

Date:

From: <Fiscal Intermediary Name>

RE: Important Information About Changes to the Fiscal Intermediary Selected by the Individual You Provide Personal Assistant Services to Under the Consumer Directed Personal Assistance Program

Dear <personal assistant's name>,

This letter is to inform you that effective <Month, Day, Year>, <name of FI> will no longer provide Fiscal Intermediary (FI) services under the Consumer Directed Personal Assistance Program (CDPAP) to your CDPAP consumer. This change will not affect your ability to continue to provide Personal Assistant services, as directed by the CDPAP consumer you now serve.

To ensure continuity of payroll and other FI services, and to assist your consumer with selecting and transitioning to another FI of their choosing, we have also notified your consumer, <MCO or LDSS>, and the Department of Health that we will no longer be providing FI services.

It will be important to work closely with your consumer as they transition to a new FI. The consumer, or their representative, will notify you of their selection of a new FI. You will need to promptly provide us your written consent to allow us to transfer your health status records to the new FI your consumer has selected. You may use the attached form to provide that consent. <If you as the current FI have signed employment forms (I-9, W-4, IT-2104) include the following sentence in the letter> You will also need to work with the new FI to sign any required employment forms. <if you as the current FI have NOT signed employment forms, and those forms have been signed by the CDPAP consumer, include the following sentence>. When we receive your consent to transfer your health status records, we will also transfer your employment forms (I-9, W-4, IT-2104) to the new FI.

Your consumer's <MCO or LDSS> will also assist with the transition to a new FI of your consumer's choice.

If you have any questions, you may contact your consumer, or New York Medicaid Choice (NYMC), the State's Enrollment Broker, at 1-888-401- MLTC or 1-888-401-6582 (TTY users: 1-888-329-1541). You can call NYMC Monday to Friday, from 8:30am to 8:00pm, and Saturday from 10:00am to 6:00pm.

Sincerely,

<FI NAME>

Cc:

New York State Department of Health at ConsumerDirected@health.ny.gov