



# MVP Medicaid Children's Foster Care Training for Foster Care Agencies



## Overview

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

- MVP Foster Care Population
- VFCA and Medicaid Managed Care effective July 1, 2021
- Expansion of Child Health Plus benefits for Article 29-I effective January 1, 2023
- Network and Contracting: 29-I Licensed VFCAs
- Provider Education and Resources
- Article 29-I Services
- Service Authorization
- MVP Enrollment and Disenrollment
- Importance of Trauma Informed Care
- Required Documentation
- Additional Resources and Contacts



# MVP Foster Care Population



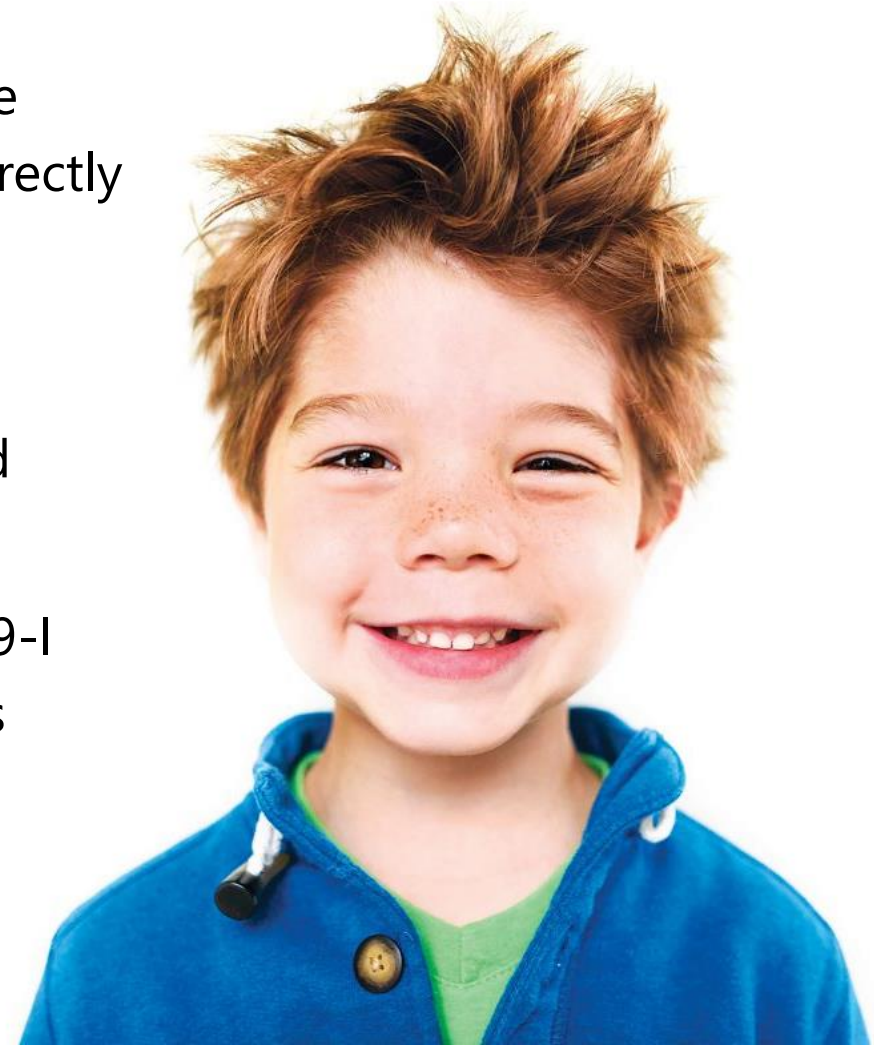
# MVP Serves Children in Foster Care placed in Either Direct Care Foster Care or With Voluntary Foster Care Agencies (VFCAs)

## **Direct Care Foster Care: Effective 2013**

- Children in direct placement Foster Care served by the Local Department of Social Services (LDSS) and are directly placed in foster homes licensed by LDSS

## **Voluntary Foster Care Agencies (VFCAs): Effective 2021**

- Voluntary Foster Care Agencies for the placement and services for children in foster care
- MVP enrollment includes children placed with both 29-I Licensed Health Facilities and non-29-I licensed VFCAs



# VFCA and Medicaid Managed Care & Child Health Plus



## Voluntary Foster Care Agency (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 FC
- and as of January 1, 2023, children covered by Child Health Plus have also been carved in

### **Effective January 1, 2023:**

- Child Health Plus benefits were expanded to include Article 29-I services.



# MVP Foster Care Liaison

The MVP Foster Care Liaison will serve as the direct point of contact for care coordinators and service providers. This role will work with both internal departments as well as external parties (OCFS, VFCA, LDSS, Health Homes, etc.) to ensure and monitor access to care for children in Foster Care.

All transmittal forms and Member documentation should be sent to the foster care liaison at:  
**fostercaregroup@mvphealthcare.com**



**Case Management / Utilization Management**  
The MVP Foster Care Liaison will work with MVP CM/UM staff and the appropriate external parties to ensure access to medically necessary services and medications are provided in a timely manner and ensure care transitions are managed.



**Enrollment / Disenrollment**  
The MVP Foster Care Liaison will work with the LDSS and VFCA Foster Care Liaison to assist with enrollment, disenrollment, and access to care for children in foster care including external and out of state support.



**Provider Education**  
The MVP Foster Care Liaison will assist in efforts to ensure all necessary information is made available to providers.



**Network Access**  
The MVP Foster Care Liaison will facilitate access to providers and coordinate care with case managers who manage access to care and needed assessments within appropriate timeframes.

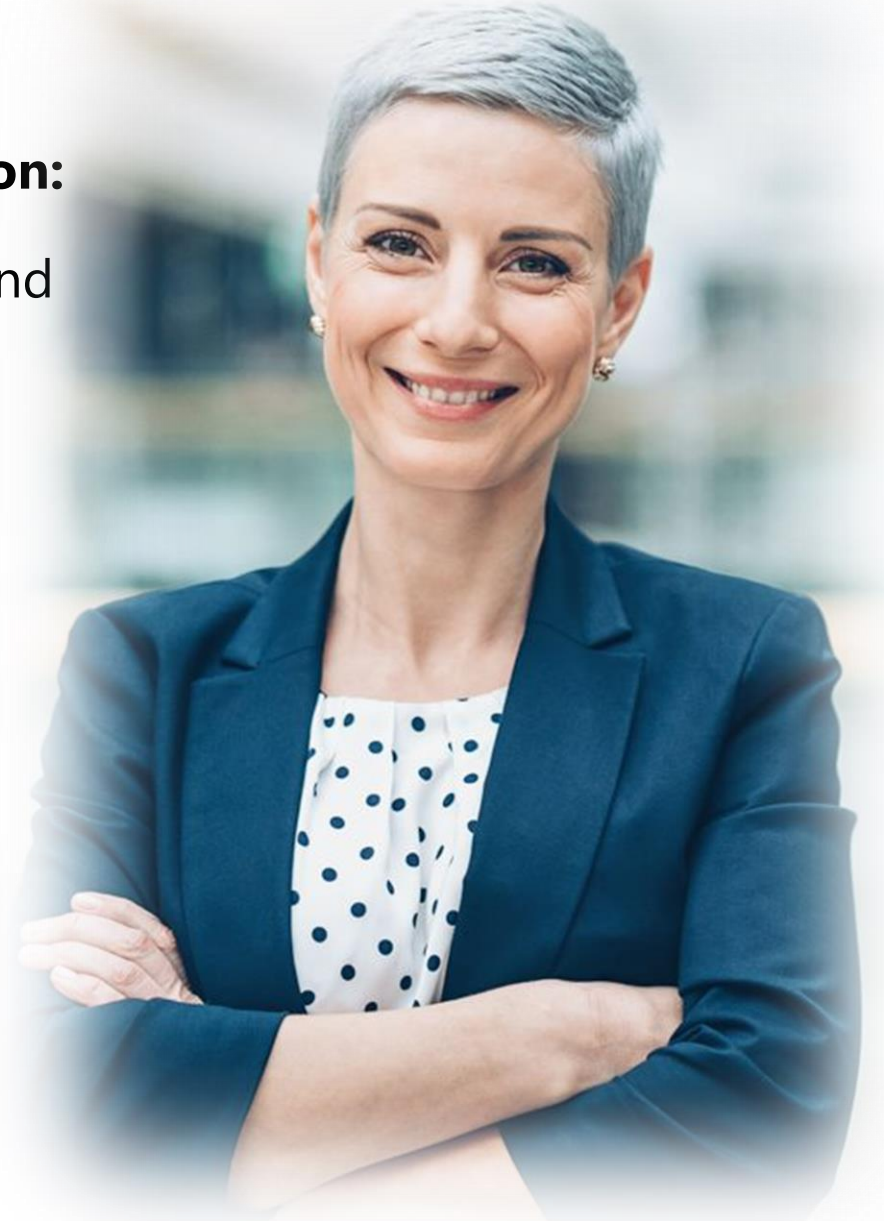
## MVP Foster Care Liaison Contact Information

### **MVP dedicated Foster Care Liaison Contact Information:**

- Email all transmittal forms, Member documentation and requests to: **[fostercaregroup@mvphealthcare.com](mailto:fostercaregroup@mvphealthcare.com)**

### **Contact the MVP Foster Care Liaison for:**

- Questions related to the transmittal form
- Immediate need for an ID card
- Network provider information
- Notifications of change in child's status
- All other inquiries or referral needs





# Network and Contracting: 29-1 Licensed VFCAs



## MVP Contracts With Article 29-I Licensed Health Facilities to Provide Needed Services

- VFCAs are required to obtain Article 29-I licensure to offer and bill MVP for Core Limited Health-Related Services (CLHRS)
- These 29-I Licensed VFCAs may also offer, and bill MVP for Other Limited Health-Related Services (OLHRS) as designated by NYS
  - VFCAs apply to OCFS and DOH for licensure
- MVP offers contracts to all Article 29-I licensed voluntary foster care agencies (VFCAs) within our service area
- If a child is placed in or transitioned to a VFCA outside MVP service area, MVP will ensure immediate access to services
  - MVP will also offer contracts to all 29-I licensed VFCAs outside its service area where a high volume of SCAs are executed

## Essential Community Providers

- VFCAs have identified providers they have established relationships with providers 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.
- Essential Community Providers may already be MVP Participating Providers. MVP is and will outreach and contract with Essential Community Providers as needed to meet the unique needs and goals of children in Foster Care placement.
- How do I know if an ECP is an MVP Participating Provider?
  - MVP Participating Providers can be identified by using MVP's Find A Doctor function which is available on the MVP's website. Instructions on how to use our Find a Doctor tool can be found here: **[Search Providers | MVP Health Care](#)**
- If you have questions on participation status of Essential Community Providers that you are unable to validate using MVP's *Find a Doctor* tool, please contact the MVP Foster Care Liaison.

## Information on MVP Contracting with 29-I Health Facilities

### **Contracting and Operations:**

- MVP has dedicated Behavioral Health Professional Relations staff who are available to answer questions regarding contracting, educational and operational inquiries. A list of the Behavioral Health Professional Relations Staff is available at **[Behavioral Health Professional Relations Territory List \(mvphealthcare.com\)](http://mvphealthcare.com)**

# Provider Education Resources



## 29-I VFCA Will Have Access to a Provider Online Account

- Check claim status
- Determine Member eligibility and benefits
- Access McKesson online tools
- Submit status claim adjustment requests
- Check prior authorization status
- View Member details, like:
  - Coordination of Benefits information
  - Member cost share
- View detailed claim information, including:
  - View adjustments chronologically with an adjustment rationale
  - Access clinical claim explanations

**Request access to your  
online account:**

**[mvphealthcare.com/ProviderRegister](https://mvphealthcare.com/ProviderRegister)**

**Access a tutorial and  
reference guide:**

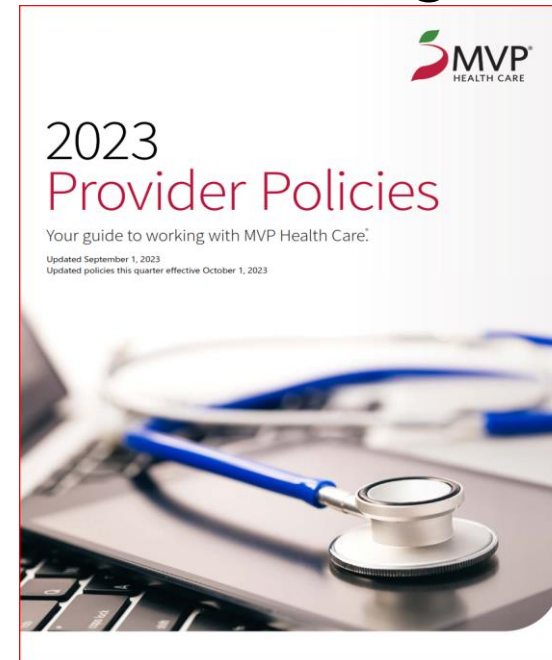
**[mvphealthcare.com/providers/education](https://mvphealthcare.com/providers/education)**



## Provider Policies and Payment Policies

MVP Provider Policies and Payment Policies contains MVP policies that outline the roles and responsibilities of providers, including:

- Operational procedures
- Plan type offerings
- Policies for authorizations
- Appeals process
- Credentialing
- Clinical programs
- Payments



View at [mvphealthcare.com/policies](https://mvphealthcare.com/policies)

# Claims and Electronic Data Submission

## Claims Submission

### Electronic Claim Submission

- Easiest method to submit claims
- The MVP Payer ID is **14165**
- **[View MVP Preferred Clearinghouse List](#)**

### Submitting Paper Claims

Form CMS-1500 or UB-04

Submit claims for all products and Members to:  
ATTN: CLAIMS DEPARTMENT  
MVP HEALTH CARE  
PO BOX 2207  
SCHENECTADY NY 12301-2207

Questions? Contact MVP  
EDI Services at:

**1-877-467-4911**

[EDIServices@mvphealthcare.com](mailto:EDIServices@mvphealthcare.com)

## Payment and Remittance Information

### Receive Paper Check & Electronic Remittance

- Complete the **[MVP EDI Enrollment](#)**.

### Receive Electronic Payment & Electronic Remittance

- Payspan managed the MVP Electronic Funds Transfer and Remittance Advise (EFT/ERA) process.
- **[View EFT/ERA Action Steps for Health Care Providers](#)**

# Provider Education and Resources

## Provider Education and Operational Resources

### Provider Online Account

Your Provider online account gives you access to eligibility, claims, authorization status' and so much more. Learn more in the video below, or download our [Guide to Your MVP Online Provider Account](#).



The screenshot shows the MVP Health Care website interface. At the top, there are navigation links for 'Members', 'Employers', 'Brokers', 'Providers', and 'Sign In/Register'. Below this, there are two main sections: 'Shop for a plan' and 'Manage your account'. The 'Shop for a plan' section includes options for 'Individuals & Families', 'Employers', and 'Medicare', along with a link to 'Learn more about NYS government programs' and buttons for 'Medicaid' and 'Child Health Plus'. The 'Manage your account' section features a sign-in form with fields for 'Username' (containing 'myusername') and 'Password' (masked with asterisks), a 'Sign In' button, and links for 'Forgot Username? Forget Password?' and 'Need Help? Register Now'. At the bottom of the page, there are icons and links for 'Make a Payment', 'Find a Doctor', and 'Find a Pharmacy or Covered Drug'. A video player is visible at the bottom left of the screenshot, showing a play button and a timestamp of 04:04.

### Clinical Education Resources

For helpful clinical education resources, visit our [Provider Clinical Education Page](#).

[Visit Provider Clinical Education Page](#)

# 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:
  1. Skill building
  2. Nursing supports and medication management
  3. Medicaid Treatment Planning and Discharge Planning
  4. Clinical consultation and supervision
  5. 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](https://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](https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf)

# Service Authorization



## 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 aged 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 – 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](https://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<sup>+</sup>**
  - Inpatient Mental Health
  - Inpatient Substance Use (Detox & Rehab)
  - Residential Substance Use
  - Crisis Residential
- **Services Requiring Authorization<sup>+</sup>**
  - 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<sup>+</sup>**
  - 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

<sup>+</sup> 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](mailto: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](mailto:hal@mvphealthcare.com)**

Concurrent Review for Medical Hospital Admissions

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

Durable Medical Equipment

Fax: **1-888-452-782** Email: **[authorizationrequest@mvphealthcare.com](mailto: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](mailto:authorizationrequest@mvphealthcare.com)**

Behavioral Health and Substance Use Services

Fax: **1-855-853-4850** Email: **[bhservices@mvphealthcare.com](mailto:bhservices@mvphealthcare.com)**

Home and Community Based Services (HARP & Children)

Fax: **1-855-853-4850** Email: **[communityservices@mvphealthcare.com](mailto:communityservices@mvphealthcare.com)**

# MVP Enrollment and Disenrollment



## MVP Enrollment and Disenrollment

- Children matched by NYS to MVP will be enrolled **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
- MVP strongly encourages VFCAs outreach the MVP Foster Care Liaison regarding any anticipated change in enrollment or FC status immediately

## How VFCAs Communicate with MVP

- MVP will identify children in Foster Care through:
  - 834 Roster
  - Transmittal form sent by LDSS/VFCA
  - Monthly VFCA Reconciliation report sent by NYS
- Please Note: The State Roster (Transitioning to Electronic Data Interchange [EDI] 834 file as of 2/1/2021) Will identify these children as MVP Members but will **NOT** indicate FC Status
- MVP will rely on the timely submission of the Transmittal form by the LDSS/VFCA within 5 business days of Foster Care placement to ensure accurate information, notice of placement and continuity of care.
- Email all transmittal forms and Member documentation to: **[fostercaregroup@mvphealthcare.com](mailto:fostercaregroup@mvphealthcare.com)**

For more information, please refer to:

**[health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/29i\\_billing\\_manual\\_final.pdf](https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf)**

## MVP Enrollment and Identification of Children in Foster Care

- Once a child is identified as being in child in Foster Care, MVP Enrollment and/or the Foster Care Liaison will ensure internal system alerts are active notifying MVP staff of the child's status. This will inform:
  - How services are accessed
  - Who staff may reach out to or speak with in order to coordinate the child's care
  - Who will be allowed to provide consent for services
  - Where Member materials may be sent
- MVP Foster Care Liaison will work with MVP Enrollment and VFCA/LDSS to ensure continuity of care and child's receipt of new Member IDs, welcome letters and materials
- A temporary ID Card will be made available upon request to ensure immediate access

# Importance of Trauma Informed Care



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



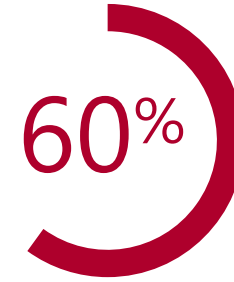
**Family Problems**



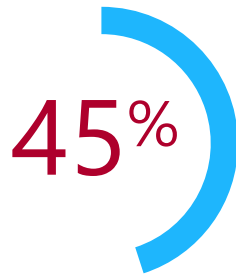
**Psychosocial problems**



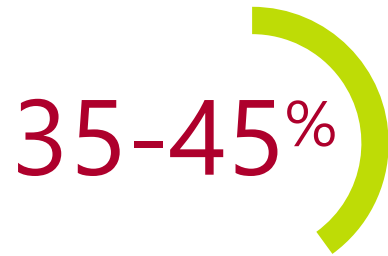
**Mental health problem**



**Developmental delay in children under 5 years old**



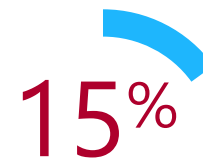
**Special education/underachievement**



**Chronic or untreated physical health condition**



**Significant dental condition**



**Birth defect**

## 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**ealizes 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

SAFETY

EMOTION  
REGULATION

RELATIONSHIPS

## The Concept of “Universal Precautions”

We don't know what kinds of experiences our participants have had when they present for services so:

- If we assume it is not related to trauma, then we miss a great opportunity to help
- If we assume trauma may be playing a role, then we begin to pay attention to signs of trauma and ask the right questions
- The step we take to create a safe and trusting environment benefits everyone
- A trauma-informed approach is designed to avoid re-traumatizing those who seek assistance



## Why Focus on Resilience?

- Resilience is critical to recovery from trauma
- Provides guidance and understanding of what helps overcome the negative effects of exposure to trauma and toxic stress
- Provides hope to both providers and recipients of care
- We can “break the cycle”



# Trauma or Stress Related Disorders Affecting Only Children

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## Disorder

## Description

### **PTSD-Pre-school Subtype**

Recreating trauma in play; recurring dreams or nightmares (related or not to traumatic event); fear, guilt, sadness or withdrawal from friends/activities. Symptoms present for at least one month.

### **Disinhibited Social Engagement Disorder**

Stemming from severe childhood neglect. Children who exhibit overly familiar and comfortable behavior with relative strangers.

### **Reactive Attachment Disorder**

Stemming from extremely insufficient care of a child. Infants and young children demonstrate disturbed or inappropriate attachment behaviors – unable to get comfort, support, protection or nurturance from attachment figures.

# Trauma or Stress Related Disorders Affecting Children

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## **Disorder**

## **Description**

### **Acute Stress Disorder**

PTSD symptoms following a traumatic event that last for 2 days to 4 weeks after the event

### **Adjustment Disorder**

Emotional or behavioral symptoms in response to an identifiable stressor, including community violence, divorce, or termination of relationship

## 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 health and social problems > physical and behavioral health problems
- **Complex Trauma:** Exposure to multiple or prolonged traumatic events and impact of this exposure on development
- **Historic 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 Trauma Informed Care \(ny.gov\)](#)**

**[Trauma-Informed Care | SAMHSA](#)**

# Required Documentation





## MVP Documentation Expectations

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

## Transmittal Form

Per Section V of the Transmittal form MVP expects to receive all pertinent physical and mental health information that impacts the outcomes of this child's care.



### **Examples include:**

- Pertinent Medical History
- List of services child is currently receiving
- Scheduled procedures
- Medications
- Educational Records as applicable (Current IEP)

## Medical Necessity Documentation: Core Limited Health-Related Services (CLRHS)

- **VFCAs** must determine and document medical necessity within 30 days from the child being placed
- Medical necessity documentation must include how core services will:
  - Provide preventive support
  - Help to ameliorate identified health issue(s)
  - Provide treatment that is targeted
- Medical records and medical necessity documentation are transferred with the child if transferred to another VFCA
- This is documented through completion and submission of VFCA Treatment Plan to MVP

# VFCA Treatment Plan

Services identified in the treatment plan must be recommended and performed by one of the following:

- Physician
- Psychiatrist
- Psychologist
- Nurse practitioner
- Psychoanalyst
- Registered nurse
- Clinical nurse specialist
- Clinical social worker
- Marriage and family therapist
- Mental health counselor



## Treatment Plan Developed by VFCA

- A Comprehensive Individualized Person-Centered Treatment Plan is developed by the VFCA within 30 days (from the child being placed with FC) based on the required assessments
  - Reviewed and evaluated on an annual basis, or as needed by VFCA
- Must include:
  - Person-centered, individual directed approach
  - Active child/family/provider participation
  - Individual health assessment treatment plan goals
  - Core Limited Health-Related Services
  - Specific problems, needs, preference, and strengths
  - Emergency protocols
- Additional documentation may be required for Other Limited Health-Related Services (ex., Plan of Care for CHCBS)

# 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 Policies and Payment Policies

MVP's Provider Policies and Payment Policies is an important resource that includes policies, procedures and provider responsibilities. MVP's Provider Policies are 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, Article 29 –I Health Facility Billing guide, rates and training materials, visit the NYS website at: **health.ny.gov/health\_care/medicaid/redesign/behavioral\_health/children/vol\_foster\_trans.htm**

Thank You For Completing This  
Training

