MEDICARE-MEDICAID CAPITATED FINANCIAL ALIGNMENT MODEL REPORTING REQUIREMENTS: NEW YORK FIDA-IDD-SPECIFIC REPORTING REQUIREMENTS

Effective as of October 1, 2016; Issued April 13, 2017

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New York FIDA-IDD-Specific Reporting Requirements Appendix

Introduction

The measures in this appendix are required reporting for the plan participating in the New York Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) Demonstration. CMS and the State of New York reserve the right to update the measures in this appendix for subsequent demonstration years. These state-specific measures directly supplement the Medicare-Medicaid Capitated Financial Alignment Model: Core Reporting Requirements, which can be found at the following web address:

http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html

The FIDA-IDD Plan should refer to the core document for additional details regarding definitions, reporting phases and timelines, and sampling methodology, except as otherwise specified in this document.

The core and state-specific measures supplement existing Part C and Part D reporting requirements, as well as measures that the FIDA-IDD Plan reports via other vehicles or venues, such as HEDIS®[1] and HOS. CMS and the State will also track key utilization measures, which are not included in this document, using encounter and claims data. The quantitative measures are part of broader oversight, monitoring, and performance improvement processes that include several other components and data sources not described in this document.

The FIDA-IDD Plan should contact the FIDA-IDD Help Desk at FIDA-IDDHelpDesk@norc.org with any questions about the New York FIDA-IDD state-specific appendix or the data submission process.

Definitions

Calendar Quarter: All quarterly measures are reported on calendar quarters. The four calendar quarters of each calendar year will be as follows: 1/1 – 3/31, 4/1 – 6/30, 7/1 – 9/30, and 10/1 – 12/31.

Calendar Year: All annual measures are reported on a calendar year basis. Calendar year 2016 (CY1) will be an abbreviated year, with data reported for the time period beginning April 1, 2016 and ending December 31, 2016. Calendar year 2017 (CY2) will represent January 1, 2017 through December 31, 2017.

Community-based Long Term Services and Supports (LTSS): A range of medical, habilitation, rehabilitation, home care, or social services a person needs over months

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

or years in order to improve or maintain function or health which are provided in the person's home or community-based setting. These home and community-based services are designed to meet an individual's needs as an alternative to long-term care in a nursing facility or intermediate care facility for individuals with intellectual disabilities (ICF-IID) and to enable a person to live as independently as possible. Examples include assistance with bathing, dressing and other basic activities of daily life and self-care, as well as support for everyday tasks such as laundry, shopping and transportation.

Facility-based Long-Term Services and Supports (LTSS): Facility-based LTSS are a range of medical, social, habilitation or rehabilitation services a person needs over months or years in order to improve or maintain function or health which are provided in a long-term care facility, such as a nursing facility or intermediate care facility, ICF-IID (not including assisted living residences).

Implementation Period: The initial months of the demonstration during which the FIDA-IDD Plan will report to CMS and the State on a more intensive reporting schedule. The Implementation Period starts on the first effective enrollment date and continues for six months (April 1, 2016 – September 30, 2016).

Primary Care Provider (PCP): Primary care physicians licensed by the State of New York and board certified in family practice, internal medicine, general practice, obstetrics/gynecology, or geriatrics, State licensed physician assistants, or a physician extender who is a registered nurse practitioner or advanced practice nurse or advanced practice nurse group practice within an acceptable specialty as required under State regulation.

Interdisciplinary Team (IDT): The team of individuals that will provide person-centered care management to Participants. Each Participant will have an IDT.

Variations from the Core Document

Core 9.2

The following section provides additional guidance about identifying individuals enrolled in the MMP as "nursing home certifiable," or meeting the nursing facility level of care (NF LOC), for the purposes of reporting Core 9.2.

Core 9.2 focuses on "nursing home certifiable" members, defined as "members living in the community, but requiring an institutional level of care" (see the Core Reporting Requirements for more information). The FIDA-IDD Plan should include in reporting for "nursing home certifiable" all Participants meeting the intermediate care facility level of care (ICF LOC). The FIDA-IDD Plan must confirm that such Participants are living in the community and not in long-term nursing facility stays or other institutional settings.

Quality Withhold Measures

CMS and the State of New York will establish a set of quality withhold measures, and the FIDA-IDD Plan will be required to meet established thresholds. Throughout this document, state-specific quality withhold measures are marked with the following symbol for Demonstration Year (DY) 1: (ⁱ). CMS and the state will update the quality withhold measures for subsequent demonstration years closer to the start of DY 2. Additional information on the state-specific quality withhold benchmarks will be provided in separate guidance.

Reporting on Disenrolled and Retro-disenrolled Participants

Unless otherwise indicated in the reporting requirements, the FIDA-IDD Plan should report on all Participants enrolled in the demonstration who meet the definition of the data elements, regardless of whether that Participant was subsequently disenrolled from the FIDA-IDD Plan. Measure-specific guidance on how to report on disenrolled Participants is provided under the Notes section of each state-specific measure.

Due to retro-disenrollment of Participants, there may be instances where there is a lag between a Participant's effective disenrollment date and the date on which the FIDA-IDD Plan is informed about that disenrollment. This time lag might create occasional data inaccuracies if the FIDA-IDD Plan includes Participants in reports who had in fact disenrolled before the start of the reporting period. If the FIDA-IDD Plan is aware at the time of reporting that a Participant has been retro-disenrolled with a disenrollment effective date prior to the reporting period (and, therefore, was not enrolled during the reporting period in question), then the FIDA-IDD Plan may exclude that Participant from reporting. Please note that the FIDA-IDD Plan is <u>not</u> required to re-submit corrected data should it be informed of a retro-disenrollment subsequent to a reporting deadline. The FIDA-IDD Plan should act upon its best and most current knowledge at the time of reporting regarding each Participant's enrollment status.

Reporting on Comprehensive Service Planning Assessments (CSPAs) and Life Plans (LPs) Completed Prior To First Effective Enrollment Date

The FIDA-IDD Plan is permitted to conduct CSPAs on newly enrolled Participants prior to their effective date of enrollment. The following section provides information on how the FIDA-IDD Plan should report completion of early CSPAs.

For purposes of reporting data on assessments (Core 2.1 and Core 2.2), the FIDA-IDD Plan should report any CSPAs completed prior to the first effective enrollment date as if they were completed on the first effective enrollment date. For example, if a Participant's first effective enrollment date was June 1 and the CSPA for that Participant was completed on May 25, the FIDA-IDD Plan should report the CSPA as if it were completed on June 1.

The FIDA-IDD Plan should refer to the Core reporting requirements for detailed specifications for reporting Core 2.1 and Core 2.2. For example, Core 2.1 should only include Participants whose 90th day of enrollment occurred during the reporting period. Participants enrolled into the FIDA-IDD Plan on April 1, 2016 would reach their 90th day (three full months) on June 30, 2016. Therefore, these Participants would be reported in the data submission for the June monthly reporting period, even if their CSPA was marked as complete on the first effective enrollment date (i.e., April 1).

The FIDA-IDD Plan must comply with the IDT Policy regarding completion of LPs within 60 days of the CSPA completion. In the event that an LP is also finalized prior to the first effective enrollment date, the FIDA-IDD Plan should report completion of the LP (for measures IDD1.1 and IDD1.2) as if it were completed on the first effective enrollment date. For example, if a Participant's first effective enrollment date was June 1 and the LP for that Participant was completed on May 27, the FIDA-IDD Plan should report the LP as if it were completed on June 1.

Guidance on CSPAs and LPs for Participants with a Break in Coverage

CSPAs

If the FIDA-IDD Plan already completed a CSPA for a Participant that was previously enrolled, the FIDA-IDD Plan is not necessarily required to conduct a new CSPA if the Participant rejoins the FIDA-IDD Plan within one year of his/her most recent CSPA. Instead, the FIDA-IDD Plan can:

1. Perform any risk stratification, claims data review, or other analyses as required by the three-way contract and IDT policy to detect any changes in the Participant's condition since the CSPA was conducted; and

2. Ask the Participant (or his/her authorized representative) if there has been a change in the Participant's health status or needs since the CSPA was conducted.

The FIDA-IDD Plan must document any risk stratification, claims data review, or other analyses that are performed to detect any changes in the Participant's condition. The FIDA-IDD Plan must also document its outreach attempts and the discussion(s) with the Participant (or his/her authorized representative) to determine if there was a change in the Participant's health status or needs.

If a change is identified, the FIDA-IDD Plan must conduct a new CSPA within the timeframe prescribed by the contract and IDT Policy. If there are no changes, the FIDA-IDD Plan is not required to conduct a new CSPA unless requested by the Participant (or his/her authorized representative). Please note, if the FIDA-IDD Plan prefers to conduct CSPAs on all re-enrollees regardless of status, it may continue to do so.

Once the FIDA-IDD Plan has conducted a new CSPA as needed or confirmed that the prior CSPA is still accurate, the FIDA-IDD Plan can mark the CSPA as complete

for the Participant's current enrollment. The FIDA-IDD Plan would then report that completion according to the specifications for Core 2.1 and Core 2.2. When reporting these measures, the FIDA-IDD Plan should count the number of enrollment days from the Participant's most recent enrollment effective date, and should report the CSPA based on the date the prior CSPA was either confirmed to be accurate or a new CSPA was completed.

If the FIDA-IDD Plan is unable to reach a re-enrolled Participant to determine if there was a change in health status, then the FIDA-IDD Plan may report that Participant as unable to be reached so long as the FIDA-IDD Plan made the requisite number of outreach attempts. If a re-enrolled Participant refuses to discuss his/her health status with the FIDA-IDD Plan, then the FIDA-IDD Plan may report that Participant as unwilling to participate in the CSPA.

If the FIDA-IDD Plan did not complete a CSPA for the re-enrolled Participant during his/her prior enrollment period, or if it has been more than one year since the Participant's CSPA was completed, the FIDA-IDD Plan is required to conduct a CSPA for the Participant within the timeframe prescribed by the contract and IDT Policy. The FIDA-IDD Plan must make the requisite number of attempts to reach the Participant (at minimum) after his/her most recent enrollment effective date, even if the FIDA-IDD Plan reported that the Participant was unable to be reached during his/her prior enrollment. Similarly, Participants that refused the CSPA during his/her prior enrollment must be asked again to participate (i.e., the FIDA-IDD Plan may not carry over a refusal from one enrollment period to the next).

LPs

If the FIDA-IDD Plan conducts a new CSPA for the re-enrolled Participant, the IDT must revise the LP accordingly within the timeframe prescribed by the contract and IDT Policy. Once the LP is revised, the FIDA-IDD Plan may mark the LP as complete for the Participant's current enrollment. If the FIDA-IDD Plan determines that the prior CSPA is still accurate and therefore the IDT does not need to update the previously completed LP, the FIDA-IDD Plan may mark the LP as complete for the current enrollment at the same time that the CSPA is marked complete. The FIDA-IDD Plan would then follow the applicable state-specific measure specifications for reporting the completion. Please note, for purposes of reporting, the LP for the re-enrolled Participant should be classified as an *initial* LP.

If the IDT did not complete an LP for the re-enrolled Participant during his/her prior enrollment period, or if it has been more than one year since the Participant's LP was completed, the IDT is required to complete an LP for the Participant within the timeframe prescribed by the contract and IDT Policy. The IDT must also follow the above guidance regarding reaching out to Participants that previously refused to participate or were not reached.

Comprehensive Reassessments (CRs) and LP updates

The FIDA-IDD Plan must follow contract requirements and the IDT policy regarding the completion of CRs at least annually based on the completion date of the previous CSPA, and the IDT should update the LP as necessary within 30 days of the CR. If the FIDA-IDD Plan determined that a CSPA from a Participant's prior enrollment was accurate and marked that CSPA as complete for the Participant's current enrollment, the FIDA-IDD Plan should count from the date that the CSPA was completed in the prior enrollment period to determine the due date for the CR and LP update. For example, when reporting Core 2.3, the FIDA-IDD Plan should count 365 days from the date when the CSPA was actually completed, even if that date was during the Participant's prior enrollment period.

Value Sets

The measure specifications in this document refer to code value sets that must be used to determine and report measure data element values. A value set is the complete set of codes used to identify a service or condition included in a measure. The New York FIDA-IDD-Specific Value Sets Workbook includes all value sets and codes needed to report certain measures included in the New York FIDA-IDD-Specific Reporting Requirements and is intended to be used in conjunction with the measure specifications outlined in this document. The New York FIDA-IDD-Specific Value Sets Workbook can be found on the CMS website at the following address: http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html.

New York FIDA-IDD's Implementation, Ongoing, and Continuous Reporting Periods

Phase		Dates	Explanation
Demonstration Year 1			
Continuous Reporting	Implementation Period	4-1-16 through 9-30-16	From the first effective enrollment date through September 30th of the first calendar year.
	Ongoing Period	4-1-16 through 12-31-17	From the first effective enrollment date through the end of the first demonstration year.
Demonstration Year 2			
Continuous Reporting	Ongoing Period	1-1-18 through 12-31-18	From January 1st through the end of the second demonstration year.
Demonstration Year 3			
Continuous Reporting	Ongoing Period	1-1-19 through 12-31-19	From January 1st through the end of the third demonstration year.
Demonstration Year 4			
Continuous Reporting	Ongoing Period	1-1-20 through 12-31-20	From January 1st through the end of the fourth demonstration year.

Data Submission

The FIDA-IDD Plan will submit state-specific measure data through the web-based Financial Alignment Initiative (FAI) Data Collection System (unless otherwise specified in the measure description). All data submissions must be submitted to this site by 5:00p.m. ET on the applicable due date. This site can be accessed at the following web address: https://Financial-Alignment-Initiative.NORC.org

(Note: Prior to the first use of the system, the FIDA-IDD Plan will receive an email notification with the username and password that has been assigned to their plan. This information will be used to log in to the FAI system and complete the data submission).

The FIDA-IDD Plan will submit core measure data in accordance with the Core Reporting Requirements. Submission requirements vary by measure, but most core measures are reported through the Health Plan Management System (HPMS).

Please note, late submissions may result in compliance action from CMS.

Resubmission of Data

The FIDA-IDD Plan must comply with the following steps to resubmit data after an established due date:

1. Email the FIDA-IDD HelpDesk (FIDA-IDDHelpDesk@norc.org) to request resubmission.
    - Specify in the email which measures need resubmission;
    - Specify for which reporting period(s) the resubmission is needed; and
    - Provide a brief explanation for why the data need to be resubmitted.

2. After review of the request, the FIDA-IDD HelpDesk will notify the FIDA-IDD Plan once the FAI Data Collection System and/or HPMS has been re-opened.

3. Resubmit data through the applicable reporting system.

4. Notify the FIDA-IDD HelpDesk again after resubmission has been completed.

Please note, requests for resubmission after an established due date may result in compliance action from CMS.

Section FIDA-IDD I. Care Coordination

IDD1.1 Participants with Life Plans (LPs) completed within 60 days of Comprehensive Service Planning Assessment (CSPA) completion and LPs updated within 30 days of a Comprehensive Reassessment (CR).

IMPLEMENTATION				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Period**	**Due Date**
FIDA-IDD1. Care Coordination	Monthly	Contract	Current Month Ex: 1/1 – 1/31	By the end of the third month following the last day of the reporting period
ONGOING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Periods**	**Due Date**
FIDA-IDD1. Care Coordination	Quarterly	Contract	Current Calendar Quarter Ex: 1/1-3/31 4/1-6/30 7/1-9/30 10/1-12/31	By the end of the third month following the last day of the reporting period

A. Data element definitions – details for each data element reported to CMS and the State, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of Participants who had a CSPA completed during the reporting period.	Total number of Participants who had a CSPA completed during the reporting period who were continuously enrolled for 60 days following the completion of the CSPA.	Field Type: Numeric
B.	Total number of Participants who were documented as unwilling to participate in the initial LP process within 60 days after the completion of the CSPA.	Of the total reported in A, the number of Participants who were documented as unwilling to participate in the initial LP process within 60 days after the completion of the CSPA.	Field Type: Numeric Note: Is a subset of A.

Element Letter	Element Name	Definition	Allowable Values
C.	Total number of Participants the FIDA-IDD Plan was unable to reach, following no fewer than three documented attempts within 60 days after the completion of the CSPA.	Of the total reported in A, the number of Participants the FIDA-IDD Plan was unable to reach, following no fewer than three documented attempts within 60 days after the completion of the CSPA.	Field type: Numeric Note: Is a subset of A.
D.	The number of Participants with an initial LP completed within 60 days after the completion of the CSPA.	Of the total reported in A, the number of Participants with an initial LP completed within 60 days after the completion of the CSPA.	Field type: Numeric Note: Is a subset of A.
E.	Total number of CRs completed during the reporting period.	Total number of CRs completed during the reporting period for Participants who were continuously enrolled for 30 days after the completion of the CR.	Field Type: Numeric
F.	Total number of CRs completed for which the Participant was documented as unwilling to participate in the revised LP process within 30 days after the completion of the CR.	Of the total reported in E, the number of CRs for which the Participant was documented as unwilling to participate in the revised LP process within 30 days after the completion of the CR.	Field Type: Numeric Note: Is a subset of E.
G.	Total number of CRs completed for which the Participant was unable to be reached, following no fewer than three documented attempts within 30 days after the completion of the CR.	Of the total reported in E, the number of revised LPs for which the Participant was unable to be reached, following no fewer than three documented attempts within 30 days after the completion of a CR.	Field Type: Numeric Note: Is a subset of E.

Element Letter	Element Name	Definition	Allowable Values
H.	Total number of CRs for which a revised LP was completed within 30 days after the CR.	Of the total reported in E, the number of CRs for which a revised LP was completed within 30 days after the CR.	Field Type: Numeric Note: Is a subset of E.

B. QA checks/Thresholds – procedures used by CMS and the State to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- CMS and the State will perform an outlier analysis.
- As data are received from the FIDA-IDD Plan over time, CMS and the State will apply threshold checks.

C. Edits and Validation checks – validation checks that should be performed by the FIDA-IDD Plan prior to data submission.

- Confirm those data elements listed above as subsets of other elements.
- The FIDA-IDD Plan should validate that data elements B, C, and D are less than or equal to data element A.
- The FIDA-IDD Plan should validate that data elements F, G, and H are less than or equal to data element E.
- All data elements should be positive values.

D. Analysis – how CMS and the State will evaluate reported data, as well as how other data sources may be monitored. CMS and the State will evaluate the percentage of Participants who:

- Were unable to be reached to have an initial LP completed within 60 days after the completion of the CSPA.
- Refused to complete the initial LP process within 60 days after the completion of the CSPA.
- Had an initial LP completed within 60 days after the completion of the CSPA.
- Were willing to participate and could be reached who had an initial LP completed within 60 days after the completion of the CSPA.

CMS and the State will also evaluate the percentage of CRs completed for which:

- Participants were unable to be reached to have a revised LP completed within 30 days of the completion of the CR.
- Participants refused to have a revised LP completed within 30 days after the completion of the CR.
- A revised LP was completed within 30 days after the completion of the CR.
- Participants were willing to participate, could be reached and for whom a revised LP was completed within 30 days after the completion of the CR.

E. Notes – additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- The FIDA-IDD Plan should include all Participants who meet the criteria outlined in data elements A and E, regardless of whether they are slated for disenrollment as of the end of the reporting period (i.e., include all Participants whose 60th day of coverage following the completion of the CSPA or whose 30th day of coverage following the completion of a CR falls within the reporting period, even if that day is his/her last effective day of coverage).
    - Participants need to be continuously enrolled for 60 days from the date of CSPA completion with no gaps in enrollment to be included in data element A.
    - Participants need to be continuously enrolled for 30 days from the date of a CR completion with no gaps in enrollment to be included in data element E.
- Participants reported in data elements B, C, and D (regarding completion of the initial LP) or CRs reported in F, G and H (regarding completion of revised LPs following a CR) must also be reported in data elements A (for the initial LP) or E (for the revised LP), respectively, since these data elements are each subsets of data elements A and E. Additionally, subset data elements should be mutually exclusive (e.g., a Participant reported in element B or C should not also be reported in element D). This is true for data elements B, C, and D for the initial LP completion and for data elements F, G, and H for the revised LP completion. If a Participant or CR could meet the criteria for multiple data elements, use the following guidance to ensure the Participant or CR is included in only one of those three elements:
    - If a Participant initially refused to participate in the LP process or could not be reached after three outreach attempts, but then subsequently completes an LP within the indicated timeframe, the Participant should be classified in data element D (for an initial LP) or the CR for that Participant should be classified in data element H (for a revised LP).
    - If a Participant was not reached after three outreach attempts, but then subsequently is reached and refuses to complete the LP process within the specified timeframe, the Participant should be classified in data element B (initial LP) or the CR for that Participant should be classified in data element F (revised LP).
- The FIDA-IDD Plan should refer to the IDT Policy and the FIDA-IDD three-way contract for specific requirements pertaining to LPs and CRs.
- The CSPA must be completed within the reporting period, but the LP may not be in the same reporting period. For example, if the CSPA is completed less than 60 days before the end of the reporting period, look up to 60 days past the end of the reporting period to identify whether an LP was completed.

- The CR must be completed within the reporting period, but the LP may not be in the same reporting period. For example, if a CR is completed less than 30 days before the end of the quarterly reporting period (e.g., March 15), look up to 30 days past the end of the reporting period to identify whether an LP was completed.
- For data elements B and F, the FIDA-IDD Plan should report the number of Participants who were unwilling (data element B), or CRs for which Participants were unwilling (data element F) to participate in the initial or revised LP process if a Participant (or his or her authorized representative):
    - Affirmatively declines to participate in the LP process. Participant communicates this refusal by phone, mail, fax, or in person.
    - Expresses willingness to complete the LP process but asks for it to be conducted after the indicated timeframe (despite being offered a reasonable opportunity to complete the LP process within that timeframe). Discussions with the Participant must be documented by the FIDA-IDD Plan.
    - Expresses willingness to complete the LP process, but reschedules or is a no-show and then is subsequently non-responsive. Attempts to contact the Participant must be documented by the FIDA-IDD Plan.
    - Initially agrees to complete the LP process, but then declines to participate in the LP process.
- For data elements C and G, the FIDA-IDD Plan should report the number of Participants the FIDA-IDD Plan was unable to reach (data element C), or CRs for which the FIDA-IDD Plan was unable to reach the Participant (data element G), after three attempts to contact the Participant. The FIDA-IDD Plan should refer to the NY FIDA-IDD three-way contract, IDT Policy, or state guidance for any specific requirements pertaining to the method of outreach to Participants. The FIDA-IDD Plan must document each attempt to reach the Participant, including the method of the attempt (e.g., phone, mail, or email), as CMS and the State may validate this number. There may be instances when the FIDA-IDD Plan has a high degree of confidence that a Participant's contact information is correct, yet that Participant is not responsive to the FIDA-IDD Plan's outreach efforts. So long as the FIDA-IDD Plan follows the guidance regarding outreach attempts, these Participants may be included in the count for this data element.
- There may be certain circumstances that make it impossible or inappropriate to complete an LP within the specified timeframes. For example, a Participant may become medically unable to respond and have no authorized representative to do so on their behalf, or a Participant may be experiencing an acute medical or behavioral health crisis that requires immediate attention and outweighs the need for an LP. However, the FIDA-IDD Plan should not include such Participants

in the counts for data elements B or C or their CRs in the counts for data element F or G.

- If an LP was started but not completed within the specified timeframes (i.e., within 60 days of CSPA completion or within 30 days of a completed CR), then the LP should not be considered completed and, therefore, would not be counted in data elements B, C, D, F, G, or H. However, this Participant would be included in data element A if the CSPA was completed during the reporting period, or in data element E if a CR was completed within the reporting period.
- For data element E, exclude CRs where the Participant has a trigger event that occurs within 30 days after completing the CR. These CRs are excluded because the trigger event results in the need for the Participant to undergo another CR. Any subsequent CR should be reported in this measure in the reporting period in which it occurs.

F. Data Submission – how the FIDA-IDD Plan will submit data collected to CMS and the State.

- The FIDA-IDD Plan will submit data collected for this measure in the above specified format through a secure data collection site established by CMS. This site can be accessed at the following web address: https://Financial-Alignment-Initiative.NORC.org

IDD1.2 Participants with documented discussions of care goals.[i]

IMPLEMENTATION				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Period**	**Due Date**
FIDA-IDD1. Care Coordination	Monthly	Contract	Current Month Ex: 1/1 – 1/31	By the end of the month following the last day of the reporting period
ONGOING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Periods**	**Due Date**
FIDA-IDD1. Care Coordination	Quarterly	Contract	Current Calendar Quarter Ex: 1/1-3/31 4/1-6/30 7/1-9/30 10/1-12/31	By the end of the second month following the last day of the reporting period

A. Data element definitions – details for each data element reported to CMS and the State, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of Participants with an initial LP completed.	Total number of Participants with an initial LP completed during the reporting period.	Field Type: Numeric
B.	Total number of Participants with at least one documented discussion of care goals in the initial LP.	Of the total reported in A, the number of Participants with at least one documented discussion of care goals in the initial LP.	Field Type: Numeric Note: Is a subset of A.
C.	Total number of existing LPs revised.	Total number of existing LPs revised during the reporting period.	Field Type: Numeric
D.	Total number of revised LPs with at least one documented discussion of new or existing care goals.	Of the total reported in C, the number of revised LPs with at least one documented discussion of new or existing care goals.	Field Type: Numeric Note: Is a subset of C.

B. QA checks/Thresholds – procedures used by CMS and the State to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- Guidance will be forthcoming on the established threshold for this measure.

C. Edits and Validation checks – validation checks that should be performed by each FIDA-IDD Plan prior to data submission.

- Confirm those data elements above as subsets of other elements.
- The FIDA-IDD Plan should validate that data element B is less than or equal to data element A.
- The FIDA-IDD Plan should validate that data element D is less than or equal to data element C.
- All data elements should be positive values.

D. Analysis – how CMS and the State will evaluate reported data, as well as how other data sources may be monitored. CMS and the State will evaluate the percentage of:

- Participants with an initial LP completed during the reporting period who had at least one documented discussion of care goals in the initial LP.
- LPs revised during the reporting period that had at least one documented discussion of new or existing care goals.

E. Notes – additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- The FIDA-IDD Plan should include all Participants who meet the criteria outlined in data element A, regardless of whether they are disenrolled as of the end of the reporting period (i.e., include all Participants regardless of whether they are currently enrolled or disenrolled as of the last day of the reporting period).
- The FIDA-IDD Plan should include all LPs that meet the criteria outlined in data element C, regardless of whether the Participants are disenrolled as of the end of the reporting period (i.e., include all LPs regardless of whether the Participants are currently enrolled or disenrolled as of the last day of the reporting period).
- Data element A should include all Participants whose LP was completed for the first time during the reporting period (i.e., the Participant did not previously have an LP completed prior to the start of the reporting period). There can be no more than one initial LP completed per Participant.
- The FIDA-IDD Plan should only include Participants in data element B when the discussion of care goals is clearly documented in the Participant's initial LP.
- Data element C should include all existing LPs that were revised during the reporting period. The FIDA-IDD Plan should refer to the IDT Policy and the FIDA-IDD three-way contract for specific requirements pertaining to updating the LP.
- The FIDA-IDD Plan should only include LPs in data element D when a new or previously documented care goal is discussed and is clearly documented in the Participant's revised LP. If the initial LP clearly documented the discussion of care goals, but those existing care goals were not revised or discussed, or new care goals are not discussed and documented during the revision of the LP, then that LP should not be reported in data element D.
- If a Participant has an initial LP completed during the reporting period, and has their LP revised during the same reporting period, then the Participant should be reported in data element A and the Participant's revised LP should be reported in data element C.
- If a Participant's LP is revised multiple times during the same reporting period, each revision should be reported in data element C. For example, if a Participant's LP is revised twice during the same reporting period, two LPs should be counted in data element C.

F. Data Submission – how the FIDA-IDD Plan will submit data collected to CMS and the State.

- The FIDA-IDD Plan will submit data collected for this measure in the above specified format through a secure data collection site established by CMS. This site can be accessed at the following web address: https://Financial-Alignment-Initiative.NORC.org

IDD1.3 Participants with first follow-up visit within 30 days of hospital discharge.

CONTINUOUS REPORTING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Periods**	**Due Date**
FIDA-IDD1. Care Coordination	Quarterly	Contract	Current Calendar Quarter Ex: 1/1-3/31 4/1-6/30 7/1-9/30 10/1-12/31	By the end of the fourth month following the last day of the reporting period

A. Data element definitions – details for each data element reported to CMS and the State, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of hospital discharges.	Total number of hospital discharges during the reporting period.	Field Type: Numeric
B.	Total number of hospital discharges that resulted in an ambulatory care follow-up visit within 30 days of discharge from the hospital.	Of the total reported in A, the number of hospital discharges that resulted in an ambulatory care follow-up visit within 30 days of discharge from the hospital.	Field Type: Numeric Note: Is a subset of A.

B. QA checks/Thresholds – procedures used by CMS and the State to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- CMS and the State will perform an outlier analysis.
- As data are received from the FIDA-IDD Plan over time, CMS and the State will apply threshold checks.

C. Edits and Validation checks – validation checks that should be performed by the FIDA-IDD Plan prior to data submission.

- Confirm those data elements listed above as subsets of other elements.
- The FIDA-IDD Plan should validate that data element B is less than or equal to data element A.
- All data elements should be positive values.

D. Analysis – how CMS and the State will evaluate reported data, as well as how other data sources may be monitored.

- CMS and the State will evaluate the percentage of hospital discharges that resulted in an ambulatory care follow-up visit within 30 days of the discharge from the hospital.

E. Notes – additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- The FIDA-IDD Plan should include all hospital discharges for Participants who meet the criteria outlined in data element A and who were continuously enrolled from the date of the hospital discharge through 30 days after the hospital discharge, regardless if they are disenrolled as of the end of the reporting period.
- The date of discharge must occur within the reporting period, but the follow-up visit may not be in the same reporting period. For example, if a discharge occurs during the last month of the reporting period, look to the first month of the following reporting period to identify the follow-up visit.
- The Participant needs to be enrolled from the date of the hospital discharge through 30 days after the hospital discharge, with no gaps in enrollment.
- A follow-up visit is defined as an ambulatory care follow-up visit to assess the Participant's health following a hospitalization. Codes to identify follow-up visits are provided in the Ambulatory Visits value set and Other Ambulatory Visits value set. The FIDA-IDD Plan should report ambulatory care follow-up visits based on all visits identified, including denied and pended claims, and including encounter data as necessary in cases where follow-up care is included as part of a bundled payment covering the services delivered during an inpatient stay. The FIDA-IDD Plan should use all information available, including encounter data supplied by providers, to ensure complete and accurate reporting.
- To identify all inpatient discharges during the reporting period (data element A):
    1. Identify all acute and non-acute inpatient stays (Inpatient Stay value set).
    2. Identify the discharge date for the stay. The date of discharge should be within the reporting period.

  The FIDA-IDD Plan should report discharges based on all inpatient stays identified, including denied and pended claims.
- Exclude discharges in which the patient was transferred directly or readmitted to an acute or non-acute facility on the date of the discharge or within 30 days after discharge. These discharges are excluded because a re-hospitalization or transfer may prevent an outpatient follow-up visit from taking place. To identify admissions to an acute or non-acute inpatient care setting:
    1. Identify all acute and non-acute inpatient stays (Inpatient Stay value set).

2. Identify the admission date for the stay. The date of admission should be within the reporting period or 30 days after the reporting period.
3. Determine if the admission date for the stay occurred within 30 days of a previous inpatient discharge. If yes, exclude the initial discharge.

For example, the following direct transfers/readmissions should be excluded from this measure:

- An inpatient discharge on June 1, followed by an admission to another inpatient setting on June 1 (a direct transfer)
- An inpatient discharge on June 1, followed by a readmission to a hospital on June 15 (readmission within 30 days)

- Exclude discharges due to death, using the Discharges due to Death value set.

F. Data Submission – how the FIDA-IDD Plan will submit data collected to CMS and the State.

- The FIDA-IDD Plan will submit data collected for this measure in the above specified format through a secure data collection site established by CMS. This site can be accessed at the following web address: https://Financial-Alignment-Initiative.NORC.org

IDD1.4 Participants with a Comprehensive Service Planning Assessment completed within 30 days of enrollment.

CONTINUOUS REPORTING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Periods**	**Due Date**
FIDA-IDD1. Care Coordination	Quarterly	Contract	Current Calendar Quarter Ex: 1/1-3/31 4/1-6/30 7/1-9/30 10/1-12/31	By the end of the second month following the last day of the reporting period

A. Data element definitions - details for each data element reported to CMS and the state, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of Participants whose 30th day of enrollment occurred within the reporting period.	Total number of Participants whose 30th day of enrollment occurred within the reporting period.	Field type: Numeric
B.	Total number of Participants who were documented as unwilling to participate in the Comprehensive Service Planning Assessment (CSPA) within 30 days of enrollment.	Of the total reported in A, the number of Participants who were documented as unwilling to participate in the CSPA within 30 days of enrollment.	Field Type: Numeric Note: Is a subset of A.
C.	Total number of Participants the FIDA-IDD Plan was unable to reach, following three documented outreach attempts, within 30 days of enrollment.	Of the total reported in A, the number of Participants the FIDA-IDD Plan was unable to reach, following three documented outreach attempts, within 30 days of enrollment.	Field type: Numeric Note: Is a subset of A.
D.	Total number of Participants with a CSPA completed within 30 days of enrollment.	Of the total reported in A, the number of Participants with a CSPA completed within 30 days of enrollment.	Field type: Numeric Note: Is a subset of A.

B. QA Checks/Thresholds - procedures used by CMS and the state to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- CMS and the state will perform an outlier analysis.
- As data are received from the FIDA-IDD Plan over time, CMS and the state will apply threshold checks.

C. Edits and Validation checks - validation checks that should be performed by the FIDA-IDD Plan prior to data submission.

- Confirm those data elements listed above as subsets of other elements.
- The FIDA-IDD Plan should validate that data elements B, C, and D are less than or equal to data element A.
- All data elements should be positive values.

D. Analysis - how CMS and the state will evaluate reported data, as well as how other data sources may be monitored. CMS and the state will evaluate the percentage of Participants who:

- Were unwilling to participate in the CSPA within 30 days of enrollment.

- Were unable to be reached, following three documented outreach attempts, to complete the CSPA within 30 days of enrollment.
- Had a CSPA completed within 30 days of enrollment.
- Were willing to participate and who could be reached who had a CSPA completed within 30 days of enrollment.

E. Notes - additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- The FIDA-IDD Plan should include all Participants who meet the criteria outlined in data element A, regardless of whether they are disenrolled as of the end of the reporting period (i.e., include all Participants regardless of whether they are currently enrolled or disenrolled as of the last day of the reporting period).
- The FIDA-IDD Plan should refer to the FIDA-IDD IDT Policy for specific requirements pertaining to the CSPA.
- The 30th day of enrollment should be based on each Participant's effective date of enrollment. For the purposes of reporting this measure, 30 days of enrollment will be equivalent to one full calendar month.
- Participants reported in data elements B, C, and D must also be reported in data element A, since these data elements are subsets of data element A. Additionally, data elements B, C, and D should be mutually exclusive (e.g., a Participant reported in element B or C should not also be reported in element D). If a Participant could meet the criteria for multiple data elements (B, C, or D) use the following guidance to ensure the Participant is included in only one of those three elements:
    1. If a Participant initially refused the CSPA or could not be reached after three outreach attempts, but then subsequently completes the CSPA within 30 days of enrollment, the Participant should be classified in data element D.
    2. If a Participant was not reached after three outreach attempts, but then subsequently is reached and refuses the CSPA within 30 days of enrollment, the Participant should be classified in data element B.
- For data element B, the FIDA-IDD Plan should report the number of Participants who were unwilling to participate in the CSPA if a Participant (or his or her authorized representative):
    1. Affirmatively declines to participate in the CSPA. Participant communicates the declination or refusal by phone, mail, fax, or in person.
    2. Expresses willingness to complete the CSPA but asks for it to be conducted after 30 days (despite being offered a reasonable opportunity to complete the CSPA within 30 days). Discussions with the Participant must be documented by the FIDA-IDD Plan.
    3. Expresses willingness to complete the CSPA, but reschedules or is a no-show and then is subsequently non-responsive. Attempts

to contact the Participant must be documented by the FIDA-IDD Plan.

4. Initially agrees to complete the CSPA, but then declines to answer a majority of the questions in the CSPA.

- For data element C, the FIDA-IDD Plan should report the number of Participants the FIDA-IDD Plan was unable to reach after three attempts to contact the Participant. The FIDA-IDD Plan should refer to the FIDA-IDD IDT Policy for any specific requirements pertaining to the method of outreach to Participants. The FIDA-IDD Plan must document each attempt to reach the Participant, including the method of the attempt (e.g., phone, mail, or email), as CMS and the state may validate this number. If less than three outreach attempts are made to the Participant within 30 days of enrollment, the Participant should not be included in data element C.
- There may be instances when the FIDA-IDD Plan has a high degree of confidence that a Participant's contact information is correct, yet that Participant is not responsive to the FIDA-IDD Plan's outreach efforts. So long as the FIDA-IDD Plan follows the guidance regarding outreach attempts, these Participants may be included in the count for data element C.
- There may be certain circumstances that make it impossible or inappropriate to complete a CSPA within the required timeframes. For example, a Participant may be medically unable to respond and have no authorized representative to do so on their behalf, or a Participant may be experiencing an acute medical or behavioral health crisis that requires immediate attention and outweighs the need for a CSPA. However, the FIDA-IDD Plan should not include such Participants in the counts for data elements B or C.
- If a Participant's CSPA is in progress, but is not completed within 30 days of enrollment, then the CSPA should not be considered completed, and therefore, would not be counted in data element D. However, this Participant would be included in data element A.

F. Data Submission - how MMPs will submit data collected to CMS and the state.

- The FIDA-IDD Plan will submit data collected for this measure in the above specified format through a secure data collection site established by CMS. This site can be accessed at the following web address: https://Financial-Alignment-Initiative.NORC.org

Section FIDA-IDD II. Long Term Care Quality

IDD2.1 Long Term Care Overall Balance.[i]

CONTINUOUS REPORTING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Period**	**Due Date**
FIDA-IDD2. Long Term Care Quality	Annually	Contract	Calendar Year	By the end of the sixth month following the last day of the reporting period

A. Data element definitions – details for each data element reported to CMS and the State, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of Participants continuously enrolled in the FIDA-IDD Plan for 6 months.	Total number of Participants continuously enrolled in the FIDA-IDD Plan for 6 months during the reporting period.	Field Type: Numeric
B.	Total number of Participants who did not reside in an Intermediate Care Facility (ICF-IID).	Of the total reported in A, the number of Participants who did not reside in an ICF-IID at the earliest point of their enrollment during the reporting period.	Field Type: Numeric Note: Is a subset of A.
C.	Total number of Participants who did not reside in an ICF–IID during the reporting period.	Of the total reported in B, the number of Participants who did not reside in an ICF-IID during the reporting period.	Field Type: Numeric Note: Is a subset of B.

B. QA checks/Thresholds – procedures used by CMS and the State to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- Guidance will be forthcoming on the established threshold for this measure.

C. Edits and Validation checks – validation checks that should be performed by the FIDA-IDD Plan prior to data submission.

- Confirm those data elements above as subsets of other elements.
- The FIDA-IDD Plan should validate that data element B is less than or equal to data element A.

- The FIDA-IDD Plan should validate that data element C is less than or equal to data element B.
- All data elements should be positive values.

D. Analysis – how CMS and the State will evaluate reported data, as well as how other data sources may be monitored.

- CMS and the State will evaluate the percentage of Participants who did not reside in an ICF-IID at the earliest point of their enrollment during the reporting period who did not reside in an ICF-IID during the reporting period.

E. Notes – additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- The FIDA-IDD Plan should include all Participants who meet the criteria outlined in data element A, regardless if they are disenrolled as of the end of the reporting period.
- For data element A, Participants must be continuously enrolled for six months during the reporting period, with no gaps in enrollment, to be included in this measure.
- For data element B, the FIDA-IDD Plan should include Participants who did not reside in an ICF-IID at the earliest point of their enrollment during the current reporting period:
    - For Participants enrolled as of January 1 of the reporting period, use the Participants' status (i.e., did not reside in an ICF-IID) as of January 1 of current reporting period.
    - For Participants enrolled after January 1 of the reporting period, use the Participants' status (i.e., did not reside in an ICF-IID) on the first day of enrollment during the reporting period.
        1. For example, if a Participant enrolls on April 1 and does not reside in an ICF-IID at the time of enrollment, the Participant would be reported in data element B.
- To establish a Participant's ICF-IID stay for data element C, the FIDA-IDD Plan should evaluate the entire reporting period in which the Participant was enrolled to determine if the Participant did not reside in an ICF-IID.
- ICF-IID services are those services provided by a residential facility certified by OPWDD as an ICF-IID and providing comprehensive and individualized health care and habilitation services to individuals with IDD to promote their functional status and independence. ICF-IID is available only for individuals in need of, and receiving, active treatment (AT) services. AT refers to aggressive, consistent implementation of a program of specialized and generic training, treatment, and health services.

F. Data Submission – how the FIDA-IDD Plan will submit data collected to CMS and the State.

- The FIDA-IDD Plan will submit data collected for this measure in the above specified format through a secure data collection site established by CMS. This site can be accessed at the following web address: https://Financial-Alignment-Initiative.NORC.org

IDD2.2 Community Reintegration.

CONTINUOUS REPORTING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Period**	**Due Date**
FIDA-IDD2. Long Term Care Quality	Annually	Contract	Calendar Year, beginning in CY2	By the end of the second month following the last day of the reporting period

A. Data element definitions – details for each data element reported to CMS and the State, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of Participants who resided in an Intermediate Care Facility (ICF-IID) during the previous reporting period.	Total number of Participants who resided in an ICF-IID during the previous reporting period and who were continuously enrolled during the previous and current reporting periods.	Field Type: Numeric
B.	Total number of Participants discharged to a community setting during the previous or current reporting period who did not return to the ICF-IID.	Of the total reported in A, the number of Participants discharged to a community setting during the previous or current reporting period who did not return to the ICF-IID during the current reporting period.	Field Type: Numeric Note: Is a subset of A.

B. QA checks/Thresholds – procedures used by CMS and the State to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- CMS and the State will perform an outlier analysis.
- As data are received from the FIDA-IDD Plan over time, CMS and the State will apply threshold checks.

C. Edits and Validation checks – validation checks that should be performed by the FIDA-IDD Plan prior to data submission.

- Confirm those data elements above as subsets of other elements.
- The FIDA-IDD Plan should validate that data element B is less than or equal to data element A.
- All data elements should be positive values.

D. Analysis – how CMS and the State will evaluate reported data, as well as how other data sources may be monitored.

- CMS and the State will evaluate the percentage of ICF-IID residents who resided in an ICF-IID during the previous reporting period who were continuously enrolled during the previous and current reporting periods who were discharged to a community setting during the previous or current reporting period who did not return to the ICF-IID during the current reporting period.

E. Notes – additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- Continuous enrollment is defined as no more than one gap in enrollment of up to 45 days during the reporting period (i.e., January through December). To determine continuous enrollment for a Participant for whom enrollment is verified monthly, the Participant may not have more than a 1-month gap in coverage (i.e., a Participant whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
- The discharge to community could have occurred during either the previous reporting period or the current reporting period.
- Codes to identify a discharge to a community setting are provided in the Discharges to the Community value set.
- ICF-IID services are those services provided by a residential facility certified by OPWDD as an ICF-IID and providing comprehensive and individualized health care and habilitation services to individuals with IDD to promote their functional status and independence. ICF-IID is available only for individuals in need of, and receiving, active treatment (AT) services. AT refers to aggressive, consistent implementation of a program of specialized and generic training, treatment, and health services.
- A community based setting is defined as a private home, apartment, Individual Residential Alternative, or Family Care Home.
- This measure will not be reported until Calendar Year 2 (e.g., Calendar Year 2017 will be Calendar Year 2 for the FIDA-IDD Plan).

F. Data Submission – how the FIDA-IDD Plan will submit data collected to CMS and the State.

- The FIDA-IDD Plan will submit data collected for this measure in the above specified format through a secure data collection site established by CMS. This site can be accessed at the following web address: https://Financial-Alignment-Initiative.NORC.org

IDD2.3 Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) Diversion.

CONTINUOUS REPORTING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Period**	**Due Date**
FIDA-IDD2. Long Term Care Quality	Annually	Contract	Calendar Year, beginning CY2	By the end of the second month following the last day of the reporting period

A. Data element definitions - details for each data element reported to CMS and the State, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of Participants who were continuously enrolled in the FIDA-IDD Plan for at least 5 out of the last 6 months during the previous reporting period ***and*** continuously enrolled in the FIDA-IDD Plan for at least 11 out of 12 months during the current reporting period.	Total number of Participants who were continuously enrolled in the FIDA-IDD Plan for at least 5 out of the last 6 months during the previous reporting period ***and*** continuously enrolled in the FIDA-IDD Plan for at least 11 out of 12 months during the current reporting period.	Field Type: Numeric
B.	The total number of Participants who did not reside in an ICF-IID during the previous reporting period.	Of the total reported in A, the number of Participants who did not reside in an ICF-IID during the previous reporting period.	Field Type: Numeric Note: Is a subset of A.
C.	Total number of Participants who did not reside in an ICF-IID during the current reporting period.	Of the total reported in B, the number of Participants who did not reside in an ICF-IID during the current reporting period.	Field Type: Numeric Note: Is a subset of B.

B. QA checks/Thresholds - procedures used by CMS and the State to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- CMS and the state will perform an outlier analysis.
- As data are received from the FIDA-IDD Plan over time, CMS and the state will apply threshold checks.

C. Edits and Validation checks - validation checks that should be performed by each FIDA-IDD Plan previous to data submission.

- Confirm those data elements listed above as subsets of other elements.
- The FIDA-IDD Plan should validate that data element B is less than or equal to data element A.
- The FIDA-IDD Plan should validate that data element C is less than or equal to data element B.
- All data elements should be positive values.

D. Analysis - how CMS and the State will evaluate reported data, as well as how other data sources may be monitored.

- For Participants who did not reside in an ICF-IID during the previous reporting period, CMS and the State will evaluate the percentage of Participants who did not reside in an ICF-IID during the current reporting period.

E. Notes - additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- For the purposes of this measure, the “previous reporting period” is defined as the previous calendar year. The “current reporting period” is defined as the current calendar year. For example, for data submitted on February 28, 2018, the previous reporting period is April 1, 2016 – December 31, 2016, and the current reporting period is January 1, 2017 – December 31, 2017.
- The Participant must be enrolled as of the last day of both the previous and current reporting periods to be included in this measure.
- For reporting Participants in data element A, Participants must meet both continuous enrollment criteria in order to be included in this data element. Therefore, the Participant must be continuously enrolled in the FIDA-IDD Plan for at least 5 out of the last 6 months during the previous reporting period ***and*** continuously enrolled in the FIDA-IDD Plan for at least 11 out of 12 months during the current reporting period. Participants meeting these criteria for only one of the reporting periods should not be included in data element A.
- Continuous enrollment is defined as no more than one gap in enrollment of up to 45 days during each reporting period. To determine continuous enrollment for a Participant for whom enrollment is verified monthly, the Participant may not have more than a 1-month gap in coverage (i.e., a Participant whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
- ICF-IID services are those services provided by a residential facility certified by OPWDD as an ICF-IID and providing comprehensive and individualized health care and habilitation services to individuals with IDD to promote their functional status and independence. ICF-IID is available only for individuals in need of, and receiving, active treatment (AT) services. AT refers to aggressive, consistent implementation of a

program of specialized and generic training, treatment, and health services.

- The FIDA-IDD Plan should exclude Participants who are transitioned to hospice services in either the current or previous reporting periods when reporting this measure.
- The FIDA-IDD Plan should exclude Participants who expired in either the current or previous reporting period when reporting this measure using the Discharges due to Death value set.
- This measure will not be reported until Calendar Year 2 (e.g., Calendar Year 2017 will be Calendar Year 2 for the FIDA-IDD Plan).

F. Data Submission - how the FIDA-IDD Plan will submit data collected to CMS and the State.

- The FIDA-IDD Plan will submit data collected for this measure in the above specified format through a secure data transmission site established by CMS. This site can be accessed at the following web address: https://Financial-Alignment-Initiative.NORC.org

Section FIDA-IDD III. Enrollee Protections

IDD3.1 The number of critical incident and abuse reports for Participants receiving LTSS.

IMPLEMENTATION				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Period**	**Due Date**
FIDA-IDD3. Enrollee Protections	Monthly	Contract	Current Month Ex: 1/1 – 1/31	By the end of the second month following the last day of the reporting period
ONGOING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Periods**	**Due Date**
FIDA-IDD3. Enrollee Protections	Quarterly	Contract	Current Calendar Quarter Ex: 1/1-3/31 4/1-6/30 7/1-9/30 10/1-12/31	By the end of the second month following the last day of the reporting period

A. Data element definitions – details for each data element reported to CMS and the State, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of Participants receiving LTSS.	Total number of Participants receiving LTSS during the reporting period.	Field Type: Numeric
B.	Total number of critical incident and abuse reports.	Of the total reported in A, the number of critical incident and abuse reports during the reporting period.	Field Type: Numeric

B. QA checks/Thresholds – procedures used by CMS and the State to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- CMS and the State will perform an outlier analysis.
- As data are received from the FIDA-IDD Plan over time, CMS and the State will apply threshold checks.

C. Edits and Validation checks – validation checks that should be performed by the FIDA-IDD Plan prior to data submission.

- All data elements should be positive values.

D. Analysis – how CMS and the State will evaluate reported data, as well as how other data sources may be monitored.

- CMS and the State will evaluate the number of critical incident and abuse reports per 1,000 Participants receiving LTSS.

E. Notes – additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- The FIDA-IDD Plan should include all Participants who meet the criteria outlined in data element A, regardless of whether they are disenrolled as of the end of the reporting period (i.e., include all Participants regardless of whether they are currently enrolled or disenrolled as of the last day of the reporting period).
- Since all Participants in the FIDA-IDD Plan receive LTSS, data element A should include all Participants enrolled in the FIDA-IDD Plan for any amount of time during the reporting period.
- For data element B, the FIDA-IDD Plan should include all new critical incident and abuse cases that are reported during the reporting period, regardless if the case status is open or closed as of the last day of the reporting period.
- Critical incident and abuse reports could be reported by the FIDA-IDD Plan or any provider, and are not limited to only those providers defined as LTSS providers.
- It is possible for Participants to have more than one critical incident and/or abuse report during the reporting period. All critical incident and abuse reports during the reporting period should be counted.
- Critical incident refers to any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a Participant including, neglect, financial exploitation, and mandated reporting requirements called for under the three-way contract, and under New York State and Federal requirements for reporting on incidents and residents of Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) or Nursing Facilities.
- Abuse refers to any of the following:
    1. Willful use of offensive, abusive, or demeaning language by a caretaker that causes mental anguish;
    2. Knowing, reckless, or intentional acts or failures to act which cause injury or death to an individual or which places that individual at risk of injury or death;
    3. Rape or sexual assault;
    4. Corporal punishment or striking of an individual;

5. Unauthorized use or the use of excessive force in the placement of bodily restraints on an individual; and
6. Use of bodily or chemical restraints on an individual which is not in compliance with Federal or State laws and administrative regulations.

F. Data Submission – how the FIDA-IDD Plan will submit data collected to CMS and the State.

- The FIDA-IDD Plan will submit data collected for this measure in the above specified format through a secure data transmission site established by CMS. This site can be accessed at the following web address: https://Financial-Alignment-Initiative.NORC.org

Section FIDA-IDD IV. Utilization

IDD4.1 Participants self-directing their services through employer authority or budget authority.

CONTINUOUS REPORTING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Period**	**Due Date**
FIDA-IDD4. Utilization	Annually	Contract	Calendar Year	By the end of the second month following the last day of the reporting period

A. Data element definitions – details for each data element reported to CMS and the State, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of Participants enrolled in the FIDA-IDD Plan.	Total number of Participants continuously enrolled in the FIDA-IDD Plan during the reporting period.	Field Type: Numeric
B.	Total number of Participants who were self-directing their services through employer authority or budget authority.	Of the total reported in A, the number of Participants who were self-directing their services through employer authority or budget authority during the reporting period.	Field Type: Numeric Note: Is a subset of A.

B. QA checks/Thresholds – procedures used by CMS and the State to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- CMS and the State will perform an outlier analysis.
- As data are received from the FIDA-IDD Plan over time, CMS and the State will apply threshold checks.

C. Edits and Validation checks – validation checks that should be performed by the FIDA-IDD Plan prior to data submission.

- Confirm those data elements above as subsets of other elements.
- The FIDA-IDD Plan should validate that data element B is less than or equal to data element A.
- All data elements should be positive values.

D. Analysis – how CMS and the State will evaluate reported data, as well as how other data sources may be monitored.

- CMS and the State will evaluate the percentage of Participants continuously enrolled in the FIDA-IDD Plan who were self-directing their services through employer authority or budget authority during the reporting period.

E. Notes – additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- The FIDA-IDD Plan should include all Participants who meet the criteria outlined in data element A, regardless if they are disenrolled as of the end of the reporting period (i.e., include all Participants regardless if they are currently enrolled or disenrolled as of the last day of the reporting period).
- Continuous enrollment is defined as no more than one gap in enrollment of up to 45 days during the reporting period (i.e., January through December). To determine continuous enrollment for a Participant for whom enrollment is verified monthly, the Participant may not have more than a 1-month gap in coverage (i.e., a Participant whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
- Self-direction is defined as the ability for a Participant and his/her Representative to direct his/her own services through the Self-Direction in the Section 1915(c) OPWDD Comprehensive Waiver or the consumer-directed personal assistance option.

F. Data Submission – how the FIDA-IDD Plan will submit data collected to CMS and the State.

- The FIDA-IDD Plan will submit data collected for this measure in the above specified format through a secure data collection site established by CMS. This site can be accessed at the following web address: https://Financial-Alignment-Initiative.NORC.org

IDD4.2 Participants who received an eye exam in the last year.

Please note: No FIDA-IDD Plan reporting is required for this measure; however, the FIDA-IDD Plan must assist NYSDOH with data collection and analysis as needed. NYSDOH will collect data for this measure through the Coordinated Assessment System (CAS).

CONTINUOUS REPORTING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Period**	**Due Date**
FIDA-IDD4. Utilization	Annually	Contract	Calendar Year	N/A

A. QA Checks/Thresholds – procedures used by CMS and the State to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- CMS and the State will perform an outlier analysis.
- As data are received from the FIDA-IDD Plan over time, CMS and the State will apply threshold checks.

B. Analysis – how CMS and the State will evaluate reported data, as well as how other data sources may be monitored.

- CMS and the state will evaluate the percent of Participants continuously enrolled in the FIDA-IDD Plan for at least six months during the reporting period who received an eye exam in the last year.

Section FIDA-IDD V. Participant-Level File

The New York Office of Quality and Patient Safety (OQPS) will be evaluating measures using the Medicaid Encounter Data System (MEDS), the OPWDD Approved Assessment Tool (OAA) and Participant-level data. The State will conduct ongoing research on Participants' personal experiences in FIDA-IDD and on potential relationship of these experiences with Participants' health outcomes.

The following table provides instructions on the submission of Participant-level data on a subset of measures the FIDA-IDD Plan is reporting at the plan-level and a number of IDT-related performance measures. This table does not provide any additional measures; it only provides guidance on the subset of measures for which CMS/NYSDOH require Participant-level data. Please see the source of each measure for the technical specifications for each. In particular:

- Columns 17-48 provide instructions on reporting Participant level data on HEDIS measures.
- Columns 49-56 provide instructions on some of the NY FIDA-IDD-Specific measures defined elsewhere within this appendix.
- Columns 57-64 refer to MMP Specific Core Measures available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html
- Columns 65-360 provide instructions on reporting Participant level data on IDT activities. As noted for each element, some of the IDT requirements are specified within this appendix while others are specified within the final IDT policy. CMS and NYSDOH may establish thresholds and conduct outlier analysis based on this data.

Questions from the FIDA-IDD Plan regarding these measures or the data submission process should be directed to NYSDOH and OPWDD.

IDD5.1 Participant-Level File

CONTINUOUS REPORTING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Period**	**Due Date**
FIDA-IDD5. Participant-Level Measures	Annually	Contract	Calendar Year	By the end of the sixth month following the last day of the reporting period

A. File Format definitions – details for each data element reported to CMS and the State.

Column Placement	Name	Direction	Allowed Values
Instructions for Participant Identification			
Column 1-8	MMIS ID	Enter the Plan's numeric eight-digit ID.	########
Column 9–16	Medicaid CIN	A Participant's client identification number. The field should be continuous without any spaces or hyphens. The field is alpha- numeric and should be treated as a text field. The CIN entered in this field should be for the CIN for the measurement period. For example, CINs for 2015 should be used.	**Dual eligible individuals only**
Instructions for Participant-level data on HEDIS Measures			
Column 17	Denominator for Antidepressant Medication Management (AMM)	Enter a '1' if the Participant is in the denominator of the Antidepressant Medication Management measures, '0' if the Participant is not in the denominator.	1 = Yes 0 = No
Column 18	Numerator for Antidepressant Medication Management – Effective Acute Phase Treatment (AMM)	Enter a '1' if the Participant is in the numerator of the Antidepressant Medication Management – Effective Acute Phase Treatment measure, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 19	Numerator for Antidepressant Medication Management– Effective Continuation Phase Treatment (AMM)	Enter a '1' if the Participant is in the numerator of the Antidepressant Medication Management – Effective Continuation Phase Treatment measure, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 20	Denominator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): 18+ years	Enter: '1' if the Participant is in the denominator of the Initiation and Engagement of AOD Treatment, 18+ years measure '0' if the Participant is not in the denominator of this measure	1 = Yes 0 = No

Column Placement	Name	Direction	Allowed Values
Column 21	Numerator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation of AOD Treatment—18+ years	Enter: '1' if the Participant is in the numerator of the Initiation and Engagement of AOD Treatment—Initiation of AOD Treatment, 18+ years measure '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 22	Numerator for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Engagement of AOD Treatment—18+ years	Enter: '1' if the Participant is in the numerator of the Initiation and Engagement of AOD Treatment—Engagement of AOD Treatment, 18+ years measure '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 23-24	Denominator for Follow-Up After Hospitalization for Mental Illness (FUH)	Enter the number of times the Participant appears in the denominator of the Follow-Up After Hospitalization for Mental Illness; '0' if the Participant is not in the denominator.	00-98
Column 25-26	Numerator 1 for Follow-Up After Hospitalization for Mental Illness, 7 days after discharge (FUH)	Enter the number of times the Participant appears in numerator 1 of the Follow-Up After Hospitalization for Mental Illness, 7 days after discharge. '0' if the Participant is not in the numerator or the information is missing.	00-98
Column 27-28	Numerator 2 for Follow-Up After Hospitalization for Mental Illness, 30 days after discharge (FUH)	Enter the number of times the Participant appears in numerator 2 of the Follow-Up After Hospitalization for Mental Illness, 30 days after discharge. '0' if the Participant is not in the numerator or the information is missing.	00-98
Column 29-30	Denominator for Medication Reconciliation After Discharge from Inpatient Facility (MRP)	Enter the number of times the Participant appears in the denominator of the Medication Reconciliation After Discharge from Inpatient Facility	00-98
Column 31-32	Numerator for Medication Reconciliation After Discharge from Inpatient Facility (MRP)	Enter the number of times the Participant appears in numerator of the Medication Reconciliation After Discharge from Inpatient Facility	00-98

Column Placement	Name	Direction	Allowed Values
Column 33	Denominator for the Care for Older Adults (COA)	Enter a '1' if the Participant is in the denominator of the Care for Older Adults measure, '0' if the Participant is not in the denominator.	1 = Yes 0 = No
Column 34	Numerator for Care for Older Adults – Medication Review (COA)	Enter a '1' if the Participant is in the numerator of the Care for Older Adults Medication Review measure, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 35	Numerator for Care for Older Adults – Functional Status Assessment (COA)	Enter a '1' if the Participant is in the numerator of the Care for Older Adults Functional Status Assessment, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 36	Numerator for Care for Older Adults – Pain Screening (COA)	Enter a '1' if the Participant is in the numerator of the Care for Older Adults Pain Screening, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 37	Denominator for Comprehensive Diabetes Care (CDC)	Enter a '1' if the Participant is in the denominator of the CDC measures, '0' if the Participant is not in the denominator.	1 = Yes 0 = No
Column 38	Numerator for CDC – Eye Exam	Enter a '1' if the Participant is in the numerator of the CDC Eye Exam measure, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 39	Numerator for CDC – Nephropathy Monitor	Enter a '1' if the Participant is in the numerator of the CDC Nephropathy Monitor measure, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 40	Numerator for CDC – HbA1c Control (<8.0%)	Enter a '1' if the Participant is in the numerator of the CDC HbA1c Control (<8.0%) measure, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 41	Denominator for Disease Modifying Anti-Rheumatic Drug Therapy (DMARD)	Enter a '1' if the Participant is in the denominator of the DMARD measure, '0' if the Participant is not in the denominator.	1 = Yes 0 = No

Column Placement	Name	Direction	Allowed Values
Column 42	Numerator for Disease Modifying Anti-Rheumatic Drug Therapy (DMARD)	Enter a '1' if the Participant is in the numerator of the DMARD measure, '0' if the Participant is not in the numerator or the information is missing. .	1 = Yes 0 = No
Column 43	Denominator for Controlling High Blood Pressure (CBP)	Enter a '1' if the Participant is in the denominator of the Controlling High Blood Pressure measure, '0' if the Participant is not in the denominator.	1 = Yes 0 = No
Column 44	Numerator for Controlling High Blood Pressure (CBP)	Enter a '1' if the Participant is in the numerator of the Controlling High Blood Pressure measure, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 45	Denominator for Breast Cancer Screening (BCS)	Enter a '1' if the Participant is in the denominator of the Breast Cancer Screening measure, '0' if the Participant is not in the denominator.	1 = Yes 0 = No
Column 46	Numerator for Breast Cancer Screening (BCS)	Enter a '1' if the Participant is in the numerator of the Breast Cancer Screening measure, '0' if the participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 47	Denominator for Colorectal Cancer Screening (COL)	Enter a '1' if the Participant is in the denominator of the Colorectal Cancer Screening measure, '0' if the Participant is not in the denominator.	1 = Yes 0 = No
Column 48	Numerator for Colorectal Cancer Screening (COL)	Enter a '1' if the Participant is in the numerator of the Colorectal Cancer Screening measure, '0' if the Participant is not in the numerator of this measure.	1 = Yes 0 = No
Instructions for Participant Level Data on NY FIDA-IDD-Specific Measures			
Column 49	Denominator for IDD2.1 Long Term Care Overall Balance	Enter a '1' if the Participant is in the denominator of IDD2.1 Long Term Care Overall Balance measure, '0' if the Participant is not in the denominator.	1 = Yes 0 = No
Column 50	Numerator for IDD2.1 Long Term Care Overall Balance	Enter a '1' if the Participant is in the numerator of IDD2.1 Long Term Care Overall Balance measure, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No

Column Placement	Name	Direction	Allowed Values
Column 51	Denominator for IDD4.1 Participants self-directing their services through employer authority or budget authority	Enter a '1' if the Participant is in the denominator of the IDD4.1 Participants self-directing their services through employer authority or budget authority, '0' if the Participant is not in the denominator.	1 = Yes 0 = No
Column 52	Numerator for IDD4.1 Participants self-directing their services through employer authority or budget authority.	Enter a '1' if the Participant is in the numerator of IDD4.1 Participants self-directing their services through employer authority or budget authority, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 53	Denominator for IDD2.2 Community Reintegration	Enter a '1' if the Participant is in the denominator of the IDD2.2 Community Reintegration measure above, '0' if the Participant is not in the denominator.	1 = Yes 0 = No
Column 54	Numerator for IDD2.2 Community Reintegration	Enter a '1' if the Participant is in the numerator of the IDD2.2 Community Reintegration measure above, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 55	Denominator for IDD2.3 ICF-IID Diversion	Enter a '1' if the Participant is in the denominator of the IDD2.3 ICF-IID Diversion measure above, '0' if the Participant is not in the denominator.	1 = Yes 0 = No
Column 56	Numerator for IDD2.3 ICF-IID Diversion	Enter a '1' if the Participant is in the numerator of the IDD2.3 ICF-IID Diversion measure above, '0' if the Participant is not in the denominator.	1 = Yes 0 = No
Instructions for Participant Level Data on MMP Specific Core Reporting Requirements			
Column 57	Denominator for Screening for MMP Core Measure 6.1 Clinical Depression and Follow-up Care	Enter a '1' if the Participant is in the denominator of the MMP Core Measure 6.1 Screening for Clinical Depression and Follow-up care, '0' if the Participant is not in the denominator. **Because this measure is suspended at this time, fill with '0".**	1 = Yes 0 = No

Column Placement	Name	Direction	Allowed Values
Column 58	Numerator for the MMP Core Measure 6.1 Screening for Clinical Depression and Follow-up Care	Enter a '1' if the Participant is in numerator 1 of the MMP Core Measure 6.1 Screening for Clinical Depression and Follow-up care, '0' if the Participant is not in the numerator or the information is missing. **Because this measure is suspended at this time, fill with '0".**	1 = Yes 0 = No
Column 59	Denominator for MMP Core Measure 9.2 Nursing Facility Diversion	Enter a '1' if the Participant is in the denominator of the MMP Core Measure 9.2 Nursing Facility Diversion measure, '0' if the Participant is not in the denominator.	1 = Yes 0 = No
Column 60	Numerator for MMP Core Measure 9.2 Nursing Facility Diversion	Enter a '1' if the Participant is in the numerator of the MMP Core Measure 9.2 Nursing Facility Diversion measure, '0' if the Participant is not in the numerator or the information is missing.	1 = Yes 0 = No
Column 61-62	Denominator for MMP Core Measure 3.1 Care Transition Record Transmitted to Health Care Professional	Enter the number of times the Participant met the inclusion criteria for Element B of MMP Core Measure 3.1 Care Transition Record Transmitted to Health Care Professional measure, '00' if Participant does not. **Because this measure is suspended at this time, fill with '0".**	00-98
Column 63-64	Numerator for MMP Core Measure 3.1 Care Transition Record Transmitted to Health Care Professional	Enter the number of times the Participant met the inclusion criteria for Element C of the MMP Core Measure 3.1 Care Transition Record Transmitted to Health Care Professional measure, '00' if Participant is not in the numerator or the information is missing. **Because this measure is suspended at this time, fill with '0".**	00-98
Instructions for Participant Level Data on IDT Requirements			
Column 65	Did the Participant refuse to have his/her OAA completed at least once in the reporting year?	Enter a '1' if the Participant refused to have his/her OAA completed at least once in the reporting year, otherwise enter '0'.	1 = Yes 0 = No

Column Placement	Name	Direction	Allowed Values
Columns 66-161 (up to 12 dates for this measure)	Date(s) on which the Participant had an LP completed or updated.	Enter the date(s) on which the Participant had their LP completed or updated as specified in the final IDT policy. Leave the cell blank if the Participant did not have an LP completed/updated or the information is missing.	MMDDYYYY
Column 162	Did the Participant refuse to have his/her LP completed at least once in the reporting year?	Enter a '1' if this Participant refused to have his/her LP completed at least once in the reporting year as specified in IDD2.1 above and the final IDT policy, otherwise enter '0'.	1 = Yes 0 = No
Columns 163-258 (e.g., column 163 for date 1, column 171 for date 2, etc.; up to 12 dates for this measure)	Date(s) on which the Participant had an IDT meeting within reporting year.	Enter the date(s) on which the Participant had IDT meetings as specified in the final IDT policy. Leave the cell blank if the Participant did not have any IDT meetings or the information is missing.	MMDDYYYY
Column 259	Did the Participant refuse to have an IDT meeting at least once in the reporting year?	Enter a '1' if this Participant refused to have an IDT meeting as specified in the final IDT policy at least once in the reporting year, otherwise enter '0'.	1 = Yes 0 = No
Columns 260-355 (e.g., column 260 for date 1, column 268 for date 2, etc.; up to 12 dates for this measure)	Date(s) on which the Participant Was Discharged From a Hospital Inpatient or ICF–IID to the Community.	Enter the date(s) on which the Participant was discharged from a hospital inpatient or ICF–IID to the community as specified in the transition of care setting section of the final IDT policy. Leave the cell blank if the Participant was not discharged from a hospital inpatient or ICF–IID to the community or the information is missing.	MMDDYYYY
Column 356	Did the Participant have Behavioral Health Specialist as a member of the IDT at least once in the reporting year?	Enter a '1' if the Participant had a Behavioral Health Specialist as a member of the IDT as specified in the final IDT policy, '0' if the Participant did not have a Behavioral Health Specialist as a member of the IDT.	1 = Yes 0 = No

Column Placement	Name	Direction	Allowed Values
Column 357	Did the Participant have an RN assessor as a member of the IDT at least once in the reporting year?	Enter a '1' if the Participant had the RN assessor as a member of the IDT as specified in the final IDT policy, '0' if the Participant did not have the RN Assessor as a member of the IDT.	1 = Yes 0 = No
Column 358	Did the Participant have a Participant Designee on the IDT at least once in the reporting year?	Enter a '1' if the Participant had a Participant Designee as a member of the IDT as specified in the final IDT policy, '0' if the Participant did not have a Participant Designee as a member of the IDT.	1 = Yes 0 = No
Column 359	Did the Participant have a DD provider or a designee with clinical experience from the DD provider on the IDT at least once in the reporting year?	Enter a '1' if the Participant had a DD provider or a designee with clinical experience from the DD provider as a member of the IDT as specified in the final IDT policy, '0' if the Participant did not have a DD provider or a designee with clinical experience from the DD provider as a member of the IDT.	1 = Yes 0 = No
Column 360	Did the Participant have an ICF–IID representative on the IDT at least once in the reporting year?	Enter a '1' if the Participant had an ICF-IID representative as a member of the IDT as specified in the final IDT policy, '0' if the Participant did not have an ICF-IID representative as a member of the IDT.	1 = Yes 0 = No

A. Edits and Validation checks – validation checks that should be performed by each FIDA-IDD plan prior to data submission.

    - The FIDA-IDD Plan should ensure that all data values are recorded in the prescribed format (see column "Allowed Values").

B. Analysis – how CMS and the State will evaluate reported data, as well as how other data sources may be monitored.

    - NYSDOH will use the Participant-level data to conduct ongoing research on Participants' personal experiences in the FIDA-IDD program and on potential relationship of these experiences with Participants' health outcomes.

C. Notes – additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

    - Overall format:
        - Prepare a fixed width text file in the following format.

  - Include one row for every Participant who was enrolled in the FIDA-IDD Plan and who meets criteria for one or more of the specified FIDA-IDD measures for the measurement year.
  - Numeric values should be right justified and blank filled to the left of the value; text fields should be left-justified and blank filled to the right of the value.
  - The file should be named ParticipantFIDAIDD.txt.
- The sum of the field should equal the numerator or denominator for the corresponding measure entered in the NYS submission tools for the plan-level reporting. Measures that are not applicable to the Participant should be zero-filled.
- The FIDA-IDD Plan should use the continuous enrollment specifications applicable to each element as specified in HEDIS, elsewhere in this appendix, and/or the MMP-Specific Core Measures guidance.

D. Data Submission – how the FIDA-IDD Plan will submit data collected to CMS and the State.

- The FIDA-IDD Plan will submit the file in the above specified format to Raina Josberger at the NYSDOH via the Health Commerce System (HCS) Secure File Transfer 2.0.