Providing Care to Children in Foster Care

As a UnitedHealthcare Community Plan/Optum Behavioral Health network provider in New York, you may find yourself in a position to provide trauma-informed care to Medicaid Managed Care (MMC) enrolled children/youth in direct placement foster care and in the care of Voluntary Foster Care Agencies (VFCAs).

Provision and coordination of services for children/youth in foster care, must be done in compliance with:

- The New York Medicaid Program 29-I Health Facility Billing Manual
- The Transition of Children Placed in Foster Care into Medicaid Managed Care
- And the 29-I Health Facility (VFCA transition) guidance documents from the New York Department of Health

Please review this reference guide for additional information and requirements.

Consent

The foster parent is not permitted to consent to medical treatment on behalf of the child/youth in foster care. Community providers must contact the VFCA Managed Care Liaison before any community provider appointment to ensure any needed consents are signed by the medical consenter (i.e., birth parent, if parental rights are not terminated, or a designee from the agency, if parental rights are terminated).

Fiscal Responsibility

When a community provider (Dental, Vision, Primary Care Provider (PCP), etc.) accepts an MMC enrollee as a patient, the community provider agrees to bill the MMC Plan for services provided.

The community provider is prohibited from requesting any monetary compensation from the beneficiary, foster parent, foster care youth, the VFCA or Local Departments of Social Services (LDSS). The community provider will not require the child/youth's responsible relative, foster parent, foster care youth, or VFCA to sign any documents that would indicate a financial responsibility for any services that are covered under Medicaid or the MMC Plan.

Initial Medical Assessment

Upon placement in foster care, a child/youth is required to have an initial medical assessment within the first 30 days of placement. The child/youth may utilize any PCP or qualified practitioner in the MMC Plan's network for the purposes of this initial medical assessment.

Primary Care

For ongoing primary care visits, if there is a discrepancy with the assigned PCP on the MMC member ID card, the child/youth should not be turned away. Instead, please immediately call the UnitedHealthcare Foster Care Liaison at 1-855-883-5403 to rectify this matter.

Pharmacy Benefits

The pharmacy benefit requirements include, but are not limited to, rapid replacement of medically necessary prescriptions and transitional fills.

Effective April 1, 2023, pharmacy benefits for MMC members were transitioned to NYRx, the Medicaid Pharmacy program. However, physician-administered drugs, durable medical equipment, prosthetics, orthotics and supplies are still covered by UnitedHealthcare when billed as a medical or institutional claim. Review the Pharmacy Procedure Code manual for additional details.

Vision Care

Emergency, preventive and routine eye care services are covered by Medicaid Managed Care. Eye care coverage includes the replacement of lost, damaged or destroyed eyeglasses. For children in foster care, replacement of eyeglasses and/or contact lenses must immediately be authorized as necessary upon placement into foster care, return from trial discharge or return from home visit.

Children/youth in foster care are not required to continuously use the same community vision provider and may access these services from any appropriate participating provider. Additional information can be found in the Medicaid Managed Care/Family Health Plus/ HIV Special Needs Plan Model Contract

If there are any question or concerns, please immediately call the UnitedHealthcare Foster Care Liaison at 1-855-883-5403.

Orthodontic Treatment

For ongoing community orthodontic care for children/youth, it is desirable and recommended to continue and finish the active orthodontic treatment utilizing the existing functional orthodontic appliances.

In a situation when the new orthodontist cannot continue the active orthodontic treatment with the existing orthodontic appliances due to multiple missing brackets and/or different treatment plans, then a detailed narrative substantiating the need for new orthodontic appliances must be submitted with a prior approval request.

Additional information can be found in the NYS Medicaid Dental Policy and Procedure Manual.

Questions?

If there any questions or concerns regarding the information provided, please immediately call the UnitedHealthcare Foster Care Liaison:

Phone: 1-855-883-5403
Email: nyfostercare@uhc.com

After Hours Contact for Providers: 1-866-362-3268, select option 8