



Office of Children
and Family Services

Department
of Health

Review of DRAFT Voluntary Foster Care Agency (VFCA) Health Facilities Guidelines

Presented by: DOH and OCFS

December 14, 2017 Webinar

2-4 pm

Agenda

1. Introductions
2. Review of comments received, and changes made to DRAFT VFCA Health Facilities Regulations
3. Review of clarifications to the DRAFT VFCA Health Facilities Guidelines
4. Description of the process related to obtaining access to the online application for the 29-1 VFCA Health Facility Licensure (attachment)
5. Questions and next steps



DRAFT VFCA Health Facilities Regulations – Clarified purpose of Medical Escorts

Change:

- Made clear that transportation and supervision is only allowed for health care appointments in the community

§ 770.1. Mandatory Limited Health-Related Services.

(3) Medicaid Service Coordination for the exchange of health information and documentation including medical escorts, including transportation and supervision to **health care appointments in the community;**

DRAFT VFCA Health Facilities Regulations – Clarified Excluded Services and emergency treatment

Change:

- Moved Excluded Services from § 769.1 Definitions to § 770.2 Other Limited Health-Related Services
- Clarified that hospital emergency services were not included under Other Limited Health-Related Services.
- This exclusion does not preclude emergency care provided by a VFCA (e.g. administering epinephrine of insulin, or pressure to a wound), and will be further clarified in the guidelines.

§ 770.2. Other Limited Health-Related Services. VFCA Health Facilities may provide limited health-related services in addition to the mandatory limited health related services, including services consistent with the individual plans of care. These other limited health-related services are additional services and are limited to Home and Community Based Services (HCBS) as authorized under the Medicaid State Plan waiver and other Medicaid State Plan services, that go beyond the basic, mandatory services, and are intended to meet the comprehensive needs of the child. **Other Limited Health Related Services do not include surgical services; dental services; orthodontic care; and, general hospital services such as emergency intervention for major trauma, treatment of life-threatening or potentially disabling conditions.**



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DRAFT VFCA Health Facilities Regulations – Clarified prohibition of double billing

Change:

- Stated that there can be no double billing for the same service.

§ 770.3. There shall be no duplication of **billing for** services between the mandatory limited health-related (§770.1) and other limited health-related services (§ 770.2).



DRAFT VFCA Health Facilities Regulations – Addition of patient safety as a QI activity

Change:

- Added Patient Safety which encompasses infection control related activities. Removed Patient Satisfaction which was not germane.

§ 770.6. Quality improvement activities.

(c) Quality improvement activities must include continuous quality improvement activities, including:

- (1) Measures of patient ~~satisfaction~~ **safety**;
- (2) Medical record review;
- (3) Complaint and incident review;
- (4) Corrective actions and time frame; and
- (5) Appropriate security, inventory controls and accountability for medications and related supplies.



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DRAFT VFCA Health Facilities Regulations – Clarified issues surrounding medication and supplies

Changes:

- Broadened regulatory language. Specificity will be addressed in guidelines.

§ 770.7. Medication and Supplies

(a) A VFCA Health Facility must have policies and procedures that support the following requirements that include, but are not limited to:

(1) Medications and supplies must be secured, controlled and have measures in place to establish accountability of transactions. This includes documentation of all sponsor-supplied medication and related supply transactions, including:

- (i) Physical inventories of medications and sensitive medical supplies kept on site to be conducted;
- (ii) Reconciliation of inventory discrepancies as needed; and
- (iii) Disposition of expired medications.

(2) Comply, as appropriate, with Article 33 of Public Health Law standards for prescribing, dispensing, administration, storage and inventory of controlled substances; and

(3) Maintain guidelines for administering medications, including all potential side effects and medication.



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DRAFT VFCA Health Facilities Regulations – Other Comments

No Changes:

- Article 29-I clinics cannot be used to serve other youth because it is beyond the scope of the Article 29-I license. Article 28 licensure would allow serving other youth.
- VFCAs are already allowed to contract with each other for services.
- VFCAs will need to apply for Article 29-I licensure to receive the residual rate. Otherwise, can apply for or continue to operate with Article 28 or 31 licensure.



DRAFT VFCA Health Facilities Regulations Guidelines

29-I Licensure Foundational Topics

- The universe of children currently served by the Medicaid Per Diem may be served by the VFCA through the 29-I, and includes:
 - In VFCA's care
 - On Trial Discharge
 - Allowances for VFCA to subcontract
- Article 29-I License will identify:
 - VFCA by site and by service – allowing for multiple sites and services
- Documenting Medical Necessity for the Residual Per Diem will be required – guidance forthcoming
- No changes to Maximum State Aid Rate (MSAR)



DRAFT VFCA Health Facilities Regulations Guidelines

Topic: Mandatory Services

- The VFCA Health Facilities' Mandatory Services are required, the Ratios are recommended
- The expectation is the VFCA will identify, refer, and/or potentially provide other Medicaid services beyond the Mandatory Services
- Activities listed under each Mandatory Service are those that are permissible
 - For instance, a nurse may provide home visits for one child in care while another may not receive a home visit based on their needs

DRAFT VFCA Health Facilities Regulations Guidelines

Topic: Mandatory Services (*continued*)

- Staff are required to comply with NYSED licensing requirements
- Practitioner type must be consistent with the VFCA Residual Per Diem State Plan Amendment (SPA), clarifications, where allowable, are forthcoming
 - For instance – a suggestion was made to add “Licensed Creative Arts Therapists” to the list of approved practitioners to provide Skill Building, and is not consistent with the SPA
- Mandatory Services defined to capture the breadth of associated tasks, such as Skill Building (provided by LBHPs) and Medicaid Service Coordination (provided by Medical Escorts)

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Topic: Other Limited Health Services

- Staff are required to comply with NYSED licensing requirements
- Other Limited Health Services include Medicaid services that VFCAs provide which are beyond the scope of the Residual Per Diem, and are:
 - Necessary to comply with Corporate Practice of Medicine, and allow VFCAs to contract with and bill MCOs
 - The 29-I License and Application must include the Other Limited Health Services the VFCA intends to provide, and includes “screening, diagnosis, and treatment services related to physical, developmental and health care” services
- Dental services cannot be provided by VFCA on site, due to the complexity of equipment and dental services are likely to be invasive – falling outside of the parameters of the 29-I Health Facilities Licensure

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Topic: Other Limited Health Services (contd)

- Reproductive health services may be provided on site at VFCA
- NYS expects that upon completion of the 30 and 60 day diagnostic assessments, the Individualized Person-Centered Treatment Plan must be developed and updated regularly
 - the Individualized Person-Centered Treatment Plan must be aligned with and complement the Health Home Plan of Care (POC)
- Use of graduate level interns to provide SPA services – *under discussion with DOH and OMH*



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Topic: Clarifications of Current Practice

- Assessments performed per the American Academy of Pediatrics (AAP) and OCFS guidance, including of Durable Medical Equipment (DMEs) was clarified
- Medical Consent: made by child's medical consentor -- varies by child and scenario
- VFCA staff may use appropriate assessments as per prevailing clinical practice beyond the Guidelines – ex. of VFCAs using the Substance Abuse Subtle Screening Inventory (SASSI)
- VFCA Health Care Facilities must:
 - Be licensed (class 3a) as “Institution Dispensers, Limited” by the New York State DOH to administer controlled substances
 - Use double locked storage for controlled substances
 - Utilize Medication Administration Records (MARs)
- VFCAs must bill an encounter based services as such
- VFCA staff should have access to ePACES and collecting prior medical history of children



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Topic: Rates and Billing Questions

- Rates and salary assumptions are *forthcoming*
- Billing guidance is also *forthcoming*
- VFCAs cannot double bill for Residual Per Diem and other Fee For Service or MCO billing
- VFCAs can bill the Residual Per Diem for children in care also receiving services from any Article 16, 28, 31 or 32 clinics



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Topic: Rates and Billing Questions (contd.)

- Draft HCBS and SPA Manuals available on the DOH website
 - Draft HCBS Manual:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2017-10-06_draft_hcbs_prov_manual.pdf
 - Draft SPA Manual:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2016-12-06_draft_spa_prov_manual.pdf
- Instruction on how to obtain an “OMH User ID and Facility Code” to access the Children's SPA/HCBS Designation Application on the DOH website
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/childrens_designation_app.htm
- MA Eligibility: categories and exclusions from Managed Care enrollment clarified in the Guidelines
- Third Party Health Insurance (TPHI): Medicaid is the payor of last resort; like today, if a child has TPHI, it must be billed first – upon rejection, bill Medicaid

DRAFT VFCA Health Facilities Regulations Guidelines

Topic: Working with MCOs

- DOH issued a Model Contract to the MCOs, which articulates provider and MCO enrollee protections, including NYS imposed expectations of MCOs, found online:
https://www.health.ny.gov/health_care/managed_care/docs/medicaid_managed_care_fhp_hi_v-snp_model_contract.pdf
 - “the Contractor [MCO] shall provide any Benefit Package services to Enrollees as ordered by a court of competent jurisdiction, regardless of whether the court order requires such services to be provided by a Participating Provider or by a Non-Participating Provider” (section 10, Mar 1, 2014 10-5)

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Topic: Working with MCOs

- In addition, on July 31, 2017, NYS DOH issued “Medicaid Managed Care Organization Children’s System Transformation Requirements and Standards” found online:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2017-07-31_mc_plan_rqmts.pdf
 - “the MCO must authorize and cover all foster care intake assessments necessary at the time of a child’s entry into foster care, including initial screens, comprehensive diagnostic assessments and any additional mandated assessments identified by OCFS and/or the LDSS/VFCA” (pg 55)
- VFCAs should be aware of the services that require prior authorization by MCOs – guidance forthcoming

DRAFT VFCA Health Facilities Regulations Guidelines

Topic: Physical Plant Policies and Procedures

- Developed in collaboration with many VFCAs, DOH and OCFS
- Recognition that certain supplies and equipment may vary depending on the population and may change over time due to advancements in health care
- Clarification that input from VFCA Medical Director and notification to NYS, this list may change



Process for online access to application for 29-I VFCA Health Facility Licensure

See attached Instructions



Questions and Next Steps

