

**Conflict-Free Evaluation and Enrollment Center (CFEEC)
Frequently Asked Questions (FAQs)
September 29, 2014**

These FAQs respond to questions received by the Department about the Conflict-Free Evaluation and Enrollment Center (CFEEC). Please consult all previously released materials in conjunction with the following FAQs. If you have any questions regarding this information, please email to the following address: CF.Evaluation.Center@health.ny.gov

General Questions

Q1. What is the CFEEC and how will it change the way people enroll into Managed Long Term Care Plans (MLTCPs)?

A1. The Department has partnered with MAXIMUS to provide all activities related to the CFEEC including initial evaluations to determine if a consumer is eligible for Community Based Long Term Care (CBLTC) for more than 120 days. The CFEEC will be responsible for providing conflict-free determinations by completing the Uniform Assessment System (UAS) for consumers in need of care.

Q2. Is the CFEEC a place where people can go for an evaluation?

A2. No. CFEEC evaluations are conducted in the home (includes hospital or nursing home) by a Registered Nurse for new to service individuals and all other related activities are conducted in writing or by phone.

Q3. Is this going to be statewide?

A3. Yes. Implementation will begin in the New York City area October 2014 and will roll out geographically until May 2015. The tentative schedule is as follows:

Region/Month	Counties
Region 1 – October 2014	New York (Manhattan) & Bronx
Region 2 – November 2014	Kings (Brooklyn), Queens, Nassau & Richmond (Staten Island)
Region 3 – February 2015	Westchester & Suffolk
Region 4 – March 2015	East Hudson (Columbia, Dutchess, Putman), Catskill (Rockland, Orange, Ulster, Greene, Sullivan), Capital (Warren, Washington, Saratoga, Fulton, Montgomery, Schoharie, Schenectady, Albany, Rensselaer), and Other (Erie, Monroe, Onondaga)
Region 5 – April 2015	Southern Tier (Tompkins, Cortland, Tioga, Broome, Chenango, Otsego, Delaware) Finger Lakes (Wayne, Ontario, Livingston, Seneca, Cayuga, Yates, Schuyler, Chemung, Steuben) Western (Chautauqua, Cattaraugus, Allegany, Wyoming, Genesee, Orleans, Niagara)

Region 6 – May 2015	Central (Jefferson, Oswego, Lewis, Oneida, Herkimer, Madison) Northern (St. Lawrence, Franklin, Clinton, Essex, Hamilton)
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Q4. Is New York State required to do this or is it optional? Why is this necessary?

A4. Yes. This initiative is a new requirement as part of New York’s Federal-State Health Reform Partnership section 1115(a) Medicaid Demonstration (Demonstration). Specifically, under the Centers for Medicare and Medicaid Services (CMS) Special Terms and Conditions (STCs), which set forth the states obligations to CMS during the life of the Demonstration, New York State must implement an independent and conflict-free long term services and supports evaluation system for newly eligible Medicaid recipients.

Q5. What happens when the CFEEC evaluation says that a person is eligible for CBLTC and the MLTC plan disagrees? How does this get resolved?

A5. A dispute resolution process is in place to address this situation. In the event of a disagreement, the plan would have an opportunity to resolve the issue directly with the CFEEC. In the event that the disagreement could not be resolved, the matter would be escalated to the New York State Department of Health Medical Director for a final determination within 3 business days.

Q6. Would a person have to contact the CFEEC for an evaluation if they were once in a MLTCP, lost their CBLTC eligibility status and then needed CBLTC again later on?

A6. Yes. An individual’s condition or circumstance could change at any time. As a result, their need for CBLTC could also change and a new evaluation would be required.

Q7. MLTC members will occasionally disenroll from the plan when they are going to be outside the provider network. An example of this would be a member going to a family member’s house for the summer. In this scenario, would this person need to contact the CFEEC once they return home and need services again?

A7. Yes. While an individual’s condition or circumstance could change at any time, a CFEEC evaluation would be required once the disenrollment exceeds 45 days.

Q8. Where can I go for more information on the CFEEC?

A8. Materials on the CFEEC will be posted on the MRT 90 website at: http://www.health.ny.gov/health_care/medicaid/redesign/mrt_90.htm

Q9. How will this new process change the way plans enroll potential members?

A9. All new MLTC plan enrollees must now have a Uniform Assessment System (UAS) entry on record prior to plan enrollment. New enrollees will contact the CFEEC instead of going directly to plans for enrollment. Plans will no longer be permitted to enroll an

individual unless they have completed a CFEEC UAS. If a new enrollee contacts any entity directly, including but not limited to MLTCP's, they should be directed to the CFEEC.

Q10. Is it MAXIMUS' responsibility as the CFEEC to let consumers know that they are CBLTC eligible?

A10. Following the CFEEC evaluation, a Department approved notice will be sent to the consumer indicating their eligibility for CBLTC. In the event that the consumer is determined to be ineligible, the consumer will receive a Department approved notice indicating that they have been determined ineligible and have fair hearing rights.

Q11. Will a consumer looking to complete a plan to plan transfer have to go to the CFEEC prior to transferring to the second plan?

A11. No. Consumers completing plan to plan transfers will not go through the CFEEC as their eligibility for MLTC has already been established. Only consumers new to service will be required to contact the CFEEC for an evaluation.

Q12. According to the new CFEEC process, the plan has to wait for the CFEEC to complete the UAS in order to go in and conduct the plan assessment. How long will it take for a CFEEC UAS evaluation to be finalized?

A12. The Department is anticipating that CFEEC evaluations will be completed and finalized the same day as the home visit.

Q13. Will the CFEEC apply to consumers with pending Medicaid? Is there going to be a process in place while a Medicaid application is being processed?

A13. Currently, CFEEC will complete the UAS and provide education to a consumer with a pending Medicaid application.

Q14. If the CFEEC is going to conduct evaluations in the community as well as in hospitals, will the CFEEC conduct evaluations sooner for those in hospitals since there is an urgent need to go back home?

A14. For consumers in the hospital that contact the CFEEC for an evaluation, the turnaround time for an evaluation will be shorter due to the acute nature of the situation.

Q15. Will there be any modifications to MLTCPs policy to include referrals and meeting the 30 day requirements? And, when will the clock start for plans to complete their own assessment?

A15. The Department is developing guidance for the MLTCPs in regards to referrals and the 30 day assessment timeframe. The 30 day clock begins when the plan is contacted by MAXIMUS and/or the consumer expressing an interest in enrolling.

Q16. Will the CFEEC UAS evaluation be performed by paper or electronic?

A16. The CFEEC UAS will be completed electronically.

Q17. Will the CFEEC apply to Personal Care Assistance (PCA)? What happens if the CFEEC evaluation determines that the consumer is in need of services that are not defined as CBLTC or the review “denies MLTC services”? Is there any communication to the LDSS?

A17. The CFEEC will not specifically target individuals according to program type. Only those that are new to service, seeking CBLTC over 120 days will be required to contact the CFEEC for an evaluation. If a consumer is deemed ineligible for enrollment into a MLTC because they fail to meet CBLTC eligibility, they will be educated on the options that are available to them. Any appropriate referrals will also be made at that time.

Q18. What is the timeframe a consumer has to select a MLTCP after the CFEEC approves them for CBLTC eligibility?

A18. The consumer has several weeks to select a plan, however, the CFEEC will outreach to the consumer after 15 days if no plan is selected. Furthermore, the CFEEC evaluation will only remain valid for 60 days. After such time, a new evaluation will be required if the consumer does not select a plan but continues to seek CBLTC.

Q19. Is there a formal process for providers to refer consumers to the CFEEC for an evaluation?

A19. While no formal referral process exists, providers should redirect consumers to the CFEEC by providing contact information. The CFEEC contact number is 1-855-222-8350.