

220 East 42nd Street, 3rd Floor New York, NY 10017

05/24/2021

# Voluntary Foster Care Agency (VFCA) Health Facility Services

Dear [Member Name]:

This is an important notice about your Medicaid managed care plan benefits. Please read it carefully. If you have any questions, please call us at the number below.

Starting July 1, 2021, SelectHealth from VNSNY CHOICE will cover Article 29-I Voluntary Foster Care Agency (VFCA) Health Facility services for eligible children and youth under age 21.

Also starting **July 1, 2021**, some children and youth must join a Medicaid managed care plan, including:

- children and youth placed in foster care in New York City, and
- children and youth placed in foster care and a 29-I VFCA Health Facility

Some children and youth placed in foster care cannot join a Medicaid managed care plan. They will keep getting services through regular Medicaid.

29-I VFCA Health Facilities work with children, youth, and families to promote well-being and positive outcomes for children placed in their care. 29-I VFCA Health Facilities may only serve children and youth referred by the local district of social services.

The 29-I VFCA Health Facility services available on July 1, 2021 include:

#### Core Limited Health-Related Services

- 1. Skill Building
- 2. Nursing Supports and Medication Management
- Medicaid Treatment Planning and Discharge Planning
- 4. Clinical Consultation and supervision
- 5. Managed Care Liaison/Administration

and

#### Other Limited Health-Related Services

- 1. Screening, diagnosis, and treatment services related to physical health
- 2. Screening, diagnosis, and treatment services related to developmental and behavioral health
- 3. Children and Family Treatment and Support Services (CFTSS)
- 4. Children's Home and Community Based Services (HCBS)

SelectHealth will cover Core Limited Health Related Services for children and youth placed with a 29-I VFCA Health Facility.

SelectHealth will cover Other Limited Health Related Services provided by 29-I VFCA Health Facilities to eligible children and youth.

We have updated your member handbook to add these benefits. This update is available on our website at: <a href="SelectHealthNY.org/member">SelectHealthNY.org/member</a>

## SelectHealth is here for you

Please call the number below if you:

- have any questions about this information;
- cannot access the internet to view this update; or
- want to have this update mailed to you.

Wishing you well,

Your Care Team

## SelectHealth Care Team

Call 1-866-469-7774 (TTY: 711) 8 am - 6 pm, Monday - Friday

## NOTICE OF NON-DISCRIMINATION

**SelectHealth**, a specialized Medicaid plan from VNSNY CHOICE complies with Federal civil rights laws. **SelectHealth** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

# SelectHealth provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **SelectHealth** at 1-866-469-7774. For TTY/TDD services, call 711.

If you believe that **SelectHealth** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **SelectHealth** by:

Mail: VNSNY CHOICE Health Plans

220 East 42nd Street, 3rd Floor, New York, NY 10017

Telephone: 1-888-634-1558 (TTY/TDD: 711)

In person: 220 East 42nd Street, 3rd Floor, New York, NY 10017

Fax: 646-459-7729

Email: CivilRightsCoordinator@vnsny.org

Web: <u>www.vnsny.ethicspoint.com</u>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at

ocrportal.hhs.gov/ocr/portal/lobby.jsf

Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH

Building Washington, DC 20201

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

• Telephone: 1-800-368-1019 (TTY/TDD 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-469-7774, TTY/TDD 711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-469-7774, TTY/TDD 711.	Spanish
注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-866-469-7774, TTY/TDD 711.	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم TTY/TDD711 >(رقم هاتف الصم والبك.7774-469-866-1	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-866-469-7774, TTY/TDD 711.번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-469-7774 (телетайп: TTY/TDD 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-469-7774, TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-469-7774, TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-469-7774, TTY/TDD 711.	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-469-7774, TTY/TDD 711.	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-469-7774, TTY/TDD 711.	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-1-866-469-7774, TTY/TDD 711.	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-469-7774, TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-469-7774, TTY/TDD 711.	Greek
خبر دار: اگر آپ ار دو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-866-469 میں دستیاب ہیں۔ کال کریں 711.	Urdu