



Department of Health

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INFORMATIONAL LETTER

TRANSMITTAL: INF-01_25

DIVISION: Office of Health Insurance
Programs

TO: Commissioners of Social Services

DATE: July 2, 2025

SUBJECT: Foster Care Health Care Discharge Planning
Requirements

**SUGGESTED
DISTRIBUTION:** Local District Commissioners

CONTACT PERSON: Local District Liaison
Rest of State (formerly Upstate): (518) 474-8887
New York City: (212) 417-4500

ATTACHMENTS: None

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs. Law	Soc. Serv. & Other	Manual Ref	Misc.
21 OHIP ADM-03 Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care	N/A	10 NYCRR Parts 769 and 770	PHL Art 29-I § 2999-gg NYS SSL §366	N/A	Foster Care State Plan Amendment 21-0003 New York Medicaid Program 29-I Health Facility Billing Guidance Transition of Children Placed in Foster Care and New York State public Health Law Article 29-I Health Facility Services into Medicaid Managed Care Article 29-I VFCA Health Facilities License Guidelines

PURPOSE

The purpose of this Informational Letter (INF) is to provide Local Departments of Social Services (LDSS, the district) with information and guidance regarding Health Care Discharge Planning for children/youth placed in foster care.

Foster Care Discharge Planning is comprised of multiple elements, including Health Care Discharge Planning. To effect positive outcomes for children/youth, all children/youth transitioning from foster care must have a child-specific Health Care Discharge Plan. Health Care Discharge Planning begins upon admission into foster care and coincides with development and updates to the individualized person-centered treatment plan. 29-I Voluntary Foster Care Agency (VFCA) Health Facilities must develop policies and procedures to create, maintain, and appropriately share the Health Care Discharge Plan for each child/youth in foster care served by the agency. The Health Care Discharge Plan should be developed by the 29-I VFCA Health Facility in collaboration with the LDSS/Administration for Children's Services (ACS) and the Medicaid Managed Care Plan (MMCP) and should include input from health care providers and treatment team members including the parent/caregiver and the child/youth (when appropriate). Discharge resource, VFCA, LDSS, and MMCP should all receive a copy of the Health Care Discharge plan.

The Health Care Discharge Plan should include the following:

- The physical address where child/youth will reside upon discharge and mailing address if different.
- All available contact information for the discharge resource (individual(s) with legal responsibility for the child/youth) including telephone numbers (i.e. mobile, home, work) and email addresses.
- Contact information for the 29-I VFCA Health Facility.
- Contact information for all service providers providing family-based aftercare support, if applicable.
- Medicaid thru-date (including instructions for recertification) and/or third-party health insurance contact information.
- Names, addresses, and telephone numbers for current physical and behavioral health care service providers who provided services to the child/youth while in care.
- Comprehensive list of the child/youth's current physical and behavioral health care needs and any medical conditions that require post discharge follow-up.
- Plans for continuing health care (e.g., upcoming medical/behavioral health appointments, scheduled treatments, scheduled services such as Private Duty Nursing, etc.).
- List of all current medication(s) the child/youth is prescribed, including over the counter medication(s), durable medical equipment (DME), and a plan to obtain any needed refills. List should include an indication of whether or not prescription/refills require prior authorization, whenever possible.

- Record of all immunizations the child/youth has received to date including dates of when boosters can be given.
- Address and contact information where the child/youth will attend school, and a plan to share all necessary health care documentation with school, as applicable.
- List of community health care resources including addresses and telephone numbers for post discharge care.
- Wherever possible, list of local community resources that may benefit the family post discharge (after-school programs, support groups, food banks, well-being and positive family and youth development supports, etc.).

The Health Care Discharge Plan should be updated as needed and must be reviewed for updates/accuracy at the time of discharge from foster care. The 29-I VFCA should engage and collaborate with the discharge resource, the LDSS/ACS and the MMCP to ensure the Health Care Discharge Plan is comprehensive. The MMCP Foster Care Liaison is responsible for contributing to the development of the Health Care Discharge Plan and coordinating connections to identified post discharge services, medications, long-term services and supports (LTSS), etc. to ensure continuity of care. The Medicaid Managed Care Liaison at the 29-I Health Facility or the LDSS/ACS Liaison will be the point of contact between the 29-I/LDSS/ACS and the MMCP especially when children/youth are discharged following a court order without significant awareness.

When a child is placed in foster care in direct care of the LDSS, and there is no VFCA involved, the LDSS maintains the responsibility for developing, managing, and sharing the Health Care Discharge Plan.

The 29-I Health Facility will share the Health Care Discharge Plan with the discharge resource, LDSS/ACS, and MMCP at the time of final discharge from foster care (or ideally prior to, when discharge dates are known in advance). The Health Care Discharge Plan should be shared by the 29- I or the LDSS/ACS, whomever is responsible for developing and shared with the Discharge Resource and MMCP no later than five (5) business days after the date of discharge via a secure transmission mechanism agreed upon by the 29-I/LDSS/ACS and the MMCP. The finalized Health Care Discharge Plan may be sent along with the 29-I Health Facility Transmittal Form or may be sent separately. After discharge from foster care, the MMCP maintains responsibility for ensuring continuity of care and connections to needed health care services if the child/youth is still enrolled with the MMCP. The MMCP Foster Care Liaison will continue to collaborate with the discharge resource, 29-I MMCP liaison, and LDSS Foster Care Liaison as appropriate to ensure continued access to services and supports. The MMCP must follow all requirements outlined in the MMC [Model Contract](#), relating to MMCP disenrollment and continuity of care requirements. Continued, regular communication between the MMCP, 29-I, LDSS/ACS, and discharge resource is essential to establishing/maintaining connections to needed services.

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Please direct any questions to your Local District Support Liaison.

Amir Bassiri, Medicaid Director
Office of Health Insurance Programs