



**Department
of Health**

**Office of
Health Insurance
Programs**

Community First Choice Option

Contracting and Credentialing within the
Managed Care Environment

March 2019

Purpose

- Provide Managed Care Organizations (MCOs) with the opportunity to discuss the operationalization of the remaining seven Community First Choice Option (CFCO) services.
- Ongoing discussions will continue with MCOs and the Department until the implementation date of July 1, 2019.
- Today we will specifically discuss contracting and credentialing.

CFCO Eligibility Criteria

- An individual eligible to receive CFCO services must:
 - Be Medicaid eligible for community coverage with community-based long term care (with or without a spend down) or be Medicaid eligible for coverage of all care and services;
 - Have an assessed institutional level of care; and
 - Reside in his/her own home, or the home of a family member.
- Individual's Medicaid eligibility may not be dependent on:
 - Spousal impoverishment post-eligibility rules;
 - The Special Income Standard for Housing Expenses; or
 - Family of one budgeting for a child participating in a HCBS Waiver (State is seeking CMS approval to allow family of one children under the proposed consolidated Children's 1915(c) Waiver to be eligible for CFCO services)

CFCO Eligibility Criteria, *continued*

- All services must be offered to all eligible individuals across the disability spectrum
 - Recipients may participate in Waiver Programs and receive other State plan services and supports as long as they are not duplicative
 - The CFCO services will be available in FFS and in the Managed Care Benefit packages (Mainstream, MLTC, MAP, PACE) on July 1, 2019

NOTE: Individuals enrolled in current 1915(c) Waivers that may not meet CFCO eligibility criteria, but do meet the criteria of Waivers, will continue to access these services under the authority of the 1915(c) Waiver.

Contracting and Credentialing Questions

- What are the network adequacy standards for the seven CFCO services coming into the Managed Care benefit on 7/1?
- A Vehicle Modification (V-Mod) will cost a different amount, depending on factors such as the make, model, and age of the vehicle to be modified. Can the State clarify how plans should develop contracts given the significant variation in the costs of services?
- Can the State provide some general guidelines for credentialing providers with which plans have not had experience with in the past (i.e., V-Mod providers)?

Contracting and Credentialing Questions

- The State has identified CFCO providers on its website, but plans reported that some of these providers are no longer offering these services or there are no providers available in certain areas. Will the State be updating the list of CFCO providers on its website? If so, when should plans expect to see the updated list? How will the State be addressing the lack of providers in fee-for-service (FFS)?
- Can the State provide guidance regarding best practices for credentialing that plans should use with existing waiver and participating providers, including recommendations for when plans are approached by existing participating providers who are seeking to become in-network providers for one of the CFCO benefits?

Contracting and Credentialing Questions

- Can the State provide network submission (HPN) specifications? Will these be different from the current processes for each of the impacted Medicaid managed care products?
- Will the plan be provided a list of the Medicaid enrolled providers?
- Will Providers/Plans be provided rates and services codes to begin the contracting process?

Contracting and Credentialing Questions

- Can NYS DOH send plans their current membership that use the HCBS services under CFCO? I think Plans received something regarding Community Habilitation to this effect for members in the OPWDD waiver very recently. If we could get data on all of the present providers being used, and for what CFCO HCBS services, we could approach those providers to contract to preserve continuity of care for members.
- It is our understanding that plans are to begin contracting with the CFCO providers listed on the website. In reviewing the list of providers, we noticed that the counties were not included. Is there a possibility that this information can be provided? Will the plan be provided a list of the Medicaid enrolled providers?

Contracting and Credentialing Questions

- What is the guidance on how providers will be selected?
- How will the bidding process work?

Contact Information

[Questions / Comments - CFCO@health.ny.gov](mailto:CFCO@health.ny.gov)

https://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm