

Instructions for Completing the Foster Care AND 29-I Transmittal Form to Medicaid Managed Care Plans and Child Health Plus Plans

Purpose: This form is for 29-I Health Facilities and Local Districts of Social Services (LDSS) to notify Medicaid Managed Care Plans (MMCPs) and Child Health Plus (CHPlus) Plans of children/youth's initial foster care and/or 29-I Health Facility placement status. The instructions below provide guidance on the various sections in the Transmittal Form. This form should not be modified; LDSS/29-Is are only required to provide the information listed on this form.

Section I: Enter the name of the 29-I Health Facility or the LDSS (i.e. county) that is completing this form. Guidance regarding scenarios when these parties are responsible for completing and sending the form is located in the description for Section VI.

Section II: Complete all known demographic fields for the child/youth. Please list any alternative Medicaid Client Identification Numbers (CINs) and/or CHPlus Member ID that are known.

Section III: List the primary and/or secondary contact information for the 29-I Health Facility and/or LDSS MMCP Liaison.

Section IV: This section is completed either upon enrollment to list contact information for the child/youth's Primary Care Physician (PCP), if known, or to report a change in a child/youth's PCP.

Section V: List any important information the MMCP or CHPlus Plan should know about the child/youth's health and behavioral health care needs, including information related to the child/youth's discharge.

Section VI: This section is completed upon change of a child/youth's placement status and outlines the 29-I Health Facility services the child/youth is eligible to receive, consistent with billing guidelines and the benefit package for populations that may be served by the 29-I (please refer to 'Populations Served by 29-I Health Facilities' in the New York Medicaid Program 29-I Health Facility Billing Guidance for further information). The entity responsible for completing the Transmittal Form differs depending on the type of situation, as indicated below:

- The LDSS is responsible for completing and submitting the form to the MMCP or CHPlus Plan within 5 business days when the child/youth is initially placed in foster care if the child/youth is not placed in a 29-I Health Facility and whenever the LDSS transfers the child/youth to a new MMCP or CHPlus Plan.
- The 29-I Health Facility is responsible for completing and submitting the form to the MMCP or CHPlus Plan within 5 business days of child/youth being placed with the 29-I Health Facility.
- If a child/youth transitions to an alternative 29-I Health Facility, the new agency that the child/youth is transitioning **to** must complete this form and submit to the MMCP or CHPlus Plan within 5 business days of the change.
- If a child/youth placed with a 29-I Health Facility is discharged, the 29-I Health Facility must complete this form and submit to the MMCP or CHPlus Plan within 5 business days of discharge.
- If a child/youth is discharged from foster care and was not placed with a 29-I Health Facility (i.e. direct care, kinship care, or non 29-I Voluntary Foster Care Agency), the LDSS must complete this form and submit to the MMCP or CHPlus Plan within 5 business days of the change.
- When a placement/change of placement occurs for a CHPlus enrollee, the "Other" box in Section VI must be checked. The provided text box must be used to indicate that the child/youth is enrolled in CHPlus and eligible to receive Core Services and CHPlus covered OLHRS.

MMCPs will receive official enrollment notifications via the 834-enrollment form for youth in foster care placement. In instances where MMCPs receive the Transmittal Form prior to the official enrollment notification, MMCPs should perform an internal check prior to definitively stating that the child/youth is not enrolled in Plan, as it may be possible that the Plan has not yet processed the 834.

Note: CHPlus Plans will not receive an 834-enrollment form, and therefore should use the Transmittal Form as the source of truth for CHPlus enrollment information.

