

29-I Health Facility Billing FAQs

May 2020

#	Category	Question	Answer	Additional Information
1.	29-I Health Facility Responsibilities	How often should the assessments in the 'Foster Care Initial Health Services' outlined in the <i>Article 29-I VFCA Health Facilities License Guidelines</i> and indicated in the billing manual be conducted? Can providers use codes for initial evaluations more than once?	Mandatory assessments described in the <i>Article 29-I VFCA Health Facilities License Guidelines</i> are required for children/youth in foster care and must be performed within the timeframes outlined. These assessments may take multiple days to perform and do not require prior authorization. There may be instances that the assessment needs to be repeated when associated with a subsequent admission to a 29-I Health Facility due to medical necessity and/or regulation.	Article 29-I VFCA Health Facilities License Guidelines Final Draft – May 1, 2018 (PDF)
2.	29-I Health Facility Responsibilities	How will MMCPs be informed regarding a child/youth's discharge?	MMCPs will be officially notified of a child/youth's discharge from a 29-I Health Facility via the transmittal form. MMCPs/29-I Health Facilities/LDSS should be communicating regarding treatment and discharge planning throughout the child/youth's placement; all parties should be aware of treatment goals/discharge plan and progress toward those goals.	
3.	29-I Health Facility Responsibilities	Are 29-I Health Facilities required to provide MMCPs with a comprehensive treatment plan for each child/youth enrolled in plan?	While 29-I Health Facilities are required to develop a comprehensive individualized treatment plan within 30 days of admission and update on an annual basis for all members, they are not required to routinely share the treatment plan with MMCPs. 29-I Health Facilities may share the treatment plan with MMCPs in instances when it would be beneficial to support communication and service authorization.	Further information can be located in Article 29-I VFCA Health Facilities License Guidelines Final Draft – May 1, 2018 (PDF)

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4.	Adults 21 and over	Where can I find more information on services that adults 21 years or older can receive upon safe discharge from 29-I Health Facility?	The 29-I Health Facility treatment team should coordinate with the MMCP to develop a timely discharge plan to adult services that is appropriate to meet the individuals' needs. Further information regarding the types of programs available to individuals 21 and older are listed in the links in the 'Additional Information' column.	<ul style="list-style-type: none"> • Adult BH HCBS (email BHO@omh.ny.gov with specific questions) • Adult Health Homes (email here with specific questions) • HARP
5.	Adults 21 and over	Under what circumstances can 29-I Health Facilities bill for services received by individuals over the age of 21?	Situations may arise where an individual currently in the care of a 29-I Health Facility turns 21 while awaiting transition to another placement or living arrangement. In these instances, 29-I Health Facilities should continue to provide care and treatment for these individuals until a safe transition to an adult facility can be realized (e.g. needed bed opens up at an adult placement). 29-I Health Facilities will be reimbursed by MMCPs for Other Limited Health-Related Services provided during this time but will not be reimbursed the Medicaid residual per diem for Core Health-Related Services.	Further information can be located in the New York Medicaid Program 29-I Health Facility BILLING GUIDANCE under <i>Former FC Adults Older than 21 who are Still in the Care of the 29-I Health Facility</i>
6.	Adults 21 and over	Is there a limit to how long Other Limited Health-Related Services can be provided to individuals over 21? Are plans permitted to add language to their contracts with 29-I facilities to ensure the facilities are making an effort to discharge the member?	The treatment team should be working in collaboration with the MMCP and community providers to arrange for the transition as soon as safely possible.	
7.	Billing/Rates/Claims	How do I know if I should bill Fee-For-Service (FFS) via eMedNY or a Medicaid Managed Care Plan (MMCP) for 29-I Health Facility services?	Information about the child's Medicaid coverage and plan enrollment is found through ePACES. Once 29-I Health Facility services are included in the Benefit Package,	https://www.emedny.org/HIPAA/QuickRefDocs/ePACES-

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			if the child/youth is enrolled in a MMCP, that MMCP must be billed. For children/youth not yet enrolled in a plan, bill FFS via eMedNY.	Eligibility Response.pdf
8.	Billing/Rates/Claims	How will providers bill for HCBS and/or CFTSS for children in foster care?	Billing for Children’s HCBS and CFTSS will not change as a result of the foster care transition to Medicaid Managed Care. Providers should refer to the HCBS Settings Rule to ensure that billing for HCBS is appropriate based on the 29-I Health Facility Type.	Children’s HCBS and CFTSS Billing guidance, NYS Children’s Health and Behavioral Health Services Billing and Coding Manual – Version 2019.2 October 22, 2019
9.	Billing/Rates/Claims	Do the soft limits listed in the 29-I billing manual apply to HCBS/CFTSS?	No. Children’s HCBS and CFTSS billing rules remain the same and are outlined separately in the NYS Children’s Health and Behavioral Health Services Billing and Coding Manual . The foster care transition does not impact the guidance previously issued on the delivery of CFTSS and Children’s HCBS.	Children’s HCBS and CFTSS Billing guidance, NYS Children’s Health and Behavioral Health Services Billing and Coding Manual – Version 2019.2 October 22, 2019
10.	Billing/Rates/Claims	How will we bill for children/youth that are Title IV-e eligible, placed out of state, and excluded from MMCP enrollment?	Children/youth who are placed out-of-state are not eligible for Medicaid Managed Care enrollment. The 29-I Health Facility may bill Medicaid FFS for covered Core and Other Limited Health-Related Services. Please refer to New York Medicaid Program 29-I Health Facility BILLING GUIDANCE for further details.	
11.	Billing/Rates/Claims	Should there be only one rate code/procedure code per claim?	Yes, each claim should have only <u>one rate code</u> and <u>one BILLABLE procedure code</u> .	

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12.	Billing/Rates/ Claims	Will some plans pay a higher reimbursement rate than other plans? How can providers obtain information regarding MMCPs' rates?	MMCPs are required to pay the Medicaid residual per diem rate for each level of care for Core Limited Health-Related Services and at minimum the fees listed on the Other Limited Health-Related Services fee schedule for the four-year transition period, unless an alternative payment arrangement is approved by the State. 29-I Health Facilities may engage in conversations with plans regarding alternative reimbursement structures.	Please refer to the Core Limited Health-Related and Other Limited Health-Related fee schedules
13.	Billing/Rates/ Claims	Can 29-I Health Facilities bill for supervision of a child/youth who is admitted to a hospital?	No. This type of supervision would be provided by childcare staff and covered under the Maximum State Aide Rate (MSAR) payments that 29-I Health Facilities receive. This supervision does not fall under per diem reimbursement for Core Limited Health-Related Services.	
14.	Billing/Rates/ Claims	Are there any specific timeframes for MMCPs and 29-I Health Facilities to contract for alternative payment structures for Other Limited Health-Related Services? For example, can the contract be FFS for Other Limited Health-Related Services and then switch to VBP in year 2?	No. The plan and 29-I Health Facility can change the arrangement at any time with DOH and OCFS approval.	
15.	Billing/Rates/ Claims	If a child/youth receives a mandatory assessment prior to entering foster care, can the child/youth still receive the same mandatory assessment upon placement at the 29-I facility in the same month it was provided in the community?	Yes. If child/youth received a mandatory assessment prior to entering foster care, this assessment would still need to be conducted once the child/youth enters foster care.	
16.	CSE Children/Youth	Can CSE children/youth continue to receive services up to age 21, similar to the foster care population?	Yes.	Further information regarding CSE-placed children/youth can be

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				located in the Billing Guidance
17.	CSE Children/Youth	Does the MMCP complaints and appeals process apply to CSE children/youth and youth 18+ who are still in the care of a 29-I Health Facility?	The MMCP complaint and appeals process is available to any MMCP member. 29-I Health Facilities can file a complaint or appeal on a member's behalf with written consent from the member.	Further information regarding the MMCP appeal process can be located here and in the MMCP member handbooks
18.	Definitions	What is the difference between children/youth placed in foster care through an LDSS placement and a 29-I Health Facility placement?	Local Department of Social Services (LDSS) direct placements are foster care settings certified/licensed directly by the LDSS. 29-I Health Facility placements differ in that NYS DOH/OCFS licenses the Voluntary Foster Care Agency (VFCA) to operate each congregate setting and authorizes the VFCA to certify Foster Boarding Homes.	Further information regarding 29-I licensure requirements can be located in Article 29-I VFCA Health Facilities License Guidelines Final Draft – May 1, 2018 (PDF)
19.	Definitions	What is the difference between a child "in the care of a 29-I Health Facility" versus "a child in foster care"?	Children/youth in the care of a 29-I Health Facility may include children/youth in foster care, CSE-placed, and 8D babies. Children/youth are placed in foster care either by court order (involuntary placement) or because their parents are willing to have others care for them temporarily outside the home (voluntary placement).	
20.	Enrollment	Must all children in 29-I Health Facilities be enrolled in Medicaid Managed Care plans?	No. Some children/youth that may be served by 29-I Health Facilities may be excluded from Medicaid Managed Care (i.e. cannot enroll in Medicaid Managed Care). Some children/youth may be exempt from Medicaid Managed Care (i.e. may enroll but	

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			are not required to). On the effective date of the transition, children/youth placed in foster care in NYC and children/youth placed in the care of a VFCA statewide will no longer be excluded from Medicaid Managed Care.	
21.	Enrollment	<p>Will initial enrollments be retrospective to the first day of the month a child/youth enters foster care? For example, if entry to foster care is 8/10, would the effective month of enrollment be 8/1? How would payment for services rendered by FFS providers between 8/1 and 8/10 be affected?</p> <p>Will any changes in plan enrollment be prospective to the first of the next month of coverage?</p>	If a child/youth enters foster care on 8/10, and is not excluded from enrollment, the effective date of the MMCP enrollment is 8/1. FFS providers that have not yet billed eMedNY would direct claims to the MMCP. If a child/youth subsequently changes MMCPs, the change will be effective prospectively on the first of the following month.	
31.	Enrollment	Who will provide the authorization code to use when requesting NYMC change a child/youth's enrollment?	Maximus will provide this code to 29-I Health Facilities prior to the first enrollment cycle. It should be noted that CSE-placed children/youth are not part of this enrollment process.	
33.	MMCP Responsibilities	If a child/youth needs to refill their prescription(s) prior to the next refill date, will the plan authorize this? For example, sometimes medication is lost in transit between facilities or residences.	MMCPs are required to refill medications for children/youth in foster care immediately in the event of lost/damaged medications.	Medicaid Managed Care Organization Children's System Transformation Requirements and Standards
34.	MMCP Responsibilities	If the child/youth/family filled a medication prior to admission to the 29-I Health Facility, will a new 30-day supply be filled upon admission?	The transitional care policy for prescriptions applies to prescriptions the child/youth had prior to enrollment in an MMCP.	
35.	MMCP Responsibilities	Are MMCPs responsible for monitoring 29-I Health Facility services?	No. The State will be responsible for monitoring and oversight of 29-I Health Facilities.	
37.	Services/ Practitioners/ Providers	Can 29-I Health Facilities provide primary care if they are not credentialed as a PCP?	Yes. 29-I Health Facilities are not required to become PCPs as part of this transition; however, they must undergo the	MMC Model Contract

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			credentialing process if they elect to become PCPs. Please refer to the MMC model contract for further information regarding PCP requirements.	
38.	Services/ Practitioners/ Providers	What services are permissible to be provided/billed for during trial discharge?	Core and Other Limited Health-Related Services can be delivered and billed during trial discharge; see detailed billing rules regarding absences in the New York Medicaid Program 29-I Health Facility BILLING GUIDANCE .	
39.	Services/ Practitioners/ Providers	What Medicaid services can be provided by VFCAs that do not have 29-I licensure?	Only agencies with a 29-I license are permitted to provide and bill for Core Limited Health-Related Services and/or Other Limited Health-Related Services requiring the 29-I licensure. MMCPs are not required to have a contractual relationship with non-29-I VFCAs.	
41.	Services/ Practitioners/ Providers	Do transportation services require pre-authorization?	Transportation related to accessing routine health care services is covered within the Medicaid residual per diem rate for Core Limited Health-Related Services and would not require pre-authorization. Non-routine transportation does require pre-authorization. Please refer to the 'Routine Transportation' and 'Medical Transportation' sections in the New York Medicaid Program 29-I Health Facility BILLING GUIDANCE document.	New York Medicaid Program 29-I Health Facility BILLING GUIDANCE
42.	Services/ Practitioners/ Providers	Are emergency transports covered under Core or Other Limited Health-Related Services?	No. Emergency transports should be billed by the transportation source (e.g. ambulance) to eMedNY.	
43.	Services/ Practitioners/ Providers	Can the same practitioner provide both Core and Other Limited Health-Related Services?	Yes, each practitioner may only be allocated as one (1) FTE in total across all the services they are providing. The 29-I Health Facility can make cost allocation decisions and	

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			organizational decisions that meet the needs of the children/youth they serve.	
44.	Services/ Practitioners/ Providers	Can I use other providers outside of my agency to provide Core Limited Health-Related Services?	29-I Health Facilities may enter into an employment contract with outside providers for Core Limited Health-Related Services. MMCPs will reimburse the 29-I Health Facility directly for the provision of Core Health-Related Services.	Guidelines can be found here: Article 29-I VFCA Health Facilities License Guidelines Final Draft – May 1, 2018 (PDF)
46.	Services/ Practitioners/ Providers	What utilization management requirements apply to services provided by essential community providers that are outside of Other Limited Health-Related Services (e.g. surgical services; dental services)?	MMCPs should continue to follow existing State guidelines related to Utilization Management for services outside of Core and Other Limited Health-Related Services.	
47.	Services/ Practitioners/ Providers	Do Core nursing services include Private Duty Nursing, Personal Care Aides, Home Health Aides and other LTSS or LTSS-like services? If not, are children/youth in foster care eligible for these services when enrolled in plan?	Long-term Services and Supports (LTSS) are not included in the Core nursing services. The MMCP Benefit Package includes LTSS.	Other information regarding long term care can be located here .
48.	Services/ Practitioners/ Providers	What is the maximum age a former foster care youth can receive services in a 29-I Health Facility?	The treatment team should be working with youth toward a safe discharge plan prior to and upon turning 21; it is not expected that individuals over age 21 will remain in a 29-I facility for an extended period of time and should only occur in extenuating circumstances.	