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TRANSMITTAL: 21 OHIP ADM-03

TO: Commissioners of Social Services

DIVISION: Office of Health Insurance Programs

DATE: October 18, 2021

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

SUGGESTED DISTRIBUTION:	Director of Social Services Legal Staff Medicaid Staff Services Staff Fair Hearing Staff
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FILING REFERENCES

Previous Ref.	Releases Cancelled	Dept. Regs. Law	Soc. Serv. & Other	Manual Ref	Misc.
ADMs/INFs 19 OHIP/ADM-02 Consolidated Children's Waiver and Medicaid Case processing Requirements dated May 10, 2019	Dear Commissioner Letter dated 10/29/19 Office of Health Insurance Programs Policy and Proposed Changes to Transition Children in Direct Placement Foster Care into Medicaid Managed Care, 2013	10 NYCRR Parts 769 and 770	PHL Art 29-I § 2999-gg NYS SSL §366 1915(c) Children's Waiver		Foster Care State Plan Amendment 21-0003 New York Medicaid Program 29-I Health Facility Billing Guidance 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 Article 29-IVFCA Health Facilities License Guidelines

I. PURPOSE

The purpose of this Office of Health Insurance Programs (OHIP) Administrative Directive (ADM) is to provide local departments of social services (LDSS, district) with information and guidance regarding the Children's Medicaid System Transformation in relation to children/youth placed in foster care and Medicaid managed care.

Effective July 1, 2021, children/youth placed in foster care statewide are mandatory for Mainstream Medicaid Managed Care (MMC) enrollment, including children/youth placed in the care of a Voluntary Foster Care Agency (VFCA), unless otherwise exempt or excluded from enrollment. Eligible children/youth may elect to enroll in an HIV Special Needs Plan (HIV SNP).

In addition, effective July 1, 2021, State Plan Core Limited Health Related Services (CLHRS) provided by VFCAs licensed as 29-I Health Facilities will be added to the Mainstream Medicaid Managed Care Plan (MMCP) and HIV SNP benefit packages. MMCPs and HIV SNPs (collectively MMC plans) will also be responsible for covering Other Limited Health Related Services (OLHRS) provided by licensed 29-I Health Facilities.

This ADM supersedes previous guidance issued in the *Office of Health Insurance Programs Policy and Proposed Changes to Transition Children in Direct Placement Foster Care into Medicaid Managed Care of 2013* and the Dear Commissioner Letter dated October 29, 2019 regarding the use Recipient Restriction/Exception (RR/E) K codes for foster care.

II. BACKGROUND

In 2013, the New York State Department of Health (SDOH, the Department) and the Office of Children and Family Services (OCFS) began mandatory enrollment of children/youth in direct placement foster care in New York State (NYS) into MMC. At that time, children/youth placed in foster care in New York City (NYC) and those placed in VFCAs remained excluded from MMC. Children/youth participating in the former 1915(c) Bridges to Health (B2H) waiver programs were exempt from mandatory enrollment into MMC. As part of the Children's Medicaid System Transformation, effective April 1, 2019, the B2H waiver programs were consolidated under the 1915(c) Children's Waiver. Effective October 1, 2019, Children's Waiver Home and Community Based Services (HCBS) were added to the MMCP and HIV SNP benefit package, and the exemption from mandatory enrollment in MMC for participation in the Children's Waiver was removed.

On August 2, 2019, the Centers for Medicare and Medicaid Services (CMS) approved the Children's amendment to the New York State 1115 Medicaid Redesign Team Waiver, removing the exclusion from mandatory MMC of children/youth placed with VFCAs, as well as children/youth placed in foster care in NYC. For the purposes of this transition, VFCA placement includes foster boarding home placement and all levels of congregate care (agency operated boarding homes, supervised independent living programs, group homes, group residences and institutions). All other MMC exemptions and exclusions remain in place.

State Plan Amendment 21-0003 adds Preventive Residential Treatment (PRT) and Rehabilitative Residential Treatment (RRT) Early Periodic Screening Diagnosis and

Treatment (EPSDT) only for children/youth served by licensed Article 29-I Health Facilities to the Medicaid State Plan. These services are included in the MMCP and HIV SNP benefit packages.

III. **PROGRAM IMPLICATIONS**

Effective July 1, 2021, MMCPs and HIV SNPs are responsible for providing all benefit package services to enrolled children/youth placed in foster care in direct care of the LDSS, and children/youth placed in the care of a VFCA, promoting continuity of care, and ensuring health care services are delivered in a trauma-informed manner consistent with standards of care recommended for children/youth in foster care.

Licensed 29-I Health Facilities will provide CLHRS and OLHRS in accordance with their license, which will be covered by Medicaid Fee-For-Service (FFS) and which will be included in the MMCP and HIV SNP Benefit Packages as of July 1, 2021.

VFCAs who opt out of Article 29-I licensure are not authorized to provide CLHRS or OLHRS and will not be reimbursed for Article 29-I Health Facility services. However, children/youth placed in the care of these VFCAs and who are eligible for Medicaid will be enrolled in a MMC plan unless otherwise exempt or excluded from MMC. The LDSS will continue to determine appropriate MMC plan enrollment for these children/youth.

No new eligibility groups are created as a result of the foster care transition to MMC. There are no changes to Medicaid eligibility determination procedures. There are no changes to use of Card Code R for children/youth in foster care. However, the LDSS will implement changes to MMC enrollment procedures, RR/E coding and addresses to be applied to Medicaid cases for children/youth placed in foster care as described in this ADM.

Under the new reimbursement structure, VFCAs will no longer receive a Medicaid per diem payment to cover the cost of services provided by community providers to children in their care. Once coverage is established, community providers will be reimbursed directly by Medicaid FFS or the child/youth's MMC plan. It is critical that the LDSS establish Medicaid coverage as expeditiously as possible upon a child/youth's foster care placement. In situations where coverage has not yet been established and the child/youth has an immediate medical need, the LDSS must arrange for any needs prior to Medicaid being established, as the provider cannot bill Medicaid before coverage is established. The VFCA and LDSS must coordinate to ensure access to necessary services for children in the care of the VFCA; the LDSS will remain responsible for children in the direct care of the district. When Medicaid coverage is established, Medicaid will cover costs retroactively to the first of the month in which child was removed from home under existing procedures. The General Information System (GIS) entitled Provider Letter for Foster Children (OHIP-0129) can be found at the following link:

https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/21ma18.pdf

Similarly, it is critical that LDSS recertify children in foster care as appropriate and necessary in a timely manner, so as to avoid gaps in coverage and unnecessary MMC plan disenrollment/re-enrollment due to an administrative delay in extending coverage on Welfare Management System/Electronic Medicaid System of New York (WMS/eMedNY).

The NYSDOH and NYSOCFS 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 policy guidance can be found at:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/vfca_mmc_transition_policy_paper.pdf

The above-referenced guidance describes the roles and responsibilities of the LDSS, 29-I Health Facilities and MMCPs for communicating regarding the health and behavioral health care needs for children/youth placed in foster care in direct care of the LDSS and children/youth served by 29-I Health Facilities to ensure access to care. This includes mandatory assessments, court ordered treatment and LDSS-mandated services, access to out of network care, immediate replacement of MMC benefit package items upon entering foster care, and continuity of care as the child/youth is discharged from foster care or 29-I Health Facility placement.

The LDSS will designate a Foster Care Liaison to be the 29-I Health Facility and MMCP contact for general issues and specific foster care cases. 29-I Health Facilities and MMCPs will each designate a Foster Care Liaison to be readily available to the LDSS and 29-I Health Facility during regular business hours to address any issues for managed care enrollees placed in foster care or served by the 29-I Health Facility. The LDSS will notify MMCPs of enrollees placed in foster care and 8D Babies via the statewide standard Transmittal Form available at:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_transmittal_form_and_instructions.pdf. 29-I Health Facilities are required to notify MMC plans of enrollees receiving services from the 29-I Health Facility via the statewide standard Transmittal Form.

A. Populations

Licensed 29-I Health Facilities may provide Medicaid covered services to children/youth in accordance with their license, and the Medicaid State Plan, the *Article 29-I VFCA Health Facilities License Guidelines* available at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/final_draft_vfca_health_facilities_license_guidelines.pdf and the *New York Medicaid Program 29-I Health Facility Billing Guidance* available at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf to children/youth placed in their care, including, but not limited to:

1. Children/youth placed in foster care;
2. Children in foster care placed in a setting certified by the LDSS including children discharged from a setting certified by the LDSS;
3. Babies residing with their parents who are placed in a 29-I Health Facility and in foster care (8D Babies);
4. Pre-dispositional placed youth;
5. Children/youth placed by the Committee for Special Education (CSE);
6. Children/youth and adults who have been discharged from foster care but are

still eligible to receive services from the 29-I Health Facility; and

7. Any other children/youth as identified per State Plan Amendment (SPA), regulation, Article 29-I Guidelines, or the *New York Medicaid Program 29-I Health Facility Billing Guidance*.

Effective July 1, 2021, children/youth placed in foster care in direct care of the LDSS, and children/youth placed in foster care placed in the care of a VFCA will no longer be excluded from mandatory MMC enrollment. Other exemptions or exclusions from MMC still apply. For example:

1. Children/youth with comprehensive third-party health insurance (TPHI) are excluded from MMC and should not be enrolled, regardless of foster care placement status (these children/youth remain FFS).
2. Children/youth who are placed out of NYS are excluded from enrollment in MMC and should not be enrolled, regardless of their placement in foster care or placement in the care of a VFCA located in NYS (these children/youth remain FFS).
3. The LDSS or the 29-I Health Facility determines to exempt the child from MMC in the best interest of the child (child will remain in FFS). An exemption for the child's best interest may consider circumstances including, but not limited to: child's foster care placement is out of area and anticipated to be a very short period of time; unusual disruption of services or family connections would occur if enrolled; a critical health care provider for an ongoing course of treatment is not contracted with any area MMC plan; necessary due to court order, etc. Effective July 1, 2021, 8D Babies statewide will be enrolled in MMC unless otherwise exempt or excluded, in the same manner as children/youth placed in foster care, described in Section IV below.

There is no change to exemptions or exclusions from MMC for children/youth placed with a VFCA or served by a 29-I Health Facility that are not placed in foster care (e.g., CSE or pre-dispositional youth). If the LDSS determines the child/youth is eligible for Medicaid, enrollment in MMC will follow regular exemption/exclusion rules. For example:

1. A CSE child/youth that is placed with a VFCA and is determined eligible for Medicaid and has no reason for exemption or exclusion from MMC is mandatory for enrollment in MMC.
2. A child/youth that has been discharged from foster care and is determined eligible for Medicaid and has no reason for exemption or exclusion from MMC is mandatory for enrollment in MMC.

B. Services

1. On July 1, 2021, MMC and FFS will cover the following 29-I Health Facility services for eligible children/youth, as described in the *Article 29-I VFCA Health Facilities License Guidelines* and the *New York Medicaid Program 29-I Health Facility Billing Guidance* can be found at

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf

- a. CLHRS on a per diem basis. CLHRS per diem is categorized by the level of care provided and the facility type.
 - b. 29-I Health Facilities may provide OLHRS¹ in accordance with their license and designation. OLHRS include:
 - i. Children and Family Treatment Supports and Services (CFTSS);
 - ii. 1915(c) Children's Waiver HCBS;
 - iii. Medicaid State Plan Services for the screening, diagnosis, and treatment services related to physical health and behavioral health; and
 - iv. OLHRS do not include surgical services, dental/orthodontic services, general hospital services including emergency care, birth center services, emergency intervention for major trauma, treatment of life-threatening or potentially disabling conditions, nursing services, skill building activities (provided by Licensed Behavioral Health Practitioners (LBHP) as described in the *Article 29-I VFCA Health Facilities License Guidelines* and any subsequent updates), and Medicaid treatment planning and discharge planning, including medical escorts and any clinical consultation and supervision and tasks associated with the 29-I Managed Care Liaison/administrator in 29-I Health Facilities
2. Effective July 1, 2021, MMCPs and HIV SNPs are responsible for providing all Benefit Package services to enrolled children/youth placed in foster care in direct care of the LDSS, and children/youth placed in foster care and placed in the care of a VFCA.

IV. REQUIRED ACTION

A. Medicaid Case Coding

1. As of April 1, 2021 , all LDSS should discontinue use of RR/E code K8 to indicate children/youth placed in foster care in the care of a VFCA on any cases in eMedNY going forward.
2. As of April 1, 2021 , RR/E code K9 should only be utilized to indicate a child/youth participating in the 1915(c) Children's Waiver and placed in foster care. The LDSS should discontinue use of RR/E code K9 to indicate only that a child/youth is placed in foster care on any cases in eMedNY. 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.

¹ OLHRS, including CFTSS and 1915(c) Children's Waiver HCBS, were previously included in the Mainstream Medicaid Managed Care Plan and HIV Special Needs Plan Benefit Packages. Beginning July 1, 2021, licensed and designated 29-I Health Facilities will provide these services to Medicaid managed care enrollees.

3. As of 4/20/21, LDSS should no longer use RR/E code 90 to prevent managed care enrollment solely because the child/youth is placed in foster care, where the child/youth has no other exemption or exclusion from MMC. The LDSS should continue to use RR/E 90 code, or other appropriate existing system codes, when there is a MMC exemption/exclusion or good cause reason, including when the LDSS determines it is in the best interest of the child/youth to remain in FFS. For example:
 - a. The LDSS should continue to use exclusion code RR/E 90 for out of state MMC exclusion, as children placed out of state may not be enrolled in MMC. This applies to both IV-E² and non-IV-E children/youth.
4. When establishing the Medicaid case for a child/youth newly placed into foster care, the LDSS should enter an administrative address for the district, or, if placed with a 29-I Health Facility, an administrative address of the facility, as the child/youth's address on Welfare Management System/Electronic Medicaid System of New York (WMS/eMedNY). This is done to ensure that system-generated notices and MMC plan materials are directed appropriately, and are not inadvertently sent to the child/youth's family or foster home.
5. For children/youth placed with a 29-I Health Facility, the LDSS must enter and maintain the accurate Principal Provider (PP) code 10 and corresponding 29-I Health Facility Provider Medicaid Management Information System (MMIS) ID in WMS/eMedNY. (VFCAs not licensed as 29-I Health Facilities do not have PP 10 or MMIS ID numbers.) The NYS enrollment broker will use the MMIS ID to process enrollments/disenrollments, and along with MMCPs/HIV SNPs, will use the address associated with the PP ID number to send enrollee notices in care of the 29-I Health Facility. Inaccurate PP10/MMIS will delay future enrollment changes and inhibit enrollee noticing.

B. MMC Enrollment

1. General MMC enrollment requirements for children/youth placed in foster care and 8D Babies:
 - a. LDSS are responsible for ensuring these children/youth are enrolled in an MMCP or HIV SNP operating in the District of Fiscal Responsibility (DFR) and appropriate to the child/youth's needs. This requirement may, if arranged in advance, be carried out by the NYS enrollment broker, in counties where the LDSS utilizes the enrollment broker to enroll the child/youth³.
 - b. MMC plan selection should be made by the LDSS and the child/youth and the parent/guardians, where appropriate. For children/youth placed with a 29-I Health Facility, the 29-I Health Facility may change MMC plan selections, with the child/youth and their parent/guardian, where appropriate.

² IV-E Children/youth are placed outside of NYS and on that State's Medicaid, non-IV-E children/youth are placed outside of NYS but remain on NYS Medicaid.

³ As of July 2021, the NYS enrollment broker does not generally process enrollments for children in foster care outside of NYC. If the LDSS determines to use enrollment broker services for this function, the LDSS should contact mcsys@health.ny.gov to arrange for this service.

- c. MMC plan selection activities will include evaluation of the provider networks and service locations; identification of the child/youth's current primary care provider (PCP); and placement arrangements for the child/youth.
 - d. 8D Babies are not required to be enrolled in the same MMC plan as their parent(s).
 - e. Unless enrollments are carried out by the NYS enrollment broker, the LDSS is responsible for notifying children/youth and their parent/guardians, as appropriate, of the MMC plan enrollment. For children/youth placed with a 29-I Health Facility, the 29-I Health Facility may notify the child/youth and parent/guardians, where appropriate, of the MMC plan enrollment.
 - f. MMC plans will send welcome letters, identification cards, and other enrollee materials and notices in care of the LDSS to share with children/youth and parent/guardian, as appropriate. If the child/youth is placed with a 29-I Health Facility, the MMC plan will send welcome letters, identification cards and enrollee materials and notices in care of the 29-I Health Facility to share with children/youth and parent/guardian, as appropriate. The LDSS, 29-I Health Facility and MMC plan may mutually agree on a process for receipt of electronic and written enrollee materials and notices.
 - g. Exemptions or exclusions from mandatory MMC enrollment must be applied in accordance with guidance provided by the Department and adequately documented by the LDSS or the 29-I Health Facility in the foster care case record.
 - h. These children/youth are not subject to Lock-in and may change their MMC plan enrollment at any time. Changes will be prospective beginning the first of the following month after the transaction.
 - i. At any time, the LDSS or a 29-I Health Facility may determine it is in the best interest of the child/youth to remain in Medicaid FFS, or be disenroll from MMC to Medicaid FFS.
2. MMC plan enrollments at the time a Medicaid case is opened for a child/youth newly placed in foster care (whether or not the child/youth is to be placed with a VFCA) or new 8D Baby:
- a. Outside of NYC, if the child/youth is already enrolled in an MMC plan operating in the DFR, the LDSS will continue enrollment in the same MMC plan.
 - b. In a DFR outside of NYC, if the child/youth is not enrolled in an MMC plan, and is not otherwise exempt or excluded from MMC, the LDSS will ensure the child/youth is enrolled in a qualified MMCP or HIV SNP serving the DFR.
 - i. Beginning June 19, 2021, if the child/youth will be placed with a VFCA, the LDSS will enroll the child/youth in MMC. The LDSS will attempt to select a MMC plan that operates in the service area of the VFCA and/or in the county where the child/youth will actually reside. However, in no case will the child/youth be enrolled in an MMC plan that does not operate in the

- DFR. If child/youth is placed with a 29-I Health Facility, the LDSS should notify the 29-I Health Facility of the child/youth's MMC plan.
- ii. For new enrollments between June 19, 2021 and June 30, 2021, the effective date of enrollment is July 1, 2021.
 - iii. Beginning July 1, 2021, the effective date of enrollment will be retrospective to the first of the month of the enrollment transaction, not to exceed 30 days retrospective, regardless of the date Medicaid coverage becomes effective. Where Medicaid coverage for the child/youth is effective before 30 days prior to the enrollment transaction, the child/youth will be covered through Medicaid FFS.
- c. In NYC, children/youth placed in foster care through the SERMA (New York City Services/Medical Assistance Interface) process, will be enrolled in a qualified plan by the NYS enrollment broker, as described in Section IV.B.3.
 - d. See Section IV.B.4 if the child/youth is excluded from MMC; there is good cause reason for changing MMC plan enrollment; child/youth or parent/guardian (where appropriate) wishes to change MMC plans; or it is in the best interest of the child/youth to be transferred to another MMC plan or to remain or be disenrolled to Medicaid FFS.
3. NYC passive enrollment MMCP selection process for children/youth newly placed in foster care or new 8D Baby:
- a. In NYC, children/youth in foster care and 8D Babies are placed with 29-I Health Facilities or in direct care of the New York City Administration for Children (NYC ACS).
 - b. Beginning May 24, 2021, every business day, the NYS enrollment broker will systemically identify all new foster care and 8D Baby Medicaid cases opened under the SERMA process. These cases will be in District 66 with a Case Type (CT) 40 and have Principal Provider code 10 or 00 or blank.
 - c. The NYS enrollment broker will review the new set of cases for enrollment exemptions or exclusions. Children/youth with system exclusions or Native American identification will not be passively enrolled.
 - d. The NYS enrollment broker will select a qualified MMCP for enrollment-eligible cases. Qualified MMCP means the MMCP operates in the DFR, and where known and possible, is the MMCP the child/youth was previously enrolled in and/or operates in a service area that aligns with the 29-I Health Facility's service area.
 - e. Newly placed children/youth between May 15, 2021 and June 30, 2021 will be enrolled effective July 1, 2021. Beginning July 1, 2021, the effective date of enrollment will be retrospective to the first of the month of the enrollment transaction, not to exceed 30 days retrospective, regardless of the date Medicaid coverage becomes effective. Where Medicaid coverage for the child/youth is effective before 30 days prior to the enrollment transaction, the child/youth will be covered through Medicaid FFS.

- f. The NYS enrollment broker will send information regarding the enrollment through a supplemental file to the 29-I Health Facility (PP10) or NYC ACS (PP00 or blank) and will send a similar supplemental file with placement information to the MMCP.
 - g. The NYS enrollment broker will send individual enrollee notices of the MMCP enrollment in care of the 29-I Health Facility/NYC ACS to be shared with the child/youth and/or their parent/guardian, as appropriate.
4. MMC plan enrollment, enrollment transfers, and disenrollments for children/youth currently placed in foster care and 8D Babies:
- a. There is no Lock-in for children/youth placed in foster care or 8D Babies. The MMC plan enrollment may be transferred, or the child/youth may be disenrolled from MMC to Medicaid FFS at any time. Changes may be needed if the child/youth becomes excluded from MMC; there is good cause reason for changing MMC enrollment; the child/youth or parent/guardian (where appropriate) wishes to change MMC plans; or it is in the best interest of the child/youth to be transferred to another MMC plan or be disenrolled to Medicaid FFS. Standard MMC enrollment exclusion rules continue to apply.
 - b. Only the State, LDSS, or NYS enrollment broker may effectuate a MMC enrollment change.
 - c. Once enrolled, MMC plan enrollment, transfers, or disenrollments to Medicaid FFS are prospective, effective the first of the month following the enrollment transaction, regardless of the pull down date. For example, if an enrollment transfer transaction date is September 27, 2021, then the enrollment effective date in the new MMCP would be October 1, 2021.
 - d. The State or LDSS may directly process a MMC plan enrollment, enrollment transfer to a new MMC plan, or a disenrollment to Medicaid FFS at any time. The State and LDSS may submit enrollment transactions to effectuate these changes under regular processes, as necessary. Unless the MMC plan enrollment, enrollment transfer, or disenrollment to Medicaid FFS is processed by the NYS enrollment broker, the LDSS is responsible for notifying children/youth and their parent/guardians, as appropriate, of the MMC plan enrollment, MMC plan transfer, and/or disenrollment.
 - e. NYC ACS and 29-I Health Facilities (statewide) may contact the NYS enrollment broker to request to enroll a child/youth from Medicaid FFS into a MMC plan, transfer enrollment to a new MMC plan, or request disenrollment to Medicaid FFS at any time. The NYS enrollment broker will require the 29-I Health Facility to verify:
 - First and Last Name,
 - 29-I Health Facility Name and Corporate Address,
 - MMIS ID, and
 - 3 Digit Maximus code for their agency.

- f. If the Principal Provider code or MMIS ID on the child/youth's case is not accurate:
 - i. A request for MMC plan enrollment or MMC plan transfer will not be processed, and the requestor will be referred to the LDSS to update the placement information on the child/youth's case as appropriate. Upon learning that the placement information appears to be inaccurate, the LDSS must confirm, update, or change the placement Principal Provider code and/or the associated 29-I Health Facility MMIS Provider ID on the WMS/eMedNY case as appropriate. Once the LDSS confirms or otherwise updates/corrects the placement information on the WMS/eMedNY case, the requester may contact the NYS enrollment broker to request the enrollment transaction, if needed.
 - ii. A request for disenrollment to Medicaid FFS will still be processed by the NYS enrollment broker.
- g. The NYS enrollment broker will only process MMC plan enrollments, enrollment transfers, or disenrollments requested by authorized representatives of the SDOH, LDSS, NYC ACS or the 29-I Health Facility. The NYS enrollment broker will not process requests from or by children/youth or parents/guardians.
 - i. If an unauthorized request is received for an enrollment or disenrollment, the NYS enrollment broker will refer the requestor to the child/youth's LDSS for response and handling as appropriate to the child/youth's circumstances.
- h. For transactions processed by the NYS enrollment broker, the NYS enrollment broker will send information regarding the MMC plan enrollment, transfer or disenrollment through a supplemental file to the 29-I Health Facility (PP10) or NYC ACS (PP00 or blank) and will send a similar supplemental file with placement information to the MMC plan.
- i. For transactions processed by the NYS enrollment broker, NYS enrollment broker will send the enrollee's MMC plan enrollment/disenrollment confirmation notice (and any subsequent notices) in care of the 29-I Health Facility or NYC ACS for sharing with the child/youth and parent/guardian, as appropriate.
- J. At the time of discharge from foster care or a 29-I Health Facility, if the child/youth is determined eligible for Medicaid, the LDSS should make reasonable effort to maintain the child/youth's enrollment in the same MMC plan, unless the MMC plan does not serve the child/youth's DFR or the child/youth is otherwise exempt or excluded.

C. Transmittal Form

1. The statewide standard Transmittal Form, issued by the State and available at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_transmittal_form_and_instructions.pdf will be utilized by the LDSS/29-I Health Facilities to notify the MMC plan, either electronically or in writing

that:

- a. An enrollee is entering foster care;
 - b. An enrollee is placed in the care of a 29-I Health Facility;
 - c. An enrollee is discharged from foster care; or
 - d. An enrollee is discharged from a 29-I Health Facility.
2. The Transmittal Form is a statewide DOH approved form and may not be modified.
 3. A system for this notification must be agreed upon between the MMC plan's Foster Care Liaison, the LDSS Foster Care Liaison, and the 29-I Health Facility MMC Liaison to meet the needs of the parties. The LDSS/29-I Health Facility and MMC plan may mutually agree to the sharing of additional information with the Transmittal Form to improve communications between the parties and access to care for the child/youth.
 4. When the Transmittal Form is required, it must be completed and submitted to the MMC plan within five (5) business days of the change.
 5. Responsibility for Completing the Transmittal Form Notification:
 - a. The LDSS is responsible for completing and submitting the form to the MMC plan within five (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 MMC plan.
 - b. The 29-I Health Facility is responsible for completing and submitting the form to the MMC plan within five (5) business days of when a child/youth is placed in their care.
 - c. If a child/youth transitions to an alternative placement, the (new) agency that the child/youth is transitioning to must complete this form and submit to the MMC plan within five (5) business days of the change.
 - d. If a child/youth is discharged from foster care, the 29-I Health Facility making the discharge must complete this form and submit to the MMC plan within five (5) business days of the change.
 - e. If a child/youth is discharged from foster care but was not placed in a 29-I Health Facility at the time of the discharge (i.e. direct care, kinship care, or non-29-I Voluntary Foster Care Agency), the LDSS must complete this form and submit to the MMC plan within five (5) business days of the change.
 6. Transmittal Form notification is required in addition to established processes in place for MMC plan enrollment notification.

7. The MMC plan will accept a completed Transmittal Form from either the LDSS or the 29-I Health Facility Liaison as all information necessary to immediately carry out the requirements and standards for coverage of enrollees placed in foster care.
8. The MMC plan will not delay acting on receipt of the Transmittal Form pending a confirmation from any other source that the child/youth has been placed in foster care or is otherwise eligible for CLHRS or OLHRS.
9. If the child/youth was not enrolled prior to receipt of the Transmittal Form from a 29-I Health Facility, the MMC plan may confirm enrollment via 834 transaction, eMedNY, or contact the foster care liaison at the LDSS to verify the enrollment.

D. Foster Care Liaison Role

The roles and responsibilities of the LDSS Foster Care Liaison, 29-I Health Facility Medicaid Managed Care Liaison, and the MMCP Foster Care Liaison are described in the *Article 29-I VFCA Health Facilities License Guidelines* and the *NYSDOH and NYSOCFS Transition of Children Placed in Foster Care and New York State Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care* available at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/vfca_mmc_transition_policy_paper.pdf.

1. LDSS Foster Care Liaison
 - a. The LDSS will designate a Foster Care Liaison to be the 29-I Health Facility and MMC plan contact for general issues and specific foster care cases.
 - b. The LDSS will notify the MMC plan Foster Care Liaison within five (5) business days, either electronically or in writing using the Transmittal Form, of enrollees entering or discharging foster care.
 - c. The LDSS will ensure 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. The Court Order/Mandated Services Attestation available at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/court_ordered_and_mandated_service_attestation_29i.pdf may be utilized to communicate these services to the MMC plan.
 - d. The LDSS will report to the MMC plan 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, and new foster care placement address.
 - e. Upon notification by 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.

- f. The LDSS may delegate the responsibilities outlined under IV.D.1.a-d above to the 29-I Health Facility with which the child/youth is placed. The LDSS will inform the MMC plan what responsibilities are delegated to the 29-I Health Facility.
2. 29-I Health Facility and MMC plan Liaisons
 - a. The 29-I Health Facility will designate a Medicaid Managed Care Liaison (29-I Health Facility MMC Liaison) that will carry out LDSS Foster Care Liaison responsibilities delegated to the 29-I Health Facility by the LDSS and exchange information and coordinate with the MMC plan's Foster Care Liaisons to assure access to care for the children/youth served by the 29-I Health Facility.
 - b. MMC plans will designate a Foster Care Liaison to be readily available to the LDSS and 29-I Health Facility during regular business hours to address any issues for managed care enrollees in foster care. The MMC plan shall identify a backup contact when the MMC Foster Care Liaison is not available.

V. SYSTEM IMPLICATIONS

A. System Changes to Support the Transition

1. The following system changes have been made to remove the exclusion of children/youth placed in foster care in NYC and VFCAs statewide from MMC:
 - a. A WMS edit preventing managed care enrollment when Card Code is R, Principal Provider code is 10 (where the District is not 97) has been lifted. Children/youth may still be coded in WMS with a Card Code equal to R, but that code will no longer block enrollment as long as the Principal Provider and District code criteria are met. If these conditions are not met, Card Code R will still block other (non-foster care related) managed care enrollments
 - b. An eMedNY edit preventing managed care enrollment when Principal Provider code 10 was active has been lifted.
 - c. Programming was introduced in NYC WMS to flip full coverage ('01') to managed care coverage ('30') retroactive to the first of the transaction month when Principal Provider is equal to 10 and Case Type equals 40
 - d. SERMA changes were made allowing retrospective enrollment to the first of the transaction month, and the Coverage Code to flip from 01 to 30 when the enrollment is effectuated.
2. To ensure the new MMC plan enrollments can be effectuated, between April 29, 2021 and June 30, 2021, for cases where the 29-I Health Facility confirmed current placement in foster care/8D Baby, any RRE code 90 placed solely to prevent MMC plan enrollment was removed.
3. No changes will be made systemically for children in direct care of the LDSS outside of NYC, children/youth in foster care and placed with non-29-I VFCAs, or any other population served by a VFCA.

IX. EFFECTIVE DATE

The provisions in this Administrative Directive are effective immediately.

Brett R. Friedman
Acting Medicaid Director
Office of Health Insurance Programs