



**Department  
of Health**

**Office of Children  
and Family Services**

# **Transition of Children placed in Foster care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care Effective July 1, 2021**

# Overview of the 2021 Foster Care Transition to MMC

- Builds on the 2013 Foster Care Transition, which enrolled children/youth in direct placement foster care in counties outside of New York City in MMC on a mandatory basis
  - For the purpose of this transition, **direct placement** foster care is defined as children/youth placed in foster homes certified by the Local Departments of Social Services (LDSS)
- Completes the Medicaid Redesign Team Children's Medicaid System Transformation
  - April 1, 2019, the B2H waiver programs and 3 other children's waiver programs were consolidated under the 1915(c) Children Waiver
  - October 1, 2019, Children's Waiver Home and Community-Based Services (HCBS) were added to the MMC Plan Benefit Package, and the exemption from mandatory enrollment in MMC for participation in the Children's Waiver was removed.
  - More information on the Children's Medicaid System Transformation is available here:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm)



# 2021 Foster Care Transition to MMC

## Population change - Effective July 1, 2021

- Children/youth placed in foster care statewide are mandatory for Mainstream Medicaid Managed Care enrollment unless otherwise exempt or excluded
  - Removes MMC exclusion for children/youth in direct placement foster care in New York City and for children/youth in foster care placed with a Voluntary Foster Care Agency (VFCA) statewide
  - All other MMC exemptions and exclusions will remain in place
  - Eligible children/youth may enroll in HIV Special Needs Plans (HIV SNP)

## Benefit Change – Effective July 1, 2021

- Most VFCAs will be licensed as a Public Health Law Article 29-I Health Facility
  - Provide per diem Core Limited Health-Related Services (CLHRS) to all placed children/youth
  - Provide and claim for Other Limited Health-Related Services (OLHRS)
  - CLHRS and OLHRS are covered by FFS and included in the Mainstream MMC Plan and HIV SNP Benefit Packages



# Transition Policy Paper

## Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care Policy Paper

- Replaces 2013 Foster Care Transition policy
- Creates four-year transition period
- With 29-I Health Facility Billing Guidance, describes MMC plan requirements for serving the foster care population and managing the 29-I Health Facility benefit
- Describes MMC enrollment processes
- Includes description of the roles and responsibilities for LDSS, 29-I Health Facilities and MMC Plans for communications and in ensuring access to and continuity of care



# Authority

- PHL Article 29, 10 NYCRR Parts 769 and 770
- State Plan Amendment 21-0003 for services provided under Article 29-I Health Facilities/VFCAs
- Approved 1115 MRT Waiver removes exclusion of children placed in the care of VFCAs from MMC Plan enrollment (August 2019)

# Mandatory Article 29-I Services

## Core Limited Health-Related Services

- Skill Building Services
- Nursing Supports and Medication Management
- Medicaid Treatment Planning and Discharge Planning
- Clinical Consultation and Supervision
- Managed Care Liaison/Administration

**Note:** All Licensed Article 29-I Health Facilities must provide these services to children in their care

# Optional Article 29-I Services

- Referred to as **Other Limited Health-Related Services (OLHRS)** and reimbursed according to a 29-I OLHRS Fee Schedule
- Physical and Behavioral Health screening, diagnosis, and treatment services, including but not limited to:
  - Ongoing treatment of chronic conditions as specific in treatment plans
  - Diagnosis and treatment related to episodic care for minor ailments, illness or injuries, including sick visits
  - Psychiatric consultation, assessment and treatment
  - Psychotropic medication treatment
  - Developmental screening, testing and treatment
  - Psychological screening, testing and treatment

# Optional Article 29-I Services - continued

- Physical and Behavioral Health screening, diagnosis, and treatment services, including but not limited to: (continued)
  - Smoking Cessation treatment
  - Alcohol and/or drug screening and intervention
  - Laboratory Services
  - Children and Family Treatment and Support Services
  - Children's Home and Community Based Services



# Article 29-I Services DO NOT INCLUDE

- Surgical Services
- Dental Services
- Orthodontic Care
- General hospital services including emergency care
- Birth center services
- Emergency intervention for major trauma
- Treatment of life-threatening or potentially disabling conditions
- Non-Routine Transportation

## Article 29-I Health Facility – Populations Served

- Children/Youth under 21 years of age who are in an active foster care placement in the care of a Voluntary Foster Care Agency, LDSS certified setting, or Kinship Placement
- Children/Youth under 21 years of age who were discharged from foster care in the previous 12 months and are continuing an episode of care that began while in foster care placement
- Children placed by Committee for Special Education in the care of a Voluntary Foster Care Agency
- Children of Children placed in Foster Care – may be covered by Medicaid and enrolled in a MMC plan (not in Foster Care) known as 8D Babies
- Pre-dispositional Placed Youth
- Children/Youth in a non-IV-E Out of state placement, but in the care of a NYS Voluntary Foster Care Agency
- Adults older than age 21 that were formerly in foster care placement that are still in the care of the 29-I Health Facility in an ongoing episode of care

# 2021 Foster Care Transition to MMC

- Licensing as 29-I Health Facility fundamentally changes reimbursement structure for these VFCAs
  - ending cost-based, roster per diem
  - 29-I Health Facilities will claim to Medicaid FFS or the MMC plan for all services they provide, both the CLHRS (residual per diem) and the OLHRS
  - 29-I Health Facilities will **not** have funding in new standard statewide rates to cover the cost of services provided by community providers to children/youth in their care
- Community providers, including pharmacies, will claim for all Medicaid covered services provided to children/youth in foster care directly to Medicaid FFS or the MMC plan
- Medicaid claiming cannot occur until Medicaid case is opened for the child/youth
- LDSS must establish the Medicaid case immediately upon the child/youth's removal from home and being placed into foster care

# Resolving Gaps in Coverage – Scope of Problem

- Children who enter foster care without existing health insurance coverage, or whose coverage status is unknown, for whom the local district has not established Medicaid coverage before the child needs medical services, appear to have a “gap” in coverage. Likely to be a very small number of children and limited set of benefits.
  - Only occurs when kids don’t have coverage. Most kids come into the foster care system with existing coverage.
  - Primarily prescriptions and equipment, etc. Provider types that aren’t willing to wait for MA to be established
- The community provider of the critical medical services requires payment at the time of service.
- Medicaid cannot pay for those services at the time they are delivered during this “gap” period.
- If Medicaid is activated retroactively to cover the dates of service, whomever covers the cost of the services in the first instance can be reimbursed.



# Resolving Gaps in Coverage

## Option A – Identify/Establish Coverage

A.1 LDSS or VFCA identifies existing health insurance coverage

A.2 LDSS establishes MA Case before the child/youth needs medical services

## Option B – Request that Community Provider holds billing until Coverage is established

- Use if Option A is not available
- LDSS and VFCAs should conduct outreach to community providers to establish working relationships and provide documentation of foster care status in these cases.
- Coverage information must be provided to community providers when established to allow the provider to bill the appropriate payor



# Resolving Gaps in Coverage

If Options A & B are not feasible, use Option C or D

## Option C – Community Provider bills VFCA

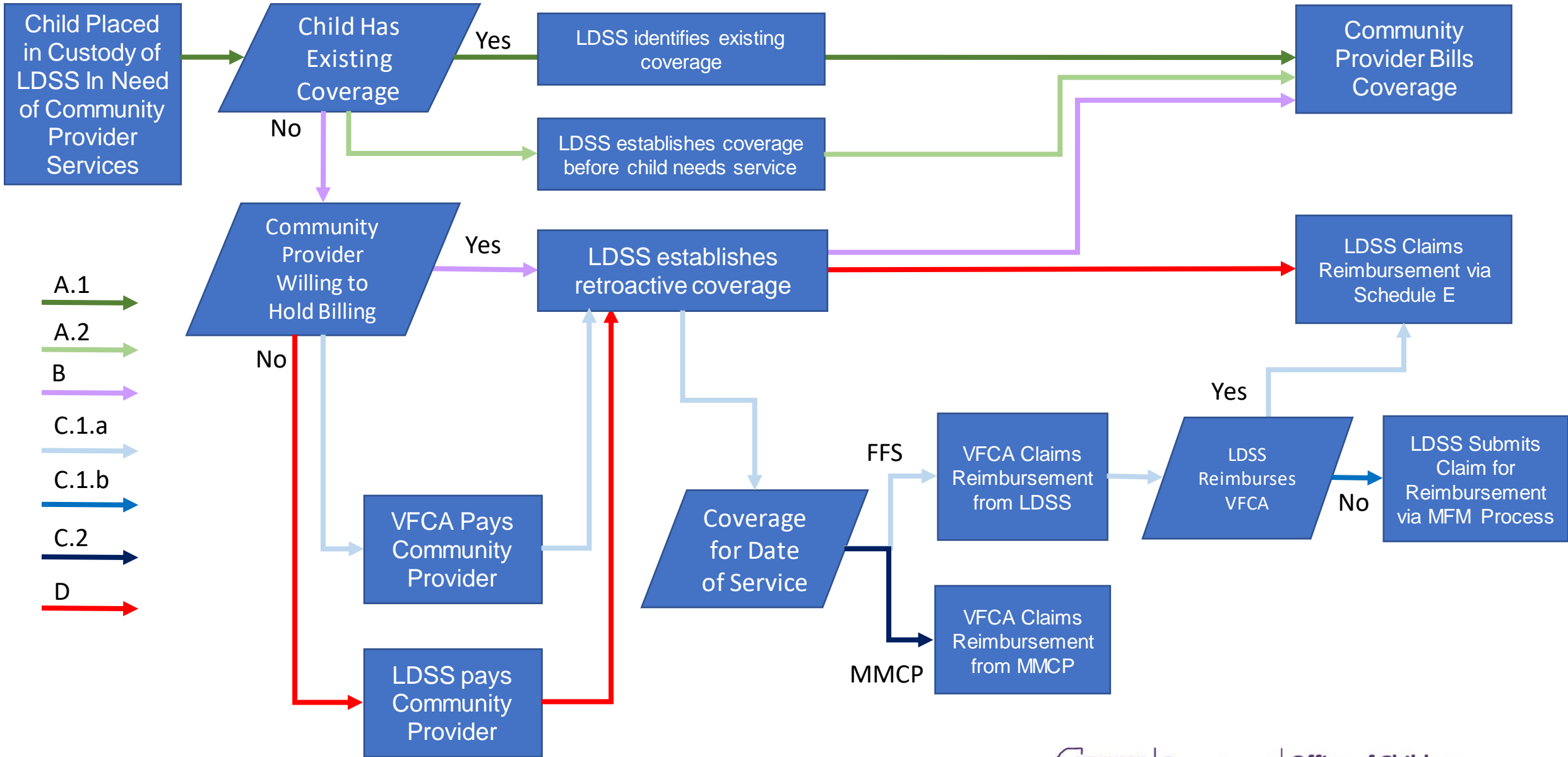
- VFCA covers the cost of the service at the time of delivery
  - C.1 – VFCA submits request for reimbursement to the LDSS for reimbursement under MA FFS when the coverage is established
  - C. 2 – VFCA submits request for reimbursement to MMC plan when the coverage is established

## Option D – Community Provider bills LDSS

- LDSS covers the cost of the service and bills MA FFS when the coverage is established using Schedule E

## Notes

- Medicaid cannot cover the cost of health services, until the Medicaid case is established. Once established, the VFCA or LDSS can be reimbursed by Medicaid.
- The VFCA and LDSS must coordinate to determine who will be the payor in these circumstances to ensure access to necessary service



- A.1 →
- A.2 →
- B →
- C.1.a →
- C.1.b →
- C.2 →
- D →

# Transmittal Form – What is it and Why needed?

- A Transmittal Form is a one-way communication from the LDSS or 29-I Health Facility to the MMC plan
  - Provides notice that an enrolled child/youth is under care and describes immediate care needs
  - Provides contact information for LDSS or 29-I Health Facility
  - Triggers the start of a several requirements to ensure MMC plans meet the health care needs of all children/youth in foster care
  - MMC plans use the Transmittal Form to adjust benefit requirements, make the necessary authorizations within their systems, and support care coordination
- The new State–issued Transmittal Form is to be used starting June 1, 2021

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/29i\\_transmittal\\_form\\_and\\_instructions.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_transmittal_form_and_instructions.pdf)





# Transmittal Form – Required Notice to MMC Plans

- LDSS/29-Health Facilities must use the new State issued Transmittal Form to notify the MMC plan, either electronically or in writing that:
  - An enrollee is entering foster care;
  - An enrollee is placed in the care of a 29-I Health Facility;
  - An enrollee is discharged from foster care
  - An enrollee is discharged from a 29-I Health Facility
- The LDSS is responsible for completing and submitting the form to the MMC 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,
  - when the LDSS transfers the child/youth to a new MMC plan



# MMC Enrollment for Children/Youth in Foster Care as of July 1, 2021 – Highlights

- New MMC enrollments **retrospective** to the first of the month
- No Lock-In; change MMC plan at any time; disenroll for good cause or best interest of the child
- MMC enrollment transfers/disenrollments effective first of the following month
- For children/youth in direct care, all notices/MMC plan ID cards sent in care of LDSS
- For children/youth placed with a 29-I Health Facility all notices/MMC plan ID cards sent in care of the 29-I Health Facility
- Same enrollment processes have been established for both children/youth in foster care and 8D babies
- Parents of 8D Babies may choose a different MMC plan for their child at any time during the parent's placement in foster care

# Foster Care Enrollments

Pre-implementation: April 1 through June 18, 2021

- New York Medicaid Choice (NYMC) or the State enrolled currently placed children/youth, who are not otherwise excluded, into a MMCP or HIV/SNP, in consultation with 29-I Health Facilities
  - Transactions sent throughout June, 2021, will be for a July 1, 2021 enrollment date
- Plans receive an eMedNY **834**
- NYMC sends electronic notification of the enrollment to Plan and 29-I Health Facility/ACS in a **supplemental file** (VF file) -
  - The State may transmit this file to the Plan, if necessary
- Plans receive a **Transmittal form** (or Transmittal spreadsheet) from the 29-I Health Facility

834=ENROLLMENT

Supplemental File =  
PLACEMENT/MMIS

Transmittal Form= MOST  
RECENT PLACEMENT

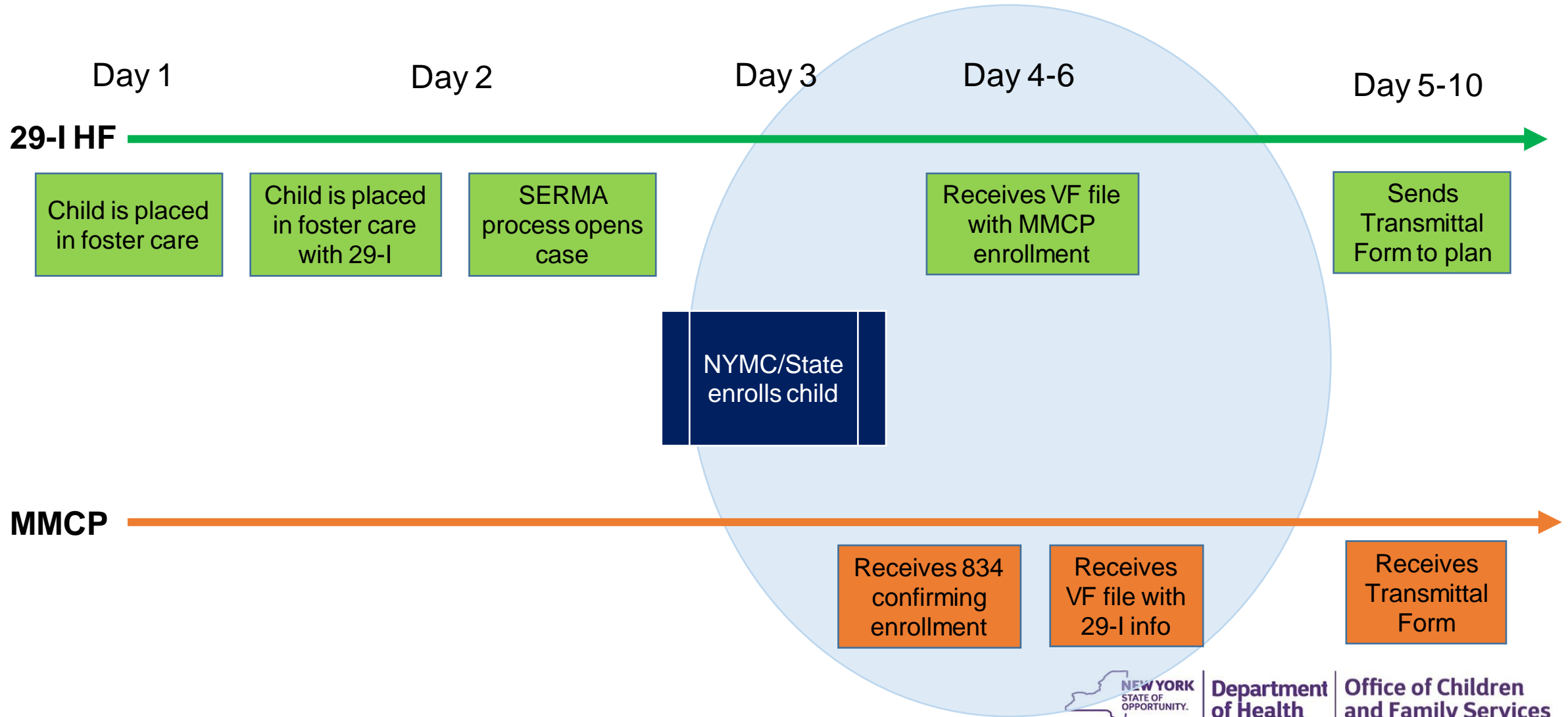
# Foster Care Enrollments

Ongoing - New York City: begins May 24, 2021

- NYMC or State identify newly placed eligible children/youth through NYC SERMA process and enroll in MMCP
- Cases opened in eMedNY between May 15 & June 30, enrollment effective July 1, 2021
- Starting July 1, new enrollments are retrospective to the first of the month
  - case is opened in eMedNY based on the transaction date
  - retrospective enrollment is not greater than 30 days, regardless of the effective date of coverage
- Plan receives an eMedNY **834**
- NYMC sends electronic notification of enrollment to Plan and 29-I Health Facility/ACS in **supplemental file**
- Plan receives a **Transmittal Form** (or Transmittal spreadsheet) from 29-I Health Facility

# Example Timeline - Ongoing NYC

## Interim Process



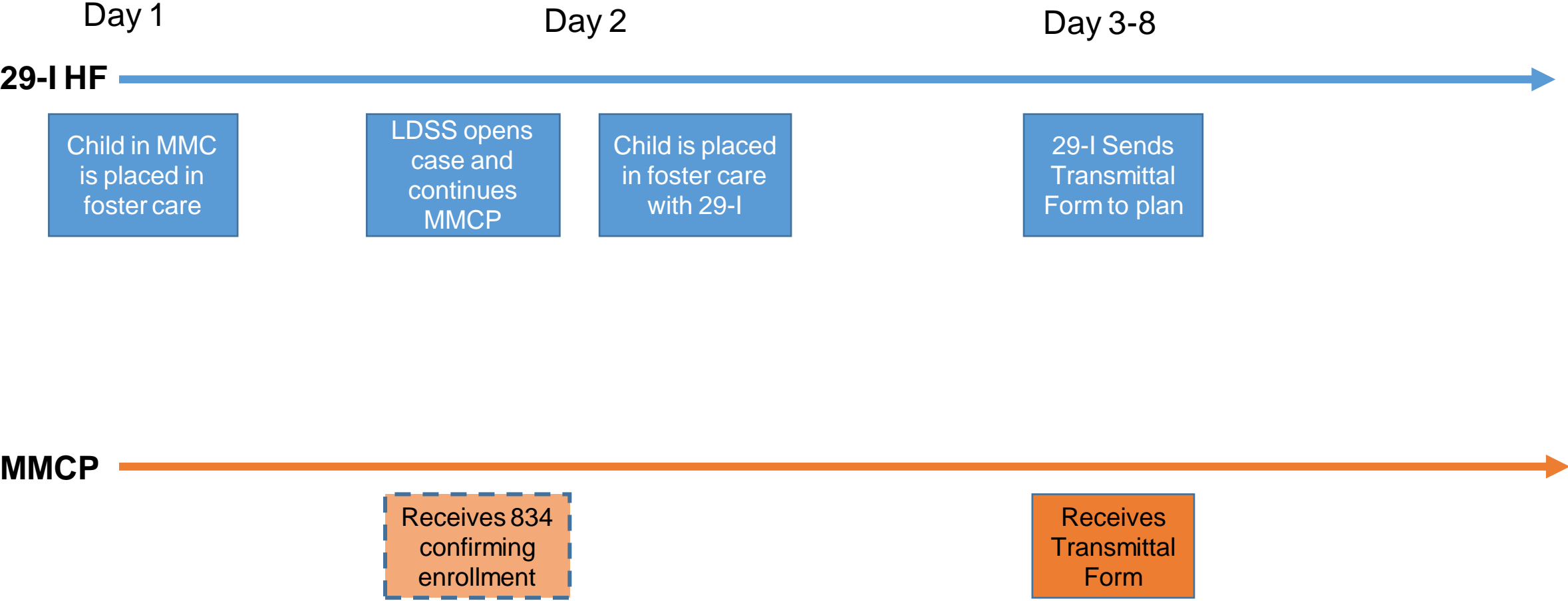
# Foster Care Enrollments

Ongoing - Rest of State: Begins June 19, 2021

- LDSS is responsible for enrolling children/youth placed in foster care and 8D Babies in a MMCP
- For new cases opened in eMedNY between June 19 – June 30, 2021, enrollment is effective July 1, 2021
- Starting July 1, 2021, new enrollments are retrospective to the first of the month
  - case is opened in eMedNY based on the transaction date
  - retrospective enrollment is not greater than 30 days, regardless of the effective date of coverage
- Plan receives eMedNY **834**
- Plan receives a **Transmittal Form** (or Transmittal spreadsheet) from the LDSS (direct care) or the 29-I Health Facility



# Example Timeline-Ongoing Outside of NYC – Child in MMC



# Plan Transfers - Expected Information Flow

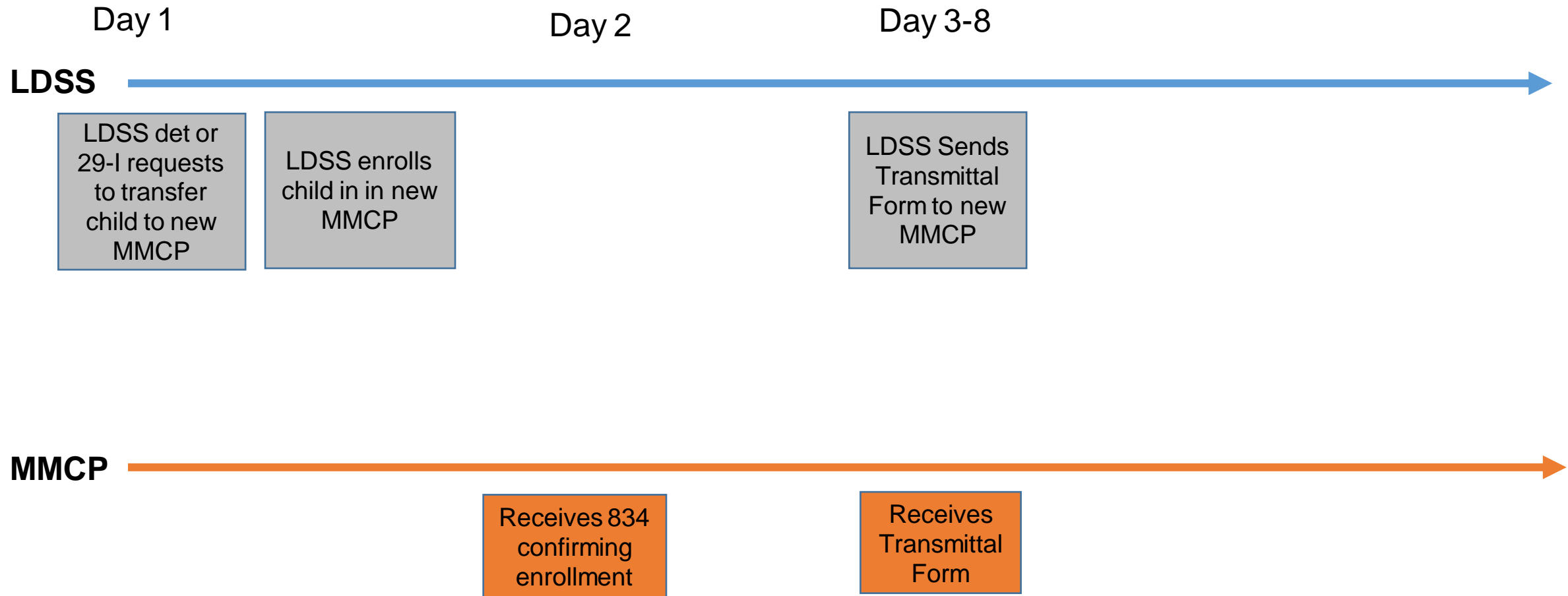
## Outside of NYC:

Child/youth is in direct care foster care placement beginning July 3, 2021, and enrolled in MMC plan.

- On July 27, 2021, LDSS transfers enrollment to new MMC plan effective first of the following month- August 1, 2021
- LDSS to send enrollee notice to child/youth and parent/guardian as appropriate
- 834 from eMedNY is sent to old plan confirming disenrollment, effective last day of current month –July 31, 2021
- 834 from eMedNY is sent to new plan confirming new enrollment date, effective first day of following month – August 1, 2021
- LDSS sends Transmittal Form to new MMC Plan with placement and care needs information
- LDSS Foster Care Liaison and new MMC Plan foster care liaison continue to communicate regarding ongoing care needs for the child/youth



# Example Timeline-LDSS MMC Plan Transfer



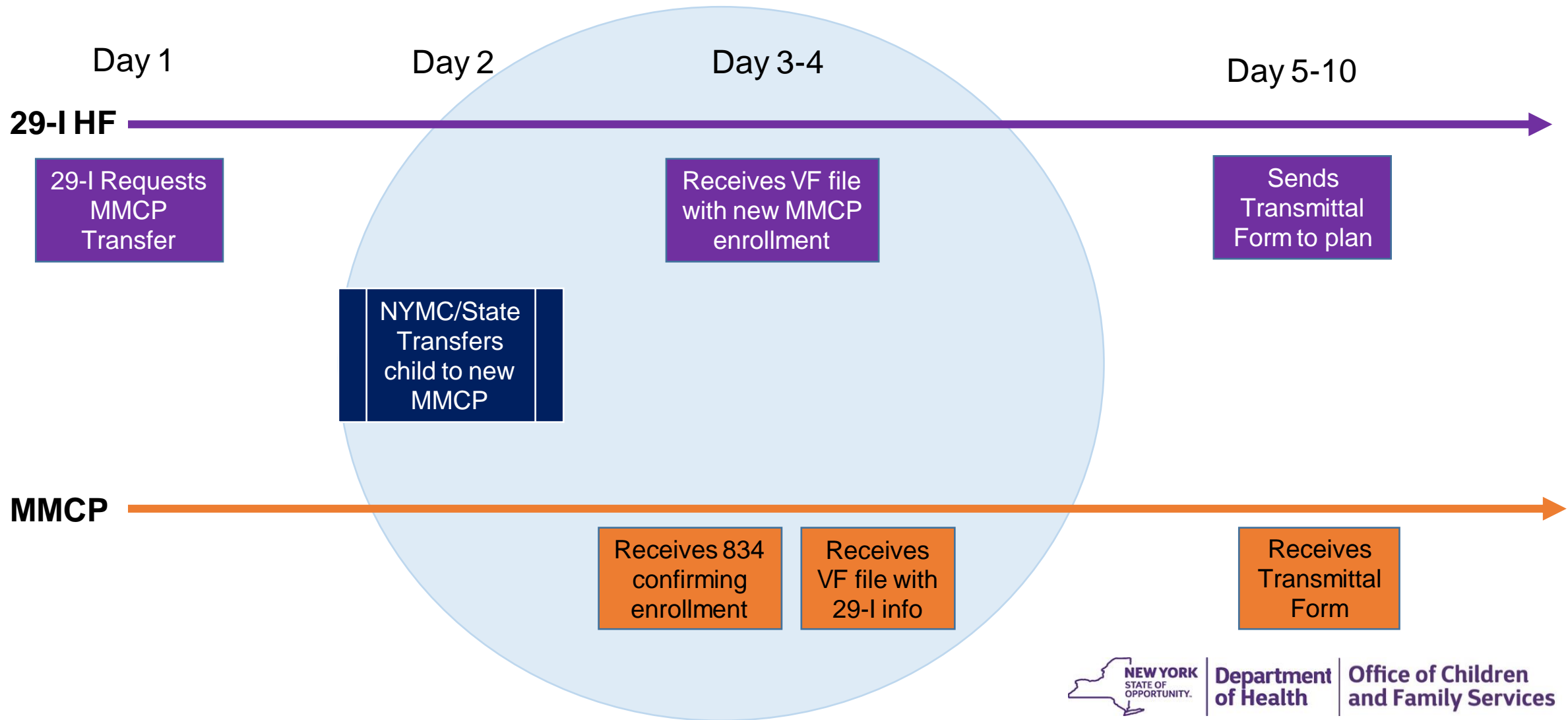
## Plan Transfers – Expected Information Flow

### Statewide:

Child/youth is in foster care and placed with 29-I Health Facility beginning July 3, 2021, and enrolled in MMC plan.

- On July 27, 2021, 29-I Health Facility contacts NYMC to request transfer to new MMC plan
- NYMC processes enrollment transactions, transfers to new MMC plan effective first of the following month- August 1, 2021
- NYMC sends supplemental file to 29-I Health Facility with enrollment and MMC plan with placement; sends enrollee notice in care of 29-I Health Facility
- 834 from eMedNY is sent to old plan confirming disenrollment, effective last day of current month –July 31, 2021
- 834 from eMedNY is sent to new plan confirming new enrollment date, effective first day of following month – August 1, 2021
- 29-I Health Facility sends Transmittal Form to new MMC Plan with placement and care needs information
- New MMC Plan and 29-I Health Facility foster care liaisons continue to communicate regarding ongoing care needs for the child/youth

# Example Timeline- NYMC MMC Plan Transfer



# Monthly Placement Snapshot Report

- MMC plan-specific report that will be shared with MMC plans through NYMC
- Includes children/youth enrolled in a MMC plan who are placed in foster care at the time the report is created
- Purpose and use:
  - MMC plan may use the snapshot to identify if there is a child in placement for which the plan has not received a Transmittal Form
  - If such child/youth appears on the report, MMC plan is to reach out to 29-1 Health Facility or LDSS to arrange services, as needed
- Report is NOT a source of truth and does not override the Transmittal Form
- Data in report is only valid for the date it is issued; the report **cannot be used** to verify current children in placement for which the MMC plan has already received a Transmittal Form



# LDSS, 29-I Health Facility and MMC Plan Liaison roles

- 29-I Health Facilities will designate a Foster Care Liaison
  - available to the LDSS and MMC plan to address any issues for children/youth placed in foster care
- MMC plans will designate a Foster Care Liaison
  - available to the LDSS and 29-I Health Facility to address any issues for MMC enrollees placed in foster care
- As for the 2013 Transition, LDSS must designate a Foster Care Liaison
  - Serves the 29-I Health Facility and MMC plan contact for general issues and specific cases



# LDSS, 29-I Health Facility and MMC Plan Liaison roles

## The LDSS Foster Care Liaison

- Sends Transmittal Form as required to MMC plan's liaison
- Ensures that court ordered services, including medical evaluations and health care services are communicated to the 29-I Health Facility (as applicable) and the MMC plan Foster Care Liaison
- Reports to the MMCP Foster Care Liaison any changes in status that affect care and services for the enrollee, including, but not limited to
  - the need for additional assessment(s);
  - change in status resulting from diagnostic assessments;
  - need for a change in primary care provider or care management agency;
  - enrollee's placement with a 29-I Health Facility;
  - new foster care placement address.
- Receives notice from the MMC plan of any changes in an enrollee's status; the LDSS must take appropriate action, including necessary follow-up for the enrollee's care and updating case information in the system.
- Informs the MMC plan what responsibilities are delegated to the 29-I Health Facility.



# Access to Care

- MMC plans are responsible for ensuring services are provided in a trauma-informed manner and consistent with standards of care recommended for children in foster care
- Offer contracts to Essential Community Providers
- Out of Network/out of area access
- Transitional care and continuity of care requirements
  - No UR for LTSS, HCBS, OLHRS for 180 days
  - Post 29-I discharge access to OLHRS
- Ensure access to immediately needed services, including replacement of covered pharmacy, equipment and supplies such as eyeglasses and contact lenses, hearing aids, specialized beds, wheelchairs, strollers, lifts, orthotics, supine standers
- No prior authorization for Core Limited Health-Related Services

# Required and Mandatory Assessments

- Coverage of required and mandated assessments
  - MMC plans must cover all foster care intake assessments, including initial screens, comprehensive diagnostic assessments and any additional mandated assessments identified by the Office of Children and Family Services and/or the LDSS/29-I Health Facility
  - Following these assessments, the MMC plan will facilitate access to providers and coordinate care for recommended treatment
  - Monitor that comprehensive care needs are adequately met, and treatment recommendations are implemented
- No prior authorization for required/mandated assessments
- MMC plans to make medical case management services available
- LDSS/29-I Health Facility may attest to court ordered or mandated services:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/court\\_ordered\\_and\\_mandated\\_service\\_attestation\\_29i.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/court_ordered_and_mandated_service_attestation_29i.pdf)





# MMC Enrollment Post Foster Care Discharge

- Discharge from foster care does not mean child/youth is automatically disenrolled from MMC
  - MMC plan enrollment should continue if the child/youth is eligible for Medicaid and not otherwise exempt or excluded.
  - For continuity of care, LDSS should maintain enrollment in the same MMC plan where possible
- At the time of discharge from a 29-I Health Facility the child/youth should remain in their MMC plan unless they are otherwise exempt or excluded

# Continuity of Care Upon MMC Disenrollment

- At the time of disenrollment from the MMCP, where a child/youth is in receipt of 1915(c) HCBS, long-term services and supports or the child/youth is in an ongoing course of treatment for a behavioral health, disabling or chronic condition, the MMCP will prepare a written discharge plan to assure continuity of care.
- The discharge plan should be provided to the enrollee or his/her legal guardian, his/her designated care provider, and the LDSS/29-I Health Facility within fifteen (15) days of the notice of a request for disenrollment from a MMCP.

# Policy Paper Update

Version 2021-2.0

- Pharmacy benefit coverage and requirements for children in Foster Care
- Billing Manual revisions incorporated
- PCP Referrals not required to access specialty care
- MMCP accept attestation for court ordered/LDSS mandated services
- LDSS notify 29-I Health Facilities of MMCP enrollment
- Updated Transmittal Form and instructions
  - Send transmittal Form to new MMCP, when LDSS or 29-I Health Facilities initiate a MMCP transfer
- MMCP reimburse 29-I Health Facilities as enrollee's rep if covered services paid out of pocket prior to eMedNY case open (where Medicaid and enrollment retrospectively in place on date of service)
- ID Cards issued to new enrollees
- Technical clarifications
- Glossary
- Citations



# References

Article 29-I VFCA Health Facility License Guidelines:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/final\\_draft\\_vfca\\_health\\_facilities\\_license\\_guidelines.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/final_draft_vfca_health_facilities_license_guidelines.pdf)

29-I Health Facility Billing Guidance:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/29i\\_billing\\_manual\\_final.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf)

A list of 29-I licensed Health Facilities:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/vol\\_foster\\_trans.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm)

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