NEW YORK STATE | Office of Children and Family Services

Article 29-I In-Person Trainings
Frequently Asked Questions (FAQs)

In March 2019, MCTAC and NYS OCFS facilitated in-person trainings concerning the Article 29-I license throughout New York State. The purpose of these trainings was to provide a foundational understanding of the Article 29-I requirements, address themes and concerns that came up during past focus groups, and have VFCAs develop a strategic plan for implementing Article 29-I. Below is a list of frequently asked questions by providers during the in-person trainings. If you have any additional questions that are not addressed here, or for a question specific to your VFCA, please send your inquiry to: ocfs-managed-care <ocfs-managed-care@ocfs.ny.gov>

Updated as of March 2019

#	Topic	Question	State Response
1	**Article 29-I Transition, Application Monitoring and Oversight**	What are the next steps following the 29-I in-person trainings that VFCAs can expect?	VFCAs can expect to receive an email from OCFS asking the VFCA to confirm that their application is complete and correct. If the VFCA responds yes, OCFS will send a follow up email with an action plan. This occurred in April.
2	**Article 29-I Transition, Application Monitoring and Oversight**	In addition to receiving the action plan, will there be additional site visits or other assessors of readiness?	Yes, more information is forthcoming.

3	**Article 29-I Transition, Application Monitoring and Oversight**	For the several agencies who are receiving a reduced residual rate, will the transitional rate be adjusted again based on the increase?	Currently under discussion. DOH and OCFS are determining what to do with the rates given the delay.
4	**Allocations**	Will there be more guidance around allocations?	Future Article 29-I technical assistance will be provided on this subject matter.
5	**Background Checks**	What are the background check requirements for Article 29-I providers?	The background check requirements are described in Schedule B in the 29-I guidelines.
6	**Billing**	Can a VFCA bill for the transportation of two children at the same time under the residual per diem?	The 29-I residual per diem is a daily rate that includes this service. See 29-I guidelines, pages 11-13, Medicaid Treatment Planning and Discharge Planning.
7	**Billing**	Can the residual per diem be billed for both a mother in foster care and her non-foster care baby?	DOH and OCFS are amending the SPA that supports the residual per diem to include the non-foster care baby.
8	**Billing**	What happens if a child also has commercial or 3rd party health insurance?	Medicaid is the payor of last resort. VFCAs should first bill the third-party insurance. When they receive the denial, VFCAs can then bill Medicaid.

9	**Billing**	Will guidance be provided regarding RE codes? Guidance needed on how to navigate.	K codes K8, K9 identify the foster care population. Further guidance forthcoming.
10	**Case Identification Numbers (CIN)**	How will MCOs be notified of changes in the child's CIN?	More information forthcoming on this issue, as well as new CINS, communicating with MCOs, CIN transfers, and the CIN/SERMA process.
11	**CFR**	How will CFR reporting (e.g. under spending) impact future CFTSS rates?	There is no intended impact.
12	**CFTSS**	Can non-VFCAs provide CFTSS services to children currently placed/discharged from foster care?	Yes.
13	**CFTSS**	How do we bill for CFTSS services and where can we find the rate codes?	CFTSS services are billed through Medicaid Managed Care or Medicaid Fee for Service. Please refer to Children and Family Treatment and Support Services OLP, CPST, PSR DRAFT Rate Summary – February 5, 2019 by clicking here: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/bh_kids_ffs_rates.pdf

14	**CFTSS**	How does providing CFTSS services impact VFCAs that service multiple counties?	The LDSS is not responsible for authorizing CFTSS services. VFCAs should make sure that their agency is designated and is clear about which geographic area they provide services. If the VFCA has plans to expand their geographic area, it is important to think through in terms of staffing, planning, and productivity.
15	**Consolidated Fiscal Reporting**	Will CFTSS be reportable on the CFR?	Yes, OCFS, DOH and OMH are developing guidance.
16	**Contracting**	Do contracted psychiatrists, etc. need their own NPI and MMIS Numbers?	Yes. The VFCA can assist them to obtain appropriate NPI and MMIS numbers. View the memo here: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/provider_enrollment_npi_memo.pdf
17	**Contracting**	Who needs MMIS numbers?	The 21st Century Cures Act requires all 'enrollable types' to apply for an MMIS number. If you can enroll in Medicaid, you must enroll. In order to do that, you must have an NPI number. This is a 90-day process but if it takes longer, call OCFS. View the memo here: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/provider_enrollment_npi_memo.pdf

18	**CPT Codes**	Will there be a list or some other resource around CPT codes? Will there be a form for VFCAs to use similar to what is used in physician offices?	Under discussion.
19	**Credentialing**	Will the Article 29-I licensure be accepted for MMCP Credentialing the same way designation is accepted for credentialing for CFTSS services?	Under discussion.
20	**Credentialing**	Will physicians, psychiatrists, and psychologists be covered in terms of credentialing under Article 29-I or will they need to be individually credentialed in a more traditional way with MCOs?	Under discussion.
21	**Credentialing**	Do staff who provide core services under the residual per diem rate but who are not billing for discrete services still need to go through the credentialing process with MCOs?	Yes, credentialing requirements apply regardless if the service is billable/how it's billed
22	**Cost Reporting**	How will requirements change for SSOP and MSAR cost reporting?	Currently under development

23	**CONNECTIONS**	What information needs to be included in Connections vs an agency's EHR?	Information entered into Connections will remain the same. Refer to your agency's policies regarding EHT content.
24	**Documentation**	For CFTSS Services, if we utilize an LMHC for determining Medical Necessity for OLP, can the LMHC sign off on progress notes or do we still need an LCSW for sign off?	Each CFTSS service (i.e. OLP) has a requirement of who can provide that service and who can document medical necessity
25	**Documentation**	For CFTSS Services, do we need supervisors to sign off on notes?	This may be part of your agency's protocol but is not a state requirement.
26	**Documentation**	When should service notes be completed?	As good practice, notes should be completed contemporaneously with the event. It is important for your VFCA to consider and determine realistic timeframes for notes to be completed. Completing notes as soon as possible is essential in order to reduce risk and ensure that they are as accurate as possible.

27	**Enrolling in Managed Care**	What is the role of the VFCA in terms of enrolling children in managed care plans?	Under discussion.
28	**Enrolling in Managed Care**	What happens when a child from NYC comes upstate and their specialists are not in-network?	With the goal of maintaining continuity of MCO enrollment, even when a child is placed out of state, they should stay in the same plan where it makes sense. In situations where it makes most sense to change a child's plan, it is important to consider their anticipated LOS in foster care and statewide plans (i.e. Fidelis and United).
29	**Enrolling in Managed Care**	Who in the VFCA would be best suited to explain to families changes in their managed care plans?	The VFCA should decide who is the best individual in their agency to fulfill this role. It is important to consider that whoever takes on this responsibility needs to understand the process, particularly with residential placements where children are changing regions. A potential good fit may be to assign this responsibility to the Managed Care Liaison.
30	**Enrolling in Managed Care**	Can children being discharged from residential change plans?	Yes, but keep in mind that changing plans is a disruptive and time-consuming process.
31	**Physical Health Care Services**	Who is responsible for paying for dental services?	The residual per diem rate is not inclusive of dental services. This will become a direct bill to Medicaid Managed Care.
32	**Physical Health Care Services**	How will pharmacy services be billed?	The residual per diem rate will no longer pay for pharmacy. This will become a direct bill to Medicaid Managed Care.

33	**Physical Health Care Services**	Is lab work paid for under the residual rate?	No, lab work is not paid under the residual per diem rate, it will become a direct bill to Medicaid Managed Care.
34	**Special Populations**	Can VFCA's provide services to undocumented children?	To receive Medicaid, individuals must have qualifying immigration status. If the LDSS determines that the child is not eligible for Medicaid, they can consider Child Health Plus.
35	**Special Populations**	How will CSE placed children be billed after October 1?	Children placed as CSE will have equal access to the 5 core services under Article 29-I. The CSE rate continues to be the sum of the MSAR and Residual rates. The VFCA bills the LDSS/School District for the CSE rate. See the enclosed chart.
36	**Special Populations**	What will happen to CSE placed children who are not Medicaid eligible?	CFTSS and HCBS services are only available to children who are Medicaid eligible. For CSE placed children who are not Medicaid eligible, then the VFCA needs to communicate to parents that their insurance will be billed. VFCAs can also work with commercial insurance plans and enter into a contract to serve members who are in foster care. See the enclosed chart.
37	**Special Populations**	If a child is placed through CSE and gets a final discharge, can they still receive HCBS and CFTSS services?	If the child is determined to be Medicaid eligible, VFCAs can provide CFTSS to CSE placed children with no timeline. HCBS should be considered upon discharge.

38	**Staffing Plan**	When is it necessary for VFCAs to update staffing plans?	VFCAs are expected to update staffing plans regularly and accurately when extensive changes or new patterns emerge. If a service is provided incidentally and is not part of a regular pattern (i.e. a psychologist who performs an OLP crisis service), the staffing plan does not need to be updated.
39	**Staffing Plan**	How can VFCAs update their Staffing Plan?	Call OCFS and ask for the Article 29-I Staffing Plan to be unlocked.
40	**Staff Requirements**	Can CASACs perform services under 29-I?	No. CASAC's are not identified as Licensed Practitioners.
41	**Staff Requirements**	Does Millin allow social work interns to bill for services if they're working within their scope of practice?	Social work interns are allowable per scope of practice to provide services within the Article 29-I residual.
42	**Treatment Plan**	If a child in foster care receiving Article 29-I services, HCBS, CFTSS, and other services has multiple plans, what is required in terms of documentation? Does each plan need to be able to stand on its own?	Yes, a child may have multiple plans and each plan needs to be complete. However, each plan has different purpose and will be different in scope. An EHR could integrate these plans and have the functionality to produce complete specific treatment/service/plans of care. State is not being prescriptive in terms of plan and there is no template, just core required elements. Guidance can be found here: https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/services_access_documentation.pdf

43	**Treatment Plan**	Before October 1st, 2019, how soon do we need to establish medical necessity and complete a Comprehensive Treatment Plan for new children?	VFCAs are expected to establish medical necessity and complete a Comprehensive Treatment Plan within 30 days and updated at least annually. Components and frequency requirements are spelled out in the Article 29-I Guidelines.
44	**Court Ordered Services**	Are MCOs required to pay for court ordered services?	Yes, MCOs are responsible for paying for Court Ordered Services. This requirement is outlined in the model contract.
45	**Working with Managed Care Organizations (MCOs)**	Are VFCAs expected to write separate contracts for each service?	Organizations that already have managed care contracts might only need an amendment or addendum to the contract. Please work directly with each managed care plan to determine the appropriate process and procedure.
46	**Working with Managed Care Organizations (MCOs)**	When do negotiated rates need to be set?	The best practice would be in the finalized contract prior to October 1st
47	**Working with MCOs/Hospitals**	If a hospital is not in network, who is responsible for covering the cost?	The hospital is responsible for obtaining any authorizations with the child's Managed Care Plan including payment.
48	**Working with MCOs/Hospitals**	What are the requirements for emergency hospital admissions and how does this affect out of district placements?	MCOs have a way of handling out of network emergency hospitalizations.

49	**OPRA Requirements**	What happens if a provider cannot be Medicare enrolled (i.e. a registered nurse) but are required to go through the Medicare process first?	Non-Medicare enrollable staff will get a denial and then proceed to enroll in Medicaid.
50	**Miscellaneous**	Does ePaces provide information on a child's MCO number?	Yes
51	**Miscellaneous**	Is there a user guide for ePACES?	Yes. You can access this information by going to: https://www.emedny.org/selfhelp/epaces/faq.aspx
52	**Miscellaneous**	Can services be provided via Telemedicine or Telepsychiatry?	Telepsychiatry (OMH) and Telemedicine (DOH) governed by different state agencies. If the VFCA complies with those regulations, they are encouraged to utilize them.
53	**Miscellaneous**	Will there be a way to have access to all Foster Care/Article 29-I contacts?	MCTAC will update matrix with foster care liaison for each plan when available.
54	**Miscellaneous**	Are there limits on the percentage of the residual that can be allocated to administrative costs?	The VFCA Residual Per Diem Rates includes an annual 10% administrative expense, which includes consideration of capital costs.

55	**Stakeholder Q&A Slides**	Will there be funding for Service Coordination in the Residual Per Diem for Level 4 (Institution, Hard to Place and Raise the Age)	Yes, Service coordination is calculated in the rate for Level 4 (Institution, Hard to Place and Raise the Age). Level 1, 2,3 and Level 4- Group residence will continue to be eligible for Health Home Care management
56	**Stakeholder Q&A Slides**	Is there an upstate and downstate differential?	There is not an upstate and downstate differential, we have considered upstate and downstate assumptions and determined that although different in nature do not drive the need for a differential.
57	**Stakeholder Q&A Slides**	Is there an expectation of 24-hour Nursing coverage in some of the Institution programs?	It is expected that the nursing coverage meets the needs of the children in the program.
58	**Stakeholder Q&A Slides**	Is Billing Guidance forthcoming?	Yes, DOH and OCFS are working on billing guidance with updates to reflect the residual per diem.