

1116

2011-2012 Regular Sessions

I N S E N A T E

January 5, 2011

Introduced by Sens. PARKER, ADAMS, KRUEGER, PERKINS -- read twice and ordered printed, and when printed to be committed to the Committee on Children and Families

AN ACT to commission a study regarding the quality of health care services received by foster children in New York state

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. 1. The commissioner of the office of children and family
2 services shall contract with an external research organization to evalu-
3 ate the implementation and effectiveness of New York state's health care
4 delivery system for children in the care, custody or guardianship of the
5 office of children and family services or local social services
6 districts pursuant to articles 3, 7 and 10 of the family court act or
7 section 358-a, 384-a or 384-b of the social services law. The evalu-
8 ation shall include recommendations for improving the access to, and the
9 quality of, health and behavioral health services for children in the
10 care, custody or guardianship of the office of children and family
11 services or the local social services district. Such commissioner shall
12 select such research organization pursuant to a request for proposals
13 process. Preference shall be given to an organization based on adequacy
14 of the proposed research design, research staff qualifications, and
15 availability of non-state dollars to support the project, and other
16 criteria as determined by the commissioner of the office of children and
17 family services. The evaluation shall include, but not be limited to, an
18 examination of:

19 (a) the quality of health and behavioral health services provided to
20 children in the care, custody or guardianship of the office of children
21 and family services or the local social services district, including,
22 but not limited to, whether children are receiving effective or neces-
23 sary treatment in a timely fashion and in accordance with the regu-
24 lations of the office of children and family services;

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [] is old law to be omitted.

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1 (b) the average length of time from referrals for children in the
2 care, custody or guardianship of the office of children and family
3 services or the local social services district, to receive treatment to
4 the date of initial treatment;

5 (c) whether sufficient information is provided to educate foster
6 parents on the health care delivery system for foster children, includ-
7 ing identification of providers and appropriate billing arrangements;

8 (d) the existence and adequacy of current oversight practice regarding
9 health care services for children in the care, custody or guardianship
10 of the office of children and family services or the local social
11 services district, including monitoring or record keeping practices of
12 voluntary agencies, social services districts, family courts, the office
13 of children and family services and the department of health;

14 (e) whether foster children who receive health care coverage under the
15 medicaid per-diem system receive adequate health and behavioral health
16 services;

17 (f) whether foster children who receive health care coverage under the
18 medicaid fee-for service system receive adequate health and behavioral
19 health services;

20 (g) to what extent the medicaid per-diem is used in conjunction with
21 direct billing under fee-for service and whether this practice provides
22 foster children with adequate health and behavioral health services;

23 (h) whether foster children who receive health care services through
24 enrollment in a medicaid managed care plan receive adequate health and
25 behavioral health services;

26 (i) whether any difficulties exist in accessing prescription drugs for
27 foster children;

28 (j) whether foster children or foster parents are being billed for
29 health care services provided to foster children which should be covered
30 under medicaid;

31 (k) the number of voluntary agencies throughout the state that provide
32 health care services to foster children in their care through health
33 care professionals employed by their agency;

34 (l) the quality of health care provided by health care professionals
35 hired by voluntary agencies and the benefits and drawbacks of having
36 health care services provided by voluntary agencies;

37 (m) whether children leaving foster care or placement in juvenile
38 justice facilities, who would be otherwise eligible for medicaid cover-
39 age upon leaving placement, experience difficulty in accessing transi-
40 tional medicaid coverage or medicaid coverage in the community; and

41 (n) what barriers exist for children in the care, custody or guardian-
42 ship of the office of children and family services or the local social
43 services district, to access health care services in the community.

44 2. Notwithstanding any other law to the contrary, the selected organ-
45 ization shall have access to necessary non-identifiable data collected
46 by the office of children and family services, the department of health,
47 local social services districts and voluntary agencies, and shall
48 collect supplemental data as needed to conduct a thorough and comprehen-
49 sive evaluation. Data collected shall not reveal the name, social secu-
50 rity number or any other information which may be used to identify the
51 child or the family of the child.

52 3. The commissioner of the office of children and family services
53 shall submit a report detailing the findings of such study to the gover-
54 nor, the temporary president of the senate, the speaker of the assembly,
55 and the chairperson of the senate committee on social services, children
56 and families, the chairperson of the assembly committee on children and

1 families and the chairpersons of the senate and assembly committees on
2 health on or before June 30, 2012.
3 S 2. This act shall take effect immediately.