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**Office of Children
and Family Services**

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

Presentation for Local Districts of Social Services

June 8, 2021

Welcome

- Joint presentation on the Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care
- ***All lines muted upon entry***
- Please use Q&A feature for comments and questions

Agenda

- Overview of the Foster Care Transition to Medicaid Managed Care (MMC)
- Local District Action Required
 - Medicaid Case Coding
 - MMC Enrollments
 - System Changes
 - Transmittal Form
- Service Coordination
- Next Steps

Overview

Overview of the 2021 Foster Care Transition to MMC

- Builds on the 2013 Foster Care Transition, which enrolled children/youth in direct placement foster care in counties outside of New York City in MMC on a mandatory basis
 - For the purpose of this transition, **direct placement** foster care is defined as children/youth placed in foster homes certified by the Local Departments of Social Services (LDSS)
- Completes the Medicaid Redesign Team Children's Medicaid System Transformation
 - April 1, 2019, the B2H waiver programs and 3 other children's waiver programs were consolidated under the 1915(c) Children Waiver
 - October 1, 2019, Children's Waiver Home and Community-Based Services (HCBS) were added to the MMC Plan Benefit Package, and the exemption from mandatory enrollment in MMC for participation in the Children's Waiver was removed.
 - More information on the Children's Medicaid System Transformation is available here: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm



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2021 Foster Care Transition to MMC

Population change - Effective July 1, 2021

- Children/youth placed in foster care statewide are mandatory for Mainstream Medicaid Managed Care enrollment unless otherwise exempt or excluded
 - Removes MMC exclusion for children/youth in direct placement foster care in New York City and for children/youth in foster care placed with a Voluntary Foster Care Agency (VFCA) statewide
 - All other MMC exemptions and exclusions will remain in place
 - Eligible children/youth may enroll in HIV Special Needs Plans (HIV SNP)
- No other population's exemptions or exclusions change as part of this transition

2021 Foster Care Transition to MMC

Benefit Change – Effective July 1, 2021

- Most VFCAs will be licensed as a Public Health Law Article 29-I Health Facility
 - Provide per diem Core Limited Health-Related Services (CLHRS) to all placed children/youth
 - Provide and claim for Other Limited Health-Related Services (OLHRS)
 - CLHRS and OLHRS are covered by FFS and included in the Mainstream MMC Plan and HIV SNP Benefit Packages
- 29-I Health Facilities can provide Medicaid covered services to:
 - Children/youth placed in foster care
 - 8D Babies
 - Pre-dispositional placed youth
 - Committee on Special Education (CSE) children
 - Children/youth and adults who have been discharged from foster care but are still receiving some services from the 29-I Health Facility
 - Any other children as identified per State Plan Amendment (SPA) and the New York Medicaid Program 29-I Health Facility Billing Guidance

2021 Foster Care Transition to MMC

Benefit Change – Effective July 1, 2021

- Licensing as 29-I Health Facility fundamentally changes reimbursement structure for these VFCAs
 - ending cost-based, roster per diem
 - 29-I Health Facilities will claim to Medicaid FFS or the MMC plan for all services they provide, both the CLHRS (residual per diem) and the OLHRS
 - 29-I Health Facilities will **not** have funding in new standard statewide rates to cover the cost of services provided by community providers to children/youth in their care
- Community providers, including pharmacies, will claim for all Medicaid covered services provided to children/youth in foster care directly to Medicaid FFS or the MMC plan
- Medicaid claiming cannot occur until Medicaid case is opened for the child/youth
- LDSS must establish the Medicaid case immediately upon the child/youth's removal from home and being placed into foster care

Resolving Gaps in Coverage – Scope of Problem

- Children who enter foster care without existing health insurance coverage, or whose coverage status is unknown, for whom the local district has not established Medicaid coverage before the child needs medical services, appear to have a “gap” in coverage. Likely to be a very small number of children and limited set of benefits.
 - Only occurs when kids don’t have coverage. Most kids come into the foster care system with existing coverage.
 - Primarily prescriptions and equipment, etc. Provider types that aren’t willing to wait for MA to be established
- The community provider of the critical medical services requires payment at the time of service.
- Medicaid cannot pay for those services at the time they are delivered during this “gap” period.
- If Medicaid is activated retroactively to cover the dates of service, whomever covers the cost of the services in the first instance can be reimbursed.

Resolving Gaps in Coverage

Option A – Identify/Establish Coverage

A.1 LDSS or VFCA identifies existing health insurance coverage

A.2 LDSS establishes MA Case before the child/youth needs medical services

Option B – Request that Community Provider holds billing until Coverage is established

- Use if Option A is not available
- LDSS and VFCAs should conduct outreach to community providers to establish working relationships and provide documentation of foster care status in these cases.
- Coverage information must be provided to community providers when established to allow the provider to bill the appropriate payor
- Note retro coverage rules already covered during this presentation



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Resolving Gaps in Coverage

If Options A & B are not feasible, use Option C or D

Option C – Community Provider bills VFCA

- VFCA covers the cost of the service at the time of delivery
 - C.1 – VFCA submits request for reimbursement to the LDSS for reimbursement under MA FFS when the coverage is established
 - C. 2 – VFCA submits request for reimbursement to MMC plan when the coverage is established

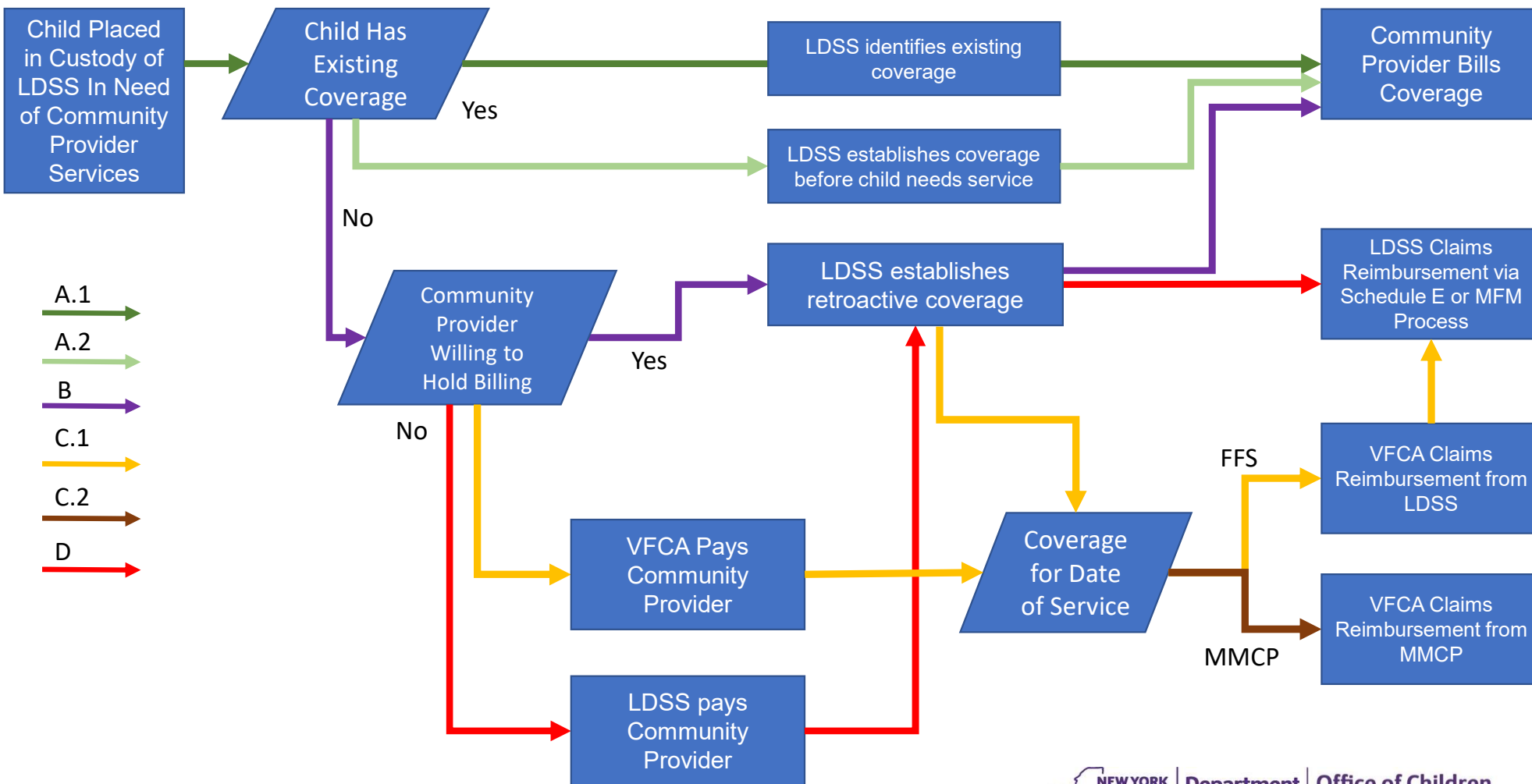
Option D – Community Provider bills LDSS

- LDSS covers the cost of the service and bills MA FFS when the coverage is established using Schedule E

Notes

- Medicaid cannot cover the cost of health services, until the Medicaid case is established. Once established, the VFCA or LDSS can be reimbursed by Medicaid.
- The VFCA and LDSS must coordinate to determine who will be the payor in these circumstances to ensure access to necessary service

RESOLVING GAPS IN COVERAGE FOR CHILDREN ENTERING FOSTER CARE



- A.1 →
- A.2 →
- B →
- C.1 →
- C.2 →
- D →

LDSS Action Required

Medicaid Case Coding for Children/Youth in Foster Care

- As of April 1, 2021 LDSS should **discontinue**
 - use of Recipient Restriction Exception (RRE) code **K8** to indicate children/youth placed in foster care in care of a VFCA on any cases in eMedNY going forward
 - use of RR/E code **K9** to indicate children/youth placed in foster care on any cases in eMedNY
 - K9 should only be utilized to indicate 1915(c) participation AND placed in foster care.
- As of April 20, 2021, RRE 90 should no longer be used **solely** to prevent MMC enrollment for children/youth placed in foster care
- However, LDSS should continue to use system codes (e.g. RRE 90) to prevent MMC enrollment when enrollment is not appropriate due to an:
 - Exemption/exclusion
 - Good Cause reason
 - When determined in the best interest of the child/youth to remain in FFS
 - When child/youth is placed out-of-state (applies to both IV-E and non-IV-E children/youth)



Medicaid Case Coding for Children/Youth in Foster Care

- For children/youth placed with a 29-I Health Facility, the LDSS must continue to enter and maintain the accurate Principal Provider code 10 and corresponding 29-I Health Facility Provider MMIS ID number in eMedNY.
 - New York Medicaid CHOICE (NYMC) and the MMC Plans will use the PP10/MMIS ID number to appropriately communicate with 29-I Health Facilities, process enrollment changes, and direct enrollee notices and materials.
- There are only four VFCAs that are not licensed under Article 29-I, and these VFCAs do not use Principal Provider 10 and do not have MMIS ID numbers:
 - Behavioral Health Services North
 - Catholic Family Center
 - St. Colman's
 - St. John's Bosco



MMC Enrollment for Children/Youth in Foster Care as of July 1, 2021 – Highlights

- New MMC enrollments **retrospective** to the first of the month
- No Lock-In; change MMC plan at any time; disenroll for good cause or best interest of the child
- MMC enrollment transfers/disenrollments effective first of the following month
- For children/youth in direct care, all notices/MMC plan ID cards sent in care of LDSS
- For children/youth placed with a 29-I Health Facility all notices/MMC plan ID cards sent in care of the 29-I Health Facility
- Same enrollment processes have been established for both children/youth in foster care and 8D babies
- Parents of 8D Babies may choose a different MMC plan for their child at any time during the parent's placement in foster care

MMC Enrollment – Pre-implementation

- Beginning in April 2021, the State prepared list of currently placed children/youth and shared with NYMC for plan selection
- Round 1: NYMC shared agency-specific lists with VFCAs that will be licensed as 29-I Health Facilities to confirm placement and status of the children/youth and to propose MMC plan selection
- 29-I Health Facilities confirmed or suggested alternate MMC plan choice, and added newly placed children
- To date NYMC has processed MMC enrollments effective July 1, 2021
 - ~1,700 children/youth outside of New York City
 - ~8,000 children/youth in New York City
- Round 2: NYMC currently repeating this process with 29-I Health Facilities, for new cases through May 14, 2021; may enroll ~200 additional children/youth
- NYMC sends enrollment report to 29-I Health Facility and MMC Plans
- NYMC sends enrollee enrollment notices in care of the 29-I Health Facility



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MMC Plan Enrollment - Ongoing

New York City

- Starting May 24, 2021, NYMC began daily process to automatically passively enroll eligible* children placed in foster care and 8D Babies whose case opens in eMedNY on and after May 15, 2021 through the NYC SERMA system
 - For cases opened in eMedNY between May 15, 2021 to June 30, 2021, enrollment will be effective July 1, 2021.
 - Starting July 1, 2021, new MMCP enrollments are retrospective to the first of the month the case is opened in eMedNY based on the case transaction date.
 - Retrospective MMCP enrollment is not greater than 30 days, regardless of the effective date of Medicaid coverage
- NYMC sends a 'supplemental' file of children/youth enrolled to 29-I Health Facilities and MMC plans
- NYMC sends enrollee enrollment notices in care of the 29-I Health Facility

*All other Medicaid Managed Care exclusions still apply



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MMC Plan Enrollment - Ongoing

Outside of New York City

- LDSS will continue to enroll children/youth newly placed in foster care and 8D Babies in MMCP (as is done today)
 - starting **June 19, 2021**, LDSS will no longer exclude those children placed in VFCAs, enrollments effective July 1, 2021
 - all other Medicaid managed care exclusions still apply
- Starting **July 1, 2021**, new MMCP enrollments are retrospective to the first of the month the case is opened in eMedNY based on the case transaction date.
 - Retrospective MMCP enrollment is not greater than 30 days, regardless of the effective date of Medicaid coverage

Retrospective MMC Enrollment Example

- Date of placement in foster care is July 21, 2021= Medicaid effective date back to 1st of month
- Child/Youth is not enrolled in MMC at the time of placement
- Case opens on eMedNY August 6, 2021 and child/youth is enrolled in MMC = enrollment transaction date
- MMC enrollment is effective August 1, 2021
- Child/youth is covered by Medicaid FFS July 1, 2021 through July 31, 2021.

MMC Enrollment for Foster Care and 8D Babies

General LDSS Responsibilities:

- Continue enrollment in the same MMC plan for a child/youth or 8D baby newly placed in foster care if already enrolled in an MMC plan operating in the District of Fiscal Responsibility (DFR) .
- Ensure children/youth newly placed in foster care or 8D Babies, not currently enrolled in MMC, are enrolled in a Mainstream MMC Plan or HIV SNP operating in the DFR and appropriate to child/youth's needs. Enrollments may be carried out by NYMC
- If child/youth placed with a 29-I Health Facility
 - Enroll in MMC plan operating in county of the 29-I Health Facility, if available
 - Notify 29-I Health Facility of the MMCP enrollment



MMC Enrollment for Foster Care and 8D Babies

General LDSS and 29-I Health Facility Responsibilities:

- Making MMC plan selections with child/youth and the parent/guardians, where appropriate
- Notifying children/youth and parent/guardians, where appropriate, of the MMC plan enrollment
- Sharing with children/youth and parent/guardians as appropriate, all welcome letters, identification cards, and other enrollee materials and notices received from the MMC plans
 - The LDSS, 29-I Health Facility and MMC may mutually agree on a process for receipt of electronic and written enrollee materials and notices.

MMC Plan Transfers and Disenrollment

- There is no lock-in for children/youth placed in foster care or 8D Babies.
- MMCP enrollment may be changed during intake, throughout the foster care placement, or during the discharge planning period
- Selection or change of a MMCP should be made by the LDSS/29-I Health Facility with the child/youth and the parent/guardians, where appropriate.
- MMC plan selection considerations include:
 - choice of child/youth and parent/guardians, where appropriate
 - evaluation of the provider networks
 - service locations;
 - identification of the child's current primary care provider (PCP); and
 - county and other placement arrangements for the child

MMC Plan Transfers and Disenrollments

- All MMC plan changes should be in the best interest of the child/youth
- Only the State, LDSS, or NYMC may effectuate a change MMC plan enrollment for children/youth of foster care and 8D Babies.
- Enrollment in a new MMC plan is always prospective, effective the 1st day of the month following the enrollment transaction.
- 29-I Health Facilities statewide and NYC ACS may contact NYMC to request enrollment transfer or disenrollment for a child/youth in foster care or 8D Baby in their care at any time
 - NYMC will effectuate the MMCP enrollment and issue enrollment notices in care of the 29-I Health Facility
 - If PP10 is not correct, NYMC will not process transfer; disenrollment requests will be processed
 - NYMC will not process request for MMC plan changes made directly by children/youth or parent/guardians; these requestors will be referred to the LDSS



MMC Enrollment Post Foster Care Discharge

- Discharge from foster care does not mean child/youth is automatically disenrolled from MMC
 - MMC plan enrollment should continue if the child/youth is eligible for Medicaid and not otherwise exempt or excluded.
 - For continuity of care, LDSS should maintain enrollment in the same MMC plan where possible
- At the time of discharge from a 29-I Health Facility the child/youth should remain in their MMC plan unless they are otherwise exempt or excluded

Medicaid System Edits to Remove Exclusion

- Lifted a Welfare Management System (WMS) edit preventing managed care enrollment when Card Code is R, Principal Provider code is 10 (where the District is not 97).
 - 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. Children/youth enrolled in MMC will not appear on the roster
 - If these conditions are not met, Card Code R will still block other (non-foster care related) MMC enrollments
- Lifted eMedNY edit preventing MMC enrollment when Principal Provider code 10 was active
- Once current status confirmed by 29-I Health Facilities, State removed RRE 90 codes blocking MMC enrollment for children/youth not otherwise excluded
- 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 10; Case Type 40
- 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.

Transmittal Form – What is it and Why needed?

- A Transmittal Form is a one-way communication from the LDSS or 29-I Health Facility to the MMC plan
 - Provides notice that an enrolled child/youth is under care and describes immediate care needs
 - Provides contact information for LDSS or 29-I Health Facility
 - Triggers the start of a several requirements to ensure MMC plans meet the health care needs of all children/youth in foster care
 - MMC plans use the Transmittal Form to adjust benefit requirements, make the necessary authorizations within their systems, and support care coordination
- The new State–issued Transmittal Form is to be used starting June 1, 2021

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



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Transmittal Form – Required Notice to MMC Plans

- LDSS/29-Health Facilities must use the new State issued Transmittal Form to notify the MMC plan, either electronically or in writing that:
 - An enrollee is entering foster care;
 - An enrollee is placed in the care of a 29-I Health Facility;
 - An enrollee is discharged from foster care
 - An enrollee is discharged from a 29-I Health Facility
- The LDSS is responsible for completing and submitting the form to the MMC plan within 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,
 - when the LDSS transfers the child/youth to a new MMC plan



Transmittal Form – Prep for July 1, 2021

- Transmittals and Service Needs Spreadsheet

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm

- 29-I Health Facilities may elect use the spreadsheet **OR** individual Transmittal Forms for all children newly enrolling in MMCP July 1, 2021
- If elect to use spreadsheet,
 - Include **all** placed children with 29-I Health Facility
 - Only for use between May 15, 2021 and June 30, 2021
- Starting July 1, 2021, **only** individual Transmittal Forms are to be used



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Monthly Placement Snapshot Report

- MMC plan-specific report that will be shared with MMC plans through NYMC
- Includes children/youth enrolled in a MMC plan who are placed in foster care at the time the report is created
- Purpose and use:
 - MMC plan may use the snapshot to identify if there is a child in placement for which the plan has not received a Transmittal Form
 - If such child/youth appears on the report, MMC plan is to reach out to 29-1 Health Facility or LDSS to arrange services, as needed
- Report is NOT a source of truth and does not override the Transmittal Form
- Data in report is only valid for the date it is issued; the report **cannot be used** to verify current children in placement for which the MMC plan has already received a Transmittal Form

Putting It All Together – Expected Information Flow

Outside of NYC:

- Child enrolled in MMC plan effective January 1, 2021, is placed in foster care with 29-I Health Facility on July 15, 2021 (same County/DFR)
- LDSS updates/creates Medicaid case and maintains the enrollment in same MMC plan
- LDSS notifies 29-I Health Facility that child is placed with them and enrollment is in MMC plan
- 29-I Health Facility sends Transmittal Form to MMC Plan with placement and care needs information
- MMC Plan and 29-I Health Facility foster care liaisons continue to communicate regarding ongoing care needs for the child/youth

Putting It All Together – Expected Information Flow

Outside of NYC:

Child/youth is in direct care foster care placement beginning July 3, 2021, and enrolled in MMC plan.

- On July 27, 2021, LDSS transfers enrollment to new MMC plan effective first of the following month- August 1, 2021
- LDSS to send enrollee notice to child/youth and parent/guardian as appropriate
- 834 from eMedNY is sent to old plan confirming disenrollment, effective last day of current month –July 31, 2021
- 834 from eMedNY is sent to new plan confirming new enrollment date, effective first day of following month – August 1, 2021
- LDSS sends Transmittal Form to new MMC Plan with placement and care needs information
- LDSS Foster Care Liaison and new MMC Plan foster care liaison continue to communicate regarding ongoing care needs for the child/youth

Putting It All Together – Expected Information Flow

Statewide:

Child/youth is in foster care and placed with 29-I Health Facility beginning July 3, 2021, and enrolled in MMC plan.

- On July 27, 2021, 29-I Health Facility contacts NYMC to request transfer to new MMC plan
- NYMC processes enrollment transactions, transfers to new MMC plan effective first of the following month- August 1, 2021
- NYMC sends supplemental file to 29-I Health Facility with enrollment and MMC plan with placement; sends enrollee notice in care of 29-I Health Facility
- 834 from eMedNY is sent to old plan confirming disenrollment, effective last day of current month –July 31, 2021
- 834 from eMedNY is sent to new plan confirming new enrollment date, effective first day of following month – August 1, 2021
- 29-I Health Facility sends Transmittal Form to new MMC Plan with placement and care needs information
- New MMC Plan and 29-I Health Facility foster care liaisons continue to communicate regarding ongoing care needs for the child/youth

Service Coordination

Transition Policy Paper

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

- Replaces 2013 Foster Care Transition policy
- Creates four-year transition period
- With 29-I Health Facility Billing Guidance, describes MMC plan requirements for serving the foster care population and managing the 29-I Health Facility benefit
- Describes MMC enrollment processes
- Includes description of the roles and responsibilities for LDSS, 29-I Health Facilities and MMC Plans for communications and in ensuring access to and continuity of care



LDSS, 29-I Health Facility and MMC Plan Liaison roles

- 29-I Health Facilities will designate a Foster Care Liaison
 - available to the LDSS and MMC plan to address any issues for children/youth placed in foster care
- MMC plans will designate a Foster Care Liaison
 - available to the LDSS and 29-I Health Facility to address any issues for MMC enrollees placed in foster care
- As for the 2013 Transition, LDSS must designate a Foster Care Liaison
 - Serves the 29-I Health Facility and MMC plan contact for general issues and specific cases

LDSS, 29-I Health Facility and MMC Plan Liaison roles

The LDSS Foster Care Liaison

- Sends Transmittal Form as required to MMC plan's liaison
- Ensures 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
- Reports to the MMCP 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;
 - new foster care placement address.
- Receives notice from 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.
- Informs the MMC plan what responsibilities are delegated to the 29-I Health Facility.

Access to Care

- MMC plans are responsible for ensuring services are provided in a trauma-informed manner and consistent with standards of care recommended for children in foster care
- Offer contracts to Essential Community Providers experienced in serving children/youth in foster care
- Requires out of network/out of area access in certain circumstances
- Transitional care and continuity of care requirements
 - No utilization review for LTSS, HCBS, OLHRS for first 180 days
 - Post 29-I discharge access to OLHRS
- Ensure access to immediately needed services, including replacement of covered equipment and supplies such as eyeglasses and contact lenses, hearing aids, specialized beds, wheelchairs, strollers, lifts, orthotics, supine standers
- No prior authorization for Core Limited Health-Related Services
- MMC plans to make medical case management services available



Required and Mandatory Assessments

- Coverage of required and mandated assessments
 - MMC plans must cover all foster care intake assessments, including initial screens, comprehensive diagnostic assessments and any additional mandated assessments identified by the Office of Children and Family Services and/or the LDSS/29-I Health Facility
 - Following these assessments, the MMC plan will facilitate access to providers and coordinate care for recommended treatment
 - Monitor that comprehensive care needs are adequately met, and treatment recommendations are implemented
- No prior authorization for required/mandated assessments

Continuity of Care Upon MMC Disenrollment

- At the time of disenrollment from the MMCP, where a child/youth is in receipt of 1915(c) HCBS, long-term services and supports or the child/youth is in an ongoing course of treatment for a behavioral health, disabling or chronic condition, the MMCP will prepare a written discharge plan to assure continuity of care.
- The discharge plan should be provided to the enrollee or his/her legal guardian, his/her designated care provider, and the LDSS/29-I Health Facility within fifteen (15) days of the notice of a request for disenrollment from a MMCP.

Next Steps

Upcoming Webinars

- **Questions and Answer Session for LDSS: Foster Care Transition to Managed Care**

- June 15, 2021 1:00pm - 2:00 pm
- Register here:

<https://meetny.webex.com/meetny/onstage/g.php?MTID=e79074adfd06f6840bf840f9fed42752c>

- **Foster Care Services Stakeholder Workgroup**

- June 22, 2021 11:00am-1:00pm
- Register here:

<https://meetny.webex.com/meetny/onstage/g.php?MTID=e0756b003d164663709a3260c858d5afc>

References

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

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

29-I VFCA Health Facility License Guidelines:

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

Article 29-I Health Facility Billing Guidance:

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

State Plan Amendment 21-0003

https://www.health.ny.gov/regulations/state_plans/status/non-inst/original/docs/os_2021-03-31_spa_21-03.pdf



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Questions?

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Appendix

Mandatory Article 29-I Health Facility Services

Core Limited Health-Related Services (residual per diem)*

- Skill Building Services
- Nursing Supports and Medication Management
- Medicaid Treatment Planning and Discharge Planning
- Clinical Consultation and Supervision
- Managed Care Liaison/Administration

Note: All Licensed Article 29-I Health Facilities must provide these services to children in their care

*not covered after 21st birthday

Optional Article 29-I Health Facility Services

- **Other Limited Health-Related Services (OLHRS)** are provided in accordance with the 29-I Health Facility's license and designation, and are reimbursed according to a 29-I OLHRS Fee Schedule
- Physical and Behavioral Health screening, diagnosis, and treatment services, including but not limited to:
 - Ongoing treatment of chronic conditions as specific in treatment plans
 - Diagnosis and treatment related to episodic care for minor ailments, illness or injuries, including sick visits
 - Psychiatric consultation, assessment and treatment
 - Psychotropic medication treatment
 - Developmental screening, testing and treatment
 - Psychological screening, testing and treatment



Optional Article 29-I Health Facility Services - continued

- Physical and Behavioral Health screening, diagnosis, and treatment services, including but not limited to: (continued)
 - Smoking Cessation treatment
 - Alcohol and/or drug screening and intervention
 - Laboratory Services
 - Children and Family Treatment and Support Services*
 - Children's Home and Community Based Services*

* Not covered for adults over age 21

Article 29-I Health Facility Services DO NOT INCLUDE

- Surgical Services
- Dental Services or Orthodontic Care
- General hospital services including emergency care
- Birth center services
- Emergency intervention for major trauma
- Treatment of life-threatening or potentially disabling conditions
- Non-Routine Transportation

Sources to Confirm Enrollment and Placements

Outside of New York City [Scenario 1A](#)

- A child is enrolled in MMCP1, and is newly placed in foster care and placed with 29-I Health Facility
 - LDSS updates case and maintains the enrollment in that same plan
 - LDSS notifies 29-I Health Facility that child is placed and is in MMCP1
 - 29-I can also confirm MMCP1 enrollment through ePACES
 - 29-I Health Facility sends Transmittal Form to MMCP1
- MMCP1 will receive:
 - if there is change in case eligibility or demographic information, 834 change transaction **confirming enrollment** from eMedNY
 - Transmittal form to plan by 29-I Health Facility, **confirming placement**
- Source of Truth for enrollment: Most recent 834
- Source of Truth for placement: Most recent Transmittal Form



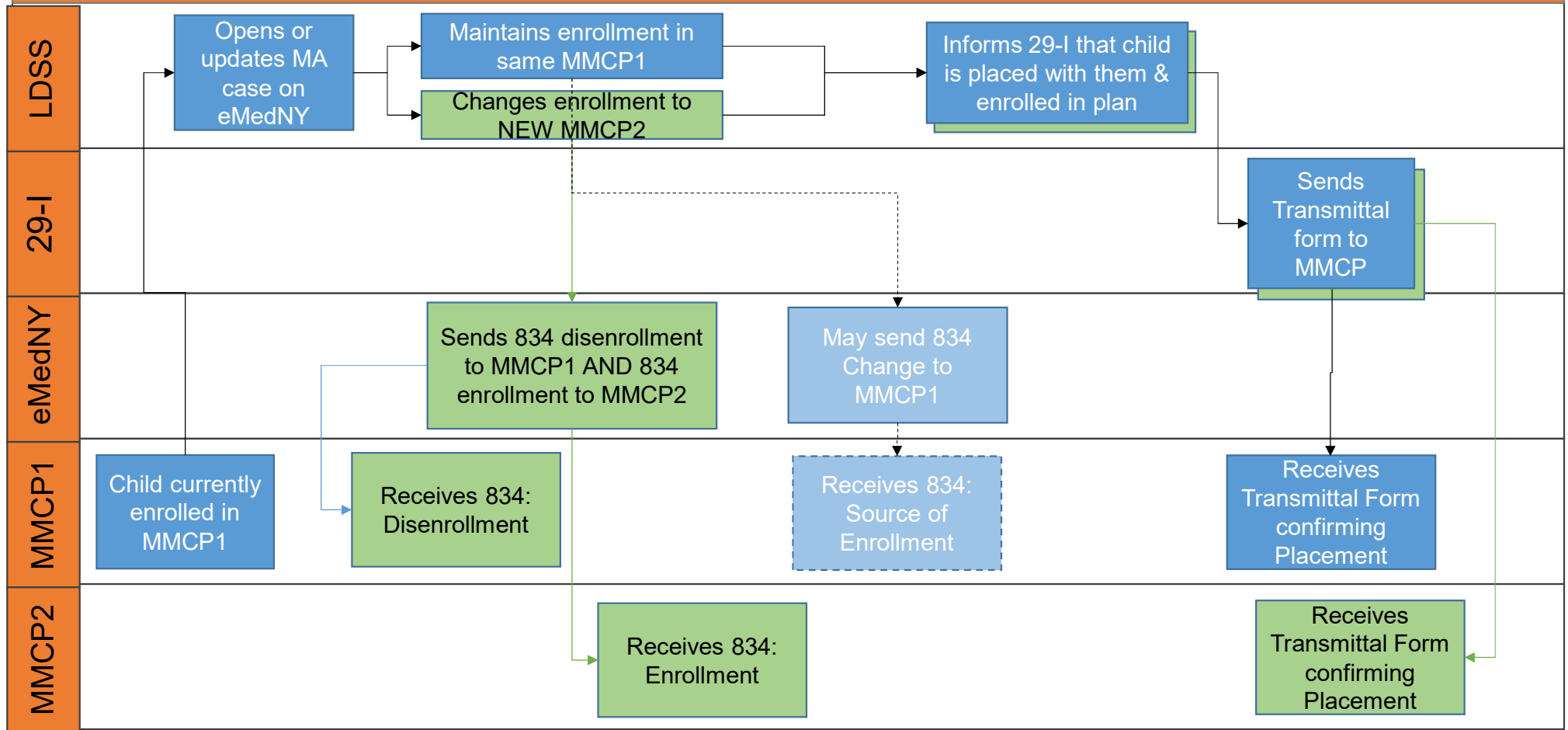
Sources to Confirm Enrollment and Placements

Outside of New York City [Scenario 1B](#)

- A child is enrolled in MMCP1, and is newly placed in foster care and placed with 29-I Health Facility
 - LDSS updates case and **changes enrollment** to new MMCP2, effective the first of the following month
 - LDSS notifies 29-I Health Facility that child is placed and is in MMCP2
 - 29-I can also confirm MMCP2 enrollment through ePACES
 - 29-I Health Facility sends Transmittal Form to MMCP2
- MMCP1 will receive:
 - 834 from eMedNY **confirming disenrollment**, effective last day of current month
- MMCP2 will receive:
 - 834 from eMedNY **confirming enrollment** date, effective first day of following month,
 - Transmittal Form from 29-I Health Facility, **confirming placement**
- Source of Truth for enrollment: Most recent 834
- Source of Truth for placement: Most recent Transmittal Form



UPSTATE FOSTER CARE PLACEMENT SCENARIO 1A and 1B



Sources to Confirm Enrollment and Placements

New York City Scenario 2A

- A child is newly placed in foster care and placed with 29-I Health Facility
 - SERMA process opens in eMedNY
 - NYMC processes enrollment in MMCP1, retrospective to first of current month
 - 29-I Health Facility receives VF file from NYMC indicating MMCP1
 - 29-I Health Facility sends Transmittal Form to MMCP1
- MMCP will receive:
 - 834 from eMedNY **confirming enrollment**
 - Supplement VF file from NYMC
 - Transmittal Form from 29-I Health Facility, **confirming placement**
- Source of Truth for enrollment: Most recent 834
- Source of Truth for placement: Most recent Transmittal Form



Sources to Confirm Enrollment and Placements

New York City Scenario 2B

- A child is enrolled in MMCP1, and 29-I Health Facility requests NYMC transfer to MMCP2
 - NYMC processes transfer, effective first of the following month
 - 29-I Health Facility receives VF file from NYMC indicating MMCP2
 - 29-I Health Facility sends Transmittal Form to MMCP2
- MMCP1 will receive:
 - 834 from eMedNY **confirming disenrollment**, effective last day of current month
- MMCP2 will receive:
 - 834 from eMedNY **confirming enrollment** date, effective first day of following month,
 - Supplement VF file from NYMC
 - Transmittal Form from 29-I Health Facility, **confirming placement**
- Source of Truth for enrollment: Most recent 834
- Source of Truth for placement: Most recent Transmittal Form



NEW YORK CITY FOSTER CARE PLACEMENT SCENARIO 2A and 2B

