Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Child Health Plus (CHPlus), and Essential Plan members. Please note, this information is specific to the MMC, HARP, CHPlus, and Essential Plan programs only.

FOSTER CARE SERVICES

New Benefit Implementation and Update

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Disclaimer

- This presentation is for informational purposes only.
- Providers should consult contract language, provider manual, or their health plan representatives for detailed information.
- If you have questions, please contact your Provider Services representative at **866-231-0847**.

Continuing education notice

- Applications have been filed with both the American Academy of Family Physicians and the American Academy of Professional Coders for approval to grant continuing education.
- Each attendee will be eligible to claim 1.0 continuing education unit once the approvals are received and participation in this activity has been verified.
- If you have questions regarding continuing education, email Mary Ferber at Mary.Ferber@[EMAIL].com.

Agenda

- Introduction
- Timeline
- Overview of New York State foster care transition
- Foster care services overview
- Health plan roles and responsibilities
- Access to care
- Healthcare assessments
- Foster care providers and parents
- Plan resources and contact information
- NYS resources

Introduction

New York State initiatives

- New York State Medicaid Managed Care Organizations (MMCOs) are managing the delivery of expanded Medicaid-covered services for all Medicaid enrolled children.
- The transition of an expanded array of services and certain populations to MMC is a key component of the Medicaid Redesign Team (MRT) Children's Medicaid Redesign Plan to fundamentally restructure and transform the healthcare delivery system for individuals under 21 years old who have behavioral health (BH) needs and/or medically complex conditions.
- The Children's MRT Redesign Plan consists of a set of initiatives that were implemented via proposed State Plan Amendments (SPA), which included six new SPA services.

New York State initiatives (cont.)

- A key feature of the MRT initiatives is to transform the healthcare delivery system from a fee-for-service (FFS) chronic care model to a community-based MMC model.
- A critical component of the New York State vision for the Children's Medicaid Redesign Plan is an effective partnership between MMC and providers to:
  - Support delivery system transformation.
  - Promote early identification, prevention, and treatment.
  - Promote family-driven and youth guided care planning and care management.
  - Focus on building resilience for children and recovery for young adults.
  - Provide culturally and linguistically competent services and providers.
  - Reduce the need for intensive services, acute levels of care, and out-of-home services.
  - Promote person-centered, individualized, and flexible care.

Timeline Review

Children's Medicaid redesign timeline

Children's Medicaid System Transformation timeline	Scheduled date
• Implement three of the six new Children and Family Treatment and Support Services (CFTSS) (other licensed practitioner, psychosocial rehabilitation, community psychiatric treatment and supports) in managed care and FFS	January 1, 2019 **Completed**
• Implement family peer support services as State Plan Service in managed care and FFS • BH services already in managed care for adults 21 and older are available in managed care for individuals 18 to 20 (for example, PROS, ACT, etc.) • Office of Mental Health (OMH) licensed serious emotional disturbance (SED) designated clinics serving children with SED diagnoses are carved-in to managed care • Supplemental Security Income (SSI) children begin receiving State Plan behavioral health services in managed care • Three-year phase in of Level of Care (LOC) expansion begins	July 1, 2019 July 1, 2019 July 1, 2019 July 1, 2019 July 1, 2019 **Completed**
• 1915(c) Children's Consolidated Waiver Services carved-in to managed care • Children enrolled in the Children's 1915(c) Waiver are mandatorily enrolled in managed care*	October 1, 2019 October 1, 2019 **Completed**

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Children's Medicaid redesign timeline (cont.)

Children's Medicaid System Transformation timeline	Scheduled date
• Implement youth peer support and training and crisis intervention as State Plan services in managed care and FFS	January 1, 2020 **Completed**
• Voluntary Foster Care Agency (VFCA) Article 29-I per diem and services carved-in to managed care • Children residing in a VFCA are mandatorily enrolled in managed care • 29-I Licensure becomes effective for VFCAs	July 1, 2021 July 1, 2021 July 1, 2021 **Completed**

Foster Care Services Overview

New York State child welfare framework

- To protect children from abuse and maltreatment, New York State created a child protective system with the following:
  - Mandatory and voluntary reporting of suspected child abuse and maltreatment to the New York State Office of Children and Family Services (OCFS) State Central Register (SCR).
  - Local Departments of Social Services (LDSS) engage in child protective services investigations.
  - When indicated, LDSS removal of a child and placement into custody by Family Court order.
  - Legal authority: The *Family Court Act* transfers the care and custody of children to the Commissioner of the LDSS.

New York foster care length of stay and readmission

- The average length of stay in foster care in New York State is 290 days, while in New York City it is 334 days.
- Age is an important variable that impacts the length of stay:
  - Children under 1 year of age at admission have the longest length of stay.
  - Youth 13 to 17 at admission have the shortest length of stay, the median duration is 257 days.
- A significant percent of children who exit the system re-enter it again, with more than half of 10- to 13-year-olds experiencing more than one placement during the time they are in foster care. The most common placement for 14- to 17-year-olds is group homes and other types of congregate care.

Source: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2017-07-31_mc_plan_rqmts.pdf

Health and behavioral healthcare needs

- Children in the foster care system have higher rates of birth defects, developmental delay, and physical disability than children from similar socio-economic backgrounds.
- There is a high prevalence of medical and developmental problems.
- Inpatient and outpatient mental health services are at a rate 15 to 20 times higher than the general pediatric Medicaid population.
- The impact of the trauma these children experience is profound.

Source:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/webinars/docs/2016/hhsc_webinar_6_1_2016.pdf

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New York State Child Welfare Operational Model: Supervised by OCFS and operated by LDSS

- New York State is a state-supervised locally operated child welfare system:
  - State supervised by OCFS and locally operated by LDSS.
  - LDSS in New York State includes: 57 counties, New York City's Administration for Children's Services (ACS) (the five Boroughs of New York City), and St. Regis Mohawk Tribe.
- **In New York City:** ACS, who has care and custody of children in foster care, places the children with VFCAs.
- **In the rest of state:** The LDSS Commissioner has care and custody of the child in foster care.
- As of the fall of 2015, LDSS contracted with 92 VFCAs across New York State for approximately 16,500 children (out of the approximately 19,000 in foster care).

New York State Child Welfare Operational Model

- **LDSS direct care population:**
  - Direct care foster care is defined as children placed in foster homes licensed by the LDSS.
  - This population moved into managed care beginning April 1, 2013.
- **LDSS contracts with VFCA:**
  - LDSS contracts with VFCA for the placement and services for children in foster care, which occurs in 80% of the cases in NYS.
- Why are some children placed in direct care and others not?
  - It is an LDSS decision that is generally based upon the identified needs of the children.

Types of foster care placement

- Goal of the LDSS foster care is to place the child in the least restrictive, most family-like placement appropriate to meet the needs of the child.
- **Certified Foster Boarding Homes:** a home that is licensed by the VFCA and receives a certificate to provide foster care services. The certificate limits the number of children to be placed in the home and states any restrictions on child characteristics. This may include specialized foster homes such as Therapeutic Foster Boarding Homes.
- **Congregate care:** Group foster care placements operated mostly by Voluntary Agencies Group Homes within the size limits:
  - Group homes: less than 12 beds
  - Group residences: 12 to 24 beds
  - Institutions (aka residential treatment centers): 25+ beds

Managed care implementation milestones

- Overview — foster care transition to MMC
  - Part of the Medicaid Redesign Children's System Transformation.
  - Voluntary Foster Care Agencies (VFCA) licensed under New York State Public Health Law Article 29-I to provide health related services.
  - 29-I Health facility services included in MMC Plan benefit package effective July 1, 2021.
  - Children in the care of VFCAs enrolled in managed care beginning July 1, 2021.

Medicaid updates

- January 2021: https://health.ny.gov/health_care/medicaid/program/update/2021/no01_2021-01.htm
- March 2021: https://health.ny.gov/health_care/medicaid/program/update/2021/no03_2021-03.htm
- Effective **July 1, 2021**, VFCAs will no longer be payers for services provided to the foster care population; providers will be reimbursed directly by Medicaid FFS or the children's/youth's MMC Plan.

Foster care services — Article 29-I

- **Licensed** by the Department of Health in consultation with the OCFS.
- **Populations served:**
  - Foster care placement — active or discharged in the last 12 months
  - Committee on special education placement
  - Non-IV-E out-of-state placement
- **Services:**
  - Core Limited Health-Related Services (mandatory)
  - Other Limited Health Related Services (OLHRS) (as licensed)
  - CFTSS and Home- and Community-Based Services (HCBS) (if designated)
- Services must be medically necessary and part of a documented treatment plan.

Mandatory Article 29-I services

- **Core limited health-related services:**
  - Skill building services
  - Nursing supports and medication management
  - Medicaid treatment planning and discharge planning
  - Clinical consultation and supervision
  - Managed care liaison/administration
  - Routine transportation
- **Four service levels:**
  - General treatment
  - Specialized treatment
  - Congregate care
  - Specialized congregated care
- All licensed Article 21-I Health Facilities must provide these services to children in their care.

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Optional Article 29-I services

- Referred to as **OLHRS** and 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 specified in treatment plans.
  - Diagnosis and treatment related to episodic care for minor ailments, illness, or injuries, including sick visits.
  - Psychiatric consultation, assessment, and treatment.
  - Developmental screening, testing, and treatment.
  - Psychological screening, testing, and treatment.
  - 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.

Article 29-I services — not included

- Surgical services
- Dental services
- 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

2021 Foster care population transition to MMC — enrollment

- Includes children placed with Article 29-I Health Facilities
- No lock-in
- Retrospective Plan enrollment to the first of the month
- All notices/ID Cards sent to Local Department of Social Services LDSS/29-I Health Facility

Benefits of MMC

- More protections in the MCO Children's System Transformation Requirements and Standards:
  - Plan foster care liaison
  - Immediate placement/access to care/assessments
  - Plan contracts with providers serving children in foster care
  - Plan offers contracts with all VFCAs in service area
  - Out-of-network/out-of-service area access to care

Foster Care Transition

Roles and responsibilities

LDSS

- Following a court decision:
  - The legal guardian of the child:
    - Assigns foster care youth to a specific child care agency
    - Assigns an LDSS case worker
    - Enrollment and managed care plan selection, where applicable

LDSS case manager (CM)

- The LDSS CM is responsible for the following key elements:
  - Ensures safety and well-being for abused and neglected children
  - Accelerates permanent placements of children
  - Concurrent planning
  - Authorizes the provision of services
  - Provides medical consent for all related medical treatment and procedures
  - Oversight of case, approving the Family Assessment and Service Plan (FASP) and working with the Family Court system
  - May delegate legal guardianship to VFCA 29-I

VFCA case planner

- VFCA case planner is an integral part of the multi-disciplinary team. Primary responsibility is to provide and/or coordinate and evaluate the provision of Child Welfare Services including:
  - Collaboration with all case workers assigned to the family's case so that a single Family Assessment Service Plan is developed for a child (LDSS CM, Health Home Care Management [HH CM]).
  - Collaborates with the HHCM on the development of the Health Home Plan of Care.
- Refers the child and their family to providers of services.

Health plan foster care liaison

- High-touch coordination approach with OCFS, LDSS, and the 29-I Health Facility.
- Standard transmittal form received by LDSS/29-I that includes enrollment and healthcare service information.
- Direct contact for care coordinators and service providers.
- Responsible for monitoring access for children/youth in foster care.
- Assists with enrollment, disenrollment, and access to care.

Health plan care managers/coordinators

- All foster children will have an assigned Highmark BCBS CM. If the child is enrolled in the Health Home program, the Highmark BCBS CM will serve as a care coordinator.
- Assessments needed after 30 days will be coordinated by the dedicated CM.
- Once an assessment is completed, CM will coordinate the follow-up activities and link to all required services. If enrolled in a Health Home, the results of these assessments will be exchanged to add to the Health Home care plan.
- The CM will ensure the results of the assessment are in the plan's records within the required time frame. Medical records and comprehensive assessments will be forwarded to the liaison to disclose to the LDSS foster care coordinator by secure email as needed.

Health plan care managers/coordinators (cont.)

- If not in a health home, care management will also include local governmental units responsible for public health, mental health, intellectual and developmental disabilities, foster care program, or chemical dependence services.
- The CM will work with other teams within the plan to ensure required authorizations are in place, including if the provider or pharmacy is out-of-network to ensure continuity of care until it is clinically indicated that the member can receive these services safely with an in-network provider or pharmacy. This will occur each time a member is placed or moved from one location to another.
- Review the daily inpatient census for identified foster children and communicate with utilization management (UM) and Health Home CM.
- Review of gaps in care reporting to ensure Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and preventive services are attained.

Health plan pharmacy

- Plan will ensure access to medically necessary medications wherever the child is placed in foster care, including, as appropriate:
  - If the member needs medication and there are no in-network pharmacies, an out-of-network pharmacy will be approved.
  - At least one 30-day refill within the first 90 days of placement; whether or not the child is a new plan enrollee, consistent with transition fill requirements in the MMC Model Contract.
  - Authorization processing as quickly as required by the member's condition and consistent with expedited time frames in the MMC Model Contract.
  - Rapid replacement of lost medications as medically necessary, including allowing exceptions to any refill time frames.

Health plan utilization management

- Assessments covered
- Authorize any medically necessary services
- Authorize replacement durable medical equipment (DME)
- Hospitalization or inpatient stays discharge planning
- Continuity of care
- Behavioral health services — unlimited self referrals
- Referral for specialty services
- EPSDT eligible

Health plan network contracting

Agency name
Baker Hall DBA Baker Victory Services
Berkshire Farm Center & Services for Youth
Buffalo Urban League
Catholic Family Center
Child and Family Services of Erie
Gateway-Longview, Inc.
Glove House
Gustavus Adolphus Child & Family Services
Hillside Children's Center
Homespace Corp.
Kidspeace
Native American Community Services
New Directions Youth & Family Services
Pathways, Inc.
Villa of Hope

Highmark BCBS has contracted with the following VFCA 29-I facilities:

Access to care standards

- Plan is responsible for ensuring services are provided in trauma-informed manner and consistent with standards of care recommended for children in foster care.
- Offer contracts to Essential Community Providers (providers with experience in treating children who reside in a foster care setting).
- Out-of-network/area access
- Transitional care and continuity of care requirements:
  - No UM for children's HCBS and OLHRS for 180 days
  - Post 29-I discharge access to OLHRS
- Ensure access to immediately needed services, including replacement of covered equipment and supplies such as eye glasses and contact lenses, hearing aids, specialized beds, wheelchairs, strollers, lifts, orthotics, supine standers.
- No prior authorization for Core Limited Health-Related Services.

Assessments

- Coverage of required and mandated assessments:
  - Plan must cover all foster care intake assessments, including initial screens, comprehensive diagnostic assessments, and any additional mandated assessments identified by OCFS and/or the LDSS/29-I Health Facility.
  - Following these assessments, the 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.
  - See appendix.
- No prior authorization for required/mandated assessments
- Plan medical case management services available

Foster care providers

- Comprehensive physical and behavioral health assessments, and assessment of the risk that the child may be HIV+ and should be tested and completed within 30 days.
- Referrals may originate at request by the VFCA where the agency is assigned care and custody of the child by the LDSS.
- Requirements include 30-day obligations for a comprehensive physical and behavioral health assessment and assessment of the risk that the child may be HIV+ and should be tested.

Foster care parents

- 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.
- The foster parent(s) 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.

Plan Resources and Contact Information

Provider Relations

- Provider representatives are here to serve you by:
  - Performing provider outreach.
  - Performing provider education and training.
  - Engaging providers in quality initiatives.
  - Giving providers customer service.
  - Building and maintaining the provider network.
  - Coordinating provider care and make appropriate referrals as necessary.

Provider Services: **866-231-0847**

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Key contact information

Provider/Member Services:

- **866-231-0847**

24/7 NurseLine:

- **866-231-0847**

Precertification:

- **866-231-0847**

Pharmacy prior authorization:

- **866-231-0847**

Website:

- https://providerpublic.mybcbswny.com

Knowledge Check

Knowledge check

True or false?

- Voluntary Foster Care Agencies (VFCA) will be licensed under New York State Public Health Law Article 29-I to provide health related services.
- 29-I Health Facility services will be included in MMC Plan benefit package effective July 1, 2021.

Knowledge check (cont.)

True or false?

- Children in the foster care system have higher rates of birth defects, developmental delay, and physical disability than children from similar socio-economic backgrounds.

Knowledge check (cont.)

True or false?

Following a court decision, the Local Department of Social Services:

- Is the legal guardian of the child.
- Assigns foster care youth to a specific child care agency.
- Assigns an LDSS case worker.
- Enrolls child into managed care plan, where applicable.

Knowledge check (cont.)

True or false?

- Coverage of mandated assessments for children in foster care is optional for managed care plans.

Resources

- Children's Behavioral Health Transition to Managed Care — New York State website:
  - https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm
- New York State Foster Care Billing Manual:
  - https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm
- New York State Office of Child and Family Services:
  - https://ocfs.ny.gov/main/
  - https://ocfs.ny.gov/portals/find-services.php

Appendix: Foster care assessments

Time frame	Activity	Mandated activity	Mandated time frame	Who performs
24 hours	Initial screening/screening for abuse/neglect	X	X	Health practitioner (preferred) or Child Welfare Caseworker
5 days	For children under the age of 13, conduct HIV risk assessment	X	X	Child Welfare Caseworker or designated staff
10 days	Request consent for release of medical records and treatment	X	X	Child Welfare Caseworker or health staff
30 days	Initial medical assessment	X	X	Health practitioner
30 days	Initial dental assessment	X	X	Health practitioner
30 days	Initial mental health assessment	X	R	Mental health practitioner
30 days	Family planning education and Counseling and follow-up healthcare for youth ages 12 and older (or younger as appropriate)	X	X	Health practitioner
45 days	Initial developmental assessment	X	R	Health practitioner
45 days	Initial substance use assessment	R	R	Health practitioner
60 days	Follow-up health evaluation	R	R	Health practitioner

Q&A Session

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