

**NEW YORK STATE
MEDICAID PROGRAM**

**CHILD (FOSTER) CARE AGENCY MANUAL
POLICY GUIDELINES**

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Preface

The following recommendations for the provision of health care services were adapted from the Child Welfare League of America's standards for health care services for children in out-of-home care.

These recommendations should guide local departments of social services and child care agencies in implementing New York State statutes and policy guidelines for meeting the health needs of foster care youth, including:

- Providing for immediate health needs, including a health screening prior to foster care placement.
- Providing a comprehensive assessment of the health needs of all children and adolescents upon entry into foster care.
- Providing an individual health plan for each child and adolescent, and integrate it with the youth's permanency case plan.
- Provide quality health services that are comprehensive, continual, and coordinated for all children and adolescents in placement, and provide proper referral upon discharge to ensure continuity of care.
- Designate staff within each local department of social services and each child care agency to be responsible for implementing the health program of the agency.
- Train caseworkers, foster parents, child care workers, other caretakers, and health providers in the provision of quality health care.

Section I – Requirements for Child Care Agency Participation in the New York State Medicaid Program

Authorization and Oversight of Child Care Agencies

The New York State Office of Children and Family Services (OCFS) is the sole state agency authorized by New York State to authorize and oversee all New York State child care agencies. Under this authority, OCFS must approve all child care agency program proposals, including health care components.

Rate Setting

Once OCFS has approved the child care agency programs (including health care components), the New York State Department of Health (DOH) assigns child care agency Medicaid rates for those child care agencies that elect to operate with a Medicaid rate.

Medicaid Enrollment of Child Care Agencies

OCFS-authorized child care agencies may or may not elect to operate with a Medicaid rate.

Child Care Agency Not Operating With a Medicaid Rate

OCFS-authorized child care agency that elect not to operate with a Medicaid rate, do not enroll in the Medicaid Program and their foster care youth use a Medicaid Common Benefit Identification Card (CBIC) to access their Medicaid benefits, similar to the general Medicaid fee-for-service population.

Child Care Agency Operating With a Medicaid Rate

OCFS-authorized child care agency elects to operate with a Medicaid rate must:

- enroll in the Medicaid Program in order to be assigned a Medicaid rate or rates related to their health program;
- have procedures in place to assure that all health care providers that serve their population are appropriately instructed on when it is appropriate to bill the child care agency versus the Medicaid Program; and
- comply with Medicaid billing and policy instructions.

No Medicaid CBIC is issued for foster youth served by Medicaid-enrolled child care agencies and any Medicaid CBIC issued prior to foster care must not be used during

the foster care stay. Instead, the child's Medicaid identification number is provided to the child care agency by the Medicaid Program via a monthly roster.

Child Care Agency Health Services Guidance Manuals

Both OCFS and DOH have developed manuals designed to provide guidance to child care agencies:

Working Together, Health Services for Children in Foster Care

This manual contains:

- mandates and recommendations related to special foster care intake requirements;
- health services and planning for youth while in foster care, during placement transitions, and upon foster care discharge; and
- information related to many other important health topics.

The manual is available online at:

http://www.ocfs.state.ny.us/main/sppd/health_services/.

EPSDT/CTHP Provider Manual for Child Health Plus A (Medicaid)

New York State foster care Medicaid-eligible youth from birth until 21 years of age are eligible for the federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. In New York State, this benefit is implemented through the Child/Teen Health Program (CTHP).

The manual is available online at:

<http://www.emedny.org/ProviderManuals/EPSDTCTHP/index.html>.

Section II – Basis of Payment for Services Provided

Requirements to Qualify for Medicaid Reimbursement

The foster care youth's record must reflect that the health care services:

- were medically necessary and appropriate, and
- were rendered by qualified practitioners within their scope of practice (including supervision requirements), as defined in State Law.

Health care services must meet reasonable and acceptable standards of health practice as determined by the State in consultation with recognized health organizations. These standards include:

- State mandated licensure requirements and
- Any other State mandated certification and programmatic requirements that impact:
 - the types of providers that can deliver the services;
 - the specific nature of the services; and
 - the programmatic framework within which the services can be delivered, including supervision requirements.

Additionally, the services must be those that are covered by New York State Medicaid.

Medicaid Eligibility of Children in Foster Care

The majority of New York State foster care youth are Medicaid-eligible simply by virtue of their foster care status. This includes children who are United States citizens or have satisfactory immigration status and those children adjudicated as juvenile delinquents pursuant to Article 3 of the Family Court Act.

For more information, please see the following General Information Systems document issued by the Medicaid Program:

http://www.health.ny.gov/health_care/medicaid/publications/docs/gis/05ma041.pdf.

Billing Rosters for Child Care Agencies

Medicaid-enrolled child care agencies are automatically issued a monthly Medicaid Billing roster by the DOH in order to facilitate the billing process. For the time period that foster care youth are under the auspices of a Medicaid-enrolled child care agency, any Medicaid CBIC or Medicaid Managed Care plan benefit card issued prior to foster care must not be utilized.

Adherence to these instructions will facilitate appropriate billing practices for services included and/or excluded from the Medicaid rate, as well as utilization of the appropriate health care delivery system during the foster care stay.

Local Department of Social Services Responsibilities

The fiscally responsible local department of social services (LDSS) assigns foster care youth to a specific child care agency and is responsible for knowing both the youth's foster care placement status and their foster care-related Medicaid eligibility status.

Child care agencies should contact the LDSS as the first step in resolution of problems, questions and requests related to billing rosters. The LDSS should facilitate any necessary collaboration necessary at the local district level to resolve the child care agency's problems, questions and requests.

If the child care agency has contacted the LDSS staff and still cannot resolve problems, questions and issues, then outstanding questions and issues may be directed to the OCFS Regional and Central offices. The child care agency must share the name and contact points so that OCDS staff can intervene as necessary with LDSS staff.

Field by Field Explanation of Billing Roster

The billing roster contains Medicaid-eligible children who are currently under the care of your agency. Please review the billing roster for accuracy and completeness. If any discrepancies are detected, or if changes must be made during the eligibility period, you must contact the appropriate LDSS.

Issuing State Agency

The billing roster is issued by the DOH.

Run Date

This is the date that the billing roster information was produced.

Report Sequence: Name

This means the billing roster information is presented in alphabetical order by last name of the foster care youth.

Page

This is the roster page number.

Provider Agency Code

This is the child care agency's 8-digit Medicaid provider identification number that must be used for all Medicaid claims, adjustments and inquiries. The child care agency's name and address will also appear here.

Period Ending

This is the date through which the billing roster is valid. The date applies to all foster care youth appearing on the billing roster.

CIN

The Medicaid client identification number (CIN) for the foster care youth; which is a required element of a Medicaid claim.

Case Number

This case number is assigned by the LDSS to identify members of a given household. The case number is not used for billing purposes.

CTY

A 2-digit county code appears in this column to indicate the county/district of fiscal responsibility.

Name

This column contains the last name of the foster care youth, followed by the first name and middle initial if applicable. A maximum of 16 characters will appear on the roster.

Sex

This column indicates whether the foster care youth is male or female.

Date of Birth (DOB)

This indicates the month, day and year of birth of the foster care youth (07/06/2000).

Med Cov

This column refers to Medicaid coverage. If there is an "A" in the column, the foster care youth is eligible for all available benefits.

Aid Cat

This indicates the type of assistance or care program for which the foster care youth is eligible.

MARE CD (Medicare Code)

This code refers to Medicare coverage:

A = Inpatient

B = Outpatient

X = Both inpatient and outpatient coverage

Blank = No Medicare coverage

Health Insurance Claim (HIC) Number

The foster care youth's Health Insurance Claim number appears in this column, if applicable. It is important to examine this field because Medicaid is the payor of last resort and other insurances must be billed prior to billing the Medicaid Program.

Other Insurance

This field indicates insurances other than Medicaid or Medicare under which the foster care youth is covered. It is important to examine this field because Medicaid is the payor of last resort and other insurances must be billed prior to billing the Medicaid Program.

Auth to Date

This is the last date the foster care youth is eligible for Medicaid benefits unless recertification occurs.

Impact of Absences Related to Claims

The Medicaid rate may not be claimed by the child care agency when a foster care youth is temporarily absent from the child care agency under any circumstances other than those specified in this Manual and Department updates.

If the child care agency has advised the fiscally responsible local department of social services (LDSS) that they will not accept the return of the absent foster care youth to their agency, then:

- None of the absent days are reimbursable for the purposes of the child care agency Medicaid rate; and
- The child care agency must discharge the youth from their agency for purposes of payment of the child care agency Medicaid rate; and
- Following the most current NYS Office of Children and Family Services regulatory requirements, the LDSS must initiate an appropriate placement following the absence (i.e., placement at a different child care agency, a direct care foster care placement, etc.); and
- When the youth is discharged from foster care, the LDSS must follow the most current Medicaid eligibility redetermination requirements to facilitate seamless health care and health care coverage in the new placement setting.

Absence Categories when it is Not Permissible to Claim

In the following circumstances of absence, it is unacceptable to claim the child care agency Medicaid rate:

- Inpatient hospital days;
- Other residential facility/setting days when that entity is reimbursed via a Medicaid payment methodology that covers health care costs (i.e., skilled nursing facility, residential school, or other child care agency);
- Day of transfer or discharge from the child care agency;
- Secure legal detention (i.e., jail); and
- Out-of-state placement setting.

Absence Categories when it is Permissible to Claim

It is permissible to claim the child care agency Medicaid rate for consecutive days 1 through 7, per episode of absence for the following absence categories:

- Trial discharge;
- Non-secure legal detention;
- Absent without leave.

It is permissible to claim the child care agency Medicaid rate for all days of the following absence categories:

- Weekend visits;
- School and religious holidays;
- Organized school trips; and
- Foster care youth attends and is resident at an in-state or out-of-state college, university or technical/vocational training setting but the foster care placement setting is within New York State.

Effective July 1, 2007, it is permissible to claim the child care agency Medicaid rate following the same New York State Office of Children and Family Services rules for claiming the child care agency maintenance/room board rate (Medicaid State Assistance Rate) for the following absence categories:

- Vacation days;
- Visits to potential foster or adoptive parents; and
- Non-institutional respite care and services.

Temporary Absences

The Medicaid rate may be claimed for the day of admission to a child care agency.

The Medicaid rate may be claimed by a child care agency when a foster care youth is temporarily absent from the child care agency under the following circumstances:

- All weekend visits;
- All school and religious holidays;
- All organized school trips; and
- When a foster care youth is assigned by the LDSS to a New York State-enrolled child care agency and this same youth is a student attending a college or university or regularly attending a course of vocational technical training assigned to fit him or her for gainful employment, as this is not considered a temporary physical absence from the child care agency, even when the youth's temporary physical residence is not the NYS-enrolled child care agency program setting.

The Medicaid rate must not be claimed for:

- The day of discharge or transfer from a child care agency;
- All days when the foster care youth is hospitalized;
- All days when the foster care youth is in a residential facility or setting that gets reimbursed via a Medicaid payment methodology that covers health care costs (i.e., skilled nursing facility, residential treatment facility, residential school, etc.);
- Home on trial discharge days after the seventh consecutive day of trial discharge, irrespective of how long the period of trial discharge lasts.

However, the child care agency may claim their Medicaid rate for the first consecutive seven days of the trial discharge period per episode of trial discharge. An episode of trial discharge ends when the youth is either returned to the physical custody of the child care agency or finally discharged from the child care agency, preparatory to final foster care discharge.

- All days when the foster care youth is in secure legal detention.

Federal Medicaid regulations preclude Medicaid payment for health care services delivered to clients that are resident in secure facilities such as correctional institutions or jail.

- Non-secure legal detention days after the seventh consecutive day of non-secure legal detention, irrespective of how long the period of non-secure legal detention lasts, unless the setting for non-secure legal detention is either:
 - A different child (foster) care agency than the one from which the youth is temporarily absent; or
 - Another residential facility that gets reimbursed via a Medicaid payment methodology or a non-Medicaid payment methodology that covers health care costs.

However, the child care agency may claim their Medicaid rate for the first consecutive seven days of non-secure legal detention, per episode of non-secure legal detention; except when the setting for non-secure legal detention precludes payment of the child care agency Medicaid rate.

- The youth is absent without leave (AWOL) days after the seventh consecutive day of AWOL, irrespective of how long the period of AWOL lasts.

However, the child care agency may claim their Medicaid rate for the first consecutive seven days of AWOL, per AWOL episode, under the condition that the responsible authorized agency uses diligent efforts to locate and return the youth to the child care agency and follows all other requirements of NYS OCFS regulation 18 NYCRR 431.8 and any NYS OCFS regulation and policy updates related to AWOL.

Although there continue to be some differences between the categories of absence from the child care agency that permit payment of the Medicaid State Assistance Rate from those that permit payment of the child care agency Medicaid rate, child care agencies must comply with all NYS OCFS regulations and policies related to allowable absences, irrespective of whether payment of the child care agency Medicaid rate is permissible. Agencies must keep abreast of all applicable NYS OCFS regulations and policies, and any updates related to temporary absences, including but not limited to the NYS OCFS Standards of Payment Manual, at:

<http://www.ocfs.state.ny.us/main/rates/FosterCare/Manual/SOPProgramManual.pdf>.

The NYS Medicaid Program follows the same parameters for payment of the child care agency Medicaid rate as those followed for payment of the Maximum State Aid Rate for the categories of absence from the child care agency where this is permissible under federal and State Medicaid statutes and regulations.

Effective July 1, 2007, the Medicaid rate may be claimed by a child care agency when a foster care youth is temporarily absent from the child care agency under the following circumstances:

- All vacation days up to 21 days per calendar year (the maximum number that NYS OCFS specifies) may also be claimed for the Maximum State Aid Rate.
- Visits to potential foster or adoptive parents, up to seven consecutive days per visit (the maximum that NYS OCFS specifies) may be claimed for the Maximum State Aid Rate.
- Temporary absences for respite care and services (non-institutional respite care and services for purposes of the child care agency Medicaid rate), up to the maximum that NYS OCFS specifies may also be claimed for the Maximum State Aid Rate.

Specifically, respite care and services for foster families may be provided up to a maximum of 21 consecutive days at a time, and that a period of 7 consecutive days must elapse before respite care and services may be provided to a foster family which has previously received such care and services. Respite care and services may be provided to each foster family for a maximum of seven weeks in any calendar year.

Special Categories of Absence and Impact on Claiming

The Medicaid rate may be claimed by a child care agency when a foster care youth under their auspices is in attendance at an in-state or out-of-state college, university or in a vocational/technical training setting if the child care agency foster care placement setting is within New York State, including a New York State-located:

- Institution;
- Group residence;
- Group home;
- Agency operated boarding home or
- Individual foster family boarding home.

For the purposes of the child care agency Medicaid rate, these youth are considered to be a “resident” of the child care agency. The Medicaid rate for these youth may be claimed until they reach 21 years of age.

The Medicaid rate may not be claimed by a child care agency when a foster care youth under their auspices is transitioned to an out-of-state placement setting. Additionally:

- New York State Medicaid-enrolled child care agencies may not claim their child care agency Medicaid rate for foster care youth placed outside of New York State. This includes those youth placed in any child (foster) care agency settings, including foster (boarding) homes located outside of New York State.
 - In this circumstance, the local department of social services will expeditiously notify the child care agency, in writing, to cease billing their child care agency Medicaid rate.

- Cessation of the child care agency Medicaid rate is a requirement irrespective of the out-of-state placement setting, and irrespective of whether the local department of social services will continue to pay the child care agency their Maximum State Aid Rate during the out-of-state placement.

- Local Departments of Social Services and their contracted Medicaid-enrolled child care agencies must follow all New York State Office of Children and Family Services requirements related to out-of-state placements, including those related to the Interstate Compact on the Placement of Children.

Health Care Services Billable to the Medicaid Program

The following services are covered by the Medicaid Program, are not included in the child care agency’s Medicaid rate, and are directly billable to the Medicaid Program:

Service	Comments
Article 28 Outpatient Department	
Emergency Room	
School-Based Health Clinic	
Family Planning Clinic	
OMH Partial Hospitalization	Office of Mental Health
OMH Day Treatment	
OMH State Operated Clinic	
OASAS Licensed Clinic	Office of Alcoholism & Substance Abuse Services
OMR/OASAS State Operated Clinic	

Service	Comments
General Inpatient Hospitals & Nursing Homes	
OMH Inpatient	
OMRDD Inpatient	Office of Mental Retardation & Developmental Disabilities
OASAS Inpatient	
Dental OPD	
Orthodontist	
Prescription Drugs	
Early Intervention	
Preschool & School Supportive Health Services Programs	
Comprehensive Medicaid Case Management	

Health Care Services Included in the Child Care Agency Medicaid Rate

The Medicaid rate is based upon the cost of health care services that are:

- delivered directly by the child care agency, including:
 - the salaries of designated child care agency health personnel and allocable personnel, and
 - other personnel service costs, and/or
- purchased by the child care agency from community health care providers.

Currently, child care agencies that elect to operate with a Medicaid rate are assigned a Medicaid rate that covers the cost of specific categories of health care provided to Medicaid-eligible foster care youth in their care, as outlined in the following chart:

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Service	Comments
Administrative Personnel	Those involved in health service delivery
Nurse	
Physician Specialist	
Physician	Also Nurse Practitioner and Registered Physician Assistant
Article 28 Free Standing Clinic	
Psychiatrist	
Psychologist	
Certified Social Worker	The portion of the time that licensed child care agency social workers render Medicaid-eligible mental health services should be allocated to the child care agency Medicaid rate.
OMH Licensed Volunteer Clinic	
OMRDD Licensed Volunteer Clinic	
Dentist	
Dental Free Standing Clinic	
Prescription Drugs	The associated drug carve-out list can be located at: http://www.health.ny.gov/health_care/medicaid/program/pharmacy.htm
Non-prescription Drugs	
Medical Supplies	
Durable Medical Equipment	
Home Health Care	
Laboratory	
X-ray/Radiology	
Transportation	

Service	Comments
Eye Care	
Physical Therapy	
Occupational Therapy	
Speech & Audiology	

The majority of Medicaid-covered services are covered within the child care agency Medicaid rate. Since the brief descriptions in the chart above do not reference every type of health care provider, service encounter or health care supply, child care agencies may need to direct questions to State policy staff.

Transportation Arrangements and Medicaid Reimbursement

Transportation related to accessing health care services is covered within the child care agency Medicaid rate, and is therefore billable to the child care agency.

It is the responsibility of the child care agency to arrange for health care-related transportation services required by the foster car youth that they serve. It is also the responsibility of the relevant child care agency program to reimburse transportation providers for these services in full. Failure to reimburse transportation related to accessing health care services may result in a reduction of the child care agency's Medicaid rate.

Prior Approval/Prior Authorization

For health care services not covered inside the child care agency Medicaid rate that are billable directly to the Medicaid Program. The health care services must be rendered by New York State Medicaid-enrolled providers and therefore must follow the most current Medicaid prior approval/prior authorization processes.

All Medicaid-enrolled providers that bill Medicaid directly for services are responsible to know and follow existing Medicaid program requirements related to prior approval/prior authorization. State contact information regarding prior approval/prior authorization is available in the **Information for All Providers - Inquiry Manual** online at:

<http://www.emedny.org/ProviderManuals/AllProviders/index.html>.

For health care services inside the child care agency Medicaid rate that are billable to the child care agency, Medicaid prior approval/prior authorization requirements do not apply.

Child care agencies must have procedures to assure that foster care caseworkers, foster care families and others who bring foster care youth for health care services effectively communicate to these providers the fact that the youth is under their child care agency's auspices. This will facilitate compliance with both Medicaid billing and Medicaid prior approval/prior authorization requirements that impact claims payment and promote willingness of providers to serve the foster care population.

Those that bring the foster care youth for health care services should be directed to supply the health care provider with contact information for a child care agency staff person who can advise providers when it is appropriate to bill the child care agency and when it is appropriate to bill the Medicaid Program directly. This will assist the provider to determine whether Medicaid prior approval/prior authorization requirements must be followed.

Medicaid Prior Approval of Orthodontia Care for Medicaid Foster Care Youth

Effective July 1, 2007, orthodontia care is outside the child care agency Medicaid rate and is therefore billable directly to the Medicaid Program. Orthodontia care for Medicaid foster care youth must be rendered by New York State Medicaid-enrolled orthodontists.

The most current Medicaid prior approval process for orthodontia care must be followed.

Orthodontia Care for Non-Medicaid Foster Care Youth Enrolled in the Physically Handicapped Children's Program

Although it is expected the circumstances of there being a Physically Handicapped Children's Program (PHCP)-approved, non-Medicaid foster care youth are limited, when Physically Handicapped Children's Program (PHCP)-approved orthodontists render orthodontia care to PHCP-enrolled, non-Medicaid foster care youth serviced by child (foster) care agency programs, PHCP prior approval/prior authorization processes must be followed.

Counties vary with response to the scope of their PHCP program, and there are county-specific variations with respect to the programmatic and financial eligibility requirements. Any questions related to these issues should first be directed to the local county department of health (or other responsible local PHCP entity) in the county whose department of social services has fiscal responsibility for the non-Medicaid foster care youth.

Out-of-State Providers

Out-of-state providers can be utilized to serve New York State Medicaid clients only under specific circumstances that are illustrated in New York State Medicaid policy

directives. Such information can be found in the Department of Health's *Medicaid Update*, available online at:

http://www.health.ny.gov/health_care/medicaid/program/update/main.htm.

Out-of-state providers must enroll in the New York State Medicaid Program in order to bill the Medicaid Program. For information on the enrollment process, out-of-state providers can be directed to:

<http://www.emedny.org/info/ProviderEnrollment/index.html>.

Note: Only child care agencies that are authorized by the New York State Office of Children and Family Services may apply for enrollment in the New York State Medicaid Program and be assigned a Medicaid rate.

Section III – Contact Information

Computer Sciences Corporation

(800) 343-9000

For questions involving:

- Billing rosters.

Local Department of Social Services

For questions involving:

- Updated and/or corrected Medicaid eligibility and foster care placement status;
- Billing roster issues;
- Questions and issues; and
- Locating Medicaid-enrolled health providers, child care agency staff and those delegated to bring foster care youth for health appointments.

Local Department of Social Services contact information can be found at:

<http://www.ocfs.state.ny.us/main/localdss.asp>.

Medicaid Helpline

(800) 541-2831

For questions involving:

- Locating Medicaid-enrolled health providers, child care agency staff and those delegated to bring foster care youth for health appointments.

Medicaid Policy Unit

(518) 486-6562

For questions involving:

- Medicaid policy related to health services covered within the child care agency Medicaid rate or Medicaid fee-for-service.

NYS DOH Rate Setting Unit

(518) 473-8910

For questions involving:

- Child care agency rate categories;
- Medicaid rate setting and
- Medicaid cost reporting processes.

NYS DOH Orthodontia Policy Unit

(800) 342-3005 Option #2

NYS Physician Profiles Website

This website includes and specifies both Medicaid-enrolled and non-Medicaid enrolled physicians.

<http://www.nydoctorprofile.com/welcome.jsp>

OCFS Bureau of Strategic Planning and Policy Development

(518) 473-1776

For questions involving:

- Child care agency authorization process;
- Out-of-state placement;
- Child care agency program approval, including health care component;
- OCFS rate categories; rate setting; and
- Cost reporting related to the maintenance rate assignment process.

OCFS Interstate Compact Unit

(518) 473-1591

For questions involving:

- Interstate Compact on the Placement of Children.

OCFS Regional Contacts

For questions involving:

- Updated eligibility and/or foster care placement status; and
- Outstanding questions and issues.

Only contact the appropriate Regional Office, as indicated on the chart below, after contacting the appropriate local department of social services.

Regional Office	Counties Served	Contact Information
Albany	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	155 Washington Avenue 3rd Floor Albany, NY 12210 Telephone: (518) 486-7078 Fax: (518) 486-7625
Buffalo	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	Ellicott Square Building 295 Main Street Room 545, 5th Floor Buffalo, NY 14203 Telephone: (716) 847-3145 Fax: (716) 847-3742
New York City	Bronx, Kings, New York, Queens and Richmond	80 Maiden Lane, 24th Floor New York, NY 10038 Telephone: (212) 383-1788 Fax: (212) 383-1811
Rochester	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates	259 Monroe Avenue Room 307 Rochester, NY 14607 Telephone: (585) 238-8201 Fax: (585) 238-8289

Regional Office	Counties Served	Contact Information
Syracuse	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	The Atrium 100 S. Salina Street Suite 350 Syracuse, NY 13202 Telephone: (315) 423-1200 Fax: (315) 423-1198
Yonkers	Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Sullivan, Ulster, Westchester	525 Nepperhan Avenue Suite 203 Yonkers, NY 10703 Telephone: (914) 377-2080 Fax: (914) 377-2083

OCFS Central Office

(518) 473-7793

For questions involving:

- Outstanding questions and issues.

Only contact Central Office after contacting the appropriate regional office.

Office of Temporary and Disability Assistance

(518) 474-7527

For questions involving:

- Processing bills from providers not enrolled in the New York State Medicaid Program and
- Health care outside the New York State child care agency Medicaid rate.

Orthodontia Prior Approval

For all counties **except** the five boroughs of New York City:

(800) 342-3005 Option #2.

For the five boroughs of New York City:

(212) 978-5560.

Online Links

To order additional information regarding the Interstate Compact on the Placement of Children, please refer to the American Public Human Services Association publication website:

www.aphsa.org.

Section IV – Definitions

For the purposes of the Medicaid Program, and as used in this Manual, the following terms are defined as follows:

Agency Operated Boarding Home

A family-type home for the care and maintenance of not more than six children operated by a voluntary child care agency, in quarters or premises owned, leased or otherwise under the control of such agency, except that such a home may provide care for more than six brothers and sisters of the same family.

Child Care Agency Foster Care Youth

Local departments of social services (LDSS) contract with child care agencies to serve particular foster care youth; commonly those with more complex health and social service needs.

Youth served under the auspices of child care agencies that get a Medicaid rate are not issued a Common Medicaid Benefit Identification Card (CBIC). Instead their Medicaid ID numbers are maintained on a Medicaid roster that is issued monthly to the child care agencies. Youth served by child care agencies that do not operate with a Medicaid rate are generally issued CBIC cards.

All youth placed by the LDSS under the auspices of a child care agency are statutorily excluded from participation in Medicaid managed care. LDSS must follow Medicaid managed care policies and procedures related to managed care disenrollment when the youth is admitted to the child care agency; and re-enrollment, when appropriate, upon discharge. This will promote accurate payment to both the managed care plan and the child care agency during transitions. Direct questions on Medicaid managed care enrollment/disenrollment procedures to the LDSS managed care coordinator in the fiscally responsible LDSS.

The New York State Office of Children and Family Services has statutory oversight responsibility, including oversight of health care, for both direct care foster care youth and those served by child care agencies.

Direct Care Foster Care Youth

These youth are served directly by the fiscally responsible local department of social services (LDSS). Most of these youth are placed directly by the LDSS in LDSS-run individual family foster boarding homes. A few are served in other types of foster care group/congregate care type arrangements. Most of these youth access their Medicaid benefit via the Medicaid fee-for-service system using a CBIC card.

At the discretion of the fiscally responsible LDSS Commissioner, and following New York State managed care protocols, all, or specifically designated individual direct care foster care youth in their district access their Medicaid benefit via Medicaid Managed Care arrangements.

Foster Care Child/Youth

A foster care child/youth is by definition a child/youth who is:

- in the legal custody of the Commissioner of the local department of social services (and in some cases, in the legal custody of the NYS Office of Children and Family Services Commissioner, and assigned foster care status) and
- cared for away from his or her home 24 hours a day in a duly authorized or certified facility or program, including, but not limited to, the following foster care settings:
 - a foster family boarding home,
 - an agency operated boarding home,
 - a group home,
 - a group residence or
 - an institution;

and is:

- a youth under the age of 18 years; or
- is between the ages of 18 years and 21 years who entered foster care before his or her 18th birthday and has consented to remain in foster care past his or her 18th birthday, and
- is a student attending a school, college or university; or regularly attending a course of vocational or technical training designed to fit him or her for gainful employment; OR
- lacks the skills or ability to live independently.

Foster care youth are sometimes served transitionally on either a short-term or a long-term basis in other service system settings, such as NYS Office of Mental Health or NYS Office of Mental Retardation and Developmental Disabilities licensed settings.

When a foster care youth who is served under the auspices of a NYS Medicaid-enrolled

child care agency is temporarily placed in another service system setting that gets reimbursed by a Medicaid payment methodology, or via a non-Medicaid payment methodology that covers health care costs, then the child (foster) care agency must not simultaneously bill their child care agency Medicaid rate.

Foster Family Boarding Home

A residence owned, leased or otherwise under the control of a single person or family who has been certified by a voluntary child care agency to care for not more than six children, and such person or family receives payment from the agency for the care of such children.

Group Home

A family-type home for the care and maintenance of not less than 7 nor more than 12 children who are at least five years of age, operated by a voluntary child care agency, in quarters or premises owned, leased or otherwise under the control of such agency, except that such minimum age is not applicable to siblings placed in the same facility nor to children whose mothers are placed in the same facility.

Group Residence

An institution operated by a voluntary child care agency for the care and maintenance of not more than 25 children.

Institution

A facility operated by a voluntary child care agency for the 24-hour care and maintenance of 13 or more children.

Voluntary OCFs-Authorized Child (Foster) Care Agency

Any agency, association, corporation, institution, society or other organization which is incorporated or organized under the laws of New York State with corporate power or empowered by law to care for, to place out, or to board out children.

The entity must actually have its place of business or plant in New York State and must be approved, visited, inspected and supervised by the New York State Office of Children and Family Services or submit and consent to the approval, visitation, inspection and supervision of the New York State Office of Children and Family Services as to any and all acts in relation to the welfare of children performed or to be performed under the provisions of Title 1 of Article 6 of the Social Services Law.