



**Department  
of Health**

**Consumer Directed Personal Assistance Programs (CDPAP)**

**Lead Fiscal Intermediary Contracting  
Attestation and Supporting Information  
Form and Instructions**

**Issued: September 30, 2022**

## Calendar of Events

NEW YORK STATE LEAD FISCAL INTERMEDIARY CONTRACTING	
CALENDAR OF EVENTS	
EVENT	DATE
Issuance of Attestation Form	September 30, 2022
Deadline for Submission of Written Questions	October 12, 2022
Responses to Written Questions Posted by DOH on or about	October 19, 2022
Deadline for Submission of Attestations and Supporting Information	November 29, 2022
<i>Anticipated</i> Contract Award Date	January 15, 2023

## Background

The Department of Health (“Department”) is issuing the attached Attestation Form and Supporting Information to contract with Lead fiscal intermediaries (“Lead FI”) that otherwise submitted a qualifying offer under the previously issued Request for Offers (“RFO”) #20039 in March 2020.

Section 4 of Part PP of Chapter 57 of the Laws of 2022 revised Social Services Law Section 365-f to include language to provide an opportunity for qualified Lead FIs who submitted an offer and were not previously awarded a contract under RFO #20039 to submit an attestation with supporting information and, after review, be awarded a contract if they served, at any time during the period January 1, 2020 through March 31, 2020, at least 200 CDPAP consumers in New York City or 50 CDPAP consumers in the rest of the state.

The Department has developed the attestation form and supporting information to be completed by previously non-awarded qualified Lead FIs within 60 days of issuance.

This Attestation Form, and instruction for completion and submission of supporting information, is included below and is also available for completion electronically, including electronic signature, on the RFO #20039 website, found at: <https://www.health.ny.gov/funding/rfo/20039/> .

## Definitions

**Lead Fiscal Intermediary:** Prime Contractor and entity responsible for the delivery of all services as defined in the resulting contract.

**Collaborating Partner:** Subcontractors of the Lead FI who were otherwise eligible as a Lead FI under RFO #20039. Collaborating partners will not bill Medicaid, Managed Care Plans, Consumers or Personal Assistants for services provided in relation to the contractual scope of work.

## Consumer Directed Personal Assistance Programs (CDPAP) Lead Fiscal Intermediary Contracting Attestation Form

**REQUIRED FIELDS ARE MARKED WITH AN ASTERISK (\*). Failure to provide responses for these items will result in the Lead fiscal intermediary being disqualified from receiving a contract. The Department of Health (Department) and the Office of the Medicaid Inspector General (OMIG) will not be seeking clarification on any items submitted on or as part of this form from any Offerors.**

\* Name of Lead Fiscal Intermediary as Submitted on Original Offer under RFO #20039

\_\_\_\_\_

\* Address \_\_\_\_\_

\* Contact Name and Email \_\_\_\_\_

MMIS Number \_\_\_\_\_

NPI \_\_\_\_\_

\* FEIN \_\_\_\_\_

I, \_\_\_\_\_ (\* name), as the \_\_\_\_\_ (\* title) of the above-named Lead fiscal intermediary ("Lead FI"), attest that during the period January 1, 2020 through March 31, 2020, this fiscal intermediary served the following as outlined below:

\* Check all that apply:

\_\_\_\_\_ 200 or more CDPAP consumers in any or all of New York, Kings, Queens, Bronx and Richmond counties

\_\_\_\_\_ 50 or more CDPAP consumers in any other counties of New York State

Total number of CDPAP consumers served during the period January 1, 2020 through March 31, 2020: \_\_\_\_\_

By signing below, I attest that the:

- CDPAP consumers included in this attestation and supporting information were served by the above-named Lead FI during the period January 1, 2020 through March 31, 2020. No consumers are included that were served by collaborative partners only.
- Consumers included herein received services under the Department of Health CDPAP. No consumers are included that were served by an Office for People with Developmental Disabilities (OPWDD) fiscal intermediary only.
- Information provided in this attestation and supporting information is valid and accurate and I understand this information will be reviewed for accuracy by the Department and/or OMIG. Any false or inaccurate information shall render any contract for fiscal intermediary services null and void. Knowingly offering false information for a filing with a government entity may result in criminal prosecution.

\_\_\_\_\_

\* Signature

\_\_\_\_\_

\* Date

# Instructions for Completion and Submission of Attestation Form and Supporting Information

## **Attestation Form:**

Lead fiscal intermediary (Lead FI) must be the organization that submitted an offer under RFO #20039 and cannot be any subsequently created, merged, or purchasing organizations.

Total number of CDPAP consumers must be only those served by the Lead FI named in the attestation and cannot include CDPAP consumers served only by collaborating partners. It must not include any individuals who are solely patients of any associated LHCSA.

**All items marked with an asterisk (\*) are required and MUST be completed. The Department of Health will not be requesting clarification for any items not completed. If a required item is not completed, the Lead FI will be disqualified from receiving a contract.**

**There are only two items, NPI and MMIS number, that are not required, as Lead FIs may not currently have one or both of these.**

## **Supporting Information:**

Supporting information, in the format prescribed on the following page, must only include CDPAP consumers served by the Lead FI during the period January 1, 2020 through March 31, 2020 (“applicable period”). “Served by” is defined by a claim or encounter being submitted for payment of CDPAP services for at least one day during the applicable period.

The information must only include CDPAP consumers served by the Lead FI and must not include any individuals who were, during the applicable period, either solely:

- patients of any associated LHCSA and did not receive CDPAP services and/or
- consumers served by collaborating partners.

If including data for both regions, provide ONE supporting information file with TWO tabs one for consumers in any or all of New York, Kings, Queens, Bronx and Richmond counties, and one for consumers in the rest of the state.

The Lead FI must submit data in an Excel spreadsheet and the Excel spreadsheet must also be saved and submitted in a PDF format. The required supporting information is outlined below and is for design and informational purposes to build the required columns in the Excel file. A template Excel file has also been created and is posted on the RFO #20039 [webpage](#) for Lead FI use.

The Office of the Medicaid Inspector General (OMIG) will review each submission to ensure the Lead FI meets the criteria of 50 or 200 CDPAP consumers served. OMIG will review claims and encounters for the applicable period for the CDPAP consumers submitted by the Lead FI.

To ensure an equitable review of all submissions, neither the Department nor OMIG will request additional supporting information if what is submitted does not meet one or both criteria. Therefore, while it is only required for a Lead FI to have been serving 50 or 200 CDPAP consumers (dependent on the region), Lead FIs are encouraged to list all consumers served from January 1, 2020 through March 31, 2020 to make sure they meet the 50 and/or 200 CDPAP consumers served criteria.

**IMPORTANT; Lead FIs will NOT have an opportunity to substitute or supplement their submission after the submission due date outlined in the Calendar of Events, and neither the Department nor OMIIG will review submissions before the due date.**

The supporting information must be submitted in the following format, in Excel. A template Excel file is available for use on the RFO #20039 [webpage](#). Include:

- A Tab with Region Name (NYC or Rest of State) – Up to two (2) tabs can be submitted.
- A row for each CDPAP consumer with the following columns:

No.	CDPAP Consumer Last Name	CDPAP Consumer First Name	CIN	County of CDPA Services*	Date of CDPA Services**	Name of Authorizing MMCO/LDSS on Date of CDPA Services***
Example	Doe	Jane	AB12345C	Albany	2/15/20	Albany County
1						
2						
ETC						

\* County of CDPA Services is the county where the CDPA services occurred on the Date of CDPA Services, and may not be the consumer’s county of residence.

\*\* Date of CDPA Services must be one day during the applicable period (Jan. 1, 2020 through March 31, 2020) for which a claim or encounter for CDPA services was submitted for payment. Services cannot be only for FI administrative payment.

\*\*\* Name of MMCO or LDSS that authorized CDPA services on the date included in the Date of CDPA Services column.

**Submission of Attestation Form and Supporting Information Files:**

Questions related only to the completion and submission of the Attestation Form and Supporting Information may be sent to [OHIPcontracts@health.ny.gov](mailto:OHIPcontracts@health.ny.gov) by the date outlined in the Calendar of Events. Questions and answers will be posted on the [RFO #20039 webpage](#) on or about the date outlined in the above Calendar of Events. Questions not related to the completion and submission of the Attestation Form and Supporting Information will not be answered.

The attestation and supporting information must be submitted no later than the date outlined in the Calendar of Events as follows:

- PDF of completed and signed Attestation Form
- Supporting information submitted as:
  - **Password Protected** Excel spreadsheet named: <Lead FI Name> FI Attestation Supporting Information **AND**
  - **Password Protected** PDF of the Excel spreadsheet with the same naming convention
- Submitted to [OHIPcontracts@health.ny.gov](mailto:OHIPcontracts@health.ny.gov) in two emails as follows:
  - Email 1: Excel and PDF files
  - Email 2: Password(s) for each file (password can be the same for both files)

A confirmation receipt email will be sent within one business day of submission. If a confirmation email is not sent, please contact [OHIPcontracts@health.ny.gov](mailto:OHIPcontracts@health.ny.gov) via unencrypted email with NO

attachments to inquire about the receipt of your attachments. **This email will ONLY confirm receipt of a submission; it will NOT confirm receipt of accurate or complete information.**

Once the submission date has passed, the Department will open and review all Attestation Forms for completeness and conduct a cursory review of the supporting information to ensure the Lead FI has included at least 50 or 200 complete CDPAP consumers records, depending on the region(s) chosen.

All those submitting complete Attestation Forms and supporting information for at least 50 or 200 consumer records will be forwarded to OMIG for full review of the supporting information to ensure claims or encounters were submitted for the dates of service for the CDPAP consumers on the dates identified.

After all reviews are complete, the Department will issue award or non-award letters to every Lead FI that provided a submission. All letters will be sent via email to the contact on the Attestation Form.

For those who are not awarded, there will be an opportunity within ten (10) business days of the notice of award/non-award to file a protest following the Office of the State Comptroller (OSC) procedures, which can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO) at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>.