan's or PBM's records of no longer participating pharmacies. FIDA-IDD Plan ensures that the PBM performs this function in those instances where the FIDA-IDD Plan subcontracts the maintenance of the pharmacy network.</p>	<p>Baseline documentation should include the FIDA-IDD Plan and as applicable the PBM's P&amp;P for updating/maintaining pharmacy provider network information.</p>	
1120	<p>The FIDA-IDD Plan audits the pharmacy system on a regular basis. This includes auditing the pharmacy system of its PBM on a regular basis in those instances where the FIDA-IDD Plan subcontracts the maintenance of the pharmacy network.</p>	<p>Baseline documentation should include the FIDA-IDD Plan's P&amp;P for oversight of the PBM's pharmacy systems and data including a listing of audit activities/reports used in ongoing monitoring.</p>	
1121	<p>The FIDA-IDD Plan or its PBM can submit Prescription Drug Event data (PDEs) on a monthly basis.</p>	<p>Baseline documentation should include:</p> <ol style="list-style-type: none"> <li>1) FIDA-IDD Plan or its PBM P&amp;P that defines the processes and data submission requirements for Part D PDE reporting.</li> <li>2) FIDA-IDD Plan's P&amp;P that outlines the process for monitoring compliance for the PBM's Part D PDE reporting.</li> </ol>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
1122	The FIDA-IDD Plan or its PBM is prepared to ensure pharmacies can clearly determine that claims are for Part D covered drugs or Medicaid-covered drugs and secondary payers can properly coordinate benefits by utilizing unique routing identifiers and Participant identifiers.	Baseline documentation should include the FIDA-IDD Plan and its PBM's P&Ps and related workflows for determining appropriate claims payment for Part D covered drugs, Medicaid-covered drugs and can be properly coordinated with secondary payers.	
1123	<p>The FIDA-IDD Plan ensures that the claims adjudication system:</p> <ul style="list-style-type: none"> <li>a. Distinguishes between filling prescriptions for Part D drugs and non-Part D drugs;</li> <li>b. Appropriately meets the 90-day Part D and the 90-day non-Part D transitional fill requirements; and</li> <li>c. Makes appropriate outreach efforts related to the transitional fills.</li> </ul>	<p>Baseline documentation should include:</p> <ul style="list-style-type: none"> <li>1) The FIDA-IDD Plan PBM's P&amp;Ps for supporting the transitional fill requirements.</li> <li>2) Evidence of systems capability to support both Part D and non-Part D formularies and transitional fill requirements.</li> </ul> <p>The FIDA-IDD Plan's P&amp;P for oversight of the PBM performance on transitional fills.</p>	
1124	The FIDA-IDD Plan's PBM has a disaster recovery and business continuity plan to ensure that contracted pharmacies can determine drugs that are covered under the Demonstration and ensure continuity of care and access to medication for the Participants in the event the PBM systems are inaccessible.	Baseline documentation should include information about the PBM's disaster recovery and business continuity plan for confirming benefit coverage, ensuring that contracted pharmacies are able to determine which drugs are covered under the Demonstration, and that Participants receive their required medications.	
<i>F. Care Coordination and Care Quality Management Systems</i>			

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
1125	<p>The system generates and maintains records necessary for care coordination, including:</p> <ul style="list-style-type: none"> <li>a. Participant data (from the enrollment system);</li> <li>b. Provider network;</li> <li>c. IDT membership for Participants;</li> <li>d. Participant assessments;</li> <li>e. LP;</li> <li>f. Authorizations;</li> <li>g. IDT case notes;</li> <li>h. Medication reconciliation information;</li> <li>i. Claims information;</li> <li>j. Pharmacy data; and</li> <li>k. Evidence that Participants are informed of their ADA rights, how to obtain reasonable accommodations, the reasonable accommodations provided; and how to file a grievance and appeal.</li> </ul>	<p>Baseline documentation should include:</p> <ul style="list-style-type: none"> <li>1) An overview of the care coordination systems that outlines the workflow and data elements used in tracking the required care coordination data elements.</li> <li>2) Description of software solutions (e.g., care management solutions) that will be used to support the systems infrastructure of the care coordination process. This includes documentation of enhancements made to customize systems to facilitate management of the Demonstration population.</li> <li>3) Screen shots of the application(s) / modules(s) that support these requirements.</li> <li>4) Description of processes used to profile, measure and monitor Participant profiles.</li> </ul>	
1126	<p>The FIDA-IDD Plan maintains the care coordination system and addresses technological issues as they arise.</p>	<p>Baseline documentation should include the FIDA-IDD Plan's help desk and application support P&amp;Ps for managing issues related to the care coordination system.</p>	
1127	<p>The FIDA-IDD Plan verifies the accuracy of care coordination data and amends or corrects inaccuracies.</p>	<p>Baseline documentation should include the FIDA-IDD Plan's P&amp;P for</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
		ensuring data quality in the care coordination system.	
1128	The Participant assessments and LPs are available to the Participant IDTs and any of the Participant's other providers.	<p>Baseline documentation should include:</p> <ol style="list-style-type: none"> <li>1) An outline of the care coordination system that highlights care plan information from the LP that will be available to the IDT, provider network, and the Participant.</li> <li>2) The policies and procedures for distributing and securing this information among the IDT.</li> <li>3) Description and/or screenshots of software solutions (e.g., Web-based EMR or Care Management solutions) that will be used to support the systems infrastructure of the care coordination process.</li> <li>4) Sample business and data use agreements, and confidentiality policies that govern access to information.</li> </ol>	
1129	The care coordination system includes a mechanism to alert the IDT members that have access to the care coordination system about ED use or inpatient admissions.	Baseline documentation should the FIDA-IDD Plan's P&P for tracking ED and inpatient admissions and notifying the interdisciplinary care team. Note: this should include the FIDA-IDD Plan's required notification timeframe for both admission types.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<i>G. Health Information Technology and Integrated Records</i>		
1130	<p>The FIDA-IDD Plan must maintain a Comprehensive Health Record to which all members of the IDT have swift and easy access. Note: The IDT Policy requires that each IDT will determine its communication and information sharing plan for that Participant’s health information and LP. This may not include having all IDT members having direct access to the Participant’s electronic health record.</p> <p>Additionally, the FIDA-IDD Plan is strongly encouraged to use an electronic health record system that meets the meaningful use provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act.</p> <p>The FIDA-IDD Plan is encouraged to join regional health information networks or qualified health information technology (HIT) entities for data exchange and share information with all Providers participating in a Person-Centered Service Plan (LP).</p>	<p>Baseline documentation should include:</p> <ol style="list-style-type: none"> <li>1) The FIDA-IDD Plan’s P&amp;Ps describing its plans for supporting the IDT Policy requirement for implementing IDT specific communication and information sharing plans.</li> <li>2) If the FIDA-IDD Plan’s care coordination system does not currently meet these standards, the FIDA-IDD Plan should articulate how it will ensure the LPs are available to all IDT members in a timely manner for ongoing management.</li> </ol>	
	<i>H. Enrollment Systems</i>		
1131	<p>The FIDA-IDD Plan receives, processes, and reconciles in an accurate and timely manner:</p> <ol style="list-style-type: none"> <li>a. The CMS Daily Transaction Reply Report (DTRR) from the CMS designated enrollment vendor; and</li> <li>b. The benefit and enrollment maintenance file from the State.</li> </ol>	<p>Baseline documentation should include the FIDA-IDD Plan’s P&amp;P on processing and reconciling enrollment files.</p> <p>Documentation should also include the FIDA-IDD Plan’s enrollment systems schematic that details the daily enrollment processing capacity.</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
1132	<p>If the FIDA-IDD Plan receives a CMS DTRR with confirmation of a successfully processed enrollment transaction that is missing 4Rx data, the FIDA-IDD Plan submits a 4Rx transaction (TC 72) to CMS' enrollment vendor within 72 hours of receipt of the DTRR. The 4Rx data elements are:</p> <ul style="list-style-type: none"> <li>a. RxBIN – Benefit Identification Number;</li> <li>b. RxPCN – Processor Control Number;</li> <li>c. RxID – Identification Number; and</li> <li>d. RxGRP – Group Number.</li> </ul>	<p>Baseline documentation should include the FIDA-IDD Plan's P&amp;P for creating and submitting 4Rx transaction files. Additional information should include data specifications detailing the listed data elements.</p>	
1133	<p>The FIDA-IDD Plan's enrollment/member system includes each of the following data elements:</p> <ul style="list-style-type: none"> <li>a. Name;</li> <li>b. Date of birth;</li> <li>c. Gender;</li> <li>d. Telephone #;</li> <li>e. Permanent residence address;</li> <li>f. Mailing address;</li> <li>g. Medicare #;</li> <li>h. ESRD status;</li> <li>i. Other insurance COB information;</li> <li>j. Language preference and alternative formats;</li> <li>k. Participant signature and/or authorized representative signature;</li> <li>l. Date of signature;</li> <li>m. Authorized representative contact information;</li> <li>n. Employer or union name and group number;</li> <li>o. Which FIDA-IDD Plan the Participant is currently a member of and to which FIDA-IDD Plan the Participant is changing;</li> <li>p. Information provided under "please read and sign below"</li> <li>q. Release of information;</li> <li>r. Option to request materials in a language other than English or in alternate formats; and</li> <li>s. Medicaid #.</li> </ul>	<p>Documentation should include screenshots of the FIDA-IDD Plan's enrollment/member system that confirms each data element listed is available in the system.</p>	
1134	<p>The FIDA-IDD Plan provides the following materials to the Participant no later than ten days from receipt of CMS confirmation of enrollment or by the last calendar day of the month prior to the effective date, whichever occurs later:</p>	<p>Baseline documentation should include the FIDA-IDD Plan's P&amp;P detailing the processes and</p>	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<ul style="list-style-type: none"> <li>a. A comprehensive integrated formulary;</li> <li>b. A combined provider and pharmacy directory;</li> <li>c. A single ID card; and</li> <li>d. A Member Handbook (Evidence of Coverage).</li> </ul>	timeframes for sending the Participant materials. The FIDA-IDD Plan should also illustrate how they systematically track when these materials are sent.	
	<b>Utilization Management</b>		
	<i>A: The FIDA-IDD Plan has a utilization management (UM) program to process requests for initial and continuing authorizations of covered services</i>		
1201	<p>The FIDA-IDD Plan specifies procedures under which the Participant may directly access services without prior authorization requirements being imposed including the following services:</p> <ul style="list-style-type: none"> <li>a. Any services for Emergency Conditions as defined in 42 C.F.R §§ 422.113(b)(1) and 438.114(a), which includes emergency behavioral health care;</li> <li>b. Urgent Care sought outside of the Service Area;</li> <li>c. Urgent Care under unusual or extraordinary circumstances provided in the Service Area when the contracted Provider is unavailable or inaccessible;</li> <li>d. Out-Of-Network Dialysis when the Participant is out of the Service Area;</li> <li>e. PCP visits;</li> <li>f. For any Participant that is an Indian 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 capacity to provide the services;</li> <li>g. Public health agency facilities for Tuberculosis Screening, Diagnosis and Treatment; including Tuberculosis Screening, Diagnosis and Treatment; Directly Observed Therapy (TB/DOT);</li> </ul>	The UM program descriptions for the FIDA-IDD Plan explains for which services a Participant can directly access.	

1. Criteria Number	2. Readiness Review Criteria	3. Example Evidence	4. File/Document Name and Page Numbers/Sections
	<ul style="list-style-type: none"> <li>h. Immunizations;</li> <li>i. Palliative Care;</li> <li>j. Other Preventive Services, not already listed herein;</li> <li>k. 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;</li> <li>l. Dental Services through Article 28 Clinics Operated by Academic Dental Centers;</li> <li>m. Cardiac Rehabilitation, first course of treatment (a Physician or RN authorization is required for subsequent courses of treatment);</li> <li>n. Supplemental Education, Wellness, and Health Management Services; and</li> <li>o. Family planning and Women’s Health specialists services, including sufficient information and access on the process and available Providers for accessing Family Planning Services among Participating and Non-Participating Providers.</li> <li>p. Prescription drugs: <ul style="list-style-type: none"> <li>i. <i>Which are on the formulary, or</i></li> <li>ii. <i>Which are not on the formulary, but where a refill request is made for an existing prescription within the ninety (90) calendar day transitional period.</i></li> </ul> </li> </ul>		
1202	<p>The FIDA-IDD Plan defines medically necessary services as those items and services necessary to prevent, diagnose, correct, or cure conditions in the Participant that cause acute suffering, endanger life, result in illness or infirmity, interfere with such Participant’s capacity for normal activity, or threaten some significant handicap. Notwithstanding this definition, FIDA-IDD Plans will provide coverage in accordance</p>	<p>The FIDA-IDD Plan’s UM program description includes this definition of medically necessary.</p>	

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	<p>with the more favorable of the current Medicare and NYSDOH coverage rules, as outlined in NYSDOH and Federal rules, and coverage guidelines.</p> <p>a. All care must be provided in accordance and compliance with the ADA, as specified in the <i>Olmstead</i> decision.</p>	<p>The FIDA-IDD Plan's IDT P&amp;Ps include this definition of medically necessary.</p> <p>The FIDA-IDD Plan's P&amp;Ps for adjudicating appeals include this definition of medically necessary.</p>	
1203	<p>The FIDA-IDD Plan defines the review criteria, information sources, and processes that the IDT and UM department will use to review and approve the provision of items and services, including prescription drugs. FIDA-IDD Plan UM staff are not members of the IDT.</p>	<p>The UM program description includes a description of the review criteria, information sources, and processes that the IDT and UM department will use to review and approve the provision of items and services, including prescription drugs. .</p>	
1204	<p>The FIDA-IDD Plan has policies and systems to detect both under- and over-utilization of items, services, and prescription drugs.</p>	<p>The UM program description for the FIDA-IDD Plan details how the FIDA-IDD Plan monitors under –and –overutilization of services (e.g., regular data analysis, periodic review meetings).</p>	
1205	<p>The FIDA-IDD Plan has a methodology for periodically reviewing and amending the UM review criteria, including the criteria for prescription drug coverage.</p>	<p>The UM program descriptions for the FIDA-IDD Plan explains how often and under what circumstances the plan updates the UM review criteria and who is responsible for this function (e.g., process to integrate new treatments or services into the review criteria, make updates based on clinical guidelines).</p>	

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1206	The FIDA-IDD Plan outlines its process for the IDT's or the Plan's authorizing out-of-network services; if specialties necessary for Participants are not available within the network, the FIDA-IDD Plan will make such items and services available.	Out-of-network service authorization P&P explains how a Participant or provider may obtain authorization for an item or service being provided by a provider outside of the FIDA-IDD Plan's network.	
1207	The FIDA-IDD Plan describes its processes for communicating to all IDTs and service providers which items and services require prior authorizations and ensures that all contracting providers are aware of the procedures and required time-frames for prior authorization (e.g., periodic training, provider newsletters).	<p>The UM program description details mechanisms for informing network providers of prior authorization requirements and procedures.</p> <p>The FIDA-IDD Plan's provider materials describe prior authorization requirements and procedures.</p>	
1208	<p>The FIDA-IDD Plan policies for adoption and dissemination of practice guidelines require that the guidelines:</p> <ul style="list-style-type: none"> <li>a. Be based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field;</li> <li>b. Consider the needs of the FIDA-IDD Plan's Participants;</li> <li>c. Be adopted in consultation with contracting health care professionals;</li> <li>d. Be reviewed and updated periodically; and</li> <li>e. Provide a basis for utilization decisions and member education and service coverage.</li> </ul>	The FIDA-IDD Plan's practice guidelines P&P include these requirements.	
1209	The FIDA-IDD Plan must cover all items and services as outlined in the Three-way Contract and in the State and Federal guidance and may not impose more stringent coverage rules unless explicitly authorized by the Three-way Contract.	Care coordination or IDT P&P and UM program includes these requirements.	

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	<i>B: The Utilization Management program has timeliness, notification, communication, and staffing requirements in place.</i>		
1210	The FIDA-IDD Plan has a policy and procedure for the IDT and the Plan to appropriately inform Participants of coverage decisions, including tailored strategies for Participants with communication barriers (i.e., alternative formats and other reasonable accommodations that may be needed to communicate with Participants with any disabilities).	Plan management guidelines or the FIDA-IDD Plan's UM program describes the type of communications sent to Participants by the FIDA-IDD Plan or the IDT, regarding their receipt or denial of referrals of service authorizations.	
1211	For the processing of requests for initial and continuing authorizations of covered items and services, the FIDA-IDD Plan shall have in place and ensure that it and the IDT follow written policies and procedures consistent with the Three-Way Contract and the IDT Policy issued by NYSDOH, OPWDD, and CMS.	The UM program descriptions for the IDT and UM processes explains the process for obtaining initial and continuing authorizations for services. The prescription drug manual explains the process for obtaining approval for prescription drug coverage that is considered urgent.	
1212	<p>The FIDA-IDD Plan policies and procedures require the IDT to follow the FIDA Demonstration rules for the timing of authorization decisions for all covered services. The IDT must make authorization decisions in the following timeframes and provide notice that meets the timing requirements set forth in 42 C.F.R. § 438.410(d) and Article 49 of NYS Public Health Law:</p> <ol style="list-style-type: none"> <li>1) For a service that must be pre-authorized, the FIDA-IDD Plan or IDT must decide and provide notice of a determination to the Participant or Participant's designee and the Participant's health care provider by telephone and in writing within three business days of receipt of the necessary information.</li> <li>2) For a determination involving continued or extended health care services, additional services for a Participant undergoing a course of continued treatment prescribed by a health care provider, or home health care services following an inpatient hospital admission, the FIDA-IDD Plan shall provide notice of such determination to the Participant or the Participant's designee, which may be satisfied by notice to the Participant's health care provider, by telephone and in writing within one business day of receipt of the necessary information except, with respect to home health care services following an</li> </ol>	The UM program description for the IDT includes these requirements.	

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	<p>inpatient hospital admission, in which case the FIDA-IDD Plan shall provide notice of the determination within seventy-two hours of receipt of the necessary information when the day subsequent to the request falls on a weekend or holiday.</p> <p>3) For a determination involving health care services which have been already delivered, the FIDA-IDD Plan shall provide notice of the determination within fourteen days of receipt of the request for service.</p> <p>4) Failure by the IDT to make a determination within the time periods prescribed in this section shall be deemed to be an adverse determination subject to appeal pursuant to the FIDA-IDD Demonstration appeals process.</p> <p>5) For standard authorization decisions, the FIDA-IDD Plan shall provide notice as expeditiously as the Participant’s health condition requires and no later than 3 calendar days after receipt of the request for service, with a possible extension not to exceed 14 additional calendar days. Such extension shall only be allowed if:</p> <ul style="list-style-type: none"> <li>• The Participant or the Provider requests an extension, or</li> <li>• The FIDA-IDD Plan can justify (to the satisfaction of NYSDOH and CMS upon request) that: <ul style="list-style-type: none"> <li>○ The extension is in the Participant’s interest; and</li> <li>○ There is a need for additional information where:</li> <li>○ There is a reasonable likelihood that receipt of such information would lead to approval of the request, if received; and</li> <li>○ Such outstanding information is reasonably expected to be received within 14 calendar days.</li> </ul> </li> </ul> <p>6) FIDA-IDD Plan will ensure that when Participants are in a hospital awaiting discharge because of a need for community-based services or nursing facility placement authorization, IDTs shall provide any prior authorizations within 48 hours of readiness for discharge to ensure that delays do not adversely affect discharge planning at the hospital or service delivery.</p> <p>7) For expedited service authorization decisions, where the Provider indicates or the FIDA-IDD Plan determines that following the standard timeframe could seriously jeopardize the Participant’s life or health or ability to attain, maintain, or regain maximum function, the FIDA-IDD Plan must make a decision and provide notice as expeditiously as the Participant’s health condition requires and no later than 24 hours after receipt of the request for service, with a possible extension not to exceed 14 additional calendar days. Such extension shall only be allowed if:</p> <ul style="list-style-type: none"> <li>• <i>The Participant or the Provider requests an extension; or</i></li> </ul>		

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	<ul style="list-style-type: none"> <li>• <i>The FIDA-IDD Plan can justify (to NYSDOH and CMS upon request) that:</i></li> <li>• <i>The extension is in the Participant’s interest; and</i></li> <li>• <i>There is a need for additional information where:</i> <ul style="list-style-type: none"> <li>○ <i>There is a reasonable likelihood that receipt of such information would lead to approval of the request, if received; and</i></li> </ul> </li> </ul> <p>Such outstanding information is reasonably expected to be received within 14 calendar days.</p>		
1213	<p>Any decision to deny an item or service authorization request or to authorize an item or service in an amount, duration, or scope that is less than requested must be made in accordance with the IDT policy and process requirements and followed with appropriate notice.</p>	<p>The UM program description for the FIDA-IDD Plan includes this requirement.</p> <p>Resumes for staff who review coverage determinations and for manager show that these staff have appropriate competencies to apply</p>	