

## **Funding Options for the Qualified individual (QI) - Attachment F**

### **Medicaid**

Activities that are within the scope of practice of the licensed health care practitioner, also functioning in the role of a QI, may be reimbursable by New York State (NYS) Medicaid. It is anticipated that licensed health care practitioners are knowledgeable regarding what activities are within their scope of practice and are familiar with Medicaid billing opportunities. Variables that impact Medicaid reimbursement include the type of licensure and whether the individual is employed by an agency that is licensed/certified/designated by NYS to provide Medicaid services.

### **Child Welfare Funding**

There are activities that fall outside the licensed health care practitioner's scope of practice that would be considered non-Medicaid eligible and could be considered child welfare case assessment activities that fall under case planning. Examples of the child welfare case assessment activities that fall under case planning are the following:

- Activities associated with reviewing evaluations and assessments that were previously conducted for a child and/or family
- Activities around meeting with child's permanency team to gather information to formulate determination
- Activities related to interviewing family and youth to obtain or clarify any information needed to complete functional assessments and formulate child-specific, short-term, and long-term mental and behavioral health goals
- Activities involved with preparing for court or making a court appearance (review of documents, etc., aligned with assessment)

### **Implementation of QI**

Local departments of social services (LDSSs) have the option of implementing the QI in the following capacities: directly employing the QI, contracting with an independent entity, or contracting with a voluntary agency. The following information provides guidance regarding reimbursement for the QI dependent on how they have been structured.

#### **If QI is employed by the LDSS:**

When the LDSS employs the QI:

- QI would record on a time study that they are doing Medicaid activities when these activities fall within their scope of practice under their license, on behalf of a Medicaid-eligible recipient, and
  - Allocate the staff count and percentage of the staff's payroll to the F-5 function.
- Activities that fall outside the LDSS's licensed QI person's scope of practice would be considered non-Medicaid eligible and could be considered child welfare case assessment as part of case planning activities (child welfare activities listed below).

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- The LDSS would utilize F-2 function to allocate the staff count and percentage of the staff person's salary to child welfare case assessment as part of case planning activities.
  - There is an exception for an RTA eligible youth. For all the time the QI spends on child welfare activities that are for a RTA eligible youth, those costs will need to be direct charged to line 17 of the Schedule D-2 in the identified cost field.

Examples of activities that fall outside the LDSS's licensed QI person's scope of practice that would be considered non-Medicaid eligible and could be considered child welfare case assessment as part of case planning activities are the following:

- Activities associated with reviewing evaluations and assessments that were previously conducted for a child and/or family
- Activities around meeting with child's permanency team to gather information to formulate determination
- Activities related to interviewing family and youth to obtain or clarify information needed to complete functional assessments and formulate child-specific short-term and long-term mental and behavioral health goals
- Activities involved with preparing for court or making a court appearance (review of documents, etc., aligned with assessment).

### If QI is contracted by LDSS:

- Vendor will submit itemized invoices/vouchers to the LDSS for reimbursement of services rendered – and the QI activities will need to be itemized to separate Medicaid activities from child welfare case assessment/case planning activities.
- For the clinical activities, there is an assumption that there may be costs that can be claimed to Medicaid.
  - The Medicaid portion is dependent on the type of practitioner, where they are employed, their actual license and which services they may be authorized to provide (which also is dependent on where they are employed).
  - Costs associated with these QIs that are contracted by the LDSS that cannot bill Medicaid directly are considered to still fall under the 'Skilled Professionals' category of Medicaid Administration in the *Fiscal Reference Manual* (FRM). These costs should be claimed in the RF2A package, identified on the Schedule 923, F5 function, Object of Expense 18.1.

For the non-clinical activities of a contracted entity, the non-Medicaid case assessment as part of the case planning portion of the invoices will get claimed by the LDSSs:

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- The LDSS should not receive any invoices related to Medicaid clinical activities, which could be incorporated into the contractual language. Object of expense 10.2-FF QI on the Schedule 923 within the RF2A package in the Automated Claiming System (ACS) will be used for the QI administrative case planning costs (not the assessment costs). This cost will be allocated via the SRMS on the Schedule D-2, it will NOT be direct charged.
  - There is an exception for an RTA eligible youth. For all the time the QI spends on child welfare activities that are for a RTA eligible youth, those costs will need to be direct charged to line 17 of the Schedule D-2 in the identified cost field.

### **LDSS contracts with Article 29-I VFCA Health Facility**

- When the LDSS contracts with an Article 29-I VFCA Health Facility to provide the QI clinical assessment and case assessment as part of child welfare case planning activities
  - The LDSS should not receive any invoices related to Medicaid services, which could be incorporated into the contractual language regarding LDSSs not being billed for Medicaid from an Article 29-I VFCA Health Facility. There are two primary options for Article 29-I VFCA Health Facilities to consider:
    1. Other Licensed Practitioner. The Children and Family Treatment and Support Services (CFTSS) authorizes Other Licensed Practitioners (OLP) to conduct evaluations/assessments to identify an individual child's/youth's behavioral strengths and weaknesses, problems and services' needs, through a comprehensive evaluation of the child's/youth's current mental, physical, and behavioral condition and history. The assessment is the basis for establishing a diagnosis, where needed, and treatment plan, and is conducted within the context of the child/youth self-identified needs, goal, and ethnic, religious, and cultural identities. NYS has issued the following manuals that outline permissible OLP activities and billing allowances.

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/updated\\_spa\\_manual.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/billing\\_manual.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/billing_manual.pdf)

2. Article 29-I Other Limited Health Related Services authorizes licensed Article 29-I agencies to provide screening, diagnosis and treatment services related

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to developmental and behavioral. NYS has issued the following manuals that outline permissible activities and billing allowances:

[Article 29-I VFCA Health Facilities License Guidelines June 1, 2021 \(ny.gov\)](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/final_draft_vfca_health_facilities_license_guidelines.pdf)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/final\\_draft\\_vfca\\_health\\_facilities\\_license\\_guidelines.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/final_draft_vfca_health_facilities_license_guidelines.pdf)

[29-I Billing Manual Version 2021-7 \(ny.gov\)](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/29i\\_billing\\_manual\\_final.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf)

- Activities that fall outside this licensed QI staff person's scope of practice would be considered non-Medicaid eligible and could be invoiced to the LDSS for reimbursement if the activities are for child welfare case planning.
  - The LDSS will utilize object of expense code 10.2-FF QI on the Schedule 923 within the RF2A package in ACS. The cost will be allocated via the SRMS on the Schedule D-2; it will NOT be direct charged.
    - However, there is an exception for an RTA eligible youth. Then, for all the time the QI spends on child welfare activities that are for a RTA eligible youth, those costs will need to be direct charged to line 17 of the Schedule D-2 in the identified cost field.

The NYS Public Assistance Cost Allocation Plan (PACAP), which for the LDSSs is the OTDA FRM, Volume 3, will be updated with these instructions to the LDSSs on how to cost allocate the Medicaid activities and/or the case planning activities, as appropriate per how the LDSS is receiving the QI clinical services and case planning.