



MVP Medicaid Children's Foster Care Training for Providers

Direct Placement and Voluntary Foster Care



Overview

This training is designed to provide MVP Providers an overview of how MVP serves the NYS Foster Care population and includes information on:

- Foster Care Background for MVP Providers
- Integrated Trauma Informed Care and Forms of Trauma
- MVP Foster Care Population
- What's Changing? VFCA and Medicaid Managed Care July 1, 2021
- Network and Contracting: 29-I Licensed VFCAs
- Article 29-I Services
- MVP Enrollment, Disenrollment, and Access to Services
- Service Authorization
- Required Documentation
- Additional Resources and Contacts



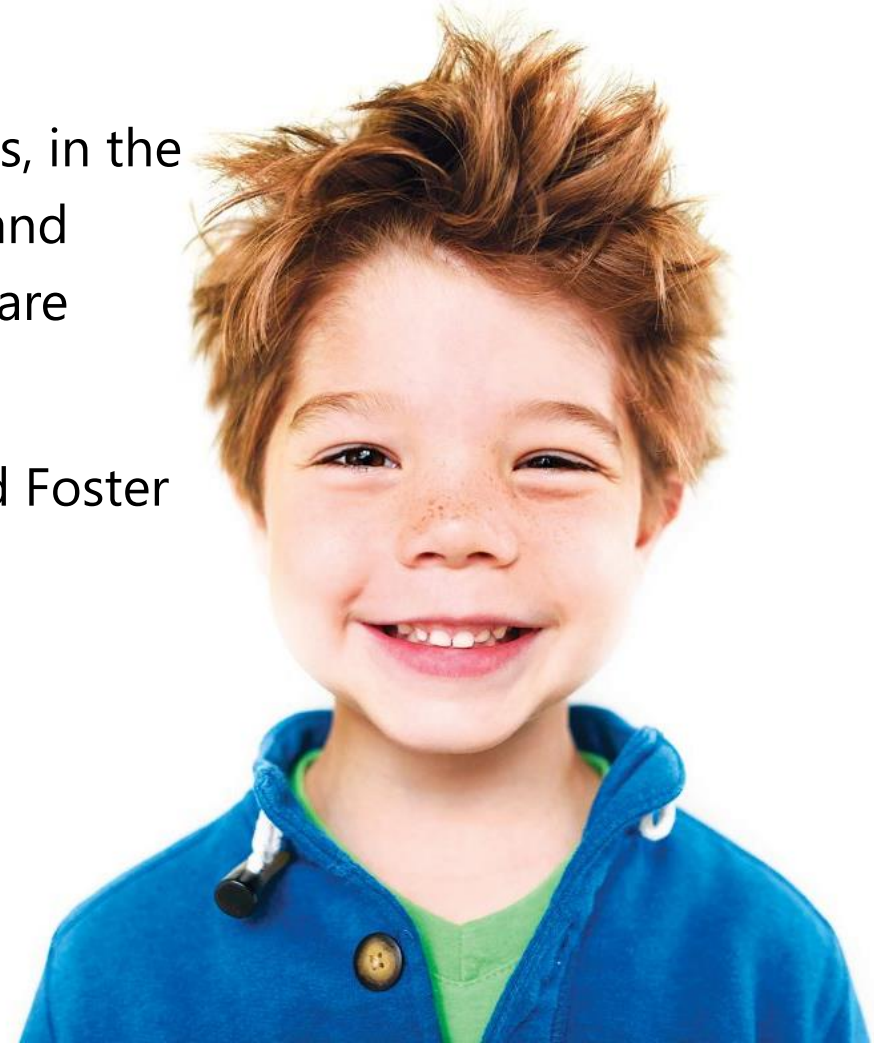
Foster Care Background for MVP Providers



Who Are Children in Foster Care?

Children in Foster Care are:

- In the legal custody of the Commissioner of the Local Department of Social Services (LDSS) (in some instances, in the legal custody of the New York State Office of Children and Family Services Commissioner where assigned Foster Care status); and
- Cared away from home 24 hours a day in an authorized Foster Care setting including (but not limited to):
 - Foster family boarding home
 - Agency operated boarding home
 - Group home
 - Group residence
 - Institution



Who Are Children in Foster Care? (cont'd)

Children in Foster Care are:

- Under the age of 18 years, or
- Between the ages of 18 - 21 years old who entered Foster Care before their 18 birthday and have chosen to remain in Foster Care beyond their 18th birthday, and
 - Attends school/college/university; or regularly attends a course or training that will help the individual attain gainful employment; OR
 - Lacks the skills/ability to live independently



Children in Foster Children Have Unique and Complex Physical/Behavioral Health Care Needs



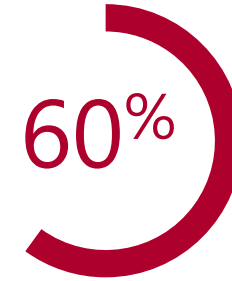
Family Problems



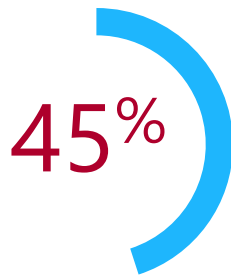
Psychosocial problems



Mental health problem



Developmental delay in children under 5 years old



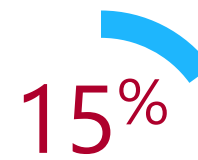
Special education/underachievement



Chronic or untreated physical health condition



Significant dental condition



Birth defect

Integrated Trauma Informed Care and Forms of Trauma



Trauma Informed Care

Due to the prevalence of Foster Care children experiencing complex Medical and/or Behavioral health needs it is important to recognize the need for competent and trauma informed care of these Members

4 R's of a Trauma Informed Approach:

- **R**earcognizes the prevalence of trauma
- **R**esponds by putting this knowledge into practice
- **R**esists re-traumatization
- **R**ecognizes the impact of trauma on recipients of services and providers

(SAMHSA 2012)

3 PILLARS OF TRAUMA INFORMED CARE

A diagram illustrating the three pillars of trauma-informed care. At the top, a light blue rounded rectangle contains the text "3 PILLARS OF TRAUMA INFORMED CARE" in red. Below this, a large, light blue classical column structure is shown. The column has a decorative capital at the top and a base at the bottom. The shaft of the column is divided into three vertical sections, each containing a pillar name in red, uppercase letters: "SAFETY", "EMOTION REGULATION", and "RELATIONSHIPS".

SAFETY

EMOTION
REGULATION

RELATIONSHIPS

Various Forms of Trauma

Acute Trauma / Situational Trauma

- Results from exposure to a single overwhelming event → PTSD

Chronic or Toxic Stress

- Adverse experiences in childhood that threatens brain development and are associated with poor → Physical and behavioral health problems
health and social problems

Complex Trauma

- Exposure to multiple or prolonged traumatic events and impact of this exposure on development

Historical Trauma

- Refers to the *cumulative trauma* over both the life span and across *generations* that results from massive *catastrophic* events that are of human design

Trauma Informed Care

Additional Training and Resources on Trauma Informed Care Can Be Found:

[New York State Search:trauma informed \(ny.gov\)](#)

[Restraint and Seclusion - Trauma Informed Care \(ny.gov\)](#)

[Trauma-Informed Care | SAMHSA](#)

MVP Foster Care Population



MVP Serves Children in Foster Care Placed in Direct Care Foster Care or With Voluntary Foster Care Agencies (VFCAs)

Direct Care Foster Care: Effective 2013

- Children in direct placement Foster Care are served by the LDSS and are directly placed in foster homes licensed by LDSS
 - Majority are placed in individual family foster boarding homes; some in other types of group or congregate care

Voluntary Foster Care Agencies (VFCAs): Effective 2021

- LDSS contracts with Voluntary Foster Care Agencies for the placement and services for children in Foster Care, which occurs in 80% of the cases in NYS
 - Commonly serves children with more complex needs

What's Changing?

VFCA and Medicaid Managed Care July 1, 2021



VFCA Carve-In

Effective July 1, 2021:

- MVP will cover children served by a VFCA who were previously excluded from Medicaid managed care
- Children in the care of a VFCA will receive the same benefits that children in direct placement foster care are already receiving from MVP
- MVP will now contract with VFCAs, under their *NEW* Article 29-I licensure
- The allowable VFCA Article 29-I services will become MVP Medicaid benefits for applicable children in Foster Care
- An MVP Foster Care Liaison will act as a single point of contact between MVP and the VFCAs, LDSS, HH, and other care partners

Network and Contracting: 29-1 Licensed VFCAs



Voluntary Foster Care Agencies

MVP contracts with VFCA's that have obtained the required Article 29-I licensure to offer and bill MVP for Core Limited Health-Related Services (CLHRS) and Other Limited Health-Related (OLHRS) services as designated by NYS

Types of VFCAs

- VFCA facilities are categorized by the level of care that is provided and the type of program operating within that level
- Children may be placed in different settings depending on their needs
 - I.e., children who are Medically Fragile may be placed in a Medically Fragile facility that is equipped to handle the specific needs of these children

Level	Description	Facility
Level 1	Generic Treatment	<ul style="list-style-type: none"> • Foster Boarding Home
Level 2	Specialized Treatment	<ul style="list-style-type: none"> • Therapeutic Boarding Home (TBH)/AIDS • Medically Fragile • Special Needs
Level 3	Congregate Care	<ul style="list-style-type: none"> • Maternity • Group Home (GH) • Agency Operated Boarding Home (ABH) • Supervised Independent Living Program (SILP)
Level 4	Specialized Congregate Care	<ul style="list-style-type: none"> • Group Residence (GR) • Diagnostic • Institutional • Hard to Place/Other Congregate • Raise the age

Essential Community Providers

- VFCAs have identified providers they have established relationships with which have education and familiarity with the needs of children placed in their care, including the required assessments, documentation, and associated timelines. These providers are referred to as Essential Community Providers (ECP). With the VFCA Carve-in, the goal is to maintain existing relationships that VFCAs may have established with these providers.
- ECPs may already be MVP Participating Providers. MVP is and will outreach and contract with ECPs as needed to meet the unique needs and goals of children in Foster Care placement.
- Find MVP Participating Providers using MVP's *Find A Doctor* tool at:
mvphealthcare.com/searchproviders



Article 29-I Services



Article 29-I Licensed VFCAs Will Provide “Core Limited Health-Related Services (CLHRS)”

- New York State has defined a standard set of services that all Article 29-I licensed VFCAs are required to offer, including:
 - Skill building
 - Nursing supports and medication management
 - Medicaid Treatment Planning and Discharge Planning
 - Clinical consultation and supervision
 - Managed care liaison/administration
- This set of “Core” services will be covered by a per Member/per day Residual Per Diem rate (Based on Facility Type)
- Medical necessity is determined and documented by the VFCA within 30 days of the child being placed
- Authorization is not required for these services

Article 29-I Licensed VFCAs May Also Provide “Other Limited Health-Related Services (OLHRS)”

- Services offered by each VFCA will vary and may include a range of services such as:
 - Screening, diagnosis, and treatment services related to physical health
 - Screening, diagnosis, and treatment services related to developmental and behavioral health
 - Children and Family Treatment and Support Services (CFTSS)
 - Children’s Home and Community Based Services (CHCBS)
- For a more comprehensive list of OLHRS, please refer to:
health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_bill_ing_manual_final.pdf
- Traditional authorization requirements apply
- Services are encounter based
- **Services do not include:** surgical services, dental services, orthodontic care, general hospital services including emergency care, birth center services, emergency intervention services, emergency intervention for major trauma, treatment of life-threatening or potentially disabling conditions

*where designated a children’s provider **Services not covered under Other Limited Health-Related Services may be covered as existing plan benefits

MVP Coverage for Article 29-I Services for Children Outside of Active Foster Care Placement

CLHRS may be provided to:

- Children in active VFCA placement
- Children in kinship placement (children cared for by a relative/not parent) – certified setting
- Babies living with their parent who is a child in Foster Care (“8D babies”)
- Other children *may* be eligible under certain circumstances

OLHRS may be provided to:

- Children in active VFCA placement
- Children placed by the Committee on Special Education (CSE) – services outside a child’s Individualized Education Plan (IEP)
- Babies living with their parent who is a child in Foster Care (“8D babies”)
- Children placed in a setting certified by the LDSS
- Children in a kinship placement – both certified and noncertified settings
- Children who are discharged from a 29-I VFCA (up to 1-year post discharge)
- Former Foster Care adults over the age of 21 in the care of a VFCA
 - **Note:** Adults over the age of 21 may not receive CFTSS and HCBS

For more information, please refer to: health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf

MVP Enrollment, Disenrollment, and Access to Services



MVP Enrollment and Disenrollment

- Children will be matched by NYS to existing/previously existing plans when possible; auto-assignment when there is none
- Effective date of enrollment will be retrospective to first day of the month for children in Foster Care
- There is no lock-in period for children in Foster Care
 - Child can change Plan at any point
 - Plan enrollment changes are prospective to the first of the month following the change in enrollment
- Children may be retrospectively disenrolled
- The MVP Foster Care Liaison, LDSS Foster Care Liaison, and VFCA will coordinate efforts to transition the child to another Plan when it is in the best interest of the child and will facilitate access to care

Access to Services

- Due to the unique needs of this population, it is essential there be immediate access to services with no gaps in care
- MVP will ensure children have access to medically necessary services regardless of whether these services are in, or out-of-network
- This includes authorizations for necessary replacements of durable medical equipment (DME) and medications
- Children placed with a VFCA may receive services that are provided by Article 29-I licensed VFCAs while other services may be provided by MVP's network of in- or out-of-network providers



Required Assessments and Timelines for Foster Care Children

- All children in Foster Care (Direct Care and VFCA) must receive required assessments and treatment planning, according to the time frames
- MVP Participating Providers are required to meet the NYS defined time frames
- These services may be provided by 29-I licensed VFCA's or other community providers

Time Frame	Activity	Mandated Activity	Mandated Time Frame	Professions who perform the service
24 Hours	Initial screening/ screening for abuse/ neglect	X	X	Health practitioner (preferred) or child welfare caseworker/health staff
5 Days	Initial determination of capacity to consent for HIV risk assessment & testing	X	X	Child Welfare Caseworker or designated staff
5 Days	Initial HIV risk assessment for child without capacity to consent	X	X	Child Welfare Caseworker or designated staff
10 Days	Request consent for release of medical records & 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	X	Mental health practitioner
30 Days	Family Planning Education and Counseling and follow-up health care for youth age 12 and older (or younger as appropriate)	X	X	Health practitioner
30 Days	HIV risk assessment for child with possible capacity to consent	X	X	Child Welfare Caseworker or designated staff
30 Days	Arrange HIV testing for child with no possibility of capacity to consent & assessed to be at risk of HIV infection	X	X	Child Welfare Caseworker or health staff
45 Days	Initial developmental assessment	X		Health practitioner
45 Days	Initial substance abuse assessment			Health practitioner
60 Days	Follow-up health evaluation			Health practitioner
60 Days	Arrange HIV testing for child determined in follow-up assessment to be without capacity to consent & assessed to be at risk of HIV infection	X	X	Child Welfare Caseworker or health staff
60 Days	Arrange HIV testing for child with capacity to consent who has agreed in writing to consent to testing	X	X	Child Welfare Caseworker or health staff

Service Authorization



Service Authorization – Physical Medical Health (VFCA Enrolled Children)

Authorization Requirements – In Network

- **Services Requiring Notification within 48 hours of Admission**
 - Emergent Acute Inpatient Hospitalization
- **Services Requiring Authorization/Notification**
 - Transfers to Skilled Nursing and Rehabilitation Facilities
 - Elective inpatient admissions
 - Durable Medical Equipment listed on MVP's DME Listing
 - No utilization review will be performed for emergency replacement of existing equipment.
 - Private Duty Nursing
 - All Services Listed on MVP's UM Policy Guide accessed through the link below.
 - mvphealthcare.com/provider/onlineresources.html
 - Out of network providers who are not Family Practice, Pediatricians, Internal Medicine Providers acting as a PCP
- **Services Not Requiring Notification or Authorization**
 - Routine Preventive Services
 - All Services related to CLHRS or OLHRS
 - Care provided by 29-I Health Facilities

Authorization Requirements – Out-of-Network

- **Services Requiring Authorization**
 - All services by specialty providers including durable medical equipment vendors who are not Family Practice, Pediatricians and Internal Medicine providers who are not acting as PCP.
 - No utilization review will occur during the first 180 days of transition where Member has an existing relationship with the out of network provider.
- **Services Not Requiring Authorization**
 - All Services related to CLHRS or OLHRS
 - Out of network providers who are Family Practice, Pediatricians, Internal Medicine Providers acting as a PCP
 - Care provided by 29-I Health Facilities
 - VFCA and/or Court Mandated

Service Authorization - Behavioral Health (VFCA Enrolled Children)

Authorization Requirements – In Network

- **Services Requiring Notification within 2 BD of Admission⁺**
 - Inpatient Mental Health
 - Inpatient Substance Use (Detox & Rehab)
 - Residential Substance Use
 - Crisis Residential
- **Services Requiring Authorization⁺**
 - Assertive Community Treatment (ACT)
 - Personalized Recovery Oriented Services (PROS)
 - Transcranial Magnetic Stimulation (TMS)
 - Home and Community Based Services (HCBS)*
- **Services Not Requiring Notification or Authorization**
 - All services related to OLHRS, except HCBS
 - Care provided by 29-I Health Facilities
 - Comprehensive Psychiatric Emergency Program (CPEP)
 - Crisis Intervention and Services
 - Electroconvulsive Therapy (ECT)

Authorization Requirements – Out-of-Network

- **Services Requiring Authorization⁺**
 - Inpatient Mental Health
 - Inpatient Substance Use (Detox & Rehab)
 - Residential Substance Use
 - Crisis Residential
 - Assertive Community Treatment (ACT)
 - Personalized Recovery Oriented Services (PROS)
 - Transcranial Magnetic Stimulation (TMS)
 - Electroconvulsive Therapy (ECT)
 - Home and Community Based Services (HCBS)*
- **Services Not Requiring Authorization**
 - All services related to OLHRS, except HCBS
 - MH/SUD Care provided by 29-I Health Facilities
 - Comprehensive Psychiatric Emergency Program (CPEP)
 - Crisis Intervention and Services

⁺ Court Ordered services are not subject to utilization review and are approved regardless of provider network status.

* No utilization review 180 days from the effective date of VFCA enrollment.

How to Submit Authorization Requests

Prior Authorization for Planned Medical Inpatient, Outpatient, and Office Services

Fax: **1-800-280-7346** Email: **authorizationrequest@mvphealthcare.com**

Notification of all Urgent Inpatient Admission Notification, Medicaid Maternity Admissions and Out of Network Observations

Fax: **1-800-280-7346** Email: **hal@mvphealthcare.com**

Concurrent Review for Medical Hospital Admissions

Fax: **1-800-207-2889**

Durable Medical Equipment

Fax: **1-888-452-5947** Email: **authorizationrequest@mvphealthcare.com**

Non-Medicare Skilled Nursing Facilities, Acute Inpatient Rehab and Out of Network Homecare and Home Infusion, as well as Medicare Skilled Nursing Homecare Visits in conjunction with home infusion

Fax: **1-866-942-7826** Email: **authorizationrequest@mvphealthcare.com**

Behavioral Health and Substance Use Services

Fax: **1-855-853-4850** Email: **bhservices@mvphealthcare.com**

Home and Community Based Services (HARP & Children)

Fax: **1-855-853-4850** Email: **communityservices@mvphealthcare.com**

Required Documentation



Required Documentation

**All documents should be sent to MVP via the FC email:
fostercaregroup@mvphealthcare.com**

Foster Care Agencies and/or LDSS

- Transmittal Form (Within 5 business days of Foster Care Placement or change in status)

Voluntary Foster Care Agency

- Treatment Plan and Medical Necessity Documentation (Within 30 days of placement)
- Any pertinent physical and mental health information that impacts the outcomes of this child's care.

Health Home (if enrolled)

- Comprehensive plan of Care

Additional Resources and Contacts



Additional Resources and Contacts

Contacts

For questions, please reach out to your MVP Behavioral Health Professional Relations Representative, or **Contact Us** to find the appropriate Rep in your county.

All transmittal forms and Member documentation should be sent to

fostercaregroup@mvphealthcare.com

MVP Educational Materials

MVP has educational materials available on the MVP website to assist providers with both operational items as well as, VFCA specific questions. **[Provider Education and Resources | MVP Health Care](#)**

MVP Provider Resource Manual

MVP's Provider Resource Manual (PRM) is an important resource that includes policies, procedures and provider responsibilities. MVP's PRM is updated quarterly and posted on MVP's website thirty (30) days in advance of the quarterly update. **[Provider Resource Manual | MVP Health Care](#)**

- All transmittal forms and Member documentation should be sent to **fostercaregroup@mvphealthcare.com**
- For informational webinars, guidelines, and training materials, visit the NYS website at: **health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm**
- More information on New York Medicaid Program 29-I Health Facilities, and billing requirements go to: **health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf**

Thank You For Completing This
Training

