



Training for Voluntary Foster Care Agencies (VFCAs)

Article 29-I Health Facilities Licensure

May 2018

Today's Agenda

Agenda	
Welcome and Introductions	10am-10:15am
Overview of Timeline and Article 29-I Health Facilities Licensure	10:15am- noon
Working Lunch/Technical Assistance to VFCAs	Noon-1pm
Article 29-I Application overview & How to obtain technical support	1pm – 3pm
Questions	3pm- 4pm



Article 29-I Health Facilities Licensure Educational Sessions

- Monday May 7, 2018 at SATRI 60 Academy Road Albany
- Tuesday May 8, 2018 Abbott House 100 N Broadway Irvington
- Wednesday May 9, 2018 at JCCA 1075 Broadway Pleasantville
- Thursday May 10, 2018 at CDHS 61 Broadway, 3rd floor NY, NY
- Friday May 11, 2018 at CDHS 61 Broadway, 3rd floor NY, NY
- Monday May 14, 2018 at House of the Good Shepherd 100 Lomond Ct Utica
- Tuesday May 15, 2018 at Western NY Training Center 150 Ryder Hill Rd Rush
- Wednesday May 16, 2018 at Baker Victory 790 Ridge Rd Lackawanna



Timeline for Article 29-I Licensure

ASAP: Residual Per Diem SPA making its way through formal NYS approvals; target submission to CMS June 2018 w/approval January 1, 2019; also – State Regulations making way through formal NYS approvals

May 2018: Educational sessions to VFCAs & Guidelines released

July 1, 2018: Application for Article 29-I portal is open to VFCAs

- OCFS will be completing desk reviews of Applications as they are submitted

July 31, 2018: All Applications due from VFCA

September 1 - November 1, 2018: OCFS conducts on site visits at VFCAs. Discuss areas that may need required remediation from desk reviews.

Fall 2018 and on a rolling basis: OCFS recommends VFCAs for licensure to DOH

January 2019 – beyond: VFCAs contract with Medicaid Managed Care Plans and claims test for Managed Care billing

Purpose of Article 29-I

Voluntary Foster Care Agencies (VFCAs) must be licensed for the provision of limited health-related services to contract and bill Medicaid Managed Care Plans and comply with Corporate Practice of Medicine standards

- *Reminder – Children placed with VFCAs are transitioning to Managed Care July 2019, so this Article 29-I Licensure must take place to allow time for VFCAs to contract with Medicaid Managed Care Plans*

The Article 29-I Licensure applies to all children who the VFCA has responsibility for the care of, and/or boards out

To be licensed as a VFCA Health Facility, the VFCA must apply to OCFS and DOH, include limited health-related services to be provided, the location and physical description of the physical plant, and other required information

Note: The MSAR will not be adjusted as a result of the Article 29-I licensure process

Article 29-I Authority

Article 29-I licensure authorizes VFCAs to provide the following:

1. Core Health-Related Services:

Direct:

- ✓ Nursing Services
- ✓ Skill Building
- ✓ Medicaid Treatment Planning and Discharge Planning, including medical escorts,

Indirect:

- ✓ Clinical Consultation and Supervision
 - ✓ Managed Care Liaison/Administrator
- VFCAs will be reimbursed to provide the Core Health-Related Services under the Article 29-I licensure through the “Residual Per Diem”
 - The Residual Per Diem will be paid by the Medicaid Managed Care Plans to the VFCAs

2. Other Limited Health Related Services: VFCAs must possess all required NYS certifications, designations or licenses; These are services the VFCA can contract separately and are outside of the Residual per diem limited core services



Article 29-I Licensure Application Process

The Article 29-I Licensure requirement applies to VFCAs that care for, and/or board out foster care children

To be licensed as a VFCA Health Facility, the VFCA must complete the Article 29-I application to include limited health-related services to be provided, the location and description of the physical plant, and other required information

- VFCAs that intend on providing new Medicaid Residual Per Diem services need to complete the VFCA Article 29-I Health Facilities License Application **and** complete an Application for a New Medicaid Rate (same process as today and for more information contact OCFS BWM at 518-408-4064)
- VFCAs need to qualify for the Residual per diem that do not currently bill a Medicaid per diem today
 - These VFCAs that currently DO NOT have a Medicaid Per Diem will need to complete the VFCA 29-I Health Facilities License application and complete an Application for a New Medicaid Rate



Article 29-I Guideline Organization

Schedule A: Introduction

Schedule B: Core Limited Health-Related Services

1. Nursing Services
2. Skill Building
3. Medicaid Treatment Planning and Discharge Planning
4. Clinical Consultation and Supervision
5. VFCA Managed Care Liaison/Administrator

Schedule C: Other Limited Health-Related Services

Schedule D: Health Services Policies and Procedures

Schedule E: Personnel Policies and Procedures

Schedule F: Physical Plant Policies and Procedures

Appendices:

- A. Acronyms
- B. Weblinks
- C. Article 29-I of Section 1 of the Public Health Law
- D. Maintenance of Medical/Clinical Records
- E. NYS Medicaid Managed Care Plans



Medical Necessity for Core limited Health-Related Services

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 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 Nurse Specialist
- Clinical Social Worker
- Marriage and Family Therapist
- Mental Health Counselor



Medical Necessity for Core Limited Health-Related Services

Medical Necessity for the core limited Health related services must be determined from the time the child is placed with the VFCA & documented in medical record

If child transfers from one VFCA to another VFCA, 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 responses to social cues and conflicts or medically appropriate care)

An Important Reminder...

Agencies may not separately bill for activities performed by a professional when all or a part of the Full Time Equivalent (FTE) for that position is funded within the Medicaid Per Diem Rate

To the extent that all or a part of 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 separately for activities for the portion of the salary included for that professional

Schedule A: Introduction: Requirements to obtain & maintain licensure

VFCAs must:

1. Submit an application to provide limited health-related services in accordance with the Article 29-I of the PHL and the VFCA Health Facilities regulations
2. Meet the regulatory and statutory requirements, which include:
 - is an “authorized agency” as defined under SSL section 371(10) and includes articles of incorporation & approval of OCFS of the agency to care for and/or board out children
 - has “good standing” status -- determined on a case by case basis, with input from applicable NYS agency partners
 - must not be on any NYS exclusion lists
3. 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. Attest that all requirements contained within guidelines have been met
5. Maintain compliance with all regulations and requirements contained herein. NYS will confirm ongoing compliance through routine surveillance



Schedule B: Core Limited Health-Related Service: Nursing Services

Nursing services must be provided by any of the following:

- Master of Science in Nursing who is also a Registered Nurse
- Registered Nurse
- Licensed Practical Nurse



Schedule B: Core Limited Health-Related Service: Nursing Services

Nursing services include the following:

- Conducting 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
- Training and health education including reproductive health education
- Support and management of the emotional/psychiatric needs of children
- Establishing treatment goals, utilizing historical & current available information in collaboration with multi-disciplinary team
- Medication administration and management including reconciliation
- Confirming adequate nursing staff coverage hours
- Maintaining medical supplies and equipment
- Practicing proper infection control
- Follow up after medical appointments, urgent/emergency care or hospitalization
- Assisting with home visits, educating caregivers, and monitoring healthcare needs
- Assisting with community provider visits (*not a substitute for Private Duty Nursing or Certified Home Health Aide Care*)



Schedule B: Core Limited Health-Related Service: Skill Building

Skill Building: Counseling and intervention must be provided in a trauma informed and culturally aware manner by Licensed Behavioral Health Practitioners (LBHP) including:

- Psychoanalyst
- Clinical Social Worker
- Marriage and Family Therapist
- Mental Health Counselor
- Master Social Worker

Schedule B: Core Limited Health-Related Service: Skill Building

Skill Building activities include:

- Establishing treatment goals for children, utilizing historical and current available information in collaboration with the multi-disciplinary team
- Assisting children and youth to develop skills as defined in treatment goals
- Providing psychiatric supports and therapy
- Providing individual counseling and treatment, substance abuse counseling and treatment, trauma-informed counseling and treatment, family and group counseling, transitional counseling
- Promoting integration with community resources and skill-building
- Providing psycho-education and wellness education
- Communicating with family, case planning staff and medical practitioners
- Enhancing compliance with behavioral expectations
- Utilizing interventions drawn from evidence-based psychotherapeutic methodology
- Structuring interventions to decrease problem behavior and increase developmentally appropriate pro-social behavior



Schedule B: Core Limited Health-Related Service: Medicaid Treatment Planning and Discharge Planning

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

Medicaid Treatment Planning and Discharge Planning services must:

- Provider will develop a treatment plan for the Medicaid services provided
- Facilitate the exchange of health information and documentation of care received
- Coordinate Medicaid services that the child receives in the community and transition the child to home or community based living with outpatient treatment (e.g., individual and family therapy) as part of discharge planning
- If the child attends school in the community the staff must coordinate care at school and delivered through the provider
- Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first thirty (30) days of admission with clear action steps and target dates outlined in treatment plan
- Referrals for needed services and assist in provider selection
- Coordinate with health care providers, including school and community-based services



Schedule B: Core Limited Health-Related Service: Medicaid Treatment Planning and Discharge Planning

The Treatment Plan must be completed within 30 days from the time the child is placed with the VFCA & documented in medical record

If child transfers from one VFCA to another VFCA, the medical record with Treatment Plan must be transferred with the child

The Treatment Plan 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 responses to social cues and conflicts or medically appropriate care)



Department
of Health

Office of Children
and Family Services

Schedule B: Core Limited Health-Related Service: Medicaid Treatment Planning and Discharge Planning

Using results & recommendations of required assessments, the Comprehensive 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 & implementation
- 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 goals or objectives
- be based on the child's conditions and include Specific problems, Needs, Preferences & Strengths
- be re-evaluated annually or as needed, to determine whether services have contributed to meeting goals
- include emergency protocols specific to the child, as appropriate



Schedule B: Core Limited Health-Related Service: Medicaid Treatment Planning and Discharge Planning

All services to children and youth must be part of a Comprehensive Individualized Person-Centered Treatment Plan 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

VFCA is responsible to coordinate and confirm the completion of comprehensive health assessments and services



Schedule B: Core Limited Health-Related Service: Clinical Consultation and Program Supervision Services

Clinical Consultants/ Supervisors provide oversight and supervision within their scope of practice to staff performing Treatment Planning and Discharge Planning including Medical escorts; 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



Schedule B: Core Limited Health-Related Service: Clinical Consultation and Program Supervision Services

Clinical Consultation/Program Supervision services may include:

- Reviewing all health care information and medical records
- Working with the direct treatment providers to establish treatment goals for children, utilizing historical and current available information
- Prescription and non-prescription medication consultation according to the scope of practice of the practitioner
- Medical eligibility recommendations for foster care rates pertaining to health care conditions
- Advising the local department of social services (LDSS) commissioners and the VFCA executive directors regarding the medical needs of the children in their care and/or care and custody
- Reviewing and approving required medical and behavioral health forms
- Meeting and communicating with biological families, guardians, foster families, and caseworkers
- 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
- Quality oversight and improvement services
- Emergency medical and behavioral health consultation services



Schedule B: Core Limited Health-Related Service: VFCA Managed Care Liaison Services/Administrator

The VFCA Medicaid Managed Care Liaison will:

- Coordinate with the MMCP's foster care liaison
 - 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
 - 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
- Coordinate with health care providers, including school and community-based services
- Maintain eligibility for public or private health insurance
- Coordinate benefits
- Assist with consent and/or confidentiality issues
- Oversee all business functions
- Assist with court ordered services and fair hearings



Schedule B: Core Limited Health-Related Service: VFCA Managed Care Liaison/Administrator

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 operations

Schedule C: Other Limited Health-Related Services – Medicaid State Plan and HCBS Services for Children

Other Limited Health-Related Services need to be identified on the Article 29-I License to comply with corporate practice of medicine and allow VFCAs to contract and bill Managed Care Plans

- Screening, diagnosis and treatment services related to physical health. This includes but is not limited to:
 - On-going 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
- Screening, diagnosis and treatment services related to developmental and behavioral health. This includes but is not limited to:
 - 6 New Children’s SPA Services
 - 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
 - Other services (to be specified)
- New Children’s HCBS



Schedule C: Other Limited Health-Related Services – Medicaid State Plan Services for Children

To provide these Other Limited Health-Related services, a VFCA health facility must:

- Define which Medicaid services that 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 and Medicaid HCBS 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

Note -- 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

The VFCA must develop policies and procedures that outline the following:

1. Trauma-Informed Model of Care
2. Assessments and Treatment Planning
3. Management of On-going Routine, Preventive Health Care
4. Management of Chronic Health Care Conditions
5. Management of Urgent and Emergency Health Care
6. Discharge Planning
7. Medication and Supplies
8. Medical Records
9. Confidentiality
10. Consent and Authorizations
11. Quality Improvement
12. Health and Safety
13. Complaints
14. Medicaid Eligibility that Supports Billing
15. Telehealth and Telepsychiatry, if applicable
16. Maintenance of Transportation Equipment



Schedule E: Personnel Policies and Procedures

VFCAs must provide the following:

- Organizational charts
- Policies and procedures for the following:
 - Written job descriptions & Employee manuals
 - Documentation of appropriate current NYS licensure, certification or registration, as required for position
 - Staffing is adequate to needs of population and caseload size and supervision ratios are monitored
 - Conducting applicable background checks of staff who have regular and substantial contact with child/youth, family, and caregivers:
 - Statewide Central Register of Child Abuse and Maltreatment(SCR)
 - Sex Offender Registry (SOR)
 - Division of Criminal Justice Services (DCJS) fingerprinting
 - Justice Center Staff Exclusion List (SEL)
 - OMIG Medicaid Exclusion List
 - Staff have the required experience & training and are aware and responsive to:
 - Trauma-informed care, Cultural awareness & Developmental level of the population served
 - Compliance with applicable provisions of NYSED with respect to hiring and retaining of licensed professionals
 - Personal safety of staff and provides appropriate training in de-escalation techniques



Schedule F: Physical Plant Policies and Procedures

The VFCA must provide nursing services utilizing either

1. Nurse's office
2. Exam/Triage room(s) (not to exceed three rooms) and/or
3. Combination of a Nurse's office and an Exam/Triage room(s)



Schedule F: Physical Plant Policies and Procedures

VFCA Health Facilities must maintain a physical plant environment and equipment to provide limited health-related services.

Must 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. Required 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
- Obtain and maintain appropriate Clinical Laboratory Improvement Amendments (CLIA) waiver certification
- Meet the physical plant requirements for the type of nursing services provided



Nurses Office

A private room with adequate space, 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 VFCA 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

Nurses Office

- Nursing Services Provided and the Associated Equipment and Supplies:
 - Health history/screen
 - Nursing assessments
 - Referrals for all health-related care including
 - Medical treatments for chronic health conditions
 - 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
- Clean Utility Storage
- Soiled Utility Storage for Dirty Linens and Infectious Waste
- Fire/Life Safety
- Handicap Accessibility



Exam Triage Room(s) – Not to exceed 3 rooms

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 VFCA 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
- Sink for handwashing; soap and hand sanitizer dispensers, paper towels, drinking water and cups
- Toilet
- Private telephone and fax line to provide confidential and adequate access to the community and back up providers
- 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
- Wall-mounted sharps container
- Double-locked medication cabinet
- Locked medication refrigerator
- Medication destruction buckets
- Designated space for clerical staff – recommended
- Designated waiting area – recommended
- Additional equipment for MD/PA/NP as appropriate



Exam Triage Room (s) – Not to exceed 3 rooms

- Nursing Services Provided and the Associated Equipment and Supplies:
 - 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.
 - Health history/screen
 - Nursing assessments
 - Referrals for all health-related care
 - 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
- Observation room: for over night, but no more than 23 hours: Space is optional & must contain: Window, Smoke detector, Carbon monoxide detector, Nurse's call or intercom
- Clean Utility Storage
- Soiled Utility Storage for Dirty Linens and Infectious Waste
- Fire/Life Safety
- Handicap Accessibility



Inventory of Current Medicaid Services

VFCAs should conduct an inventory of its existing Medicaid services that its offers today

Determine how this inventory of Medicaid services fits within:

- Residual Medicaid Per Diem
- New SPA services
- Newly aligned HCBS
- Other Limited Health-Related Services



Overview of VFCA Residual Per Diem Rate Structure

- Residual Per Diem is subject to CMS Approval – State is targeting June 2018 for CMS Submission
- Residual Per Diem was designed to reimburse the Core Limited Health Services and will be paid by Managed Care Plans to VFCAs to cover Medicaid costs now included in the VFCA per diem paid today that are not otherwise outlined in the MCO contract
- The Medicaid costs of the Core Limited Health Related Services primarily reflect staffing costs of Licensed Behavioral Health Professionals, Nursing Staff, Medical Escorts, Program Administrator, Program Supervisor and Clinical Supervision. Additional resources for Managed Care Liaisons is included in the Residual per diem to facilitate effective communication and coordination with Plans
- There is a four year transition period from current rates to Residual Per Diem Rates



Overview of Residual Per Diem Rate Structure

- Residual rate build included the development of staffing assumptions (FTEs and costs) by types of facilities that care for foster care children today
 - Facility types mirror the VFCA per diem facility classifications that are billed today by VFCAs

Level	Description	Facility Type
Level 1	General Foster Boarding Homes	Foster Boarding Home
Level 2	Specialized Foster Boarding Homes	Therapeutic Boarding Home (TBH)/AIDS
		Boarder Baby
		Special Needs
Level 3	Congregate Care	Maternity/Group Home (GH)/Agency Operated Boarding Home (ABH)
Level 4	Specialized Congregate Care	Institutional
		Group Residence (GR)
		Diagnostic
		Hard to Place/Special Other Congregate



Staffing / FTE Assumptions

Final Draft FTE Assumptions Reflect Modifications to Staff Assumptions – Expansion + RTC Add, + Managed Care Liaisons + VFCA that don't bill today - New Resources \$

Draft Final FTE Assumptions									
Staff Type	FBH	TBH/AIDS	Boarder Baby	Other	Maternity/GH/ ABH	Institutional	GR	Diagnostic	Hard to Place/Special Other
LBHPs	0.852	4.300	0.930	3.534	1.700	4.000	4.000	13.000	7.500
Nursing staff	1.500	2.700	10.434	4.361	3.000	5.300	5.300	9.000	8.500
Medical Escorts	0.103	1.000	1.413	0.870	1.000	1.000	1.000	1.300	1.000
Program Administrator	0.207	0.500	0.304	1.082	0.400	0.550	0.550	1.000	1.100
Program Supervisor	0.211	0.600	2.024	0.535	0.400	0.250	0.250	0.400	0.800
Managed Care Liaison	0.150	0.625	0.625	0.625	1.130	1.731	1.731	1.731	1.731
Service Coordination	n/a	n/a	n/a	n/a	n/a	1.731	n/a	n/a	1.731
Clinical Consultation	0.112	0.500	0.209	0.556	0.400	1.000	1.000	2.400	1.400
Total FTEs	3.135	10.225	15.939	11.563	8.030	15.562	15.562	28.831	23.762

FTE Assumption/VFCA Health Facilities License Guidelines Crosswalk

FTE Assumptions in Residual Rate Build	Core Health Related Services in Guidelines
Nursing Staff	Nursing and Medication Administration
LBHP	Skill Building
Medical Escorts*	Medical Escorts
Program Supervisor Clinical Consultation*	Clinical Consultation/Program Supervision Services
Managed Care Liaison Program Administrator Service Coordination*	VFCA Medicaid Managed Care Liaison Services /Administrator

*Medicaid Treatment Planning and Discharge Planning is Primarily in these staffing assumption categories

Overview of Residual Rate Build Assumptions

FTE

Wage/Salary

Indirect Costs

Draft Residual Per Diem

Modeled Residual Rates

Draft VFCA Residual Rates

Service Level	Facility Type	Care Days	DRAFT Modeled Residual Per Diem Rates
Level 1 General FBH	Foster Boarding Home	3,381,599	\$11.87
	Therapeutic Boarding Home (TBH)/AIDS	634,687	\$33.35
Level 2 Specialized FBH	Boarder Baby	51,335	\$52.04
	Special Needs	50,287	\$38.14
Level 3 Congregate Care	Maternity/Group Home (GH)/Agency Operated Boarding Home (ABH)	204,393	\$26.34
Level 4 Specialized Congregate Care	Institutional	518,025	\$47.40
	Group Residence (GR)	21,506	\$44.43
	Diagnostic	28,329	\$96.74
	Hard to Place/Special Other Congregate	710,101	\$75.25
Total		5,600,262	



Managed Care Capitated Rates and Transition Payments

The goal of the Transition payments is to provide a smooth glide path that mitigates swings in cash flow during the initial years of the transition to Managed Care:

- ✓ The MCOs will pay at least the Residual Per Diem government rates for a transition period
- ✓ Transition Period will be for **four years**
- ✓ Those residual per diem government rates will reflect VFCAs transition rates from current VFCA per diem to Residual per diem
- ✓ Following the four year period MCOs will negotiate the rates with VFCAs and be at risk for per unit cost as well as utilization

Managed Care Capitated Rates and Transition Payments

Transition payments were developed on a revenue neutral basis (extra dollars are not added to fund transition payments) to transition the VFCAs from the current Per Diem to the Residual Per Diem for the period from 2019 through 2021

The transitional payments would apply at the agency level

- ✓ **Step Up Agencies:** Agencies that will receive higher payments overall (on an agency, not per rate basis) from the Residual Rate compared to the existing VFCA Per Diem payments will **step up** to the Residual Per Diem over the transition period (their rate will be higher today at the outset of the transition)
- ✓ **Step Down Agencies:** Agencies that will receive lower payments overall (on an agency, not per rate basis) from the Residual Rate compared to the existing VFCA Per Diem payments will **step down** to the Residual Per Diem over the transition period
- ✓ Under current draft Residual Per Diem rates there are only 12 Step Down Agencies

Next steps for VFCAs

- VFCAs should conduct inventory of current Medicaid services and staffing patterns
- VFCAs should review its existing Rate structure
- Review the VFCA Health Facilities Licensure Guidelines when they become available
- VFCAs must complete Article 29-I VFCA Health Facilities Licensure Application

Important Reminder: State Plan Service Trainings

All Day In Person SPA Services Trainings:

- Rochester – May 30, 2018
- Binghamton – May 31, 2018
- Westchester/Tarrytown – June 1, 2018
- NYC - June 5, 2018
- Albany – June 8, 2018

Register at CTAC website at www.ctacny.org



Department
of Health

Office of Children
and Family Services

Questions related to changes ahead?

