

## Additional information on FLSA funding

The Department would like to provide additional information in relation to the posted FAQ document regarding the attestation process for plans and providers that have received or will receive State share funds to support the revised federal Fair Labor Standards Act (FLSA) regulations.

Payments to Managed Long Term Care Plans were dispersed on March 2, 2016. Plans are expected to employ a reasonable methodology when distributing funds to their network providers to cover overtime, travel, and other requirements. Contrary to previous Department guidance, plans are no longer responsible for receiving attestations from their network providers, all attestations should be sent directly to the Department. These funds must be distributed as soon as possible but no later than April 8, 2016

In some instances, plans may have additional resources available subsequent to meeting provider FLSA needs. In these situations the MLTC plan should disperse funds to providers and such funds shall be utilized by the provider to benefit the worker.

Plans are not permitted to retain any of these funds. Plans must attest to the Department that all funds received were distributed to network providers. When submitting attestations to the Department, plans should include the methodology utilized in the disbursement of funds.

Providers that receive funds from their contracted plans, must attest to the Department that funds received were applied directly to the home care worker.

All attestations are to be submitted to the Department by no later than April 1, 2016. Attestations should be transmitted electronically to [FLSA@health.ny.gov](mailto:FLSA@health.ny.gov).

The FAQ document is located here:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/flsa\\_payments\\_faqs.htm](http://www.health.ny.gov/health_care/medicaid/redesign/flsa_payments_faqs.htm)