



## Foster Care Cases Eligible to be Enrolled in Mainstream Medicaid Care (MMC)

29-I Health Facilities should review the following checklist when seeking to newly enroll a child/youth in foster care in a Mainstream Medicaid Managed Care Plan or HIV Special Needs Plan; to transfer the enrollment to another plan; or disenroll the child/youth to Medicaid FFS.

### New Enrollments:

- The case **must have** active Medicaid eligibility as of the date of the enrollment
- The child/youth **cannot**:
  - already be enrolled in a health plan
  - be placed outside of New York State
  - be placed by OMH, OASAS or OPWDD
  - have comprehensive third-party health insurance (TPHI), including Medicare, on their case; or
  - have Recipient Restriction Exclusion 90 or 46 on their case.
- For child/youth from NYC, the Client Identification Number (CIN) used to enroll must be a SERMA case (identifiable for eMedNY/WMS users as having a Case Number beginning with S, District 66, a Case Type of 40, and a CIN beginning with letters A through J)

### Plan Transfers:

- The MMC plan transfer should be in the best interest of the child/youth
- Plan transfers are always prospective to the first of the next month. If a plan change is processed on 8/22/2021, the new enrollment effective date is 9/1/2021.
- The case **must have** active Medicaid eligibility on the first of the next month
- The child/youth **cannot**:
  - be placed outside of New York State
  - have Recipient Restriction Exclusion 90 or 46 on their case
- For child/youth from NYC, the Client Identification Number (CIN) used to enroll must be a SERMA case (identifiable for eMedNY/WMS users as having a Case Number beginning with S, District 66, a Case Type of 40, and a CIN beginning with letters A through J)

### Disenrollments

- Plan disenrollments are always prospective to the first of the next month, unless it is in the best interest of the child/youth to be retro-disenrolled to fee-for-service back to the first of the current month.
- The disenrollment must be due to an exclusion from MMC or otherwise in the best interest of the child/youth. Common exclusions include, but are not limited to, when the child/youth:
  - is to be placed outside of New York State
  - is to be placed by OMH, OASAS or OPWDD
  - has comprehensive third-party health insurance (TPHI), including Medicare; or



- needs a service provider that accepts Medicaid but does not work with any MMC plans in the District of Fiscal Responsibility

## Reminders

- 29-I facilities must check ePACES to confirm the case meets MMC enrollment criteria. Contact the LDSS if the child/youth's case appears to have incorrect or outdated information.
- The MMC plan selected for enrollment or transfer must operate in the District of Fiscal Responsibility. MMC plan selection includes evaluating which plan may be in the *best interest of the child/youth*, and considerations such as:
  - plan choice of child/youth and parent/guardians, where appropriate
  - current service needs and service provider locations
  - identification of the child's current primary care provider (PCP)
  - evaluation of the plans' provider network; and
  - county and other placement arrangements for the child/youth.
- "*Best interest*" refers making an informed plan enrollment decision based on the needs of the child. The LDSS and 29-I Health Facility should consider the placement and care needs of the child, how best the child may retain or gain access to care, if the child/youth is being properly assessed, and how their needs can best be met. For example:
  - If the child is expected to be out of the county (but within NYS) for a short time, it may be more disruptive to change their MMC plan
  - If the child is currently receiving specialty services, check if their providers are participating with a proposed MMC plan. If that provider doesn't participate in any MMC plan, the child/youth receiving care from that provider should remain in FFS
- 29-I Health Facilities outside of NYC may contact the LDSS or New York Medicaid CHOICE to enroll, transfer or disenroll a child/youth in foster care and placed with their facility.
- 29-I Health Facilities in NYC may contact New York Medicaid CHOICE to enroll, transfer or disenroll a child/youth in foster care and placed with their facility.
- When calling New York Medicaid Choice, the 29-I Health Facility should provide the following information:
  - their 3-digit authorization code
  - the 29-I Health Facility name and the Corporate address found on HCS
  - the facility 8-digit MMIS ID number
  - the child/youth's information; and request to transfer the child/youth to another plan or disenroll to FFS.
- New enrollments are effective the first of the enrollment transaction month. For instance, if the enrollment is being processed on 7/20/2021, the enrollment date will be 7/1/2021.



Department  
of Health

Office of Children  
and Family Services

## References

General Information:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/vol\\_foster\\_trans.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm)

*Transition of Children Placed in Foster Care and New York State Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care policy paper*

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/vfca\\_mmc\\_transition\\_policy\\_paper.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/vfca_mmc_transition_policy_paper.pdf)