

WGIUPD

GENERAL INFORMATION SYSTEM
DIVISION: Office of Health Insurance Programs

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TO: Local District Commissioners, Medicaid Directors

FROM: Lisa Sbrana, Director
Division of Eligibility and Marketplace Integration

SUBJECT: Provider Letter for Foster Children (OHIP-0129)

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Support Unit
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The purpose of this General Information System (GIS) message is to inform upstate local departments of social services (LDSS) of a new template for an informational letter to be given to community health care providers serving children/youth newly placed in Foster Care.

As of July 1, 2021, children/youth placed in foster care, statewide, are mandatory for Mainstream Medicaid Managed Care Plan (MMCP) enrollment, including children/youth placed in the care of a Voluntary Foster Care Agency (VFCA), unless otherwise excluded or exempt from enrollment. Therefore, the reimbursement structure has changed for 29-I Agencies, previously known as Voluntary Foster Care Agencies (VFCA). Medical benefits for these children/youth are now reimbursed through the MMCP. 29-I Agencies are no longer reimbursed to cover the cost of community-based services provided to the Foster Care population; providers must bill the MMCP in which the child is enrolled, or Medicaid fee for service (FFS), whichever is appropriate. The VFCA per diem no longer covers services prior to the Medicaid case being established. Due to this transition, it is even more important that local districts work to open Medicaid cases immediately, to ensure that the child/youth can access services.

Children/youth removed from their home and placed into Foster Care are categorically eligible for Medicaid and are under the care and custody of the local district Commissioner. It is the responsibility of the LDSS to coordinate any necessary care, even if the Medicaid case has not yet been established and the Client Identification Number (CIN) is not yet available. For example, a child/youth removed from their home on a Friday needs a prescription medication, but due to administrative procedures, the Medicaid case will not be processed until the LDSS office is open again after the weekend. The 29-I Agency must obtain the necessary prescription from the pharmacy but will not have an active CIN for billing. To assist upstate district offices in coordinating with community providers in situations like this where a child/youth needs medical services after being taken into Foster Care custody, but prior to the Medicaid case being established, New York State Department of Health has created a Foster Care Provider Template Letter (OHIP-0129).

The OHIP-0129 template letter explains that children/youth placed in Foster Care are categorically eligible for Medicaid and are eligible for Medicaid covered services prior to Medicaid case opening and a CIN is provided. The LDSS worker must complete the child's/youth's information and local district information in the template and provide to the 29-I Agency or community provider on an as needed basis. The LDSS is responsible for providing the CIN to the 29-I Agency no later than 3 business days after it becomes available. The Administration for Children Services (ACS) in New York City has established a separate process for coordinating with providers in the interim period before the child's/youth's CIN becomes available.

Please direct any questions regarding this GIS message to your local district support liaison.