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Introduced by M. of A. TITUS, SCARBOROUGH, MILLMAN, BARRON, JAFFEE, ROBINSON, CLARK, PEOPLES-STOKES -- Multi-Sponsored by -- M. of A. WEISENBERG -- read once and referred 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:

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

(a) the quality of health and behavioral health services provided to children in the care, custody or guardianship of the office of children and family services or the local social services district, including, but not limited to, whether children are receiving effective or neces-

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

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sary treatment in a timely fashion and in accordance with the regulations of the office of children and family services;

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

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

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

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

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

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

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

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

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

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

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

(m) whether children leaving foster care or placement in juvenile justice facilities, who would be otherwise eligible for medicaid coverage upon leaving placement, experience difficulty in accessing transitional medicaid coverage or medicaid coverage in the community; and

(n) what barriers exist for children in the care, custody or guardianship of the office of children and family services or the local social services district, to access health care services in the community.

2. Notwithstanding any other law to the contrary, the selected organization shall have access to necessary non-identifiable data collected by the office of children and family services, the department of health, local social services districts and voluntary agencies, and shall collect supplemental data as needed to conduct a thorough and comprehensive evaluation. Data collected shall not reveal the name, social security number or any other information which may be used to identify the child or the family of the child.

3. The commissioner of the office of children and family services shall submit a report detailing the findings of such study to the governor, the temporary president of the senate, the speaker of the assembly,

and the chairperson of the senate committee on social services, children and families, the chairperson of the assembly committee on children and families and the chairpersons of the senate and assembly committees on health on or before June 30, 2014.

S 2. This act shall take effect immediately.