

Frequently Asked Questions (FAQs) from the Voluntary Foster Care Agency Managed Care Readiness Funds

- 1. I know it was asked during the Webinar but I am still not clear on How is the rate going to be calculated if you do not know the total care days for the period 11/1/15-03/31/16 for our agency?**

The rate calculation is estimated using the care days your agency has previously reported for the '13-'14 fiscal year. The rate add-on itself will be calculated by dividing your agency's approved contract amount by the estimated care days your agency reported over the period 11/1/13 to 3/31/14.

- 2. What happens if the claim amount (using actual care days from 11/15-3/16) doesn't come up to the total grant amount awarded...how will those funds be accessed?**

The rate add-on will be subsequently reconciled against actual utilization for 11/1/15 to 3/31/16 to ensure your agency receives the full allocation amount.

- 3. Will any other work plan or budget modifications be allowed after February 17, 2016?**

No

- 4. On what date can we expect to receive the approved Medicaid per diem rate and add-on approval? We have paid for grant-related expenses incurred since the 11/15/15 contract start date. Continued delay in reimbursement places a financial burden on VFCAs.**

For agencies that currently receive a Medicaid per diem, the rate add-on will be reflected in your posted rate by March 7, 2016. The funds will be added to your agency's remittances dated March 14, 2016 and your agency will begin to receive these funds on March 30, 2016. For agencies without a Medicaid per diem, the state is unable to determine when agencies will begin to receive the funding. This will be based on when each agency enrolls in Medicaid and is able to begin submitting the claim through eMedNY.

- 5. Please provide more detail on the interpretation of retroactive vs. prospective payments, as discussed during the webinar.**

Your agency must expend the funds 6/15/16, understanding that the activities and work that is being paid for by 6/15/16 may be carried out beyond that date.

- 6. Given that the timeframe for spending allocations has been extended from the executed contract date of 3/31/2016 to 6/15/2016, what happens if/when the**

agency's total allocation is exceeded prior to 6/15/2016, based on more care days than was used as a denominator for the rate add-on calculation?

The rate add-on will be subsequently reconciled against actual utilization for 11/1/15 to 3/31/16 to ensure your agency receives the full allocation amount. If the rate exceeds the total allocation amount, the reconciliation process will be used to recoup the excess funds.

7. How will we know when to stop billing the add-on rate and will there be official notification of a new rate after the period concludes?

For agencies with a Medicaid per diem, your agency will be submitting its claims as it normally does. The rate add-on will stop on its own once all of the funds are dispersed and your agency's per diem rate will return to the base rate. For agencies that do NOT have a Medicaid per diem, your agency will be submitting one claim that will include for the time period 11/1/15 to 3/31/16 and your agency will receive its total allocation amount from that one claim.

8. When will the final report template be provided?

The state is currently developing a template and documentation requirements for the final report. The final report will be due August 15th, 2016.

9. Are there instructions on how to claim for reimbursement for the managed care readiness funds?

For agencies that currently receive a Medicaid per, your agency's Managed Care readiness funds will flow through your current Medicaid per diem rate as an add-on. Your agency should have received a letter explaining the approval of the rate add-on as well as a follow-up letter explaining what the rate add-on is. Agencies the currently receive a Medicaid per diem will NOT need to submit their claims any differently than they already do.

For agencies who do not currently have a Medicaid per diem, the State Department of Health held a separate webinar on February 23rd (as a follow-up to the January 20th webinar) explaining how this will work. Your agency will receive a "new" rate through eMedNY for a set period of time through which you will receive your readiness funds. Your agency will need to reach out to CSRA (previously known as CSC) for individualized technical support (if needed) to prepare to submit claims through eMedNY.

<http://mctac.org/files/misc/159/final-vfca-follow-up-webinar-slides-2-23-16-plus-csc-slides.pdf>

10. It is our understanding that the funding will flow through a rate "add-on" and apply back to the start date of the funding approval--November 2015. With that said, do

you know what documentation needs to be submitted, to whom and how? Do we need to submit expenses incurred in order for the rate "add-on" to occur?

The state is currently developing a template and documentation requirements for the final report. The final report will be due August 15th, 2016. Your agency will need to provide information and documentation on all expenses related to your Managed Care Readiness activities approved in your Expenditure Budget. See number 12 for additional information on receiving the rate add-on.

11. With the spending deadline extension from March to June 2016, do we need to submit anything to get pre-approval if we intend to spend some of the funding beyond the initial March 31st date?

DOH is not requiring pre-approval for funds spent beyond March 31st. However, agencies must utilize the funds as outlined in their approved Expenditure Budget and Workplan that were developed during the contract process.

12. Could someone provide some clarity/instruction on whether we are to include the add-on in any of our Medicaid submissions?

If your agency currently receives a Medicaid per diem, there are no additional claiming steps or requirements. Your agency will continue to submit claims the same way it does now to receive the Medicaid per diem. The rate add-on will automatically come through for the set period of time until you have received the total allocation amount. If your agency does not currently receive a Medicaid per diem, the state has provided a separate webinar and further instructions on how to prepare and submit claims to receive the Managed Care Readiness Funds.

13. Which Foster Care program will the Managed Care Readiness Funds be applied for agencies who have more than one?

The Managed Care Readiness Funds add-on will be divided up and applied to each foster care program an agency operates. For example, if an agency has both a Foster Boarding Home rate and a Congregate Care rate, the rate add-on will be divided up and applied to both the Boarding Home and Congregate Care rates.

For any additional questions please email VFCAManagedCareTrans@health.ny.gov