§ 398-b. Transition to managed care. 1. Notwithstanding any inconsistent provision of law to the contrary and subject to the availability of federal financial participation, the commissioner is authorized to make grants up to a gross amount of five million dollars for state fiscal year two thousand fourteen--fifteen and up to a gross amount of fifteen million dollars for state fiscal year two thousand fifteen--sixteen to facilitate the transition of foster care children placed with voluntary foster care agencies to managed care. The use of such funds may include providing training and consulting services to voluntary agencies to assess readiness and make necessary infrastructure and organizational modifications, collecting service utilization and other data from voluntary agencies and other entities, and making investments in health information technology, including the infrastructure necessary to establish and maintain electronic health records. Such funds shall be distributed pursuant to a formula to be developed by the commissioner of health, in consultation with the commissioner of the office of children and family services. In developing such formula the commissioners may take into account size and scope of provider operations as a factor relevant to eligibility for such funds. Each recipient of such funds shall be required to document and demonstrate the effective use of funds distributed herein. If federal financial participation is unavailable, then the nonfederal share of payments pursuant to this subdivision may be made as state grants.

2. Data provided by voluntary foster care agencies shall be compliant with the health insurance portability and accountability act, and shall be transmitted securely using eMEDS or other mechanism to be determined by the department of health. Such data may be used by the department of health to establish rates of payment for managed care organizations for services provided to children in foster care. In establishing such rates the commissioner of health shall also take into account care coordination services that will continue to be provided by the voluntary foster care agencies.

3. The commissioner of health shall issue a report to be made public on the department of health's website. Such report shall conform to the

requirements of subdivision five of section ninety-two of part H of chapter fifty-nine of the laws of two thousand eleven.