



**Department
of Health**

**Office of
Health Insurance
Programs**

Community First Choice Option

Local Department of Social Services Training

Recipient Restriction Exemption Codes for
Community First Choice Option

January 2019

Agenda

- CFCO Services
- CFCO Eligibility Criteria
- CFCO Recipient Restriction Exception (RR/E) Overview
- CFCO RR/E Roles and Responsibilities
 - CFCO and NYSoH Individuals
 - CFCO and Consolidated Children's Waiver
 - CFCO and CCO/HH

Agenda *(continued)*

- Activity Steps for RR/E Codes CFCO Eligibility Criteria Determination
- Activity Steps: Does Meet CFCO Eligibility Requirement
 - Does Meet CFCO Eligibility Requirement – FFS Only
 - Does Meet CFCO Eligibility Requirement – OPWDD
 - Does Meet CFCO Eligibility Requirement Waiver – Non OPWDD Individual
- Activity Steps: ‘CF’ RR/E upload (CFCO Eligible) – Non OPWDD Individual
- Activity Steps: Does Not Meet CFCO Eligibility Requirement
- Activity Steps: CFCO RR/E Maintenance (CFCO Ineligible)

CFCO Services

- **Current CFCO Services:**

- Consumer Directed Personal Assistance Services (CDPAS)
- Home Health Aide
- Homemaker/Housekeeper (Personal Care Level 1)

- **Additional CFCO Services Available July 1, 2019:**

- Assistive Technology (AT)
- Environmental Modification (E-Mod)
- Vehicle Modification (V-Mod)
- Moving Assistance

- Personal Care Level 2
- Personal Emergency Response System (PERS)
- Non-Emergency Medical Transportation (NEMT)

- Community Transitional Services (CTS)
- Skill Acquisition Maintenance and Enhancement (SAME)
- Home Delivered/Congregate Meals

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.
- **An 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 an 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 Medicaid Fee-for-Service (FFS) and in the Managed Care benefit packages (Mainstream Medicaid, Managed Long Term Care, Medicaid Advantage Plus, and Programs of All-Inclusive Care for the Elderly).

NOTE: Individuals enrolled in current 1915(c) waivers who may not meet CFCO eligibility criteria but do meet the waiver program criteria will continue to access these services under the authority of the 1915(c) waiver.

All CFCO Services Must be Provided in a Home or Community Based Setting

- All CFCO services must be provided in a home- or community-based setting
 - All CFCO services must be provided in settings that comply with 42 CFR §441.530
 - Settings include the individual's own home or a family member's home that meet the settings criteria outlined in 42 § CFR 441.530
 - Settings do not include a nursing facility, a hospital providing long-term care services, an institution for mental disease, an intermediate care facility for individuals with an intellectual disability or related condition, or a setting with the characteristics of an institution
 - Settings do not include a provider-owned or controlled residence.
- Home and Community Based Services (HCBS) recipients must live in compliant settings, regardless of where the services are provided
- Must follow New York's Statewide Transition Plan for HCBS Settings (approved by CMS on November 18, 2018)

CFCO RR/E Code Overview

CFCO eligible individuals must be identified in the eMedNY system through a unique Recipient Restriction/Exemption (RR/E) code on the individual's eligibility file. For individuals deemed eligible for CFCO, RR/E code placement started on April 1, 2018.

Two (2) RR/E Codes were created to identify CFCO eligible individuals. The CFCO RR/E Codes are 'CF' and 'CO' and contain the following system attributes:

- CF: Community First Choice Option (Non OPWDD)
 - Short Description: 'CFCO'
 - Long Description: COMMUNITY FIRST CHOICE OPTION (Non OPWDD)
- CO: Community First Choice Option (OPWDD)
 - Short Description: 'CFCO-OPWDD'
 - Long Description: COMMUNITY FIRST CHOICE OPTION OPWDD

CFCO RR/E Code Overview

With the addition of the 'CF' and 'CO' RR/E codes, eMedNY system edits were created based on CFCO criteria. These include:

- Specific RR/E codes cannot co-exist with a 'CF' or 'CO' (RR/E to RR/E Conflict);
- Specific RR/E codes can only exist with a 'CF' or a 'CO' based on populations;
- CF RR/E code cannot co-exist with a 'CO' RR/E;
- Only specific Medicaid Eligibility Coverage Codes that meet the CFCO Medicaid eligibility are allowed to co-exist with a CFCO RR/E code; and
- Begin date for CFCO RR/E code cannot be prior to April 1, 2018.



CFCO RR/E Code Overview

eMedNY Security Profiles have been updated to allow add/update access via the Client Detail: Exception/Restriction page. The following groups will have add/edit access:

'CF' RR/E Code	'CO' RR/E Code
OPWDD	OPWDD
LDSS	N/A
DOH – CFCO Subject Matter Expert	DOH – CFCO Subject Matter Expert
MCO (Batch File Process)	MCO (Batch File Process)

CFCO RR/E Roles and Responsibilities

The LDSS is responsible for the identification of CFCO eligible individuals for their respective populations (not enrolled in a MCO, OPWDD or NHTD/TBI waiver).

- LDSS is responsible for the placement and maintenance of the 'CF' RR/E in eMedNY. The placement and/or update of the CF RR/E code will be completed through eMedNY Thin Client.
- OPWDD will be responsible for the placement and maintenance of the 'CO' RR/E code for Medicaid FFS individuals identified as OPWDD.

Exceptions

Add Exception

Change Date	Trans Dist	RE/EXC	Provider ID	Provider Name	From Date	Thru Date	Status	User ID
03/29/2018		38-ICF/DD RES				12/31/9999	1-ACTIVE	JZL11
		B7-NOEPBHALLA						
		CF-CFCO						
		CO-CFCO-OPWDD						
		G1-MALEFEMALE						
		G2-FEMALEMALE						
		H1-HARPNOHCBS						

Remove Add Cancel

CFCO RR/E Roles and Responsibilities

Nursing Home Transition and Diversion (NHTD) or Traumatic Brain Injury (TBI):
(RR/E 60/81 code)

- Individuals seeking participation in the NHTD or TBI waivers must meet the nursing facility level of care to qualify for participation in the waiver. Upon receipt of the Notice of Decision (NOD) Authorization from the Regional Resource Development Center (RRDC), the LDSS is responsible for the placement of the waiver RR/E code (60 or 81) on the client's file. In addition, the LDSS will now add the CF RR/E code if the waiver recipient meets CFCO eligibility and housing requirements.
- For individuals already established in the NHTD or TBI waivers (RR/E 60/81 code), the LDSS will be responsible for determining CFCO eligibility and, if eligible, assigning the CF RR/E code to identify the waiver participant as eligible for CFCO services.
- Once the waiver participant's file has been updated with the correct waiver and CF RR/E codes, the participant should be directed back to the waiver for services, unless s/he is requesting State Plan services not covered through the NHTD/TBI waivers. Services such as Personal Care and CDPAP would be authorized by the LDSS.

CFCO RR/E Roles and Responsibilities

Office for People With Developmental Disabilities (OPWDD)

- Individuals are coded 'CO' when determined to meet ICF/IID level of care criteria and all other CFCO eligibility criteria (e.g., not residing in provider controlled housing) and are approved to receive at least **some** CFCO services from providers overseen by OPWDD.
- Individuals coded 'CO' may also receive some CFCO services from DOH providers
 - e.g., Personal Care Services (PCS) or Consumer Directed Personal Assistance Program (CDPAP). OPWDD performs a 'CO' RR/E upload on a monthly basis.
- Individuals enrolled in the consolidated Children's Waiver will not have a 'CO' on file. If eligible for CFCO, these children will have a 'CF' input by the LDSS.

CFCO RR/E Roles and Responsibilities

- MCOs are responsible for the placement and maintenance of CF/CO RR/E code on eligibility files for their enrollees.
 - MCOs do not have access to EMedNY Thin Client and must utilize the New York Medicaid Choice (NYMC) batch file transmittal process to have the 'CF' or 'CO' RR/E code added to an enrollee's eligibility file in eMedNY.
 - The MCOs transmit the individual client data via a file to NYMC which is then systematically transmitted to eMedNY. NYMC's role in the batch transmittal is only a data pass-through. System edits are applied at the eMedNY level.
 - The user id field in eMedNY will reflect CHOICE.
- If an MCO enrollee comes to the LDSS for a CFCO service, the LDSS will refer the enrollee back to their plan for CFCO eligibility determination and CFCO service authorization.

CFCO and NYSoH Individuals

NYSoH:

Individuals requesting CFCO services who are in receipt of NYSoH Medicaid and who are not enrolled in a Medicaid Managed Care (MMC) plan must enroll in a MMC (unless otherwise excluded).

The State is currently working on a process to assist the LDSS in transitioning Medicaid coverage for individuals who are excluded from enrollment into an MMC but otherwise eligible for CFCO services.

Consolidated Children's Waiver RR/E Codes

RE code	RE code Description
K1	HCBS LOC
K3	HCBS Serious Emotional Disturbance (SED)
K4	HCBS Medically Fragile (MF)
K5	HCBS Developmentally Disabled (DD)
K6	HCBS Developmentally Disabled and Medically Fragile (DD & MF)

Note: This is not an all-inclusive list of K RR/E codes. Upcoming Children's Waiver and CFCO Services training will be conducted on February 13, 2019.

CFCO and Consolidated Children's Waiver Allowable RR/E Combinations

RR/E	CF	CO	Justification
K1 (HCBS LOC)	Y	N	Consumers enrolled in the Children's Waiver may be eligible for CFCO. DOH and the LDSS are responsible for connecting these consumers to CFCO, unless the consumer is enrolled in a MMC plan.
K3 (HCBS SED)	Y	N	
K4 (HCBS MF)	Y	N	
K5 (HCBS DD)	Y	N	
K6 (HCBS MF/DD)	Y	N	

CFCO and CCO/HH

People First Care Coordination Organization Health Homes (CCO/HHs) are designated to serve individuals with I/DD

- OPWDD uses the following RR/E codes for the CCO/HHs:

RR/E	Description
15	CCO/HH Enrollment Level 1
16	CCO/HH Enrollment Level 2
17	CCO/HH Enrollment Level 3
18	CCO/HH Enrollment Level 4
19	CCO/Basic HCBS Plan Support

- 15-19 can only co-exist with a CO RR/E code (to be loaded by OPWDD).
- LDSS can identify the associated CCO/HH provider name and ID through eMedNY.
- CCO/HH is responsible for the plan of care.
- OPWDD provider contact information:

https://opwdd.ny.gov/sites/default/files/documents/CCO_Coverage_Chart.pdf

Activity Steps: CFCO Eligibility Criteria Determination

CFCO Eligibility Criteria Determination

1. **Review individual's Medicaid eligibility and compare to the table.**
 - a. If the individual does not have active Medicaid, proceed to step 2.
 - b. If the individual has active Medicaid and their coverage code is listed within the table, proceed to step 3.
 - c. If the individual has active Medicaid but their Medicaid coverage code is not listed within the table below, proceed to **Does Not Meet CFCO Eligibility Criteria.**

Medicaid Coverage Code	Medicaid Coverage Code Name
01	Full Coverage
02	Outpatient Coverage
06	Provisional Coverage
10	All Services Except Nursing Facility Services
11	Aliessa Aliens
16	Safety Net
19	Community Coverage with CBLTC
21	Outpatient Coverage with CBLTC
23	Outpatient Coverage with no Nursing Facility Services

Note: The State has determined that 06 Provisional Coverage does not meet the CFCO Medicaid Eligibility; however, 06 will be systemically allowed with a CFCO RR/E code to eliminate the repetitive maintenance for this code.

CFCO Eligibility Criteria Determination

2. Determine individual's enrollment path (no active Medicaid).

- a. If the individual is seeking CFCO and MLTC, refer the individual to New York Medicaid Choice (NYMC) Conflict Free Evaluation and Enrollment Center (CFEEC) at 1-855-222-8350. Continue with Medicaid eligibility determination. No further action is needed.
- b. If it appears the individual might benefit from OPWDD services, LDSS will refer the individual to the Developmental Disabilities Regional Offices (DDROs). If there are indications of a potential mental health diagnosis, LDSS will refer the individual to the Office of Mental Health (OMH). Continue with Medicaid eligibility determination, and return to step 1 after Medicaid eligibility has been determined.
 - DDROs: https://opwdd.ny.gov/opwdd_contacts/ddro
 - OMH: 1-800-597-8481
- c. If the individual is seeking a CFCO service only, determine Medicaid eligibility. Once Medicaid eligibility is determined, return to step 1.

CFCO Eligibility Criteria Determination

3. Determine whether or not the individual's Medicaid eligibility was determined using spousal impoverishment post-eligibility rules, a Special Income Standard for Housing Expenses, or Family-of-One budgeting for a child participating in a Home and Community Based Services (HCBS) waiver.
 - a. If the individual's Medicaid eligibility was determined *without* the use of one of the above methods, proceed to step 4.
 - a. If the individual's Medicaid eligibility was determined *with* the use of one of the above methods, proceed to **Does Not Meet CFCO Eligibility Criteria.**

CFCO Eligibility Criteria Determination

4. **Determine individual's enrollment path (CFCO Medicaid Eligible).**
 - a. If the individual is on the mandatory path and *non-dual*, refer them to NYMC (1-800-505-5678) to enroll in a plan. No further action is needed.
Note: MCO is responsible for CFCO eligibility determination.
 - b. If the individual is on the mandatory path and *dual*, refer the individual to NYMC (1-888-401-6582). No further action is required.
Note: MCO is responsible for CFCO eligibility determination.
 - c. If the individual is not on the mandatory path, proceed to step 5.

CFCO Eligibility Criteria Determination

5. Determine whether or not the individual meets the CFCO residential requirement (see below).

- a. If individual meets the CFCO residential requirement, proceed to step 6.
- b. If individual does not meet the CFCO residential requirement, proceed to **Does Not Meet CFCO Eligibility Requirement.**

- All CFCO services must be provided in a home- or community-based setting
 - All CFCO services must be provided in settings that comply with 42 CFR §441.530
 - Settings include the individual's own home or a family member's home that meets the settings criteria outlined in 42 § CFR 441.530
 - Settings do not include a nursing facility, hospital providing long-term care services, institution for mental disease, intermediate care facility for individuals with an intellectual disability or related condition, or setting with the characteristics of an institution
 - Settings do not include provider-owned or -controlled residential settings
- HCBS recipients must live in compliant settings, regardless of where services are provided
- Must follow New York's Statewide Transition Plan for HCBS Settings (approved by CMS on November 18, 2018)

CFCO Eligibility Criteria Determination

6. **Review individual's eligibility file for active N1 – N9 RR/E code during the applicable time frame.**
 - a. If the RR/E N code is active and during the applicable timeframe, the code will need to be reviewed and a determination made.
 - i. If the individual has been discharged, the LDSS must follow their existing process to end date the RR/E N code in eMedNY. Proceed to step 7.

Note: The removal **MUST** not delay CFCO service authorization if the individual is determined to be eligible for CFCO services.
 - ii. If the RR/E N Code was inappropriately placed on the individual's file, the RR/E N code must be inactivated. Proceed to step 7.
 - iii. If it is determined that the individual resides in a nursing home, proceed to **Does Not Meet CFCO Eligibility Requirement**.
 - b. If no active RR/E N Code and during the applicable time frame is identified on the individual's eligibility file, proceed to step 7.

Note: CFCO RR/E code cannot co-exist with an current N1 – N9 RR/E code. An individual residing in a nursing home does not meet the CFCO residential requirements. The LDSS must follow their existing process for the review and determination of the existing N RR/E codes.

CFCO Eligibility Criteria Determination

7. Review individuals' eligibility file for an active 38, 48, or 49 RR/E code during the applicable timeframe.

- a. If the 38, 48, or 49 RR/E code is active and during the applicable timeframe, contact the OPWDD Revenue Support Field Office (RSFO) to determine if the coding is accurate.
https://opwdd.ny.gov/sites/default/files/documents/revenue_support_field_offices_2.pdf
 - i. If the RSFO determines the 38,48, or 49 is not accurate, the RSFO updates the applicable RR/E code and informs the LDSS. Once completed, proceed to step 8.
Note: The removal **MUST** not delay CFCO service authorization if the individual is determined to be eligible for CFCO services.
 - ii. If the RSFO determines the 38,48, or 49 is accurate, the individual is not eligible for CFCO. Proceed to **Does Not Meet CFCO Eligibility Requirement**.
- b. If no active 38, 48, or 49 RR/E code and during the applicable time frame is identified on the individual's eligibility file, proceed to step 8.

CFCO Eligibility Criteria Determination

8. Review individual's eligibility file to determine whether or not the individual's ICF/IID level of care (LOC) has already been determined by OPWDD or if the individual should be referred to OPWDD for a LOC determination.

Note: For Medicaid FFS individuals identified as OPWDD, the LDSS will NOT be responsible for the LOC determination and the placement of the CO RR/E code on the individual's eligibility file in eMedNY.

- a. If the individual has an active RR/E code of 95 during the applicable timeframe, proceed to **Does Meet CFCO Eligibility Requirement (OPWDD)**
- b. If the individual does not have an active 95 RR/E code and you suspect the individual may benefit or qualify for OPWDD services, contact (telephone call) the applicable DDRO for OPWDD and CFCO eligibility.
 - https://opwdd.ny.gov/opwdd_contacts/ddro
- c. If the individual does not meet the criteria listed in 8.a – 8.b proceed to step 9.

CFCO Eligibility Criteria Determination

9. **Review individual's eligibility file to determine whether or not the individual is enrolled in a waiver program and an LOC has already been determined.**
- a. If the individual has an active RR/E code (within the current date range) in the table below, contact the applicable entity to determine whether or not the individual meets CFCO eligibility requirements.
 - i. If the applicable entity states that the individual meets the CFCO LOC eligibility requirement, proceed to **Does Meet CFCO Eligibility Requirement** – (Waiver/Non OPWDD Individual).
 - ii. If the applicable entity states that the individual does not meet the CFCO LOC eligibility requirement, proceed to **Does Not Meet CFCO Eligibility Requirement**.
 - b. If the individual does not have an active RR/E code in the table below, proceed to step 10.

RR/E Code	RR/E Description	CF / CO	Contact Entity
60	NH TRANSITION & DIVERSION WAIVER	CF	RRDC
62	CAH I CLIENT	CF	LDSS
63	CAH II CLIENT	CF	LDSS
72	BRIDGES TO HEALTH SERIOUSLY EMOTIONALLY DISTURBED (B2H)	CF	OCFS
73	BRIDGES TO HEALTH DEVELOPMENTALLY DISABLE (B2H DD)	CF	OCFS
74	BRIDGES TO HEALTH MEDICALLY FRAGILE (B2H MEDF)	CF	OCFS
81	TBI ELIGIBLE	CF	RRDC

CFCO Eligibility Criteria Determination

10. Determine whether or not a LOC determination has been completed within six months – FFS.

- a) If a LOC assessment has been completed within the last six months and the LOC is 5 or greater, the individual meets the CFCO LOC requirement. Proceed to **Does Meet CFCO Eligibility Requirement – FFS Only**.
- b) If a LOC assessment has been completed and LOC is NOT 5 or greater, the CFCO LOC requirement has NOT been met. Proceed to **Does Not Meet CFCO Eligibility Requirement – FFS Only**.

Note: In the event that the individual's condition changes, a new LOC determination may be needed prior to the six-month reassessment date.

- c) If a current LOC does NOT exist or has not been completed within the last six months, refer the individual to NYMC CFEEC for a LOC determination.
 - i. If NYMC CFEEC determines the LOC is 5 or greater, the individual meets the CFCO LOC requirement. Proceed to **Does Meet CFCO Eligibility Requirement – FFS Only**.
 - ii. If NYMC CFEEC determines the LOC is less than 5, the individual does NOT meet the CFCO LOC requirement. Proceed to **Does Not Meet CFCO Eligibility Requirement**.

Activity Steps: Does Meet CFCO Eligibility Requirement

Does Meet CFCO Eligibility Requirement - FFS Only

1. Inform individual that CFCO requires a LOC reassessment bi-annually unless case has been authorized for annual assessment.
2. Determine CFCO service authorization path. Follow existing process.
3. Update plan of care to include CFCO eligibility determination.
4. Determine whether or not a physician's order is on file and active, if applicable.
5. Proceed to 'CF' RR/E upload (CFCO Eligible).

Does Meet CFCO Eligibility Requirement - OPWDD

1. Review individual's eligibility file to determine if the individual is enrolled in Care Coordination Organization/Health Home (CCO/HH)

- a. If the individual has an active I5 to I9 RR/E codes, s/he is enrolled in a CCO/Health Home. The following must be completed:
 - I. For CFCO services authorized by the LDSS (e.g., Personal Care), the LDSS will enroll the OPWDD individual in the requested service. This will include:
 - Locating and uploading the CFCO service provider's associated Provider ID in eMedNY;
 - Notifying the individual that the CFCO service requested has been authorized; and
 - Notifying the individual's CCO/HH Care Manager (utilizing the contact list at https://opwdd.ny.gov/sites/default/files/documents/CCO_Coverage_Chart.pdf) that the CFCO service requested by the individual has been authorized in order to continue the individual's care planning.
 - Note: The CCO/HH maintains the plan of care.
 - No further action needed.
 - II. For CFCO services authorized by the DDRO, the LDSS must make a referral to the DDRO.
- b. See next slide

Reminder: OPWDD will upload the CO RR/E code to the individual's file based upon the information available via an OPWDD monthly report. Service authorization MUST not be delayed due to placement of the CO RR/E code.

Does Meet CFCCO Eligibility Requirement - OPWDD

1. **Review individual's eligibility file to determine if the individual is enrolled in Care Coordination Organization/Health Home (CCO/HH)**
 - b. If the individual has an active 95 RR/E code and does not have an active I5 – I9 or 73 RR/E code, s/he is not enrolled in CCO/Health Home. Contact (telephone call) the DDRO to refer the individual to a CCO/Health Home, which will screen for the appropriateness of CFCCO services, begin the service/care planning process, and coordinate with appropriate service authorizing entities.
 - https://opwdd.ny.gov/opwdd_contacts/ddro

Does Meet CFCO Eligibility Requirement Waiver – Non OPWDD Individual

1. Follow existing process to authorize services.
2. Contact the applicable entity to update the plan of care.
3. Proceed to 'CF' RR/E upload (CFCO Eligible) – Non OPWDD Individual

RR/E Code	RR/E Description	CF / CO	Contact Entity
60	NH TRANSITION & DIVERSION WAIVER	CF	RRDC
62	CAH I CLIENT	CF	LDSS
63	CAH II CLIENT	CF	LDSS
72	BRIDGES TO HEALTH SERIOUSLY EMOTIONALLY DISTURBED (B2H)	CF	OCFS
73	BRIDGES TO HEALTH DEVELOPMENTALLY DISABLE (B2H DD)	CF	OCFS
74	BRIDGES TO HEALTH MEDICALLY FRAGILE (B2H MEDF)	CF	OCFS
81	TBI ELIGIBLE	CF	RRDC

Activity Steps: 'CF' RR/E upload (CFCO Eligible) – Non OPWDD Individual

'CF' RR/E upload (CFCO Eligible) – Non OPWDD

1. **Determine whether or not a CO RR/E code is on the individual's eligibility file in eMedNY.**
 - a. If a CO RR/E code is on file and needs to be end dated or inactivated prior to placement of a 'CF', contact the RSFO for review of the CO RR/E code.
https://opwdd.ny.gov/sites/default/files/documents/revenue_support_field_offices_2.pdf
 - i. If the RSFO responds that the CO RR/E code is correct, no further action is needed.
 - ii. If the RSFO responds that the CO RR/E is incorrect, the RSFO will end date or inactivate the CO RR/E code, as applicable. Proceed to Step 2.
 - b. If a 'CF' is active on the individual's eligibility file, review the From Date and Thru Date in eMedNY to determine if updates are needed. Update accordingly.
 - c. If 'CF' is not on file, proceed to step 2.

'CF' RR/E upload (CFCO Eligible) – Non OPWDD

1. Upload the 'CF' code through the add Exceptions process in eMedNY.

- a. Change Date: Pre-populates
- b. RR/EXC: Select CF- CFCO from the dropdown
- c. Provider ID: Leave Blank
- d. From Date: Enter the date (00/00/0000) the individual was eligible for CFCO.
- e. Note: Cannot be prior to 04/01/2018
- f. Thru Date: Enter 12/31/9999
- g. Status: 1-Active

Add Exception

Change Date	Trans Dist	RE/EXC	Provider ID	Provider Name	From Date	Thru Date	Status	User ID
08/14/2018		CF-CFCO			04/01/2018	12/31/9999	1-ACTIVE	JZL11

Remove Add Cancel

https://mmis.train.emedny.ny.gov/UserMan/RRE_User_Manual.pdf

Activity Steps: Does Not Meet CFCO Eligibility Requirement

Does Not Meet CFCO Eligibility Requirement

1. Issue a Notice of Determination.
2. Services available under an alternate State Plan or waiver authority should be initiated, as appropriate, for the individual using existing processes.
3. Review individual's eligibility file for 'CF' or 'CO' RR/E code.
 - a. If active 'CF', proceed to CFCO RR/E Maintenance (CFCO Ineligible).
 - b. If active 'CO', contact RSFO for review of 'CO' RR/E Code. The following information will be needed for the telephone call:
 - i. Individual's Name
 - ii. Date of Birth (DOB)
 - iii. Client Identification Number (CIN)
 - iv. Contact information (including authorized representative's information)
https://opwdd.ny.gov/sites/default/files/documents/revenue_support_field_offices_2.pdf
 - v. Reason for ineligibility
 - c. If no CFCO RR/E code, no further action needed.

Activity Steps: CFCO RR/E Maintenance (CFCO Ineligible)

CFCO RR/E Maintenance (CFCO Ineligible)

When it has been determined that an individual is ineligible for CFCO is no longer eligible for CFCO, the CFCO RR/E code on file must be end dated or inactivated based on review of the active code.

It is the responsibility of the LDSS to maintain 'CF' codes for their respective populations and to contact the OPWDD RSFO to have the 'CO' end dated when action needs to be taken on the 'CF' or 'CO' RR/E code.

Example:

Individual enters a nursing home facility. The 'CF' or 'CO' must be end dated based on the individual no longer meeting the CFCO residential requirement.

CFCO RR/E Maintenance (CFCO Ineligible)

1. Review the individual's eligibility file for an active 'CF' or 'CO' for the current date range with a end date of 9999.
 - a. If a 'CF' RR/E code, proceed to step 3.
 - b. If a 'CO' RR/E code needs to be reviewed, contact OPWDD.
2. Determine if the 'CF' RR/E code needs to be updated or inactivated.
3. Update or inactivate the 'CF' RR/E code appropriately based on the date the individual was no longer eligible, i.e., the date the individual entered the nursing home.
4. No further action needed.

Contact Information

Questions/Comments: Email CFCO@health.ny.gov

More information can be found at:

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