

COUNTY DEPARTMENT OF SOCIAL SERVICES
AFIS PLAN of OPERATION AMENDMENT For MEDICAID

For "Yes" or "No" answers, slash through opposite choice, i.e. if the answer is "Yes", slash through "No".

A. Application Enrollment

1. Is the Medicaid application process work flow the same as Public Assistance (PA)? YES/NO

If not, explain. _____

2. Is a Medicaid applicant identified as an individual to whom AFIS requirements apply at the same point in the application process that a PA applicant is identified. YES/NO

If not, explain. _____

3. Will Medicaid finger imaging be performed at the same point in the application process as PA? YES/NO

If not, explain. _____

4. Will Medicaid applicants be informed of the finger image requirement in writing in the same way as PA applicants? YES/NO

If not, explain. _____

5. Will the control log or list that notes applicants who withdraw their applications because of the finger imaging requirement, record the withdrawal as a denial on WMS and a denial on the log? YES/NO

If not, explain. _____

B. Undercare Enrollment

1. How and when will a general notice of the provisions of the Finger Imaging Law be delivered to all Medicaid recipients?

2. Will the identity of each Medicaid undercare recipient be verified before enrollment in the same manner as PA? YES/NO

If not, explain. _____

3. Explain the procedures for enrolling (either call-in or recertification) the adult Medicaid undercare population. Include the anticipated number of individuals that will be scheduled each day and estimate the number of work days required to enroll the entire Medicaid undercare population.

4. Will the Medicaid undercare control log required to track enrollment, reschedules and non-compliance with the appointment letters, be the same as the PA control log? YES/NO

If not, explain. _____

5. Will the process and steps to be taken when an individual fails to show for a scheduled finger image appointment be the same for Medicaid and PA? YES/NO

If not, explain. _____

6. Will the local district reschedule and track Medicaid individuals who are unable to keep their original and subsequent finger imaging appointments in the same manner as PA individuals? YES/NO

If not, explain. _____

7. Are the procedures for determining and documenting the reason(s) a case may be closed for failure to comply with finger imaging requirements the same for Medicaid as they are for PA? YES/NO

If not, explain. _____

8. How will it be confirmed that copies of the appointment letter will be in the case file to verify that each applicant received appropriate notice to comply?

C. Identification Verification

1. Will identification verification be used for Medicaid in the same manner as it is for PA? YES/NO

If not, explain. _____

D. Match Resolution

1. Will the unit and contact person to receive matches confirmed by minutiae analysis be the same for Medicaid, PA and Food Stamps (FS)? YES/NO.

If no, explain _____

PUBLIC ASSISTANCE

FOOD STAMPS

Unit _____

Unit _____

Name _____

Name _____

DIRECT Phone # _____

Phone # _____

FAX # _____

FAX # _____

MEDICAID

Unit _____

Name _____

DIRECT Phone # _____

FAX # _____

2. Will procedures for investigating confirmed AFIS matches, and reporting the results of this investigation to the Office of Temporary and Disability Assistance remain the same for Medicaid as they have been for Public Assistance and Food Stamps?

YES/NO

If no, explain. _____

E. Administrative Considerations

Those groups which are exempt from the finger image requirements for Medicaid purposes are as follows:

Persons residing in residential health care facilities

Persons residing in developmental centers operated by the Office of Mental Retardation and Developmental Disabilities (OMRDD)

Persons residing in psychiatric centers operated by the Office of Mental Health (OMH)

Persons residing in residential treatment facilities certified by the OMH

All SSI cash recipients

All children under 21 living with a responsible relative (including guardians), as well as foster care children

All persons applying at sites other than local social services offices until next client contact or recertification

Homebound persons including those receiving personal care, home health care or long term home health care

Persons residing in living arrangements operated by the OMH, or residing in living arrangements certified or operated by the OMRDD

Persons enrolled in the OMRDD Home and Community Based Services Waiver (HCBS)

Persons who have their Medicaid eligibility determined by OMH or OMRDD in conjunction with NYSDOH (i.e., districts 97 and 98)

1. Will a Medicaid applicant or recipient be allowed to review his or her record for the purpose of insuring accuracy and completeness in the same manner as PA and FS? YES/NO

If not, explain. _____

2. Will Medicaid A/Rs between the ages of 18 and 21 who are not living with a responsible relative be exempt YES/NO

F. Financial

The local districts are required to submit for State approval a plan describing how its automated two-digit finger imaging matching identification system will fulfill the requirements prescribed by the Department.

As part of that plan the local districts must include a proposed budget of expenditures in support of the finger imaging system. This proposed budget should identify the full time equivalents (FTE's) of the employees who will be working on the project. The budget itself should be in the following format:

Proposed Annual Budget for Finger Imaging for Medicaid

Personnel Services

Salaries**	\$XXX
Fringe Benefits XXX	_____
Total Personnel Services	XXX

of Full time equivalents

** Annual salaries must include position titles and the percentage of time dedicated to AFIS for Medicaid.

Non-Personnel Services

Travel	\$XXX
Furniture XXX	
Equipment XXX	
Supplies XXX	
Contractual Services XXX	
Other non-personnel expenses (identify) XXX	_____
Total Non-Personnel Services	\$XXXXX

Indirect Charges

Allocated/Overhead	\$XXX
Grand Total Expenditures	<u>\$XXXX</u>

Claiming Instructions

AFIS costs incurred for Medicaid Only applicants/recipients should be reported as Fraud and Abuse F10 function code costs and claimed for reimbursement on the Schedule D-10 "Claiming of Fraud and Abuse Administrative Costs" (DSS-2347F). Medicaid-Only AFIS case counts should be included in the Medical Assistance category. These costs will be reported on Line 2, Identified Costs of the Schedule D-10. Expenditures for Medicaid-Only applicants/recipients will be reimbursed at the level of 50% Federal, 25% State and 25% local shares. Fraud and abuse administrative costs are eligible for consideration for exemption from the administrative cost cap. Such costs can be included in the annual submission for exclusion to the cap.

Any changes or Amendments to this AFIS Plan must be submitted and approved by the Office of Temporary and Disability Assistance through the Bureau of Program Integrity.

Printed/Typed Name _____

Signature _____

Title/Position _____