

LDSS Questions on Foster Care Transition to MMC July 1, 2021

	Category	Question	Answer
1	General Information	What problems will occur if the Medicaid case isn't opened as soon as possible after the child/youth is placed in foster care?	If the child doesn't have Medicaid, Medicaid cannot cover the cost of those services. If the community provider is unwilling to hold billing until coverage can be established, the LDSS or VFCA will have to cover the cost of services in these instances, and later seek reimbursement through the Medicaid managed care plan, Schedule E or MFM process, once Medicaid is established.
2	General Information	What is the 1915(c) waiver?	In this case, the 1915(c) waiver is the consolidated 1915(c) Children's Waiver to provide children's home and community based services to high needs children. More information is available on the DOH website at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/web-info_child_mst.htm .
3	General Information	What if the MMCP does not cover a certain care that may be needed, should the LDSS direct the 29-I Health Facility to use FFS?	The MMC plan benefit package is available to children in foster care. Medicaid covered services that are carved out of the benefit package are still available through FFS. FFS will not cover a managed care benefit while the child/youth is enrolled. Plan denials of coverage may be appealed through the plan's appeal process, and if upheld on appeal, reviewed at a fair hearing or, in some cases, NYS's independent external appeal. If there is a concern with the MMC plan response or operations, the 29-I Health Facility may contact managedcarecomplaint@health.ny.gov
4	General Information	What is a 29-I Health Facility?	Under Article 29 of NYS Public Health Law, VFCAs may become licensed health care providers and provide a certain set of limited Medicaid covered services to children in their care, and to other children, such as those in LDSS certified foster homes. All but 4 VFCAs will be licensed as 29-I Health Facilities by July 1, 2021. See the DOH website for more information at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm .
5	General Information	Can a list of MMCP for each LDSS be issued?	Yes. See: https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/
6	General Information	Is there a current list of the VFCA's available and the plans they participate in broken down by County?	DOH will share this information when it is available.
7	General Information	Is there a List of foster care liaisons by County, with contact information? Will we be getting a current list of all the MMC foster care liaisons?	Yes. DOH or OCFS can provide this list to LDSS, 29-I Health Facilities or MMC Plans upon request to bh.transition@health.ny.gov .
8	General Information	Can a current 29-I MMIS ID Number list be provided?	Yes. see: https://commerce.health.state.ny.us/hpn/ctrldocs/omcrds/docs/29-I_Contact_and_MMIS_List.xlsx or DOH/OCFS can provide this list to LDSS, 29-I Health Facilities or MMC Plans upon request to bh.transition@health.ny.gov .
9	Case Codes	Does the LDSS need to take action on the existing RRE K9 and K8 codes that are active in eMedNY?	The LDSS should not take action on RRE K8. The State will handle the end dating in a bulk system process to void RRE K8 and will ensure districts are aware of when that will be happening. The RRE K9 should remain on the case when the child/youth is in the Children's Waiver and also in foster care. For any child that is entering foster care that is already enrolled in the Children's Waiver, the LDSS should add K9 upon the child's placement in foster care. RRE K9 should be ended dated if the child is not participating in the Children's Waiver
10	Case Codes	What does the term "PP10" code mean?	PP10 is Principal Provider code on eMedNY. For children/youth in foster care and 8D Babies placed with a 29-I Health Facility, the LDSS must enter and maintain the PP10 and correct associated 29-I Health Facility MMIS ID.

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11	Case Codes	If in facility, where we used to authorize "01" coverage, we would now authorize "30" coverage, and that the PP code "10" combined with Card code "R" is what indicates that the child is in facility, and differentiates them from children not in a facility ?	The change from 01 to 30 coverage is not dependent on placement in a 29-I Health Facility. The coverage changes to 30 if the child/youth will be enrolled in MMC, even if the child/youth remains in direct care of the LDSS. A card code R, PP10 and MMIS ID should be added to the case for children/youth placed with a 29-I Health Facility, even if the child/youth will remain in FFS.
12	Case Codes	Regarding cases that have an open ended RRE 90, please verify that they should be end dated (if not otherwise excluded) and that LDSS also needs to input the Principal Provider of 10 and card code R (screen 5) to preclude auto assignment. Currently, will those two actions trigger any action from NYMC as far as communicating with the 29-I Health Facility for plan choice and enrollment? Also, do we need the 10 and R or are the K8 and K9 replacing them?	Regarding cases having RRE 90: If the only reason the RRE 90 was entered was because the child/youth was excluded from MMC enrollment due to placement in foster care, the RRE 90 should be end dated as of April 30, 2021. The state systemically removed RRE 90s where VFCAs confirmed placement status. Outside of NYC, PP10 and the associated facility's MMIS ID should be on cases that are referred to 29-I Health Facilities. Adding these codes to a case will not trigger an enrollment action by the enrollment broker, or replace the county's enrollment procedures; the LDSS should process the MMC enrollment for the child/youth unless otherwise excluded. The PP10 and MMIS ID will be used by the MMC plan for noticing and ensuring the child/youth is able to access services designed for children The NYC SERMA process will add PP10 and the MMIS to new eMedNY cases; ACS will coordinate with 29-Is to maintain the PP10. As new cases for foster care through SERMA are opened on eMedNY, the enrollment broker will find the new cases and automatically passively enroll children who do not have another exclusion on file. Card code R procedures are not changing. The discontinuance of RRE K8 and modification of use for RRE K9 do not impact the use of card code R or PP10
13	Case Codes	In the June 8, 2021 webinar, slide 14 states that LDSS is to continue using RRE 90 for (listed) reasons. Will the facility be communicating this information to the LDSS liaison? If not, how will we know to input or continue the RRE code?	RRE 90 should be used when the child/youth should be excluded or exempt from MMC enrollment for reasons other than Foster Care, such as having comprehensive Third Party Health Insurance (TPHI). If a 29-I Health Facility determines it would be in the best interest of a child/youth to remain in FFS, that will be communicated to the LDSS by the 29-I Health Facility. That information should be added to the child/youth's case record and the LDSS would add the RRE 90. Outside of NYC the LDSS will disenroll the child/youth. Alternatively, NYMC will process 29-I Health Facility requests to disenroll or to change plans for children/youth placed with the 29-I Health Facility.
14	Forms	Is there a standard Transmittal form or will each health plan have a different one?	All LDSS and 29-I Health Facilities must now use the new statewide standard Transmittal Form. This does not preclude the LDSS or 29-I Health Facility from coordinating or agreeing with a managed care plan to provide additional information with the Transmittal Form.
15	Forms	When will the new Transmittal form be available and where will it be found?	The Transmittal form is currently available on the DOH website. https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_transmittal_form_and_instructions.pdf
16	Forms	Who completes the Transmittal form - the Medicaid worker or the foster care worker, does it matter?	The LDSS may determine who best at the county should complete the form; it is recommended the form be completed by a staff person most familiar with the child's case.
17	Forms	Is NYMC sending the foster care Transmittal Form to the facility for the July 1, 2021 enrollments?	The Transmittal form is a notification from the LDSS or the 29-I Health Facility to the MMC plan about changes in placement information. It is not an enrollment notice. It does not confirm enrollment in a MMC plan. It is a mechanism to communicate with the MMC plan about the child's foster care and 29-I Health Facility placement status.

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18	Forms	Will MMC provider be able to generate/assign a subscriber/member number without having received a physical Transmittal form from the district?	The Transmittal form does not effectuate enrollment. The LDSS, State or NYMC must process the enrollment. When the enrollment is processed for a case on eMedNY, eMedNY will generate an 834 transaction to the MMC Plan. When the MMC plan receives the 834 transaction, the plan will establish a plan ID number for the child/youth and begin other plan activities, such as issuance of an ID card. The Transmittal Form provides the MMC plan with important information about the child/youth's placement, immediate care needs, and who to contact at the LDSS or 29I Health Facility to coordinate services for the child/youth.
19	Forms	When completing the managed care Transmittal Form for a child in a 29-I Health Facility after June 19, 2021, what address is used for the child, the LDSS address or the VFCA address?	The Transmittal Form should include the contact for the 29-I Health Facility, but may also include the LDSS contact.
20	Notifications	A batch enrollment was received putting foster care children in managed care. Does LDSS send the M21 notice? If so, to whom? The address on our cases is the LDSS. Also, where do we send the plan ID cards as they all came to the LDSS?	If NYMC processed the batch enrollments, they would be responsible for the notices, and these notices would be directed to the 29-I Health Facility. NYMC is handling pre-implementation enrollment and notices for all counties. If the child/youth is placed with a 29-I Health Facility, the plan should direct plan ID cards to the 29-I Health Facility address listed on PP10 MMIS ID number. Please report misdirected ID cards to mcsys@health.ny.gov.
21	Notifications	When foster care children/youth are enrolled, should a client notice be completed?	If the district is enrolling the child/youth, the district is responsible for the enrollee notice.
22	Notifications	Is there a form for an enrollee notice that is sent to the parent of a child in foster care when enrolled in MMC? Something that sounds like a notice of enrollment needs to be sent to the parent when LDSS enrolls a foster child/youth in Medicaid managed care. Is there a State form for this?	Notices are not being sent automatically to the parents of foster care children. All notices from NYMC and directed to the 29-I Health Facility to share with children/youth and their parent/guardians, if appropriate. The LDSS generating its own enrollment notices would share these notices with the child/youth and parent/guardian, if appropriate.
23	Notifications	There are cases that have been enrolled for July 1, 2021, but no principal provider lines are in place. It was stated that it is LDSS responsibility to update eMedNY with this information. Does that information drive the appropriate payment to MMC plans? Does that information trigger all notices produced through CNS to the 29-I Health Facility?	Outside of District 97, PP10 and associated MMIS ID should only be entered for those children/youth that are in foster care placed in the care of a 29-I Health Facility. This information does not change payment to MMCPs. The MMCP and NYMC will use the MMIS ID to appropriately direct the plan ID card and other notices to the correct 29-I Health Facility. The PP 10 does not automatically trigger CNS to send notices to the 29-I Health Facility. The LDSS should enter the administrative address of the 29-I Health Facility on the eMedNY/WMS case to ensure system notices are directed correctly.
24	Notifications	Can MMCP ID cards be sent to the facility using the PP10 information as the information/notices will be?	Yes. All cards and notices for children in the care of a 29-I Health Facility should be sent to the 29-I Health Facility for sharing with the child/youth and parent/guardian as appropriate.
25	Enrollment	Does the 'No Lock-in period' only refer to when the child is in a 29-Health Facility?	Any child/youth in foster care can change/transfer MMC Plans or disenroll from the plan at any time. The LDSS or 29-I Health Facility may determine the good cause reason as per 18 NYCRR 360-10.6, including that the change is the best interest of the child. The reason must be documented in the child/youth's case record. The change will be prospective beginning the first of the month following the date of the transaction.
26	Enrollment	Are all enrollments prospective or can they be changed retroactively?	Plan enrollment changes are to be made effective the first of the following month. New enrollments are retroactive to the first of the month in which the transaction takes place.

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27	Enrollment	Are children in foster care who are placed out of state to be enrolled in Medicaid managed care?	Children/youth who are placed out of state are excluded from New York State MMC, but can be enrolled in a commercial plan in another state, as determined by the LDSS.
28	Enrollment	Will children who are at Behavioral Health Services North (BHSN) be required to enroll in Medicaid Managed Care since BHSN is not a 29-I Health Facility?	Effective July 1, 2021, all children/youth in foster care are mandatory for enrollment in managed care, unless otherwise exempted or excluded. For the purpose of this transition, children/youth in the care of a VFCA that is not being licensed under PHL Article 29-I, are considered to be direct care of the LDSS and should be enrolled in managed care, unless otherwise excluded. VFCAs that are not licensed as 29-I Health Facilities include: BHSN, St. John Bosco Child and Family Services, St. Colman's Home, and Catholic Family Center.
29	Enrollment	Does the LDSS or the 29-I Health Facility choose the plan that the foster care children are enrolled in?	For areas outside of NYC, the LDSS selects the plan for the children/youth in direct care of the LDSS. In NYC, New York Medicaid CHOICE (NYMC) will automatically passively enroll children newly placed in foster care and 8D Babies through the SERMA process. In addition, 29-I Health Facilities statewide may request MMC plan enrollments, transfers, or disenrollments through NYMC or the LDSS.
30	Enrollment	How will LDSS be notified to enroll children/youth, when to enroll them, and in what plan?	<p>For children currently in foster care and placed with a VFCA and now eligible to enroll on July 1, the pre-implementation enrollment process being conducted by NYMC has been completed. As of June 19, 2021:</p> <ol style="list-style-type: none"> 1) the LDSS will continue to enroll children in direct care of the LDSS, unless otherwise excluded from managed care. 2) the LDSS should begin enrolling children/youth newly placed in foster care and 8D babies, including those children/youth placed with VFCAs, unless the child/youth is otherwise excluded from managed care. 3) In addition, 29-I Health Facilities may request enrollments, plan transfers, or disenrollments through NYMC or the LDSS. <p>Note that the 29-I Health Facilities have identified children with Medicaid case coding that prevented enrollment prior to the transition. Transitioning children (in foster care prior to July 1, 2021 and new to MMC) remain eligible for a July 1, 2021 enrollment effective date through the month of July. When processing these enrollments, the LDSS must first correct the case coding blocking enrollment, such as removing an RRE 90 that is no longer applicable, or entering a PP10 with appropriate MMIS ID of the 29-I Health Facility (the system will not accept enrollment for children with an R card code and blank PP). Plan changes/disenrollments should still be effective the first of the following month.</p> <p>The MMC plan selected must operate in the district of fiscal responsibility. Other MMC plan selection considerations include:</p> <ul style="list-style-type: none"> - choice of child/youth and parent/guardians, where appropriate - evaluation of the provider networks - current service needs and service provider locations - identification of the child's current primary care provider (PCP); and - county and other placement arrangements for the child.
31	Enrollment	Should children/youth placed out of the county, where the MMCO plans are different, still be enrolled?	Yes, children/youth should be enrolled in MMC unless otherwise excluded. As children may be placed in any part of the state, plans are responsible for covering medically necessary Benefit Package services, and for arranging for services that are geographically accessible, including with out of network providers, if needed. Choice of plan is always limited to those who operate in the child's district of fiscal responsibility. In this circumstance, the 29-I Health Facility or district may consider if it is in the best interest of the child to enroll the child in a plan that operates in both the district of fiscal responsibility and the placement county.

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32	Enrollment	Who will be doing all of the enrollments - NYMC, the county, or a combination of both?	NYMC and the State completed enrollments for transitioning children during the Pre-implementation phase: April 1 through June 18, effective July 1, 2021, with some continuing activity through July. Ongoing enrollments for NYC are completed through the SERMA process, NYMC and the State. Ongoing enrollments for counties outside of NYC are to be completed by the LDSS. In addition, 29-I Health Facilities statewide may request MMC plan enrollments, transfers, or disenrollments through NYMC or the LDSS.
33	Enrollment	How does LDSS know what plan we would be enrolling the child in when we have more than one plan choice?	The MMC plan selected must operated in the district of fiscal responsibility. MMC plan selection includes evaluating which plan may be in the best interest of the child/youth, and considerations such as: - plan choice of child/youth and parent/guardians, where appropriate - current service needs and service provider locations - identification of the child's current primary care provider (PCP); - evaluation of the plans' provider network; and - <u>county and other placement arrangements for the child.</u>
34	Enrollment	Is there a limit to the number of enrollments and disenrollments a year?	No, however, all MMC enrollment changes are prospective and effective the first of the month following the transaction.
35	Enrollment	Can local districts get a code or a number to utilize when calling into New York Medicaid CHOICE to ensure a faster process?	It is not anticipated that LDSS will need to call NYMC to effectuate enrollments.
36	Enrollment	In the June 8, 2021 webinar, slide 17 states that for cases through May 14, 2021, NYMC will be enrolling; and NYMC will begin autoenrolling for NYC on May 24, 2021. What about cases activated or admitted between May 14 and May 23? Will NYMC be enrolling those also?	NYMC is enrolling all new cases opened through SERMA in NYC as of May 15, 2021 and forward, via the ongoing enrollment process that began May 24, 2021.
37	Enrollment	In the June 8, 2021 webinar, slide 21 states that enrollments MAY be carried out by NYMC. How will LDSS know if NYMC is processing the enrollment so as not to duplicate efforts?	Outside of New York City, LDSS should follow their regular process for enrolling children/youth in foster care. The NYMC field representatives do not currently enroll children/youth in foster care. However, if the LDSS would like to have enrollment broker assistance for these enrollments please contact mcsys@health.ny.gov .

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38	Enrollment	If LDSS has an onsite NYMC rep, would they do the enrollment for a newly placed foster child/youth, or would it be the LDSS entering the line into WMS? Will NYMC be able to do retroactive enrollment to the first of the current month and will they be able to change plans after the “cut-off”?	<p>Outside of New York City, LDSS should follow their regular process for enrolling children/youth in foster care. The NYMC field representatives do not currently enroll children/youth in foster care. In processing enrollments, LDSS are to:</p> <ol style="list-style-type: none"> 1) As they do today, maintain current enrollment in the same plan for a child who was enrolled prior to entering foster care, unless the DFR has changed and the plan does not operate in the new DFR, or it is in the best interest of the child to change plans or disenroll to FFS, or the child is otherwise excluded from MMC. 2) For children/youth who are newly covered by Medicaid, and not excluded from MMC, the LDSS would enroll the child at the time of case opening into a MMCP that operates in the DFR, with the effective date of the enrollment retrospective to the first of month of the enrollment transaction, regardless of pull down date. 3) If the LDSS determines that an enrolled child/youth currently placed in foster care needs to change plans or disenroll to FFS, the effective date of the new plan or disenrollment is the first of the following month, regardless of pull down date. <p>NYMC will enroll children/youth in NYC, whose case is opened through the SERMA process and are not excluded from MMC, with the effective date of enrollment retrospective to the first of the month of the enrollment transaction date. NYMC will also process 29-I Health Facility requests to disenroll or change plans for children/youth placed with the 29-I Health Facility.</p>
39	Enrollment	If a child/youth is placed into foster care on July 6, 2021, and goes into a 29-I Health Facility on August 10, 2021, would LDSS back date enrollment to August 1, 2021?	Retrospective enrollment is applicable to new cases opening for a child/youth being placed in foster care with no current enrollment. Enrollment in MMC is not dependent on the date the child comes under care of the 29-I Health Facility. If a child/youth not currently enrolled in MMC is placed in foster care on July 6, 2021, the LDSS should enroll in a MMC plan with effective date of July 1, 2021, unless the child/youth is excluded from MMC.
40	Enrollment	If a youth is in an RTC and has not been enrolled through the pre-implementation enrollment process, can the LDSS do the enrollment and what information needs to be provided, if able?	The 29-I Health Facility may contact the LDSS to enroll the youth, unless the youth is excluded from MMC. The 29-I Health Facility may recommend a plan selection based on the needs of the youth.
41	Enrollment	In the June 8, 2021 webinar, slide 25 states maintain same MMCP after discharge. What if child was placed outside DFR and the other district offers different plans? That child will need to transition. Will NYMC be handling those transitions?	The child/youth must enroll in a plan available in their DFR, unless otherwise exempt or excluded. The process for continuing managed care enrollment on discharge from foster care has not changed.
42	Enrollment	If LDSS sees that a child is not enrolled after June 19, 2021, do we take steps to have the child enrolled with the form, or just follow our local procedure to enroll?	The transmittal form is not used for enrollment in a MMC plan. If a child should be enrolled in MMC and has not been enrolled as of June 19, 2021, the VFCA/LDSS should use the standard local process to complete enrollments.

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43	Enrollment	What should the LDSS do about plan enrollment when a child is discharged from foster care?	The process for continuing managed care enrollment on discharge from foster care has not changed. For areas outside of NYC, there are few things that happen depending on the child's circumstances. 1) the LDSS, or 29-I Health Facility if placed, sends a transmittal form to the plan to notify the plan of the discharge. 2) the LDSS updates/moves the child's case to reflect their future Medicaid coverage. 3) the LDSS maintains the child's enrollment in the same MMC plan where available (same DFR) and appropriate for the child for continuity of care, unless the child is otherwise exempt or excluded. For NYC, the child's case is transferred to the downstate WMS system for continued coverage. The 29-I Health Facility or Children's Center should send Transmittal Form to the MMC Plan to notify the plan of the discharge.
44	Enrollment	Please provide guidance for children active on HBE (NY State of Health) prior to placement?	When opening a WMS case for a child/youth placed in foster care child who is active on HBE, contact hxfacility@health.ny.gov to coordinate takeover of the coverage.
45	Enrollment	June 19, 2021 is after the first July pulldown, is the LDSS still to enroll for July after this date?	Yes. Enrollments should be effective July 1, 2021 for all new enrollments from June 19, 2021 through July 31, 2021.
46	Enrollment	Is it correct that a child entering foster care on July 7, 2021 with no previous Medicaid history, and their Medicaid case is opened on August 8, 2021, the child will have their Medicaid effective July 1, 2021 with Fee for Service and the child will be enrolled into their Medicaid managed care plan effective August 1, 2021?	Yes, that is correct.
47	Enrollment	In regard to effectuating changes in the Medicaid managed care plan, would LDSS or NYMC makes the changes? In the June 8, 2021 webinar slides it states that the 29-I Health Facility should contact NYMC directly to request an enrollment, transfer, disenrollment or change. It may be confusing and messy if both the LDSS and 29-I facility are contacting NYMC.	29-I Health Facilities statewide may contact NYMC to request MMC plan enrollments, plan transfers, or disenrollments. 29-I Health Facilities outside of NYC may contract LDSS with these requests. LDSS may process plan enrollments, transfers and disenrollments using local procedures for children/youth in their DFR; the LDSS should not contact NYMC to process these changes. If the LDSS requires assistance in enrolling children in MMC, please contact mcsys@health.ny.gov
48	Enrollment	What happens with children who are receiving SSI?	There are no changes based on SSI for this transition; receiving SSI is not an exclusion from mandatory MMC enrollment.

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49	Enrollment	<p>During the presentation it was stated that beneficiaries enrolled with Fee for Service Medicaid will now be mandatory for Medicaid Managed Care beginning 07/01/21 and that new applicants will be enrolled retrospectively to the first of the month. Currently when a beneficiary has FFS coverage of '01' entered into WMS, their coverage can not be changed to Managed Care '30' without providing a ten day notice to the beneficiary, as WMS views the change as being a negative action with Managed Care being a 'downgrade' from FFS. If an applicant is opened with FFS, we can retrospectively enroll but WMS will error and the coding in eMedNY/ePaces will not match the coding in WMS. How is this to be remedied? Example: Child is placed into a 29-I Health Facility on 07/08/21 and either was not on Medicaid prior or they had FFS Medicaid. They are eligible/ required to be in MMC back to 07/01/21. The LDSS would process an enrollment into a MMC Plan as early as possible, but in WMS if we get an #591 and not a #1776 the coverage would be incorrect until 08/01/21.</p>	<p>If an LDSS outside of NYC is processing a new enrollment for a child that was previously FFS and new to placement in foster care, effectuating MMC enrollment retrospective to first of the month may create downgrade of coverage from 01 to 30. Note that the enrollment and coverage are separate actions.</p> <ul style="list-style-type: none"> - Enrollment is retrospective for new placements only to the first of the month of the enrollment transaction (no greater than 30 days retro) - Coverage change is made as system allows, with notice, which will be prospective to first of the month following the transaction month, or the first of the month after the month following the transaction month, depending on the transaction date. <p>0591 - DOWNGRADE OF MA COVERAGE CODES HAS OCCURRED MA Coverage Code may only be changed according to Table #591. (F, E, U). This Edit is not Overridable. 1776 - DOWNGRADE OF MA COV CD 01 TO 30 HAS OCCURRED MA Coverage Code 01 to 30 may only be changed according to Table #591. (F, E, U). This Edit is Overridable.</p>
50	Enrollment	<p>Please define "Best interest of the child."</p>	<p>Best interest in this context refers making an informed plan enrollment decision based on the needs of the child. The LDSS/29-I Health Facility should consider the placement and care needs of the child and how best the child may retain or gain access to care. For example, if the child is placed out of state, they are excluded from MMC. If the child is expected to be out of the county (but within NYS) for a short time, it may be more disruptive to change their MMC plan. If the child is currently receiving specialty services, check if their providers are participating with a proposed MMC plan. MMC plans can help link a child to a provider quickly and help find the right services for a child. However, there could a specialty services provider in a particular area that doesn't participate in any MMC plan, in which case a child receiving care from that provider should remain in FFS. Overall, consider if the child is being properly assessed and are their needs being met?</p> <p>Note, when choosing a MMC plan, the MMC plan selected must operate in the district of fiscal responsibility. MMC plan selection includes considerations such as:</p> <ul style="list-style-type: none"> - plan choice of child/youth and parent/guardians, where appropriate - current service needs and service provider locations - identification of the child's current primary care provider (PCP); - evaluation of the plans' provider network; and - county and other placement arrangements for the child.

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51	Exclusions	Does the exemption/exclusion process remain the same as in traditional Medicaid managed care?	All of the same MMC exclusions still apply; the only change is removal of the exclusion for children in foster care either placed with a VFCA or who are in NYC. There is no change to exemptions from mandatory MMC. The LDSS/29-I Health Facilities may determine what enrollment option is in the best interest of the child, including having the child remain in FFS.
52	Exclusions	What if a child has comprehensive TPHI, but the county does not get that information from the parent and they get enrolled in managed care, what happens?	As for any other enrollee, although there may be a lag when the comprehensive TPHI is entered, the system transactions will be updated and the child will be disenrolled from MMC.
53	Exclusions	Regarding Exemptions and Exclusions, Page 12 from January, 2021 transition policy paper: "The LDSS or the 29-I facility may request disenrollment....if there is good cause reason or the change is in the best interest of the child." What are the good cause reasons? Is this something that LDSS makes the final decision on, or does NYMC need to evaluate?	Any child/youth in foster care can change/transfer Managed Care Plans or disenroll from a Plan at any time. The LDSS or 29-I Health Facility may determine the good cause reason as per 18 NYCRR 360-10.6, including that the change is the best interest of the child. The reason must be documented in the child/youth's case record. NYMC does not need to evaluate the reason for the MMC plan enrollment change.
54	Exclusions	The first sentence in the 2021 email notice to managed care coordinators seems to state that enrollment will now be allowed when R is present, but then the second sentence seems to state that R is being replaced by K8 & K9? "Section 6 - Card Code R to allow Mainstream Managed Care enrollment. A modification was made to Card Code R edit "ENROLLMENT NOT ALLOWED FOR ROSTER CLIENT" to allow enrollment in Mainstream Managed Care when there is a Principal Provider of 10 and a card code of R. This replaces the Card Code R with K8 and K9 requirement. This is a statewide change, excluding district 97- OMH."	Card Code R generally blocks enrollment in managed care. The State originally planned to bypass Card Code R when RR/E codes K8 or K9 were present, to permit children/youth placed with 29-I Health Facilities to enroll in managed care. When it was determined to stop the use of RR/E K8/K9 for the foster care transition, those codes could no longer be used for this purpose. The State changed the system logic to bypassing the Card Code R when PP = 10 (and District is not 97), to permit children/youth placed with 29-I Health Facilities to enroll in managed care.
55	Exclusions	If the child has TPHI are they still enrolled in managed care and not Medicaid FFS?	Comprehensive TPHI is still an exclusion from MMC. If the TPHI is less than comprehensive, that child should be enrolled in MMC, unless another exclusion reason exists.
56	Exclusions	Effective July 1, 2021 children placed in Foster Care will be enrolled in MMC unless otherwise exempt or excluded. Will children that are placed in a Rehabilitation Treatment Program be enrolled in MMC or Medicaid FFS? We have a child that was placed in St. Joseph's (Rose Hill) Drug treatment facility and later moved to Renaissance Addition Services.	Rose Hill is a part 817 Residential Rehabilitation Services for Youth (RRSY) provider. Renaissance Addiction Services operates both a Part 817 RRSY and a Part 820 Residential Service. Children/youth that are admitted to a Part 817 RRSY are excluded from Medicaid managed care . If the child/youth is receiving care from a Part 820 residential program, they can be enrolled in an MMC plan.

LDSS Questions on Foster Care Transition to MMC July 1, 2021

	Category	Question	Answer
57	MMCP	Would calls be referred to NYSDOH for instances where a facility does not participate with the TPHI, services are being provided, and the plan denies payment?	If the child is in managed care, but has TPHI that is NOT comprehensive; the process is the same as it is today. Claims can be submitted to the MMCP for coverage. If a claim is denied the 29-I Health Facility may dispute the denial using the MMC plan's process. If there is a concern with the MMC plan response or operations, the 29-I Health Facility may contact managedcarecomplaint@health.ny.gov
58	MMCP	Are new enrollees entitled to 60 days of transitional care?	When a new enrollee in foster care comes into MMC, the enrollee will have transitional care with a current provider for up to 60 days, if the provider agrees to work with the plan. In addition, the managed care plan must facilitate or arrange for continued access to requested services without interruption and without conducting utilization review for LTSS, HCBS, or OLHRS at least 180 days from the effective date of enrollment. There are some additional protections for children in foster care in the <i>Transition of Children Placed in Foster Care and New York State public Health Law Article 29-I Health Facility Services into Medicaid Managed Care, 2021</i> policy paper (transition policy paper). See: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/vfca_mmc_transition_policy_paper.pdf
59	MMCP	If a parent has a managed care card for the child in foster care, can they make appointments without having to notify anyone, the 29-I Health Facility or LDSS?	This circumstance may have already occurred (prior to the July 1, 2021 transition) for children enrolled in MMC at the time they are placed in foster care, where their coverage is continued in the same plan. The provider of service is responsible for confirming MMC Plan coverage and the medical consent at the time of service. After placement, the current plan ID card is to be sent in care of the LDSS or, if placed, the 29-I Health Facility.
60	MMCP	What if the 29-I Health Facility recommends testing that the LDSS does not agree with, will the managed care plan approve the testing anyway?	There is no change to the coordination for care of a child between the LDSS and the VFCA. As per the transition policy paper, the MMC Plan must authorize any required or mandated assessment, however, other health services may be reviewed by the MMC plan for medical necessity.
61	MMCP	Are all facilities in our county required to accept every managed care plan we offer?	All Mainstream Medicaid Managed Care Plans and HIV Special Needs Plans must accept claims from any 29-I Health Facility providing covered services to their enrollees, whether or not the 29-I Health Facility is contracted with that managed care plan. 29-I Health Facilities are not required to contract with every managed care plan in their services area, but are encouraged to do so to smooth communications and care coordination for the children/youth they serve who are enrolled in managed care. Managed care plans and the 29-I Health Facility may also establish a single case agreement for a particular enrollee.
62	MMCP	In the June 8, 2021 webinar slides, what does MMCP1 and MMCP2 refer to?	MMCP1 and MMCP2 are example fictional names of two different Medicaid managed care plans for the purpose of illustrating a plan transfer process flow.
63	MMCP	Some pharmacies will not use the CIN to provide meds if the child is in a managed care plan, instead, they want the plan's subscriber number. Is there something that the State can put out to providers to use the CIN until the plan ID cards are available?	Plan ID cards are usually available shortly after the child is enrolled. Reach out to the Managed care liaison for assistance.