

## July 1, 2016 MRT Questions and Response

1. **Question:** Will providers know what the draft rates are before they have to apply for designation?

**Response:** NYS is reviewing and will answer this question soon.

2. **Question:** On slide 5, you referenced plans being able to contract with VFCAs. Will plans be able to directly contract with them for services, such as primary care or behavioral health care?

**Response:** NYS is developing strategies for Voluntary Foster Care agencies to contract with Medicaid Managed Care Plans for purposes of Medicaid State Plan services, including primary care services, the proposed new 6 State Plan services and HCBS.

3. **Question:** Just to confirm -- is the provider designation process to be done statewide, not staggered NYC/LI/Westchester & ROS?

**Response:** At this time, NYS anticipates a rolling designation/approval process of SPA and HCBS providers. Since NYC/Long Island/Westchester are scheduled to transition into Medicaid Managed Care in July 2017 prior to the rest of state, NYC/LI/Westchester providers will most likely be notified of their designation status before the ROS due to the timeline of the geographic phase-in.

4. **Question:** NYC Administration for Children's Services (ACS) has a significant role in the day to day responsibility for high risk kids in foster care as well as those with their biological families. Will be very important to connect with them as we move forward.

**Response: Agreed.** NYC ACS representatives are active members of the MRT. Additionally, OCFS and DOH consult with ACS on all major policy issues.

5. **Question:** If a clinician is on Voluntary Foster Care agency staff and the salary is paid for by Medicaid per diem and that clinician is now going to provide a SPA service - can the agency bill for that service or does the clinician have to work after hours? Would that be considered double dipping?

**Response:** The newly proposed SPA services are not part of the existing Medicaid per diem paid to Voluntary Foster Care agencies. As such, the provision of these services will be billed directly to Medicaid until the transition to Medicaid Managed Care.

6. **Question:** Regarding eligibility for services as a Family of 1, under a multi-year phase-in, will there be a gap between the movement of the 1915c Waiver program to MMC and the ability of children to access services based on diagnosis? In other words, will there be a period when children will not be able to access Medicaid services based on diagnosis?

**Response:** The State is working on a transition plan involving the 1915C waivers and the MMC transition. Children who meet the Level of Care criteria based on their diagnosis will continue to be able to access HCBS, even if their Medicaid eligibility is determined through parental deeming (so called 'family of one' children).