

**Article 29-1 VFCA Health
Facilities License Guidelines
Final Draft**

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Notice of Disclaimer

The purpose of these guidelines is to assist 29-I VFCA Health Facilities in completing the 29-I VFCA Health Facilities License Application. These guidelines are not intended to supersede any existing laws, rules, or regulations.

New York Public Health Law Article 29-I Voluntary Foster Care Agency (VFCA) Health Facility regulations, which were promulgated in 2019 can be found here: [Title: Article 8 - Voluntary Foster Care Agency Health Facilities | New York Codes, Rules and Regulations \(ny.gov\)](#)

Schedule A: Introduction

The provision of health care services that are of the highest quality, accessible and properly utilized by children in the care of Voluntary Foster Care Agencies (VFCAs) is of vital importance.

Pursuant to Article 29-I of Section 1 of the Public Health Law (PHL) (See Appendix C), VFCAs must be licensed by the Department of Health to provide limited health-related services as described in Schedules B and C of this document. Licensure of VFCAs to provide limited health-related services will enable VFCAs to contract and bill Medicaid Managed Care Plans (a list of New York State (NYS) Medicaid Managed Care Plans can be found at: [Managed Care Organization \(MCO\) Directory by Plan \(ny.gov\)](#) and to comply with the Corporate Practice of Medicine. All VFCAs, serving principally as 29-I VFCA Health Facilities for the care of, and/or boarding out of children, shall be subject to the provisions of Article 29-I of the PHL and applicable state and federal laws, rules, and regulations.

The requirements for VFCAs to obtain and maintain licensure to provide limited health-related services are as follows:

1. VFCAs must submit an application to provide limited health-related services in accordance with Article 29-I of the PHL and the VFCA Health Facilities regulations.
2. NYS Department of Health (DOH) and the Office of Children and Family Services (OCFS) review the applications of VFCAs to determine if the agency meets the regulatory and statutory requirements, which include the following:
 - VFCA is an “authorized agency” as this term is defined under Social Services Law section 371(10). This includes articles of incorporation and the approval of OCFS of the agency to care for and/or board out children in NYS in accordance with section 460-a of the Social Services Law (See Appendix C).
 - VFCA has “good standing” status. Good standing of the VFCA will be determined on a case-by-case basis and includes input from applicable NYS agency partners.
 - VFCA must not be on any NYS exclusion lists, including but not limited to:
 - The NYS Office of the Medicaid Inspector General (OMIG) Medicaid Fraud Provider List or Exclusion List
 - The OCFS Fiscal Sanction List
 - The OCFS Audit and Quality Control list for poor performance
 - The Internal Revenue Service (IRS) Charities Revocation List
 - Any other applicable NYS exclusion lists
3. VFCAs must comply with all applicable laws, rules, and regulations, or other guidance documents regarding the hiring and retention of licensed professionals such as licensed

master social workers, clinicians, licensed behavioral health practitioners, doctors and nurses, etc.

4. VFCAs must have a Medical Director responsible for the Article 29-I healthcare policies and procedures. If the VFCA operates an OCFS Licensed Institution, the Medical Director must meet the qualifications outlined in 18 NYCRR 442.18. If the VFCA does not operate an OCFS Licensed Institution, the Medical Director must meet the same qualifications as outlined in Schedule B for the Clinical Consultation/Program Supervision Services title.
5. VFCAs must attest that all the requirements contained within these guidelines to provide limited health-related services have been met including the Physical Environment Requirements for Nursing Services (see Schedule F of this document); equipment, personnel, policies and procedures, and standards of medical care and services.
6. VFCAs must maintain compliance with all regulations and requirements contained herein. NYS will confirm ongoing compliance through routine surveillance.
7. VFCAs must comply with the [New York Medicaid Program 29-I Health Facility Billing Guidance](#) when billing either MMCPs or eMedNY for Core Limited Health-Related Services and/or Other Limited Health-Related Services.

Schedule B: Core Limited Health-Related Services

It is expected that 29-I VFCA Health Facilities provide, or make available through a contract arrangement, all Core Limited Health-Related services as well as the required clinical consultation/supervision and administration. The Core Limited Health-Related services as described in this schedule, and the associated billing, apply only to children/youth in the care of a 29-I VFCA Health Facility. All 29-I VFCA Health Facilities licensed under Public Health Law Article 29-I Health Facilities (referred to as 29-I VFCA Health Facilities) must have policies and procedures in place that support the provision of the 29-I VFCA Health Facility Core Limited Health-Related services including a plan for intervention and emergency response 24 hours a day, 7 day a week on-call coverage. In addition, the 29-I VFCA Health Facility must have arrangements with hospitals for health and behavioral health care services for a child/youth whose needs exceed services provided by the 29-I VFCA Health Facility.

29-I VFCA Health Facilities must provide services by sufficient numbers of staff to provide Core Limited Health-Related services to maintain the physical, mental, and psychosocial well-being of each child in its care, as determined by the child's assessments and treatment plans.

The five 29-I VFCA Health Facilities Core Limited Health-Related services play a vital role in assuring:

- All necessary health-related services are provided in the specified time frames
- The child's parents and caregivers are involved in the planning and support of the treatment, as applicable
- Information is shared appropriately among professionals involved in the child's care
- All health-related information and documentation results in the culmination and implementation of the Individualized Person-Centered Treatment Plan

The 29-I VFCA Health Facilities Core Limited Health-Related services are:

1. Nursing
2. Skill Building (provided by a LBHP)
3. Medicaid Treatment Planning and Discharge Planning
4. Clinical Consultation/Supervision
5. VFCA Medicaid Managed Care Liaison/Administration

Medical Necessity for the Core Limited Health-Related Services

Medical necessity must be established for the Core Limited Health-Related Services and is required for 29-I VFCA Health Facilities to bill the Medicaid Per Diem Rate. Medical necessity must be determined by one of the following licensed practitioners of the healing arts operating within the scope of practice:

- Physician
- Psychiatrist
- Psychologist
- Nurse practitioner
- Psychoanalyst
- Registered nurse
- Clinical social worker
- Marriage and family therapist
- Mental health counselor
- Master social worker
- Licensed creative arts therapist

Medical necessity for the Level of Care must be established and is required to bill the Medicaid Per Diem Rate. Health care must be recommended (i.e., must be determined medically necessary) by licensed practitioners at admission before services are delivered/eligible to be billed. Medical necessity must be documented in the child's medical record. If the child transfers from one 29-I VFCA Health Facility to another 29-I VFCA Health Facility, the medical record with documentation of medical necessity must be transferred with the child.

Documentation of medical necessity must include how the Core Limited Health-Related services are intended to address any of the following:

1. Deliver preventive supports through an array of clinical and related activities including psychiatric supports, information exchange with Medicaid community and skill-building.
2. Reduce the severity of the health issue that was identified as the reason for admission.
3. Provide targeted treatment related directly to the child's ability to function successfully in the home and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate response to social cues and conflicts or medically appropriate care).

Agencies may not separately bill for activities performed by a professional when the Full Time Equivalent (FTE) for that position is funded within the Medicaid Per Diem Rate. To the extent that the salary for a practitioner for one of these Core Limited Health-Related services or administration are included in the Medicaid Per Diem Rate, the agency may not bill for activities by those professionals separately.

1. Nursing Services

The physical environment requirements for nursing services (as specified in Schedule F of this document) must be commensurate with the size of the facility. The physical requirements and equipment determine the scope of services permitted. VFCAs must provide nursing services utilizing one of the following:

- Nurse's office
- Exam/Triage room(s) (not to exceed three rooms)
- Combination of nurse's office and exam/triage room(s)

Note: Nursing services provided at OCFS licensed institutions must be provided in a room or rooms that are used for no other purpose per 18 NYCRR 442.11.

Nursing services must be provided by staff who meet the following criteria:

- Master of Science in nursing who is also a registered nurse, or
- registered nurse, or
- licensed practical nurse

Nursing staff must comply with all of the following:

- Complete required background checks:
 - NYS Statewide Central Register of Child Abuse and Maltreatment (SCR)
 - NYS Sex Offender Registry (SOR)
 - NYS Division of Criminal Justice Services (DCJS) fingerprinting
 - NYS Justice Center Staff Exclusion List (SEL)
 - NYS OMIG Medicaid Exclusion List
- Be at least 21 years old
- Complete mandated reporter training
- Hold current certification by the American Red Cross (or an equivalent) in First Aid and cardio-pulmonary resuscitation
- Compliance with applicable provisions of NYSED and all applicable laws, rules, and regulations

Note: Fingerprinting does not apply to staff solely providing services to children and youth in Foster Boarding Home programs, which does not supersede any existing laws, rules, or regulations.

Note: The above must be verified and/or completed, prior to engaging directly in the care and supervision of children.

Note: The above must be completed for all employees of a congregate residential foster care program, regardless of the level of contact with the children and youth placed in the program including - Child Abuse register check in any state in which the person resided within the last five years (19-OCFS-ADM-21)

Nursing services include the following:

- Conduct assessments including HIV risk assessments, intake assessments, general first aid and triage activities
- Routine screening for: substance abuse, developmental health, mental health, and physical body checks for abuse
- Routine management and training regarding chronic conditions, such as diabetes and asthma
- Provide training and health education including reproductive health education
- Support and management of the emotional/psychiatric needs of children
- Establish treatment goals for children, utilizing historical and current available information in collaboration with the multi-disciplinary team
- Medication administration and management including reconciliation
- Confirm adequate nursing staff coverage hours
- Accessibility 24 hours per day 7 days per week via on-call
- Maintain medical supplies and equipment
- Practice proper infection control
- Follow up after medical appointments, urgent/emergency care or hospitalization
- Assist with home visits, educating caregivers, and monitoring healthcare needs
- Assist with community provider visits (Nursing services are not substitute for Private Duty Nursing or Certified Home Health Aide Care.)

Supervision of nursing staff and services must be adequate to support compliance with all service requirements listed above. Nursing staff must be supervised by appropriately qualified individuals who are licensed in compliance with New York State Education Department (NYSED) laws, rules and regulations, and requirements, where applicable.

The following are guidelines regarding nursing staff ratios and are based on the level of foster care in which the child is placed. These ratios were used in the development of the Medicaid Per Diem Rate but will not be used for purposes of payment audit or to determine compliance with service requirements.

Level of Foster Care	FTE Nursing staff to Children
Level 1 – Foster Boarding Home	1:67
Level 2 – Specialized Foster Boarding Home	
• Therapeutic/AIDS	1:37
• Medically Fragile (formally referred to as Boarder Babies)	1:10
• Special Needs (formally referred to as Special Other)	1:23
Level 3 – General Congregate Care	
• Maternity	1:33
• Group Home	1:33
• Agency-Operated Boarding Home	1:33
• SILP	1:33
Level 4 – Specialized Congregate Care	
• Institutional	1:19
• Group Residence	1:19
• Diagnostic	1:11
• Hard to Place	1:12

2. Skill Building (provided by a LBHP)

Counseling and intervention must be provided by licensed behavioral health practitioners (LBHPs) including:

- Psychoanalyst

- Clinical social worker
- Marriage and family therapist
- Mental health counselor
- Master social worker
- Creative arts therapist

Note: Student interns practicing within the scope of the New York State Education law and supervised by a licensed practitioner in that profession can provide Skill Building.

All LBHPs must comply with all of the following:

- Complete required background checks:
 - NYS Statewide Central Register of Child Abuse and Maltreatment (SCR)
 - NYS Sex Offender Registry (SOR)
 - NYS Division of Criminal Justice Services (DCJS) fingerprinting
 - NYS Justice Center Staff Exclusion List (SEL)
 - NYS OMIG Medicaid Exclusion List
- Complete mandated reporter training
- Compliance with applicable laws, rules and regulations to include NYSED guidance

Note: Fingerprinting does not apply to staff solely providing services to children and youth in Foster Boarding Home programs, which does not supersede any existing laws, rules, or regulations.

Note: The above must be verified and/or completed, prior to engaging directly in the care and supervision of children.

Note: The above must be completed for all employees of a congregate residential foster care program, regardless of the level of contact with the children and youth placed in the program including - Child Abuse register check in any state in which the person resided within the last five years (19-OCFS-ADM-21)

Skill-building activities include:

- Establish treatment goals for children, utilizing historical and current available
- information in collaboration with the multi-disciplinary team
- Assist children and youth to develop skills as defined in treatment goals
- Provide psychiatric supports and therapy
- Provide individual counseling and treatment, substance abuse counseling and treatment, trauma-informed counseling and treatment, family and

- group counseling, transitional counseling
- Promote integration with community resources and skill-building
- Provide psycho-education and wellness education
- Communicate with family, case planning staff and medical practitioners
- Accessibility 24 hours per day 7 days per week via on-call
- Enhance compliance with behavioral expectations
- Utilize interventions drawn from evidence-based psychotherapeutic methodology
- Structure interventions to decrease problem behavior and increase developmentally appropriate pro-social behavior

Supervision of LBHP staff and services must be adequate to confirm compliance with all of the requirements listed above including background checks, training and compliance with all applicable laws, rules and regulations. LBHP staff must be supervised by appropriately qualified individuals in compliance with applicable laws, rules, and regulations to include NYSED requirements.

The following are guidelines regarding LBHP staff ratios and are based on the level of foster care in which a child is placed. These ratios were used in the development of the Medicaid Per Diem Rate but will not be used for purposes of payment audit or to determine compliance with service requirements.

Level of Foster Care	FTE LBHP staff to Children
Level 1 – Foster Boarding Home	1:117
Level 2 – Specialized Foster Boarding Home	
• Therapeutic/AIDS	1:23
• Medically Fragile (formally referred to as Boarder Babies)	1:108
• Special Needs (formally referred to as Special Other)	1:28
Level 3 – General Congregate Care	
• Maternity	1:59
• Group Home	1:59
• Agency-Operated Boarding Home	1:59
• SILP	1:59
Level 4 – Specialized Congregate Care	
• Institutional	1:25
• Group Residence	1:25
• Diagnostic	1:8
• Hard to Place	1:13

3. Medicaid Treatment Planning and Discharge Planning

Medicaid Treatment Planning and Discharge Planning provides for coordination of the exchange of health information in accordance with the child/youth's treatment plan.

Medicaid Treatment Planning and Discharge Planning staff must comply with all of the following:

- Be at least 21 years of age
- Meet educational requirements of at least a high school diploma or equivalent
- Required background checks:

- NYS Statewide Central Register of Child Abuse and Maltreatment (SCR)
- NYS Sex Offender Registry (SOR)
- NYS Division of Criminal Justice Services (DCJS) fingerprinting
- NYS Justice Center Staff Exclusion List (SEL)
- NYS OMIG Medicaid Exclusion List
- Receive training that is commensurate with the intensity, scope, and duration of the needs of the children served. Training must include the following:
 - Mandated reporter
 - Risk and safety
 - Trauma informed care
 - Family engagement
 - Basic child development
 - Current certification by the American Red Cross (or an equivalent) in First Aid and cardiopulmonary resuscitation
 - Additional training for health care needs of children which are age and need appropriate
- Maintain a valid NYS driver's license, if operating a motor vehicle.

Note: Fingerprinting does not apply to staff solely providing services to children and youth in Foster Boarding Home programs, which does not supersede any existing laws, rules, or regulations.

Note: The above must be verified and/or completed, prior to engaging directly in the care and supervision of children.

Note: The above must be completed for all employees of a congregate residential foster care program, regardless of the level of contact with the children and youth placed in the program including - Child Abuse register check in any state in which the person resided within the last five years (19-OCFS-ADM-21).

Medicaid Treatment Planning and Discharge Planning services may include:

- Escort children/youth to health care appointments and supervise them during health care appointments
- Ensure the exchange of health information for treatment purposes, discharge planning and documentation

Supervision of Medicaid Treatment Planning and Discharge Planning staff and services must be adequate to confirm compliance with all the service requirements listed above.

Medicaid Treatment Planning and Discharge Planning staff must be supervised by

appropriately qualified individuals in compliance with NYSED requirements where applicable.

The following are guidelines regarding Medicaid Treatment planning and Discharge Planning staff ratios and are based on the level of foster care in which a child is placed. These ratios were used in the development of the Medicaid Per Diem Rate but will not be used for purposes of payment audit or to determine compliance with service requirements.

Level of Foster Care	FTE Medicaid Treatment Planning and Discharge Planning staff to Children
Level 1 – Foster Boarding Home	1:971
Level 2 – Specialized Foster Boarding Home	
• Therapeutic/AIDS	1:100
• Medically Fragile (formally referred to as Boarder Babies)	1:71
• Special Needs (formally referred to as Special Other)	1:115
Level 3 – General Congregate Care	
• Maternity	1:100
• Group Home	1:100
• Agency-Operated Boarding Home	1:100
• SILP	1:100
Level 4 – Specialized Congregate Care	
• Institutional	1:100
• Group Residence	1:100
• Diagnostic	1:77
• Hard to Place	1:100

4. Clinical Consultation/Program Supervision Services

Clinical Consultants/ Supervisors provide oversight and supervision within their scope of practice to Nursing and Licensed Behavioral Health Practitioners (LBHP) staff and must be provided 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

Clinical Consultants/Supervisors must comply with the following:

- Applicable provisions of NYSED with respect to hiring and retaining of licensed professionals
- Have qualifications that comport with the ability to clinically supervise Nursing and Licensed Behavioral Health Practitioners (LBHP) staff within their scope of practice
- Required background checks:
 - NYS Statewide Central Register of Child Abuse and Maltreatment (SCR)
 - NYS Sex Offender Registry (SOR)
 - NYS Division of Criminal Justice Services (DCJS) fingerprinting
 - NYS Justice Center Staff Exclusion List (SEL)
 - NYS OMIG Medicaid Exclusion List
- Complete mandated reporter training

Note: Fingerprinting does not apply to staff solely providing services to children and youth in Foster Boarding Home programs, which does not supersede any existing laws, rules, or regulations.

Note: The above must be verified and/or completed, prior to engaging directly in the care and supervision of children.

Note: The above must be completed for all employees of a congregate residential foster care program, regardless of the level of contact with the children and youth placed in the program including - Child Abuse register check in any state in which the person resided within the last five years (19-OCFS-ADM-21)

Clinical Consultation/Program Supervision services may include:

- Review all health care information and medical records
- Work with the direct treatment providers to establish treatment goals for children, utilizing historical and current available information
- Conduct prescription and non-prescription medication consultation according to the scope of practice of the practitioner
- Make medical eligibility recommendations for foster care rates pertaining to health care conditions
- Advise the local department of social services (LDSS) commissioners and the 29-1 VFCA Health Facility executive directors regarding the medical needs of the children in their care and/or care and custody
- Review and approve required medical and behavioral health forms
- Meet and communicate with biological families, guardians, foster families, and caseworkers
- Provide clinical supervision of medical and behavioral health staff according to the scope of practice of the practitioner in compliance with applicable laws, rules and regulations to include NYSED requirements where applicable
- Conduct quality oversight and improvement services
- Provide emergency medical and behavioral health consultation services

Supervision of clinical consultation staff and services must be adequate to confirm compliance with all service requirements listed above. Clinical consultation/supervision staff must be supervised by appropriately qualified individuals in compliance with NYSED requirements where applicable.

The following are guidelines regarding clinical consultation/supervision staff ratios and are based on the level of foster care in which a child is placed. These ratios were used in the development of the Medicaid Per Diem Rate but will not be used for purposes of payment audit or to determine compliance with service requirements.

Level of Foster Care	FTE Clinical Consultation/Program Supervision staff to Children
Level 1 – Foster Boarding Home	1:310
Level 2 – Specialized Foster Boarding Home	
• Therapeutic/AIDS	1:100
• Medically Fragile (formally referred to as Boarder Babies)	1:45
• Special Needs (formally referred to as Special Other)	1:92
Level 3 – General Congregate Care	
• Maternity	1:125
• Group Home	1:125
• Agency-Operated Boarding Home	1:125
• SILP	1:125
Level 4 – Specialized Congregate Care	
• Institutional	1:80
• Group Residence	1:80
• Diagnostic	1:36
• Hard to Place	1:45

5. VFCA Medicaid Managed Care Liaison Services/Administrator

29-I VFCA Health Facilities and Medicaid Managed Care Plans (MMCPs) are responsible for ensuring there is a highly coordinated approach between LDSS, the 29-I VFCA Health Facility and the Medicaid Managed Care Plans. All 29-I VFCA Health Facilities are required to have a VFCA Medicaid Managed Care Liaison who will coordinate with the MMCPs. All MMCPs must have a Foster Care Liaison who shall be the direct MMCP contact with 29-I VFCA Health Facilities, care coordinators and service providers, and will be responsible for monitoring access to health care for children in foster care.

In addition, the 29-I VFCA Health Facility must have a program administrator that has oversight of all Medicaid business functions regarding the Article 29-I VFCA Health Facilities License. The 29-I VFCA Health Facility must ensure that these functions are properly staffed for the size and scope of the services offered.

The VFCA Medicaid Managed Care Liaison must have experience, expertise, and knowledge of:

- The child welfare system
- Foster care healthcare requirements
- The unique complex needs of the foster care population
- Medicaid Managed Care policies and procedures

The VFCA Medicaid Managed Care Liaison must comply with the following:

- Required background checks:
 - NYS Statewide Central Register of Child Abuse and Maltreatment (SCR)
 - NYS Sex Offender Registry (SOR)
 - NYS Division of Criminal Justice Services (DCJS) fingerprinting
 - NYS Justice Center Staff Exclusion List (SEL)
 - NYS OMIG Medicaid Exclusion List
- Complete mandated reporter training

Note: Fingerprinting does not apply to staff solely providing services to children and youth in Foster Boarding Home programs, which does not supersede any existing laws, rules, or regulations.

Note: The above must be verified and/or completed, prior to engaging directly in the care and supervision of children.

Note: The above must be completed for all employees of a congregate residential foster care program, regardless of the level of contact with the children and youth placed in the program including - Child Abuse register check in any state in which the person resided within the last five years (19-OCFS-ADM-21).

The VFCA Medicaid Managed Care Liaison will:

- Coordinate health care services and benefits with the following:
 1. 29-I VFCA Health Facilities treatment team
 2. MMCP's foster care liaison
 3. LDSS's managed care foster care liaison
 4. Health care providers, including school and community-based services

- Inform and coordinate with the MMCP when a child’s primary care provider needs to be changed
- Be the primary contact person for the MMCP to assist with the following:
 - MMCP enrollment, disenrollment, and transitions
 - Immediate issuance of a Welcome Letter
 - Securing identification showing the effective enrollment date (including immediate temporary identification)
 - Replacement insurance identification card
- Assist with foster care placement changes including:
 - Access to health care
 - Facilitate a single case agreement when a child is placed outside of the MMCP’s service area or provider network
- Interact with clinical and billing staff
- Refer children for needed services and assist in provider selection
- Maintain eligibility for public or private health insurance
- Assist with consent and/or confidentiality issues
- Oversee all Medicaid business functions
- Assist with court ordered services and fair hearings

Central to the VFCA Medicaid Managed Care Liaison role is communication, both internally and externally. The 29-I VFCA Health Facility will communicate with MMCPs using secure phone, fax, and email.

The 29-I VFCA Health Facility will develop and implement a system of communication and notification with MMCPs that includes:

- Mechanisms for sending and receiving information, including new enrollments or dis-enrollments from MMCPs
- Foster care intake and discharge status
- Changes in placement or address
- Changes in health status or provider

This system of communication will include the use of the Medicaid Managed Care Foster Care and 29-I Transmittal Form which must be used for any of the following situations within required timeframes:

Entity Responsible	Type of Situation	Required Timeframe
LDSS	Child/youth initially placed in foster care and is not	5 Business days

Entity Responsible	Type of Situation	Required Timeframe
	placed in a 29-I Health Facility	
29-I Health Facility	Child/youth placed with the 29-I Health Facility	5 Business days
Receiving 29-I Health Facility	Child/youth transitions to an alternative 29-I Health Facility	5 Business days
29-I Health Facility	Child/youth placed with a 29-I Health Facility is discharged from foster care	5 Business days
LDSS	Child/youth NOT placed with a 29-I Health Facility is discharged from foster care	5 Business days

The MMCP foster care liaison will be readily available via telephone and email to the LDSS/29-I VFCA Health Facility during regular business hours to address any issues for managed care enrollees in foster care. The MMCP must identify a backup contact when the foster care liaison at the MMCP is not available.

Supervision of VFCA Medicaid Managed Care Liaison staff must be adequate to confirm compliance with all the service requirements listed above. VFCA Medicaid Managed Care Liaison staff must be supervised by appropriately qualified individuals in compliance with NYSED requirements where applicable.

The following are guidelines regarding the VFCA Medicaid Managed Care Liaison staff ratios and are based on the level of foster care. These ratios were used in the development of the Medicaid Per Diem Rate but will not be used for purposes of payment audit or to determine compliance with service requirements.

Level of Foster Care	FTE VFCA Medicaid Managed Care Liaison/Program Administrator staff to Children
Level 1 – Foster Boarding Home	1:280
Level 2 – Specialized Foster Boarding Home	
<ul style="list-style-type: none"> • Therapeutic/AIDS 	1:82
<ul style="list-style-type: none"> • Medically Fragile (formally referred to as Boarder Babies) 	1:108
<ul style="list-style-type: none"> • Special Needs (formally referred to as Special Other) 	1:59
Level 3 – General Congregate Care	
<ul style="list-style-type: none"> • Maternity 	1:65
<ul style="list-style-type: none"> • Group Home 	1:65
<ul style="list-style-type: none"> • Agency-Operated Boarding Home 	1:65
<ul style="list-style-type: none"> • SILP 	1:65
Level 4 – Specialized Congregate Care	
<ul style="list-style-type: none"> • Institutional 	1:44
<ul style="list-style-type: none"> • Group Residence 	1:44
<ul style="list-style-type: none"> • Diagnostic 	1:37
<ul style="list-style-type: none"> • Hard to Place 	1:35

Schedule C: Other Limited Health-Related Services

29-I VFCA Health Facilities may provide Other Limited Health-Related services in addition to the Core Limited Health-Related services, including services consistent with treatment plans. The Other Limited Health-Related services may be provided to children in the care of a 29-I VFCA Health Facility, as well as children in foster care placed in an LDSS-certified setting. These Other Limited Health-Related services include:

1. Medicaid Home and Community Based Services (HCBS) for children and
2. Medicaid State Plan services

Medicaid designated HCBS for children include the following:

- Caregiver/Family Advocacy and Support Services
- Respite
- Prevocational Services
- Supported Employment
- Community Habilitation
- Day Habilitation
- Palliative care: Counseling and Support Services
- Palliative care: Expressive Therapy
- Palliative care: Massage Therapy
- Palliative care: Pain and Symptom Management
- Environmental Modifications
- Vehicle Modifications
- Adaptive and Assistive Technology
- Non-medical Transportation

Note: A complete listing of all HCBS can be found here:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual.pdf

Medicaid State Plan services include the following:

- Screening, diagnosis, and treatment services related to physical health. This includes but is not limited to the following:
 - 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 the current NYS or NYC recommended childhood immunization schedule, as appropriate Immunizations
- Reproductive health care
- Screening, diagnosis, and treatment services related to developmental and behavioral health. This includes but is not limited to the following:
 - Psychiatric consultation, assessment, and treatment
 - Psychotropic medication treatment
 - Developmental screening, testing, and treatment
 - Psychological screening, testing, and treatment
 - Smoking cessation treatment
 - Alcohol and/or drug screening and intervention
- Medicaid designated Children and Family Treatment and Support Services (CFTSS)
 - Other licensed practitioner
 - Crisis intervention
 - Community psychiatric support and treatment
 - Psychosocial rehabilitation services
 - Family peer support services
 - Youth peer advocacy and training
- Laboratory tests, as specified

To provide these Other Limited Health-Related services, a 29-I VFCA Health Facility must

- Define which Medicaid services it will provide by site location in the Article 29-I VFCA Health Facilities License Application
- Develop policies and procedures governing the provision of Medicaid State Plan Services consistent with applicable NYS Program Manuals and NYS Standards of Care
- Possess all required NYS certifications, designations, or licenses
- Comply with all applicable laws, rules, regulations, and standards to include guidelines issued by NYS

Licensed 29-I VFCA Health Facilities can provide Other Limited Health-Related services to children/youth, after discharge from the custody of the LDSS, for up to 12 months. These services may continue beyond the one-year post discharge date, if any of the following apply:

- child/youth is under 21 years old and in receipt of services through the 29-I VFCA Health Facility for an Episode of Care and has not yet safely transitioned to an appropriate provider for continued necessary services; or

- the child/youth is under 21 years old and has been in receipt of CFTSS or Children’s HCBS through the 29-I VFCA 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
- if the Enrollee is 21 years or older, providers may bill for Other Limited Health-Related Services when the following applies:
 - the Enrollee has been placed in the care of the 29-I VFCA Health Facility and has been in receipt of Other Limited Health-Related Services prior to their 21st birthday, and
 - the Enrollee has not yet safely transferred to another placement or living arrangement; and
 - the Enrollee and/or their authorized representative is compliant with a safe discharge plan; and
 - the 29-I VFCA Health Facility continues to work collaboratively with the MMCP to explore options for the Enrollee’s safe discharge, including compliance with court ordered services, if applicable.

Other Limited Health-Related services **do not** include surgical services, dental services, orthodontic care, general hospital services including emergency care, birth center services, emergency intervention for major trauma, treatment of life-threatening or potentially disabling conditions.

Schedule D: Health Services Policies and Procedures

Children in foster care require initial and on-going health assessments and treatment to provide for their overall health and well-being. The 29-I VFCA Health Facility is responsible for arranging and coordinating this care and may provide many of these health-related services. The 29-I VFCA Health Facility must develop policies and procedures that clearly outline how each of the required and/or recommended health-related services listed below, will be provided for all children in foster care. In addition, 29-I VFCA Health Facilities must provide a policy and procedure outlining how all services will be provided utilizing a trauma informed care model.

1. Trauma-Informed Model of Care

Trauma-informed services are based on an understanding of the vulnerabilities or triggers experienced by trauma survivors that may be exacerbated through traditional service delivery approaches so that these services and programs can be modified to be more supportive and avoid re-traumatization. 29-I VFCA Health Facilities should engage all

individuals with the assumption that trauma has occurred within their lives (SAMHSA, 2014). Cultural difference exists in the perception and interpretation of the trauma; the meaning given to the traumatic event; and the beliefs about control over the event.

29-I VFCA Health Facilities must provide services that involve understanding, recognizing and responding to all types of trauma within recognized principles of trauma-informed approaches and trauma-specific interventions to address consequences and facilitate healing.

The 29-I VFCA Health Facility must submit trauma-informed model of care policies and procedures.

Note: Comply with general practice requirements (e.g., practice has writings that specify components and administration of the practice, no empirical basis that practice constitutes risk of harm, and multiple studies support benefits of practice) and meet the requirements for a “promising, supported or well-supported practice”.

Note: 29-I VFCA Health Facilities applying to become a Qualified Residential Treatment Program (QRTP) are required to meet the standards outlined in 21-OCFS-ADM-04.

2. Assessments and Treatment Planning

The 29-I VFCA Health Facility is responsible to coordinate and confirm the completion of comprehensive health services for every child in foster care in accordance with applicable statute and regulation to include 18 NYCRR 441.22. Health assessments must be completed in accordance with the applicable statutory, regulatory, and policy provisions (both initially and on-going, as appropriate) in each of the following areas:

- Initial 24-hour medical screen
- Initial medical assessment
- Initial dental assessment
- Initial behavioral health assessments
 - Mental health
 - Developmental
 - Substance abuse

Using the results and recommendations of the required diagnostic assessments (as outlined in this schedule), the Individualized Person-Centered Treatment Plan is developed within 30 days, reviewed and re-evaluated annually, and must

- include a person-centered, individual directed approach to the development and implementation of the treatment plan;
- include active participation of the child, family and service providers;
- contain the treatment plan goals from the individual health assessments including:
 - type of services needed to achieve identified treatment goals
 - service intensity
 - progress indicators
 - clear action steps and target dates
 - measurable discharge goals
- utilize the Core Limited Health-Related services and the required Clinical Consultation/Supervision and any administrative functions to provide activities that are intended to achieve the identified treatment plan goals or objectives;
- be based on the child's individual conditions and include the following:
 - specific problems
 - needs
 - preferences
 - strengths
- be re-evaluated annually or as needed, to determine whether services have contributed to meeting goals; and
- include emergency protocols specific to the child, as appropriate.

All services to children and youth must be part of an Individualized Person-Centered Treatment Plan recommended by and under the supervision and oversight of one of the following, who meet state licensing requirements in accordance with applicable state law:

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

- Mental health counselor
- Creative arts therapist

Initial 24-hour Medical Screen

A preliminary health evaluation of a child entering foster care must include:

- A health screening within 24 hours of placement, conducted by one of the following qualified health care practitioners:
 - Physician
 - Physician assistant
 - Nurse practitioner
 - Registered nurse
 - Licensed practical nurse

(Note: If a health care practitioner is not available, a trained caseworker may conduct the screen. The screening tool can be found at this link <https://ocfs.ny.gov/main/sppd/health-services/docs/manual/App-A-Forms-Websites.pdf>)
- The 24-hour health screen must include:
 - signs of abuse or neglect. If trauma is present, seek immediate medical attention;
 - active medical/psychiatric problems: obvious illnesses, injuries, or disabilities;
 - current medications;
 - allergies to food, medication, and environment (e.g., pets, pollen);
 - upcoming medical appointments, and medication refills;
 - need for eyeglasses, hearing aids, or other durable medical equipment/adaptive devices (e.g., prosthetic devices); and
 - for an infant: delivery history (e.g., where, when, how, toxicology screen, complications).

All pertinent information gathered during the 24-hour health screen that may impact the placement of the child must be relayed to the case manager/case planner and be communicated to 29-I VFCA Health Facility staff and the foster parents.

Every effort must be made at the time of placement and ongoing thereafter by the treatment team to gather the child's complete medical history, with required consents, including but not limited to the following:

- A list of current health care providers including the child's primary care physician
- Prior and current illnesses

- Social and behavioral health concerns
- Medications (prescription and over the counter)
- Allergies (food, medication, and environmental)
- Immunization history
- Durable medical equipment/adaptive devices currently used or required by the child (e.g., wheelchair, eyeglasses)
- Details of birth mother's pregnancy, labor, and delivery including the results of the infant's newborn screening (for children ages 5 and under, and as available for other children)
- Results of diagnostic tests and assessments, including developmental and psychological tests
- Results of laboratory tests
- Birth family history of hereditary conditions, diseases, and developmental problems
- Needed follow-up or ongoing treatment for active problems, including scheduled medical appointments
- Identify past medical providers and seek medical records

Note: The 29-I VFCA Health Facility must obtain and verify the name of the child's primary care physician.

Initial Medical Assessment

Each child admitted into foster care must be given an initial medical examination within 30 days after admission, including comprehensive assessments of medical, mental, and dental health. The initial medical examination includes a dental screening and generates a comprehensive needs/problem list and a plan of care that addresses all the child's/youth's health needs to include dental. When records are available to document that such an examination has been completed within 90 days prior to admission into care, and the authorized agency has obtained such records and determines that the child's health or oral/dental status does not warrant a second comprehensive examination within 30 days after admission into foster care, the LDSS may waive the initial medical examination required by this paragraph. (17-OCFS-ADM-12).

The initial 30-day medical assessment must be completed by one of the following:

- Physician, preferably a pediatrician
- Nurse practitioner
- Physician assistant

The initial 30-day medical assessment builds on the information/documentation gathered during the 24-hour screen and must include the following:

- A medical history
- Identification of past providers and records
- Information from parent or guardian whenever possible
- Immunization records
- A review of all available medical information
- A developmental history
- Birth and family history of developmental problems
- A history of social and behavioral health concerns prior to placement
- Previous developmental assessments and treatments

A complete unclothed physical examination must be conducted in accordance with current recommended medical practice, considering the child's age, environmental background, and development.

The examination must include observation for child abuse and neglect which, if suspected, must be reported to the Statewide Central Register of Child Abuse and Maltreatment. The exam must also include observation for dental problems in children under three years old and a referral made to a dentist if problems are found.

An initial medical assessment must be completed (in accordance with statutory and regulatory requirements to include 18 NYCRR 441.22, and applicable OCFS policy documents) to include the following:

- Laboratory and screening tests as appropriate for the age of the child, per the American Academy of Pediatrics (AAP), based on identified risks and/or conditions. Laboratory tests/screenings include but are not limited to:
 - Vision screening
 - Hearing screening
 - Dental screening
 - AAP-recommended blood tests
 - Urinalysis
 - Lead poisoning
 - Anemia
 - Tuberculosis
 - HIV
 - Hepatitis B

- Special screening tests with appropriate consents for children and adolescents with specific medical conditions or risks including but not limited to:
 - Fetal alcohol syndrome
 - Sickle cell disease
 - Diabetes
 - Pregnancy
 - Seizures
- Preventive services, such as immunizations, health education, and anticipatory guidance appropriate for the child's age
- Identification of medical symptoms and diagnosis to be addressed including treatment goals, treatment objectives, and treatment methods/interventions/services (types, frequency, and specific providers)

Initial Dental Assessment

Initial dental assessment must be completed within 30-days of placement and include the following:

- Dental history and screening

Note: Best case practice is to have all children over the age of three have a diagnostic examination by a dentist within 30 days of foster care placement.

29-I VFCA Health Facilities must have policies and procedures to confirm the following dental care is provided including the following:

- Dental x-rays as indicated for diagnostic examination
- Periodic oral evaluations
- Preventative services including:
 - cleaning
 - topical fluoride varnishes, gels or foams
 - dental sealants
 - oral hygiene instruction to the child and caregiver
- Restorative services including:
 - fillings
 - crowns
 - bridges
 - implants
- Orthodontia
- Emergency dental care

Identification of dental findings and diagnosis to be addressed including treatment goals, treatment objectives and treatment methods, interventions, and services (types, frequency, and specific providers).

Referral to a dentist is recommended no later than six months after the first tooth erupts, or by 12 months of age, whichever comes first. This practice allows the dentist to assess risk and recommend interventions. It also provides an opportunity for the dentist to intervene in the oral hygiene habits of the primary caregivers to reduce the risk of bacteria that causes tooth decay.

Initial Behavioral Health Assessments

The behavioral health assessments include the following:

1. Mental health assessment
2. Developmental assessment
3. Substance abuse assessment

Note: These three assessments may be completed individually or collectively and may be completed by the same provider.

Initial Mental Health Assessment

Initial mental health assessment must be conducted for children ages three and older. In addition, the AAP recommends a psychosocial/behavioral assessment at each checkup. OCFS regulations specify that psychiatric and psychological services must be made available, as appropriate to the needs of children in foster care.

The practitioner that conducts the Initial mental health assessment must be licensed, operate within the scope of practice, and experienced in providing mental health services.

The practitioners include the following:

- Physician
- Psychiatrist
- Clinical psychologist
- Nurse practitioner
- Clinical nurse specialist
- Mental health counselor
- Marriage and family therapist
- Clinical social worker or master social worker
- Creative arts therapist

The initial mental health assessment must include the:

- Mental health/psychiatric history – obtained through documentation and/or interviewing the child, family, and caregivers, covering the following information:
 - Past psychiatric history
 - Past and current psychiatric medications
 - Identification of individual strengths and needs
 - Developmental history
 - School history, including reports and assessments
 - Family history
 - Social and behavioral history
 - Medical history (including results of initial medical assessment and prenatal exposure to alcohol or drugs)
 - History of drug/alcohol use by the child
 - History of trauma, abuse and neglect
- Mental status examination – accomplished by interviewing the child and examining the child’s appearance, behavior, feelings (affect and mood), perception, thinking, and orientation to time, place, and person
- Assessment of the circumstances of placement, family life events, and traumatic events, and observation for signs and symptoms of:
 - Risks for suicide, self-mutilating behaviors, and/or violence
 - Substance exposure, misuse, abuse, and addiction
 - Maltreatment, including physical, sexual, emotional abuse and neglect
 - Risk of placement disruption
 - Risky sexual behavior
 - Risk of antisocial behavior
- If clinically indicated, completion of diagnostic screening and assessment tools (behavior, mood, etc.)
- If clinically indicated, completion of psychological testing
- Identification of behavioral health symptoms and diagnosis to be addressed including treatment goals, treatment objectives, and treatment methods/interventions/services (types, frequency, specific providers)

Initial Developmental Assessment

Initial developmental assessment/history must be conducted for children entering foster care provided by a licensed practitioner including the following:

- Professionals with formal training and experience evaluating child development appropriate to the age of the child

- The same professional performing the medical examination if appropriately qualified

The components of a developmental assessment include the following:

- A developmental history – obtained by documentation or by interviewing the child, family, and caregivers, covering the following information:
 - Age at which developmental milestones were achieved (e.g., age when child first walked or talked)
 - Results of previous developmental and educational assessments
 - Medical history (including results of initial medical assessment)
 - History of prenatal exposure to alcohol or drugs, including the type of substance, amount, frequency and when during pregnancy exposure occurred
 - History of trauma, abuse, and neglect
 - Quality of the child’s important relationships prior to placement
- A clinical assessment of the following:
 - Gross motor skills
 - Fine motor skills
 - Cognition
 - Expressive and receptive language
 - Self-help abilities
 - Emotional well-being
 - Coping skills
 - Relationships to persons
 - Adequacy of caregiver’s parenting skills
- Identification of developmental health symptoms and diagnosis to be addressed, including treatment goals, treatment objectives, and treatment methods/interventions/services (types, frequency, specific providers)

Initial Substance Abuse Assessment

Initial substance abuse assessment must be completed for children ages 13 and older, and younger if indicated, conducted by practitioners including the following:

- Qualified health professionals with adolescent development and addiction training and experience
- Certified alcohol and substance abuse counselors (CASAC) practicing in an approved work setting (*Note: 29-1 VFCA health facility is not an approved work setting per NYCRR Part 853*)

- Psychologists, clinical social worker, master social worker, mental health counselor, marriage and family therapist, and creative arts therapist operating within their scope of practice as licensed behavioral health practitioners and who have adolescent development and addiction training and experience

Note: “Substance” or “drug” includes all alcohol and chemicals (including prescribed pharmaceuticals) that are improperly used either by inhalation, smoking, ingestion, topically, or injection.

The assessment must be consistent with current standards of care for adolescent substance abuse. The American Academy of Pediatrics (AAP) and the New York State Office of Addiction Services and Supports (OASAS) recommend the use of the “CRAFT” substance abuse screening instrument (see Appendix B), which is developmentally appropriate for adolescents, and provides a practical means of quickly identifying youth in this age group who will need more comprehensive assessment or referral to substance abuse treatment specialists.

OCFS and OASAS recommend that 29-I VFCA Health Facilities consider using *Teen Intervene* (see Appendix B). Listed on SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP) that promotes the adoption of scientifically established behavioral health interventions, *Teen Intervene* helps teens self-identify a substance use disorder, provides a brief plan for intervention, and guides the referral to treatment. By engaging both the teen and the parents in this three or four-session model, *Teen Intervene* promotes adolescent engagement and positive outcomes. *Teen Intervene* includes a specific focus on alcohol, marijuana, and tobacco use and is proven to reduce the use of both alcohol and marijuana when measured at six- and twelve-months past intervention.

Note: 29-I VFCA Health Facilities may use appropriate assessments as per prevailing clinical practice beyond the Guidelines.

Identification of substance abuse symptoms and diagnosis to be addressed, including treatment goals, treatment objectives, and treatment methods, interventions, and services (types, frequency, specific providers).

Additional Required Medical Assessments

A comprehensive medical assessment must be completed within 30 days after a child returns to foster care from the following:

- Discharge
- Trial discharge

- Absence without consent for more than 90 days

Additional health assessments should be completed when appropriate.

A comprehensive health review should be completed once all the assessments have been finished, approximately 60 days after the child's entry into foster care. A comprehensive health review is mandated upon entry into foster care and recommended upon changes to placement. Reviews should include, but not be limited to:

- Results of all assessments, laboratory, and other screening tests
- New information emerging during placement (e.g., mental health issues, substance abuse) that requires an update to the treatment plan
- Compliance with appointments to make sure all planned follow-up has occurred
- Compliance with treatment recommendations, including medications

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
5 Days	For children under the age of 13, conduct HIV risk assessments*	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	R	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
45 Days	Initial developmental assessment	X	R	Health practitioner

Time Frame	Activity	Mandated Activity	Mandated Time Frame	Who Performs
45 Days	Initial substance abuse assessment	R	R	Health practitioner
60 Days	Follow-up health evaluation	R	R	Health practitioner

Note: R indicates required by OCFS.

* OCFS Regulations regarding HIV Counseling and Testing of children and youth in foster care have been revised to reflect the May 2017 updates to Public Health Law. VFCA/LDSS are required to conduct an HIV risk assessment on children under the age of 13 within five days of entering foster care placement and annually thereafter. All children ages 13 or older receiving primary care services must be offered HIV testing at least once as a routine part of health care.

In addition to the above, there are assessments/evaluations that are required to be completed during the course of the foster care placement. These assessments are time sensitive and impact child's health, safety, and well-being. MMCPs are not permitted to require Prior Authorization for these assessments. Examples of on-going assessments include:

- Following absent without consent (AWOC)
- For purposes of determining eligibility for residential placements (OPWDD, OMH, OASAS and OCFS placement)
- Updated/repeated assessments/evaluations are routine and standard. Children/youth in foster care often require multiple assessments/evaluations as they may experience changes in functionality and/or clinical presentation that impact service intensity.

3. Management of On-going Routine, Preventive Health Care

Routine preventive health care promotes the health and well-being of all children. Preventive health care includes periodic comprehensive medical assessments, also known as well child visits. 29-I VFCA Health Facilities must have policies and procedures for the provision of on-going preventive health care.

Following the initial medical assessment, periodic well child visits must take place according to the American Academy of Pediatrics' (AAP) current schedule, *Recommendations for Preventive Pediatric Health Care*, which has been adopted by the New York State Medicaid program. Due to the greater health needs of children in foster care, OCFS recommends additional "well-child" visits for children under the age of six. The AAP schedule and the enhanced recommendations for children in foster care are shown below:

Schedule for Well-Child Care	
AAP 2008 schedule (minimum)	Recommended for Foster Care
At age: 4-5 days, 1 month, 2 months, 4 months, 6 months, 9 months	At age: 4-5 days, 1 month, 2 months, 3 months, 4 months, 5 months, 6 months, 9 months
At age: 12 months, 15 months, 18 months, 24 months, 30 months	At Age: 12 months, 15 months, 18 months, 24 months, 30 months
At age: 3 years, 4 years, 5 years, 6 years	At age: 3 years, 3 ½ years, 4 years, 4 ½ years, 5 years, 5 ½ years, 6 years
Every year from age 7 to age 21	Every year from age 7 to age 21

The components of a well child visit include the following:

- Clinical examination by a primary care provider (preferably, the same provider who conducted the initial medical assessment) who is a
 - Physician, preferably a pediatrician; or
 - Nurse practitioner; or
 - Physician assistant.
- Immunizations consistent with current NYS/NYC DOH recommendations for age and special immunization recommendations for specific conditions that may be present such as HIV infection, sickle cell, asthma, or diabetes. It is important to check the New York State DOH website: https://www.health.ny.gov/prevention/immunization/childhood_and_adolescent.htm for updates to the immunization schedule.
- Periodic screening tests consistent with the current AAP well child visit schedule and DOH regulations for age and current professional standards for specific conditions, e.g., blood tests for lead poisoning
- Dental care screening and/or referral. All children up to age three should have their mouths examined at each medical examination and, where appropriate, should be referred for dental care. All children three years of age or over must have a dental examination by a dentist annually and must be provided with any dental care as needed (18 NYCRR 441.22)
- Health education and anticipatory guidance consistent with current AAP recommendations for age
- Review and updating of the problem list and treatment plan at each “well-child” visit

Note: A link to the AAP website can be found in Appendix B.

To coordinate follow-up after each well child visit, staff involved with the child's case are responsible for:

- Reviewing the child's medical examination record form to determine whether further treatment is recommended, including referrals and medications
- Contacting the provider, if necessary, to obtain information on follow-up care and treatment
- Offering to assist the foster parent with follow-up care and transportation
- Encouraging the provider to contact the agency about follow-up, referrals, missed appointments, or other important information

4. Management of Chronic Health Care Conditions

Children in foster care often experience serious, chronic health care conditions that require ongoing treatment and monitoring. 29-I VFCA Health Facilities must have policies and procedures for the provision of on-going health care that include the management of chronic health care conditions. When a child has a chronic illness or condition requiring ongoing medical, behavioral health, dental, or other services, an Individualized Person-Centered Treatment Plan must include the proposed treatment, alternative treatments, and risks/benefits.

The activities necessary to effectively manage these conditions include the following:

- Treatment planning – to coordinate treatment between primary care and specialty care providers
- Specialty referrals for conditions that cannot be fully managed by a primary care provider
- Follow-up care for any identified conditions. Periodic visits should occur at a frequency consistent with current professional standards for management of specific conditions.
- Multidisciplinary approach for children with complex chronic medical and behavioral health conditions
- Provide or arrange for diagnostic and treatment services for conditions identified during comprehensive medical and behavioral health evaluations. If a finding requires more extensive diagnosis and/or treatment than is immediately available, an appointment for these services must be scheduled without delay.

5. Management of Urgent and Emergency Health Care

Comprehensive health care includes treatment for acute illness and injury. At a minimum, 29-I VFCA Health Facilities must have policies and procedures to make sure that children experiencing an acute illness or injury receive the following:

- Timely access to appropriate health care services
- Health care guidance which is available and accessible 24 hours a day
- Medications:
 - Prompt access to prescribed medications
 - Assisting with administration as ordered by the health practitioner
 - Monitoring and accountability for proper administration

Policies and procedures for the management and care of urgent and emergency health care must include:

- Referring children whose needs exceed services provided
- Agreements with hospitals for health and behavioral health care needs
- Documentation required by the health care provider to treat children including signed consent forms
- Responding to suspected or diagnosed communicable diseases

6. Health Care Discharge Planning

To effect positive outcomes for children, all children transitioning from foster care must have a child-specific health care discharge plan. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first 30 days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include measurable discharge goals approved by the permanency team. The 29-I VFCA Health Facility must develop policies and procedures to create the health care discharge plan utilizing input from health care providers and treatment team members, including the parent/caregiver and the child (when appropriate). The health care discharge plan should include, but is not limited to, the following:

- The address where child will reside upon discharge
- Any available contact information for the child, including phone numbers, email addresses, and social media information
- Contact information for the 29-I VFCA Health Facility Health Facility
- Contact information for all service providers providing family-based aftercare support, if applicable

- Medicaid thru-date (including instructions for recertification) and/or private health insurance information
- Names, addresses and telephone numbers for all physical and behavioral health care service providers who provided services to the child while in care
- Comprehensive list of the child's physical and behavioral health care needs and any medical conditions that require post discharge follow-up
- Plans for continuing health care
- List of all medication(s) the child is prescribed, over the counter medication(s) and a plan to obtain medication refills
- Record of all immunizations
- Address and contact information where the child will attend school, the process to enroll the child and a plan to share all necessary health care documentation
- List of community health care resources including addresses and telephone numbers
- Wherever possible,
 - List of local community resources that may benefit the family post-discharge (after-school programs, support groups, food banks, etc.)
 - Well-being and positive family and youth development supports
- Where appropriate,
 - List of names, addresses, and telephone numbers for probation or parole officers; and
 - List of vocational resources, including addresses and telephone numbers.

7. Medication and Supplies

All 29-I VFCA Health Facilities must have written policies and procedures addressing the following:

- Administering medications (Applies to 29-I VFCA Health Facility physical environments):
 - Appropriate training of all staff administering or supervising the self-administration of medication
 - Guidelines for administering medication
 - Documentation on the Medication Administration Record (MAR) of all medication taken by the child (including prescription and over-the-counter) as ordered by a health care provider
 - Documentation of medication effects and tolerance
 - Documentation of side effect information for all medications

- Medications are secured, controlled and there are measures in place to establish accountability of transactions (applies to 29-I VFCA Health Facility physical environments) including the following:
 - Storing medication in a safe, locked, sanitary storage area
 - Keeping controlled substances under double-locked storage
 - Confirming appropriate controls on temperature
 - Confirming proper labeling
 - Allowing access to only authorized staff (i.e., keys or combinations)
 - Providing inventory control
 - Proper disposal of expired and no longer utilized medications
- Supplies are secured, controlled and there are measures in place to establish accountability of transactions (applies to 29-I VFCA Health Facility physical environments) including the following:
 - Regular inventory and restocking of all medical supplies
 - Monitoring inventories of sensitive medical supplies (i.e., syringes)
 - Proper disposal of all medical supplies
 - Monitoring location and access to First Aid kits
 - Confirming AED location and access (for exam/triage rooms only)
- Medication errors (applies to 29-I VFCA Health Facility physical environments):
 - Missed medication
 - Wrong medication
 - Wrong dose of medication
 - Medication given at wrong time
 - Medication given to wrong child
 - Medication given via wrong route or method
 - Discontinued medication given
 - Outdated medication given
 - Medication contaminated (e.g., dropped on the floor)
- Medication error while with a caregiver (e.g., parent, foster parent, etc.), advise the caregiver on the following:
 - Contacting the Poison Control Center if an excess dose is suspected
 - Contacting the health care provider or pharmacist immediately for advice
 - Observing the child for any possible effects
 - Contacting the caseworker or designated staff person to report an error or missed dose
- Policies and procedures for taking medications out of the congregate care facility or foster home placement. The congregate staff, foster parents or the parents/resource with whom the child is visiting should be informed of the 29-I

VFCA Health Facility's policies and procedures for these situations and follow the directions given by the prescribing health care practitioner.

- Policies and procedures for the prescribing, dispensing, administration, storage, and inventory of controlled substances. Congregate care facilities must be licensed (class 3a) as "Institution Dispensers, Limited" by the NYS DOH to administer controlled substances to children in accordance with a written prescription issued by an authorized physician or other authorized practitioner and filled by a registered pharmacy. To obtain an application for a license, contact the regional office of the NYS DOH's Bureau of Controlled Substances for your facility's region.
 - No 29-I VFCA Health Facility should possess or administer such controlled substances without first having been authorized to do so.
 - The 29-I VFCA Health Facility must comply with all applicable state and federal laws regarding these substances.
- Policies and procedures for handling a child's refusal to take medications including documentation and diligent efforts

8. Medical Records

All VFCAs must have policies and procedures which confirm that medical records, including those which are stored electronically, are maintained securely and used for the intended purpose. The 29-I VFCA Health Facility must keep detailed records in accordance with accepted professional standards and practices. The child's medical record must contain but is not limited to the following:

- Child identification information
- Names and addresses of the child's primary and specialty provider(s)
- Consent forms authorizing medical treatment for the child and the release of medical records to the 29-I VFCA Health Facility
- Alcohol, drug or medications taken by the child's mother during pregnancy
- Immunizations received by the child while in care and prior to placement in care (types and dates)
- Nursing progress notes
- Medications prescribed for the child prior to placement, while in care and Medication Administration Records (MAR) (The MAR applies to 29-I VFCA Health Facility physical environment only.)
- Child's allergies (e.g., environmental, food, medicine)

- Significant acute, chronic, or recurring medical problems, illnesses, injuries, and surgical operations
- Date and place of hospitalization(s), including psychiatric
- HIV risk assessment documentation and any HIV-related information
- Results of laboratory tests
- Durable medical equipment and adaptive devices currently used or required by the child (e.g., wheelchair, feeding pump, mechanical breathing supports, eyeglasses, hearing aids)
- Copies of exam reports from primary providers and specialists while the child is in care, including results of diagnostic tests and evaluations in the five assessment domains
- Address all five assessment domains, including follow-up or continuing treatment provided to, or still needed by, the child
- Summaries of health care planning meetings
- Family health history, including chemical dependency, mental illness and hereditary conditions or diseases (the comprehensive health history of the child and of his or her biological parents and the health care needs of the child must be provided by an authorized agency to foster parents at the time of the child's placement in foster care. In all cases, information identifying the biological parents must be removed from the comprehensive medical history)

All 29-I VFCA Health Facilities must also confirm:

- entries in the medical record are current, legible, signed and dated by the person making the entry;
- when a child is treated by an outside health-care provider a clinical summary or other pertinent documents are obtained to promote continuity of care; and
- the medical record is maintained in a safe and secure place which can be locked and which is readily accessible to appropriate staff.

All 29-I VFCA Health Facilities must have the following policies and procedures that support medical record collection, retention, access and comply with 10 NYCRR 751.7 and 18 NYCRR 428.10 (See Appendix D):

- Maintenance of medical/clinical records
- All case-specific foster care information contained in the 29-I VFCA Health Facility's files must be held confidential by the 29-I VFCA Health Facility as applicable by law

- Medical records of a child in foster care must be retained for 30 years following the discharge from foster care

CONNECTIONS Activities

All 29-I VFCA Health Facilities must have policies and procedures that support health information entered and maintained in CONNECTIONS. Entering and updating the following health-related information in the Health Services Module is required for all children in foster care and all children in OCFS custody placed with a 29-I VFCA Health Facility. Required fields should be completed as soon as the documentation is received from a health care provider. Records from health care providers must be in the 29-I VFCA Health Facility's possession when entering data.

Required fields:

- Designate Health Responsibility
- Child Health Info tab
- Clinical Appointments tab
- Early Intervention tab
- Bio Family Health tab
- HIV Risk Assessment
- Health Narrative

9. Confidentiality

All medical, dental, and behavioral health information about a child in foster care must be kept confidential in accordance with Section 372 of the Social Services Law (See Appendix B). Case workers and health care staff must share health information about a child in foster care with others who need it to provide assessment, treatment, services and care and supervision. This includes health care providers, health care professionals, caregivers, and birth parents/guardians (if parental rights have not been surrendered or terminated). At the time of placement, the 29-I VFCA Health Facility must provide to the foster parents, prospective adoptive parents, and, upon request, to adoptive parents the comprehensive health history of the child and the child's birth parents and the child's health care needs.

All 29-I VFCA Health Facilities must have policies and procedures that include written records management, consistent with applicable state and federal laws and regulations that describe the following:

- Confidential nature of records in accordance with 18 NYCRR 357 (See Appendix B) including, but not limited to the following:
 - Nature of information to be safeguarded
 - Prohibition against disclosure of information
 - Basis for disclosure of information
 - Prohibition against improper use of lists of applicants and recipients
 - Procedures for safeguarding information maintained by OCFS, LDSS and other authorized agencies
 - Confidential policy and procedures manual (to be distributed to all staff that details the above)
- The 29-I VFCA Health Facility must be equipped with a private telephone and fax line to provide confidentiality and adequate access to the community and back-up health care providers.
- HIPAA Privacy Rule (45 CFR Parts 160 and 164) which provides comprehensive federal protection for the privacy of health and mental health information. All staff, volunteers, students, researchers and consultants with access to Personal Health Information (PHI) and Electronic Personal Health Information (ePHI) must be trained on and comply with HIPAA privacy regulations including: security, enforcement and breach notification to protect the security of PHI and ePHI created, received, maintained or transmitted, as well as identify and protect against reasonably anticipated threats to the security or integrity of PHI and ePHI.

10. Consent and Authorizations

The 29-I VFCA Health Facility must have policies and procedures for obtaining consent and authorizations consistent with existing statutory and regulatory requirements to include Public Health Law Sections 2504 and 2782 (See Appendix B). Medical consent and authorization include the following:

- Consent for release of prior health records
- Consent and authorization for routine evaluation and treatment
- Informed consent for non-routine health care

Policies and procedures for consent and authorization must include but are not limited to:

- Prior to accepting a child into care in cases of voluntary placement, or within 10 days after admission into care in emergency or court-ordered placements, authorization in writing must be requested from the child's parent or guardian for routine medical and/or psychological assessments, immunizations, and

medical treatment, and for emergency medical or surgical care if the parent or guardian cannot be located at the time such care becomes necessary. Such authorization must become a permanent part of the child's medical record.

- Any person who is 18 years of age or older, or is the parent of a child or has married, may give effective consent for medical, dental, health and hospital services for himself or herself, and the consent of no other person shall be necessary.
- Reproductive health care services regardless of age, youth may consent for their own sexual and reproductive health, including prenatal care.
- Consent for an HIV test for children in foster care, must be obtained from the child's biological parents, if possible, and/or from the local Social Services Commissioner responsible for overseeing foster care placements **only if the foster care child does not have the capacity to consent to an HIV test**. Once a minor has the capacity to consent, he or she alone has the right to decide whether or not to be tested.

If written authorization cannot be obtained from the child's parent or guardian in cases of involuntary placements, the local social services commissioner may provide written authorization where authorized in accordance with section 383-b of the Social Services Law (See Appendix B).

Consent for Routine Medical Care for Children in Foster Care			
<i>By Placement Authority</i>			
Consent for Routine Medical Services for Children in Foster Care: Placement Authority	Citation	District/Agency Actions	Parental Consent Unavailable
FCA Article 10 (Child Protective)	18 NYCRR 441.22(d) SSL 383-b	Request authorization in writing from the child's parent/guardian within 10 days of entry into foster care.	If child has been removed or court-ordered into LDSS custody pursuant to Article 10, Commissioner or designee may provide consent.
FCA Article 7 (Persons In Need of Supervision)	18 NYCRR 441.22(d)	Request authorization in writing from the child's parent/guardian within 10 days of entry into foster care.	Seek a court order.
FCA Article 3 (Juvenile Delinquents)	18 NYCRR 441.22(d) FCA 355.4	Request authorization in writing from the child's parent/guardian within 10 days of entry into foster care.	If the youth is in the custody of the OCFS Commissioner, for DJJOY, the court order constitutes consent unless there is an order to the contrary. If parental consent cannot be obtained, seek a court order. Obtain from LDSS if placement is Article 10.
Voluntary Placement	SSL 384-a	Include consent to medical services in the placement agreement signed by the parent/guardian and LDSS.	The authorized agency has no authority to consent to medical services. Seek a court order or initiate Article 10 action.
Surrender (both parents)	SSL 383-c SSL 384	LDSS Commissioner or authorized agency to whom the child was surrendered provides written authorization for medical services.	Consents signed by the parent/guardian are no longer valid.
Termination of Parental Rights (both parents)	SSL 384-b	LDSS Commissioner provides written authorization for medical services.	Consents signed by the parent/guardian are no longer valid.

11. Quality Improvement

The 29-I VFCA Health Facility will develop a quality improvement strategy through the creation of policies and procedures that support continuous program improvement. At least twice a year, the 29-I VFCA Health Facility must analyze agency data used to measure performance for trends and opportunities for improvement. This includes the development and implementation of strategies to address areas of concern that need improvement and periodic re-evaluation of new strategies to assess effectiveness.

Quality improvement policies and procedures are required to address/monitor the following staffing protocols:

- Provider credentials and maintenance
- Professional continuing education
- Pre-employment procedures
- Agency staff with key roles and responsibilities in managing program quality
- Staff and program evaluation

Quality improvement policies and procedures are required to address/monitor the following quality improvement activities:

- Measures of child/family/caregiver safety
- Medical record review
- Complaint and incident review
- Corrective actions and time frames
- Appropriate security, inventory controls and accountability for medications and related supplies

12. Health and Safety

Health and safety policies and procedures are required to address the following:

- Management, reporting, and response to child related incidents which include allegations of suspected child abuse, neglect, and exploitation.
- Management, reporting, and response to clinical/medical emergencies and incidents of elevated child risk as determined by the requirements of the NYS agency that has licensed, certified, authorized, or designated the provider.
- Emergency preparedness and a response plan for all of its services and locations that describes its approach to environmental emergencies and pandemic emergencies including quarantine policies and procedures throughout the

organization or community regarding management, reporting, and response to disasters.

- The delivery of services in a manner which protects the health and safety of the child/youth.
- Maintaining documentation regarding all health and safety related incidents or injuries received by child/youth while receiving services, including incident reports for more serious incidents in accordance with the requirements of the NYS agency that has licensed, certified, authorized, or designated the provider.

The incident review committees at the 29-I VFCA Health Facilities must

- be established pursuant to section 490(1)(f) of the Social Services Law (See Appendix B);
- be composed of members of the governing body of the facility or provider agency and other persons identified by the director of the facility or provider agency including some members of the following:
 - Direct support staff
 - Licensed health care practitioners
 - Service recipients and representatives of family, child/youth and other advocacy organizations, but not the director of the facility or provider agency;
- meet regularly to review the timeliness, thoroughness and appropriateness of the facility or provider agency's response to reportable incidents;
- recommend additional opportunities for improvement to the director of the facility or provider agency, if appropriate;
- review incident trends and patterns concerning reportable incidents;
- make recommendations to the director of the facility or provider agency to assist in reducing reportable incidents; and
- confirm all committee members are trained in confidentiality laws and regulations and shall comply with section 74 of the Public Officers Law

The 29-I VFCA Health Facility must cooperate with the Justice Center or OCFS in all investigations and provide access to the facility premises and all records.

13. Complaints

29-I VFCA Health Facilities must have policies and procedures in place to provide information to children, parents/guardians, caregivers, and 29-I VFCA Health Facility staff on how to file a complaint. Complaints can be made about the 29-I VFCA Health Facility including medical and all other licensed health care professionals. Policies and procedures must also include the following:

- A system to receive and address any complaint/grievance filed about the 29-I VFCA Health Facility and/or associated staff and including the following:
 - Contacting the voluntary foster care agency directly to file a complaint/grievance
 - Accessing the OCFS websites (link will be forthcoming) for information about filing a complaint/grievance or calling OCFS at 1-888-250-1832
 - Accessing the DOH website (link will be forthcoming) for information about filing a complaint/grievance

Note: The 29-I VFCA Health Facility grievance/complaint process is not intended to replace the Medicaid fair hearing process.

- To file a complaint about a physician (M.D. or D.O.), Physician assistant, or specialist assistant licensed to practice medicine by the State of New York, complete the form found at <https://www.health.ny.gov/forms/doh-3867.pdf> . If you have any questions regarding the filling out of this form, please contact the Office of Professional Medical Conduct (OPMC) at: 1-800-663-6114 or (518) 402-0836.

Medical misconduct includes but is not limited to the following:

- Practicing fraudulently
 - Practicing with gross incompetence or gross negligence
 - Practicing while impaired by alcohol, drugs, physical, or mental disability
 - Being convicted of a crime
 - Filing a false report
 - Guaranteeing that treatment will result in a cure
 - Refusing to provide services because of race, creed, color, or national origin
 - Performing services not authorized by the patient
 - Harassing, abusing, or intimidating a patient
 - Ordering excessive tests
 - Abandoning or neglecting a patient in need of immediate care
- To file a complaint about professional misconduct for licensed professionals except medicine, contact the New York State Education Department's Office of the Professions (OP) complaint hot line: 1-800-442-8106 or conduct@nysed.gov and utilizing the *Professional Incident Complaint Form* found at <http://www.op.nysed.gov/documents/opd-complaint.pdf>.

Professional misconduct is defined in Education Law and includes the following:

- Engaging in acts of gross incompetence or gross negligence on a single occasion, or negligence or incompetence on more than one occasion
- Permitting or aiding an unlicensed person to perform activities requiring a license
- Refusing a client or patient service because of race, creed, color, or national origin
- Practicing beyond the scope of the profession
- Releasing confidential information without authorization
- Being convicted of a crime
- Failing to return or provide copies of records on request
- Being sexually or physically abusive
- Abandoning or neglecting a patient in need of immediate care
- Performing unnecessary work or unauthorized services
- Practicing under the influence of alcohol or other drugs

14. Medicaid Eligibility that Supports Billing

The 29-I VFCA Health Facility must have billing policies and procedures in place that support the billing requirements for the operation of the 29-I VFCA Health Facility. To bill Medicaid Managed Care Plans or Medicaid fee-for-service, the child must be enrolled in Medicaid. In all cases, the LDSS that has fiscal responsibility establishes the child's Medicaid eligibility and completes required recertification.

Note: Medicaid is the payer of last resort. If the child has a Third-Party Health Insurance (TPHI), NYS policy requires the TPHI be billed first.

The 29-I VFCA Health Facility must have policies and procedures to support the following steps:

1. Verify the child's Medicaid status, including the thru date to confirm continuous coverage while the child is in foster care.
 - Medicaid status can be verified through any of the following sources:
 - The LDSS/29-I VFCA Health Facility should maintain a list of LDSS contacts for any issue related to the child's Medicaid eligibility
 - e-Paces – the Electronic Provider Assisted Claim Entry System of NYS
 - eMedNY – the electronic Medicaid New York system
2. Determine the child's Medicaid Managed Care Plan status.
 - If the child is not enrolled in a Medicaid Managed Care Plan
 - Contact the LDSS or the NYS enrollment broker, Maximus, to establish Medicaid Managed Care Plan enrollment

- Bill Medicaid fee-for-service for authorized Medicaid services until Medicaid Managed Care Plan enrollment is established
- If the child is enrolled in a Medicaid Managed Care Plan and the 29-I VFCA Health Facility has a contract with that Medicaid Managed Care Plan, then the 29-I VFCA Health Facility needs to:
 - Provide clear communication including utilizing the Medicaid Managed Care Foster Care and 29-I Transmittal Form within required timeframes and inform the Medicaid Managed Care Plan promptly of any of the following:
 - When the child enters or is discharged from foster care
 - Changes in placement level or address for the child
 - Determine whether the primary care physician (PCP) is still appropriate for the child's location or needs to be changed
 - Changes in health care status or provider(s) for a child in foster care
 - Obtaining service authorization: the Medicaid Managed Care Plan must authorize and cover all foster care intake assessments necessary at the time of a child's entry into foster care, including initial screens, comprehensive diagnostic assessments, and any additional mandated assessments identified by OCFS and/or the LDSS/29-I VFCA Health Facility

Note: It is the responsibility of the LDSS and 29-I VFCA Health Facility to establish and maintain current information about who has authority to provide medical consent. This information must be communicated to the Medicaid Managed Care Plan.

- If the child is enrolled in a Medicaid Managed Care Plan and the 29-I VFCA Health Facility does not have a contract with the Medicaid Managed Care Plan, a single case agreement (SCA) must be facilitated. Contact a Medicaid Managed Care Plan representative to initiate a SCA.
3. 29-I VFCA Health Facilities must have policies and procedures in place to address denials from eMedNY, Managed Care Plans and TPHI.
 4. The 29-I VFCA Health Facility shall have appropriate administrative support to address the following:
 - Verify documentation of Medical Necessity for the Medicaid Per Diem
 - Obtain prior authorizations from Medicaid Managed Care Plans
 - Receipts and expenditures to adequately identify source of funds
 - Equipment inventories, budget analysis, and total service cost calculations should be completed annually

- Revenues must be returned to the 29-I VFCA Health Facility health program for the support and development of the 29-I VFCA Health Facility health program

Note: The Medicaid Managed Care Model Contract and associated policy papers include New York State's expectations and requirements of the Medicaid Managed Care Plans.

Children Excluded from Medicaid Managed Care

These individuals CANNOT be enrolled in Medicaid Managed Care:

- Persons in receipt of Medicaid/Medicare are excluded from MMC but can enroll in an Integrated Benefits for Dually Eligible Enrollees Program (IB-Dual) or Managed Long Term Care (MLTC). Individual is excluded from MMC and Health and Recovery Plan (HARP) unless enrolled in a qualified Managed Care Organization's D-SNP product; as long as consumer does not opt out of the D-SNP, they can remain enrolled in MMC/HARP.
- Individuals enrolled in comprehensive private health insurance, Third-Party Health Insurance (TPHI)
- Residents of state-operated psychiatric facilities
- Residents of state-certified or voluntary-operated treatment facilities for children (often referred to as residential treatment facilities)
- Residents of Office of Mental Health (OMH) State Operated Psychiatric Center Community Residences or Family Care Homes
- Medicaid eligible infants living with incarcerated mothers in state or local correctional facilities
- Individuals who are expected to be Medicaid (MA) eligible for less than six months (except pregnant women)
- Blind or disabled children living separate from their parents for 30 days or more.
- Long term care residents, under age 21, of residential health care facilities (RHCF)s and temporary residents of RHCF's at the time of enrollment
- Adolescents admitted to Residential Rehabilitation Services for Youth (RRSY)
- Individuals receiving hospice services at time of enrollment
- Spend-down medically needy
- District 97, fiscal responsibility of New York State (NYS) OMH
- District 98, fiscal responsibility of NYS Office for People with Developmental Disabilities (OPWDD)
- Individuals under 65 years of age, who have been determined eligible by the Medicaid Cancer Treatment Program: Breast, Cervical, Colorectal, Prostate Cancer; Medicaid eligibility through District 99
- Individuals receiving assistance through an Assisted Living Program (ALP)

Children Exempt from Medicaid Managed Care

These individuals may be enrolled in Medicaid Managed Care, but are not required to be:

- Residents of Intermediate Care Facilities (ICF) for the developmentally disabled
- An individual who has a developmental disability, is eligible for an Intermediate Care Facility/Developmental Disability (ICF/DD) level of care and has chosen OPWDD HCBS 1915(c) waiver services over institutional care
- Individuals who are qualified and identified by OPWDD to receive program services through OPWDD
- Individuals with chronic medical conditions being treated by a specialist not participating in any MA managed care plan in the service area (exemption limited to six months)
- Residents of Chemical Dependence Long Term Residential Program
- Native Americans (NA) or Alaskan Native (AN)
- Nursing Home Transition and Diversion Medicaid waiver (NHTD)
- Traumatic Brain Injury Medicaid Waiver (TBI)
- Youth placed in the care and custody of the Office of Children and Family Services (OCFS) (except those on aftercare or “Trial Discharge” status)

Note: Billing guidance for the Medicaid Per Diem rate can be found here https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf

15. Telehealth and Telepsychiatry

The use of technology is emerging within the health care field to assist in increased access and enhancement of health services. In NYS, telehealth is regulated by DOH and telepsychiatry by the NYS Office of Mental Health (OMH). Telehealth and telepsychiatry are both defined as the use of interactive audio and video technology to support interactive patient care and consultations between healthcare practitioners and patients at a distance.

All entities in NYS must comport with all corresponding NYS public health laws and NYS regulations pertaining to its use of telehealth and/or telepsychiatry technology. Those 29-I VFCA Health Facilities that intend to utilize telehealth and/or telepsychiatry must submit a policy and procedure to NYS OCFS as part of the 29-I VFCA Health Facilities licensure application to which it attests that the 29-I VFCA Health Facility is in compliance with all DOH and/or OMH standards for means of rendering licensed services through telehealth and/or telepsychiatry.

16. Maintenance of Transportation Equipment

The vehicle(s) that the 29-I VFCA Health Facilities utilize must

- maintain current vehicle insurance,
- NYS inspection,
- NYS registration,
- be in good working condition, and
- have proper car seating for the age of the child.

The most effective source of information regarding the preventive maintenance program for a vehicle comes from the manufacturer's operating instructions or owner's manual that was provided with the vehicle at the time of delivery. If the 29-I VFCA Health Facility does not have a copy of this type of information, it should be obtained from the manufacturer.

The 29-I VFCA Health Facility policies and procedures should include, but not be limited to the following:

- Annual NYS Department of Motor Vehicles inspection
- All regular maintenance as stated in the operating instructions or owner's manual
- Procedures for daily/weekly inspections to be performed by 29-I VFCA Health Facility staff
- Procedures 29-I VFCA Health Facility staff should follow if a malfunction occurs
- Car seat(s) appropriate for the age of the child(ren) being transported
- Seatbelts as required by NYS law

29-I VFCA Health Facilities are urged to maintain complete maintenance records on 29-I VFCA Health Facility-operated vehicles used by staff to transport children in foster care. Such records should include inspection reports as well as records of services performed by either the 29-I VFCA Health Facility staff, outside vendors or representatives of the vehicle manufacturer. This record may also contain any service bulletins or recall notices issued by the manufacturer and records of compliance with their recommendations.

Schedule E: Personnel Policies and Procedures

The following documentation, policies and procedures are required:

1. 29-I VFCA Health Facilities must provide organizational charts with a visual description outlining the chain of command and must clearly identify the line of authority in the agency. All individual organizational charts should include the number of staff in each of the five “Core Limited Health-Related” services and the ratios of staff to supervisors.

Organizational charts that must be submitted include the following:

- 29-I VFCA Health Facility general organizational chart
- 29-I VFCA Health Facility individual organizational charts for each level of foster care provided:
 - Level 1 General Foster Boarding Home Program
 - Level 2 Specialized Foster Boarding Home Program
 - Level 3 General Congregate Program
 - Level 4 Specialized Congregate Program
- Other Limited Health-Related services (include the ratios of staff to supervisors, where applicable)

The agency must include a process to distribute (including updates as needed) this information to all staff (employees, contractors, volunteers, and student interns).

2. All 29-I VFCA Health Facility health services staff positions (including contract staff positions) must have a written job description. The 29-I VFCA Health Facility must include a process to provide employees (or confirm contract staff have been provided), upon hire/start date, a detailed job description with clearly defined expectations of the position staff will perform.
3. The 29-I VFCA Health Facility must maintain an employee manual with all materials staff will need to refer to throughout their employment. The 29-I VFCA Health Facility must clearly communicate with new staff all agency policies and procedures. All 29-I VFCA Health Facility staff must acknowledge the receipt and understanding of the manual. The 29-I VFCA Health Facility must have a written process to advise staff of all policy changes that may affect the performance of duties. In the case of contract staff, the 29-I VFCA Health Facility must confirm the contracted agency provides these materials to staff providing contract services.
4. The 29-I VFCA Health Facility must maintain documentation that staff have appropriate current NYS licensure, certification, or registration, as required for their position. If services are provided through a contract agency the 29-I VFCA Health Facility is responsible for ensuring this documentation is available for review.

5. The 29-I VFCA Health Facility ensures staffing is adequate to meet the needs of the population and that caseload size and supervision ratios are monitored.
6. The 29-I VFCA Health Facility must maintain policies and procedures for conducting background checks on all staff (employees, contractors, volunteers, and student interns) including but not limited to:
 - NYS Statewide Central Register of Child Abuse and Maltreatment (SCR)
 - NYS Sex Offender Registry (SOR)
 - NYS Division of Criminal Justice Services (DCJS) fingerprinting
 - NYS Justice Center Staff Exclusion List (SEL)
 - NYS OMIG Medicaid Exclusion List

All agencies operating a congregate residential program for children in foster care that is licensed or certified by OCFS have the legal mandate to request an SCR clearance through OCFS and a criminal background check (CBC) of all employees of such programs through the NYS Justice Center. OCFS regulations define congregate care as institutions, group residences, group homes, agency operated boarding homes, or supervised independent living programs (SILPs).

All employees working in a childcare institution must receive a fingerprint-based CBC, SCR clearance, and a check of the child abuse register in any state that the employee has resided in the past five years.

For further information, please consult 19-OCFS-ADM-21, Expansion of Background Checks for Congregate Care Staff.

7. The 29-I VFCA Health Facility ensures that all staff have the required experience and training and are aware and responsive to the following:
 - Trauma-informed care
 - Cultural awareness
 - Developmental level of the population served
8. Compliance with applicable provisions of NYSED with respect to hiring and retaining of licensed professionals.
9. 29-I VFCA Health Facility has written protocols to address and confirm personal safety of staff and provides appropriate training in de-escalation techniques.

Schedule F: Physical Plant Policies and Procedures

29-I VFCA Health Facilities must maintain a physical plant environment and equipment to provide limited health-related services. In addition, 29-I Health Facilities shall conform with all local laws, regulations and codes relating to fire and safety, sanitation, plumbing and other health requirements, where such laws, regulations and codes impose standards. 29-I VFCA Health Facilities are also required to be in compliance with the following:

- All exits and access to exits are marked with prominent signs
- Sites that operate after sundown are provided with adequate lighting for all exits and access to exits
- Passageways, corridors, doorways and other means of egress are kept clear and unobstructed
- Sites are kept clean and free of safety hazards
- Medical, fire, and emergency instructions and other procedures, including telephone numbers, are posted
- Smoke detectors, general purpose, and chemical fire extinguishers are in working order and within access
- Staff have keys for all bathrooms with inside locks (no bolt locks are allowed)
- The Patient's Bill of Rights is posted and available in other languages as necessary
- Obtain and maintain Clinical Laboratory Improvement Amendments (CLIA) waiver certification, if appropriate (see Appendix B for more information)
- Obtain a Class 3A License, if appropriate (see Appendix B and Appendix E for more information)
- Meet the physical plant requirements for the type of nursing services provided (see below)

Physical Environment Requirements for Type of Nursing Service

The 29-I VFCA Health Facility must provide nursing services utilizing either a nurse's office, an exam/triage room (not to exceed three rooms) or a combination of a nurse's office and an exam/triage room(s) and must comply with the requirements for each listed below.

1. Nurse's Office

The nurse's office must be in a private room, have adequate space, be sufficiently furnished and equipped to allow nursing staff to provide on-site direct health care. Equipment and supplies needed to provide these services must be reviewed and approved by the 29-I VFCA

Health Facility medical director to ensure all necessary items are included to provide the required services.

The nurse's office must contain or allow for access to the following:

- Adequate lighting
- A sink for handwashing, soap and hand sanitizer dispensers, paper towels, drinking water and cups
- A private telephone and fax line to provide confidential & adequate access to the community and back up providers
- A surface for documentation
- Internet access and print capabilities
- Child's medical record, if using an EHR access to a computer
- Double locked medication cabinet
- Locked medication refrigerator
- Red medical waste disposal bags
- Trash cans/liners
- A sharps container, if needed

a. Nursing Services Provided and the Associated Equipment and Supplies

Nursing staff are required to provide the following direct health services at the nurse's office site(s):

- Health history/screen
- Nursing assessments including:
 - Height/Weight/Vital Signs
 - Visual screen for infection/condition (lice, scabies, bed bugs etc.)
 - Body-checks-for-abuse screen
 - Assessment and treatment plan development for management of chronic disease/acute illness/injuries
- Referrals for all health-related care including:
 - Well and acute pediatric care services
 - Specialty providers
 - Reproductive health care services
- Medical treatments for chronic health conditions (i.e., diabetic care, asthma care)
- Medication administration and management
- Assistance with self-administration of medications
- Education that covers health, reproductive health, and medication

- First Aid/CPR and minor wound care
- General acute care

Recommended equipment and supplies needed to provide each of the required nursing services:

General Equipment and Supplies for Nursing Services	
Blood pressure cuff/stethoscope	Nebulizer
Condoms (religious exemptions permissible)	Pill boxes
Digital camera	Regular scales, and infant scales (for programs that serve infants)
Electronic thermometer with oral probes, rectal probes (for programs that serve infants), and probe covers	Ruler
Gloves	Stadiometer and infantometer (for programs that service infants)
Health education materials	Tongue depressor
Individualized glucometer, test strips and control solution	

General First Aid and General Acute Care supplies	
Alcohol wipes	Disposable briefs, pads and tampons
Antibiotic ointment/cream	Gauze
Bandages	Instant ice pack
Compression dressing	Medical tape
CPR mask	Safety scissors

b. Clean Utility Storage

Provisions for Allowances. Allowances to separate clean utility room requirements will be considered with the following contingencies:

- If clean patient supplies/equipment are kept outside the nurse's office but not in a dedicated clean utility room, the clean patient supplies/equipment must

- be in a locked cabinet or storage container in hallway, alcove, or closet;
- not be in the same general area used to store soiled supplies/equipment;
- not be accessible to passersby; and
- not compromise clearance in hallways.

If exceptions to the standards are made, children must be screened and determined that no invasive procedures are indicated, such as extensive dressings or other procedures that would result in generation of large amounts of regulated medical waste in the room, to prevent contamination of clean supplies/equipment.

c. Soiled Utility Storage for Dirty Linens and Infectious Waste

Provisions for Allowances. Allowances to separate soiled utility room requirements will be considered with the following contingencies:

- Normal trash, such as paper linens and exam room table paper and paper towels, should be placed in waste containers and must be emptied on a regular basis.
- Soiled supplies/equipment are not to be stored or kept in the nurse's office.
- If soiled materials cannot be kept in a dedicated soiled utility room, all soiled materials shall be placed in a locked container outside the room under the direct supervision of staff, such as a closet, alcove, or other appropriate space, and emptied at the end of the day into a larger central container.

The storage container shall not be in the same general area used to store clean patient supplies/equipment, shall not be accessible to a passerby, and shall not compromise clearance in hallways.

d. Fire/Life Safety

OCFS conducts fire safety inspections of institutions, group homes, group residences and agency-operated boarding homes and any buildings on the campus where children spend time (e.g., gym, cafeteria, and health offices) using OCFS fire safety inspection guidelines. The inspections include: means of egress, documentation of the fire alarm inspection, sprinkler system inspection, exit signs, emergency lighting, etc. Buildings providing the above nursing services and not subject to OCFS inspections, will be required to meet the certificate-of-occupancy standards of the local authority that has jurisdiction, including all required HVAC standards.

e. Handicap Accessibility

29-I VFCA Health Facilities must have handicap-accessible health care services that meet the needs of the children in foster care placed with the 29-I VFCA Health Facilities, in accordance with federal and NYS laws, rules, and regulation.

2. Exam/Triage Room(s) (not to exceed 3 rooms)

The exam/triage room must be 72 square feet for existing space, and 80 square feet for new space and contain an exam table with a 2'8" clearance on one side and access at the head or foot area. There must be adequate furnishings and equipment to allow on-site nursing staff; MD/PA/NP to provide direct well- and acute-healthcare services. The equipment and supplies needed to provide these services should be reviewed and approved by the 29-I VFCA Health Facility Medical Director to ensure all necessary items are included to provide the required services.

The exam/triage room(s) must contain or allow access for the following:

- AED; AED electrodes and batteries
- Adequate lighting
- A sink for handwashing; soap and hand sanitizer dispensers, paper towels, drinking water and cups
- A toilet
- A private telephone and fax line to provide confidential and adequate access to the community and back up providers
- A surface for documentation
- Internet access and printing capabilities
- Child's medical record, if using an EHR access to a computer
- Red medical waste disposal bags
- Trash cans/liners
- A wall-mounted sharps container
- A double-locked medication cabinet
- A locked medication refrigerator
- Medication destruction buckets
- Designated space for clerical staff – recommended
- Designated waiting area – recommended
- Additional equipment for MD/PA/NP may include:
 - Ophthalmoscope
 - Dermabond
 - Histofreezer
 - Ear cures
 - Ear irrigation

- Fluorescein strips/stain

a. Nursing Services Provided and the Associated Equipment and Supplies

Nursing staff are required to provide direct health services at the nurse's exam/triage site(s). The 29-I VFCA Health Facility must maintain a controlled substance Class 3A Institutional Dispenser Limited License to dispense controlled substances and maintain a Clinical Laboratory Improvement Amendment (CLIA) waiver certificate to perform laboratory testing, if required.

The following are the required nursing health services that must be provided:

- Health history/screen
- Nursing assessments including:
 - Height/Weight/Vital signs
 - Visual screen for infection/condition (lice, scabies, bed bugs, etc.)
 - Body-checks-for-abuse screen
 - Assessment and treatment plan development for management of chronic disease/acute illness/injuries
- Referrals for all health-related care including:
 - Well and acute pediatric care services
 - Specialty providers
 - Reproductive health care services
- Medical treatments for chronic health conditions (i.e., diabetic care, asthma care)
- Medication administration and management
- Assistance with self-administration of medications
- Education that covers health, reproductive health, and medication
- First Aid/CPR and minor wound care
- General acute care
- Immunizations: Vaccines (including HPV) and flu shots
- Assessment during/post physical restraint; post AWOL (may combine with nursing assessment)
- Urinalysis (dip stick and/or for further lab analysis; includes urine HCG/Pregnancy testing)
- Blood draws

The following are the recommended equipment and supplies needed to provide each of the required health services:

General Equipment and Supplies for Nursing Services	
Audiometer	Pregnancy tests
Blood pressure cuff/stethoscope	Rapid screen tests
Condoms (religious exemptions permissible)	Regular scales, and infant scales (for programs that serve infants)
Digital camera	Ruler
Electronic thermometer with oral probes, rectal probes (for programs that serve infants), and probe covers	Specimen cups
Gloves	Stadiometer and infantometer (for programs that service infants)
Health education materials	Syringes and needles
Individualized glucometer, test strips and control solution	Tongue depressor
Medication cart(s)	Tuberculin Purified Protein Derivative (PPD) solution
Nebulizer	Vaccines
Otoscope and otoscope tips	Vaccine appropriate thermometers
Pill boxes	Vision chart

General First Aid supplies	
Alcohol wipes	Gauze
Antibiotic ointment/cream	Instant ice pack
Bandages	Medical tape
Compression dressing	Safety scissors
CPR mask	

Emergency supplies and medication	
Adult-dose epinephrine auto injector	Hydrocortisone 1%
Air compressor with Nebulizer	Hydrogen peroxide
Albuterol inhaler	Naloxone nasal spray
Albuterol solution for nebulization	NRB oxygen masks (infant, child, and adult)
Ammonia inhalants	Oral airways
Ankle/knee/wrist splints and braces	Oral glucose gel
Azithromycin	Orapred
Betadine	Oxygen cylinder/tank
Broselow tape	Particulate respirators
Ceftriaxone	Pediatric-dose epinephrine auto injector
Cervical collar (adult & pediatric)	Penlight
Chewable baby Aspirin	Prednisone
Cotton balls	Pulse oximeter
Cotton tipped applicators	Pulse oximeter sensors (infant, child, and adults)
Dexamethasone	Safety goggles
Diphenhydramine	Saline wound flush
Eye wash	Simple oxygen masks (infant, child, and adult) and tubing. Disposable Bag-valve-mask Ventilators (1600cc and 500cc sizes)
Face masks	Splinter forceps
Flow meter	Steristrips
Fluid-resistant gowns	Survival blanket
Foot soak basins	Suture and staple removal kits
Gauze pads & rolls	Tourniquet

Emergency supplies and medication	
Glucagon injection	Trauma shears and bandage scissors
Handheld suction	Tubular dressings

General Acute Care	
Crutches	Rapid strep tests, Rapid flu tests, Rapid influenza test, Fecal occult blood tests
Disposable briefs, pads and tampons	Specimen collection container for urine or stool
Emesis basins	Wheelchair
Heat packs	

b. Clean Utility Storage

Provisions for Allowances. Allowances to separate clean utility room requirements will be considered with the following contingencies:

- If clean patient supplies/equipment are to be kept in exam/triage rooms, they must be kept in a locked cabinet or storage container; the cabinet or storage container cannot reduce size of the exam room to less than 72 square feet (if already waived); and it must not compromise specified clearance around the exam table.
- If clean patient supplies/equipment are kept outside of exam/triage rooms but not in a dedicated clean utility room, the clean patient supplies/equipment must:
 - be in a locked cabinet or storage container in hallway, alcove, or closet;
 - not be in the same general area used to store soiled supplies/equipment;
 - not be accessible to passersby; and
 - not compromise clearance in hallways.

If exceptions to the standards are made, children must be screened and determined that no invasive procedures are indicated, such as extensive dressings or other procedures that would result in generation of large amounts of regulated medical waste in the room, to prevent contamination of clean supplies/equipment.

c. Soiled Utility Storage for Dirty Linens and Infectious Waste

Provisions for Allowances. Allowances to separate soiled utility room requirements will be considered with the following contingencies:

- Normal trash, such as paper linens and exam room table paper and paper towels, should be placed in waste containers and must be emptied on a regular basis
- Soiled supplies/equipment are not to be stored or kept in patient exam rooms
- If soiled materials cannot be kept in a dedicated soiled utility room, all soiled materials shall be placed in a locked container outside the room under the direct supervision of staff, such as a closet, alcove, or other appropriate space, and emptied at the end of the day into a larger central container

In addition, the storage container shall: not be in the same general area used to store clean patient supplies/equipment; not be accessible to a passerby; and not compromise clearance in hallways.

d. Fire/Life Safety

OCFS conducts fire safety inspections of institutions, group homes, group residences and agency-operated boarding homes and any buildings on the campus where children spend time (e.g., gym, cafeteria, and health offices) using OCFS fire safety inspection guidelines. The inspections include: means of egress, documentation of the fire alarm inspection, sprinkler system inspection, exit signs, emergency lighting, etc. Buildings providing the above nursing services and not subject to OCFS inspections, will be required to meet the certificate-of-occupancy standards of the local authority that has jurisdiction, including all required HVAC standards.

e. Observation room (for a Child over night, but no more than 23 hours)

This space is optional for exam/triage rooms only and must contain the following:

- Window
- Smoke detector
- Carbon monoxide detector
- Nurse's call or intercom

f. Handicap Accessibility

29-I VFCA Health Facilities must have Handicap Accessible Health Care Services, that meet the needs of the children in foster care placed with the 29-I VFCA Health Facilities, in accordance with federal and NYS laws, rules, and regulation.

Appendix A – Acronyms

AAP – American Academy of Pediatrics

ACT – Assertive Community Treatment

AIDS – Acquired Immunodeficiency Syndrome

ANSI – American National Standard Institute

AOBH – Agency-Operated Boarding Home

CASAC – Certified Alcohol and Substance Abuse Counselor

CDC – Centers of Disease Control

CPS – Child Protective Services

CRAFFT – Car, Relax, Alone, Forget, Friends, Trouble – clinical assessment tool

DCJS Fingerprinting – Division of Criminal Justice Services Fingerprinting

E PACES – Electronic Provider Assisted Claim Entry System

EI – Early Intervention

eMedNY – Electronic Medicaid of New York

FBH – Foster Boarding Home

FEIN – Federal Employee Identification Number

FTE – Full Time Equivalent

GH – Group Home

GR- Group Residence

HCBS – Home and Community Based Services

HIPAA – Health Insurance Portability and Accountability Act

HIV – Human Immunodeficiency Virus

HTP – Hard to Place

LBHP – Licensed Behavioral Health Practitioner

LCSW – Licensed Clinical Social Worker

LDSS – Local Department of Social Services

LMSW – Licensed Master Social Worker

LPN – Licensed Practical Nurse

MAR – Medication Administration Record

MCO – Managed Care Organizations

MMCP – Medicaid Managed Care Plans

MMIS – Maintenance Management Information System

NPI – National Provider ID

NPP –Nurse Practitioner in Psychiatry

NYSED – New York State Education Department

OASAS – Office of Addiction Services and Supports

OCFS – Office of Children and Family Services

OMH – Office of Mental Health

OPWDD – Office for People with Developmental Disabilities

PCP – Primary Care Physician/Provider

PROS – Personalized Recovery Oriented Services

RN – Registered Nurse

RPM – Remote Patient Monitoring

SCA – Single Care Agreement

SCR – Statewide Central Register

SEL – Staff Exclusion List

SFBH – Specialized Foster Boarding Home

SILP – Supervised Independent Living Program

SOR – Sex Offender Registry

SPA – State Plan Amendment

SSI – Supplemental Social Security Income

STD – Sexually Transmitted Disease

TBH – Therapeutic Boarding Home

TPHI – Third Party Health Insurance

VFCA – Voluntary Foster Care Agency

Appendix B– Web Links

Source	Website
Clinical Laboratory Improvement Amendments (CLIA)	https://www.wadsworth.org/regulatory/clep
CRAFFT Substance Abuse Screening Instrument	https://craftt.org/
Teen Intervene	https://oasas.ny.gov/event/teen-intervene
Working Together: Health Services for Children in Foster Care Manual	https://ocfs.ny.gov/main/sppd/health-services/manual.php
Medical Nutrition Therapy Added to the Article 29-I VFCA Health Facilities Other Limited Health Related Service Fee Schedule	https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/2023-06-26_olhrs_fee_sched.htm
18 NYCRR 357 Confidential Nature of Record	https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=I68852780b80f11dd9190c387f1d75965&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)&bhcp=1
18 NYCRR 441.8 Mandated Reporter	http://codes.findlaw.com/ny/social-services-law/sos-sect-488.html
18 NYCRR 441.22 Health and Medical Services	https://govt.westlaw.com/nycrr/Document/I50ce1d70cd1711dda432a117e6e0f345?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)
18 NYCRR 442.11 Health Facilities	https://govt.westlaw.com/nycrr/Document/I50ce1d94cd1711dda432a117e6e0f345?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)
Public Health Law section 2504 Medical Consent	http://codes.findlaw.com/ny/public-health-law/pbh-sect-2504.html
Public Health Law section 2782	http://codes.findlaw.com/ny/public-health-law/pbh-sect-2782.html

Source	Website
Confidentiality	
Social Services Law 371(10) Definitions Used	http://codes.findlaw.com/ny/social-services-law/sos-sect-371.html
Social Services Law 372 Records and Reports	http://codes.findlaw.com/ny/social-services-law/sos-sect-372.html
Social Services Law section 383-b Medical treatment consent	http://codes.findlaw.com/ny/social-services-law/sos-sect-383-b.html
Social Services Law 460-a Certificates of incorporation	http://codes.findlaw.com/ny/social-services-law/sos-sect-460-a.html
Social Services Law Section 490 Incident management programs	http://codes.findlaw.com/ny/social-services-law/sos-sect-490.html
July 31, 2017 MMCP Children's System Transformation Requirements and Standards	https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2017-07-31_mc_plan_rqmts.pdf
American Academy of Pediatrics (AAP)	https://brightfutures.aap.org/Pages/default.aspx
NYSED licensed professional	http://www.op.nysed.gov/prof/geninfo.htm
OMIG	https://omig.ny.gov/
OCFS Fiscal Sanction	https://omig.ny.gov/medicaid-fraud/medicaid-exclusions
IRS Charities Revocation List	https://www.irs.gov/charities-non-profits/automatic-revocation-of-exemption
Audit and Quality Control list and A-133 Single Audit Reports	https://harvester.census.gov/facdissem/SearchA133.aspx
Government Audits	www.osc.state.ny.us/audits/index.htm
Controlled Substance License- Application and Instructions	https://www.health.ny.gov/professionals/narcotic/licensing_and_certification

Source	Website
24-Hour Screening Tool	https://ocfs.ny.gov/main/sppd/health-services/docs/manual/App-A-Forms-Websites.pdf
DOH Recommended Immunizations	https://www.health.ny.gov/prevention/immunization/childhood_and_adolescent.htm
Expansion of Background Checks for Congregate Care Staff	https://ocfs.ny.gov/main/policies/external/OCFS_2019/
Qualified Residential Treatment Program and Exceptions	https://ocfs.ny.gov/main/policies/external/ocfs_2021/ADM/21-OCFS-ADM-04.pdf
Provision of Dental Services for children and Youth in Foster Care	https://ocfs.ny.gov/main/policies/external/OCFS_2017/ADFs/17-OCFS-ADM-12.pdf
NY Medicaid Program 29-I Health Facility Billing Guidance	https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf
Transition of Children Placed in Foster Care and NYS PHL Art 29-I Health Facility Services into MMC (Policy Paper)	https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/vfca_mmc_transition_policy_paper.pdf

Appendix C - Article 29-I of Section 1 of the Public Health Law

ARTICLE 29-I

MEDICAL SERVICES FOR FOSTER CHILDREN

Section 2999-gg. Voluntary foster care agency health facilities.

§ 2999-gg. Voluntary foster care agency health facilities.

1. In order for an authorized agency that is approved by the office of children and family services to care for or board out children, to provide limited health-related services as defined in regulations of the department either directly or indirectly through a contract arrangement, such agency shall obtain, in accordance with a schedule developed by the department in conjunction with the office of children and family services, a license issued by the commissioner in conjunction with the office of children and family services to provide such services. Such schedule shall require that all such authorized agencies operating on January first, two thousand nineteen obtain the license required by this section no later than January first, two thousand nineteen. Such licenses shall be issued in accordance with the standards set forth in this article and the regulations of the department which shall, at a minimum, specify: mandated health services, which shall include, but not be limited to, nursing and behavioral health services; general physical environment requirements; minimum health and safety procedures; record management requirements; quality management activities; and managed care liaison, fiscal and billing activities. In determining the criteria for licensure, regulations shall take into account the size and type of each program, and shall be reasonably related to the provision of medical services. Provided however, that a license pursuant to this section shall not be required if such authorized agency is otherwise authorized to provide the required limited-health-related services to foster children under a license issued pursuant to article twenty-eight of this chapter or article thirty-one of the mental hygiene law. For the purposes of this section, the term authorized agency shall be an authorized agency as defined in paragraph (a) of subdivision ten of section three hundred seventy-one of the social services law.

2. Such license shall not be issued unless it is determined that the equipment, personnel, rules, standards of care and services are fit and adequate, and that the health-related services will be provided in the manner required by this article and the rules and regulations thereunder.

3. The commissioner and the commissioner of the office of children and family services shall enter into a memorandum of agreement for the purposes of administering the requirements of this section.

4. Proceedings involving the issuance of licenses for health-related services to authorized agencies: (a) A license for health-related services under this article may be revoked, suspended, limited, annulled or denied by the commissioner, in consultation with the office of children and family services, if an authorized agency is determined to have failed to comply with the provisions of this article or the rules and regulations promulgated thereunder. No action taken against a license under this subdivision shall affect an authorized agency's license to care for or board children unless the commissioner of the office of children and family services determines, pursuant to the regulations of such office, that the existing circumstances make it necessary to limit, suspend or revoke the authority of the authorized agency to care for or board children. (b) No such license shall be revoked, suspended, limited, annulled or denied without a hearing. However, a license may be temporarily suspended or limited without a hearing for a period not in excess of thirty days upon written notice that the continuation of health-related services places the public health or safety of the recipients in imminent danger. (c) The commissioner shall fix a time and place for the hearing. A copy of the charges, together with the notice of the time and place of the hearing, shall be served in person or mailed by registered or certified mail to the authorized agency at least twenty-one days before the date fixed for the hearing. The authorized agency shall file with the department not less than eight days prior to the hearing, a written answer to the charges. (d) All orders or determinations hereunder shall be subject to review as provided in article seventy-eight of the civil practice law and rules. Application for such review must be made within sixty days after service in person or by registered or certified mail of a copy of the order or determination upon the applicant or agency.

Appendix D – Maintenance of Medical/Clinical Records

10 CRR-NY 751.7

751.7 Medical record system.

The operator shall:

- (a) maintain a medical record system;
- (b) designate a staff member who has overall supervisory responsibility for the medical record system;
- (c) ensure that the medical record supervisor receives consultation from a qualified medical record practitioner when such supervisor is not a qualified medical record practitioner;
- (d) ensure that the medical record for each patient contains and centralizes all pertinent information which identifies the patient, justifies the treatment and documents the results of such treatment;
- (e) ensure that the following are included in the patient's record as appropriate:
 - (1) patient identification information;
 - (2) consent forms;
 - (3) medical history;
 - (4) immunization and drug history with special notation of allergic or adverse reactions to medications;
 - (5) physical examination reports;
 - (6) diagnostic procedures/tests reports;
 - (7) consultative findings;
 - (8) diagnosis or medical impression;
 - (9) medical orders;
 - (10) psychosocial assessment;
 - (11) documentation of the services provided and referrals made;
 - (12) anesthesia record;
 - (13) progress note(s);
 - (14) follow-up plans; and
 - (15) discharge summaries, when applicable;

- (f) ensure that entries in the medical record are current, legible, signed and dated by the person making the entry;
- (g) ensure that medical, social, personal and financial information relating to each patient is kept confidential and made available only to authorized persons;
- (h) confirm that when a patient is treated by an outside health-care provider, and that treatment is relevant to the patient's care, a clinical summary or other pertinent documents are obtained to promote continuity of care. If documents cannot be obtained, the reason is noted in the medical record;
- (i) maintain medical records at the center in a safe and secure place which can be locked and which is readily accessible to staff; and
- (j) retain medical records for at least six years after the last date of service rendered to a patient or, in the case of a minor, for at least six years after the last date of service or three years after he/she reaches majority whichever time period is longer.

18 CRR-NY 428.10

428.10 General social services district requirements.

(a) Records and reports.

- (1) All social services districts must submit to OCFS the records required in this Part in the form, manner and at such times as required by OCFS.
- (2) All records must be maintained in a manner consistent with the confidential nature of such records in accordance with sections 136, 372(4), 422(4), 422(5-a) and 427-a(5) of the Social Services Law and Part 357 and sections 423.7 and 432.13 of this Title.
- (3) Records, whether maintained by a district or provider agency pursuant to a purchase of service agreement, must be available at all reasonable times for inspection by representatives of OCFS, and photostatic copies of such records must be forwarded to OCFS upon request.
- (4) Uniform case records maintained in CONNECTIONS or any other electronic or web-based data system designated by OCFS are available to OCFS and may be accessed by authorized OCFS personnel without prior notice to the district or provider agency.
- (5) Such records, whether maintained by a social services district or provider agency must be retained in accordance with the following standards:
 - (i) records of a foster child must be retained for 30 years following the discharge of the child from foster care;
 - (ii) records of a child and family receiving preventive services must be retained for six years after the 18th birthday of the youngest child in the family. Such records must be expunged six years after the 18th birthday of such child. The provisions of this subparagraph apply where the

sole service provided is preventive services. Where preventive services is provided in conjunction with or in addition to foster care, adoption or child protective services, the applicable standards for record retention in relation to foster care, adoption or child protective services as set forth in this section apply;

(iii) records of a child and family receiving child protective services must be maintained in accordance with the standards set forth in sections 422(5), 422(8), and 427-a(5) of the Social Services Law and sections 432.9 and 432.13 of this Title; and

(iv) records of an adopted child must be sealed and permanently retained.

(b) Purchase of service agreements.

(1) Local social services districts may require agencies with whom they have entered into a purchase of service agreement for family and children's services, to maintain all or a portion of the forms required to be maintained in accordance with this Part. Nothing contained in a purchase of service agreement limits the right of the local social services district and OCFS to receive copies of all information and records required to be kept pursuant to this Part and the local social services district's responsibility to monitor the recordkeeping of the purchase of service agency.

(2) A purchase of service agreement that requires an agency to maintain all or part of the uniform case record must set forth the respective responsibilities of the district and agency to maintain such uniform case record, including the forms and additional information and/or documents identified in section 428.3(b)(1) and (2) of this Part. Where the purchase of service agreement has delegated case planning responsibility to the purchase of service agency, the agency must comply with the provisions of this Part to the same extent as a local social services district, except as may be set forth in the purchase of service agreement.

(3) Nothing contained in a purchase of service agreement entered into pursuant to this subdivision relieves the local social services district of its responsibilities under this Part to provide a uniform case record for all children as is required by this Part.

(4) Purchase of service agreements between local social services districts and public agencies to provide preventive services in non-foster care and non-child protective services cases may allow a waiver of the use of the uniform case recording forms, so long as the substitution is agreed by the contracting parties and the substitution is approved by an authorized representative of OCFS, in writing, prior to its use. Purchase of service agreements between local social services districts and private voluntary agencies to provide preventive services in non-foster care and non-child protective services cases may allow a waiver of the use of the uniform case recording forms so long as the agency uses a model program with prescribed case recording requirements and the substitution is agreed by the contracting parties and is approved by an authorized representative of OCFS, in writing, prior to its use.

(i) Substituted forms must contain but not be limited to essential data related to family history and identification of the child(ren) and family members; an assessment of child and family

circumstances and functioning; a family service plan; descriptions of care, maintenance, or services provided to the child(ren) and family and the dates of service provision; and any court related activity.

(ii) Family assessments and service plans must occur at 30 days, 90 days and six months from the case initiation date, and every six months thereafter.

(5) Directly provided or purchased community optional preventive services, as defined in section 428.2(k) of this Part, may be exempt from the uniform case record requirements if a waiver is requested by the local social services district and approved, in writing, by an authorized representative of OCFS.

Appendix E – Institutional Dispenser Regulations

Title: Section 80.47 - Institutional dispenser, limited Effective Date

11/26/2008

80.47 Institutional dispenser, limited.

(a) Nursing homes, convalescent homes, health-related facilities, adult care facilities subject to the provisions of Title 18 NYCRR Parts 487, 488 and 490, dispensaries or clinics not qualifying as institutional dispensers in license class 3 shall apply for an institutional dispenser, limited license. Such institutional dispensers qualifying for controlled substances privileges shall obtain a class 3a license from the department.

(b) An institutional dispenser licensed in class 3a may administer controlled substances to patients only pursuant to a prescription issued by an authorized physician or other authorized practitioner and filled by a registered pharmacy; except that controlled substances in emergency medical kits may be administered to patients as provided in Section 80.49(d) of this Part; however, controlled substances in emergency medication kits may not be administered to patients in an adult care facility subject to the provisions of Title 18 NYCRR Parts 487, 488 and 490.

(c) An institutional dispenser, limited, licensed in class 3a, which is operated as an integral and physical part of a facility licensed as a class 3 institutional dispenser may be provided with bulk stocks of controlled substances obtained pursuant to such class 3 institutional dispenser license. Records of distribution and administration of such bulk stocks of controlled substances shall be kept as provided in section 80.48(a) of this Part.

Volume: VOLUME A-1a (Title 10)

Title: Section 80.49 - Records and reports of institutional dispensers, limited

Effective Date: 11/26/2008

80.49 Records and reports of institutional dispensers limited. (a) All nursing homes, convalescent homes, health-related facilities, homes for the aged and other facilities licensed and authorized by the department as institutional dispensers limited and authorized to possess and distribute controlled substances prescribed for individual patients in their care shall keep a record of all such drugs received in custody and dispensed to patients.

(b) A separate daily running record shall be kept of all prescribed controlled substances received, indicating the date, name and quantity of prescribed controlled substances, name of

the prescriber, name of the patient, name of the pharmacy and the pharmacy prescription number of the prescription containing the controlled substance, for patients under their care.

(c) A separate record shall be maintained of the administration of prescribed controlled substances indicating the date and hour of administration, name and quantity of controlled substances, name of the prescriber, patient's name, signature of person administering and the balance of the controlled substances on hand after such administration.

(d) In an emergency situation, a controlled substance from a sealed emergency medication kit may be administered to a patient by an order of an authorized practitioner. An oral order for such controlled substance shall be immediately reduced to writing and a notation made of the condition which required the administration of the drug. Such oral order shall be signed by the practitioner within 48 hours.

(1) For purposes of this subdivision, emergency means that the immediate administration of the drug is necessary and that no alternative treatment is available.

(2) A separate record shall be maintained of the administration of controlled substances from an emergency medication kit. Such record shall indicate the date and hour of administration, name and quantity of controlled substances, name of the practitioner ordering the administration of the controlled substance, patient's name, signature of the person administering and the balance of the controlled substances in the emergency medication kit after such administration.

(3) The institutional dispenser limited shall notify the pharmacy furnishing controlled substances for the emergency medication kit within 24 hours of each time the emergency kit is unsealed, opened, or shows evidence of tampering.

Volume: VOLUME A-1a (Title 10)

Title: Section 80.50 - Minimum security standards for institutional dispensers, institutional dispensers limited, treatment programs, license holders engaging in research, instructional activities and chemical analysis

Effective Date: 11/26/2008

80.50 Minimum security standards for institutional dispensers, institutional dispensers limited, treatment programs, license holders engaging in research, instructional activities and chemical analysis.

(a) Reserve or main stocks of controlled substances shall be securely kept as follows:

(1) Schedule I and II controlled substances shall be kept in one of the following secure storage areas:

(i) A GSA class 5 rated steel cabinet or equivalent safe approved by the Bureau of Narcotic Enforcement of the Department of Health. Any cabinet or safe weighing less than 750 pounds shall be bolted or cemented to the floor or wall in such a way that it cannot be removed. The door of the cabinet or safe shall contain a multiple position combination lock, a relocking device or the equivalent, and steel plate having a thickness of at least one-half inch.

(ii) A vault, constructed of substantial masonry and having a multiple position combination lock, a relocking device or the equivalent, and a door having a thickness of steel plate of at least one-half inch. For new construction, floor, walls and ceiling shall not be less than eight inches of reinforced concrete, but less may be accepted where there are compensating extra safeguards.

(2) Schedule III, IV and V controlled substances shall be stored in a securely locked cabinet of substantial construction.

(b) Working stocks of controlled substances of a registered pharmacy may be dispersed throughout the stocks of noncontrolled substances in such a manner as to obstruct theft or diversion provided the conditions of section 80.6 of this Part are met and the pharmacy is locked when not in operation. If not dispersed, controlled substances in Schedules II, III and IV shall be kept in a stationary, securely locked cabinet of substantial construction.

(c) Working stocks of controlled substances for institutional dispensers without a registered pharmacy, treatment programs, license holders engaging in research, instructional activities, and chemical analysis shall be securely kept as follows:

(1) Schedule I, II, III and IV controlled substances shall be kept in stationary, locked double cabinets. Both cabinets, inner and outer, shall have key-locked doors with separate keys; spring locks or combination dial locks are not acceptable. For new construction, cabinets shall be made of steel or other approved metal.

(2) Schedule V controlled substances shall be stored in a stationary, securely locked cabinet of substantial construction.

(3) Limited supplies of controlled substances for use in emergency situations may be stocked in sealed emergency medication kits.

(d) Patient care units of institutional dispensers or institutional dispensers limited shall safeguard substances as follows:

(1) Controlled substances kept as floor stocks on patient care units for general patient use and quantities prescribed or ordered for a specific patient which would exceed a 72-hour supply shall be stored as specified in subdivision (c) of this section.

(2) Controlled substances prescribed or ordered for a specific patient in quantities which would not exceed a 72-hour supply may be stored with the patient's other medications at the patient care unit, provided that they are kept in a securely locked medication cart or other storage unit approved by the department.

(3) Medication carts. Schedule II controlled substances may not be stocked in medication carts.

(i) Medication carts may be utilized to stock Schedule III, IV and V controlled substances as provided in paragraph (2) of this subdivision, provided they are equipped with the following:

(a) double-keyed locks;

(b) when not in use, anchored to a floor or wall device or maintained in another secure location;

(c) locked drawer system; and

(d) independent locking device.

(ii) Access to medication carts shall be limited to an identified individual at all times. Such carts are to be used only in conjunction with a pharmacy maintained patient profile summary.

(4) Records. The following records shall be maintained of controlled substances stocked, dispensed or administered in medication carts:

(i) An order, signed by a person authorized to prescribe under the provisions of this Part, specifying the controlled substances medication for an indicated person or animal. (ii) A separate record, at the main point of supply for controlled substances, showing the type and strength of each drug, in the form of a running inventory indicating the dates and amounts of such drugs compounded by them or received from other persons and their distribution or use.

(iii) A record of authorized requisitions for such drugs and the distribution to substations or wards should be maintained. Such records shall show delivery to substation or ward by the authorized signature of dispensing personnel. (iv) A record in the patient's chart indicating administration of the controlled substance, including the name of the administering attendant and the date and hour of administration.

(e) Except as provided in paragraph (1) of this subdivision, institutional dispensers limited may only possess controlled substances prescribed for individual patient use, pursuant to prescriptions filled in a registered pharmacy. These controlled substances shall be safeguarded as provided in subdivision (d) of this section.

(1) Except for adult care facilities subject to the provisions of Title 18 NYCRR Parts 487, 488 and 490, institutional dispensers limited may possess limited supplies of controlled substances in sealed emergency medication kits for use as provided in section 80.49(d) of this Part. Each kit may contain up to a 24-hour supply of a maximum of ten different controlled substances in unit

dose packaging, no more than three of which may be in an injectable form. Each kit shall be secured in a stationary, double-locked system or other secure method approved by the Department.

(f) Only controlled substances shall be stored within the storage facilities described in this section, except in an automated dispensing system and as noted in subdivisions (b) and (d)(2) of this section.