

Transition of Foster Care Children to Medicaid Managed Care

Effective Date and Affected Areas	
1. When will this proposal go into effect?	This policy is effective April 1, 2013 and has received CMS approval.
2. What counties are affected by this policy?	This change affects all Upstate counties, i.e., all counties outside of New York City.
3. When will this process affect New York City?	A date has not been determined.
Data Entry at the LDSS	
4. Can the LDSS enter an exemption/exclusion code on the child's case during the initial 30-day period to prevent auto assignment for a child entering foster care?	Yes, the LDSS may enter exception code 91 in WMS on the child's case record for this purpose.
5. Our district codes cases with exemption code 91 when a child enters foster care for the first time. Sometimes it takes a few weeks before it is determined that the child will be placed in foster care, or will be released. Is it appropriate to use exemption code 91 in these instances?	If the child may be discharged from foster care within a short period of time, it is appropriate to use exemption code = 91 to prevent the case from being selected for auto enrollment. Once it is determined that the child will remain in foster care, the LDSS must remove the exemption code and complete the enrollment into managed care.
6. Our county has been exempting children in foster care from enrollment into managed care. A child entering foster care who was enrolled in managed care in the past was disenrolled, and a code 90 or "91" was entered on screen 25 of WMS. Should we end date those codes for all children in foster homes?	Enrollment of this population applies only to those children in foster care who are placed in the community directly by the LDSS. Beginning April 1, LDSS are asked to review each of these foster care cases on an individual basis as it comes up for assessment or other action. At that time, LDSS must remove the exemption code 90 or 91 from the case, select an appropriate managed care plan, and begin the enrollment process for each child. If the code is not left in place until the enrollment process is started, the child risks being selected for auto assignment. The LDSS is not required to complete all enrollments by April 1, but should begin reviewing and evaluating foster care cases for managed care enrollment.
7. Does this also apply to Medicaid adoption subsidy cases?	Adoption subsidy cases should be enrolled in managed care unless there is a conflict due to placement in another district or out of state. If the child is placed within your county, there should not be any difficulties with enrollment. However, if the child is placed outside of the

	district, the LDSS must determine if there is a MCO available that serves both areas. If there is not a managed care plan serving both your district and the district in which the child is placed, the child would be exempt from enrollment.
8. When a child is in foster care, will they be on their own Medicaid case, or will they be tied to other family members?	In some counties, the child will have his or her own Medicaid case.
9. Can the LDSS enter the LDSS foster care coordinator in the "c/o" fields? This would be transmitted to the plans on the roster, which is when plans make changes such as updating addresses.	LDSS will not be instructed to use the "c/o" fields for the LDSS foster care coordinator. Because children in foster care may move in and out of foster care or a home, the plans must be able to accommodate rapid changes in situation. DOH has instructed LDSS to communicate this and other information to the MCO by contacting the plan liaison.
10. When the LDSS opens a Medicaid case coded that the child is in foster care, why does the state auto assign into managed care?	Cases are selected for auto assignment unless an exemption/exclusion code is entered. If a child in foster care is being placed through an agency, the LDSS must load an exemption code to avoid auto assignment. WMS recognizes only principal provider code = 10 to prevent auto assignment.
Services and Billing	
11. If a child is not enrolled in managed care at the time of foster care placement and needs medical services on the first day of placement, how is the service covered?	Services received prior to enrollment in a managed care plan are covered under fee for service Medicaid.
12. Are MCOs aware of the need to cover Mental Health or Substance Abuse services which are court ordered for those in foster care?	Yes, this was addressed during a conference call and other meetings with the MCOs. It is also addressed in the policy paper regarding foster care enrollment into managed care.
13. Our understanding is that all services required for a child must be communicated to the health plan at entry into foster care. Is this correct?	The LDSS would follow their policies and procedures currently in place. If the child is a current enrollee in MMC, services would be covered by the plan. If not a current enrollee, the LDSS foster care coordinator would initiate enrollment into a MCO, and services would be covered under fee for service Medicaid until the effective date of enrollment into managed care.
14. What is meant by "initial assessment" on intake? Is this a physical exam or something else?	The initial assessment is a physical examination to identify any signs of abuse or neglect.
15. Is the 24 hour "initial assessment" for	This is a recommendation from OCFS that is followed by all counties.

abuse/neglect a mandate or a recommendation?	
16. What if a child is enrolled in managed care and is temporarily placed as an in-patient in a hospital that is not in the plan provider network?	The LDSS should be coordinating medically necessary care with the MCO, including proper use of plan providers.
17. What billing codes will be used for assessments? If well child codes are NOT used, these children will fail QARR measures requiring well child visits.	These enrollees will continue to receive routine well child visits, which should be coded as such.
18. Is the case manager someone from the managed care plan, or is it the LDSS caseworker?	The child will in most instances have a LDSS case worker as well as a MCO medical case manager.
19. Children in foster care have case managers within the health care system. If they are also assigned a MCO Medical case manager, will this not violate the rule that Medicaid can only pay for one case manager?	There are certain types of intensive case management that are not included in the managed care benefit package, including COBRA case management. These services may continue to be billed fee for service.
20. As a managed care organization, will case management have access to all information which foster care has on the family and child (including court ordered services) in order to effectively manage the child?	The MCO will have access to medical records for the child in foster care who is enrolled in the plan.
21. When are the foster care providers going to be included in the MCO network?	A list of providers that see children in foster care will be sent to the MCOs. They will then work toward network expansion to include these providers.
Transition Period	
22. Can you clarify the 60 day transition period? Does this mean that a non-participating provider for a child who is new to foster care will be reimbursed by the plan in which the child will be enrolled? If so, how will the provider be assured/aware of that?	If the child has an existing relationship with a provider that is not a member of the MCO provider network, there is a transition period in which the child is permitted to continue treatment with the provider. The transition period is 60 days from the effective date of enrollment and may be extended if the provider agrees to accept reimbursement at the MCO rate and follow the policies and procedures established by the MCO. This arrangement is approved by the plan, and the LDSS foster care coordinator should be notified.

23. Will there be any extensions to the 60 day transition care plan?	The child will be allowed to see a non participating provider beyond the 60 day transition period with approval of the MCO. The provider must agree to accept reimbursement at the plan's rate and to follow its established policies and procedures.
Communication between LDSS and MCOs	
24. Has a universal transmittal form been developed yet for communication between LDSS foster care coordinator and the MCO liaison?	A draft transmittal form is in place and will be shared with the LDSS and the MCOs. This form is a suggested form, and should be tailored to meet the needs of both parties.
25. Have there been representatives assigned at the managed care plans?	Yes, the MCO liaison and a back up contact person at each plan has been established and shared with the LDSS.
26. Does the managed care plan liaison need to be available in person as well as telephonically?	No, the MCO liaison must be available via telephone and email.
27. It was stated in the telephone conference that each LDSS needs one foster care coordinator to work with the MCO liaison. Is it possible for us to have 2?	MCOs will be provided with the contact information for one foster care coordinator at each district, and one back up contact person. MCOs will also identify a single liaison for the LDSS foster care coordinator to contact and one back up.
28. The LDSS foster care coordinator is to notify the MCO liaison in writing of new foster care enrollment. However, plans may be responsible for services on the date of enrollment in foster care. Isn't "in writing" too slow?	Foster care enrollment information may be transmitted to the MCO electronically or in writing, and should be sent promptly by the LDSS foster care coordinator.
29. Will there be a code on the roster that identifies these children?	No, there will not be an identifier on the roster. The LDSS foster care coordinator is responsible for notifying the MCO liaison, either electronically or in writing, of any new enrollments, disenrollments, changes in placement or foster care status.
30. We had a child placed in foster care, but the biological mother's name and address were still listed in the system for the child. The plan was told not to let the mother know where the child was living. What mechanisms are being put in place to have plans contacted prior to the roster being updated to ensure the safety	The foster care coordinator at the LDSS will contact the MCO liaison directly and transmit all new enrollment and address information as quickly as possible.

of the child?	
31. I understand why it is in the child's interest to have a discharge plan in place prior to discharge from foster care. However the MCO has no control over the discharge from foster care. I assume LDSS will retain responsibility for the discharge plan, and the MCO will facilitate coverage for discharge assessments. Is this assumption true?	The LDSS foster care coordinator will work with the MCO liaison and medical case manager to put in place a discharge plan for children leaving either foster care or an inpatient setting. The discharge plan must follow the child to the new setting, be covered by the MCO, and coordinated by the medical case manager.
32. The answer you have given to many questions is to contact LDSS/MCO. Our experience with LDSS/MCO is that they are too busy and do not get back to us. We are worried about this communication given our responsibility to provide many services same day.	By designating a direct contact or point person at the LDSS and the MCO, both will have a way to obtain information in an expedited manner. If problems occur, you should contact the State.
33. When the LDSS foster care coordinator must send information about an enrollment, how will the medical information be protected?	LDSS must password protect documents containing protected health information (PHI) before sending via email. Policies and procedures for transmitting PHI must always follow HIPAA and HITECH regulations.
Duties of the LDSS Foster Care Coordinator and MCO Liaison	
34. Is the foster care coordinator is same as the MCO liaison?	No, the LDSS names an individual to coordinate foster care enrollment issues for the district. The managed care plan also identifies an individual liaison at the MCO to engage with the LDSS foster care coordinator and streamline access to care.
35. What is the role of the MCO liaison? Is the MCO liaison basically a contact for enrollment and disenrollment issues?	The MCO liaison is the primary contact person for the LDSS foster care coordinator to assist with enrollment, disenrollment, and access to care for the foster care child. This allows for timely reporting of enrollment issues to the plan by the LDSS foster care coordinator. Many of these children will also have a medical case manager who could manage access issues at the MCO.
36. How will new ID cards be issued?	The MCO liaison must have the authority to assist with enrollment and access issues, including immediate issuance of a Welcome Letter or other temporary identification showing the effective date of enrollment or a replacement insurance identification card.
37. The foster care coordinator has a role with both managed care and foster care units at the	The foster care coordinator at the LDSS should be aware of policies and procedures for managed care enrollment since this will affect children in foster care. The foster care and

LDSS. It appears there should be 2 LDSS coordinators, since our managed care coordinator the foster care worker do not have overlapping duties in our district.	managed care units at the district should work cooperatively on enrollment and disenrollment issues for children in the custody of the county.
38. Who can contact member services at the plan for changes in PCP or claim status? Is it the birth parent, the foster parent or LDSS foster care coordinator?	The LDSS foster care coordinator will contact the MCO liaison to report changes in status or PCP. This should eliminate the need to contact member services.
39. Does the managed care plan need something submitted by the case worker when there is a change in health status and/or medications?	Yes, any changes must be reported by the LDSS foster care coordinator to the managed care plan liaison, either electronically or in writing, including a change in address for the child or if the child is discharged from foster care. It is essential for both the LDSS foster care coordinator and the MCO liaison to remain up to date with the child's status. Notifications may take place via email to the MCO liaison if that procedure is established between the LDSS foster care coordinator and the MCO liaison.
40. Are mandatory notifications, such as service determination approval letters, mailed to LDSS by the Plan, as the child's guardian?	Yes, because the LDSS has legal custody of a child in foster care, correspondence should be sent to the LDSS foster care coordinator.
Communication with Foster Parents	
41. Are case managers able to share information with the foster parent? Are there any other confidentiality concerns?	The foster parents must be made aware of any health or other concerns relating to the child in order to care for the child appropriately. This is not a confidentiality issue per OCFS.
42. If a foster parent contacts the plan and requests information (i.e. card, handbook) be sent directly to them, what should plans response be?	The MCO should forward the replacement ID card to the LDSS foster care coordinator, since the LDSS is the child's legal guardian. The LDSS foster care coordinator will distribute it to the foster parent.
43. Can foster parents consent to treatment? Is it the LDSS who consents?	Only the medical consenter, as defined by the local district, has the authority to consent for treatment for the foster care child.
Plan Selection and Enrollment	
44. Is it correct to assume enrollment will still be the first of the month and children will be covered by fee for service Medicaid until first	There are no changes to the enrollment process or effective date of coverage.

of month until enrollment effective?	
45. Can all of our foster children be excluded/exempt per our foster care providers, i.e., Berkshire/NEPC?	All children in direct placement foster care must now enroll into managed care and are no longer exempt or excluded. The provider does not determine eligibility for enrollment.
46. Will DOH send to the MCO a list of all children currently in foster care who are enrolled in our plan?	Yes, DOH will send a list of children in foster care enrolled in managed care to the plan in which the children are enrolled.
47. Can Maximus be contacted to help with plan selection and education?	Yes, Maximus is able to assist with review of provider networks, plan selection and enrollment into managed care for children in foster care.
48. What criteria will LDSS use to select an MCO?	The LDSS would compare the plan provider networks with the providers a child in foster care is currently seeing. The LDSS would select from those plans whose service area covers the location where the child will be placed while in foster care.
49. When a child changes from one foster care home to another, does a new enrollment form need to be submitted to the MCO liaison, or only if the change creates a new primary care provider?	A new enrollment form isn't required unless a different plan is selected for the child. If only the primary care provider has changed, you will need to notify the MCO.
Plan Identification Card and Welcome Letter	
50. Will welcome letters and ID cards be mailed to LDSS foster care coordinator?	Yes, since the LDSS retains legal custody of the child in foster care.
51. We are enrolling approximately 300 children for 4/1 and would like to clarify that the insurance ID cards and welcome letters will be sent to the LDSS foster care coordinator, not to the address on the case.	LDSS are asked to begin enrolling children in foster care over a period of time rather than all at one time. Upon notification of enrollment, MCO liaisons will send the welcome letter and plan ID card to the foster care coordinator at the LDSS.
52. If an insurance ID card is lost or destroyed, how long is the wait before another will be issued and, is there a fee for a replacement card?	There is no fee. The plan liaison will issue a replacement card the next day and send it to the LDSS foster care coordinator. Children who are not yet enrolled will be covered by fee for service until the effective date of enrollment. If the new ID card does not arrive by the enrollment date, the plan liaison will issue a Welcome Letter to the LDSS foster care coordinator to allow the child to access services through the plan as of the first date of enrollment.
53. Would it be possible to receive 2 cards: one for	The MCO liaison should be able to provide a replacement card almost immediately for

the foster care parent and one for the case file?	transmittal to the LDSS. Districts may make a copy of the card for the file.
54. Is the MCO required to place an identifier on the ID card of the child in foster care?	No there will be no identifier on the plan ID card.
55. Will the foster care family be able to obtain any information or insurance cards from the MCO?	Yes, if a foster parent has any questions or needs a replacement ID card for the child in foster care, he or she should contact the local district.
56. If a child is already enrolled in managed care when he/she comes into foster care, LDSS foster care coordinator will notify the MCO liaison, who will issue a new ID card, etc. Plan enrollment change may or may not be needed. Is this a common scenario?	At entry into foster care, the LDSS would determine whether the child is currently enrolled in managed care and the providers the child is currently seeing. If the child entering foster care does not have a plan ID card available, the LDSS foster care coordinator will contact the MCO liaison to notify the MCO of the change in situation for the child, and to request a replacement card.
57. Do I need to contact the MCO liaison to get insurance ID cards and welcome letters directed to the correct location?	LDSS foster care coordinator should contact the MCO liaison when a new enrollment, disenrollment or change to existing enrollment takes place. At that time, the correct mailing address should be provided.
Other Questions	
58. Under "Complaints and Appeals" is there a time frame established to resolve complaints? Subsequently if the complaint is not resolved after the "complaint line" is there a secondary appeal to DOH or OCFS which will address the complaint. There is concern about the "urgency" factor that medical and medication issues necessitate.	Please refer to the Complaints and Appeals section of the Medicaid Managed Care Model Contract for additional information.