

APPENDIX VFCA

29-I VOLUNTARY FOSTER CARE AGENCY PROGRAMS:

Effective July 1, 2021, children placed in foster care, including those in direct-placement foster care and placement in the care of Voluntary Foster Care Agencies (VFCAs) statewide, will be enrolled in Medicaid Managed Care unless the child is otherwise exempt or excluded from enrollment. In alignment with this transition, VFCA's who opt to become a licensed health care facility under New York State Public Health Law (PHL) Article 29-I, may deliver Core Limited Health-Related Services (CLHRS) and Other Limited Health-Related Services (OLHRS) to foster care children enrolled in a Medicaid Managed Care Plan.

For dates of service on or after July 1, 2021 Beacon Health Options (Beacon) is delegated to cover the following 29-I Health Facility services for enrollees who are eligible to be served by a 29-I Health Facility, in accordance with the 29-I Billing Guidance:

Medically necessary **Other Limited Health-Related Services** (OLHRS) that the 29-I Health Facility is authorized, by the State, to provide may include:

1. Children and Family Treatment Supports and Services (CFTSS)

- a. Other Licensed Practitioners (OLP)
- b. Community Psychiatric Supports and Treatment (CPST)
- c. Psychosocial Rehabilitation (PSR)
- d. Family Peer Supports and Services (FPSS)
- e. Youth Peer Support and Training (YPST)
- f. Crisis Intervention (CI)

2. Children's Waiver HCBS

- a. Caregiver Family Supports and Services
- b. Community Self Advocacy and Support
- c. Respite (Planned and Crisis)
- d. Prevocational Services
- e. Supported Employment
- f. Day Habilitation
- g. Community Habilitation

3. Medicaid State Plan Services

- a. Screening, diagnosis and treatment services related to developmental and behavioral health. This includes the following:
 - Psychiatric consultation, assessment, and treatment
 - Psychotropic medication treatment
 - Developmental screening, testing, and treatment (diagnosis driven)
 - Developmental screenings conducted by Primary Care Providers are billed to the Plan.
 - Psychological screening, testing and treatment.
 - Neuropsychological testing (diagnosis driven)
 - Smoking/tobacco cessation treatment (diagnosis driven)
 - Alcohol and/or drug screening and intervention

Due to the nature of services, Beacon contracts to deliver some foster care services delivered by 29i providers as noted above, while Beacon's plan partners will contract to deliver other services. Plan partners will contract and reimburse 29i providers for Core Limited Health-Related Services (CLHRS) on a per diem basis, including:

- a. Nursing Services
- b. Skill Building Licensed Behavioral Health Practitioner (LBHP)
- c. Medicaid Treatment Planning and Discharge Planning
- d. Clinical Consultation/Supervision Services
- e. VFCA Managed Care Liaison/Administration

Additionally, Beacon Plan Partners cover the following Home and Community Based Services for Children:

- f. Palliative Care: Bereavement Therapy
- g. Palliative Care: Expressive Therapy
- h. Palliative Care: Massage Therapy

- i. Palliative Care: Pain and Symptom Management
- j. Environmental Modifications
- k. Vehicle Modifications
- l. Adaptive and Assistive Equipment
- m. Non-Medical Transportation

Other Limited Health Related Medicaid State Plan Services covered and reimbursed by the Plan (not reimbursed by Beacon):

Screening, diagnosis and treatment services related to physical health, 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
- Primary pediatric/adolescent care
- Immunizations in accordance with NYS or NYC recommended childhood immunization schedule
- Reproductive health care
- Laboratory services

II. Covered Populations

A. Effective July 1, 2021, children placed in foster care, including those in direct placement foster care and placement in the care of VFCAs statewide, will be enrolled in a Managed-Care Plan unless the child is otherwise exempt or excluded from enrollment.

B. Effective upon licensure by the State, 29-I Health Facilities will provide **OLHRS** to children as described in the *Article 29-I VFCA Health Facilities License Guidelines* and the 29-I Billing Guidance. Child populations served by 29-I Health Facilities and covered by Beacon for **OLHRS** are described and defined in the 29-I Billing Guidance, including:

1. Children/youth placed in foster care;
2. Babies residing with their parent who are placed in a 29-I Health Facility and in foster care (8D Babies);
3. Children/youth placed in a 29-I Health Facility by Committee on Special Education (CSE).
4. Pre-dispositional placed youth; and
5. Children and adults who are discharged from a 29-I Health Facility

III. Reimbursement

A. 29-I Health Facilities

1. For dates of service on and after July 1, 2021, 29-I Health Facilities will submit claims for Other Limited Health Related Services which are delegated to Beacon directly to Beacon according to the 29-I Billing Guidance and in accordance with Beacons billing procedures.

2. In accordance with the 29-I Billing Guidance, Beacon will reimburse 29-I Health Facilities at 100% of the New York State Medicaid rate for the four-year transition period from July 1, 2021 – June 30, 2025, unless an alternative payment arrangement is approved by New York State Department of Health and Office of Family and Children's Services.

IV. Billing Procedures:

Beacon maintains claims processing procedures designed to comply with the requirements of client plans, government-sponsored health benefit programs, and applicable state laws, rules, and regulations.

Providers in the Beacon network are encouraged to submit claims electronically, either through one of our Portals or via clearing house. Electronic submission will expedite claims processing. Providers must register for online services to be linked with the clearing house.

Another option for providers for electronic claim submission is to install Beacon's EDI Claims Link for Windows Software on their computer(s). For information on these resources, please refer to our website at beaconhealthoptions.com.

Below is a chart for all Plans and resource information for submitting claims:

PLAN NAME	PORTAL	INDIVIDUAL CLAIM VIA PORTAL	BATCH CLAIMS VIA PORTAL	PAYER ID (FOR DIRECT CLAIMS SUBMISSION THROUGH THE PORTAL)	CLAIMS MAILING ADDRESS FOR PAPER CLAIMS	EDI (VIA CLEARINGHOUSE ALLOWED)?
Affinity Health Plan	e-Services	Yes	No	BEACON963116116	Beacon Health Options PO Box 1850 Hicksville, NY 11802-1850 Attn: Affinity Claims	Yes
Amida Care Health Plan	e-Services	Yes	No	BEACON963116116	Beacon Health Options PO Box 1850 Hicksville, NY 11802-1850 Attn: Amida Care Claims	Yes
Metro Plus	e-Services	Yes	No	BEACON963116116	Beacon Health Options PO Box 1850 Hicksville, NY 11802-1850 Attn: Metro Plus Claims	Yes
IHA	e-Services	Yes	No	BEACON963116116	Beacon Health Options PO Box 1850 Hicksville, NY 11802-1850 Attn: IHA Claims	Yes
Emblem Health	Provider-Connect	Yes (for CMS 1500 only)	Yes	FHC &Affiliates	Beacon Health Options PO Box 1850 Hicksville, NY 11802-1850 Attn: Emblem Claims	Yes
VNSNY	Provider-Connect	Yes (for CMS 1500 only)	Yes	FHC &Affiliates	Beacon Health Options PO Box 1850 Hicksville, NY 11802-1850 Attn: VNS Claims	Yes

V. Access to Care

A. Transitional Care

1. The LDSS/29-I Health Facility and Beacon will communicate and coordinate service information through the Foster Care Liaison as necessary to ensure children/youth in foster care to be newly enrolled at the time of the transition are afforded continuity of care as required under the Managed Medicaid Model Contract.

Note: For children/youth placed in a 29-I Health Facility prior to July 1, 2021, the 29-I Health Facility, will work with the Liaison in identifying children/youth in their care who are in receipt of HCBS, an Episode of Care or a course of treatment from an Essential Community Provider, or who may be scheduled for an inpatient procedure on or after July 1, 2021. VFCA's should notify Beacon of any enrollees receiving behavioral health services from out-of-network providers to ensure continuity of payment for treatment.

2. Beacon will accept communication from the LDSS or 29-I Health Facility Liaison, via the Plan Liaison, regarding placed children/youth to be enrolled in the Plan as of July 1, 2021, to facilitate or arrange for continued access to requested

services without interruption and without conducting utilization review for LTSS, HCBS, CFTSS or OLHRS at least 180 days from the effective date of enrollment, consistent with the transitional care requirements of the Model Contract, inclusive of any continuity of care requirements for transitioning benefits (e.g., Children's Waiver HCBS).

B. Access to Services Post Discharge from the 29-I Health Facility

1. Children discharged from a 29-I Health Facility may continue to receive OLHRS from any 29-I Health Facility for up to one-year post discharge. These services may continue beyond the one-year post discharge date, if any of the following apply:

- a. child/youth is under 21 years old and in receipt of services through the 29-I Health Facility for an Episode of Care and has not yet safely transitioned to an appropriate provider for continued necessary services; or
- b. the child/youth is under 21 years old and has been in receipt of CFTSS or Children's HCBS through the 29-I Health Facility and has not yet safely transitioned to another designated provider for continued necessary CFTSS or HCBS in accordance with their plan of care; or
- c. If the Enrollee is 21 years or older, 29-I Health Facilities may continue to provide OLHRS when the following applies:
 - i. Adults over the age of 21 are not eligible for CFTSS or Children's HCBS.
 - ii. For the purposes of this document, Episode of Care is defined as a course of treatment that began prior to discharge by the same facility to the child/youth for the treatment of the same or related health and/or behavioral health condition and may continue within one year after the date of the child/youth's discharge from the 29-I Health Facility.
 - iii. In the circumstances where OLHRS are continued as described above, Beacon and 29-I Health Facilities will work collaboratively to safely transition enrollees to appropriate providers and/or settings.

VI. CARE MANAGEMENT:

Beacon will provide care management for an enrollee in foster care as Beacon deems necessary to ensure the enrollee's access to services, or as requested by the LDSS/29-I Health Facility following assessment, or upon recommendation by a provider.

Authorization of Services

A. Beacon may establish prior authorization and utilization management of services in accordance with federal and state law, regulation, guidance, and the Medicaid Managed Care Model Contract. 29-I Health Facilities will follow MMCP policies and procedures for authorization of services, as applicable.

B. VFCA's must notify Beacon of any enrollees scheduled for services on or after July 1, 2021 with an out-of-network non-29-I provider to ensure payment for treatment.

C. For enrollees in Foster Care, Beacon may require notification, but will not require prior authorization or perform utilization management on:

1. On any required assessment for a child/youth in foster care; mandated by OCFS or the LDSS;
2. Any assessment ordered by a court.

Authorization Details

See Attachment C

VII. Network and Contracting Requirements

Understanding that Children can be placed with a VFCA anywhere in the State, Beacon will offer contracts to any 29-I Facility in New York State. If a provider is not contracted with Beacon, the provider may contact the National Provider Service Line at Beacon by calling 800-397-1630 (Monday through Friday 8am to 8pm ET) to request a contract.

Attachment B – Timeframe for Initial Health Activities to be Completed Upon Placement to 29-I Health Facility

The table below outlines the timeframes for initial health activities to be completed within 60 days of foster care placement. An “X” in the Mandated Activity and/or Mandated Timeframe column indicates that the activity is required within the indicated timeframe. An “R” in the Mandated Activity and/or Mandated Timeframe column indicates that the activity is required by OCFS.

Foster Care Initial Health Services and On-going Assessment and Treatment 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
10 Days	Request consent for release of medical records & treatment	X	X	Child Welfare Caseworker or health staff
30 Days	Initial mental health assessment	X	R	Mental health practitioner
45 Days	Initial developmental assessment	X	R	Health practitioner
45 Days	Initial substance abuse assessment	R	R	Health practitioner
60 Days	Follow-up health evaluation	R	R	Health practitioner

Attachment C:

Service	Prior Authorization	Concurrent Authorization	MNC to be utilized
Outpatient Clinic: Services including initial assessment; psychosocial assessment; and individual, family/collateral, group psychotherapy, and Licensed Behavioral Practitioner	No	No	N/A
Mental Health Clinic Services: Psychiatric Assessment; Medication Treatment	No	No	N/A
Psychological or neuropsychological testing	No	N/A	N/A
Mental Health Partial Hospitalization	Yes	Yes	Interqual- BH: Child and Adolescent psychiatry
Mental Health Continuing Day Treatment (CDT)	Yes	Yes	Beacon Health Options-NY-LOCC
Personalized Recovery Oriented Services (PROS) Pre-Admission Status	No	No	Beacon Health Options-NY-LOCC
PROS Admission: Individualized Recovery Planning	Yes	Yes	Beacon Health Options-NY-LOCC
PROS Active Rehabilitation	Yes	Yes	Beacon Health Options-NY-LOCC
Assertive Community Treatment (ACT)	Yes	Yes	Beacon Health Options-NY-LOCC
OASAS outpatient rehabilitation programs	No	Yes	NY LOCADTR 3
OASAS outpatient and opioid treatment program (OTP) services	No	Yes	NY LOCADTR 3

Outpatient and Residential Addiction services	No	Yes	NY LOCADTR 3
Residential Supports and Services	No	Yes	MH: Beacon Health Options-NY-LOCC
Other Licensed Practitioner (OLP)	No	No	N/A
Crisis Intervention	No	No	N/A
Community Psychiatric Supports and Treatment (CPST)	No	No	N/A
Psychosocial Rehabilitation (PSR)	No	No	N/A
Family Peer Supports and Services (FPSS)	No	No	N/A
Youth Peer Support (YPS)	No	No	N/A
Caregiver Family Supports and Services (HCBS)	No	Yes	Beacon Health Options-NY-LOCC
Prevocational Services (HCBS)	No	Yes	Beacon Health Options-NY-LOCC
Community Self Advocacy and Support (HCBS)	No	Yes	Beacon Health Options-NY-LOCC
Supported Employment (HCBS)	No	Yes	Beacon Health Options-NY-LOCC
Crisis Respite (HCBS)	No	Yes	Beacon Health Options-NY-LOCC
Planned Respite (HCBS)	No	Yes	Beacon Health Options-NY-LOCC
Day Habilitation (HCBS)	No	Yes	Beacon Health Options-NY-LOCC
Community Habilitation (HCBS)	No	Yes	Beacon Health Options-NY-LOCC