



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

October 21, 2016

Dear Health Plan:

This letter is to notify you that effective April 1, 2017, the Managed Long Term Care Partial Capitation benefit package is being expanded to include Community First Choice Option (CFCO) services. Pursuant to Article V, Section A.2 of the Managed Long Term Care Partial Capitation Contract, Provision of Benefits, the Department of Health (Department) must provide Plans at least 60 days' advance notice of modifications to the benefit package.

CFCO became an option available to all states under the Affordable Care Act of 2010. New York State submitted a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) in 2013 adding CFCO services to the Medicaid State Plan. As CMS approved CFCO as a State Plan service, we are now taking steps to implement access to the services.

The goal of CFCO services is delivery through a person-centered and consumer-directed approach, focused on maximizing a consumer's independence. The availability of CFCO services supports the State's Olmstead goal to deliver care in the least restrictive setting.

Many of the CFCO State Plan services are already in the Partial Capitation benefit package. New CFCO benefits include the following services:

- Assistive Technology (beyond scope of Durable Medical Equipment)
- ADL and IADL skill acquisition, maintenance, and enhancement
- Community Transitional Services
- Moving Assistance
- Environmental Modifications (beyond scope of social and environmental supports)
- Vehicle Modifications

Personal Care Services will include assistance with ADLs, IADLs and health-related tasks through hands-on assistance, supervision, and/or cueing. Non-Emergency Transportation will be expanded to include social transportation to and from social gatherings in the community, as appropriately authorized in the consumer's person centered service plan.

Medicaid eligible consumers must meet the additional criteria below to be considered for CFCO services:

- require a Nursing Home Level of Care as determined using the State's designated assessment tool, currently the Uniform Assessment System (UAS) assessment;
- be able to live safely in the community if s/he receives CFCO services; and
- live in his/her own residence or the residence of a family member.

The assessment, care planning, and authorization process for CFCO services must comply with all applicable state and federal requirements, including 42 CFR Part 441 Subpart K.

Plans will be responsible for providing and coordinating these services as of April 1, 2017, and will be required to enhance networks and update policies, procedures and plan benefit materials accordingly. Prior to April 1, 2017, reviews to assure plan readiness will be conducted. Additional guidance will be forthcoming, and the Department will be scheduling a webinar designed to provide further details on the implementation of these additional services into the managed care environment.

If you have any questions, please send them via email to CFCO@health.ny.gov.

Sincerely,



Jason A. Helgeson
Medicaid Director
Office of Health Insurance Programs