ADMINISTRATIVE DIRECTIVE

TO: Commissioners of Social Services

SUBJECT: Payment of Cost of Periodic Medical Examinations Required for the Certification or Re-Certification of Foster Family Boarding Home Care Providers

DATE: March 16, 1981

SUGGESTED DISTRIBUTION: Commissioners of Social Services
Voluntary Child Caring Agencies
Child Placement Agencies
Accounting Staff
Child Welfare Executive and Supervisory Staff
Planning Staff

CONTACT PERSON: Any questions concerning this release should be directed to Eric Brettschneider, Associate Commissioner, Office of Policy Planning, 1-800-342-3715, extension 49436 or 518 474-9436.

PURPOSE:

The purpose of this release is to advise local districts and voluntary authorized agencies of the provisions of new Department policy concerning payment of the cost of required medical examinations of foster boarding home care providers and to institute procedures for claiming reimbursement for the incurred costs.

BACKGROUND:

Part 444 Licenses and Certificates to Board Children: Department Regulation 18 NYCRR 444 requires that the applicant and members of the household shall be in good physical and mental health and free from communicable diseases. A written report from a physician on the health of the family including a complete physical examination of the applicant is to be filed with the agency initially and annually thereafter. Additional reports are to be furnished upon request. Department policy has been to require the foster boarding family to be responsible for the costs of the required medical examination, unless the family were eligible for Medical Assistance and the examination were reimbursable under the Medical Assistance Program.

FILING REFERENCES

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Recently, a number of local districts and voluntary authorized agencies have inquired if they may pay for these required examinations and receive reimbursement for same. They have cited instances in which qualified applicants and/or certified foster family boarding home parents have been discouraged from participating in the program by the financial burden imposed by the required medical examinations.

In response to these inquiries and concerns, the Department has developed policy as follows:

1) Social Service districts and voluntary authorized agencies may directly purchase from a medical provider or may reimburse the foster parent or applicant for the cost of the required periodic medical examinations of foster family boarding home care providers with whom a social services official intends to place or has placed eligible children. Such payment or reimbursement may be made when the cost of the required examination is not already included in the purchase arrangements between the district/agency and the foster parent or when the examination is not otherwise available without cost (private medical insurance, free clinic, etc.), or is not reimbursable under Title XVIII of the Social Security Act. State reimbursement for the costs incurred by the district/agency shall not exceed fees established in the State Medical Assistance Fee schedule.

2) Social Services districts will be reimbursed subject to Title XX ceilings.

3) Voluntary authorized agencies will be reimbursed within their State Aid Rates for Administrative/Services in the Family Boarding Home program, subject to ceilings.

PROGRAM IMPLICATIONS:

This Release will impact the following program areas: Standards of Payment for Foster Care, Title XX and Child Welfare Planning, district ceilings for administrative/services costs for foster care and voluntary authorized agency ceilings for administrative/services costs.
REQUIRED ACTION:

The social services district or voluntary authorized agency should first determine if reimbursement for the required examination is otherwise available as indicated in paragraph 1) on the preceding page. If it is not, the district or agency may directly pay the medical provider or may reimburse the foster parent or applicant for the cost of the required examination, then proceed as follows:

1) Local Social Services Districts: These costs should be claimed as a non-salary administrative expenditure on form DSS 923, "Schedule of Payments for Non-Salary Administrative Expenses" in accordance with the Department's claiming procedures described in Bulletin 143b. The correct function code is number 2 and the object of expenditure code is number 19.

2) Voluntary Authorized Agencies: These costs should be reported on Standards of Payment form DSS 2652 "Report of Actual Expenditures", in the Family Boarding Home cost center under Account #12 "Purchase of Health Services". Bulletin 200 Standards of Payment System, which contains instructions for completion of form DSS 2652, is being amended to reflect these new provisions for reporting these costs in Account #12.

If the district or agency opts to directly reimburse providers, clear and distinct billing procedures must be established. It is necessary that providers be made aware that claims cannot be submitted to Medical Assistance, Bradford Administrative Services or the Medicaid Management Information System, as they will be rejected based on ineligibility.

EFFECTIVE DATE: All provisions and requirements of this release are effective April 1, 1981.

[Signature]
Morris P. Phillips
Deputy Commissioner
Division of Services